Results 30 patients were treated with tofacitinib from 2017 to March 2020, 23 women and 7 men, with a median age of 55 (48–62) years; 40% of patients were overweight. 23 patients were diagnosed with rheumatoid arthritis, 3 patients with psoriasis arthritis, 1 patient with vitiligo, 1 patient with alopecia areata and 1 patient with polyarthritis. 50% of patients were pre-exposed to at least one biological agent and all of the patients were pre-exposed to methotrexate, leflunomide and/or hydroxychloroquine. Median time to stop tofacitinib was 307 (114–557) days. Reasons for stopping tofacitinib were: insufficient response (n=9), infection (n=1), headache (n=3), haematemesis (n=1) and pregnancy (n=1). 15 patients have continued treatment with tofacitinib with a good response. Elevation of liver enzymes, or changes in the levels of lymphocytes, neutrophils and haemoglobin have not been detected in any patient. 30% of patients had adverse events; more frequent adverse events were infections in 13% of patients and headache in 13% of patients.
Conclusion and relevance The efficacy and safety of tofacitinib have been demonstrated in clinical trials. This retrospective analysis of real life data showed that tofacitinib was also effective and safe in a real life setting but only 50% of the patient cohort achieved a response with a dose of tofacitinib 5 mg twice daily. Due to the size of the group, these results should be interpreted with caution; future analysis in clinical practice is necessary.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-311 REAL WORLD TOXICITY AND MANAGEMENT OF CHIMERIC ANTIGEN RECEPTOR T CELL THERAPIES TARGETING CD19 IN PATIENTS WITH HAEMATOLOGICAL MALIGNANCIES

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Background and importance Chimeric antigen receptor-T (CAR-T) has demonstrated clinical efficacy in haematologic malignancies but it also has a relevant toxic side effect profile.
Aim and objectives To describe the toxicity and management of CAR-T cell therapies (CARTs) (tisagenlecleucel (Tisa-cel) and axicabtagene ciloleucel (Axi-cel)) in a real world population with haematological malignancies.
Material and methods A retrospective study was conducted in all patients treated with CARTs in our hospital (August 2019 to September 2020). Data collected included age, gender, diagnosis, hospital stay, admission to the intensive care unit (ICU), length of ICU stay and the main adverse events (AE) detected (cytokine release syndrome (CRS), neurological toxicity, hypogammaglobulinaemia, febrile neutropenia and infections) and need for tocilizumab and/or corticosteroids to treat AE. Statistical analysis was performed using SPSS V.21.0.
Results 32 patients were included (53.1% men). Axi-cel was administered to 53.1% of patients, of whom 70.6% had diffuse large B-cell lymphoma (DLBCL) and the remaining had primary mediastinal large B-cell lymphoma (PMBCL). The rest were treated with Tisa-cel; 60.0% had DLBCL and the others had B-cell precursor acute lymphoblastic leukaemia (ALL). Median age in the ALL population was 9 years (6–14) and mean age in patients with DLBCL and PMBCL was 57.7 years (± 8.8). Median hospital stay was 15 days (13–21). Two patients died during admission and one remained admitted at the data cut-off date. 15.6% required admission to the ICU and mean stay was 7 days (±6.1). Two patients presented with mild hypersensitivity reaction during CAR-T cell infusion. 81.3% presented CRS and neurological toxicity occurred in 37.5%. During admission, 78.1% presented with febrile neutropenia and 15.6% had active infections. Hypogammaglobulinaemia was observed in three patients. Tocilizumab and corticosteroids were administered in 21.9% of patients in both cases. CRS and febrile neutropenia rates were similar in patients treated with Tisa-cel and Axi-cel (73.7% vs 88.2% and 80.0% vs 76.5%, respectively). Neurological toxicity was more frequent with Axi-cel (52.9% vs 20%).
Conclusion and relevance CAR-T cell therapy was generally well tolerated with a low rate of severe or life threatening AE. CRS was the most frequent AE and no differences were found between Axi-cel and Tisa-cel. Neurological toxicity rates were similar to those observed in clinical trials with Tisa-cel and lower than with Axi-cel. The need for tocilizumab and/or corticosteroids in Axi-cel patients was lower than in clinical trials.

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4CPS-312 PHARMACEUTICAL INTERVENTIONS IN A NON-ONCOHAEMATOLOGICAL DAILY HOSPITAL

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Background and importance The role of the pharmacist in the validation and dispensing of medications is already known. But the increasingly frequent use of high cost drugs makes that role essential for the sustainability of health systems.
Aim and objectives To describe and analyse the pharmaceutical interventions carried out in a non-oncohaematological daily hospital (NOHDH) and to evaluate the economic impact of these interventions.
Material and methods From April 2019 to March 2020, pharmacist interventions in the validation and dispensing of electronic prescriptions of intravenous treatments in the NOHDH were recorded. It should be noted that preparation of infusions is not centralised in the pharmacy but is carried out in the daily hospital units. Infusions prepared in the pharmacy, acute treatments and intravenous iron were excluded. To calculate the economic impact, only the dose administered and the average cost of drugs during the year of the study were considered.
Results 30 interventions were carried out in 434 patients (6.9% patients) and 2240 dispensations (1.3% dispensations). 29 were accepted (97%). They were classified according to the type of intervention: 15 presentation changes (14 to a biosimilar), 10 dose adjustments (5 to commercial presentations), 4 request errors (1 of dose and 3 of administration date) and 1 change of medication. Intervention according to services: 10 rheumatology (9.6% of patients and 2.2% of dispensations), 5 nephrology (26.3% and 11.4%), 4 digestive