Conclusions: We have identified some risk factors for increasing the risk of severe CIN. These factors can serve as a guidance to support care and recognize those at high risk.

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Disclosure: All authors have declared no conflicts of interest.

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### 346P Occurrence and risk factors of chemotherapy-induced neutropenia in patients with breast cancer: A hospital-based assessment in Indonesia


**Background:** Chemotherapy-induced neutropenia (CIN) is a main side effect in chemotherapy of breast cancer (BC) patients. It may lead to febrile neutropenia that requires hospitalization and antibiotic treatment resulting in increased cost and unfavourable outcome. Little is known about the incidence of CIN in Indonesia despite the fact that BC is the most prevalent malignancy. This study investigates the occurrence of severe CIN and identify its associated risk factors.

**Methods:** We considered 123 newly-diagnosed BC patients without terminal conditions and multiple comorbidities from July 2018 to July 2019. All patients received a three-weekly adjuvant, neo-adjuvant, or palliative chemotherapy without primary bone pain. The authors.

**Results:** In this cohort, 73% patients had experienced severe CIN at least once during their chemotherapy. The risk of severe CIN in the 2nd, 3rd, and 4th cycle did not differ despite the fact that BC is the most prevalent malignancy. This study investigates the incidence of VTE in primary primary brain tumour patients receiving bevacizumab therapy is low. Low and intermediate risk Khorana scores are unable to predict the risk of VTE in our population.

**Legal entity responsible for the study:** The authors.

Funding: Has not received any funding.

Disclosure: All authors have declared no conflicts of interest.


### Table: 345P Khorana score and VTE

<table>
<thead>
<tr>
<th>Khorana score</th>
<th>Venous thromboembolism (VTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>0</td>
<td>2 (4.7%)</td>
</tr>
<tr>
<td>1</td>
<td>4 (12.1%)</td>
</tr>
<tr>
<td>2</td>
<td>1 (25%)</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

**Conclusions:** The incidence of VTE in primary brain tumour patients receiving bevacizumab therapy is low. Low and intermediate risk Khorana scores are unable to predict the risk of VTE in our population.

### 347P Histamine blockade with loradatine for prevention of granulocyte-colony stimulating factor (G-CSF)-associated bone pain: A meta-analysis

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**Background:** Chemotherapy remains to be one of the cornerstone of cancer management. Due to the inherent ability of chemotherapy to act on rapidly dividing cells, myelosuppression is one of the noted side effects. Febrile neutropenia (FN), an oncologic emergency, may be prevented with administration of granulocyte-colony stimulating factor (G-CSF) in patients who are at risk for neutropenia based on type and number of myelosuppressive chemotherapy agents used, the type of cancer and patient-related factors. Most common adverse events are injection site and bone pain. Recent studies showed promising results on prevention of G-CSF induced bone pain using histamine blockade.

**Methods:** A systematic search of PubMed, Cochrane, Clinical trials databases and hand search were done to identify randomized controlled trials (RCTs) investigating the use of Lorotadine for prevention of G-CSF bone pain. Studies were appraised using the Cochrane Collaboration tool. Using the random effects model, pooled Odds ratios (ORs) with 95% confidence intervals (CI) results were analyzed.

**Results:** Two RCTs were included (N = 814). Patients in the Loradatine group reported lesser bone pain as compared to the control group, 57% and 60% respectively (OR 0.95, CI 0.81, 1.10). However, the result was not statistically significant (P = 0.52).

**Conclusions:** Histamine blockade with Loradatine in the prevention of bone pain induced by G-CSF did not show statistically significant advantage over placebo or no prophylaxis.

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Disclosure: All authors have declared no conflicts of interest.

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### 348P Anti-VEGF inhibitors and renal safety in onco-nephrology consortium: Urinary protein/creatinine ratio (VERSION UP study)


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**Background:** To investigate the clinical significance of urine protein quantitative test (UPCT) (ratio of urinary protein amount measured and creatinine concentration in urine) when anti-angiogenesis inhibitors are used.

**Methods:** From January 2018 to December 2018, a survey was conducted based on the records of gastric cancer and colorectal cancer cases with urine protein qualitative test (UPCT) (ratio of urinary protein amount measured and creatinine concentration in urine) when anti-angiogenesis inhibitors are used.

**Results:** Among 71 cases enrolled, the proportion of Low UPCT in QV 2+ cases (n = 36) was 66% (n = 35). In a comparison between Low (n = 36) and High UPCT cases (n = 24), High UPCT tended to occur in cases of heavy body weight, and its cut-off value was 52.45 kg (OR 4.25, 95%CI 1.30-13.86, p = 0.017). A significant correlation was also observed between UPCT levels and the single dose of bevacizumab (p = 0.033) or ramcirezumab (p = 0.018).

**Conclusions:** The relationship between UPCT levels and body weight or single dose was shown, but there is a possibility that physical disparity and the amount of creatinine excretion may have an effect.

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