who required restarting anti-CGRP therapy after 12 months of treatment.

Electronic medical history was used to record following variables: demographic data (sex, age) and clinical data (migraine type, months without anti-CGRP, biological drug, monthly migraine days (MMD), Headache Impact Test-6 score (HIT-6)) at two visits: before the initial biological treatment (baseline); before resumption of biological treatment.

The Shapiro-Wilk normality test and the Student's t-test were used for statistical analysis. Results with p-values <0.05 were considered significant.

Results 44 patients were included (13 erenumab, 25 galcanezumab, 6 fremanezumab). 84% (37/44) were women and average age was 49 years [26–77]. 52% (23/44) were CM and 48% (21/44) high frequency EM (≥8 MMD). All patients completed 12 months of anti-CGRP treatment due a good response (≥50% MMD reduction).

55% (24/44) patients restarted treatment due to clinical worsening. Months without treatment were 6,3 ± 3,0.

17% (4/24) patients restarted treatment with a different initial anti-CGRP by medical decision (tolerance or improvement of response).

Baseline data were 14,0 ± 4,6 average MMD and 68,3 ± 3,7 on the HIT-6 score and when restarting biological treatment were 12 ± 3,0 and 67,7 ± 6,1, respectively.

The reduction the MMD at the time of restarting treatment compared to baseline is statistically significant (p<0,01), while the HIT-6 score not (p>0,05).

Conclusion and Relevance Restart of treatment is not required in all patients. Follow-up of them is necessary to assess the long-term benefit after treatment discontinuation. Despite treatment is restarted, a reduction in MMD compared to baseline is observed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. https://doi.org/10.1186/s10194-022-01431-x

Conflict of Interest No conflict of interest

4CPS-124 EFFECTIVENESS AND SAFETY OF ERENUMAB IN A SECOND-LEVEL HOSPITAL

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10.1136/ejhpharm-2023-eahp.402

Background and Importance Migraine is a highly disabling disease, especially in patients with high frequency episodic migraine and chronic migraine. Migraine management is limited due to side effects and a lack of effectiveness of current available prophylactic therapies. Erenumab is a monoclonal antibody approved with a specific mechanism of action in the prevention of migraine, blocking the activity of calcitonin-gene-related peptide (CGRP), a potent vasodilator which plays a role in pain signalling activities.

Aim and Objectives To quantify patients who achieve clinical benefit with erenumab (50% reduction in monthly migraine days) and describe of erenumab safety profile in a second-level hospital.

Material and Methods Observational and retrospective study that includes all patients treated with at least three doses of erenumab in our hospital. As a limitation, it is decided to start treatment only in patients with > 8 monthly migraine days and with previous failure to at least three prophylactic drugs. The following data were collected: sex, age, previous monthly migraines days, previous non-effective prophylactic treatments, current migraines days, dose of erenumab and related adverse effects.

Results 34 patients were selected, 82.4% of whom were women and the average age was 44.5 years (s=13.1). 26.5% of patients (9 patients) had 15 or more monthly migraine days before treatment with erenumab. The average number of prophylactic treatments was 4.6 (s=1.7), and the most frequently used were amitriptyline (20.9% of patients), topiramate (19.6%), flunarizine (18.3%) and zonisamide (10.5%). 73.5% of patients (25 patients) achieved clinical benefit, 47.1% of them with the minimum dose of 70 mg. The remaining 9 patients of the sample abandoned treatment, 8 due to non-effectiveness and 1 due to lack of adherence. 40% of patients who achieved clinical benefit (10 patients) are just now in a phase of interruption due to a maintenance of effectiveness. Side effects: 5 patients suffered constipation, 1 paraesthesia and 1 itch at the injection site.

Conclusion and Relevance Although the patient sample offered is small, erenumab appears to be an effective and safe option for selected patients with high-frequency migraines who have exhausted traditional alternatives.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-129 REAL-LIFE EFFECTIVENESS AND SAFETY OF NIRAPARIB AND OLAPARIB IN HIGH-GRADE OVARIAN CANCER

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10.1136/ejhpharm-2023-eahp.403

Background and Importance Poly (ADP-ribose) polymerase (iPARP) enzyme inhibitors, have recently revolutionised high-grade epithelial ovarian cáncer treatment. These new drugs have a new efficacy and safety profile. Currently, there are three iPARP approved: olaparib, niraparib and rucaparib.

Aim and Objectives Review effectiveness and safety of olaparib and niraparib (iPARP), according to standard clinical practice, in patients with high-grade epithelial ovarian cancer.

Material and Methods Retrospective observational study, in a tertiary care hospital, included patients with high-grade epithelial ovarian cancer who started treatment with olaparib or niraparib between May 2019 and December 2020. We collected demographic, patient clinical data, tumour-specific and treatment variables. Data were extracted from electronic medical records. Efficacy variables used: overall survival (OS) and progression-free survival (PFS). Survival analysis was performed using the Kaplan-Meier method. Safety variables used were adverse events (AEs), temporary discontinuations, dose reductions and/or discontinuations due to toxicity.

Results Thirty-four patients were included, 44.1% on olaparib and 55.9% on niraparib. The median age was 59 years (IQR 53 – 68). All of them present a baseline ECOG between 0