4CPS-282 EPIDEMIOLOGY AND CLINICAL COURSE OF PATIENTS WITH CANCER DIAGNOSED WITH SARS-COV-2 INFECTION

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Background and importance Cancer patients are a vulnerable population for SAR-CoV-2 infection.

Aim and objectives The aim of our study was to describe the epidemiology and clinical course of patients with cancer infected with SARS-Cov-2, attending hospital.

Material and methods A retrospective observational study was conducted in cancer patients attending a tertiary hospital for SARS-CoV-2 infection during the period 3 January 2020 to 31 May 2020. Demographic and clinical variables were analysed: comorbidities, tumour diagnosis, tumour stage and whether they had received anticancer treatment in the last month (active treatment). The clinical course was evaluated by hospital admission, pneumonia, oxygen therapy requirements, the development of acute respiratory distress syndrome (ARDS), admission to ICU, mortality rate and mortality rate <30 days from admission.

Quantitative variables were expressed as means (SD). The association between dichotomous variables or proportions was compared using Fisher's exact test and between quantitative variables using the Mann-Whitney U test.

Results 112 patients were included, 59.8% (67) were men, mean age 67±13.4 years. 94.6% (106) were Caucasian (4.4% (5) Latino). 61.6% (69) were non-smokers, 25% (28) ex-smokers and 13.4% (15) current smokers; 11.6% (13) had obesity. The most frequent comorbidities were: 57.1% (64) arterial hypertension, 34.8% (38) cardiovascular disease, 32.1% (36) diabetes mellitus and 21.4% (24) COPD.

The most frequent cancer diagnosis were: 18.8% (21) breast cancer, 17.9% (20) lung cancer, 16.1% (18) colorectal cancer and 12.5% (14) prostate cancer. Tumour stage: 55.4% (62) metastatic disease, 25% (28) localised disease and 19.6% (22) locally advanced disease. 60.7% (68) of patients received active cancer treatment (42.7% chemotherapy, 32.3% hormonal treatment, 16.2% targeted therapy, 7% immunotherapy and 2.9% radiotherapy). At admission, 85.7% (96) of patients

had pneumonia (78.1% bilateral), 59.9% (67) had lymphopenia (lymphocytes <1000/μL) and 31.3% (35) had pO₂ <90%. The variables for monitoring the clinical course are shown in table 1.

Conclusion and relevance Mortality rate and mortality rate <30 days from admission were high. The clinical course in patients with active anticancer treatment was similar to that of all cancer patients. Larger series of patients are needed to continue studying outcomes of SARS-CoV2 infection in cancer patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-283 ONCOHAEMATOLOGICAL PHARMACEUTICAL CARE CONSULTATION. IS THE INFORMATION ON THE EUROPEAN PUBLIC ASSESSMENT REPORT OF DRUGS ENOUGH?

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Background and importance The European Public Assessment Report (EPAR) is a document that summarises the scientific-technical characteristics of drugs. The information that the EPAR should provide is described in the directive 2004/27/CE, but sometimes it is not enough to cover all scenarios in patients in the oncohaematological pharmaceutical care consultation.

Aim and objectives To evaluate if the information in the EPAR for oral antineoplastic drugs that are dispensed in the outpatient consultation service (OCS) is enough for the management of these drugs in patients with swallowing problems or with nasogastric tubes.

Material and methods We reviewed the EPAR oral antineoplastics drugs dispensed in the OCS. Additionally, articles were searched on Pubmed using the following requests: 'oral antineoplastic', 'swallowing' and 'feeding tube'. If the searches did not provide enough information, we contacted the laboratories by telephone. All information was compiled in an Excel table to analyse the results.

Results The information in the EPAR about oral administration of 32 cytostatics was reviewed. For 20 drugs, the EPAR indicated that the tablets cannot be crushed, bitten or split, and the whole tablet must be swallowed; for five drugs there was no reference about how to administer it; and for five drugs it specified that there was a possibility of dispersing the tablet and indicated how to do it. The EPAR for two drugs was not found.

We performed a bibliographic search of drugs when we did not have enough information (27). Relevant information was found for 11 but information was very limited for 4 (isolated cases of administration outside of what is specified in the EPAR). Finally, for the drugs that we had no information (12), we requested information from 10 laboratories. For five drugs, no additional information was available. Five laboratories told us that they did not advise this type of procedure

Abstract 4CPS-282 Table 1

	Cancer patients (n=112)	Cancer patients receiving anticancer therapy (n=68)
Hospital admission rate	92.9% (104)	94.1% (64)
Mean days of admission	16±17	16±19
Oxygen therapy requirements	29.8% (31)	20.6% (14)
ARDS	28.9% (32)	17.7% (12)
Admission to ICU	7.7% (8)	7.3% (5)
Mortality rate	27.7% (31)	25% (17)
Mortality rate <30 days since admission	77.4% (24)	70.6% (12)
Second admission rate	7.7% (8)	5.9% (4)
Second emergency visits rate	8.9% (10)	8.8% (6)

but that there were isolated cases described in the bibliography. No response was obtained for two drugs.

