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.

No conflict of interest.

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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