Background and importance Selective cyclin dependent kinase (CDK) inhibitors, palbociclib and ribociclib, were recently approved to treat advanced or metastatic breast cancer. The hospital pharmacist plays an important role in the revision of the treatment at consultation, in order to ensure the safety and effectiveness of the treatment.

Aim and objectives To analyse potential drug interactions (PDI) before starting palbociclib or ribociclib treatment and to evaluate physician acceptance of pharmacist recommendations.

Material and methods This was a retrospective observational study including all patients who started treatment with palbociclib or ribociclib in a second level hospital until September 2019. At the beginning of treatment, the pharmacist interviewed patients and reviewed their medication in the pharmaceutical consultation. All PDI detected were analysed, making an intervention as therapeutic recommendations.

PDI were identified using Lexicomp, Stockley's Drug Interactions, Micromedex and CheckTheMeds. PDI were classified as moderate (pharmacological effects must be controlled) or severe (drug combination should be avoided). Follow-up of the recommendations was made 1 month after the beginning of treatment at the pharmaceutical consultation.

Results Twenty-eight patients started palbociclib (50%) or ribociclib (50%) treatment in our hospital (95.9% women; mean age 63.6 ± 9.8 years). Sixteen (57%) were polymedicated; the average number of medications per patient (not including endocrine and CDK inhibitors therapy) was 6.25. Thirty-one PDI were detected in 18 different patients (64.3%). There were 14 (45.2%) severe PDI and 17 (54.8%) moderate PDI. The most common types of drugs involved were statins (22.6%), proton pump inhibitors (22.6%), antidepressants (12.9%) and pyrazolones (16.1%).

Eleven severe PDIs were accepted (78.6%). Moderate recommendations led to a reduction in antidepressant dosage (5.9%) and two change of drugs involved in the interaction (11.8%).

Conclusion and relevance This study showed that more than half of patients that started treatment with CDK inhibitors has at least one PDI. Clinical pharmacists are essentials in detecting PDI, which is a positive influence on physician prescriptions and patient treatment outcomes, improving the safety and effectiveness of the oncological treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-075 IBRUTINIB ASSOCIATED ATRIAL FIBRILLATION: INCIDENCE AND MANAGEMENT IN THE REAL LIFE CLINICAL SETTING

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Background and importance Atrial fibrillation (AF) is one of the most common side effects of ibrutinib, a drug that has improved the prognosis of chronic B cell malignancies. The incidence of ibrutinib related AF (IRAF) is not well known in the 'real life' setting, and management is challenging, especially due to the risk of bleeding with ibrutinib and its pharmacological interactions with antiarrhythmics and anticoagulants.

Aim and objectives To determine the incidence of IRAF, and to analyse the characteristics and treatment of this arrhythmia in a real life clinical setting.

Material and methods A retrospective observational study was conducted including patients treated with ibrutinib. Patient characteristics and the management of IRAF were recorded using the electronic medical history. Numerical variables were expressed as mean (SD) and categorical as frequencies (percentages).

Results Twenty-eight patients were treated with ibrutinib and 5/28 (17.8%) patients developed IRAF. Patient characteristics are shown in table 1.

Abstract 4CPS-075 Table 1

	Patients without IRAF=23 (85.2%)	Patients with IRAF=5 (17.8%)
Age (years)	73±11	75±6
Sex (M/F)	12/11	4/1
Previously AF (n (%))	1 (4.4)	1 (20)
Indication LLC (n (%))	20 (86.9)	4 (80.0)
Ibrutinib duration (months)	13.7±11.2	18.6±9.7

Of the 5 patients who developed IRAF, 2 were grade 3 requiring electric cardioversion and discontinuation of treatment until recovery to grade 1. The other three cases were grade 1 or 2 and treatment was not suspended. In all 5 patients, anticoagulant was initiated (apixaban in 3, rivaroxaban and low molecular weight heparin in 1 patient, respectively). Treatment with beta-blockers was started in 3 patients and in 1 patient the arrhythmia was recurrent, requiring new cardioversion, initiation of amiodarone treatment and ibrutinib dose adjustment. Median time for the appearance of IRAF was 13 months. No major bleeding events occurred.

Conclusion and relevance This study showed a higher prevalence of IRAF similar to other studies in real life, but with a longer median onset, justifying close monitoring during the first months but also throughout treatment with ibrutinib.

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No conflict of interest.

4CPS-076 INDIRECT COMPARISON BETWEEN PEMBROLIZUMAB MONOTHERAPY AND PEMBROLIZUMAB CHEMOTHERAPY REGIMENS IN SQUAMOUS LUNG CANCER

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Background and importance Pembrolizumab monotherapy (Pb) showed benefit in terms of overall survival (OS) and progression free survival (PFS) compared with chemotherapy alone (CT) in untreated metastatic non-small cell lung cancer (mNSCLC) with PD-L1 $\geq 50\%$ expression. The Pb-CT