Valenciennes ED was incorrect, and that pharmacists' involvement could improve information gathering about home medicines.

During the study, pharmacists did not find any discrepancies with home meds or any drug-related problems (DRPs) in 38.2% of the patients. Pharmacists did not add value for these patients.

Separately, the Centre Hospitalier de Valenciennes pharmacy has automated the drug dispensing process. As a result, pharmacy technicians have expressed their reluctance to only work with a machine, fearing they might lose part of their skills in medicines management.

Before this problem arose, it has been proposed that technicians take part in medicines reconciliation in the ED.

Purpose To assess which tasks could be conducted by a pharmacy technician in medicines reconciliation.

Materials and Methods Technicians were present at the ED with a pharmacist. Technicians conducted standardised procedures, such as contacting the community pharmacy or assessing patients' compliance according to scores, and reported the conclusions to the pharmacist.

Results Pharmacy technicians had a strong incentive to get involved, as it refreshed their knowledge of medicines management. Moreover, it helped pharmacist to reconcile more patients in the ED, and to focus on patients with DRPs.

However, pharmacy technicians need to be trained on how to detect DRPs, such as therapeutic escalation, and on how to conduct a patient interview.

Conclusions Involving pharmacy technicians in medicines reconciliation may help the pharmacist in the ED, and allow the technicians to keep up their medicines management skills.

No conflict of interest.

CPC-078 IPILIMUMAB FOR ADVANCED MELANOMA: DRUG USE REVIEW

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Background Ipilimumab is a recombinant, fully human monoclonal antibody (IgG1) which blocks the inhibitory effects of cytotoxic T-lymphocyte antigen 4 (CTLA4), a negative regulator of T-cell activation. It has been approved for the treatment of unresectable or metastatic melanoma in patients who have failed or do not tolerate other systemic treatment for advanced disease.

Purpose To review the effectiveness and safety profile of ipilimumab in the treatment of adult patients with advanced melanoma.

Materials and Methods Medical record review and retrospective analysis (January 2011 to September 2012) of prescriptions recorded in the Integral Oncology Patient Information System (ONCOBASS) in a teaching general hospital. Previous drug use, dose, line of chemotherapy, number of cycles administered, objective response rate and toxicity were analysed.

Results A total of 5 patients with metastatic melanoma were prescribed ipilimumab (2 male, 3 female), median age 45 (36–60). The 4 cycles of treatment planned were completed by 3 patients, 1 continues in active treatment at the moment of finishing this study and the other one has been lost to follow-up due to change of hospital.

In the group of four patients who received treatment, 2 were prescribed ipilimumab as a second line after failure of a temozolomide-based regimen, and 2 were prescribed ipilimumab as third line after two regimens based on immunotherapy, temozolomide or vemurafenib.

After completing the 4 cycles planned, 1 patient maintained complete response (16 months) and 1 patient showed stable disease (maintained for 5 months), and the other one is in evaluation.

No patients suffered grade 3–4 toxicity and the treatment was well tolerated.

Conclusions Ipilimumab has shown effectiveness and safety in the treatment of unresectable or metastatic melanoma in patients who have failed or do not tolerate other systemic treatment for advanced disease in our patients, although data from more patients and longer-term studies are required.

No conflict of interest.

CPC-079 MANAGEMENT OF MYELODISPLASTIC SYNDROMES AND LYMPHOMAS: THE EXAMPLE OF LENALIDOMIDE

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Background At our centre, haematologists and department pharmacists constantly monitor outcomes and safety of treatment with lenalidomide.

Purpose To describe clinical outcomes and safety of lenalidomide in our lymphoma and myelodysplastic syndrome patients.

Materials and Methods Onco-AIFA Registry and medical records were checked as of 30/06/2012 for diagnosis, duration of treatment, incidence of adverse drug events (ADRs).

Results Data of 34 patients were reviewed, with the following diagnoses: Diffuse large B-cell lymphoma (DLBCL), 24 patients; 5q-myelodysplastic syndrome (MDS5q-), 11 patients and mantle cell lymphoma (MCL), one patient.

Of patients with DLBCL, one discontinued treatment because of serious ADRs, two because of death and 4 for disease progression after an average of 4.4 treatment cycles, corresponding to 7 months (range: 2–18).

Of patients with MDS5q-, 8 stopped treatment, two of whom because of disease progression or death and two for toxicity. The median duration of treatment was 11.8 cycles (range 1–29).

Seventeen DLBCL patients and 3 MDS5q- patients are still on therapy.

34 non-serious ADRs relating to 14 patients and 5 serious ADRs relating to 4 patients were reported, two of which were cases of development of solid neoplasia. Non-serious ADRs were mostly cases of haematological toxicity, alterations of the skin and of nervous system and infections.

Conclusions Lenalidomide seems to control the disease in patients with MDS5q- for long periods, while the Time to Progression in patients with DLBCL appears shorter.

The treatment-related toxicity appears in most cases acceptable.

Despite the limited number of data, our analysis highlights the need for close monitoring of the patients both during treatment and on follow-up, as evidenced by the two cases of onset of neoplasia.

The progressive collection of data is providing the haematologists and pharmacists the information to design a model for optimised appropriate treatment with lenalidomide.

No conflict of interest.

