or later. Prophylactic treatment with dexamethasone mouthwash was initiated in 50% of patients (from January 2017).

All patients began treatment with everolimus at a dose of 10 mg daily. Of these, 38% (n=9) required a reduction to 5 mg daily due to toxicity: intense asthenia (n=3), pneumonitis (n=1), skin rash (n=1), oedema in the lower limbs (n=1), thrombopenia (n=1), neutropenia (n=1) and persistent nausea and vomiting (n=1).

A total of 88% of patients discontinued treatment due to radiological progression of the disease. The average treatment duration was 5.9 months. In no case was the treatment terminated due to adverse effects.

Regarding the efficacy of dexamethasone mouthwash, in patients who did not use the oral solution (n=12), the incidence of stomatitis was 67% (grade 1, n=5; grade 2, n=3). This delayed the antineoplastic treatment in 2 patients (25%; n=2). In patients who used dexamethasone mouthwash (n=12), one patient presented with stomatitis (grade 1).

The use of dexamethasone mouthwash 0.1 mg/mL was associated with a statistically significant decrease in the incidence of stomatitis (χ^2 <0.05). No adverse effects associated with the oral solution were detected.

Conclusion and relevance Prophylactic use of dexamethasone mouthwash reduced the incidence and severity of stomatitis in patients receiving everolimus–exemestane.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-094 CHARACTERISATION OF POTENTIAL DRUG–DRUG INTERACTIONS IN ONCOLOGICAL PATIENTS TREATED WITH ORAL ANTICANCER DRUGS

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Background and importance Oral anticancer therapy has advantages over intravenous chemotherapy, such as greater comfort for patients. However, the use of combination therapies or administration of concomitant medications to treat patients with comorbidities may increase the risk of drug interactions.

Aim and objectives To determine the prevalence, level of risk and type of potential drug–drug interactions in oncological outpatients treated with oral anticancer therapy.

Material and methods This was a retrospective observational study of 10 months' duration (January 2019–October 2019). All patients who collected their oral anticancer drugs in the pharmacy service of a third level university hospital during the study period were included. Sociodemographic variables and active prescriptions in the last dispensing period were collected in the Abucasis programme. For the interaction analysis, the Lexicomp database was used, and interactions were classified as C (monitor therapy), D (consider therapy modification) or X (avoid combination).

Results In our study, 240 patients were included (53% women, mean age 63 years); 92.9% of patients were receiving treatment with one or more concomitant drugs in addition to cancer treatment. In 68% of these patients at least one potential drug–drug interaction was detected. Of the 657 interactions detected, in 128 (19.3%) a chemotherapeutic agent was involved: 63.3% classified as level C, 22.6% as level D and 14.1% as level X. In 72.7% of cases it was a pharmacokinetic interaction, which mainly affected absorption by modification of gastric pH or cytochrome P 450 enzymes, and in 27.3% there was a pharmacodynamic interaction, mainly additive effects of toxicity (such as an increased risk of myelosuppression or QTc prolongation). Corticosteroids, proton pump inhibitors, allopurinol, antiplatelets and oral anticoagulants were the drugs involved in the interactions classified as level X.

Conclusion and relevance The prevalence of potential drug–drug interactions in our patients was high, highlighting a high proportion of risk of level X interactions. Pharmacological interactions involved commonly used drugs in patients, which may compromise the efficacy of anticancer therapy and expose the patient to higher toxicity. After the study, the level X interactions were reported to the responsible physician.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-095 REVIEWING THE LATEST CLINICAL RESEARCH FOR TREATING ADVANCED NON-SMALL CELL LUNG CANCER: SELECTION OF RANDOMISED CONTROLLED TRIALS PUBLISHED IN 2018

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Background and importance Numerous randomised controlled trials (RCT) have been conducted over recent decades to identify the optimal therapeutic option for patients with advanced non-small cell lung cancer (NSCLC). However, only modest clinical benefits have been achieved.

Aim and objectives To analyse primary efficacy outcomes reported and the design of phase III RCT of advanced NSCLC published in 2018.

Material and methods A structured search using MEDLINE and EMBASE was conducted for phase III RCT reported in 2018 for treating advanced NSCLC. Any English written study comparing at least two systemic agents was included. Selected trials were scrutinised to identify potential duplications. The following information was recorded: sample size, treatment line, pharmacological agents, intention to treat (ITT) analysis, ESMO magnitude of clinical benefit scale (MCBS) V1.1, and assessment of quality of life (QoL) and primary efficacy outcomes (overall survival (OS) or progression free survival (PFS)), along with the investigators' conclusions on the experimental arm (positive or negative result).

Results Fourteen studies were selected from 134 search results, showing a median sample size of 464 patients (IQR 276–611). Eight trials (57.1%) evaluated a firstline treatment for advanced NSCLC. The pharmacological agents were distributed as follows: EGFR inhibitors (n=3); ALK inhibitors (n=3); anti-PD-L1 (n=3); and other (n=5); 57% had already been approved for treating advanced NSCLC. All RCT evaluated the efficacy outcomes in the ITT population. ESMO MCBS estimation was applicable to 8 (57%) studies showing: grade 4 (n=3: alectinib, crizotinib and osimertinib), grade 3

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