4CPS-300 EFFECTIVENESS AND SAFETY OF CEMIPLIMAB IN SQUAMOUS CELL CARCINOMA OF THE SKIN IN A THIRD LEVEL HOSPITAL

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Background and importance Squamous cell carcinoma (SCC) is the second most common skin cancer. This type of cancer is most often found in areas which have been exposed to sunlight, such as the neck, head and arms, although it can occur anywhere on the body. The high prevalence and the scarcity of treatments make new treatments necessary.
Aim and objectives To assess the efficacy and safety of cemiplimab in the treatment of squamous cell carcinoma.
Material and methods This was a retrospective observational study from January to August 2020 (8 months). The following variables were collected: sex, age, race, previous treatment, area, size, duration until response and stage. Effectiveness was measured by means of the Breslow index, Clark level and images from computerised axial tomography (TAC). Safety was assessed by the incidence of adverse drug reactions.
Results Outcomes were measured for seven patients (all men), with a mean age of 76.8 years and of Caucasian race. Previous treatments were: radiotherapy (50%) and surgery (50%). The average size of the carcinoma was 2.45 cm and stages II (57.2%), III (28.52%) and IV (14.28%). In terms of effectiveness, the Breslow index and Clark levels decreased by 57.14% and there was an improvement in CT images and in symptoms. In terms of safety, the appearance of diarrhoea in one patient was noteworthy.
Conclusion and relevance According to our results, it is possible to consider cemiplimab as an alternative treatment for squamous cell carcinoma. We believe that further studies are necessary to determine effectiveness.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Migden MR, Rischin D, Schmults CD, *et al*. PD-1 Blockade with cemiplimab in advanced cutaneous squamous-cell carcinoma. *N Engl J Med* (Internet) 2018;379:341–51 (available from: http://www.nejm.org/doi/10.1056/NEJMoa1805131).

Conflict of interest No conflict of interest

4CPS-301 ASSOCIATION OF ANTIBIOTICS AND PROTON PUMP INHIBITORS ON CLINICAL ACTIVITY OF FIRSTLINE PEMBROLIZUMAB FOR NON-SMALL CELL LUNG CANCER: 2 YEARS OF REAL WORLD DATA

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Background and importance The gut microbiome plays a dominant role in modulating the therapeutic efficacy of immune checkpoint inhibitors (ICIs). The use of proton pump inhibitors (PPI) and antibiotics (ATB) can induce dysbacteriosis, which may attenuate the clinical outcomes of ICIs, as shown in previous publications.
Aim and objectives To investigate the predictive role of ATB and PPI on firstline pembrolizumab treatment in patients with metastatic non-small cell lung cancer (NSCLC) with real world data.
Material and methods Patients with metastatic NSCLC who received pembrolizumab as firstline treatment between July 2017 and January 2020 were retrospectively reviewed. Demographic data, PD-L1 expression, responses and survival rates, and other baseline variables were examined. Administration of ATB or PPI within a window of 30 days before and after the start of pembrolizumab was also collected, based on the criteria used in previous publications. Clinical outcomes were compared according to ATB or PPI co-administration.
Results 49 patients were included, 75.5% men, mean age 66.3 ±8.2 years, 53.1% expressed 50–75% PD-L1 and 46.9% expressed >75% PD-L1. 34.7% used ATB and 53.1% PPI. ATB compared with no ATB was associated with a shorter progression free survival (PFS) (median 12.1 vs 18.5 months, HR=0.46, 95% CI 0.20 to 1.06, p=0.068). No significant differences were observed in overall survival (OS) (HR=0.56, 95% CI 0.26 to 1.22, p=0,144). PPI compared with no PPI showed no significant differences in PFS (HR=0.98, 95% CI 0.43 to 2.21, p=0.953), but a significantly shorter OS (median 11.7 vs 17.9 months, HR=0.40, 95% CI 0.17 to 0.93, p=0.033). Multivariate analysis in all patients considering ATB, PPI, age and PD-L1 expression revealed that ATB were significantly associated with shorter PFS (HR=0.24, 95% CI 0.09 to 0.63, p=0.004) and shorter OS (HR=0.26, 95% CI 0.10 to 0.70, p=0.008). The use of PPI showed no significant differences in multivariate analysis.
Conclusion and relevance The data suggested that ATB use in patients with metastatic NSCLC may be associated with poor outcomes in terms of PFS and may influence the efficacy of pembrolizumab. The impact of PPI showed better results for OS for the group that did not receive them. These data are in line with previous publications. More studies with a larger sample of patients would be necessary to confirm these results as our limited sample size could have compromised the statistical power.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. doi:10.1093/annonc/mdy103
2. doi:10.1016/j.annonc.2020.01.006

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4CPS-302 SORAFENIB IN HEPATOCARCINOMA: RESULTS IN A REAL WORLD SETTING

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Background and importance Hepatocarcinoma (HCC) is the leading cause of mortality in cirrhotic patients. Sorafenib has been shown to increase survival and is considered firstline therapy for patients with advanced unresectable HCC who are unsuitable for locoregional therapy and whose liver function is adequate to tolerate therapy (Child Pugh A/B).
Aim and objectives The aim of this study was to evaluate the effectiveness and safety of sorafenib in adults with metastatic HCC in our clinical practice, based on overall survival (OS) and report of adverse events.