(10%). The median dose received was 7. If the number of doses was calculated according to diagnosis, RC patients received 11 doses, 9 for MC, 4 for LC and 4 for HNC. During the study period, 84.2% of LC patients, 60% of HNC, 20% of MC and 50% of RC died.

Regarding AE, very common (>10%) ones were an increase in lactate dehydrogenase (25%), hypothyroidism (14.6%), eruption (10.4%) and increases in gamma-glutamyl transferase and glutamic-oxaloacetic transaminase (10.4%). The remaining AE were classified as common according its frequency (1–10%): pneumonitis (6.3%), nephritis (4.2%), hepatitis (4.2%), increase in alkaline phosphatase (6.3%), diarrhoea (2.1%), colitis (2.1%), liver failure (2.1%) and arthritis (2.1%). Comparing AE frequency obtained with those reported on the DS, we found that the prevalence of hypothyroidism, colitis, hepatitis, nephritis and arthritis was higher in routine clinical practice than expected.

We found that 77% of patients interrupted nivolumab due to progression of disease (78.4%), AE (16.2%) or ending treatment (5.4%).

Conclusion and relevance Relevant AE that occurred during the study period were hypothyroidism, pneumonitis, hepatitis, nephritis and colitis. Their prevalence was higher than expected and they caused interruption of treatment. The increased prevalence of AE in routine clinical practice highlights the need for strict monitoring of analytical parameters to detect AE as early as possible.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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