4CPS-276 ATEZOLIZUMAB IN NON-SMALL CELL LUNG CANCER: EFFECTIVENESS AND SAFETY REAL WORLD DATA STUDY

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Background and importance Atezolizumab as monotherapy is indicated for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after prior chemotherapy. Patients with epidermal growth factor receptor (EGFR) mutant or anaplastic lymphoma kinase (ALK) positive NSCLC should also have received targeted therapies before receiving immunotherapy.

Aim and objectives To analyse the effectiveness and safety of treated patients with atezolizumab in usual clinical practice.

Material and methods An observational retrospective study was carried out between April 2018 and August 2020. Every patient with squamous and non-squamous NSCLC undergoing treatment with atezolizumab as monotherapy was included. Patient data were obtained from clinical records. Variables analysed were demographic variables (age and sex) and clinical variables (diagnosis, stage, treatment line, dose administered and performance status (PS) according to the ECOG scale). Efficacy endpoints were progression free survival (PFS) and overall survival (OS) assessed by iRECIST criteria and analysed by Kaplan–Meier curves. Adverse reactions were also assessed.

Results 35 patients were included, average age 63.52±11.25 years. 8.53% (n=3) had ECOG-PS 2 and the remainder had ECOG-PS 0–1 (n=32). NSCLC stage was IV in 100% (n=35) of patients. 68.57% of patients started therapy with atezolizumab as secondline, 14.29% as thirdline and 17.14% as fourth/fifth line. Only one patient had an EGFR positive mutation. The administered dose was 1200 mg 3 weekly. Four patients (11.43%) were still receiving treatment. Causes of treatment suspension in the remaining patients were disease progression (n=31), death (n=4) or toxicity (n=1). Median PFS was 3.2 months (95% CI 2.6 to 7.2). Median OS was 6.3 months (95% CI 4.4 to 9.1). 40% of patients received ≤3 cycles of treatment.

Adverse reactions were: grade 2–3, asthenia 31.43%, grade 1–2 arthralgia 14.29%, anorexia 14.29%, skin toxicity 17.14%, gastrointestinal toxicity 28.57%, pneumonitis 2.86%, hepatic toxicity 8.57%, rheumatological 14.29% and neurological 5.71%. One case of gastrointestinal toxicity caused treatment suspension. Neither renal nor endocrine toxicity was recorded.

Conclusion and relevance Median PFS in our study was similar to that found in the OAK phase III trial (2.8 months). Atezolizumab was safe and well tolerated; the safety profile was similar to that described in clinical trials. 40% of patients receiving ≤3 cycles could suggest hyperprogression in a high group of patients. Chemotherapy associated with immunotherapy needs to be studied in this no benefit subgroup of patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-277 CETUXIMAB VERSUS BEVACIZUMAB IN METASTATIC COLORECTAL CANCER: A COMPARATIVE EFFECTIVENESS AND PATIENT REPORTED OUTCOMES MULTI-COHORT STUDY

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Background and importance Uncertainty exists regarding the comparative effectiveness of cetuximab versus bevacizumab in metastatic colorectal cancer (mCRC) due to conflicting evidence of efficacy of previous randomised clinical trials and the absence of quality of life (HRQoL) studies in this setting.

Aim and objectives In order to assess clinical effectiveness and patient reported tolerability of the different targeted treatment options simultaneously, we conducted a mainly retrospective head-to-head multi-cohort study. The main retrospective study was designed to compare real world clinical outcomes from both antibodies. Concurrently, we nested in it a smaller prospective cohort study for the purpose of measuring patient reported outcomes (PROs).

Material and methods Retrospective cohorts were defined by treatment line, and subgroups by (K)RAS status and tumour sidedness. Among other effectiveness outcomes, we compared response rates, progression free survival (PFS) and overall survival (OS). PROs were measured prospectively through EORTC disease specific instruments. Methods and reporting followed STROBE guidelines and SISAQOL/SPIRIT-PRO recommendations.

Results Between 2010 and 2018, 311 mCRC patients were included in the overall analysis, of whom 44 were further allocated to PROs nested cohorts. Except for (K)RAS mutation status, baseline characteristics were balanced across groups. In the full analyses, PFS (firstline: HR=0.85; p=0.26; secondline: HR=1.16; p=0.51) and OS (firstline: HR=0.83; p=0.26; secondline: HR=0.88; p=0.58) were similar between treatment arms. In subgroup analyses (firstline), we found a survival difference favouring bevacizumab in right-sided tumours (PFS: HR=0.52; p=0.025; OS: HR=0.60; p=0.11), but not in left-sided or (K)RAS wild-type tumours. Response rates were higher for bevacizumab in patients with right-sided primaries and similar across other comparisons. During the first 12 weeks of treatment, a higher proportion of patients in the cetuximab arm experienced clinically meaningful (≥10%) deterioration of HRQoL comparing with the bevacizumab cohort: 53.8% versus 18.2% at 6 weeks and 66.7% versus 12.5% at 12 weeks. We also observed progressively increased scoring on the symptom scales in the cetuximab cohort during follow-up.

