utility of this drug in clinical practice and their long-term safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-153 PERSISTENCE AND REASONS FOR DISCONTINUATION OF TREATMENT WITH APREMILAST IN DERMATOLOGICAL DISEASES

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Background and importance Apremilast is a selective inhibitor of type 4 phosphodiesterase taken orally that is indicated in psoriasis and psoriasic arthritis and whose response should be evaluated at 24 weeks of treatment.
Aim and objectives Evaluating the persistence and causes of treatment discontinuation in patients treated with apremilast in our hospital.
Material and methods We made a retrospective study (May 2017 to September 2021) in which all the patients treated with apremilast for at least 24 weeks were included. Data collected: sex, age, diagnosis, start date, last dispensation date and reason of discontinuation treatment if suspension occurred.

Apremilast's persistence was calculated in weeks by the Kaplain–Meier method. We used SPSS Statistics for analysis, considering a p value <0.05.
Results A total of 32 patients were included (24 with psoriasis and 8 with psoriasic arthritis). 50% of them were men (53.4 ± 11.32) years and the 15.62% were treated previously with biological drugs.

The persistence of apremilast was 52.68 weeks (IC 95% 32.85 to 72.44). 71.8% of the patients discontinued treatment during the study period. Discontinuations were mainly due to adverse events (60.8%) and inefficacy (26.1%). Among the adverse events, most were related to digestive system (71.43%), mainly gastrointestinal discomfort (50%) diarrhoea (35.7%), nausea and vomiting (14.3%), followed by depression (21.4%) and headache (7%).

50% of patients discontinued treatment before completing 24 weeks of treatment due to adverse events (75%) or inefficacy (25%). The remainder of the patients achieved at least 24 weeks of treatment, 3 of them (12.5%) stopped treatment before 52 weeks and the remaining 11 patients (34.7% of the total) were treated for more than 52 weeks. 9 patients (28.1%) are continuing treatment to the end of the study, with 7 of them being treated for more than 52 weeks.
Conclusion and relevance There is a high prevalence of adverse events with apremilast and this is the main cause of treatment discontinuation, follow by inefficacy. However, patients who have good tolerance also achieve a high persistence, thus illustrating the need to select patients who may take benefit of apremilast.

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5PSQ-155 HOW IS CHEMOTHERAPY USED AT THE END OF LIFE IN A SECONDARY HOSPITAL?

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Background and importance Many studies have investigated how chemotherapy is used at the end of life but no clear recommendations have been given.
Aim and objectives Analyse treatment aggressiveness and clinical variables of oncohaematologic patients who receive chemotherapy at the end of life.
Material and methods Observational, retrospective study conducted in a secondary hospital during 2020. Inclusion criteria: patients who died in the hospital and were visited by oncologists or haematologists. Variables: demographic, prescription department, diagnosis and stages, last treatment received, administration via, date and performance status on the latest administration and time since the last administration until the patient died. Performance status was measured by the Eastern Cooperative Oncology Group (ECOG) scale. An aggressive treatment was one administrated 14 days before death. Data were collected from electronic health record.
Results Eighty-nine patients were included (64% men, median 71 (IQR 64–78) years). 82 patients were visited by the Oncology Department and 7 by the Haematology Department. Lung cancer (35%) was the most common diagnosis, followed by colorectal cancer (11%) and pancreatic cancer (8%). Other tumours were found in lower percentages. 86.5% of patients were diagnosed with advanced cancer. 71 patients received active treatment (50 intravenous, 13 oral, 3 oral + intravenous and 5 radiotherapy). The most common treatment was chemotherapy (70.4%), followed by immunotherapy (8.5%), radiotherapy (7%) and hormonotherapy (4.2%).

During the last administration 80%–90% of patients had ECOG 1–2 and 19.1% ECOG 3–4. Median days since the last administration until death was 44 (IQR 16–156) days. 19.1% of patients received treatment 14 days before death, 8% a month before death, 21.3% 2 months before death, 5.6% 3 months before death, 25.8% more than 3 months before death and 20.2% did not receive active treatment.
Conclusion and relevance The number of patients who received aggressive treatment was slightly higher than data published in other studies such as Earle *et al* (2003). Most of the patients belonged to the Oncology Department and had ECOG 1–2, advanced lung cancer being the most common diagnosis and chemotherapy the most common treatment. The main limitation of the study was the non-inclusion of patients who died outside the hospital. It would be interesting to continue this line of investigation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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