suspicion, it is important to notify the official organisations and to establish a possible causal relationship by means of an approved test.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-040 SECURITY PROFILE OF IBRUTINIB AS MONOTHERAPY IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKAEMIA: EXPERIENCE IN A TERTIARY HOSPITAL

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10.1136/ejhpharm-2020-eahpconf.357

Background and importance Ibrutinib is a tyrosine kinase inhibitor indicated for the treatment of chronic lymphocytic leukaemia (CLL) among other pathologies.
Aim and objectives To assess the frequency and severity of adverse events (AEs) in CLL patients treated with ibrutinib.
Material and methods This was an observational, retrospective, descriptive study including all patients aged >18 years old diagnosed with LLC treated with ibrutinib 420 mg/24 hours in our hospital. The study period was July 2015–September 2019. Variables collected were sex, age, diagnosis and cytogenetics, previous treatment lines, duration of treatment, AEs, dose adjustment, temporal discontinuations and definitive suspensions. AEs were classified following the National Institute Cancer (NCI): Common Terminology Criteria for Adverse Events (CTCAE) V.5.0. Data were collected from the electronic clinical history, electronic prescribing software and drug therapy follow-up.
Results Thirty-one patients were included (9 women and 22 men) with an average age of 72 years (range 48–90). Poor prognostic cytogenetics was presented in 71% of patients: 45.16% had del (17p), 12.90% had del (11q) and 12.90% had both. Ibrutinib was prescribed as firstline treatment in 10 patients and as rescue treatment in 21 patients that had a median of 1 previous line (range 1–5).

Median length of treatment was 12.7 months (range 2–42.3). Nine patients suspended ibrutinib permanently: progression (n=5), death (n=2), grade 3/4 AEs (n=1, haemorrhagic) and alogenic transplant (n=1). In addition, six patients discontinued ibrutinib because of grade 3/4 neutropenia (n=3), respiratory infections (n=2) and bleeding grade 3/4 (n=1). Twenty-two patients were continuing ibrutinib treatment when the study was closed.

AEs grade 1/2 included musculoskeletal AEs (muscle cramps (n=3), arthralgia (n=4), musculoskeletal pain (n=3)), haematologic AEs (neutropenia (n=1), thrombocytopenia (n=1)), gastrointestinal AEs (diarrhoea (n=1)) and infections (urinary (n=1), periferic oedema (n=1)). One patient was diagnosed with atrial fibrillation and another with hypertension that required treatment.
Conclusion and relevance In our patients, ibrutinib had an adequate safety profile, highlighting haemorrhage as the most serious AE. Periodic follow-up of patients is necessary to assess adverse reactions and the need for temporary suspension in patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-041 CONSUMPTION OF HERBAL MEDICINE IN PATIENTS ON ORAL ANTICANCER DRUGS: STILL A LONG WAY TO GO

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10.1136/ejhpharm-2020-eahpconf.358

Background and importance There are few data on the use of herbal medicines and the potential risks of herbal drug interactions (HDI) with oral anticancer drugs (OACD), even though their consumption is increasing.
Aim and objectives The aim of this study was to collect data on consumption of medicinal plants by patients on OACD and to assess the potential HDI and their knowledge among patients and physicians.
Material and methods This was an observational study conducted within a hospital outpatient pharmacy for 6 weeks. Patient interviews were carried out using a questionnaire on the following themes: phytotherapy products consumed, point of purchase, consumption objectives and awareness of health professionals. Potential HDI were evaluated using the MSKCC and Hedrine databases. A targeted questionnaire was sent to haematologists and physicians to assess their knowledge and needs.
Results Among the 59 included patients receiving OACD, 17% (n=10) were using phytotherapy. Of these 10 patients, 4 were taking herbal medicine as a complement to their anticancer treatment and the other 6 for another purpose (well being, cough, cold). The majority (70%) consumed on a regular basis on average of 2.4 different products. Four (40%) had informed a professional of their consumption. The products were mainly purchased in organic product shops (40%) and in pharmacies (20%), on the advice of a member of the family and friends (50%) or a health professional (40%). Five interactions were found. These were HDI at risk of hyperkalaemia, increased risk of bleeding and toxicity of OACD by reduced metabolism. Among the 21 physicians who answered the survey, a difference in practice between general practitioners and haematologists was highlighted. All doctors were seeking training in complementary medicine.
Conclusion and relevance The consumption of herbal medicines in patients treated with OACD is not negligible. Patients appear to be poorly or not informed about HDI, as well as doctors. The pharmacist has a major role to play in this context. Distribution of a recommendation guide could reduce the risk of HDI.

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No conflict of interest.

5PSQ-042 EVALUATION OF AN INFORMATION CHECKLIST FOR VALIDATION OF ANTINEOPLASTIC PRESCRIPTIONS

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10.1136/ejhpharm-2020-eahpconf.359

Background and importance The pharmaceutical validation of oncological prescriptions means improvement in patient safety