Conclusion and relevance Our data confirmed the modest benefits for highly pretreated patients, consistent with previously published clinical trials.

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No conflict of interest.

4CPS-102 INFLUENCE OF PALBOCICLIB TOXICITY IN REAL WORLD CLINICAL PRACTICE

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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.

Aim and objectives To study the adverse events (AEs) and their impact on dosing and cycle delays in patients treated with palbociclib. 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 hypertransaminasaemia 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

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4CPS-103 IS THERE A ROLE FOR THE PHARMACIST IN SCREENING FOR METABOLIC SYNDROME?

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Background and importance Evidence for a pharmacist role in the screening of MetS has been shown to be effective in at risk populations.[1] 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.