**EVALUATION OF CARDIOTOXICITY BY OSIMERTINIB IN CLINICAL PRACTICE**


Background and Importance Osimertinib is a tyrosine kinase inhibitor (TKI) indicated for the treatment of epidermal growth factor receptor mutated non-small-cell lung cancer (NSCLC). Despite a better safety profile than other TKIs for the same indication, osimertinib could produce some potentially fatal cardiotoxicity. However, the available evidence on cardiotoxicity in clinical practice is very limited.

Aim and Objectives To analyse the incidence of cardiotoxicity associated with osimertinib in the real clinical practice.

Material and Methods We conducted an observational cross-sectional study in a third-level hospital in Spain. We included all adult patients diagnosed with NSCLC treated with osimertinib between February 2018 and May 2021. We collected socio-demographic data and treatment characteristics, as well as cardiac history, all events of cardia toxicity during treatment and other comorbidities. Descriptive statistical analysis was performed.

Results 33 patients were included, with a median age of 72.5 (interquartile range [IQR]= 62.2–81.0) years, and 63.6% were women. The indication for osimertinib was metastatic lung adenocarcinoma (32 patients, 96.7%) and epidermoid non-small-cell lung cancer (1 patient, 0.3%). It was used as the first-line of treatment in 39.4% of the patients and as the second-line or successive in 60.6% of them.

At the start of treatment, 57.6% of the patients had cardiovascular comorbidities. The most frequent comorbidities were arterial hypertension (48.5%), dyslipidemia (36.4%), and diabetes mellitus (12.1%), and one patient was diagnosed with congestive heart failure.

The median time on osimertinib treatment was 11.0 (IQR = 4.6–17) months. Of the 33 patients, 21.2% of patients had previous cardiac examinations before starting osimertinib treatment. During the treatment, 4 (12.1%) patients developed cardiac adverse reactions: 2 (6.1%) suffered a decrease in the Left Ventricular Ejection Fraction (LVEF, 1 (3.0%) experienced atypical chest pain, and 1 (3.0%) developed an increase in the D-dimer and hyperfibrinogenemia. One of the patients with LVEF decreased required hospitalisation and invasive management. The rest of the cardiotoxicities were managed with dose reduction and conservative measures.

Conclusion and Relevance More than 10% of osimertinib-treated patients had cardiotoxicity. Of these, 25% required hospitalisation. Oncologists should always assess cardiac function at the start of osimertinib and during the follow-up.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

**EFFECTIVENESS AND SAFETY OF OMALIZUMAB, MEPOLIZUMAB AND BRENALIZUMAB IN PATIENTS WITH SEVERE UNCONTROLLED ASTHMA**

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Background and Importance Despite following adequate treatment, a high percentage of patients with asthma is not controlled; therefore, alternative treatments that are effective and safe are necessary, especially in patients with severe uncontrolled asthma. Among the new treatments for asthma,