Conclusion and relevance The information collected in the EPAR is insufficient to resolve doubts for an oncohaematological pharmaceutical care consultation in most cases and it is necessary to perform bibliographic searches to obtain quality information. Laboratories should provide all available information and implement trials to evaluate the efficacy of drugs in real practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-284 TREATMENT OF CYCLIN INHIBITOR INDUCED NEUTROPENIA: IMPACT ON PROGRESSION FREE SURVIVAL

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Background and importance The incidence of neutropenia in cyclin inhibitor (CI) treatment of luminal metastatic breast cancer (LMBC) is very high and leads to a reduction or delay in the required dose.

Aim and objectives To analyse the efficacy of granulocyte colony stimulating factor (G-CSF) in CI treatment. We used filgrastim as G-CSF.

Material and methods A retrospective study of patients that initiated CI treatment between March 2018 and April 2020 was conducted.

Results The cohort included 69 LMBC patients treated with CI. Median age was 65 years (41–89), 20 (29%) patients had a metastatic debut, 21 (30%) progressed during endocrine adjuvant treatment and 28 (41%) had progressed after 5 years of hormonal treatment. 44 patients (63%) received CI treatment as firstline treatment, 10 (15%) after progression to firstline with hormonotherapy and 15 (22%) after progression to chemotherapy. The visceral disease was present in 41%. 48 patients received adjuvant systemic treatment, of whom 35 received adjuvant chemotherapy. 58 patients presented with neutropenia (ANC <1500 cells/μL) of whom 39 received filgrastim (median 780 μg; range 330–1000 μg).

Global median progression free survival (PFS) was 10.88 months (95% CI 5.8 to 15.9) with 38 events. Patients treated as firstline had a PFS of 14 months compared with 8 months for secondline (log rank 0.134). Patients with neutropenia had a superior PFS (15 vs 8 months; log rank $p=0.006$); 16 versus 9 months for firstline and 13 versus 5 months for secondline. We did not find any correlation between G-CSF use and clinical variables, such as firstline or secondline, visceral metastasis, or diagnosis and metastatic interval. PFS in patients with or without filgrastim was similar (14 vs 12 months).

Conclusion and relevance CI induced neutropenia is a widespread complication and correlated with PFS in our patient cohort: 15 versus 8 months in the whole group. G-CSF treatment did not affect PFS but can help to maintain treatment

and avoid early relapses. Whether neutropenia induced by treatment with CI behaves as a prognostic factor and whether the use of G-CSF could provide clinical benefit should be studied.

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4CPS-285 MULTIDISCIPLINARY ORAL THERAPY OUTPATIENT CLINIC: AN ITALIAN SINGLE CENTRE EXPERIENCE

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Background and importance The increasing use of oral anti-cancer drugs (OAD) has led to new challenges for clinicians. The traditional therapeutic horizon has changed, but data about new cancer care models are still scarce. Multidisciplinary management involving three distinct figures (medical oncologist, hospital pharmacist and nurse) could improve compliance and treatment (trt) safety.

Aim and objectives The aim of this analysis was to describe the oral therapy outpatient clinic (OOC), a multidisciplinary project performed at our oncology unit. A multidisciplinary approach focused on prescription, therapeutic education, drug interaction, monitoring and follow-up, to improve patients awareness, addressing medication safety, trt adherence and adverse events (AEs) management.

Material and methods OOC was limited to patients with gastrointestinal (GI) tumours. Three professional figures (medical oncologist, hospital pharmacist and nurse) performed joint visits (each with specific tasks), with a schedule based on patient and trt characteristics.

Results Between March 2019 and April 2020, 359 visits were performed in 49 patients: 23 (46.9%) were men, 100% were ECOG PS 0–1 and median age was 66 years (range 34–80). Overall, 22 patients (44.9%) received adjuvant trt and 27 patients (55.1%) trt for advanced disease. 8 patients (16.2%) had received ≥ 2 previous trt lines. 32 patients (65.3%) had colorectal cancer, 5 patients (10.2%) had hepatocarcinoma, 7 patients (14.3%) had biliary tract carcinoma and 5 patients (10.2%) had other types of GI tumours. Capecitabine was the most frequent CT (73.5%). 6 patients (12.2%) received trifluridine/tipiracil, 5 patients (10.2%) sorafenib and 2 patients (4.1%) regorafenib. Only 19 patients (38.8%) started a full dose trt (33.3% among patients aged >70 years vs 41.9% in patients aged ≤ 70 years). 29 patients (59.2%) had to delay ≥ 1 trt cycle (61.1% aged >70 years vs 58.1% aged ≤ 70 years). 27 patients (55.1%) required ≥ 1 dose modification due to toxicity, including haematological, cutaneous and GI AEs (50.0% >70 years vs 58.1% ≤ 70 years). 35 patients (71.4%) took ≥ 4 concomitant drugs: ≥ 1 drug interaction was found in 32 patients, requiring trt adjustment in 29 patients.

Conclusion and relevance OAD require comprehensive and integrated patients management. Multidisciplinary simultaneous visits involving an oncologist, pharmacist and nurse could