expression of PD-L1, performance status (ECOG-PS), treatment duration, toxicity (CTCAE V.5.0) and outcome were collected from the local electronic medical records. OS, defined as the time from the start of therapy to death or last follow-up, was compared in subgroups of patients using the log rank test (with R software); $p<0.05$ was considered statistically significant.

Results This investigation provided preliminary results for 98 patients (of whom 64% were male). Median age was 73 years (range 44–89). ECOG-PS was 0 or 1 in 91% of cases and 29.6% of patients had a PD-L1 >90%. Median duration of treatment was seven cycles. At a median follow-up of 14.6 months, the percentage of patients still alive was 51% and median OS was 13.3 months (95% CI 10.5 to 31.4). The analysis revealed that OS was not influenced by sex or PD-L1, but significantly associated with ECOG-PS ($p<0.001$). Immunorelated adverse events occurred in 75.5% of patients (29.6% cutaneous, 24.5% gastrointestinal and 19.4% endocrinological). Patients with toxicity showed a significantly higher median OS (29.6 months, 95% CI 12.2 to NA) compared with those without significant toxicity (6.5 months, 95% CI 1.3 to 13.1, $p=0.002$).

Conclusion and relevance These real life findings in the setting of advanced NSCLC patients with PD-L1 TPS ≥50% demonstrated the effectiveness of pembrolizumab. A median OS of 13.3 months was similar to that estimated in the real world Pembreizh study (15.3 months). The detection rate of AE of 75.5% was comparable with 73.4% in the KEYNOTE-024 study. However, pembrolizumab as mono-immunotherapy represents the standard of care as firstline treatment but results from trials evaluating combinations with chemotherapy (KEYNOTE189) could further change the therapeutic approaches.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-171 TOCILIZUMAB IN PATIENTS WITH COVID-19: RESULTS IN CLINICAL PRACTICE

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Background and importance Tocilizumab is an immunosuppressive agent, an inhibitor of interleukin 6. In March 2020, it was included in the treatment plan of SARS-CoV-2 infection with the aim of slowing down the inflammatory phase. Therefore, tocilizumab constitutes a possible alternative therapy within the various experimental strategies available.

Aim and objectives To evaluate the effectiveness and safety of tocilizumab in patients with COVID-19.

Material and methods An observational retrospective study was conducted in every patient with COVID-19 treated with tocilizumab between March and August 2020. Demographic and clinical variables were collected from the electronic medical records: sex, age, diagnosis of pneumonia, dates of admission, discharge and administration of tocilizumab, and dose and treatment criteria. Analytical parameters related to disease severity (APRDS) were recorded: C reactive protein, ferritin, D-dimer and lactate dehydrogenase. Determination of interleukin 6 was not available at our hospital. To evaluate effectiveness, the clinical and analytical response after the administration of tocilizumab was recorded. Adverse effects were recorded to assess safety.

Results 50 patients were included (64% men), median age 68.53 years (range 25–89). All patients presented with pneumonia. Median length of hospital stay was 14 days (range 1–37). Treatment criteria were: rapid worsening of the disease in 50% of patients, 30% presented with criteria of severe systemic inflammatory response, 16% severe respiratory failure, 2% extrapulmonary organ failure and 2% of patients needed intensive care. 70% of patients had an increase in all of the APRDS, 24% in three parameters and 6% in two parameters. Meeting weight related dose criteria, 34 patients received tocilizumab 600 mg and 16 patients received 400 mg on the first administration. 13 patients received a second dose and one received a third for worsening APRDS. 53.10% obtained a good clinical–analytical response. In 38.8% there was no improvement, and the remaining 4 patients (8.1%) were transferred to another hospital before the response was assessed. No treatment related adverse effects were recorded.

Conclusion and relevance The results obtained in our population indicated that tocilizumab was well tolerated. With regards to the data on effectiveness, they showed unsatisfactory results. The available data on the use of tocilizumab in patients with COVID-19 are limited so it is important to carry out studies that allow global data to be collected.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-172 EXPERIENCE WITH TOCILIZUMAB IN SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) INFECTION

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Background and importance Tocilizumab is an immunosuppressive agent which has demonstrated high efficacy in clinical trials for the treatment of coronavirus because its mechanism of action seems to inhibit the inflammatory cascade.

Aim and objectives To evaluate the efficacy and safety of tocilizumab during the global pandemic.

Material and methods A descriptive, observational, prospective study was conducted in patients receiving treatment with tocilizumab for SARS-CoV-2 during the pandemic in March 2020. Clinical data were collected: sex, age, medical history, diagnosis, hospitalisation days, patients admitted to the intensive care unit (ICU), patients who required mechanical ventilation, dose of tocilizumab, time from onset of symptoms to administration, concomitant drugs for SARS-CoV-2, final situation and adverse reactions. The data were obtained from the electronic medical records. All patients met the criteria established by the Spanish Agency of Medicines and Medical Devices (AEMPS): adequate biochemical parameters and absence of ongoing infections.

Results 130 patients were included in the study, 8 patients met the criteria of AEMPS, 75% were men and mean age