Abtsract 5PSQ-021 Table 1

Interventions	Intervention proposals	Accepted by physicians	Accepted by patients
Withdrawal	47 (48.4%)	28 (59.6%)	22 (46.8%)
Dose reduction	41 (42.3%)	22 (53.7%)	12 (29.3%)
Switch	9 (9.3%)	5 (55.6%)	4 (44.4%)
Total	97	56	39

particularly in treatment modifications of anxiolytics and sedatives.

This study suggests that pharmacists may find it difficult to achieve anticholinergic burden reductions by suggesting AD changes to physicians and patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

5PSQ-022 DESENSITISATION PROTOCOL FOR ADALIMUMAB IN ARTHROPATHIC PSORIASIS: A CASE REPORT

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Background and importance Desensitisation protocols allow the induction of tolerance to a drug causing hypersensitivity, achieving adequate administration of the treatment and avoiding the loss of a therapeutic alternative.
Aim and objectives To describe a desensitisation protocol for subcutaneous adalimumab.
Material and methods A 51-year-old women diagnosed with arthropathic psoriasis (AP) failed multiple different lines of treatment (apremilast, secukinumab, adalimumab, etanercept, tofacitinib) due to allergic reactions. Given the limited therapeutic alternatives, adalimumab was restarted, presenting again a hypersensitivity episode represented as a maculopapular eczematous reaction. The allergologist proposed a desensitisation regimen to adalimumab to induce tolerance to the drug.
Results A desensitisation protocol (DP) was designed to progressively reach the therapeutic dose of 40 mg. The protocol consisted of six doses of increasing concentration administered one every 15 days. Doses were prepared from a 40 mg/0.8 mL vial of adalimumab. Dilutions were made with sterile water to prepare five solutions of increasing concentration: 0.5 mg/mL, 1.25 mg/mL, 5 mg/mL, 10 mg/mL and 20 mg/mL. The first three solutions (0.5 mg/mL, 1.25 mg/mL, 5 mg/mL) were obtained by taking 0.5 mL from the vial and diluting with sterile water to a dilution of 5 mg/mL. From this concentration the required doses were obtained. The fourth and fifth solutions (10 mg/mL, 20 mg/mL) were obtained by taking 0.8 mL from the vial and diluting with sterile water to the final concentration. For the sixth dose (40 mg/0.8 mL) the entire vial was used and no dilution was required.

The DP was administered by the allergologist at the hospital. Premedication consisted of antihistamines and corticoids administered on the same day as the PD. After each administration, the observation time for adverse reactions was at least 1 hour. During the administration cycles the patient had no adverse reactions. After the six doses of DP, the patient continued with the usual dose of adalimumab 40 mg/0.8 mL for 6 months, administered at home. No adverse reactions were observed. She showed clinical and analytical improvement, with the prospect of continuing the treatment.
Conclusion and relevance DP for adalimumab was successful. The use of DP allowed an adequate and safe administration of adalimumab, avoiding the loss of a therapeutic line in a patient diagnosed with AP with very few treatment options.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

5PSQ-023 NEUTROPENIA AS AN INDICATOR OF TRIFLURIDINE-TIPIRACIL EFFICACY IN METASTASIC COLORECTAL CANCER

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Background and importance Trifluridine-tipiracil (TAS102) is indicated in third- and/or fourth-line metastasic colorectal cancer (mCRC) after progression with standard treatments based on overall survival benefit shown in the RECOURSE and J003 studies. Longer survival is shown in patients who develop neutropenia as a toxicity.
Aim and objectives Analysis of correlation between efficacy of TAS102 and neutropenia.
Material and methods 43 patients with mCRC treated with this drug between January 2018 and September 2021 at Juan Ramón Jiménez Hospital (Huelva). Variables described: age, sex, KRAS mutation, performance status (PS), line of treatment and toxicities. Relationship between overal survival (OS) and progression-free survival (PFS) and the grade of neutropenia analysed by means of a Cox regression analysis, obtaining a hazard ratio. Survival medians presented using Kaplan–Meier curves.
Results Median age, 66 years. 58.3% were men. Only 6 patients with PS >2. 97.5% had neutropenia (51.3% grade 1, 41% grade 2 and 7.7% grade 3). All patients progressed, 79.1% have died to date.

The regression analysis was statistically significant (p=0.05); the variables grade of neutropenia and G3 neutropenia (neutrophils <1000–500/mm^3 according to CTCAE) were significant for overall survival (p=0.009; HR 2.83; CI 1.35 to 5.9, p=0.028; HR 5.36; CI 1.199 to 23.985, respectively). There was also a correlation between PFS and neutropenia (p=0.004) but not with degrees of neutropenia.

The median OS in patients with neutropenia G2 was 1.8 months (CI 0.67 to 3.61) and 5.3 months for G3 neutropenia (CI 8.6 to 25.27). Median PFS for patients with neutropenia G2 was 2.6 months (CI 1.09 to 4.66) and 4.6 months for G3 neutropenia (CI 2.59 to 6.58).
Conclusion and relevance Neutropenia is a common adverse effect and the main dose-limiting toxicity. Data published in a Japanese series (Yohei Nose *et al*; Katsuya Makihara *et al* and T. Yoshino *et al*) have suggested a correlation between severity of neutropenia and survival. Similar outcomes were obtained in our study, with more favourable data mainly in OS in patients with grade 3 neutropenia. We understand neutropenia to be a possible efficacy predictor for TAS-102. More studies with a larger number of patients are necessary.