Abstract 4CPS-302 Table 1

Age (years)	63 (46-81)
Sex M/F (n (%))	42 (91.5)/5 (8.5)
BCLC stage (n (%))	B (intermediate): 2 (4.3)
	C (advanced): 37 (78.7)
	Not evaluated: 8 (17)

Material and methods An observational, retrospective, descriptive study was conducted between January 2018 and October 2020. Age, sex, Barcelona Clinic Liver Cancer (BCLC) staging, adverse events (AEs), need for dose reduction or discontinuation, and time to progression or death were collected from our electronic records. None of the patients had received previous systemic therapy. The analysis was performed using R 4.0.3.

Results 47 patients with metastatic HCC were treated with sorafenib. Patient characteristics are shown in table 1.

Median overall survival (mOS) was 17.9 months (range 0.5–24.0; 95% CI 15.5 to not reached). The main AEs observed were: fatigue (42.5%), hand–foot skin reactions (42.5%), anorexia (40.4%), diarrhoea (38.3%), hypertension (14.9%), abdominal pain (14.9%), digestive bleeding (12.7%) and pruritus (10.6%). The most common reasons for treatment discontinuation were AEs (14 patients) and progression (22 patients). The rate of discontinuation due to AEs was 29.8%. 34 patients (72.3%) required dose reduction.

Conclusion and relevance In our setting, mOS was superior to that reported in the pivotal clinical trial even though baseline characteristics were similar. Some of the AEs were more frequent, such as fatigue, hand–foot skin reactions, hypertension and anorexia, although the rate of discontinuation due to AEs was lower than reported in the SHARP trial.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of interest No conflict of interest

4CPS-303 EFFICACY AND SAFETY OF MONOTHERAPY WITH PEMBROLIZUMAB IN NON-MICROCYTIC METASTATIC LUNG CANCER IN CLINICAL PRACTICE

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Background and importance Pembrolizumab is an anti-PD1 antibody used to treat metastatic non-small cell lung cancer (m-NSCLC).

Aim and objectives To analyse the efficacy and safety of first (1L) or successive lines (≥2L) of treatment of m-NSCLC with pembrolizumab monotherapy.

Material and methods A retrospective observational study was conducted in 82 patients with m-NSCLC treated with pembrolizumab monotherapy between January 2018 and April-2020. Collected clinical data were analysed with SPSS V.23.0. Progression free survival (PFS), overall survival (OS), calculated with the Kaplan–Meier method, and objective response rate (ORR), using iRECIST criteria, were used to measure efficacy. To analyse safety, adverse effects (AEs) were evaluated using NCI-CTCAE-V.5.0 criteria. Results were compared with the clinical trials KEYNOTE-024 and KEYNOTE-010.

Results 45 (34 men) patients received 1L pembrolizumab (200 mg/3weeks). Median (Me) age=66 years (range (R)=32–83). Histology: 35 non-squamous, 6 squamous. PD-L1 expression: Me=80% (R=55–100%). None ALK, EGFR or ROS mutation. 35 patients presented ECOG=0–1 and 10 ECOG ≥2. Duration: Me=5 cycles (R=1–37). PFS was Me=5.1 months (95% CI=0.5 to not reached). Median OS was not reached, although the OS rate was 66% at 6 months and 60% at 12 months. ORR=40%. 15% of patients died within a month of treatment. 36 patients (80%) had AEs, the majority grade 1–2. 6 patients (13%) had grade 3–4 AEs.

37 (30 men) patients received ≥2L pembrolizumab (2 mg/kg/3 weeks). Age Me=67 years (R=46–90). Histology: 18 non-squamous, 14 squamous. PD-L1 expression: Me=10% (R=1–90%). Two EGFR mutations, no ALK or ROS mutations. Previous treatment always included a platinum doublet regimen. Three patients had received two or more previous lines, 34 only one. 30 patients presented ECOG=0–1 and 7 ECOG ≥2. Duration: Me=4 cycles (R=1–24). PFS was Me=3.4 months (95% CI=1.9 to 4.7) and OS was Me=9.1 months (95% CI=5.1 to 13.2). ORR=16%. 24 patients (65%) had AEs, the majority grade 1–2. 3 patients (8%) had grade 3–4 AEs.

Conclusion and relevance Pembrolizumab in 1L for m-NSCLC in our patients presented lower PFS and OS than those recorded in the KEYNOTE-024 study with similar ORR. This can be partially explained by the greater deterioration in our patients at the beginning of treatment (22% ECOG ≥2) compared with the KEYNOTE-024 study. Pembrolizumab in ≥2L had slightly lower PFS, SG and ORR than those recorded in KEYNOTE-010. AEs were mostly grade 1–2, and less frequent than in the clinical trials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-304 RITUXIMAB AS AN ALTERNATIVE IN NEUROLOGIC DISORDERS: LONG TERM STUDY

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Background and importance Rituximab is a chimeric, anti-CD20 monoclonal antibody. In addition to its approved indications, its off-label use has increased in the management of a variety of neurological diseases.

Aim and objectives To describe rituximab prescriptions in the neurology department, and to evaluate the scientific evidence for off-label indications to rationalise its use.

Material and methods A retrospective observational study can conducted in all neurology patients receiving rituximab treatment from January 2012 to January 2020. The following data were collected: demographics (sex and age), clinical (indication), therapy related (dose, posology, previous treatments and adverse events) and economic (annual cost). The Oxford 2011 levels of evidence (LE) was used to categorise evidence.

