enterocolitis and acute renal failure. The next day, hemicolectomy 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 enterocolitis. 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

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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 hormonal 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. Demographic and clinical features were obtained from the electronic patient clinical history (DIRAYA) and the electronic prescription programme (PRISMA) and recorded in an Excel worksheet. Adverse reactions recorded were diarrhoea, digestive disturbances, mucositis, asthenia, neutropenia, leucopenia, anaemia, thrombopenia, 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 abemaciclib. Average age was 56.8±10.0 years. Average length of treatment was 135.4±92.5 days, with an average number of cycles of 3.8±3.4. In 19% of patients, treatment was discontinued 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 thrombopenia (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 receiving 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.

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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 autoimmune 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 literature search was conducted on the adverse effects of immunotherapy. The causality of the adverse reaction was established using the algorithm of Karch–Lasagna modified by Naranjo.

Results A 67-year-old man was diagnosed with non-small cell lung cancer and received palliative treatment with nivolumab, 37 cycles. After 18 months of treatment, the patient complained of abdominal pain the days following the infusion. Analytical tests were performed showing an increase in amylase and lipase. Gastroscopy was performed, confirming the diagnosis of pancreatitis. The patient remained asymptomatic, 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. Corticotherapy was initiated, obtaining clinical and analytical improvement.

A 58-year-old woman was diagnosed with poorly differentiated 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 compatible 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 evidence described in the literature. In the event of any