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 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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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flashes (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-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), haematological toxicity 15% (CTCAE: 2), hepatotoxicity 6% (CTCAE: 2, 3), neuropathy 16% (CTCAE: 1, 2) and erythrocytaemia 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.