presented more cases of AE in general and a higher incidence of IrAE (44.4%) compared with atezolizumab (29.4%). Due to toxicity, the administration of immunotherapy was delayed in 46.6% of the patients, 26.6% suspended treatment, and 16.7% required hospital admission to manage the toxicity. No statistically significant differences were observed between the different subgroups.

Conclusion and Relevance The incidence of AE in treatment with anti-PD-1/PD-L1 was similar to that available in the literature (68.2%). Approximately 30% were grade 3–4 and we observed a frequency of pneumonitis greater than 15%. The different antibodies present a similar incidence of AE, but atezolizumab seems to have a less immune related safety profile statistically non-significant than the other alternatives. It is essential to increase the sample size and follow-up time to confirm these findings.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-035 SACITUZUMAB-GOVITECAN IN METASTATIC TRIPLE-NEGATIVE BREAST CANCER: A MULTICENTRE EFFECTIVENESS AND SAFETY STUDY

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Background and Importance Sacituzumab-govitecan (SG) is a new antibody-drug conjugate approved for unresectable/metastatic triple negative breast cancer (TNBC), available from the end of 2022 in the Spanish public health system, so there is still little published real-life data.

Aim and Objectives To analyse the effectiveness and safety of SG in TNBC of patients from the three main hospitals of a city.

Material and Methods Retrospective, observational, and multicentre study was conducted, including all patients treated with SG until July 2023. Data were obtained from the electronic medical record and prescription software. SPSS-Statistics v.21® was used for processing. Variables collected: sex, age, body mass index (BMI), hormone receptor (HR) and human epidermal growth receptor-2 (HER2) status, primary granulocyte-colony-stimulating factor (G-CSF) prophylaxis, location of metastases, breast-cancer-gene (BRCA) mutational status, Eastern-Cooperative-Oncology-Group (ECOG) score, duration of treatment, objective response rate (ORR) according to RECIST-v1.1 criteria, progression-free survival (PFS), overall survival (OS), cause of treatment discontinuation, previous chemotherapy (CT) lines, and adverse effects (AEs) according to Common Terminology Criteria for Adverse Events-v5 (CTCAE).

Results Thirty-six patients were included (100% female); median age 52.5 [Interquartile range (IQR) =64.3–46.8]. Mean BMI 25.8 [standard deviation (SD)=4.9]. 97% HR-negative and 100% HER2-negative. 30.6% received primary prophylaxis with G-CSF. Lung metastases were the most frequent (63.9%), followed by bone (36%), hepatic (30.5%) and ganglionic (25%). 61.1% BRCA-negative, 5.6% BRCA2 and 33.3% not available. Most of the patients had a baseline ECOG 0–1 (75%). To date, 14 patients were still on treatment. ORR is 25% (22.2% partial response and 2.8% complete response), stable disease in 22.2% and progression in the rest. Median PFS was 4 months (IC 95%: 2.9–5.3); Median OS not reached. 47.2% of patients discontinued treatment due to disease progression and 13.9% exits. Median total of SG cycles received was 4 (IQR=8.1–2.4) and a median of 2 (IQR=3–1) previous CT-lines in metastatic-stage.

97.2% of the patients had some AE during treatment. Most frequent were: asthenia (80.5% (G3–4:2.8%)), anaemia (61% (G3–4:8.3%)), neutropenia (50%(G3–4:16.7%)), diarrhoea (44.4% (G3–4:11.1%)), alopecia (44.4% (G3–4:5.5%)). 69.4% had some reduction or delay of dose because of toxicity and no patient discontinued treatment due to an AE.

Conclusion and Relevance Median PFS was lower than in the pivotal ASCENT trial. Although the majority presented some AE, in no case did these force treatment discontinuation. Further studies with a larger sample size and longer follow-up period are needed to confirm these real-life results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-036 ANALYSIS OF PHARMACEUTICAL INTERVENTIONS ON ANTIMICROBIAL PRESCRIPTIONS IN THE POST-OPERATIVE RESUSCITATION UNIT

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Background and Importance Multidrug-resistant microorganisms represent one of the greatest challenges in medicine today. The Antibiotic Stewardship Programme (ASP) reviews antimicrobial prescribing and makes recommendations to prescribers to achieve rational use of antibiotics and reduce the risk of resistance development.

Aim and Objectives To analyse the interventions carried out on antimicrobial treatment by the ASP in patients admitted to a postoperative resuscitation unit (PRU) and to evaluate the degree of acceptance of them.

Material and Methods Retrospective and observational study of the interventions performed by the ASP through daily multidisciplinary meetings from January 2022 to July 2023 in a third-level hospital. Antifungals and broad-spectrum antibiotics considered as 'restricted' in our hospital were reviewed. These included carbapenems, linezolid, daptomycin, caspofungin, voriconazole, etc.

Data collected patient demographics, diagnosis (type of infection), treatment (empirical, prophylactic or targeted), restricted antibiotics prescribed and their appropriateness, recommendations made and rate of acceptance.

Results 62 patients (53.2% men) were included. 130 restricted antibiotics were reviewed. The most reviewed antimicrobials were, in first place, meropenem (46.9%), followed by caspofungin (24.6%) and linezolid (15.4%).

75.6% of the antibiotic prescriptions were empirical, 22.1% targeted and 2.3% prophylactic. The most common types of infections were intra-abdominal (56.9%), respiratory (20.9%), urinary (10.5%), bacteremia (3.5%), skin and soft tissue infections (2.3%); and less frequently osteoarticular infections (1,2%), febrile neutropenia (1.2%) and candidemia (1.2%).

51.2% prescriptions were considered appropriate and 48.8% inappropriate.