5 cases. The adverse event was in all cases severe constipation in patients treated with erenumab.

Thirteen patients improved their response after CGRP-mAb switching with a median of 22.6% (12%–40%) reduction of MMD in respect to baseline; 4 patients had a worse response after CGRP-mAb switching with a median of 14.7% (12.5%–17.8%) increase of MMD with respect to baseline; and 3 patients did not respond to any CGRP-mAb treatment. Response to the second CGRP-mAb was observed in 10 patients switched from erenumab to galcanezumab and 3 patients switched from galcanezumab to erenumab. No patient presented unacceptable toxicity to the second CGRP-mAb treatment.

Conclusion and relevance Some patients with CM may benefit from switching between mAbs with the same mechanism of action. More studies are needed to describe which patients will respond to CGRP-mAb switching.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-165 HAS COVID AFFECTED THE TREATMENT OF ONCOLOGY PATIENTS?: A DESCRIPTIVE STUDY OF TREATMENTS FROM 2019 TO 2021

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Background and importance The COVID-19 pandemic has had a significant impact on cancer diagnosis and treatment worldwide.

Aim and objectives To describe patients in oncology treatments comparing 2019, 2020, and 2021 to September 2021.

Material and methods A descriptive study was conducted in a tertiary hospital from January 2019 to September 2021. Inclusion criteria were patients undergoing parenteral and oral oncology treatment. Variables were: gender, age, diagnosis, patients with oral and parenteral oncology treatments dispensed by the Pharmacy Service. Data were collected from the electronic medical record (FarmaTools).

Results During the study period, 1010 patients were treated with parenteral and 402 with oral antineoplastics. The average age was 67±23.7 years (51.6% male). In the group of parenteral treatments the main diagnoses in 2019 were: vesical carcinoma (VC) (14%), metastasic non-small cell lung cancer (mNSCLC) non-squamous (NS) noALK noEGFR (7.1%) and metastatic KRAS and NRAS mutated colorectal cancer (mCC) (6%); in 2020 were VC (13%), mNSCLC NS noALK noEGFR (6.2%) and adjuvance in breast cancer (mBC) noHER2 and positive hormonal receptor (+HR) (5.6%); and in 2021 (to September) VC (9%), metastasic NSCLC NS noALK noEGFR (5,9%) and KRAS and NRAS mutated mCC (5.9%). In treatment with oral antineoplasics in 2019: adjuvance CC (27.6%), mBC noHER2 +HR (20%) and metastasic castration-resistant prostate cancer (mCRPC) (10.5%); in 2020 mBC noHER2 +HR (20%), adjuvance CC (12.5%) and mCRPC (10.5%); and in 2021 mBC noHER2 +HR (21%), adjuvance CC (11.8%) and mCRPC (7.8%). 364 patients were treated by an intravenous route in 2021, 356 in 2020 and 290 in 2021. 105 patients were treated by oral treatment in 2019, 144 in 2020 and 153 in 2021. Patients treated in metastasic stages were 241 in 2019, 254 in 2020 and 234 in 2021.

Conclusion and relevance In 2020, there was a decrease in patients treated with KRAS and NRAS mutated mCC and an increase in adjuvance BC. Regarding oral treatment, patients on adjuvant treatment with colorectal cancer decreased in 2020. The increase in the number of patients on oral treatments from 2019 to 2021 is notable, and the important role that telemedicine has had from 2020 and the home delivery of medication by pharmacy services, thus reducing hospital visits. Further studies are needed to confirm this.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-166 ASSOCIATION BETWEEN IMMUNE-RELATED EFFECTS AND EFFECTIVENESS OF FIRST-LINE PEMBROLIZUMAB IN ADVANCED NON-SMALL-CELL LUNG CANCER

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Background and importance Pembrolizumab in monotherapy (in patients with PD-L1 expression ≥50%) or in combination with platinum-based chemotherapy (CT) (PDL-1 <50%) is the new standard therapy in first-line treatment of advanced or metastatic non-small cell lung cancer (mNSCLC).

Aim and objectives The aim of this study was to determine whether the incidence of immune-related adverse events (irAEs) following the use of pembrolizumab in first-line mNSCLC is associated with clinical outcomes in real-world practice.

Material and methods An observational, retrospective study was carried out, including patients with mNSCLC treated with pembrolizumab in first-line, between 1 January 2017 and 1 January 2021. Baseline patient characteristics were collected. To assess treatment effectiveness, the overall survival (OS) and progression-free survival (PFS) were measured. irAEs were categorised. OS and PFS were calculated for the population with any irAEs of any grade (irAEs+) and compared to patients without irAEs (irAEs–) in order to test our hypothesis.

Results The study included 62 patients with the following characteristics: mean age 67.44 years, majority of men (77.42%), smoking history (47% former smokers, 45% smokers), adenocarcinoma (87%), ECOG/PS-1=50%, ECOG/PS-0=38% and ALK/ROS-1/EGFR negative (89%), PD-L1 ≥50% (N=31), PDL-1 <50% (N=27) and unknown (N=4). Half of the patients received pembrolizumab alone and half received pembrolizumab in combination with CT. Most patients discontinued treatment due to progression (75.81%). irEAs (N=164) were observed in 77.4% of patients. In Kaplan–Meier analysis, median OS for overall, irAEs+ (N=48) and irAE– population (N=14) were as follows: 10.6 (95% CI 8.2 to 13.05), 10.9 (95% CI 8.6 to 13.2) and 4.4 months (95% CI 0 to 15.3), respectively. Median PFS for overall, irAEs+ and irAE– population were: 7.4 (95% CI 4.6 to 10,3), 8.7 (95% CI 5.9 to 11.6) and 2.3 months (95% CI 0 to 11.7), respectively. There were no significant differences in PFS and OS among the different populations.

Conclusion and relevance Our population did not reach statistical significance in the association between the presence of