cycles for this cohort of patients after performing statistic analyses.

Conclusion and relevance Not using adjusted body weight in obese patient or capping the level of serum creatinine in cachectic patients (0.7–0.8 mg/dL) may lead to incorrect doses of carboplatin and subsequent toxicity (neutropenia and thrombocytopenia).

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-268 NIVOLUMAB VERSUS PEMBROLIZUMAB IN SECONDLINE TREATMENT OF METASTATIC NON-SMALL CELL LUNG CANCER IN CLINICAL PRACTICE

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Background and importance Nivolumab and pembrolizumab are immune checkpoint inhibitors targeting programmed cell death protein 1 (PD-1). The introduction of these agents has significantly improved survival outcomes in metastatic non-small cell lung cancer (NSCLC). However, few studies have compared the efficacy of these two drugs in the secondline setting.

Aim and objectives To compare the efficacy of nivolumab and pembrolizumab in secondline metastatic NSCLC.

Material and methods A retrospective observational study was conducted. We included patients diagnosed with metastatic NSCLC treated with nivolumab and pembrolizumab as secondline treatment in a tertiary care hospital between March 2016 and March 2020. Selected variables were: age, sex, diagnosis, drug, treatment start/end date, disease progression and death. Data were collected using electronic prescription and medical records. Efficacy was measured using survival outcomes. Progression free survival (PFS) and overall survival (OS) were estimated using the Kaplan–Meier method, and the log rank test was used to assess differences between groups. A p value ≤ 0.05 was considered statistically significant. Statistical analyses were performed using SPSS V.19.

Results 43 patients were analysed. Mean age was 64 years (± 7.7) and 79.1% (n=34) were men. 26 patients (60.5%) were treated with nivolumab; mean age in this subgroup was 64 ± 6.8 years, with 80% (n=21) men. The remaining 17 patients (39.5%) received pembrolizumab and mean age was $63 (\pm 9.16)$, with 76.5% (n=13) men.

Median time on treatment was 4 months (0.5–24.8): 3.5 (0.5–24.8) for nivolumab and 5.4 (0.5–20) for pembrolizumab. Median PFS for all treated patients was 5 months (95% CI 2.26 to 7.4). PFS was 4 months (95% CI 2.6 to 5.4) for nivolumab patients and 5 (95% CI 0 to 11.3) for those treated with pembrolizumab. Regarding OS, median time was 7 months (95% CI 2.5 to 11.5): 5 months for nivolumab (95% CI 2 to 8) and 11 for pembrolizumab (95% CI 6 to 16). There were no significant differences in PFS (p=0.741) or OS (p=0.615) between the subgroups.

Conclusion and relevance According to our results, nivolumab and pembrolizumab showed similar PFS. OS, although not statistically significant, was considerably superior in

pembrolizumab patients. These data might be clinically relevant. However, the small sample size makes it difficult to draw conclusions. Further studies should be conducted to confirm potential differences between both anti-PD-1 and could be helpful in supporting clinician decisions.

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Conflict of interest No conflict of interest

4CPS-269 HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY ASSOCIATED WITH CYTOREDUCTIVE SURGERY IN PERITONEAL CANCER TREATMENTS: A MULTIDISCIPLINARY EXPERIENCE TO EVALUATE ITS EFFICACY

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Background and importance Hyperthermic intraperitoneal chemotherapy (HIPEC) associated with cytoreductive surgery (CRS) represents one of the treatments for peritoneal carcinoma of various primitivities. The treatment is effective in terms of disease free interval and survival. From January 2019 to June 2019, 33 HIPEC associated with CRS were performed under the supervision of a team of oncologists, surgeons and pharmacists.

Aim and objectives The aim of the work was to describe the management of HIPEC and CRS in an Italian hospital and the response of patients to treatment.

Material and methods At the time of surgery, 33 patients had an average peritoneal cancer index of 14.9. Complete cytoreduction was achieved in 29 patients. The drugs used during HIPEC were for:

- carcinosis with colic primitivity (42.5%): oxaliplatin, fluorouracil, leucovorin in one case; cisplatin, mitomycin in eight cases; mitomycin in three cases;
- carcinosis with gastric primitivity (21.2%): in six cases cisplatin, mitomycin; in one case cisplatin, paclitaxel;
- carcinosis with ovarian primitivity (21.2%): in five cases cisplatin, paclitaxel; in two cases cisplatin, doxorubicin;
- LAMN (9.0%), cisplatin and mitomycin;
- cholangiocarcinoma (3%), cisplatin, mitomycin;
- mesothelioma (3%), cisplatin, doxorubicin.

The average age of the patients was 55.8 years and 63.6% were women.

Results Mean ICU stay was 6.7 days, while the mean total hospital stay was 21.8 days. Inhospital mortality was 12%. The complication rate during hospitalisation (CTCAE ≥ 2) was 33.3%. Four patients (12%) underwent reoperation. Of the 29 patients discharged from hospital, 8 patients (27.6%) relapsed and, among them, 2 patients (6.9%) died. The mean OS calculated from the Kaplan–Meier curves of the discharged patients was 9.4 months and the mean DFS was 7.4 months. To date, the patients analysed have a survival rate of 81.8% (27 of the 33 patients are alive to date) and a DFS of 71.4% (20 of the 28 patients are currently free from illness).