REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

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

IM Carrión Madroñal*, MT Garrido Martínez, O Montero Pérez, A Peláez Bejarano, I García Giménez. *Hospital Universitario Juan Ramón Jiménez, Pharmacy Department, Huelva, Spain*

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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

R Diez Fernandez*, F Fernandez Fraga, M Moreno Garcia, T Molina Garcia. *Hospital Universitario De Getafe, Pharmacy, Getafe, Spain*

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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.

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

H Rodríguez Ramallo*, N Báez Gutiérrez, C Alvarez Del Vayo, M Alonso Moreno. *Hospital Universitario Virgen Del Rocío, Pharmacy, Sevilla, Spain*

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