flushes (7.7%); four thrombocytopaenia, 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 inmunotherapy (Ipilimumab, Nivolumab and Pembrolizumab). The following variables were collected: age, gender, neoplasic 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-related[1] 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 thrombocytopaenia (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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No conflict of interest.

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 erythrodysaesthaesia 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.

Conclusion The heterozygous patients detected are at risk of developing severe toxicity when they are treated with fluoropyrimidines and they required a dose adjustment of these drugs.

The use of these pharmacogenetic tools for the determination of polymorphisms of the DPYD gene in routine practice allows us to predict the potentially serious toxicity favouring the individualised use of these drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

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5PSQ-062 RALTITREXED AS AN END-OF-LIFE TREATMENT IN PATIENTS WITH METASTATIC COLORECTAL CANCER

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Background Raltitrexed is approved for the treatment of advanced colorectal cancer when there is a contraindication to fluoropyrimidines. Compared to different regimens of 5-fluorouracil and folinic acid, no better results were observed in terms of overall survival (OS). However, it was associated with greater toxicity and worse quality of life.

Purpose To assess the use of raltitrexed in the treatment of metastatic colorectal cancer.

Material and methods Observational, retrospective study of patients treated with raltitrexed in monotherapy from January 2014 to June 2017. The data collected, obtained from the chemotherapy prescription programme and the electronic medical record, were: sex, age, previous chemotherapy regimens, treatment duration and reason for discontinuation, adverse events (AEs), dose modifications and death date. Efficacy was measured in terms of progression-free survival (PFS) and OS.

Results Forty patients, 29 males (72.5%), with a median age of 66 years (43–85) were treated with raltitrexed in monotherapy. The medians of previous chemotherapy regimens, administered cycles and duration of treatment were respectively: 3 (0–5); 3 (1–10) and 48 days (23–283). Reasons for interruption were: progression (n=30 (70%), six of which were sent to the palliative care unit), bad performance status (n=7 (17.5%)) and serious toxicity (asthaenia n=2 (5%); and neutropaenia grade 4 n=1 (2.5%)). The median PFS was 1.6 months (0.9–2.8) and the median OS was 6.6 months (4.3–12.1). The reported AEs were: anaemia (n=12 (30%)), vomiting and diarrhoea (n=5 (12.5%)), asthaenia (n=4 (10%)), neutropaenia (n=3 (7.5%)), thrombocytopaenia (n=2 (5%)) and liver enzymes alteration (n=2 (5%)). Dose reduction was required due to AEs in six patients (15%). Seventeen patients (42.5%) suffered some type of haematological toxicity of any degree.

Conclusion The predominance of males in this study matches the highest incidence in this sex. AEs were similar to those described in the literature, with a higher incidence of haematological toxicity. The large percentage of patients with any AE, the reasons for treatment discontinuation and dose reductions may be related to the high number of previous regimens administered. All this invites reflection on the use of chemotherapy in situations where support treatment would be indicated.

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5PSQ-063 MORE RISK OF NEUTROPAENIA IN OBESE PATIENTS TREATED WITH PACLITAXEL?

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Background Neutropaenia is one of the most common adverse effects of paclitaxel. It is dose-dependent and has dose-limiting toxicity. However, the American Society of Clinical Oncology (ASCO) guideline recommends the use of real bodyweight for chemotherapy dosing, irrespective of obesity.

Purpose The aim of the study was to assess the incidence of neutropaenia in obese patients treated with paclitaxel and to compare our results with those published in the summary of product characteristics (SmPC).

The secondary objective was to identify if dose reductions were related with the development of neutropaenia.

Material and methods Retrospective, observational, descriptive study of patients treated with paclitaxel from January to December 2017 at a second-level hospital. Data collected: age, sex, body surface area (BSA), body mass index (BMI), diagnosis, initial dose, grade of neutropaenia and dose reduction.

Obesity was considered from BMI $\geq$30 kg/m^2 and neutropaenia grade was classified based on the Common Terminology Criteria for Adverse Events, version 5.0.

Results A total of 186 patients were treated with paclitaxel, 31 were obese, 28 of them females. The average age was 65 $\pm$7 years, BSA 1.8$\pm$0.1 m^2 and BMI of 34.14$\pm$3.14 kg/m^2.

The diagnoses of obese patients were: 19 breast cancer; four lung cancer; three ovarian cancer; two endometrial cancer, one pharyngeal cancer, one cervical cancer and one with gastric cancer.

In the weekly schedule, the initial dose in all patients was 80 mg/m^2. In the three-weekly schedule the initial dose was 175 mg/m^2 in five patients and 135 mg/m^2 in four patients.

Neutropaenia was developed in 19 (61%) patients, while in the SmPC was reported in 79% of patients: 10 patients grade I; five patients grade II and four patients grade III.

Dose reduction was needed in 17 patients: only three due to neutropaenia and the rest because of diarrhoea, asthaenia or neuropathy.

Conclusion In our study, obese patients did not develop more neutropaenia compared with the SmPC. Additionally, two-thirds of the patients needed dose reductions, but the majority of them are not related to neutropaenia. However, more studies are needed.

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