syndrome and multiorgan failure occurred. Respiratory support and inotropic agents were started in the intensive care unit. The diagnostic suspicion of atypical incomplete KD, non-coronary involvement, was confirmed and treatment was switched to intravenous immunoglobulin 2 g/kg/day, acetylsalicylic acid 30 mg/kg/day and methylprednisolone infusion until the day of discharge. On illness day 10, laboratory blood tests showed progressive reduction in inflammation markers and rapid normalisation of liver enzymes (lipase 1824, amylase 502, declining leucocytes 8.57, Hb 12, negative CRP). Because of the uncertainty about the cause, anti-S-specific IgG antibodies to SARS-CoV-2 were measured. Serology testing for SARS-CoV-2 revealed IgG antibody concentrations. On day 12 of the illness, she was discharged.

Conclusion and relevance It is known that SARS-CoV-2 infection can activate uncontrolled inflammation. Cases are being informally reported among paediatricians, and recently patients with severe forms have been reported, emphasising the apparent rise in the number of children presenting with a multisystem inflammatory state requiring intensive care. The connection between viral infections and KD, the analogies between the two conditions, open new perspectives with regard to aetiopathogenesis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-264 AUTOIMMUNE MYOPATHY RESULTING FROM A THERAPY WITH NIVOLUMAB FOR METASTATIC NON-SMALL CELL LUNG CANCER: A CASE REPORT

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Background and importance Immune checkpoint inhibitors, such as the anti-PD1 monoclonal antibody nivolumab, have proven efficacy as first or secondline therapy for several tumours. Specific immune related adverse effects (IRAE) involving various organs have been reported and are considered to be caused by immune over activation. IRAE involving the nervous system or muscle are rare, but some are serious and may have fatal outcomes if they are not monitored.

Aim and objectives We report a case of autoimmune myopathy following treatment with nivolumab for metastatic non-small cell lung cancer.

Material and methods This was a descriptive and retrospective clinical case. Data were obtained by review of the electronic medical records. The causality of the adverse reaction was established using the Karch–Lasagna algorithm.

Results A 70-year-old man was followed by the oncology service for a stage-IV lung adenocarcinoma. He received treatment with carboplatin, AUC=5/pemetrexed 500 mg/m², from January to May 2017. He then carried on with pemetrexed as maintenance for 12 cycles. Disease progression was determined by imaging tests. In February 2018, nivolumab was started as secondline treatment with laboratory parameters in the normal range and was well tolerated at first. After cycle 10, the patient had right knee swelling which decreased after local dexamethasone infiltration. He then had pain in his legs (cycle 14), and later there was weakness present with a sustained

effort in these muscle groups. After cycle 18, treatment was interrupted and blood tests ordered. Blood analysis showed increased levels of creatine kinase (CK) (1950 U/L, normal <200), C reactive protein 52.9 mg/mL (0–5.0) and normal levels of anti-cyclic citrullinated peptide 9.9 U/mL (0–20). The patient received intravenous methylprednisolone 1 g for 2 days, leading to improved CK levels and the pain disappeared. He started docetaxel 75 mg/m² without suffering from myopathy again. The Karch–Lasagna algorithm established a 'possible' relationship between myopathy and nivolumab treatment due to the existence of a temporal correlation between the facts.

Conclusion and relevance Health professionals must be vigilant in identifying drug related adverse reactions, particularly those related to drugs on the European list of medicinal products under additional monitoring. Myopathy has been reported in patients receiving nivolumab, and consequently patients should be monitored for changes in muscle function, and other causes of dysfunction should be excluded.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-265 CEMIPIMAB FOR THE TREATMENT OF RELAPSE OF A CUTANEOUS SQUAMOUS CELL CARCINOMA IN AN ADULT PATIENT: A CASE REPORT

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Background and importance Cutaneous squamous cell carcinoma (CSCC) is the second most common skin cancer. Risk factors for CSCC include chronic sun exposure, advanced age, skin that is sensitive to ultraviolet radiation and immunosuppression. Patients who have undergone solid organ transplantation and are receiving immunosuppressive therapy have a high risk of CSCC, which suggests that immune surveillance is critical for preventing CSCC in immunocompetent people. Immune checkpoint inhibitors, such as the anti-PD1 monoclonal antibody cemiplimab, have proven efficacy as firstline therapy for the treatment of adult patients with metastatic or locally advanced CSCC, who are not candidates for curative surgery or radiation.

Aim and objectives We report a case of a patient with CSCC treated with cemiplimab.

Material and methods This was an observational retrospective study of the use of cemiplimab in a 66-year-old man diagnosed with CSCC. Data were obtained from the electronic medical records.

Results The patient was diagnosed with nose CSCC in May 2019 and had other comorbidities: B cell chronic lymphocytic leukaemia (B-CLL), hypothyroidism and atrial fibrillation. This CSCC was resected completely in June 2019, but a CT scan in December 2019 revealed minimal but progressive splenomegaly and supraclavicular lymphadenopathy and a posterior biopsy confirmed CSCC. Other abnormal adenopathies were observed (posterior cervical and axilla likely in relation to B-CLL). He started cemiplimab 350 mg every cycle (21 day cycles) on 6 February 2020. After six cycles, repeat CT scan showed an increase in the size of the supraclavicular

adenopathy but it was decided to continue treatment for three more cycles to re-evaluate pseudo-progression versus disease progression. In cycle 9, a new CT scan revealed stability of disease and therefore the patient continued with his treatment. Regarding side effects, the patient had a grade 1 maculopapular rash related to the medication for 3 days.

