Median PFS of patients who started pembrolizumab as firstline therapy was 10 months (95% CI 7.1–12.92); in those treated as secondline and thirdline, median PFS was 4.2 months (95% CI 3.12–5.27).

AEs included asthenia grades 1–2 in 15.79%, arthralgia grades 1–2 in 13.16%, dermatitis in 7.89%, diarrhoea in 7.89%, hypothyroidism in 5.26%, pneumonitis in 5.26%, vomiting in 5.26%, anorexia in 5.26%, constipation in 5.26% and myalgia in 2.63%.

Conclusion and relevance Median PFS in our study was similar to the results of Keynote-024 (pembrolizumab as firstline treatment) 10 versus 10.3 months and Keynote-010 (pembrolizumab in previously treated patients) 4.2 versus 3.9 months. Pembrolizumab was safe and well tolerated; the safety profile was similar to that described in clinical trials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-100 ANTHRACYCLINE DOSING IN OBESE ADULT PATIENTS: A SYSTEMATIC REVIEW

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Background and importance Chemotherapy dosing for obese patients (body mass index (BMI) ≥ 30 kg/m²) remains undefined. Most recent publications discourage arbitrary dose reductions that can compromise efficacy. However, because of the dose dependent cardiotoxicity of anthracyclines and also the inherent obesity related cardiovascular risk factors, it is advisable to review the evidence available on toxicity in this population.

Aim and objectives To define the most adequate dose strategy for anthracyclines in obese adult patients based on efficacy and toxicity results and/or pharmacokinetic data.

Material and methods We conducted a systematic review in Pubmed, Scopus and Web of Science using predefined keywords ((obese or obesity) and (daunorubicin or doxorubicin or epirubicin or idarubicin)). We excluded paediatric and non-English papers. Moreover, we looked at studies with relevant information about safety and efficacy.

Results Ten articles on doxorubicin, 4 on epirubicin, 2 on idarubicin and 1 on daunorubicin were included. Doxorubicin pharmacokinetics was evaluated in two articles: clearance was reduced and area under the curve was increased in obese patients but there were no statistically significant differences (SSD). Regarding efficacy, obese patients had better response ratios with no dose reduction with daunorubicin and idarubicin, but the difference was not significant. Epirubicin showed a better response when the full dose was used in neoadjuvant chemotherapy but there was no difference in progression free (PFS) or overall (OS) survival. One article reported worse pathological complete response, PFS and OS when the dose was reduced in obese breast cancer patients. Another article did not show SSD in recurrence risk and mortality when using a full dose, except if BMI ≥ 35 kg/m² when mortality was higher ($p < 0.05$). Two articles found worse PFS in obese versus non-obese patients when receiving the full dose. Regarding safety, we found three articles that showed more

toxicity but without SSD. One meta-analysis reported an increase in cardiovascular risk with increasing BMI but could not establish if it was due to the use of full doses or obesity itself.

Conclusion and relevance The literature regarding safety and efficacy is not consistent. As there are better responses with full dose anthracyclines and toxicity can be monitored, dose reduction in obese patients is not recommended. However, the presence of other comorbidities may be a reason for dose reduction.

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4CPS-101 TRIFLURIDINE-TIPIRACIL FOR METASTATIC COLORECTAL CANCER: REAL WORLD DATA EXPERIENCE

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Background and importance Colorectal cancer represents a major health problem in developed countries. Median age at diagnosis is about 70 years. This creates new challenges in antineoplastic treatment, taking into consideration the characteristics of this group of patients: functional alterations that increase the toxicity of drugs, high comorbidity and polypharmacy. Trifluridine-tipiracil is an oral antineoplastic agent consisting of trifluridine and tipiracil. Tipiracil blocks the degradation of trifluridine by thymidine phosphorylase, which improves the bioavailability of trifluridine and allows for oral administration. A phase III study comparing trifluridine-tipiracil versus placebo in patients with metastatic colorectal cancer (mCRC) refractory to or intolerant to standard therapy ($n=800$) showed a modest benefit in overall survival and progression free survival compared with placebo.

Aim and objectives To assess the efficacy and safety of trifluridine-tipiracil in a cohort of 49 patients with mCRC treated in our institution.

Material and methods This was an observational retrospective study of patients treated with trifluridine-tipiracil as monotherapy from March 2018 to September 2019. The data collected, obtained from the electronic medical records, were sex, age, previous chemotherapy regimens, treatment duration and reason for discontinuation, adverse events and follow-up data.

Results Forty-nine patients, 33 men (67%), with a median age of 64 years (41–84), were treated with trifluridine-tipiracil monotherapy. The median number of previously administered chemotherapy regimens was 2, while trifluridine and tipiracil was administered for a median of 3 cycles. At evaluation after 3 cycles, 53% of patients showed progression of disease, 8% mixed response of metastatic site, 2% partial response and 4% stable disease. For 32% of patients the response was not evaluated due to early progression of disease or patients lost to follow-up. Twenty-four patients (49%) underwent subsequent therapies after treatment with trifluridine-tipiracil, mainly with raltitrexed (12 patients/50%), regorafenib and mitomycin C (3 patients/12%). Adverse events occurred in 23 patients (47%): haematological events ($n=14$, 47%), asthenia ($n=7$, 30%), dyspnoea ($n=2$, 9%) and hyperbilirubinaemia ($n=1$, 4%).