CPC-080 MANAGEMENT OF POSTOPERATIVE PAIN AT MOHAMMED V MILITARY TEACHING HOSPITAL, RABAT, MOROCCO

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Background Management of postoperative pain is a subject of interest as we believe that pain is still inadequately relieved in this population.
Purpose To describe methods of postoperative pain management in anaesthesia-resuscitation and surgery services of Mohammed V Military Teaching Hospital in Rabat.
Materials and Methods A questionnaire was distributed to our hospital anaesthesia-resuscitation doctors and surgeons. The questionnaire was designed to explore the evaluation, treatment and provision of postoperative pain prevention.
Results 27 answers (78%) were obtained. 9 services stated that this was making them aware of the problem of postoperative pain management. 81.5% of the professionals didn't have a written protocol. Postoperative pain was only evaluated in 32% of the patients. Among the methods used for postoperative pain measurement in post-surgical care units, simple verbal scales were the most used by professionals (29.6%), followed by an analogue visual scale (25.9%). Paracetamol was the drug most used in pain treatment.
Conclusions Although our investigation generated fairly satisfactory results, our hospital professionals must give greater importance to postoperative pain management in order to improve their patients' pain relief.

No conflict of interest.

CPC-081 MANAGEMENT OF SEVERE ANAEMIA WITH RECOMBINANT HUMAN ERYTHROPOIETIN IN A JEHOVAH'S WITNESS PATIENT: CASE REPORT AND REVIEW OF LITERATURE

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Background The medical care of Jehovah's Witness patients, because they refuse blood transfusion, becomes problematic in cases of severe life-threatening anaemia.
Purpose To describe the case of a patient with severe anaemia who received erythropoietin (EPO) treatment as the result of a literature review.
Materials and Methods A 77-year old woman was sent to the emergency department with thoracoepigastric pain, blood clots and vomiting for a week. Cardiac examination revealed a coronary syndrome caused by gastrointestinally-induced anaemia at 5.6 g/dl (haematocrit = 18.9%). On day 3 the haemoglobin fell to 4 g/dl (haematocrit = 14.4%) upon which a treatment with EPO beta at 30,000 IU per week (380 IU/kg/week) associated with high intravenous iron supplementation (300 mg/48 hours) was instituted. After 16 days of treatment haemoglobin (8.9 g/dl) and haematocrit (31.6%) had doubled and clinical improvement was observed. The patient was discharged on day 22 of treatment with a total of 4 EPO injections (haemoglobin = 9.6 g/dl).
Results Currently in emergency there is no alternative to transfusion and a higher mortality is linked to a low haemoglobin level. In a multicentre study with 148 patients, Georgopoulos *et al*, showed the efficacy of EPO, used off-label, administered once weekly, to reduce transfusions.

Thirteen recent publications reported experiences with the intravenous or subcutaneous administration of EPO in anaemia treatment. The optimal dose of EPO remains unclear: dosage ranges from 200 µg/week darbepoetin alfa (Gutierrez *et al*), to 130 IU/kg of EPO three times weekly (Walton *et al*), to 600 Iu/kg/day for 2 days to 300 IU/kg/day (Cothren *et al*). After starting treatment the haemoglobin level doubled in 19 days (in an average of 4 days–30 days).

Conclusions Our weekly EPO protocol is in the lower targets found in the literature but it appears as effective as other protocols. Significant variability without a major difference in efficacy appears when EPO is used for Jehovah's Witness patients, but EPO may provide an alternative treatment in life-threatening anaemia, when blood transfusions are not accepted.

No conflict of interest.

CPC-082 MEASURING EFFECTIVITY: PHARMACEUTICAL INTERVENTIONS THROUGH COMPUTERISED PHYSICIAN ORDER ENTRY VERSUS DIRECT PHONE CALLS

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Background Computerized physician order entry (CPOE) implementation in hospitals has become an important tool for interactive validation of medical orders as well as a facilitator for pharmacist interventions. However several studies have investigated the 'alert fatigue' phenomenon caused by an elevated number or recommendations which can lead to relevant clinical interventions being bypassed.
Purpose To compare the degree of acceptance of pharmacist's interventions after medical order validation using CPOE versus direct phone conversation with the physician.
Materials and Methods Observational, descriptive and prospective study from May to August 2012.

The intervention chosen for comparing the systems was FDA recommendation for simvastatin use regarding contraindications and maximum recommended doses. Interventions were generated using a quasi-random allocation method and physicians could refuse recommendations.

When an intervention assigned to the telephone call group was not possible, CPOE was used as a second option. Acceptance of recommendations and time to modifications of the prescriptions were recorded.
Results Phone call: only 34 of 42 attempted interventions were possible due to the prescriber's unavailability.

CPOE: 46 interventions and 54 interventions in total after the first attempt by phone call.

Rate of recommendations accepted was 82% for phone calls while only 52% of CPOE interventions.

Time to medical order modification since intervention was 0.26 days for the phone call group versus 2.18 days for CPOE group.
Conclusions CPOE is a useful tool for pharmacists to communicate with the multidisciplinary patient care team but when a relevant clinical intervention is necessary direct phone calls to prescribers are more effective and quicker.

Abstract CPC-082 Table 1

Concomitant drug	Number of patients	Number of alerts made by CPOE	Recommendations accepted	Number of alerts made by phone	Recommendations accepted
Amiodarone	25	16	6(37%)	9	9(100%)
Amlodipine	26	15	9(60%)	11	7(64%)
Ciclosporin	1	1	1(100%)	–	–
Diltiazem	26	15	9(60%)	11	10(91%)
Gemfibrozil	2	1	1(100%)	1	1(100%)
Ketoconazole	1	1	1(100%)	–	–
Verapamil	7	5	1(20%)	2	1(50%)
Total	**87**	**54**	**28**	**34**	**28**
Ratio		**62%**	**52%**	**39%**	**82%**

No conflict of interest.