(CIU). Real-life data on the long-term effectiveness of omalizumab could provide relevant information for healthcare professionals.
Aim and objectives To evaluate the long-term effectiveness of omalizumab in CIU in clinical practice.
Material and methods Descriptive retrospective study was developed. All patients on treatment with omalizumab between October 2020 and June 2021 were included. Digital clinical history and Farmatools application were used to collect the following variables: gender, age, previous therapy, duration of treatment, regimen with omalizumab and baseline Urticaria Activity Score during a 7-day period (UAS7). Effectiveness endpoint was measured using UAS7 at 6, 30 and 60 months. No response to treatment (NR) was defined by UAS7 >15. Mild disease (MD) was defined as UAS7 = 7–15. Adequate disease control (DC) presented UAS7 ≤6. Total response (TR) was considered as UAS7 = 0. Patients with NR and omalizumab therapy suspension in a certain month were considered as NR in the following months.
Results Forty-seven patients were included in the study: 23.4% of patients were male and 76.6% were female. Median age was 45 (11–76) years. All patients had previously received H1 antihistamines and 72.3% were treated with corticosteroids. Median duration of treatment with omalizumab was 18 (11–56) months. Omalizumab regimens were as follows: 19.1% of patients were treated with 150 mg/28 days, 78.7% received 300 mg/28 days and 2.2% were treated with 450 mg/28 days. All patients presented NR at baseline, with UAS7 >15. Effectiveness data for UAS7 at 6 months were: 5.7% of patients presented NR, 14.3% MD, 5.7% DC and 74.3% TR. Effectiveness evaluations of UAS7 at 30 months: 6.7% of patients had NR, 6.7% MD, 40% DC and 46.6% TR. Effectiveness assessments of UAS7 at 60 months were: 28.6% of patients had NR, no patients presented MD, 28.6% DC and 42.8% TR.
Conclusion and relevance Omalizumab showed long-term effectiveness in CIU patients, maintaining almost half of the patients with TR and almost one-third of patients with DC at 60 months.

REFERENCES AND/OR ACKNOWLEDGEMENTS
None
Conflict of interest No conflict of interest

5PSQ-062 REAL CLINICAL PRACTICE RESULTS OF INTERLEUKIN-23 BLOCKERS IN REFRACTORY PSORIASIS

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Background and importance Risankizumab and guselkumab are anti-interleukin-23 monoclonal antibodies used for moderate to severe psoriasis (msPs).
Aim and objectives To evaluate the effectiveness and safety of interleukin-23 blockers in patients with msPs refractory to other biological agents in clinical practice.
Material and methods A descriptive retrospective study conducted from November 2017 to September 2021. All patients with msPs receiving risankizumab or guselkumab and previously treated with other biological agents were included. Electronic medical history and Farmatools application were used to record the following variables: age, sex, previous biological treatments, anti-interleukin-23 monoclonal antibodies used, therapy duration and baseline Psoriasis Area and Severity Index (PASI). Guselkumab regimen was 100 mg by subcutaneous administration at weeks 0 and 4, followed by a maintenance dose of 100 mg every 8 weeks. Risankizumab scheme was 150 mg by subcutaneous injection at weeks 0 and 4, followed by a maintenance dose of 150 mg every 12 weeks. Effectiveness endpoint was PASI90 (≥90% reduction from baseline PASI) at 16 and 52 weeks. Safety was assessed by adverse events (AE) and treatment withdrawals associated with AE.
Results Thirty-six patients were included: 40% of patients were female and 60% were male. Median age was 48 (28–82) years. The most frequent previous biologic treatments were: 94.3% patients with adalimumab, 88.6% etanercept and 77.1% ustekinumab. Median number of previous biological agents was 4 (1–6) therapies. Guselkumab was used in 65.7% of patients and risankizumab in 34.3%. Median duration of interleukin-23 blocker treatment was 12 (1–31) months. Median of baseline PASI values was 13 (7–21). PASI90 was reached by 44% of patients at week 16 and 70.6% at week 52. According to the safety profile of therapies, 17.1% of patients presented some AE. A total of 14 AE were collected: 5 hypercholesterolaemia, 3 hypertriglyceridaemia, 2 hypertransaminasemia, 2 hyperglycaemia, 1 albuminuria and 1 non-alcoholic fatty liver. No treatment withdrawals associated with AE were observed.
Conclusion and relevance The effectiveness of anti-interleukin-23 antibodies increased over time in our patients with msPs refractory to other biological agents. Almost three-quarters of patients reached PASI90 at week 52. Safety was acceptable, without treatment withdrawals.

REFERENCES AND/OR ACKNOWLEDGEMENTS
None
Conflict of interest No conflict of interest

5PSQ-063 PERSISTENCE OF TYROSINE KINASE INHIBITORS IN ADVANCED RENAL CELL CARCINOMA

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Background and importance Tyrosine kinase inhibitors (TKI) are increasingly used as oral targeted therapies in oncology, where advanced renal cell carcinoma (RCC) is one the main indications.
Aim and objectives To assess the persistence of treatment with TKI in patients with RCC.
Material and methods Retrospective observational study of patients with RCC in treatment with TKI from January 2019 to December 2020. Patients who were in clinical trials were excluded.
Variables collected were age; gender; TKI: sunitinib, pazopanib, axitinib, cabozantinib or tivozanib; line treatment, start and discontinuation date and causes of suspension TKI treatment. Persistence was defined as time (months) from the start of treatment until its discontinuation due to toxicity or inefficiency. Persistence was calculated with Kaplan–Meier survival

curves (log rank test). The data were obtained from the history clinical electronic program (DIRAYA) and from the prescription program (ATHOS). The statistics program used was SPPS 20.0.

