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

¹JC Del Río Valencia*, ¹R Tamayo Bermejo, ²L Rodelo, ¹I Muñoz Castillo. ¹Regional University Hospital of Malaga, Pharmacy Service, Malaga, Spain; ²Comarcal Hospital of La Línea De La Concepcion, Oncology Service, La Línea, Spain

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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.

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Conflict of interest No conflict of interest

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

JC Del Río Valencia*, A Pintado-Alvarez, R Tamayo Bermejo, I Muñoz Castillo. Regional University Hospital of Malaga, Pharmacy Service, Malaga, Spain

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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