Conclusion and relevance Immunotherapy, with its own pattern of response different from the pattern of conventional responses, makes the evaluation of the response complicated. In this case, we observed the effect of pseudo-progression followed by a response, complicating estimation of the real effect of cemiplimab, which was shown to be safe and effective, achieving stability of disease.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-266 AFATINIB AS FIRSTLINE TREATMENT FOR ADVANCED LUNG ADENOCARCINOMA IN A PATIENT HARBOURING EXON 19 DELETION IN EGFR: A CASE REPORT

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Background and importance Somatic mutations in the tyrosine kinase domain of *EGFR*, including in-frame deletions in exon 19 (exon-19 del) and the L858R point mutation in exon 21, are common mutations accounting for 80–90% of *EGFR* mutations in non-small cell lung cancer (NSCLC). NSCLC with these types of mutations is particularly sensitive to afatinib treatment which covalently binds to and irreversibly blocks signalling from all homo- and heterodimers formed by the ErbB family members EGFR (ErbB1), HER2 (ErbB2), ErbB3 and ErbB4.

Aim and objectives We present the case of a male patient, who never smoked, diagnosed with stage IV NSCLC harbouring an exon 19 deletion mutation who achieved a complete response to firstline afatinib treatment.

Material and methods This was an observational retrospective study of the use of afatinib in a 46-year-old man diagnosed with NSCLC. Data were obtained from the electronic medical records.

Results The patient was diagnosed with non-squamous NSCLC stage IV in February 2019. He had a considerable lesion localised in the right lower lobe (RLL), 6.28×5.27 cm in transverse and craniocaudal diameter and metastatic lesions (cerebellum metastasis (2.4×2.1 cm), bilateral lung metastases). The patient had no comorbidities. He started treatment with afatinib 40 mg/day in February 2019. After 10 months, the RLL lesion diminished considerably, from 6.28×5.27 cm to 4.4×3.2 cm, and cerebellum metastasis from 2.4×2.1 cm to 1.6×1.8 cm, achieving a durable partial response. In February 2020, bilateral lung metastases had disappeared and he underwent a right lower lobectomy and lymphadenectomy and in March brain radiosurgery, reaching a complete response which was maintained. This patient continued treatment for 19 months. Side effects were grade 1 diarrhoea which allowed him to continue his treatment without delays.

Conclusion and relevance Afatinib represents an important first-line option for patients with advanced NSCLC harbouring an EGFR sensitising mutation, having been shown to prolong progression free survival compared with chemotherapy and the first generation EGFR TKI. Moreover, subanalyses of the prospective LUX-Lung 3, 6, and 7 and FLAURA trials indicated that afatinib and osimertinib were active in patients with CNS lesions. These agents should be considered as firstline treatments of choice in patients with EGFR mutation positive NSCLC and brain metastases.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-267 RETROSPECTIVE ANALYSIS OF CARBOPLATIN DOSING PRESCRIBED IN A CHEMOTHERAPY REGIMEN AND ITS RELATIONSHIP WITH TOXICITY

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Background and importance Carboplatin is one of the anti-neoplastics in which the dose must be adjusted according to the glomerular filtration rate (GFR) and the area under the curve (AUC). The Cockcroft–Gault equation is the most widely used for the calculation of GFR and the Calvert formula is the most commonly used for carboplatin dosing. The Cockcroft–Gault equation has two variables (weight and serum creatinine) that depend on the body composition of the patient, and therefore overweight and cachectic people are at risk of undergoing inappropriate carboplatin dosing.

Aim and objectives To analyse carboplatin dosage in cancer patients to determine whether they are over or underdosed in comparison with the theoretical dose during the first cycle, and to determine the relationship between the dosage received in this cycle and dose reduction in subsequent cycles, as a result of side effects.

Material and methods This was a retrospective analysis of prescriptions of chemotherapy with carboplatin conducted in 2019. The variables collected were: anthropometric data (age and sex), number of cycles, chemotherapy scheme, diagnosis, analytical data and dose of carboplatin prescribed based on the AUC of the scheme. They were used as tools to support pharmaceutical validation: creatinine clearance (CrCl) according to the Cockcroft–Gault equation and Calvert formula. The mean per cent error (MPE) was used to determine the relationship between the dose received and the theoretical dose calculation during the first cycle. The Shapiro–Wilks test was used to see if the cohort was parametric and the Mann–Whitney U test to assess the possible relationship between the patient's dosage during the first cycle and dose reduction in subsequent cycles.

Results 50 patients were selected, 84% were men and mean age was 66.72±6.66 years. After assessment, 25 patients (50%) received higher doses than the theoretical dose calculation. The mean MPE value (with standard error) for this group was 15.88 ±2.7%. In total, six patients in this group underwent dose reduction due to toxicity related to overdose. No link was found with dose reduction in subsequent