programme for outpatient and medical records was consulted. Data collected for each patient were: sex, age, menopause status, performance status (PS), cancer stage, presence of visceral metastatic disease, therapeutic scheme and number of cycles received. The safety profile was assessed from the number of adverse events (AE), and the severity of AEs was graded on the basis of the common terminology criteria for adverse events, V5.0. Number of patients and reasons for delays and dose reductions were also determined.

Results 34 patients, 100% women, were included, with an average age of 60 (47–81) years, of whom 71% were postmenopausal. 29 patients presented at the beginning of treatment with PS ≤ 1 . The percentage of patients with metastatic disease was 100%, of whom 76% had visceral metastases. The schemes, average numbers and range of cycles were: palbociclib 125 mg every 3 weeks, 7 (1–17) cycles. 105 AE occurred in 31 patients (91%): 54 haematological, 23 metabolic, 10 digestive, 7 asthenia, 2 cases of infections and 9 other causes. The degree of severity was: anaemia, anorexia asthenia, diarrhoea, dysgeusia, increased levels of GGT/AST/ALT/LDH, mucositis, nausea, neutropenia, itching, palmar–plantar erythrodysesthesia syndrome, thrombopenia, urticaria and vomiting, grade 1 (59%); anaemia, anorexia, asthenia, headaches, GGT increased, infections, mucositis, nausea, neutropenia and vomiting, grade 2 (30%); and asthenia, neutropenia and GGT increased, grade 3 (12%). There were 13 patients who delayed treatment, and neutropenia was the reason in 85% of patients. 6% of patients had reduced doses of palbociclib because of neutropenia or mucositis.

Conclusion and relevance There was a high incidence of AE, the most frequent being grade 1. The most common AE were haematological, with neutropenia being the highest degree. Our studies suggested a high percentage of delays and dose reductions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-160 MOGAMULIZUMAB EXPERIENCE IN ADVANCED SEZARY SYNDROME: A CASE REPORT

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Background and importance Sezary syndrome (SS) is a primary cutaneous T cell lymphoma characterised by erythroderma, lymphadenopathy and leukaemic involvement of the peripheral blood. The high relapse rates and poor prognosis complicate its clinical course and treatment. Mogamulizumab is an anti-CC chemokine receptor 4 monoclonal antibody that has been recently approved for the treatment of adult patients with relapsed or refractory mycosis fungoides or SS who have been treated with at least one prior line of therapy.

Aim and objectives To describe the use of mogamulizumab in a patient with SS as well as the safety of this new treatment.

Material and methods We ran a descriptive study of SS in a 77-year-old woman with erythema for 8 years. Skin lesions were widely distributed over 80% of her body. The patient was initially diagnosed with contact dermatitis and then psoriasis. She received various treatments without success:

antihistamines, topical corticosteroids, acitretin, cyclosporine, oral prednisone, phototherapy, ustekinumab, ixekizumab, methotrexate and bexarotene. In June 2020, due to new recurrences, additional skin biopsy and study of bone marrow were done to determine the specific type of skin lesions. Stage IV SS (pT4pM0pN0 B2) was diagnosed, and physicians decided to start expanded access treatment with mogamulizumab.

Results The patient received eight doses (80 mg/dose) of mogamulizumab from June to October 2020. It was administered with the approved protocol: 1 mg/kg dose, as an intravenous infusion over at least 60 minutes, on days 1, 8, 15, and 22 of the first 28 day cycle, then on days 1 and 15 of each subsequent 28 day cycle until disease progression or unacceptable toxicity. The woman presented good clinical evolution with reduction of skin lesions and symptoms. The treatment was well tolerated, with few reported adverse side effects: low grade fever after the first infusion and grade IV afebrile neutropenia after the sixth dose. Severe neutropenia was successfully treated with granulocyte colony stimulating factors and the patient was able to continue treatment.

Conclusion and relevance Mogamulizumab was used successfully to date in our case. Although more and longer treatment periods are needed, mogamulizumab seems to be a well tolerated treatment option for SS.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-161 EFFECTIVENESS AND SAFETY OF PALBOCICLIB AND RIBOCICLIB

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Background and importance Several trials have demonstrated the benefit of anti-CDK4/6 inhibitors plus endocrine therapy in oestrogen receptor positive (ER+) advanced breast cancer (aBC), in first or subsequent lines of therapy. Based on clinical trials, palbociclib and ribociclib are equally effective in either firstline or secondline therapy for advanced ER+ aBC, however, different toxicity profiles have been reported.

Aim and objectives To assess progression free survival (PFS) and safety of palbociclib and ribociclib in real clinical practice.

Material and methods An observational, retrospective, descriptive study was conducted in patients with aBC treated with palbociclib and ribociclib between February 2018 and September 2020. Age, doses, adverse events, time to progression or death, and medical history were collected.

Results 42 patients were included (24 received palbociclib and 18 received ribociclib). Ribociclib: mean age at the start of treatment was 58.94 ± 11.79 years. 16.67% of patients withdrew their treatment due to toxicity. 16.67% progressed (PFS of 9.9 ± 5.07 months). Patients began with doses of 600 mg: almost 40% of patients had to reduce the dose, of whom 28.57% had to reduce it to the minimum dose of 200 mg and the rest maintained on the 400 mg dose.

Palbociclib mean age at the start of treatment was 59.37 ± 10.74 years. There were only two cases of toxicity (8.33%). 45.83% of patients progressed (PFS of 7.81 ± 6.26 months). Patients started with a dose of 125 mg: 58.33% of patients