checkpoint. They have demonstrated their efficacy and safety in the treatment of different solid tumours.

**Purpose** To evaluate the incidence of adverse events (AE) associated with immune checkpoint inhibitors and to analyse the management of the toxicity.

**Material and methods** Descriptive and retrospective study which included every patient treated with Nivolumab or Pembrolizumab between April 2015 and September 2018 in a third-level hospital. Demographics and clinical variables were collected from the electronic medical records: sex, age, type of tumour, number of cycles, causes of treatment suspension, AE and its severity, as well the need for referral to other specialist, pharmacological treatment or hospitalisation for its handling.

**Results** We included 71 patients (74.6% males), 60.6% were treated with Nivolumab and 39.4% with Pembrolizumab. Average age was 67.6 years (SD 10.3) and the median number of cycles was eight (1–70). The most frequent types of tumours were non-small-cell lung cancer (63.0%), bladder cancer (15.1%) and renal cancer (8.2%).

74.7% of patients presented >1 AE, all immunomediated: 79.1% with Nivolumab (8.9% grade 3) and 71.4% with Pembrolizumab (22.5% grade 3). The most common AE in both groups were asthenia (53.5% with Nivolumab and 32.1% with Pembrolizumab), skin toxicity (37.2% and 25% respectively) and diarrhoea (14% and 21.4% respectively). Immune-mediated toxicity was the cause of permanent treatment suspension in 15.1% of patients (45.3% hepatitis and 18.2% pneumonitis).

Referral to other specialists was necessary in 20.9% of patients treated with Nivolumab and 25% with Pembrolizumab. 32.6% of patients with Nivolumab and 39.3% with Pembrolizumab required pharmacological management. Also, 7% of cases required hospitalisation to control AE due to Nivolumab and 25% due to Pembrolizumab.

**Conclusion** All treatment-related AE are immune-mediated. Despite being less frequent, there are certain AE which, due to their clinical relevance, led to the permanent suspension of treatment. The incidence of grade 3 EA was higher in patients treated with Pembrolizumab, as well as hospitalisation required. The role of a multidisciplinary team is essential in handling possible related EA, achieving an adequate treatment optimisation.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5481296/

No conflict of interest.

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**5PSQ-068 ADHERENCE TO DISEASE-MODIFYING THERAPIES IN SPANISH PATIENTS WITH MULTIPLE SCLEROSIS**

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**Background** Like in other chronic diseases, the adherence to disease-modifying treatments in multiple sclerosis (MS) is essential to maximise its efficacy. The adherence is relevant for the symptoms’ relief and delay in disease progression. It is essential to find out factors which could influence adherence rates in MS patients, in order to improve the management of the disease.

**Purpose** This study aims to evaluate the adherence to MS treatment in Spanish patients and find out variables that may influence it.

**Material and methods** Cross-sectional study conducted in MS Spanish patients receiving disease-modifying treatments≥1 year before the inclusion. The recruitment was performed in hospitals and patients’ associations by healthcare professionals and patient association’s staff. Adherence was measured using the Morisky–Green scale (four questions with dichotomous answers, compliance was considered with these answers: NO/YES/NO/NO) and related factors using a questionnaire addressing demographic/disease characteristics, global perception of pathology, impact of medication on patient life, and psychiatric adverse effects. Some publications suggest that some neuropsychiatric adverse reactions are more frequent with ENZ than with AA.

**Abstracts**