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

¹M Merino Almanzan, ²JM Duarte Perez, ¹JF Marin Pozo*, ¹R Claramunt Garcia, ¹CL Muñoz Cid, ¹I Caba Porras. ¹Complejo Hospitalario Jaén, Hospital Pharmacy, Jaén, Spain; ²University of Granada, Pharmacology, Granada, Spain

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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

E Monteagudo Santolaya*, M Prieto Castello, L Cebrián Lara, R Colom Moreno, A Sánchez Alcaraz. Hospital Universitario De La Ribera, Clinical Pharmacy, Alzira, Spain

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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 ± 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

No conflict of interest.

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

S Martínez-Pérez, M Llinares-Esquerdo, G Miralles-Andreu, S Gutierrez-Palomo, A García-Monsalve, A Navarro Ruiz*. Hospital General Universitario De Elche, Pharmacy, Elche, Spain

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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

service and who died as a result of their disease. Patients were followed from inclusion until 31 August 2019 or death. To define therapeutic aggressiveness near the end of life, we used the criteria of Earle *et al.* Demographics and clinical parameters were collected from the medical history: age, gender, diagnosis date, ECOG, treatment line, start date and date of last administration, date and place of death and quality variables at the end of life (emergency care, hospital admission in the last month of life, admission to the intensive care unit (ICU) in the last month of life and assistance by the palliative care unit).

Results A total of 38 patients were evaluated. Mean age was 66.6 (SD 10.5) years, 58.0% were men, 92% had metastases and 50% had ECOG ≥ 2 . 21% had received three or more lines of treatment (1 line=45%; 2 lines=34%).

Therapeutic aggressiveness criteria

- 10.5% received antineoplastic treatment in the last 14 days of life (aggressiveness limit $\geq 10\%$).
- 8% started a new antineoplastic treatment in the last 30 days of life (limit $\geq 2\%$).
- 29% went to the emergency room on more than one occasion or were admitted to the ICU during the last month of life (limit $\geq 4\%$).
- 52.6% died in the hospital acute unit (limit $\geq 17\%$).
- 0% received palliative care (limit $< 55\%$).

Conclusion and relevance Our population showed a slight excess of antineoplastic use at the end of life, which implies a greater demand for health resources (Earle *et al.* criteria). The percentage of patients who died in hospital remained high. The results showed the need for greater implementation of palliative care in hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-092 EVALUATION OF AGGRESSIVENESS OF CANCER CARE NEAR THE END OF LIFE IN PATIENTS WITH METASTATIC NON-MICROCYTIC LUNG CANCER

M Llinares-Esquerdo, S Martínez-Pérez, M Pomares-Bernabeu, IP Jiménez-Pulido, L Soriano-Irigaray, A Navarro Ruiz*. *Hospital General Universitario De Elche, Pharmacy, Elche, Spain*

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Background and importance Palliative care can improve the quality of life in patients with advanced cancer. However, WHO data indicate that only 14% of people who need palliative assistance take advantage of it.

Aim and objectives To evaluate therapeutic aggressiveness near the end of life in patients with metastatic non-microcytic lung cancer (mNSCLC) and implementation of palliative care in hospital.

Material and methods This was a retrospective observational study in a tertiary hospital. All adult patients diagnosed with mNSCLC who received intravenous antineoplastic treatment in 2018 and died of cancer were included. Patients were followed from admission until 30 August 2019 or death. To define therapeutic aggressiveness near the end of life we used the criteria of Earle *et al.* Demographic and clinical parameters were collected from the medical history: age, gender, diagnosis date, ECOG, treatment line, the first and last day of administration, date and place of death and quality variables at the end of life (emergency care, hospital admission in the

last month of life, assistance by the palliative care unit and admission to the intensive care unit (ICU) in the last month of life).

Results A total of 36 patients were evaluated. Mean age was 65 (SD 9.7) years, 78% were men, 61% of patients had ECOG ≥ 2 , 19% received three or more lines of treatment and 37.8% were treated with chemotherapy and 22.2% with immunotherapy.

Therapeutic aggressiveness criteria:

- 2.8% received antineoplastic treatment in the last 14 days of life (aggressiveness limit $\geq 10\%$).
- 8.3% started a new antineoplastic treatment in the last 30 days of life (limit $\geq 2\%$).
- 41.7% sought emergency care at least once or were admitted to the ICU during the last month of life (limit $\geq 4\%$).
- 25.0% received palliative care (limit $< 55\%$). Type of follow-up: 77.8% inpatients and 22.2% outpatients.
- 80.5% died in the intensive care unit (limit $\geq 17\%$).

Conclusion and relevance The data revealed no excessive use of antineoplastic treatment at the end of life (Earle *et al.* criteria). However, the percentage of patients who died in hospital was high. In addition, our results reflect the lack of palliative care among terminally ill patients with mNSCLC. This supports the need for greater implementation of palliative care in hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-093 EFFECTIVENESS OF DEXAMETHASONE MOUTHWASH 0.1 MG/ML FOR PREVENTION OF EVEROLIMUS RELATED STOMATITIS

S Martínez-Pérez, M Llinares-Esquerdo, S Gutierrez-Palomo, IP Jimenez-Pulido, A Garcia-Monsalve, A Navarro Ruiz*. *Hospital General Universitario De Elche, Pharmacy, Elche, Spain*

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Background and importance Stomatitis is a class effect associated with inhibition of mTOR and is associated with everolimus therapy for breast cancer. Topical steroids might reduce the incidence and severity of stomatitis.

Aim and objectives To describe the population treated with everolimus and evaluate the effectiveness of dexamethasone mouthwash 0.1 mg/mL for prevention of stomatitis in patients with metastatic breast cancer treated with everolimus-exemestane.

Material and methods A retrospective observational study was carried out from January 2012 to 2019 in a tertiary hospital. We included patients with breast cancer who were treated with everolimus-exemestane and collected it at the outpatient pharmaceutical care unit of the hospital pharmacy. Demographics and clinical parameters were collected from the medical history: age at the beginning of the treatment, dose, duration of treatment, adverse reactions and reason for suspension of therapy. The incidence of mucositis was recorded and a comparison was made between patients who initiated prophylaxis with dexamethasone mouthwash 0.1 mg/mL versus those who did not.

Results A total of 24 patients were evaluated. Mean age was 61 (39–82) years. Treatment with everolimus-exemestane was a secondline antineoplastic treatment in 54% (n=13) of patients. For the remaining 46% it was a thirdline treatment