years (IQR:45.0–71.3) and 68.0kg (IQR:59.0–80.0), respectively. Seventy patients (16.2%) had a BMI >30kg/m^2. Two hundred eleven patients (48.8%) received HI for the first time. There were 209 (48.4%) long-term HI treatments (minimum three-month duration) and 224 (51.6%) short-term treatments.

Only 13200g of HI (12.6%) were administered to 134 inpatients. High number of patients (85.2%) received intravenous HI, consuming 87495g (83.5%). The indications with the highest consumption of HI were immunomodulatory treatment of dermatomyositis and other inflammatory myopathies (4.9% and 4.6% of patients; 19,2% and 10.0% of consumption, respectively) and replacement therapy in common variable immunodeficiency (11.1% of patients, 10.0% of consumption). HI were prescribed from 12 different specialties, with internal medicine, neurology and hematology being the most, with 32.5%, 15.8% and 15.4% of total consumption, respectively.

An 8.3% of total HI consumption was administered to 33 patients (7.6%) with indications with low evidence of HI efficacy. Of these indications, the most common were BK virus nephropathy in kidney transplant patients (n=5), autoimmune dermatological diseases (n=5), severe myocarditis (n=3) and autoimmune haemolytic anaemias (n=3).

Conclusion and Relevance HI are widely used by multiple specialties. HI for low-evidence indications are used in a low, but not minimal, percentage. These uses must be reviewed by a multidisciplinary team in order to optimise the prescription of HI.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-065 EXPERIENCE OF IMMUNOCHEMOTHERAPY VERSUS STANDARD TREATMENT IN SMALL-CELL LUNG CANCER

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Background and Importance Immunotherapy has emerged as a revolutionary approach to the treatment of small-cell lung cancer. This aggressive form of lung cancer presents significant challenges due to limited therapeutic response and even resistance to and even resistance to conventional chemotherapy. However, the strategy of combining immunotherapy with chemotherapy makes it possible to stimulate a patient's own immune system to fight cancer cells, triggering a specific immune response. This novel combination has shown promising results in improving survival and quality of life for survival and quality of life of patients with metastatic MPC in clinical trials.

Aim and Objectives - To evaluate the effectiveness and safety of combination immunochemotherapy in patients with metastatic small cell cancer.

- Compare immunochemotherapy vs standar of care treatment data.

Material and Methods An observational, multicentre, retrospective study was conducted to evaluate the effectiveness and safety of treatments used in patients diagnosed with metastatic MPC. Patient demographics, clinical and treatment variables were collected. Treatment consisted of courses of carboplatin, etoposide and atezolizumab, followed by atezolizumab maintenance. Tumour responses were classified according to RECIST 1.1 response criteria and toxicities were assessed according to common adverse event criteria CTCAE v5.0

Results Data were collected from 63 patients diagnosed with metastatic small cell lung cancer. 50.8% received combination chemotherapy with atezolizumab and carboplatin plus etoposide, while 49.2% received chemotherapy alone.Median overall survival was 7.5 months in the combination arm and 7.3 months in the combination arm. The median progression-free survival was 7.12 months in the combination arm and 3.1 months in the chemotherapy arm. The adverse event rate for the combination was 78.2% vs 75% for chemotherapy. Adverse events in the combination arm were asthenia, neutropenia, anaemia, nausea and nausea, anaemia, nausea and infections

Conclusion and Relevance The combination of atezolizumab with carboplatin and etoposide shows better survival outcomes without increasing toxicity, than standard therapy.

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4CPS-066 THERAPEUTIC DRUG MONITORING OF ANTI-TNF THERAPY IN INFLAMMATORY BOWEL DISEASE

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Background and Importance Anti-TNF drugs are often considered the primary treatment for most patients with inflammatory bowel disease. However, there is a significant interindividual variability in the therapeutic response. Approximately 30% of patients do not respond to induction (primary failure) and more than 50% of patients lose response over time (secondary failure). Given that there is a strong correlation between anti-TNF drug levels and its efficacy, pharmacokinetic monitoring of plasma levels has become a useful strategy to optimise the treatments.

Aim and Objectives To analyse the percentage of pharmacokinetic recommendations accepted by the physician to optimise anti-TNF treatment in patients with inflammatory bowel disease

Material and Methods Prospective, observational study, which included patients with inflammatory bowel disease treated with adalimumab and infliximab from february to october 23. Demographic variables (age, sex), diagnosis (Crohn's disease or ulcerative colitis), treatment (adalimumab or infliximab) and type of recommendation (dose intensification, interval intensification or both, regimen maintenance, treatment change, treatment de-intensification or suspension) were collected. The measurement of drug levels was conducted using a rapid determination system (RIDA®Quick System) followed by