Conclusion and relevance This study provides evidence suggesting that bevacizumab and cetuximab containing regimens result in similar clinical effectiveness outcomes in mCRC, except for right-sided tumours, where bevacizumab performed substantially better. Cetuximab led to a progressive negative impact on HRQoL compared with baseline and bevacizumab. These findings should be further explored in randomised studies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-278 EFFECTIVENESS AND SAFETY OF CISPLATIN PLUS GEMCITABINE IN METASTATIC BREAST CANCER

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Background and importance Different studies in the literature have demonstrated promising efficacy of cisplatin–gemcitabine for the treatment of metastatic breast cancer. Real life studies are commonly performed to confirm the results.
Aim and objectives To analyse cisplatin–gemcitabine effectiveness and safety in patients with metastatic breast cancer.
Material and methods A retrospective observational study was conducted in a university hospital. Patients treated with cisplatin–gemcitabine from January 2007 to February 2020 were included. The following variables were recorded: age, hormone receptor (HR), human epidermal growth receptor-2 (HER2) status, duration of treatment, number of cycles, number and type of previous chemotherapy regimens, progression free survival (PFS) and overall survival (OS), calculated by the Kaplan–Meier method, and adverse events (AEs). Data were obtained from the electronic clinical records and the software where the chemotherapy treatments are registered.
Results 56 patients were included, with a median age of 56.5 years (range 30–82). 40 patients (71%) were HR positive, 13 patients (23%) were triple negative and 6 patients (11%) were HER2 positive. At the time of data analysis, one patient was still receiving treatment with cisplatin–gemcitabine and 55 had finished treatment, with a median duration of 2.8 months (4 cycles, range 1–10). Patients had a median of two previous chemotherapy lines in metastatic stage (range 0–4). 85.7% of patients received cisplatin–gemcitabine as metastatic therapy in the secondline or later. The most common regimens used before cisplatin–gemcitabine in metastatic disease were: non-pegylated–liposomal doxorubicin (54.2%), nab–paclitaxel (37.5%), paclitaxel–bevacizumab (35.4%), eribulin (27.1%), epirubicin–docetaxel (18.8%), paclitaxel monotherapy (16.7%), docetaxel monotherapy (14.6%) and pegylated–liposomal doxorubicin (12.5%), with other regimens used less frequently. Median PFS and OS were 3.4 and 6.8 months, respectively. 51.8% of patients had any AE during treatment and the most frequent were anaemia (62%), neutropenia (31%), thrombocytopenia (24%), peripheral neuropathy (17.2%) and asthenia (10.3%). Six patients interrupted their treatment due to AEs.
Conclusion and relevance Cisplatin–gemcitabine was shown to be another effective treatment option in metastatic breast cancer. However, several studies in the literature have shown better results for PFS and OS. This may be due to differences in the baseline characteristics of the patients and the use of previous chemotherapy regimens. Cisplatin–gemcitabine was well tolerated and in most cases the AEs did cause interruption of treatment.

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4CPS-279 CANCER PAIN MANAGEMENT APPROACH CONSIDERING POTENTIAL DRUG INTERACTIONS IN PATIENTS RECEIVING ORAL ANTITUMOUR TREATMENT

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Background and importance Cancer pain management is a recurrent topic in many oncology pharmacies. Drug to drug interactions with patients' current drugs, together with other parameters, is routinely assessed by pharmacists to obtain maximum efficacy with tolerable side effects.
Aim and objectives The aim was to evaluate drug-to-drug potential interactions with analgesics for mild to moderate pain in patients receiving oral cancer treatment.
Material and methods This was a retrospective observational study. All cancer patients treated with oral antineoplastic drugs at an oncology pharmacy unit were included in the analysis. The study period was from January to December 2019. Analgesics for mild pain (acetaminophen, NSAIDs) and mild to moderate pain (weak opioids) were included, according to ESMO Clinical Practice Guidelines for the management of cancer pain in adult patients (Fallon *et al*, 2018). For each patient, drug-to-drug interactions for 17 analgesics were evaluated using the Lexicomp database. Risk was rated as A (no interaction), B (no action needed), C (monitor therapy), D (modify regimen) or X (avoid combination).
Results 541 patients, receiving 46 different drugs for cancer treatment, were seen by an oncology pharmacist. All had their potential drug-to-drug interactions checked to assess available options for analgesia. Most patients (88%) had a potential clinically significant interaction between treatment and at least one of the analgesics studied.

78% of patients had at least one analgesic contraindicated due to potential interactions. In all of these patients, the contraindicated drug was metamizole (dipyrone), as it increases the myelosuppressive effect of the oncology drug. A few patients (0.9%) also had a weak opioid contraindicated as it enhances the depressive effect in the CNS. In 19% of patients, it was necessary to modify treatment, and in 20% an appropriate monitoring plan was recommended.
Conclusion and relevance Most cancer patients receiving anticancer oral drugs could have clinically relevant potential drug-to-drug interactions with drugs used for analgesia for mild and mild–moderate cancer pain. Oncology pharmacists should be aware of this and routinely check for potential interactions with anticancer treatment and analgesics, as part of their pharmaceutical care protocols, to define options for cancer pain control.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-280 BENEFITS OF PHARMACOKINETIC ESTIMATION OF METHOTREXATE LEVELS IN PAEDIATRIC OSTEOSARCOMA PATIENTS

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