plaque psoriasis (MS-PP) has occurred. In our country, the prescription of ustekinumab has increased greatly since its approval in 2009. Therefore, it is now time to reflect on its use and to assess the real world setting, before the arrival of newly approved drugs.

Aim and objectives The primary end point was to assess drug survival for ustekinumab for MS-PP treatment. The secondary end point was to assess the effectiveness of ustekinumab for MS-PP treatment.

Material and methods A retrospective observational study was conducted. All patients who had started treatment with ustekinumab for MS-PP from January 2009 to December 2017 were included. Data collected were demographics, line of biological treatment, dates for therapy start and discontinuation, reason for discontinuation, intensification, optimisation, and psoriasis area severity index (PASI) before starting ustekinumab and at weeks 24, 52 and at the last evaluation available.

Drug survival was analysed using Kaplan–Meier plots and effectiveness was evaluated by PASI50, 75, 90 and 100. Subsequently, data were analysed with SPSS21.

Results A total of 130 patients were included, 64.6% men, with a mean age of 44.4 (11–83) years. Treatment line of ustekinumab: firstline 65.4%, secondline 23.1%, third and subsequent lines, 11.5%. Intensification and optimisation was performed in 59.2% and 53.1%, respectively. Mean drug survival was 6.7 years (95% CI 6.06–7.42).

Effectiveness was calculated for 101 patients because of lack of data. Mean PASI at the start was 11.3 (SD 6.8). At week 24, the relation of PASI 50/75/90/100 achieved was 74.3%/67.3%/56.4%/45.5%, respectively (no data available for 11 patients). At week 52, the relation of PASI 50/75/90/100 achieved was 90.0%/75.0%/62.5%/51.3%, respectively (no data available for 21 patients). At the end of the study, 84 patients continued treatment with ustekinumab and their mean PASI at that time was 1.2 (SD 2.3). Reasons for discontinuation were drug failure in 20.8%, no reason described in 7.7%, improvement in 3.1%, neoplasms in 2.3%, intolerance in 0.8% and patient preference in 0.8%.

Conclusion and relevance The PHOENIX trials opened the window to PASI90 and we have confirmed the effectiveness of ustekinumab in real life. Furthermore, the results reported here indicated that this effectiveness persisted for a long time, as recently reported data by Salguero-Fernandez. Therefore, this fact should be an unbiased factor to consider before changing psoriasis therapy to newer drugs based on our long term data.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Salguero-Fernández I, et al. <https://doi.org/10.1016/j.ad.2018.02.019>

No conflict of interest.

4CPS-117 CASE REPORT: USEFULNESS OF THERAPEUTIC DRUG MONITORING OF VEDOLIZUMAB IN MANAGING ACUTE GRAFT VERSUS HOST DISEASE

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Background and importance Acute graft versus host disease of the gastrointestinal tract (aGVHD-GI) is one of the most

common complications in patients undergoing allogeneic haematopoietic stem cell transplantation (HSCT).

Vedolizumab is proposed as a therapeutic alternative in patients with aGVHD-GI resistant to multiple lines of treatment.

Aim and objectives To describe the usefulness of therapeutic drug monitoring (TDM) of vedolizumab to optimise treatment in one patient with aGVHD-GI.

Material and methods A 42-year-old with acute lymphoblastic B leukaemia admitted for allogeneic HSCT developed grade 4 aGVHD-GI. Vedolizumab was administered as sixthline treatment after corticosteroid therapy, mesenchymal stem cells plus mycophenolate mofetil, infliximab, and extracorporeal photopheresis plus ruxolitinib.

Response was measured by clinical criteria (resolution of diarrhoea), imaging tests (gastroscopy and colonoscopy) and inflammatory biochemical markers (faecal calprotectin). Partial response to treatment (PR) was defined as resolution of overall aGVHD in one or more organs without worsening of others, and complete response (CR) as resolution of symptoms in all organs.

Trough vedolizumab serum concentrations (VSC) were determined by ELISA. Vedolizumab clearance (CL) and volume of distribution (Vd) were estimated using a Bayesian population pharmacokinetic approach that incorporated a validated population pharmacokinetic model in patients with inflammatory bowel disease, due to the lack of population data in aGVHD-GI. VSC >30 µg/mL in the induction phase and >14 µg/mL in the maintenance phase were considered therapeutic.

Results Vedolizumab 300 mg was administered as an intravenous infusion during the induction phase at weeks 0, 1, 4 and 6, based on the estimated pharmacokinetic parameters (CL=0.159 L/day; Vd=3.19 L). VSC measured at week 3 was 44 µg/mL. The patient presented a PR and initiated oral tolerance that week. He achieved CR of his grade 4 aGVHD in week 6. The maintenance phase was initiated administering vedolizumab every 4 weeks. VSC measured at weeks 10, 14 and 26 were 3.8, 31.3 and 53.4 µg/mL, respectively. Starting on week 26, vedolizumab was administered every 6 weeks, obtaining a VSC of 22.4 µg/mL. The patient maintained CR during this phase.

Conclusion and relevance TDM of vedolizumab is a valid tool for individualising treatment in patients with aGVHD-GI, avoiding early therapeutic failure.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-118 REAL CLINICAL IMPACT OF DRUG–DRUG INTERACTIONS OF IMMUNOSUPPRESSANTS IN TRANSPLANT PATIENTS

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Background and importance The risk of drug interactions in transplant patients is extremely high as they are polymedicated. The characteristics of immunosuppressants constitute an added risk. There are many potential drug–drug interactions