The differences in the GFR estimates are clinically relevant on dosing adequacy, being suggestive that in the presence of abnormally low cr, equations with cysC are preferred.

Studies are needed to identify the variables responsible for the observed variability, in order to previously select the most appropriate equation for each case.

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Conflict of Interest No conflict of interest.

4CPS-084 EFFECTIVENESS ANALYSIS OF PEMBROLIZUMAB IN PATIENTS WITH ADVANCED NON-SMALL-CELL LUNG CANCER WITH VERY HIGH VS HIGH PD-L1 EXPRESSION

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Background and Importance Pembrolizumab showed longer overall survival compared with chemotherapy in the first-line treatment of advanced non-small-cell lung cancer (aNSCLC)

Aim and Objectives To evaluate the effectiveness of pembrolizumab in highly expressing patients with aNSCLC, comparing patients with PD-L1 expression $\geq$ 90% (very high) vs those with PD-L1 50-89% (high) in a tertiary hospital.

Material and Methods Observational, retrospective study. Inclusion criteria: patients with NSCLCa with pembrolizumab from August 2018 to August 2022. The clinical database of the Andalusian Health System (Diraya), its analytical module (Modulab) and the pharmaceutical validation program (Farmis-Oncofarm) were consulted. Variables collected: sex, age, ECOG (initial), smoking (current/past/non-smoker), percentage of PD-L1 expression and date of administration (first/last). Statistical analysis using the nonparametric Kaplan-Meier model with random censoring studying whether there is an increase in overall survival progression in very high versus high PD-L1 groups. A Cox regression model was included to analyse whether the rest of the variables studied affect overall survival.

Results 65 patients enrolled, 40 were included, 16 with very high PD-L1 and 24 with high PD-L1 expression (excluded 14 patients PD-L1<50% and 11 with 1 single administration of pembrolizumab). 73.17% patients were male with median age 43 years [80-37] and ECOG=1 [0-2]. 39.02% were current smokers, 53.65% were former smokers and 4.8% were non-smokers. Median overall survival in PD-L1 (high) patients was 16.46 months vs 21.57 months median overall survival in PD-L1(very high) patients. P=0.92 is obtained from the PD-L1(High) versus PD-L1(very high) survival curves. Current smoking is the only variable with p=0.49 that positively affects the probability of death with respect to those studied (age, sex, ECOG, past smoking/non-smoking, PDL).

Conclusion and Relevance Survival results in PD-L1 patients ($\geq$ 90%) compared to less expressors were positive but without statistically significant differences. It could be due to the small study sample. However, the median survival obtained is consistent with data from previous studies, it would be advisable to study this hypothesis in larger cohorts.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-088 CORRELATION BETWEEN IMMUNE-RELATED ADVERSE EVENTS AND EFFICACY IN NON-SMALL-CELL LUNG CANCER TREATED WITH NIVOLUMAB

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Background and Importance Nivolumab, an immune checkpoint inhibitor, has shown a relationship between immune-related adverse events (irAEs) and efficacy in different studies, although these are not very consistent.

Aim and Objectives The aim was to assess the association between irAEs and the efficacy of nivolumab in adults with locally advanced or metastatic non-small-cell lung cancer (mNSCLC) after prior chemotherapy.

Material and Methods Retrospective observational study including all patients with mNSCLC who received nivolumab 3mg/kg or flat dose of 240 mg every two weeks from August 2015 to June 2022 in a second-level hospital. Data collected were demographic (age, sex) and clinical (histology, smoking habit, performance status (ECOG), line of treatment, response to previous chemotherapy and irAEs).

Overall survival (OS) and progression-free survival (PFS) analysis was performed using Kaplan-Meier. The association between irAEs and OS were analysed by Cox Regression.

Results 67 patients (88% men) with a median age at the beginning of treatment of 67 years (IQR: 59-75) were included. Histology was squamous in 40% of patients. The smoking habit was: former smokers (53%), smokers (39%) and non-smokers (8%). 52% presented an ECOG 0-1. 73% of the patients received it as a second line treatment. Disease Control Rate (DCR) was 78%.

Median OS in the irAE patient group was 12.1 months (95% CI 7.9-16.3; p<0.05) vs 4.4 months (95% CI 1.9-7.0; p<0.05) in the non-irAE patient group; hazard ratio: 0.35, 95% CI 0.2-0.6; p<0.05.The median PFS was 8.7 months (95% CI 0-41.2; p<0.05) vs 3.3 months (95% CI 1.9-4.7; p<0.05), respectively.

Subgroup analysis of the association between irAEs and OS was:

Abstract 4CPS-088 Table 1

IrAEs type	N=28 irAEs (22 patients)	HR (95% CI)	p
Pneumonitis	10	0.62 (0.3-1.3)	0.2
Endocrine	6	0.23 (0.1-0.7)	0.014
Gastrointestinal	6	0.59 (0.2-1.6)	0.3
Skin	6	0.2 (0.1-0.7)	0.008

Conclusion and Relevance In this study our data suggest a relationship between irAEs and increased OS, specially endocrine and skin.

