64% (62) of patients still need preventive therapy for migraine attacks after 12 months of therapy.

Further studies with larger samples are required to establish the optimal duration for MAB as patients tend to worsen with time. Will they end up being chronic medications?

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-013 ANTINEOPLASTIC DRUGS AND THROMBOSIS: ANALYSIS OF A COHORT OF PATIENTS WITH CANCER-ASSOCIATED THROMBOSIS

P Sánchez*, A Gracia Moya, D Anguita Domingo, P Lalueza Broto. *Hospital Vall d'Hebron, Pharmacy, Barcelona, Spain*

10.1136/ejhpharm-2022-eahp.255

Background and importance Venous thromboembolic disease occurs in 10%–20% of cancer patients and results in high morbimortality. Cancer is associated with various factors that increase thrombotic risk; in addition, the incidence of cancer-associated thrombosis (CAT) is related to the type of tumour, staging and antineoplastic treatment.

Aim and objectives To analyse the prevalence of antineoplastic drugs associated with thrombosis and to identify the thrombotic risk in a cohort of patients with a CAT.

Material and methods A retrospective observational study, which included oncological patients admitted to a third-level hospital during 2019 with a diagnosis of CAT. Biodemographical, clinical and antineoplastic treatment-related variables were recorded.

Different sources associate some antineoplastic drugs to CAT (5-fluorouracil, cisplatin, doxorubicin, paclitaxel, among others). Besides, according to the American Society of Clinical Oncology (ASCO) Guidelines, stomach and pancreas (very high) and lung, lymphoma, gynaecological, bladder, testicles and kidneys (high) are the most related tumours to CAT.

The thrombotic risk prior to the initiation of chemotherapy was determined according to the Khorana Risk Score (KRS), where 3: high; 1–2: intermediate; 0: low, which considers: tumour location, body mass index (BMI) >35, haemoglobin <10 g/dL, leukocytes >11 000/µL and platelets >350 000/µL.

Results We included 50 (48% men) oncological patients, with a median age of 68 (54–75) years.

When CAT occurred, 42 (84%) patients were receiving antineoplastic treatment, 23 (55%) of them were associated with CAT: paclitaxel (30.7%), 5-fluorouracil (30.7%), cisplatin (15.4%), bevacizumab (7.7%), cetuximab (7.7%), doxorubicin (7.7%), others (15.4%). 6 patients received 2 CAT-associated drugs.

46% of patients had a tumour location associated with a very high (10% stomach, 10% pancreas) or high incidence (14% lung, 6% gynaecological, 4% kidney, 2% testicle) of CAT.

Patients were classified as low (36%), intermediate (50%) and high (14%) thrombotic risk according to the KRS. Of these, 55%, 61% and 20%, respectively, were receiving oncological treatment associated with CAT. 50% of low-risk patients (n=5) were receiving 2 CAT-related drugs.

Conclusion and relevance A high number of patients (55%) received oncological treatment associated with CAT.

According to KRS, a significant number of patients (64%) presented intermediate or high risk.

The majority of patients who were receiving oncological drugs associated with CAT presented low or intermediate risk of thrombosis according to KRS.

Although the analysed group is small, these results could be used to analyse the need to initiate thromboembolic prophylaxis in certain groups, beyond those of high risk.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. https://link.springer.com/chapter/10.1007%2F978-3-030–20315-3_6
2. https://ascopubs.org/doi/pdf/10.1200/JCO.19.01461

Conflict of interest No conflict of interest

5PSQ-014 SAFETY AND TOLERANCE PROFILE OF NIVOLUMAB AND PEMBROLIZUMAB

[1]A Fillatre*, [1]H Marc-Antoine, [1]SG Pierre, [1]A Ahmed, [2]H Audrey. *[1]Saint-Quentin Hospital, Chemotherapy, Saint-Quentin, France; [2]Saint-Quentin Hospital, Central Pharmacy, Saint-Quentin, France*

10.1136/ejhpharm-2022-eahp.256

Background and importance Anti-PD1 immunotherapies such as nivolumab and pembrolizumab represent a revolution for their efficacy in the care of oncology pathology.

Aim and objectives Shown to be safe and well tolerated in clinical trials, our objective was to define and compare the tolerance of these two treatments in a real-life setting.

Material and methods We performed a retrospective study including all the patients treated with nivolumab or pembrolizumab from January 2015 to February 2021.

For each patient, data on undesirable effects (UE) were collected from the reports of the oncology 1-day hospitalisation, gathered in the patient's computerised record.

A Fisher test was conducted for the statistical analysis.

Results The study cohort included 148 patients on nivolumab and 131 patients on pembrolizumab.

During the study period, 192 UE occurred with pembrolizumab and 331 UE with nivolumab, respectively; 28% and 15% of patients did not exhibit an UE (significant difference; p=0.007).

The most frequent UE with pembrolizumab were arthralgia (18%), dyspnea (18%), alteration of the general state (15%), anaemia and neutropenia (15%) and immune or infectious pneumopathy (15%).

The most frequent UE with nivolumab were pain (29%), severe asthenia (27%), alteration of the general state (21%), immune or infectious pneumopathy (18%), anorexia (15%), dermal toxicity (13%) and immune-mediated diarrhoea (10%).

A statistical difference was observed for haematologic toxicity (p=0.0066) with more UE for pembrolizumab. Conversely, nivolumab appeared to cause more asthenia (p=0.001), coughing spells (p=0.01) and anorexia ($p<10^{-4}$) than pembrolizumab.

The grade 4 adverse effects (mostly pulmonary or alteration of the general state) led to cessation of treatment for 33 patients on pembrolizumab and 44 on nivolumab (non-significant difference; p=0.2).

Conclusion and relevance Anti-PD1 has proved to be a huge benefit in term of efficacy and tolerance compared to conventional chemotherapies. However, as shown in our real-life study, adverse effects which can be major still occurred. Their harmfulness seems to be underestimated and requires