antiretroviral treatment or switched to dual therapy based on lamivudine and dolutegravir between June 2018 and September 2019 were included. Study variables were age, sex, date and reason for the change, duration of treatment, viral load (CV, copies/mL), CD4 and CD8 cells (cells/µL) before and after the change and on the date of the last available analysis, previous therapy, glomerular filtration rate (GFR) (mL/min), and levels of cholesterol (mg/dL), low density lipoprotein (LDL, mg/dL) and triglycerides (mg/dL).

Results Nine patients (66.66% men) with a mean age of 49 years (30–58), 3 of whom were naïve patients (33.33%) were analysed. Effectiveness was 100% of patients who achieved CV <50 copies at 4–6 weeks, maintaining the virological response for an average of 26 weeks. CD4 and CD8 counts increased significantly from 690 to 805 and 910 to 943, respectively. The lipid profile showed differences in LDL from 690 to 805 and 910 to 943, respectively. The consequence is that these patients suffer polymedication and are at risk of potentially inappropriate prescriptions (PIPs).

Aim and objectives To detect PIPs in patients with HIV using software and to compare those detected with the best clinical judgment. The pharmacists reviewed all the PIPs identified by the software and excluded 91 STOPP criteria (83 were A1 criteria, 6 were J3 and 2 were H2 criteria). There was an overestimation of the STOPP/START criteria of 112 (48%) using CheckTheMeds.

Conclusion and relevance A severe proportion of patients with HIV for ≥55 years have potentially inappropriate prescriptions, particularly drugs without an indication (A1 criteria), and one-third of patients required calcium+vitamin D prescriptions (E3 criteria). The pharmacist’s role is essential to interpret the results of CheckTheMeds and to identify the most appropriate interventions for each patient.

REFERENCES AND/OR ACKNOWLEDGEMENTS

5PSQ-036 STOPP/START CRITERIA IN PATIENTS WITH HIV


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Background and importance The population with HIV is increasingly ageing. This premature ageing is estimated at 10 years (30–55 years). The consequence is that these patients suffer polymedication and more comorbidities than non-infected populations at earlier stages, and therefore are at risk of potentially inappropriate prescriptions (PIPs).

Aim and objectives To detect PIPs in patients with HIV using software, and to compare those detected with the best clinical judgment of the pharmacist.

Material and methods A cross sectional study was conducted in a tertiary hospital (11 March 2019–6 October 2019). Patients with HIV for ≥55 years who attended the outpatient pharmacy department were included. Patients were interviewed by a pharmacy student and data registered were age, sex, weight–height and domiciliary treatment. The student also checked (1) laboratory tests and registered creatinine values and (2) the medical records and registered last blood pressure values and all comorbidities. All of this information was included into the CheckTheMeds software which detects STOPP/START criteria (V2). Afterwards, pharmacists evaluated one by one all of the detected criteria using their best clinical judgment.
enteroocolitis and acute renal failure. The next day, hemicolec-
tomy had to be performed for signs of intestinal ischaemia.
Finally, the patient was discharged after multiple infectious
complications and 56 days of hospital stay.

The Naranjo algorithm established as ‘probable’ (score 6)
the relationship between docetaxel and neutropenic enterocoli-
tis. The Spanish Pharmacovigilance System was notified.

**Conclusion and relevance** In this case, docetaxel was probably
responsible for neutropenic enterocolitis. In order to know the
real incidence of adverse events listed as rare, it is essential
that healthcare professionals officially report suspected adverse
reactions.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**5PSQ-038 SAFETY OF CYCLIN DEPENDENT KINASE INHIBITORS IN THE TREATMENT OF BREAST CANCER WITH POSITIVE HORMONAL RECEPTORS AND NEGATIVE HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR 2**

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**Background and importance** Cyclin dependent kinase (CDK)
inhibitors are an innovative therapeutic target for the treatment
of locally advanced or metastatic breast cancer with positive hor-
monal receptors (HR) and negative human epidermal growth
factor receptor 2 (HER2). Some adverse reactions have been
reported than can decrease a patient’s functional status or even
lead to suspension of this line of therapy.

**Aim and objectives** To analyse the frequency of the main drug
adverse reactions described for the different CDK inhibitors
used for the treatment of patients with locally advanced or
metastatic breast cancer in a third level hospital.

