

#### 4CPS-089 COMPARATIVE EFFECTIVENESS OF NINTEDANIB PLUS DOCETAXEL VERSUS DOCETAXEL MONOTHERAPY IN ADENOCARCINOMA NON-SMALL CELL LUNG CANCER

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**Background and importance** Nintedanib is indicated in combination with docetaxel for the treatment of non-small cell lung cancer (nSCLC) with adenocarcinoma histology after failure of firstline chemotherapy.

**Aim and objectives** To evaluate the effectiveness of nintedanib in nSCLC, according to the conditions of use indicated in the data sheet, and to compare the health results obtained against an historical control of real word data from monotherapy with docetaxel.

**Material and methods** A retrospective observational study was designed which included all patients treated with docetaxel monotherapy (DOm) or nintedanib+docetaxel (Ni-DO) from January 2013 to December 2018 as secondline or later treatment for nSCLC, in a reference hospital in oncology that covers a population of 600 000 inhabitants. The main variable was overall survival (OS). Other variables were progression free survival (PFS), duration of treatment (DT) and response, and demographic data of the patients. A Kaplan–Meier analysis and Cox regression were performed for dependent variables (OS and PFS) and frequency analysis, or with measures of central tendency and dispersion.

**Results** Fifty-five patients (78.2% men) were included: 21 were treated with Ni-DO and the rest with DOm. Performance status at the beginning of treatments was ECOG=1 (n=27 patients, 51.9%), ECOG=0 (n=17, 32.7%) and ECOG=2 (n=8, 15.4%). Thirty-seven patients (71.1%) were smokers at diagnosis, 19.2% ex-smokers and 9.6% non-smokers. At the time of the analysis, no patient was being treated in either of the two arms. Mean DT was 2.5 months ( $\sigma=2.6$ ) in the DOm arm and 5.2 months ( $\sigma=5.6$ ) in the Ni-DO arm ( $p=0.016$ ). Median OS was 6.9 months in the DOm arm and 8.3 months in the Ni-DO arm ( $p=0.08$ ) (HR=0.59; 95% CI 0.33–1.07). For PFS, median values were 2.8 months and 4.7 months ( $p=0.038$ ) in the DOm and NI-DO groups, respectively (HR=0.50; 95% CI 0.26–0.98). Only 22.7% of evaluable patients achieved partial a response to treatment and 27.3% achieved stabilisation.

**Conclusion and relevance** In our geographic area we were not able to find a significant difference in the effectiveness of Ni-DO versus DOm in terms of OS although PFS and DT for the treatments were significantly higher in the Ni-DO arm.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 4CPS-090 EFFICACY AND SAFETY OF ERLOTINIB IN NON-SMALL CELL LUNG CANCER

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**Background and importance** Erlotinib is an epidermal growth factor receptor (EGFR) tyrosine kinase (TKI) inhibitor which

strongly inhibits intracellular phosphorylation of EGFR. It is an established treatment for advanced non-small cell lung cancer (NSCLC).

**Aim and objectives** To evaluate the efficacy and safety of erlotinib in patients diagnosed with NSCLC.

**Material and methods** This was a retrospective study of the efficacy and safety of erlotinib in patients diagnosed with NSCLC between January 2014 and April 2019. The following data were collected from the electronic clinical history programme (SIAS) and the oncology prescription programme (Oncofarm): sex, age, tumour histology, initial dose, Karnofsky performance status (KPS), date of initiation of treatment and duration of treatment, reason for termination of treatment, previous treatment, type of metastasis, adverse effects (AEs) and progression free survival (PFS).

**Results** Thirty patients were included, 18 were men (60%) and mean age was  $68\pm 11$  years. The most common tumour subtype was adenocarcinoma (90% of patients). All patients were EGFR mutation positive.

Three patients started with a reduced dose of erlotinib (100 mg): 56.6% of our patients received erlotinib as a first-line therapy, 33.3% had received one previous chemotherapy regimen before erlotinib and 10% had received three prior chemotherapy regimens before erlotinib. A total of 66.7% of patients had metastasis before starting erlotinib. KPS was 80–100% in all patients.

Median PFS was 10.4 months for firstline erlotinib patients while for patients with at least one prior chemotherapy, it was 6 months.

The main AEs observed were rash (60% of patients), diarrhoea (43.3%), conjunctivitis (23.3%), oral thrush (16.7%), dizziness (16.7%), acneiform dermatitis (10%) and asthenia (10%).

**Conclusion and relevance** Our results showed greater survival in patients who received erlotinib as a firstline therapy. These results showed a median PFS higher than the data published in clinical trials. Rash and diarrhoea were the most common adverse effects, as expected. Clinical trials showed the same toxicity data as those obtained in our study.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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#### 4CPS-091 EVALUATION OF AGGRESSIVENESS OF CANCER CARE NEAR THE END OF LIFE IN PATIENTS WITH PANCREATIC CANCER

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**Background and importance** Despite advances in the early detection and treatment of cancer, a large proportion of patients still eventually die as a result of their disease. The quality of medical care delivered to cancer patients near the end of life is of significant concern.

**Aim and objectives** To evaluate therapeutic aggressiveness near the end of life in patients with pancreatic cancer and implantation of palliative care in hospital.

**Material and methods** A retrospective observational study was carried out from January 2017 to August 2019 in a tertiary hospital. We included patients with pancreatic cancer receiving antineoplastic intravenous treatment followed by the oncology