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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No conflict of interest.

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.