REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-064 CONCOMITANT TREATMENT WITH ATEZOLIZUMAB AND ENZALUTAMIDE FOR METASTASTIC NON-SMALL-CELL LUNG CANCER AND METASTASTIC PROSTATE CANCER: A CASE REPORT

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Background and Importance Only one phase III trial of enzalutamide with or without atezolizumab in men with metastatic prostate cancer who progressed on abiraterone has been reported in the literature. No cases have been reported in clinical practice with experience in the management of patients with lung and prostate cancer under concomitant treatment with atezolizumab and enzalutamide.

Aim and Objectives To describe the efficacy, safety and adherence of concomitant treatment with enzalutamide for metastatic castration-resistant prostate cancer and atezolizumab for metastatic lung adenocarcinoma in a patient case.

Material and Methods This was a descriptive, retrospective clinical case. The data (diagnostic tests, therapy and clinical course) were obtained by review of electronic medical records. Adherence was evaluate using medication possession ratio (MPR).

Results A 72-year-old male patient with stage IV non-small-cell lung cancer, negative eGFR, ALK and PD-L1, diagnosed in January 2019, received a first line standard chemotherapy. In September 2019, there was evidence of tumour progression and treatment with atezolizumab was started. In December 2019, patient was diagnosis of prostate adenocarcinoma with possible ganglionic involvement, surgery was performed and anti-androgen treatment was started. The patient continues maintenance treatment with atezolizumab and in December 2021, bone metastases of prostate origin were detected. Enzalutamide treatment is proposed for prostate cancer and maintenance atezolizumab for lung cancer. No cases have been reported in the literature, but there is one phase III trial, Imbassador250, which at least reports concomitant administration of the two drugs for prostate cancer. Given the favourable safety data from the study, and the efficacy data reported for both treatments for their corresponding indications, enzalutamide is initiated while treatment with atezolizumab is maintained. No toxicity from the treatments has been reported. The patient has maintained both treatments to the present day, maintaining clinical response for both tumours. The patient has shown 100% adherence to oral and intravenous treatment.

Conclusion and Relevance This is the first case report with evidence of efficacy of concomitant treatment with atezolizumab for lung cancer and enzalutamide for prostate cancer, with no additional toxicity. It is important to report these cases in real clinical practice because these conditions will not be present in clinical trials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-065 BE A HUMAN, NOT A CASE REPORT: HOSPITAL PHARMACISTS MAKE THE DIFFERENCE

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Background and Importance The hospital pharmacy of our Health Institute is eligible to carry out phase 1 study till 2017. In July 2021 a multidisciplinary team, which includes pharmacists, approve the choice to enlist a 61 year old man of 70 kg affected by colon cancer fourth stage, inoperable, with failure of all drug therapies and without therapeutic treatment.

Aim and Objectives The aim of our work was to create a personalised pharmacological therapy in order to improve patient's life expectancy, minimising side effects.

Material and Methods Evaluation and creation of a custom pharmacological protcol, with continuous monitoring patient's vital parameters, before, during and after drug administration. The calculated dose was 5mg/kg. Pharmacists were involved also in monitoring of adverse drug reactions scheduling periodical patient interview and participating in the review of therapy with clinicians. Specifically 24 h from the first injecton; 7 and 15 days after drug administration.

Results Reduction in the volume of morphological lesions after a month from first infusion, observed by computed tomography, according to response evaluation criteria in solid tumours (RECIST 1.1): supraclavicular lesion on the left (cm 1.6 vs cm 2.7); paratracheal formation (cm 1.6 vs 1.4); formation of the aorta-pulmonary window (cm 1.6 vs 1.8); decreased hepatic formation (cm 4.6 vs cm 5.1). After nine months from first administration, we observed that reduction of morphological volume lesions remains constant. No adverse reactions were presented in the whole observational period. in addition, the patient interviewed reports less fatigue and increased mobility.

Conclusion and Relevance Phase 1 study (eudract 2017-002615-33) involves the use of LNA- i-miR-221, a new molecule synthesised to inhibit mir-221, which may be responsible for cellular dysfunction attributable to increased proliferation and inhibition of apoptosis, which has always been allmarkers of cancer. Single drug vial contains 35 mg. The For calculated dose was 350 mg, reconstituted with 20 ml NaCl, infused in total volume of 100 ml for 30 minutes. Therapy personalisation and interdisciplinary collaboration proved to be a success in ensuring help and limiting adverse effects.

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Conflict of Interest No conflict of interest