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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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).

Conclusion and relevance Considering the positive results obtained so far, the study of HIPEC with CRS in peritoneal carcinoma continues, to evaluate its effectiveness. The role of the pharmacist was important in participating in the multidisciplinary team in terms of eligibility of patients for treatment, to prepare oncological therapies and in processing the evaluation data.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-270 RESULTS OF EFFECTIVENESS AND SAFETY IN REAL CLINICAL PRACTICE OF NIVOLUMAB, PEMBROLIZUMAB AND ATEZOLIZUMAB IN NON-SMALL CELL LUNG CANCER

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Background and importance Immunotherapy represents a revolution in the therapeutic strategy of non-small cell lung cancer (NSCLC), expanding the number of targets and available therapeutic options. Among the new pharmacological groups that have appeared for the treatment of metastatic NSCLC, we highlight anti-PD1 (nivolumab, pembrolizumab) and anti-PDL1 (atezolizumab) immune checkpoint inhibitors (ICIs). Sometimes patients treated in our hospitals differ from those treated in clinical trials and we do not get the results that we expected.

Aim and objectives To assess the effectiveness and safety of nivolumab, pembrolizumab and atezolizumab in real clinical practice in a second level university hospital.

Material and methods This was a retrospective observational study in NSCLC patients treated with first or secondline pembrolizumab, secondline nivolumab and secondline or later atezolizumab, between 1 September 2016 and 31 December 2019. Data were collected from the patient medical records and the oncology prescription programme (SPOQ) in our centre. The database included demographic, tumour related and treatment related variables.

To assess effectiveness, we analysed response according to the RECIST criteria, categorised as stable disease (SD) or progressive disease (PD), and progression free survival (PFS). To assess safety, a description of the side effects related to the treatment was carried out according to the common toxicity criteria (CTCAE V.5). Statistical analysis was performed with IBM SPSS Statistics V.26. The Kaplan–Meier statistical method was used to perform the survival analysis.

Results 63 patients, median age 67 years, 86% men, 92% ECOG-PS1 and 100% stage IV disease were studied. Median PFS for the global population was 3.1 months (95% CI 2.58 to 3.55). Objective global response rate was 17.5%. 50.1% of patients experienced toxicity. The most frequent toxicity was asthenia in 22.2% of patients.

Patients with firstline pembrolizumab (9.5%) had a PFS of 11.2 months (95% CI 0 to 28.22). For secondline pembrolizumab treated patients (4.8%), PFS was not achieved, in patients treated with atezolizumab (14.3%), PFS was 3.2 months (95% CI 2.6 to 3.98) and in patients treated with nivolumab (71.4%), PFS was 2.7 months (95% CI 1.93 to 3.53). The most frequent adverse events for the three drugs were asthenia, anorexia and immune mediated effects.

Conclusion and relevance The drugs had an efficacy similar to that demonstrated in clinical trials. Safety was acceptable and similar to that published in pivotal trials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-271 EVALUATION OF THE EFFICACY OF ANTI-PD-L1 IMMUNOTHERAPY IN NON-MICROCRITICAL LUNG CANCER IN CLINICAL PRACTICE

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Background and importance Anti-PD-L1 immunotherapy is used to treat secondline or later non-small cell lung cancer (NSCLC). These monoclonal antibodies are the therapy of choice against NSCLC in routine clinical practice.

Aim and objectives To evaluate the efficacy of anti-PD-L1 immunotherapy in clinical practice in NSCLC.

Material and methods This retrospective observational study (July 2017 to July 2020) evaluated the efficacy of atezolizumab, nivolumab and pembrolizumab in patients with NSCLC, in a tertiary hospital, after failing firstline chemotherapy. The study variables were progression free survival (PFS) and overall survival (OS). Patient data were obtained through the digital medical record and the Oncowin oncology pharmacy computer programme.

Results 85 patients were included (23 received atezolizumab, 47 received nivolumab and 15 pembrolizumab). Mean age was 66 years and 89.4% were men. After a follow-up of 72 months, median OS of atezolizumab was 15.75 months (95% CI 0.00 to 33.08), nivolumab 4.7 months (95% CI 2.87 to 6.58) and pembrolizumab 13.73 months (95% CI 4.47 to 22.99). Median PFS for atezolizumab was 6.83 months (95% CI 4.89 to 8.77), for nivolumab 3.12 months (95% CI 2.14 to 4.10) and for pembrolizumab 9.13 months (95% CI 0.48 to 17.70). Our results were compared with the results of pivotal clinical trials.

For atezolizumab, median PFS of our study was much higher than that of the OAK¹ study. Median OS was also higher than that of the OAK and POPLAR² studies. The PFS results from our study of nivolumab were similar to those obtained in the CheckMate-057³ and CheckMate-CA209017⁴ trials. For OS, we found a much smaller median than that of the pivotal trials. For pembrolizumab, median PFS was higher than that in the Keynote 010 trial,⁵ although the OS values were the same.

Conclusion and relevance Our data indicated that the efficacy of anti-PDL1 immunotherapy in patients with secondline NSCLC in clinical practice varies with respect to the results obtained in pivotal clinical trials, with a higher PFS and a similar OS, except for nivolumab, which was much lower. It would be interesting, in future studies, to increase the number of patients to confirm these data on the efficacy of anti-PDL1 immunotherapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest