regimens(OR=2.65[1.25–5.16]). Moreover, El Moussaoui-*et-al* found PIs as an independent RF for red-(OR=7.9[3.2-19.5]) and orange-flag(OR=7.5[4.5-12.5]) DDIs while NNRTI (OR=2.4[1.5-4.0]) and the II(OR=1.6[1.0-2.6]) only it were for orange-flag. This risk of PIs of were more involved in red-flag/contraindicated was also reported by López-Centeno-et-al and Holtzman-*et-al*.

Conclusion and Relevance This is the first systematic review summarising literature in this field and is helpful to stratify patients at need for specialised management to reduce DDIs and polypharmacy burden.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-129 SWITCHING BETWEEN ANTI-CALCITONIN GENE RELATED PEPTIDE MONOCLONAL ANTIBODIES IN MIGRAINE

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10.1136/ejhpharm-2023-eahp.321

Background and Importance Monoclonal antibodies (mAb) against calcitonin gene related peptide (anti-CGRP) and its receptor (anti-CGRP-receptor) are effective in the prophylaxis of migraine. However, studies to determine effectiveness and safety on switching between them in non-responders are scarce.

Aim and Objectives To evaluate the real-world clinical effectiveness and safety of mAb switch in migraine patients.

Material and Methods Retrospective cohort study of adult patients who switched between mAb in a tertiary hospital from December 2019 until September 2022. Sociodemographic and clinical data were recorded. Outcome measures: the reduction of Headache Impact Test (HIT-6) scale punctuation and the reduction of monthly migraine days.

Results We analysed 147 patients treated with anti-CGRP or anti-CGRP-receptor. Among these, 20 patients (13.6%) switched between mAb and had at least one follow-up visit after switching. 16 patients (80%) suffered from chronic migraine (CM) with a baseline median days of migraine a month of 15 [13-24], median Regicor scale of 2% [1-3%] and median HIT-6 of 67 [62.5-72.3]. 19 (95%) were female.

Out of these 20 patients, 15 (75%) started with Erenumab and 5 (25%) with Galcanezumab. First mAb switching was performed after a median of 7.4 months treatment [5.9-11.8] (12 from Erenumab to Galcanezumab; 3 from Erenumab to Fremanezumab; 2 from Galcanezumab to Erenumab and 3 from Galcanezumab to Fremanezumab). 5 patients required a second switch, and one received a third mAb. Reasons for first switching: 12 (60%) non-response, 7 (35%) loss of response and 1 (5%) adverse event. 1 patient (5%) discontinued mAb treating during the study period due to lack of effectiveness.

Median reduction in HIT-6 after first and second switching was-2 [-11.5-0],and -3.5 [-11.8-0], respectively. Median reduction of monthly migraine days after first, and second switching was -4.15 [-7-0] and-4.8 [-6.5 to -0.6], respectively.

Constipation (38.7%) and itchiness (3.2%) were the most frequent adverse events during the study period.

Conclusion and Relevance Our findings in 20 treatment-resistant patients indicated that switching between CGRP mAbs could be beneficial to some non-responders to a initial mAb.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-132 PHARMACOGENETIC-GUIDED TREATMENT IN PATIENTS WITH DYHYDROPIRYMIDINE DEHYDROGENASE DEFICIENCY

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10.1136/ejhpharm-2023-eahp.322

Background and Importance Certain polymorphisms in *DPYD* gene are associated with partial or complete deficiency of dyhydropyrimidine dehydrogenase (DPD) enzyme and are linked to a greater risk of severe toxicities after fluoropyrimidines-based treatment. In 2020, the European Medicines Agency recommended that patients should be tested for the deficiency of DPD prior to treatment with fluorouracil, capecitabine or tegafur.

Aim and Objectives To assess the prevalence of *DPYD* variants linked to DPD deficiency in cancer patients who are candidates to treatment with fluoropyrimidines and to evaluate the safety of pharmacogenetic guided treatment in patients with DPD deficiency.

Material and Methods Prospective, observational study at a third level hospital. Cancer patients who underwent genotyping test for DPD deficiency between 1 November 2021 and 15 September 2022 were included. Demographic and clinical data were collected from electronic medical records. The polymorphisms studied were rs3918290, rs55886062, rs67376798 and rs75017182. DNA was obtained from peripheral blood samples and a pharmacogenetic analysis was performed using a real-time polymerase chain reaction technique. Patients were classified as normal, intermediate, and poor metabolisers according to the result of the test. Severe toxicities (grade 3-4 CTCAE 5.0) in intermediate and poor metabolisers were screened during the first two cycles of treatment.

Results A total of 345 patients were included, 52.6% male, mean age 68.3 years (SD 11.7). The most frequent diagnoses were colon cancer (43.8%), rectal cancer (18.9%), pancreatic cancer (9.8%), breast cancer (8.0%) and gastric cancer (7.1%).

Overall, 14 patients were classified as intermediate metabolisers: 8 patients were heterozygous for rs75017182, 3 patients were heterozygous for rs67376798, 2 patients were heterozygous for rs3918290 and one patient was homozygous for rs75017182.

Eleven of the intermediate metabolisers were treated with fluoropyrimidine-based chemotherapy (three patients did not start treatment) with an initial 50% dose reduction and further adjustment based on initial tolerance to treatment. During follow up, these patients underwent treatment without suffering any grade 3-4 adverse event. No further dose reductions or treatment delays were required in this group of patients.

Conclusion and Relevance Overall, 4.1% of the patients of our cohort had partial DPD deficiency. Treatment individualisation