Results 46 patients were included, 71.7% men and 28.3% women. Median age was 66.5 (IQR 61–73) years.

TKI treatment chosen was: sunitinib (41.4%), pazopanib (30.4%), axitinib (15.2%), cabozantinib (8.7%) and tivozanib (4.3%). The indication was in first line in 58.7% (27) of cases and 28.3% as second line.

Median persistence was 13 months (95% CI 5.4 to 20.6). At the end of the follow-up period, 39.1% (18) of patients continued with the initial TKI treatment and 60.9% (28) had to discontinue. The causes for suspension were: toxicity (46.4%), progression (35.7%) and progression and toxicity (7.1%). 1 patient ended the treatment due to stability and 2 patients continued their follow-up in another hospital.

Conclusion and relevance A priori there are no differences in persistence between the drugs. The main cause of discontinuation in our cohort was toxicity.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-065 INMUNOTHERAPY: RECOGNISING AND TREATING ADVERSE EFFECTS

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Background and importance Inmunotherapy has changed the ladscape of cancer treatment in recent years. Among them, immune checkpoint inhibitors are increasingly used for certain cancers; however, this has resulted in increased reports of immune-related adverse events (irAEs).

Aim and objectives Identify the irAEs, their gravity, management and appearance time, according to treatment and pathology.

Material and methods Retrospective, descriptive study of patients treated with methylprednisolone, mycophenolate mofetil and infliximab in the last 5 years (2017–2021) after presenting irAEs. The variables collected were: sex, age, weight, pathology, inmunotherapy, grade, type, management and appearance time of toxicity, continuation or suspension of treatment.

Results The total number of patients who presented irAEs was 52 (52% men) of a total of 612 patients treated with it in the study period. Medium age was 61(39–88) years, weight 67±10 kg. Seventy-five percent of patients suffered from non-small-cell lung cancer, 21% melanoma, 2% bladder and 2% kidney cancer. 69% received pembrolizumab, 11% nivolumab, 8% atezolizumab, 6% ipilimumab, 4% nivolumab/ipilimumab and 2% durvalumab.

Fifty-two percent presented irAEs grade 2; 31% grade 3; 9% grade 4, the rest being unknown. 25% showed nephrotoxicity as an adverse effect; 23% hepatitis, 23% diarrhoea, 9% pneumonitis, 8% colitis, 4% thyroiditis, 4% pancreatitis, 2% pericardial effusion and 2% oesophagitis. 75% of patients received a decreased regimen of oral methylprednisolone for 15 days, 15% unique intravenous dose of infliximab 5 mg/kg and 10% mycophenolate mofetil for 60±15 days.

In about 71% of patients, irAEs were found during the first line treatment, 27% in the second and 2% in the sixth. Median days until appearance was 58 (16–644) days.

Sixty percent continued their inmunotherapy and in 40% this was stopped.

Conclusion and relevance Inmunotherapy drugs can occasionally cause some adverse effects. In our study the most common one was nephrotoxicity due to pembrolizumab. Despite this, most patients continued treatment once the adverse event was resolved. As reported in some guides, the majority of irAEs were solved using methylprednisolone. More studies are needed based on obtaining more specific conclusions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-066 PATIENT OUTCOMES AFTER THE IMPLEMENTATION OF A HUMANISED ENHANCED RECOVERY AFTER KNEE JOINT REPLACEMENT SURGERY PROGRAMME

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Background and importance Surgery complications, hospital stay length and patient satisfaction are hospital quality indicators. The implementation of an Enhanced Recovery after Surgery (ERAS) programme is an ideal strategy to improve those indicators and humanise clinical activities in hospitals.

Aim and objectives To evaluate the impact of an ERAS programme and a preoperative consultation on health outcomes and patient-reported outcomes (PROs).

Material and methods In March 2021, an ERAS programme for knee joint replacement was implemented by a multidisciplinary team of orthopaedics, nurses and pharmacists. The group developed new standardised perioperative protocols and a preoperative multidisciplinary consultation ('school of patients'), where chronic medication is reconciled by the pharmacist and it is explained to patients what knee joint replacement surgery is.

An observational and prospective study was conducted in all patients operated for knee joint replacement from March to June 2021. Main health outcomes were hospital stay length, readmissions after 30 days and surgery cancellations due to incorrect drug management. Concerning PROs, patients were asked about their satisfaction about the school and pain management, and their quality of life before and after surgery (EuroQol 5D (EQ-5D)).

Results A total of 61 patients were attended; 60.66% of them were female and mean age was 82 (ICR 71.9–86.9) years. The median number of chronic drugs was 6 (ICR 3–9). The median hospital stay length was 4 days (ICR 3–6), whereas it was 7 days in 2019 (ICR 2–52).

No surgery cancellations or hospital readmissions within 30 days after surgery took place.

Patient satisfaction with pain management was 8.30/10. Mean pain visual analogue scale (VAS) score 24 hours after surgery was 2.63. Patients referred to a mean improvement in their mobility and in their knee pain after the surgery of 0.55 (p=0.02) and 0.73 points (p=0.02), respectively.