Median PFS of patients who started pembrolizumab as first-line therapy was 10 months (95% CI 7.1–12.92); in those treated as second-line and third-line, 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 first-line 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

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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

**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 might lead to the risk of therapy intolerance, and comorbidities. 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%), dysphoria (n=2, 9%) and hyperbilirubinaemia (n=1, 4%).
Conclusion and relevance Our data confirmed the modest benefits for highly pretreated patients, consistent with previously published clinical trials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

Background and importance Palbociclib was approved by the EMA for the treatment of hormone receptor positive, human epidermal growth factor receptor 2 (HER2) negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor or fulvestrant. To characterise the safety of palbociclib in clinical practice.

Material and methods This was a retrospective observational study (March 2018–July 2019). Patient demographics, clinical and treatment related data and AEs were analysed. Toxicity was classified by common terminology criteria for adverse events.

Results A total of 41 women were included, mean age was 59 (37–78) years and mean number of cycles received was 8.5 (1–18). Thirty-seven patients (90%) presented with AEs. The most common AEs were haematological (68%): neutropenia (58.5%), leucopenia (12%), anaemia (7%) and thrombocytopenia (5%). Among the non-haematological AEs, general disorders (asthenia, fatigue) were the most common (51%) followed by gastrointestinal events (34%), skin and subcutaneous tissue disorders (15%), musculoskeletal and connective tissue disorders (10%), metabolism and nutrition disorders (5%), and hepatobiliary disorders (5%).

In response to treatment related AEs, 17 patients (41%) required dose reduction. In 13 cases (32%) the cause of the modification was neutropenia; other causes were anaemia, fatigue, cholelithiasis and pruritus. Five patients required a second dose reduction and the reasons were the same (4 because of neutropenia and 1 because of fatigue). The mean interval between reductions was 5 cycles (3–10) and currently all are continuing treatment with palbociclib.

As a result of the AEs, 27 patients (67.5%) have required cycle delays. The main cause was neutropenia (50%), followed by anaemia (5%) and fatigue (5%). Other causes were leucopenia, thrombocytopenia, diarrhoea, pruritus and non-treatment reasons.

Ten patients discontinued treatment (24%), 9 due to disease progression and the 1 left because of hypertransaminasemia produced after the first cycle which triggered early suspension.

Conclusion and relevance Due to proper management of toxicities, the majority of patients did not need to discontinue treatment and palbociclib may be an option in these patients. However, some patients presented AEs which led to delays in the cycles and dose modifications.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

Background and importance Evidence for a pharmacist role in the screening of MetS has been shown to be effective in at risk populations. Despite migrants being an at risk group for the development of MetS, no literature has described screening of migrants by pharmacists.

Aim and objectives To identify the impact of the pharmacist role in screening migrants on arrival in a Middle Eastern country and following 24 months of residency in the Middle East.

Material and methods This was a prospective longitudinal observational study. Migrants aged 18–65 years were informed about the research and consented to participate by pharmacists. Baseline screening for MetS risk factors was conducted. Parameters included glycated haemoglobin (HbA1c), triglycerides (TG), high density lipoprotein cholesterol (HDL-C), blood pressure (BP) and waist circumference (WC). All migrants with identified metabolic abnormalities at this screening stage were referred to physicians by the pharmacist for further management. Migrants with normal metabolic parameters at baseline were invited to be re-screened by pharmacists. This will allow identification of an increase if any incidence of MetS and will allow for earlier intervention and management.

Results Of the 1379 identified migrants, 460 consented to participate; 70% were men and 82.2% (378) were Asians. Pharmacist led screening revealed 13.9% (64) with abnormal BP; 6.7% (31) with pre-diabetes, 21.4% (91) with elevated TG, 25% (115) with low HDL-C; 47% (219) with high WC and 16% (75) were found to have MetS and referred to the physician for follow-up. These participants were consequently identified as at risk for development of MetS at a much earlier stage. A total of 199 migrants with normal metabolic parameters will be followed-up following 24 months of residency in the Middle East. Throughout the study, migrants with metabolic abnormalities were referred by pharmacists to physicians for further management.

Conclusion and relevance The study indicates that pharmacist screening is effective for early identification and potential early management of MetS in this migrant population.