treatment was temporarily suspended due to decreased haemoglobin and three (37.5%) had adverse effects (nausea, vomiting, stomach pain) without interruption of treatment.

Niraparib: four (36.4%) patients started with 300 mg and seven (63.6%) 200 mg. Five (45.5%) patients needed dose reduction, two with initial dose 300 mg and three 200 mg: three of them continued (one of 300 mg and two of 200 mg initial dose). In five (45.5%) patients, treatment was discontinued, two (40%) due to adverse effects (neutropaenia, thrombocytopenia and increased creatinine respectively) and three due to progression (60%), in addition temporarily suspending it due to neutropaenia. Six continued (three with 200 mg and three with 100 mg) and three of them had to temporarily interrupt it due to thrombocytopenia.

Conclusion In both treatments, the haematological adverse effects are more severe, frequent and worse tolerated in the case of Niraparib than Olaparib. In addition, greater discontinuity of treatment is observed in patients with Niraparib.

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No conflict of interest.

5PSQ-058 MEASURING ADHERENCE TO EUROPEAN SOCIETY OF CARDIOLOGY GUIDELINES FOR PATIENTS TREATED WITH TRASTUZUMAB

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Background There are two types of breast cancer: *in situ* or invasive. Among invasive, 15% over-express a particular receptor called Human Epidermal growth factor Receptor 2 (HER2). Trastuzumab specifically targets this oncoreceptor. Nevertheless, this molecule has a partially reversible cardiotoxicity in 4.6% to 34% of patients. Monitoring of cardiotoxicity should be implemented according to the European Society of Cardiology (ESC).

Purpose The aim of the study was to assess the adherence to cardiac toxicity monitoring recommended by the ESC in patients treated with trastuzumab.

Material and methods Patients treated with at least two injections of trastuzumab (intravenously or subcutaneously) between 1 January and 1 July 2018, were included. Clinical data were assessed retrospectively from the hospital software patient's record. Data collected included the demographics characteristics at the start of the treatment, the administration data and the potential risk factors for cardiotoxicity. Parameters used to monitor the occurrence of cardiotoxicity and its management were also assessed and compared to the ESC guidelines and the trastuzumab summary of product characteristics.

Results Among 20 females included, 15 (75%) were followed up according to the recommendations. One (5%) was presenting a discrepancy in the imaging follow-up of left ventricular ejection fraction (LVEF), three (15%) did not have a close follow-up of the LVEF compared to the recommendations and one (5%) had a break in treatment of six cycles before restarting because of the decrease in LVEF. Six of the 20 patients (30%) had a LVEF decrease which required closer monitoring. Among these, three cases of cardiotoxicity with clinical signs were observed. A case of irreversible cardiotoxicity despite beta blocker (BB) management, a reversible case but requiring a temporary interruption of six cycles and

treated with BB and angiotensin converting enzyme inhibitor and finally a totally reversible case treated with BB. All three patients received pre-treatment with anthracycline (epirubicin) and had hypertension since initiation of trastuzumab.

Conclusion Seventy-five per cent of patients treated were followed up in accordance with the recommendation. The appearance of cardiotoxicity seems to be favoured by some previous events as mentioned in the literature. Nevertheless, since the number of patients included is small, a larger study should support these results.

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No conflict of interest.

5PSQ-059 CYCLIN DEPENDENT KINASES 4/6 INHIBITORS: NEW OPTIONS IN HR+ HER2- BREAST CANCER

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Background The HR +HER2 subtype is the most common molecular profile in women with breast cancer and the appearance of this new group of drugs has drastically changed the prognosis of this group of patients.

Purpose To describe the safety profile of Palbociclib and Ribociclib in two third-level hospitals.

Material and methods A multicentre, retrospective, 39 month study (May 2015 to August 2018), in which we analysed all patients treated with Palbociclib or Ribociclib. The following variables were collected: age of treatment onset, metastatic disease treatment line, adverse effects, suspension and/or dose reduction. Toxicities were classified according to the Common Terminology Criteria for Adverse Events (CTCAEv5.01) (January 2018).

Results Data were collected from 26 patients, 69.2% of which (18) were treated with Palbociclib, and 30.8% (eight) with Ribociclib. Drugs were used in the first-line in 38.5% of the cases (10) and in the second-line in 61.5% (16).

The adverse reactions described for both drugs were the following: 76.9% patients (20) suffered neutropaenia, of which 7.7% were grade 1 (two), 34.6% grade 2 (nine), 42.3% grade 3 (11) and 7.7% grade 4 (two); seven joint pain (26.9%); eight asthaenia (30.7%); four nausea (15.3%); three dizziness (11.5%); four patients experienced anaemia (15.4%), grade 1 in 3 cases (11.5%) and grade 3 in the remaining case (3.8%); three headache (11.5%); three dyspnea (11.5%); two papulo-pustular rash (7.7%), two abdominal pain (7.7%), two vomiting (7.7%); two respiratory infection (7.7%); two hot

flushes (7.7%); four thrombocytopenia, three cases grade 1 (11.5%) and one case grade 3 (3.8%); and two alopecia grade 1 (7.7%); Of all of them, there were a total of seven temporary treatment suspensions (26.9%) and four dose reductions (15.3%).