**Material and methods** A retrospective observational study was
performed in patients who had started treatment with a CDK
inhibitor between 1 June 2018 and 30 September 2019. Dem-
ographic and clinical features were obtained from the elec-
tronic patient clinical history (DIRAYA) and the electronic
prescription programme (PRISMA) and recorded in an Excel
worksheet. Adverse reactions recorded were diarrhoea, diges-
tive disturbances, mucositis, asthenia, neutropenia, leucopenia,
amonia, thrombocytopenia, nausea and vomiting, anorexia and
elevated transaminase blood levels.

**Results** Forty-two patients were found (41 women): 18
received palbociclib, 15 received ribociclib and 9 received abe-
amaciclib. Average age was 56.8±10.0 years. Average length of
treatment was 3.8±3.4. In 19% of patients, treatment was discon-
 tinued due to death (50%), progression (25%) or toxicity
(25%). The most frequent drug adverse reactions were neutropenia
(52.4% of patients), asthenia (40.5%) and anaemia (26.2%),
followed by thrombocytopenia (19%), nausea and vomiting (19%),
diarrhoea (16.7%) and elevated transaminase levels (9.5%). In
some cases, digestive disturbances (4.8%), mucositis (4.8%),
anorexia (2.3%) and leucopenia (2.3%) were reported. Between the
different drugs, diarrhoea and asthenia were the most prevalent adverse reactions in patients receiving
abemaciclib (55.6% in each), and neutropenia in those receiv-
ing palbociclib (66.7%) and ribociclib (53.3%).

**Conclusion and relevance** According to our results, the main
adverse reactions should have been expected, in accordance
with the drug data sheets. Knowledge of possible RAM allows
us to improve patient safety. Nevertheless, it is necessary to
expand the study to have more information on the frequency
of these reactions during long term treatments.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**5PSQ-039 PANCREATITIS INDUCED BY IMMUNOTHERAPY? TWO CASE REPORTS**

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**Background and importance** Immunotherapy stimulates the
body’s natural defences to fight tumour cells. In the literature,
it is considered a safe drug. However, one of the adverse
reactions described in the data sheet as uncommon is autoim-
mune pancreatitis.

**Aim and objectives** To describe two cases of pancreatitis related to immunotherapy.

**Material and methods** This was a descriptive retrospective clinical study. Data were obtained from the clinical records. A lit-
erature search was conducted on the adverse effects of
immunotherapy. The causality of the adverse reaction was
established using the algorithm of Karch–Lasagne modified by
Naranjo.

**Results** A 67-year-old man was diagnosed with non-small
cell lung cancer and received palliative treatment with nivo-
lumab, 37 cycles. After 18 months of treatment, the patient
complained of abdominal pain the days following the infu-
sion. Analytical tests were performed showing an increase in
amylase and lipase. Gastroscopy was performed, confirming
the diagnosis of pancreatitis. The patient remained asympto-
matic, so no specific treatment was initiated, but nivolumab
was discontinued. A few weeks later, the patient arrived at
the hospital complaining of abdominal pain, nausea and
vomiting. The analysis showed a higher increase in both
enzymes. The diagnosis of immunomediated pancreatitis was
confirmed by gastroscopy. Enolic and lithiasic origin were
ruled out, due to the absence of previous episodes. Cortico-
therapy was initiated, obtaining clinical and analytical
improvement.

A 58-year-old woman was diagnosed with poorly differenti-
ated carcinoma of probable pulmonary origin and received
palliative treatment with pembrolizumab, 25 cycles. She went
to the emergency room for abdominal pain and vomiting. A
CAT scan was performed where radiological findings compat-
ible with pancreatitis were found. High dose steroid therapy
and antibiotherapy treatment was initiated. She was left with
fluid therapy and days after she began a pancreatic diet. The
patient progressed favourably. After applying the Karch–
Lasagne–Naranjo algorithm, we established a probable causal
relationship between immunotherapy and pancreatitis.

**Conclusion and relevance** Immunotherapy has demonstrated
efficacy and a good safety profile in clinical trials but possible
adverse effects due to its use can be observed, with little evi-
dence described in the literature. In the event of any