had to reduce the dose, of whom 28.57% had to reduce to the minimum dose of 75 mg while the rest remained on the 125 mg dose. The main cause of dose reduction for both was neutropenia (50% for ribociclib and 72.22% for palbociclib). The next cause was liver toxicity (37.55%) from ribociclib and gastrointestinal upset (16.67%) from palbociclib.

Conclusion and relevance
Comparing effectiveness, a greater PFS was found for ribociclib compared with palbociclib (2.09 months); there was a higher percentage of patients with progression after treatment with palbociclib (45.83% vs 16.67%). Regarding toxicity, ribociclib had a higher toxicity profile than palbociclib. Both required dose adjustment, greater for palbociclib, the main cause in both being neutropenia.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest
No conflict of interest

5PSQ-163 INCIDENCE OF NEUTROPENIA AND EFFECTIVENESS OF PALBOCICLIB IN CLINICAL PRACTICE IN METASTATIC BREAST CANCER AFTER 4 YEARS OF USE

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Background and importance
The inhibitor of cyclin dependent kinases 4 and 6, palbociclib, was a major advance in the treatment of metastatic breast cancer.

Aim and objectives
To describe the effectiveness and incidence of neutropenia with palbociclib in clinical practice.

Material and methods
A retrospective study was conducted in patients with metastatic or locally advanced breast cancer treated with palbociclib on any line in a tertiary hospital between July 2016 and August 2020. Demographic variables were collected: start and end date of the drug, concomitant hormonal treatment and treatment with denosumab. The presence of neutropenia was assessed before the start, on day 15 of the first cycle and with each reduction.

Results
58 patients were included with a median age at the start of palbociclib treatment of 59.0 years (33–87); the median cycle was 9 (2–34). 50% were on concomitant treatment with fulvestrant, 43.1% with letrozole, 3.4% with goserelin, 1.7% with anastrozole and 1.7% with exemestane. 44.8% of patients were treated with denosumab for bone metastases. The average neutrophil count was reduced by 52.9% from the beginning to the middle of the first cycle, with neutropenia appearing in 69.0% of patients (1.7% grade 4; 22.4% grade 3; 24.2% grade 2, 20.7% grade 1). 44.8% (26) had a first level reduction to 100 mg, with neutropenia appearing in 92.3% of these (15.4% grade 4; 61.5% grade 3; 15.4% grade 2). 46.2% of the previous patients (12) required a further reduction to 75 mg, with neutropenia appearing in 91.6% (58.3% grade 3; 25% grade 2; 8.3% grade 1). The average progression free survival was 17.6 (±1.8) months. Overall survival averaged 25.7 (±1.3) months. Patients with dose reductions were not more likely to progress (p=0.196).

Conclusion and relevance
Haematological toxicity in the form of neutropenia was frequent, from the first cycle, and remained despite successive dose reductions; reductions were needed in almost half of the patients. However, these dose...