Conclusion With the results of our study, we wanted to show the safety profile of these new drugs, although the reflected data do not allow comparisons with clinical trials due to the small sample size. Future studies will allow to make these comparisons, because the advantages that these drugs bring in effectiveness will lead to considerable increases in their use.

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5PSQ-060 IMMUNOTHERAPY AND TOXICITY: EXPERIENCE IN A THIRD-LEVEL HOSPITAL

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Background The use of immunotherapy in the oncological environment has meant a revolution in the management of this pathology. Its effectiveness is based on activating the patient's immune system through various mechanisms of action. A good safety profile makes its use attractive to oncologists, but there are patients in whom toxicities of relevance can appear.

Purpose To describe the toxicity profile developed by patients in whom some type of immunotherapy has been administered for the treatment of their neoplastic process in a tertiary hospital

Material and methods Seventy-eight-month retrospective study (January 2012–June 2018) in which we analysed all patients who had been prescribed immunotherapy (Ipilimumab, Nivolumab and Pembrolizumab). The following variables were collected: age, gender, neoplastic process, prescribed drug, time of treatment and toxicities experienced.

Results Fifty-one patients registered, 34 were males (66.7%), mean age 62 years (40–71): 20 patients were diagnosed with non-small cell lung cancer (39%); 19 metastatic or unresectable melanoma (37%); four bladder cancer, (8%); three Hodgkin's lymphoma (6%), two head and neck cancer (4%); two renal cancer (4%) and one colon cancer (1%). Nine patients received Pembrolizumab (18%), 37 Nivolumab (73%) and five Ipilimumab (10%).

The median time of treatment was 3.05 months (0.7–18.9).

The toxicities considered as immuno-related¹ were the following: 12 rash (24%), 10 arthralgia (20%), nine gastrointestinal toxicity (18%), five hypothyroidism (10%) five pruritus (10%), four hepatitis (8%), three myalgia (6%), two ocular toxicity (4%), two skin dryness (4%), two vitiligo (4%), two hyperthyroidism (4%), two thrombocytopenia (4%), one dry mouth (2%), one pneumonitis (2%), one autoimmune diabetes (2%) and one neuropathy (2%).

Conclusion Immunotherapy is considered a good safety profile treatment, however its use is not toxicity-free. We wanted to show our experience and to indicate the need to familiarise ourselves with the toxicity that they can produce to maximise the benefit of the treatment.

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5PSQ-061 DETERMINATION OF GENETIC POLYMORPHISMS OF THE DIHYDROPYRIMIDINE DEHYDROGENASE GENE IN REAL CLINICAL PRACTICE: POSOLOGICAL INDIVIDUALISATION

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Background Fluoropyrimidines are antineoplastic drugs used for the treatment of many types of solid tumours. Approximately 80%–90% administered are metabolised by the enzyme dihydropyrimidine dehydrogenase (DPYD).

The partial or total deficiency of this enzyme is related to severe toxicity and, in some cases, it can cause the death of the patient.

Purpose The aim of our study was to determine the frequency of these polymorphisms in the DPYD gene in patients treated in our hospital and identify those patients with a predisposition to excessive toxicity if they are exposed to fluoropyrimidines.

Material and methods The genetic analysis of the DPYD gene was performed on all patients who started treatment with fluoropyrimidines between September 2017 and June 2018. The variables collected were: sex, age, type of tumour diagnosed and toxicity presented in the first five treatment cycles according to the Common Terminology Criteria for Adverse Events (CTCAE) classification. Data was obtained by the electronic medical record (Diraya) and the electronic prescription program (Farmis).

The polymorphisms studied were rs3918290, rs55886062, rs67376798 and rs56038477 (evidence 1A).

Results The genetic analysis was performed on 89 patients, 76% males and 24% females. The median age was 70 years.

Most of the diagnoses corresponded to colorectal cancer (81%), 13% gastric tumours, 3% pancreatic tumours and 3% tumours of the head and neck. The patients presented the following adverse events: digestive toxicity in 57% of patients (CTCAE: 1, 2, 3), haematological toxicity 15% (CTCAE: 2), hepatotoxicity 6% (CTCAE: 2, 3), neuropathy 16% (CTCAE: 1, 2) and erythrocytopenia 10% (CTCAE: 1, 2, 3).

Thirty-seven per cent of patients required drug withdrawal or dose reduction due to the toxicity presented.

Regarding the results of the polymorphisms studied, 97% presented a wild-type genotype for the analysed variants. Three per cent of patients presented some mutated allele (heterozygote): one patient for rs3918290 and two patients for rs67376798, coinciding with the patients who presented greater toxicity.