Self-reported health rating was 62.42 before the surgery and 77.27 afterwards ($p<0.05$).

The school earned an overall satisfaction rating of 9.8/10.

Conclusion and relevance The implementation of an ERAS programme has proven highly successful in accomplishing faster recovery, which has led to a reduction in hospital stay length and surgery cancellations. In addition, the programme achieved good PROs (high patient satisfaction and an optimal pain management).

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-067 ARE POLY (ADP-RIBOSE) POLYMERASE INHIBITORS WELL TOLERATED BY OUR PATIENTS? A SAFETY STUDY IN REAL-WORD PRACTICE

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Background and importance Poly (ADP-ribose) polymerase inhibitors (PARPi) are used for maintenance therapy in ovarian cancer after a platinum-sensitive relapse. Treatment individualisation is crucial due to the frequency of adverse events (AEs).

Aim and objectives To assess the safety of PARPi for maintenance treatment in ovarian cancer. To compare the obtained results with reference trials.

Material and methods Retrospective observational study from March 2020 to March 2021. All ovarian cancer patients that received PARPi for maintenance after platinum-based chemotherapy were included. Collected data: age, prescribed PARPi and dose, previous chemotherapy lines, BRCA mutational status, AEs and grade according to Common Tterminology Criteria for Adverse Events (CTCAE), time until grade 3 or greater AEs and management. Data were collected from digital clinical history. Reference trials: olaparib: SOLO2/ENGOT-Ov21; niraparib: NOVA/ENGOT-Ov21. Rucaparib comparison was excluded due to a shortage of patients.

Results 40 patients included: olaparib (20), niraparib (18), rucaparib (2). All patients started PARPi therapy with standard dose. Mean age: 55 (range: 37–74) years. Mean chemotherapy regimens received: 3. Patients that did not presented BRCA mutation started treatment with niraparib. 86% patients suffered AEs, of which 62.5% were classified as grade 3. Olaparib: 93% patients presented AEs, grade 3: 50%. Niraparib: 75% presented AEs, grade 3: 66%. Rucaparib: 100% presented grade 3 AEs. Of the total grade 3 AEs reported: 50% were haematological toxicity (olaparib: 14%, niraparib: 83%, rucaparib: 50%), 25% were gastrointestinal toxicity (olaparib 43%, rucaparib 50%) and the remaining 25% were other toxicity (olaparib 43%, niraparib 17%). Mean time until first appearance of grade 3 toxicity: 5.4 months and 4-month median. 65% patients required a dose reduction due to AEs (olaparib: 36%, niraparib: 41%, rucaparib: 100%) of which 6 patients discontinued PARPi due to a second major haematological AE: niraparib (5), rucaparib (1). Both trials SOLO2/ENGOT-Ov21 and NOVA/ENGOT-Ov21 showed an overall less AE incidence.

Conclusion and relevance AEs related to PARPi therapy are common, and more than the half of the patients required a dose reduction. These findings are in line with both trials. However, in contrast with the revised trials, we report an overall higher AEs incidence, haematological AEs being the main concern specially with niraparib. More studies are needed to improve the PARPi tolerance without compromising efficacy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-068 INCIDENCE OF POST-ARTESUNATE-INDUCED HAMOLYSIS AFTER SEVERE MALARIA

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Background and importance Intravenous artesunate is the main therapy for severe malaria. Overall it is a well-tolerated treatment but, in some cases, could lead to a post-artesunate-induced haemolysis (PAIH), which could be a serious late complication that courses with acute anaemia.

Aim and objectives To assess the frequency of PAIH in patients treated with artesunate for severe malaria.

Material and methods Retrospective observational study from September 2015 to September 2021. All patients that were diagnosed with severe malaria and treated with intravenous artesunate were included. Data collected: demographic, mean parasitaemia: before/after artesunate, mean dose of artesunate administered, biochemical parameters represented as mean with standard deviation (±SD): lactate dehydrogenase (LDH), haemoglobin (Hb), total bilirubin (TB). Biochemical parameters were collected at the moment of hospitalisation, prior to discharge, 2 weeks and 1 month after discharge. Anaemia severity: mild (10–12 mg/dL), moderate (8–10 mg/dL), severe (<8 mg/dL). Data were collected from the digital clinical history. A significative Hb drop from the baseline compatible with hemolysis started after discharge, and with no other clinical explanation was considered to be PAIH.

Results 47 patients included, 95% men, mean age: 38 years, range: 21–59 years, parasitaemia before artesunate: 6%, after artesunate: 0.5%. Mean artesunate dose 480 mg. Biochemical parameters at the moment of hospitalisation: LDH: 372±115 U/L, Hb: 13±2 g/dL, TB: 2.82±3.78 mg/dL. Prior to discharge: LDH: 326±113 U/L, Hb: 11.5±1.5 g/dL, TB: 1.03±1.05 mg/dL. Two weeks after discharge: LDH: 302±90.5 U/L Hb: 12±1.3 g/dL, TB: 1.2±1.8 mg/dL. A month after discharge: LDH: 240±80 U/L, Hb: 13 ±3 g/dL, TB: 0.8±0.6 mg/dL. 24 (51%) patients had anaemia in the moment of discharge. 19 (40%) still had anaemia 2 weeks after discharge and 10 (21%) a month after discharge. 11 (23%) patients experimented a Hb drop compatible with PAIH, of which 8 (17%) were detected 2 weeks after discharge,though none of them were severe. Anaemia was mild in every case.

Conclusion and relevance PAIH is a relatively common event that in most cases is asymptomatic and does not require medical intervention, and this may lead to it being an underdiagnosed event. Most PAIH cases are detected in the first month after hospitalisation. Hb should be monitored after discharge in every patient that receives artesunate in order to prevent a possible severe PAIH event.