Results in a non-controlled setting are usually worse than those obtained in clinical trials.

Aim and objectives We aimed to assess progression free survival (PFS) and safety of eribulin in clinical practice.

Material and methods An observational, retrospective and descriptive study was conducted. Patients with mBC treated with eribulin between April 2014 and May 2019 were included. Age, HER-2 and hormone receptor status, previous regimens for metastatic disease, number of eribulin cycles and time to progression or death were collected. Treatment related adverse events were also analysed.

Results

Thirty-four patients were included Median age was 54.1 (IQR 19.2) years; 82% were HER-2 negative and the other 82% were hormone receptor positive. Half (56%) of the patients had received three or more previous regimens. Median eribulin cycles was 5 (IQR 4.3). Median PFS was 3.5 months (IQR 4.2).

Fourteen patients (41.2%) suffered side effects, mainly neutropenia (20.6%), asthenia (14.7%), mucositis (11.8%), hepatotoxicity (8.8%), peripheral neuropathy (5.9%) and thrombocytopenia (5.9%).

Conclusion and relevance The benefit in PFS reported in the pivotal clinical trial was maintained in clinical practice. Adverse events were consistent with those reported in the EMBRACE study although the incidence was lower.

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No conflict of interest.

4CPS-079

SEQUENCING OF IBRUTINIB, IDELALISIB AND VENETOCLAX IN CHRONIC LYMPHOCYTIC LEUKAEMIA: EXPERIENCE IN A TERTIARY HOSPITAL

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10.1136/ejhp-pharm-2020-eahpconf.180

Background and importance In managing chronic lymphocytic leukaemia (CLL), it is recommended that patients with TP53 deletion/mutation (TP53mut), who have a poor prognosis, are treated with ibrutinib as frontline therapy. Because of severe infectious complications, idelalisib combined with rituximab is only recommended for frontline therapy in patients not suitable for ibrutinib, if measures to prevent infection are followed. Patients unsuitable for ibrutinib/idelalisib may otherwise be treated with venetoclax.

Aim and objectives To evaluate the prescriptions and clinical outcomes of ibrutinib, idelalisib and venetoclax in a third level hospital.

Material and methods An observational, retrospective study was conducted including any prescriptions of ibrutinib, idelalisib and venetoclax for CLL from November 2015 to June 2019. We focused on TP53 mutation status, drug exposure, survival outcomes and reasons for drug switching or dose

reduction, if applicable. Data were collected from electronic medical records.

Results Thirty patients receiving ibrutinib (n=23), idelalisib (n=13) and/or venetoclax (n=5) were recruited. Seventeen patients (56.7%) showed TP53mut. In the ibrutinib cohort, median drug exposure was 10.5 months and most patients (65.2%) had received it after conventional chemotherapy regimens (eg, FCR, R-CHOP, R-bendamustine). Only 5 patients (21.7%) showing TP53mut had taken ibrutinib as firstline therapy and 4 (17.4%) had received it after idelalisib; 2 of these patients because of disease progression and the other 2 because of adverse events (severe infections and colitis with weight loss). In the idelalisib cohort, median drug exposure was 4.45 months. Venetoclax was used for a median of 0.74 months and on ibrutinib failure in 4 patients (the remaining patient received prior idelalisib due to concomitant anticoagulant therapy). Dose reductions were needed in 11 patients on ibrutinib (causes: bruising, respiratory tract infections and neutropenia); in 4 receiving idelalisib due to severe diarrhoea (n=3) and pneumonia (n=1); and in 1 patient on venetoclax due to severe neutropenia. Neither median progression free survival nor median overall survival were reached at the data cut-off date. In fact, 59.5% of patients were still alive.

Conclusion and relevance Most patients received secondline ibrutinib and showed a long term response duration even when TP53mut was absent. Adverse effects resulted in frequent dose reductions/drug switching. However, venetoclax represents an appropriate option for patients whose CLL has failed to respond to ibrutinib/idelalisib.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-080

REAL LIFE TYROSINE KINASE INHIBITOR DISCONTINUATION IN PATIENTS WITH CHRONIC MYELOID LEUKAEMIA

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10.1136/ejhp-pharm-2020-eahpconf.181

Background and importance Currently, one of the most burning issues regarding the specific treatment of chronic myeloid leukaemia (CML) with interleukin-2 inducible T cell kinases (ITK) is whether in some patients who meet specific requirements treatment interruption could be attempted and molecular relapse free survival maintained without restarting treatment. This would mean a reduction in the side effects related to the medication and a progressive increase in the quality of life for patients.

Aim and objectives To analyse molecular relapse free survival after suspension of imatinib, nilotinib or dasatinib, which achieved and maintained a major molecular response (MMR) ≥ 4.5 log for at least 36 months.

Material and methods This was a prospective observational study of patients with chronic phase Ph+CML (CP-CML). Inclusion criteria were minimum ITK treatment time of 5 years, no resistance to a previous ITK, no accelerated phase diagnosis or blast crisis and those who had achieved and