Results 66 patients (63% women, average age 45.6±12.2 years) were included, 100% receiving off-label use. Indication and LE, describing benefit/no benefit/harm: relapsing–remitting multiple sclerosis (RRMS), LE: 2, no benefit (34 patients, 52,3%); primary/secondary progressive multiple sclerosis (PMS), LE: 2, no benefit (6 patients, 9,2%); optic neuromyelitis (ONM), LE: 4, benefit (7 patients, 10,8%); myasthenia gravis (MG), LE: 4, benefit (6 patients, 9,2%); demyelinating inflammatory chronic polyradiculoneuropathy (DICP), LE: 4, benefit (1 patient, 1,5%). Optic neuritis (4 patients); isolated CNS vasculitis (2 patients), other neurological disorders or syndromes (5 patients). Literature review found no good quality evidence for these last diseases.

Rituximab was firstline immunomodulatory treatment for all ONM, MG and DICP patients. 21 patients (52.5%) with RRMS and PMS received it rituximab as, at least, thirdline therapy. Most habitual dosage regimen was: 500–1000 mg for the first month (days 1 and 15, repeated 6 months later) with a maintenance dose of 500–1000 mg every 6–12 months.

Four patients had infusion related reactions. 12 infections: respiratory (6), urinary (5) and dermic (1), and 1 case of breast cancer were reported.

Average cost per patient was 6366€ during the first year and 2546€ each following year. 78% of this cost was spent in treating pathologies for which rituximab has shown poor evidence.

Conclusion and relevance Off-label rituximab is extensively used in neurological pathologies with no strong evidence. As many adverse events have been observed, close monitoring of patients is suggested. The high economic impact makes it necessary to rationalise rituximab prescriptions and optimise the efficiency of sanitary resources.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-305 EFFECTIVENESS AND SAFETY OF BRAF/MEK INHIBITORS IN ADVANCED OR METASTATIC MELANOMA IN TWO TERTIARY HOSPITALS

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Background and importance Dabrafenib/trametinib and vemurafenib/cobimetinib significantly increased progression free survival (PFS) and overall survival (OS) in patients with advanced or metastatic melanoma with BRAF mutations, in phase III clinical trials (CT).

Aim and objectives To assess the effectiveness and safety of vemurafenib/cobimetinib and dabrafenib/trametinib in patients with locally advanced or metastatic melanoma in real life.

Material and methods We performed a retrospective, multicentre, observational study of patients with BRAF mutated melanoma treated with vemurafenib/cobimetinib or dabrafenib/trametinib until 30 September 2020. Variables collected were: sex, age, stage, performance status (PS), previous treatments, duration of treatment and response, dose received and dose adjustments. Variables evaluated were: PFS, OS, adverse events (AE), withdrawal rate and reason for withdrawal.

Results We included 42 patients (27 men, mean age 62.4 ±15.2 years). 81% had metastatic melanoma and 19% had locally advanced melanoma. 20 patients received vemurafenib/cobimetinib, 13 dabrafenib/trametinib, 1 dabrafenib and 8 received both drugs. 14 patients presented PS=0, 24 PS=1 and 13 PS≥2. 71.4% and 14.3% of patients treated with vemurafenib/cobimetinib and dabrafenib/trametinib, respectively, received the drug as firstline treatment.

Effectiveness and safety variables were evaluated in 38 patients (n=4 loss to follow-up):

- median PFS was 9.71 (95% CI 5.77 to NA) and median OS was 18.5 (95% CI 11.9 to NA) in vemurafenib/trametinib treated patients, while in those who received dabrafenib/cobimetinib, median PFS was 10.1 (95% CI 7.7 to NA) and OS was not reached.
- median duration of treatment with vemurafenib/cobimetinib and dabrafenib/trametinib was 99 (IR 20–243) and 198 (IR 73–632) days, respectively.
- 14.8% and 26.3% of patients treated with vemurafenib/cobimetinib and dabrafenib/trametinib, respectively, showed complete response, 33.3% and 26.3% partial response, 11.1% and 15.8% progressed and 33.3% and 15.8% were not assessable (early toxicity or recent onset).

All patients treated with vemurafenib/cobimetinib presented with AE during treatment (85.2% dermatological and 74.1% gastrointestinal) and in 26% treatment was withdrawn. In patients treated with dabrafenib/trametinib, 94.7% showed AE (52.6% dermatological, 68.4% gastrointestinal and 57.9% low grade fever/discomfort), and in 15.8% treatment was withdrawn due to toxicity.

Conclusion and relevance The effectiveness observed in our patients was slightly lower than that seen in the pivotal CT (COBRIM-b) in vemurafenib/cobimetinib patients. In contrast, it was similar to that seen in other pivotal CTs (COMBI-v and COMBI-d) in patients treated with dabrafenib/trametinib.

The toxicity profile of both drugs was similar to the pivotal CTs. Dabrafenib/trametinib was better tolerated than vemurafenib/cobimetinib.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-306 DAROLUTAMIDE, ENZALUTAMIDE AND APALUTAMIDE: PLACE IN THERAPEUTICS OF CASTRATION RESISTANT NON-METASTATIC PROSTATE CANCER

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Background and importance Apalutamide, enzalutamide and darolutamide have recently been approved for treating castration resistant non-metastatic prostate cancer (nmCRPC). The lack of direct comparisons makes the selection and positioning of these drugs in this new scenario difficult. Taking into account the social and economic importance, it is essential to develop studies that provide answers to this lack of information.