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 OAK[1] study. Median OS was also higher than that of the OAK and POPLAR[2] studies. The PFS results from our study of nivolumab were similar to those obtained in the CheckMate-057[3] and CheckMate-CA209017[4] 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

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