As our study was observational, other features as sex, ECOG or smoking habit that could bias results were not balanced between the study groups.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest

4CPS-089 CURRENT STATUS OF HEPATITIS C VIRUS INFECTION

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Background and Importance According to the 'Global health sector strategy on viral hepatitis 2016-2021' published by the World Health Organization (WHO), one of the objectives to be achieved before 2030 is to detect 90% of people infected by Hepatitis C virus (HCV) and provide treatment to 80% of them.
Aim and Objectives To describe and analyse the current situation of HCV-infected patients treated with direct-acting antivirals (DAAs) in a second-level hospital.
Material and Methods A retrospective observational study of all patients treated with DAAs in 2021 was conducted. Data collected from the electronical medical history and electronic prescription programme were: demographic data, date and setting of detection of HCV infection, coinfection with human immunodeficiency virus (HIV) and/or hepatitis B virus (HBV), viral load, degree of fibrosis, previous treatments for HCV, therapeutic option used, tolerance and effectiveness).
Results Thirty-seven patients (70% men) were included, with a median age of 56 years [interquartile range (IQR): 49-65]. The median time from diagnosis to start of treatment was 49 months (IQR: 2-145). Only 5 patients (13%) had been previously treated.

Diagnosis was made by the general practitioner (25 patients), a care centre for drug addicts (4 patients) and external consultations of different specialties (8 patients). Three patients were coinfected with HIV. Regarding the degree of fibrosis, F0-F1: 19 patients, F2: 5 patients, F3-F4: 12 patients (6 with cirrhosis). The median viral load at the start of treatment was 3,870,000 IU/ml (IQR: 1,160,000-6,430,000).

The therapeutic options used included sofosbuvir/velpatasvir for 12 weeks (25 patients), sofosbuvir/velpatasvir for 24 weeks (1 patient with liver cirrhosis with previous decompensation, pretreated with peginterferon/ribavirin), glecaprevir/pibrentasvir for 8 weeks (9 patients), and ledipasvir/sofosbuvir 8 weeks (2 patients). There was no therapeutic failure requiring rescue with another DAA. No patient suffered adverse effects related to antiviral treatment.
Conclusion and Relevance Most of the patients were detected through the screening programs currently implemented in the different care settings of our health area, which may allow achieving the objectives of the WHO.

With these programs an early detection of the infection was achieved, which leads to less liver damage.

All our patients were treated according to the pharmacotherapeutic options officially recognised as more cost-effective.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest

4CPS-091 WHAT YOU NEED TO KNOW ABOUT BRUGADA SYNDROME IF YOU ARE A HOSPITAL PHARMACIST

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Background and Importance Brugada syndrome (BRS) is a rare inherited heart rhythm disorder characterised by ST-segment elevation and a potential risk of fatal arrhythmias. It is a disorder of transmembrane ion channels that predisposes to arrhythmias. Channelopathies are pure electrical diseases that are not associated with underlying structural heart disease, making early diagnosis difficult.
Aim and Objectives Review the literature related to contraindicated drugs in RBS; create an updated list to facilitate pharmaceutical validation in these patients and compare the list created with the known list of QT-modifying drugs.
Material and Methods A critical analysis of EMBASE and PUBMED studies was performed. The terms 'brugada syndrome' AND 'drugs' were used. Included studies met the following criteria: reviews, within the last 5 years and in humans only. The list of drugs described on the *brugadadrugs.org* website in 2017 was used as a preliminary basis. The medicines finally identified were classified into two groups, according to their level of risk. The group of contraindicated drugs (should not be used under any circumstances) and group of potentially dangerous drugs (with inconclusive data. Use should be evaluated on an individual basis). The list of QT-modifying drugs was obtained from the *crediblemeds.org* website and compared with the list of drugs identified for BRS.
Results Nine articles met the inclusion criteria. The medicines classified in both groups are shown in table.

Abstract 4CPS-091 Table 1

Contraindicated drugs in BRS	Potentially hazardous drugs in BRS
Ajmaline	Amiodarone
Alapinine	Atropine
Acetylcholine	Bupropion
Amitriptyline	Carbamazepine
Bupivacaine	Cybenzoline
Clomipramine	Cyamemazine
Desipramine	Clotiapine
Dopamine	Desflurane
Etacyzine	Dexamethasone
Ergonovine	Diphenhydramine
Phenylephrine	Dimenhydrinate
Flecainide	Disopyramide
Levobupivacaine	Dobutamine
Lithium	Dosulepine
Loxapine	Doxepin
Methoxamine	Etomidate
Neostigmine	Phenytoin
Norepinephrine	Fluoxetine
Oxcarbazepine	Fluvoxamine
Pilsicainide	Glycopyrrolate
Pyridostigmine	Granisetron
Procaine	Imipramine
Procainamide	Indapamide