REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-072 COMPARISON OF IMMUNE CHECKPOINT INHIBITORS (NIVOLUMAB, PEMBROLIZUMAB, ATÉZOLIZUMAB AND DURVALUMAB) IN THE TREATMENT OF NON-SMALL CELL LUNG CANCER: TOLERANCE AND FINANCIAL IMPACT

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10.1136/ejhp-pharm-2020-eahpconf.173

Background and importance Immune checkpoint inhibitors represent a major therapeutic option for the management of non-small cell lung cancer. However, the setback on their use in practice is limited.

Aim and objectives The aim of the study was to compare the real world data for anti-PD-1 and anti-PD-L1 antibodies (nivolumab, pembrolizumab, atezolizumab and durvalumab) in terms of tolerance and financial impact in our hospital.

Material and methods An observational study was conducted over 1 year including patients treated with either nivolumab 240 mg or durvalumab 10 mg/kg every 2 weeks or pembrolizumab 200 mg or atezolizumab 1200 mg every 3 weeks.

The comparison criteria were patient profile, tolerance and cost of treatment. Annual drug costs were calculated based on VAT (2.1%). In the case of weight dependent doses (durvalumab), mean weight was 80 kg (total doses per administration, 800 mg). The data were collected from computerised patient records (CliniCom and Chimo).

Results We analysed 53 patients: nivolumab (n=24), pembrolizumab (n=20), durvalumab (n=8) and atezolizumab (n=1). Mean age was 67 years and 79% of patients were men. The firstline treatment was durvalumab for all patients and pembrolizumab for four patients.

The mean number of treatment cycles was: nivolumab (n=16), pembrolizumab (n=9.3), durvalumab (n=4.5) and atezolizumab (n=6). Side effects occurred in 64% of patients (79% nivolumab, 45% pembrolizumab and 50% durvalumab). Haemoptysis caused hospitalisation in two patients (pembrolizumab n=1, durvalumab n=1). Reasons for stopping treatment were progression (9% nivolumab, 25% pembrolizumab and 100% atezolizumab) and side effects (14% nivolumab, 15% pembrolizumab and 12.5% durvalumab). The most common side effects were pneumonitis (37% nivolumab and 5% pembrolizumab), metabolism disorders (25% durvalumab, 12.5% nivolumab and 5% pembrolizumab) and diarrhoea (15% pembrolizumab and 8% nivolumab). The annual costs of treatments were € 61 871 for atezolizumab, € 66 000 for nivolumab, € 93 038 for pembrolizumab and € 100 450 durvalumab.

Conclusion and relevance Our study showed that the incidence of pneumonitis seemed to be higher with nivolumab and that treatment interruption was more important for pembrolizumab. Nivolumab seemed to be generally better tolerated than the other agents. Nevertheless, for patients with baseline respiratory diseases, pembrolizumab could be considered the preferred option.

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No conflict of interest.

4CPS-073 EFFECTIVENESS AND SAFETY OF PLATIN/PERMETREXED COMBINATION IN NON-SMALL CELL LUNG CANCER

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10.1136/ejhp-pharm-2020-eahpconf.174

Background and importance According to the PARAMOUNT trial, induction chemotherapy with a platin/pemetrexed combination and pemetrexed maintenance therapy reduced the risk of progression free survival (PFS) and overall survival (OS) in patients with non-cell lung cancer (NSCLC).

Aim and objectives The aim of the study was to assess the effectiveness and safety of this drug combination in NSCLC and to evaluate the degree of agreement with the PARAMOUNT results.

Material and methods A descriptive retrospective study was conducted. All patients that initiated treatment with platin/pemetrexed from January 2018 to September 2019 were included. Clinical data were obtained from digital clinical history and the prescription software Farmis Oncofarm: sex, age, stage, performance status (PS), periodicity of chemotherapy, dose received and number of cycles. PFS and OS were used as efficacy end points, and were obtained by the Kaplan-Meier method (SPSS Statistics programme).

In terms of safety, adverse events (AE) of any grade were recorded for assessment of the safety profile. Effectiveness data and safety were compared with the PARAMOUNT results.

Results Forty-two patients were enrolled, 36 men and 6 women, with an average age of 67 years (range 42–80). Cancer stage was as follows: stage IV (90%), stage IIB (7%) and stage IIIA (3%). Baseline PS was 0–1 in 60% of cases and in the remainder, 2–3. All patients received as induction therapy on day 1, 21 day cycles of pemetrexed (500 mg/m²) in combination with cisplatin 75 mg/m² (n=16) or carboplatin AUC=5 (n=26). Pemetrexed maintenance therapy (500 mg/m²) was administrated until progression or death. The median number of cycles was 4 (1–16). Median PFS was 4 months (95% CI 3 to 5) and median OS was 17 months (95% CI 11 to 21). In the PARAMOUNT study, median PFS was 4 months and median OS was 14 months. Sixty per cent of patients (n=25) had AE. The most common AE were mucositis (n=7), asthenia (n=6), diarrhoea (n=3), dermatitis (n=3), vomiting (n=3), anaemia (n=2) and neutropenia (n=2). In the clinical trial, the most common AE of any grade were anaemia, neutropenia, fatigue and nausea.

Conclusion and relevance PFS and OS showed a clinical benefit. The safety profile for the use of this combination showed it was tolerated. The effectiveness and AE were similar compared with the published clinical trial.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-074 CYCLIN DEPENDENT KINASE 4/6 INHIBITORS IN BREAST CANCER: POTENTIAL DRUG INTERACTIONS

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10.1136/ejhp-pharm-2020-eahpconf.175