

patients, while GUS obtained BSA $1,82 \pm 3,28$ SD and PASI $1,89 \pm 3,3$ SD, with PASI100 in 50% of patients in $44,6 \pm 17,5$ SD weeks.

After $63,6 \pm 14,5$ SD weeks, RIS achieved BSA $0,68 \pm 0,94$ SD and PASI $0,9 \pm 1,14$ SD, and PASI100 maintained by 57% patients. GUS achieved BSA $0,95 \pm 1,55$ SD and PASI $0,53 \pm 0,92$ SD, and PASI100 maintained by 67% patients.

Conclusion and Relevance RIS and GUS are effective alternatives for plaque psoriasis treatment, although it seems that after a year, the activity of RIS starts to decrease. Further studies should be performed to determine this hypothesis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-233 PD-L1 EXPRESSION AND HISTOLOGICAL TYPE AS PREDICTORS OF RESPONSE IN METASTATIC NON-SMALL-CELL LUNG CANCER (NSCLC) PATIENTS TREATED WITH PEMBROLIZUMAB IN FIRST-LINE

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Background and Importance In patients with NSCLC and programmed death ligand-1 (PD-L1) expression $\geq 50\%$, pembrolizumab as first-line treatment has shown an increase in survival over platinum-based chemotherapy. To date, it is not known whether higher PD-L1 expression is associated with longer survival.

Aim and Objectives The aim of this study is to evaluate the impact of PD-L1 expression levels on progression free survival (PFS) and overall survival (OS), in patients receiving first-line pembrolizumab treatment for NSCLC and its association to histologic type.

Material and Methods A retrospective analysis of patients with metastatic NSCLC and PD-L1 expression level of $\geq 50\%$, who were treated with pembrolizumab monotherapy as first-line therapy in our centre from January 2020 to January 2022 was carried out. The difference in response between the histologic type of NSCLC (adenocarcinoma and non-adenocarcinoma), and efficacy of pembrolizumab by level of PD-L1 expression was studied. ROC curve was used to evaluate the optimal PD-L1 cut-off point to identify a greater possibility of response. Event-time distributions were estimated using Kaplan–Meier methodology. Log-rank tests were used to test for differences in event-time distributions. All p-values are 2-sided and CIs are at the 95% level, with significance predefined to be at the 0.05 level.

Results 49 patients were included in the study. 36 patients (73.5%) had adenocarcinoma histology, 10 (20.4%) epidermoid, and 3 (6.1%) other. A cut-off of 80% for PD-L1 expression was established. 40 (81.6%) had PD-L1 expression $< 80\%$ and 9 (18.4%) $\geq 80\%$. Median PFS was 14.7 months (95% CI: 7.0-15.1) in patients with PD-L1 $< 80\%$ and 25.8 months (95% CI: not reached) in patients with PD-L1 $\geq 80\%$ ($p=0.017$). No differences were found in OS. Patients with adenocarcinoma and PD-L1 expression $\geq 80\%$ obtained better results in terms of PFS: 19.3 months (95% CI: not reached, $p=0.031$).

Conclusion and Relevance Statistically significant differences in PFS but not OS were found in patients with NSCLC and PD-L1 $\geq 80\%$ expression. Adenocarcinoma with PD-L1 $\geq 80\%$ seem to benefit the most from pembrolizumab treatment than other NSCLC histologies. These findings could have implications for treatment selection based in NSCLC histology. Future research is needed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-236 LOSS TO FOLLOW-UP FACTORS OF PEOPLE LIVING WITH HIV

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Background and Importance Loss of adherence to antiretroviral treatment (ART) is one of the leading causes of virological failure in people living with HIV (PLWHIV). Lack of adherence is associated with a loss of follow-up by the health system, particularly in the Pharmacy Department.

Aim and Objectives To identify factors in PLWHIV which cause their follow-up to fail by the Pharmacy Department.

Material and Methods Case-control study conducted in a tertiary hospital which attends 3,000 PLWHIV. Patients who had run out of medication for more than one month, according to pharmacy registrations between September 2020 and September 2021, were identified and named after cases if the reason to not come to the Pharmacy were not justified (death, hospital transfer, inclusion in a clinical trial, etc.). We conducted a case-control study (1:4), and cases were matched according to age (5 years) and date of the last dispensation.

Statistical analysis was performed using the STATA 17.0 program (StataCorp LLC). All models were performed univariately, and a $p < 0.05$ was considered significant.

Variables studied were: gender, age, region of birth, studies, stable housing, route of HIV transmission, CD4 nadir, years after diagnostic, type of ART, years on ART, stage, adverse effects to ART, number of lines of treatment, pharmacy registrations of adherence, alcohol use, drug use, and psychiatric problems. Data were obtained from the clinical database

Results Sixty-one cases were identified and matched with 244 controls. Statistical differences were found in gender, where cis-man have an OR=4.5 (CI95% 1.0–19.6, $p=0.047$) and trans-man have an OR=23.9 (CI 95% 2.9–195.8, $p=0.003$) in comparison with women, and region where Latin-American have an OR=2.7 (CI 95% 1.3–5.6, $p=0.008$). Patients who fail to adhere to treatment according to the records in Pharmacy have an OR=0.04 (CI 95% 0.01–0.11, $p=0.000$) and patients who are alcoholics or drug abusers, have an OR=3.24 (CI 95% 1.30–8.04, $p=0.011$) and an OR=2.01 (CI 95% 1.03-3.93, $p=0.039$), respectively.

Conclusion and Relevance Clinicians should pay special attention to cis or trans-men, Latin Americans, historic bad