cancer (mCRC) patients with the *UGT1A1*1/*1* and **1/*28* genotypes treated with the FOLFIRI scheme.

Material and methods A systematic review was carried out in Medline. The quest was done for articles published up to November 2020. MeSH terms used were: irinotecan and UGT1A1. Methods used were based on those recommended according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). We searched for randomised clinical trials (RCTs) and observational studies. Four reviewers independently assessed the eligibility of each study. To assess the methodological quality of the RCT and the observational studies included, the Jadad and the Newcastle-Ottawa (NOS) scales were used, respectively.

Results Search strategy reported 595 references, of which 13 were selected for analysis, 7 (53.8%) evaluating both efficacy and safety and 6 (46.2%) only safety. In relation to the studies that evaluated efficacy and safety, 6 (85.7%) were in favour of increasing the dose in terms of objective response rate (ORR) and progression-free survival (PFS), and even in one of them, in overall survival (OS). Studies evaluating safety suggested that doses of irinotecan greater than 180 mg/m^2 are tolerated by most *UGT1A1*1/*1 and *1/*28* patients. Of all the studies analysed, only one of them showed greater toxicity (grade $\geq$3) in the group with increased doses of irinotecan compared to the control group.

Conclusion and relevance The present systematic review shows the convenience of assessing the irinotecan dose adjustment within the FOLFIRI scheme based on U*GT1A1* polymorphisms, with a potential increase in the probabilities of an adequate clinical response.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-042 TOXICITY OF REMDESIVIR AS TREATMENT OF NON-CRITICALLY ILL COVID-19 PATIENTS

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Background and importance Remdesivir is currently included in clinical guidelines for COVID-19 treatment. Although safety data were published in ACTT-1, the toxicity of this drug in regular clinical practice is still unknown.

Aim and objectives In this study we aimedd to describe remdesivir's toxicity in patients only requiring supplemental low-flow oxygen (no high-flow oxygen requirements or other non-invasive ventilation at start of treatment).

Material and methods Retrospective cohort including patients treated with remdesivir following Spanish Medicines and Health Products Agency criteria (non-critical patients requiring low-flow oxygen) between August and October 2020 in a tertiary-level hospital. Exclusion criteria were being under 18 years of age and participation in clinical trials with remdesivir. The percentage of adverse reactions occurring in the 14 days following on from the beginning of treatment was the primary outcome. Secondly, the number of treatment discontinuations were assessed. Categorical variables were expressed as proportions while continuous values were formulated as median and interquartile range (IQR).

Results 264 patients were included (59.2% men, mean age 66 years; IQR 54–82). In the 14 days following on from the beginning of treatment, an adverse reaction (AR) was reported in 146 (55.3%) patients. In 91 (34.5%) of them it was grade $\geq$2 AR, in 31 (11.7%) grade $\geq$3 and in 8 (3.0%) of them grade $\geq$4. Median of days until toxicity began was 3.5 days (IQR 1.2–9.0). The most common AR was an increase in transaminases, which happened in 114 (43.2%) patients, 29.1% of them being grade $\geq$3 and 3.9% grade $\geq$4. Regarding renal toxicity, an increase in serum creatinine occurred in 51 (19.8%) patients, 27.5% of them being grade $\geq$3 and 9.8% grade $\geq$4. One patient suffered a grade 3 anaphylactic reaction during infusion and another one developed hepatitis during the follow-up period. Two more patients suffered gastrointestinal toxicity (grade 1–2 nausea and diarrhoea). During the study period, 31 (12.1%) patients discontinued remdesivir treatment,12.5% of them due to AR or toxicity related to the drug.

Conclusion and relevance Increased transaminases was the most common AR in this population, matching remdesivir's European Public Assessment Report (EPAR) specifications, followed by an increase in the serum creatinine levels (frequency not detailed on the EPAR). However, only 12.5% of treatment discontinuations were due to adverse reactions or toxicity linked to remdesivir. Further investigation is needed to unravel the degree of involvement of the drug in this toxicity.

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5PSQ-043 BENZODIAZEPINES AND HYPNOTIC ANTIPSYCHOTICS IN A PSYCHIATRIC HOSPITAL

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Background and importance Benzodiazepines are the most prescribed psychotropic drugs as anxiolytics (with excessive sedation as the main adverse effect), which leads to their possible abuse and dependence, and constitutes a major problem especially among patients who are under regular psychopharmacological treatment.

Aim and objectives To analyse the prevalence of prescription benzodiazepines (BZD) prescribed in a psychiatric hospital, as well as their association with other hypnotic drugs.

Material and methods Descriptive cross-sectional study of the prescriptions of admitted patients. A database was created with the information: history, sex, age, diagnosis, prescribed BZD and concomitant sedative antipsychotics. Statistical analysis was performed with the SPSS program and degree of significance p≤0.05.

Results 150 patients, 87 (58.0%) men and 63 (42.0%) women, with a mean age of 44.2±12.8 years.

Mean BZD/patient of 1.9±0.8. Total number of prescriptions with BZD was 138 (92.0%), of which 2 (2.3%) corresponded to BZD of short duration, 78 (56.5%) to BZD of intermediate duration and 102 (73.9%) at least one long-acting BZD.