maintained MMR $\geq$ 4.5 log for at least 36 months prior to treatment interruption. These patients were candidates for discontinuation of ITK. Molecular monitoring of bcr-abl oncogene levels was performed using the real time reverse polymerase chain technique with the GeneXpert automated system with a sensitivity of 5 log.

Results Thirty patients with CP-CML were discontinued: 13 discontinued imatinib treatment, 3 discontinued dasatinib treatment and 14 discontinued nilotinib treatment. The preliminary rates of molecular relapse free survival and treatment free remission were consistent with those obtained in clinical trials, and no progression to advanced stages of the disease was reported. With a median follow-up of 15 months, 78% remained without specific treatment with ITK and had not lost MMR. Relapse occurred before 6 months of discontinued treatment with a median of 4 months. Four patients lost MMR, recovering all MMR 4.5 and 5.0 at 3 months after restarting ITK treatment.

Conclusion and relevance The results contribute towards reassurance of the safety of TKI treatment discontinuation in real life clinical practice, under close molecular monitoring. Resolution of TKI related toxicity might translate to clinical benefit for patients with CP-CML with a potential improvement in quality of life.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-081 GEFITINIB IN NON-SMALL CELL LUNG CANCER: EFFECTIVENESS AND SAFETY

JC Del Río Valencia*, A Henares López, R Tamayo Bermejo, I Muñoz Castillo. *Hospital Regional Universitario Malaga, Servicio De Farmacia, Malaga, Spain*

10.1136/ejhpharm-2020-eahpconf.182

Background and importance Epidermal growth factor receptor (EGFR) tyrosine kinase inhibitors (TKIs) are the preferred firstline treatment for non-small cell lung cancer (NSCLC) in patients with an activating EGFR mutation. TKIs have consistently shown a greater response, longer progression free survival (PFS) and improved quality of life compared with chemotherapy in patients who have a driver mutation in the EGFR gene.

Aim and objectives To analyse the survival impact of gefitinib on patients with lung adenocarcinoma with the activating tyrosine kinase mutation of the EGFR (EGFR-TK) and to study its safety.

Material and methods This was an observational retrospective study carried out between July 2015 and March 2018. All patients with NSCLC undergoing treatment with gefitinib were included. Patient data were taken from clinical records. Variables analysed were demographics (age and sex), clinical variables (diagnosis, stage, line of treatment, dose administered and performance status (PS) according to the ECOG scale) and other variables (smoking). Efficacy end point was progression free survival (PFS) assessed by RECIST 1.1 criteria. Adverse reactions and comorbidities were also assessed. Analysis of PFS was performed using the Kaplan–Meier curve (SPSS V.17).

Results Thirty-one patients were included with activating EGFR mutations: 74.2% were women, average age was 69.5 ±11.4 years, 64.28% had ECOG-PS 0–1 and 28.57% were current or past smokers. NSCLC stage was IV in 100% of patients. Regarding comorbidities, 58.1% suffered from high blood pressure, 25.8% from diabetes, 16.1% from coronary heart disease, 29% from asthma/chronic obstructive pulmonary disease and 3.2% from chronic kidney disease.

Patients started therapy with gefitinib as firstline therapy in 58.1% of cases, 12.9% as secondline and 29% as thirdline. One patient stopped his treatment after 1 week due to diarrhoea. Median PFS was 7 months (95% CI 3–12). Adverse reactions included digestive toxicity: 22.57% of patients developed grade 1 (G1) diarrhoea and 14.28% G1 cutaneous toxicity. Other toxicities were conjunctivitis in 3.57% of cases. None of these was related to the comorbidities that patients presented at diagnosis.

Conclusion and relevance Gefitinib showed similar efficacy to the Interest phase III study (n=44) and slightly lower efficacy than the Ipass (n=261) and Isel (n=189) phase III studies (PFS 9.5–10.8). Further analysis in real world situations is necessary to accurately assess PFS. In general, gefitinib was well tolerated.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-082 RISK OF MYELOTOXICITY IN NON-CANCER PATIENTS TREATED WITH CHEMOTHERAPY

[1]R Diez Fernandez*, [2]I Cavana Carranza, [2]M Carrasco Gomariz, [2]M Moreno Garcia, [2]T Molina Garcia. [1]*Hospital Universitario Getafe, Pharmacy, Madrid, Spain*; [2]*Hospital Universitario De Getafe, Pharmacy, Getafe, Spain*

10.1136/ejhpharm-2020-eahpconf.183

Background and importance Myelotoxicity is a main concern when treating cancer patients with chemotherapy. It compromises safety but also the dose intensity received by the patient and thus treatment prognosis. One study (Katsifis, 2002) showed that the incidence of myelotoxicity and its clinical consequences was very low in patients with systemic lupus erythematosus (SLE) receiving cyclophosphamide. To our knowledge, this has not been studied in other non-tumour diseases.

Aim and objectives We aimed to assess the risk of developing clinically important myelotoxicity in non-cancer patients receiving intravenous cyclophosphamide.

Material and methods A retrospective study was carried out from January 2001 to July 2019. All patients who had received intravenous cyclophosphamide to treat a non-tumour disease where included. Blood analysis test results up to a month after completing treatment were collected. Myelotoxicity was categorised according to the common terminology criteria (CTC) for adverse events, V.5.0. Grade $\geq$2 neutropenia and thrombocytopenia were considered clinically relevant.

Results Forty-eight patients (56% women) and 277 cycles were analysed. Median age at initiation of therapy was 48.1 (IQR 38) years. One in three patients (35%) had diseases other than SLE. Most patients (72.9%) had no impaired neutrophil or platelet counts. For those who had, they were considered severe (grade 3) or life threatening (grade 4) in 7 and 2 patients, respectively.