Neutropenia (all grades CTC) occurred after 24 administrations (8.6%) and was grade ≥2 in 8 courses (2.9%), and grades 3 and 4 in 5 and 3 courses, respectively. Thrombocytopenia grade ≥2 occurred in 10 courses (3.6%), and was grade 3 in 3 cycles, No patient developed grade 4 thrombocytopenia.

No statically significant relationship was found between age and primary diagnoses.

Conclusion and relevance Although the incidence was low, severe and life threatening myelotoxicity was a serious side effect in non-cancer patients receiving cyclophosphamide and should be closely monitored.

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No conflict of interest.

4CPS-083 SAFETY AND TOLERABILITY OF PALBOCICLIB IN CLINICAL PRACTICE IN A TERTIARY HOSPITAL

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Background and importance Due to its recent commercialisation, the safety profile of palbociclib is undergoing special surveillance. Tolerability and safety problems often lead to dose reductions, introduction of supportive treatment or even treatment discontinuation.

Aim and objectives To evaluate the safety and tolerability of palbociclib in clinical practice in a third level hospital.

Material and methods This was retrospective cohort study. Inclusion criteria were all patients who started treatment with palbociclib between 1 January 2019 and 31 August 2019. Toxicity level was classified according to CTCAE V.5.0. Demographic and clinical data were collected from the patient electronic medical records.

Results Forty patients were included (n=40), all women, with a median age of 60 years (range 34–88). All had an ECOG performance status of 0–1 at the time of initiation of palbociclib. Ten patients received palbociclib in combination with fulvestrant and 30 in combination with an aromatase inhibitor. The median number of cycles received was 4 (1–8).

Haematological toxicities detected were grade 1–2 neutropenia (30% of patients), grade 3–4 neutropenia (47%), thrombocytopenia (37%), anaemia (45%), lymphopenia (7%) and leucopenia (35%). No patient suffered from febrile neutropenia. The incidence of infections during treatment was 5%. Other non-haematological adverse events detected with an incidence >5% included asthenia (15%), nausea (15%) and hypertransaminasaemia (7%).

Toxicity led to delay or temporary interruption of treatment in 50% of patients (median 1 interruptions/delays of treatment, range 1–3). Dose reduction to 100 mg was required in 22.5% of patients. No patient required a second reduction in dose. Three patients (7.5%) required administration of G-CSF as supportive therapy. Only one patient had to stop treatment permanently due to toxicity.

Conclusion and relevance Our population showed mainly haematological toxicities, with an incidence of neutropenia similar to clinical trials. However, the incidence of infections and non-haematological toxicities was generally lower than reported in clinical trials, probably due to the short revision period. Treatment was generally well tolerated in most patients, and adverse events were easily controlled, preventing patients from discontinuing treatment permanently. Further research will be needed to determine whether delays/temporary interruptions of treatment and dose reductions might affect its efficacy in the long term.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-084 ANTHRACYCLINE DOSAGE IN PAEDIATRIC OBESE PATIENTS

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Background and importance In 2016, the World Health Organization estimated that 41 million children aged <5 years were overweight. Clinicians are increasingly likely to have obese children requiring chemotherapy under their care. Optimal drug dosing for this population is unclear. Anthracyclines are often used in paediatric cancers and given its cardiotoxicity, optimising the dose is mandatory.

Aim and objectives To clarify the most adequate anthracycline dose in obese children with the available safety, effectiveness, pharmacokinetic and pharmacodynamic data.

Material and methods A systematic review was carried out in PubMed, Scopus and Web of Science in March 2019 with 'obese OR obesity' in the title and the name of each drug (daunorubicin/doxorubicin/epirubicin/idarubicin) in the topic or equivalent. Articles with a reference to the paediatric population in the title were included. Those that did not provide relevant information for the purpose of our study, written in a language other than English/Spanish and which did not allow conclusions to be made were excluded. Articles that used a different obesity criterion were selected when providing data of interest. Article references were reviewed to identify additional studies.

Results Fourteen articles were found. Ten were excluded because no dosage information was given or because of duplications. Four articles were analysed: three for doxorubicin and one for daunorubicin. The efficacy of doxorubicin was measured in one article in which the patient achieved complete remission using adjusted doses. No changes in the ECG were found during treatment or at 2 months or 2 years after treatment ended. No other specific toxicity was observed. The pharmacokinetics of doxorubicin are controversial. One article found no difference in clearance using adjusted weight versus actual weight; the other showed lower clearance in obese paediatric patients than in normal weight paediatric patients ($p<0.05$).

For daunorubicin and doxorubicin, pharmacokinetic in vitro models suggested that the presence of adipocytes markedly reduced the clearance of chemotherapy agents used as induction therapy in ALL.