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

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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.

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

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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

awareness to be promoted among prescribers to improve patient care.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-015 ANTIBIOTIC DESENSITISATION IN PATIENTS WHO WERE PREVIOUSLY TREATED WITH POTENTIALLY ALLERGY-TRIGGERING MOLECULES

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Background and importance Patients with antibiotic allergy label (AAL) are frequent in hospitals. AAL may lead to the use of more expensive and less effective or safe alternative options.

Desensitisation is a strategy to manage AAL patients by inducing drug tolerance. Several patients receive antibiotics that are similar molecules to the one that will be desensitised later, for example, from the beta-lactam family.

Aim and objectives To analyse the percentage of patients undergoing desensitisation that were previously exposed to potentially allergy-triggering molecules.

Material and methods Retrospective study in a 400-bed university hospital from 2015 to 2021. All patients undergoing antibiotic desensitisation during this period were included.

Demographic, clinical and microbiological data were collected. Quantitative variables are presented by median and interquartile range (IQR) and univariate analysis was by Chi-square test.

Results 17 desensitisations in 14 patients: 10 women, age 74 (58–83) years, *Charlson Comorbidity* Index 6 (3–12), Quick-SOFA score for sepsis 0.5 (0–2).

Infection focus: 4 endovascular, 4 pulmonary, 2 intra-abdominal, 2 skin and soft tissue. Ten community-acquired infections, 10 bacteraemia.

Microbiology: 6 Enterobacterales, 3 *Staphylococcus* spp, 2 *Pseudomonas aeruginosa,* 2 *Streptococcus* spp. Seven were polymicrobial.

Carbapenem was desensitised in 6 episodes, 5 cephalosporins, 3 penicillins. Desensitisations were completed in 15 cases. Median duration of antibiotic treatment after desensitisation was 9 (0–50) days.

Six patients were previously exposed to a similar molecule to the one that was later desensitised.

Abtract 5PSQ-015 Table 1

Patient	Previous antibiotic	Desensitised antibiotic
2	Imipenem	Ceftolozane/ tazobactam
4	Meropenem	Ceftaroline
7	Ceftazidime	Cloxacillin
11	Penicillin G	Ceftriaxone
12	Imipenem	Ceftaroline
13	Cefotaxime	Ampicillin

We compared both groups ('exposed' vs 'not-exposed'). We found significant differences with bacteraemia (p=0.026) and the exposed group had bacteraemia more frequently.

We did not find significant differences, but tendencies with infection focus (p=0.053), endovascular focus was exposed more frequently to similar previous antibiotic; *Staphylococcus* (p=0.068), all patients that had staphylococcal infection were exposed to similar molecule; duration of antibiotic treatment (p=0.053), exposed group had the longest duration.

Conclusion and relevance Despite the fact that desensitisation strategy is not frequently used, many of the patients have been previously treated with antibiotics that could have triggered an allergy with clinical consequences.

Beta-lactam desensitisation in patients with bacteraemia is especially interesting due to the severity of this pathology and the high activity of this antibiotic family.

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5PSQ-018 ANALYSIS OF THE USE OF FONDAPARINUX IN SUSPECTED HEPARIN-INDUCED THROMBOCYTOPENIA

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Background and importance Heparin-induced thrombocytopenia (HIT) is a rare but serious complication caused by antibodies to the heparin/platelet factor 4 complex. It produces sudden thrombocytopenia (decrease of more than 50% of the platelet count) during the first days of treatment with thrombosis. Once the diagnosis is suspected/confirmed by antigenic methods, heparin should be discontinued and replaced with alternative anticoagulants. Fondaparinux is frequently used as 'off label'.

Aim and objectives To analyse the relationship between fondaparinux and platelet recovery when it is used in suspected HIT, as well as the correct diagnosis of this pathology coinciding with the COVID-19 pandemic, a disease that also frequently produces thrombocytopenia, in a tertiary hospital.

Material and methods Cross-sectional descriptive observational study. All patients who started treatment with fondaparinux during 4 months were collected, coinciding with a high number of admissions due to COVID-19. The variables collected were: sex, age, platelet count at the start of heparin or derivatives, at the beginning and end of treatment with fondaparinux, days of treatment with heparin and fondaparinux, request for antigenic tests to confirm HIT, and diagnosis of COVID-19

Results 40 patients (31 men, 77.5%) were included. The mean age was 71.5 (32–98) years. The mean platelet count at baseline was $136*10^3/\mu L$, when heparin was discontinued and fondaparinux was initiated it was $87*10^3/\mu L$ and when fondaparinux was discontinued $151*10^3/\mu L$. The median number of days with heparin was 6 (0–58), with fondaparinux 6.5 (1–41). 57.5% (n=23) of the patients were diagnosed with COVID-19. Tests for diagnosis of HIT were requested in only 10% of cases (n=4), being confirmed in 1 patient.

Conclusion and relevance In our case series, there was a high number of suspected HIT. Although after treatment with fondaparinux, the platelet count recovers, this is probably due in