(n=2: osimertinib and pembrolizumab based regimen) and grade 2 (n=3: anlotinib, dulanermin based scheme and atezolizumab based regimen). PFS was the primary outcome in 10/14 (71.4%) RCT and the co-primary outcome with OS in 3 of these trials. OS was the primary outcome in 4/14 (28.6%) RCT and QoL was assessed in 5/14 (35.7%) trials, with just one trial reporting a significant improvement. Conclusions were positive in 9/14 (64.3%) RCT.

Conclusion and relevance QoL, which has been found to be a strong predictor of survival and toxicity outcomes, was evaluated in only 35.7% of the selected trials. It was also disturbing that only 50% of the trials considered OS as the primary/co-primary efficacy outcome. However, the results seemed to be positive in 64.3% of trials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

University of Granada
No conflict of interest.

4CPS-096 EVALUATION OF CLINICAL PHARMACY SERVICES IN A HAEMATOLOGY OUTPATIENT SETTING

R Gavira Moreno, V Vázquez Vela, P Gomez Germá, C Puivecino Moreno*, A Varas Pérez, JF Sierra Sánchez. Area De Gestion Sanitaria Norte De Cadiz-Hospital De Jerez, Pharmacy, Jerez De La Frontera, Spain

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Background and importance Drug management of haematological patients is complex because it integrates numerous agents (antineoplastics, supportive care and medications for comorbidities). In the ambulatory setting, the clinical pharmacist can contribute to patient care through collaboration with a multidisciplinary team.

Aim and objectives The aim of the study was to document and evaluate the interventions in haematology of clinical pharmacists in patients treated with oral antineoplastics in an outpatient setting.

Material and methods This was a prospective, descriptive, observational study carried out from March 2018 to September 2019. Patients were scheduled for a pharmacist consultation where an interview was conducted. Comprehensive medication (chemotherapy, supportive care and ambulatory treatment) and electronic health record (EHR) reviews were performed before the interview. The pharmacist identified drug related problems (DRP) and negative outcomes associated with the medications (NOAMs), defined according to the Third Consensus of Granada. Subsequently, the pharmacists made a report with the proposed pharmaceutical interventions (IP) which were included in the patient's EHR. The intervention acceptance rate by haematologists was evaluated, as well as whether the DRP had been solved.

Results All patients interviewed were included in the analysis (n=78), and the majority of patients were diagnosed with multiple myeloma, chronic lymphocytic leukaemia and chronic myeloid leukaemia. The drugs involved most often in medication problems were lenalidomide and ibrutinib (as antineoplastic therapy) and statins (as concomitant drugs). From 78 patients analysed, 65 (83.3%) presented some type of NOAMs. The most frequent were related to safety (61.5%, mostly quantitative safety), followed by necessity (34.5%) and effectiveness (4.1%). Regarding DRP, 148 were identified; the three most prevalent types were interaction (31%), insufficiently treated diagnosis/symptom (16%) and likelihood of

adverse effects (16%). There were 163 IPs performed within this outpatient setting: dose/regimen adjustment was the main intervention. Most (70%) interventions were accepted and implemented by the haematologists and the DRP resolved.

Conclusion and relevance The outpatient pharmaceutical intervention can resolve in a significant way both DRPs and NOAMs in haematological patients, and thus help to improve the quality of their pharmacological therapy. A pharmacist report integrated into the EHR could contribute to facilitate access to the intervention.

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4CPS-097 SECONDLINE TREATMENT OF METASTATIC NON-SMALL CELL LUNG CANCER WITH IMMUNE CHECKPOINT INHIBITORS

FJ Salmeron Navas*, C Martinez-Diaz, EM Barreiro-Fernandez, M Dominguez Cantero, S Fenix-Caballero. Hospital Universitario Puerto Real, Servicio De Farmacia, Cadiz, Spain

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Background and importance The therapeutic option in patients with metastatic non-small cell lung cancer (mNSCLC) after chemotherapy is based on the immune checkpoint inhibitors (ICI).

Aim and objectives The aim of this study was to analyse the effectiveness, safety and degree of compliance with criteria established in our hospital for patients with mNSCLC undergoing secondline treatment with immunotherapy.

Material and methods A retrospective descriptive study including patients with mNSCLC, receiving treatment with atezolizumab, nivolumab or pembrolizumab, from 1 December 2013 to 2 October 2019 was conducted. The electronic prescription programme in oncology and medical records were consulted. Data collected for each patient were sex, age, smoking status, performance status (PS), histology, active brain metastases, EGFR/ALK/ROS-1 mutations, PDL-1 expression, therapeutic scheme and number of cycles received. Effectiveness was assessed in terms of progression free survival (PFS) and overall survival (OS), calculated by the Kaplan-Meier method. Adverse reactions (AR) of grade ≥ 3 were collected for analysis of safety. The conditions of use established were: PS=0-1 and patients without active brain metastases or EGFR/ALK/ROS-1 mutations.

Results Forty patients, 85% men, were included, with an average age of 70 (42-83) years, of whom 14 were current smokers and 23 were former smokers. A total of 37 patients presented at the beginning of treatment with PS ≤ 1 . There were 18 lung adenocarcinomas and 22 with a non-squamous histology. No patient had active brain metastases at baseline or EGFR/ALK/ROS-1 mutations. PDL-1 expression was ≥ 1 in 17 patients. The schemes, average numbers and range of cycles were: atezolizumab 1200 mg every 3 weeks, 5 (1-14) cycles; nivolumab 3 mg/kg every 2 weeks, 12 (1-44) cycles; and pembrolizumab 2 mg/kg every 3 weeks, 6 (4-17) cycles. Median PFS and OS were 5 months (95% CI 2.9-7.1) and 14 months (95% CI 8.3-19.7), respectively. AR grade ≥ 3 reports were: asthenia (29%), pneumonitis (29%), renal disorder (14%), hyperglycaemia (14%) and gastrointestinal symptoms (14%). A total of 7.5% of patients did not comply with the conditions of use established at the start of treatment (PS ≥ 2).