

in 44% of cases (26/59) no germ was isolated. In one case, the isolated germ was resistant to LNZ. The substitution for fosfomycin by LNZ has led to an estimated extra cost of 2014 euros per month.

Conclusions Unavailability of fosfomycin has led to a strong increase in the use of LNZ, particularly for the treatment of NM-NBA, causing extra costs and increasing the risk of LNZ resistance. Careful use of this antibiotic, with the contribution of Hospital Pharmacists, should help us preserve its potential.

No conflict of interest.

DGI-073 THE USE OF TRABECTEDIN IN METASTATIC SARCOMA: CASE REPORT OF YOUNG MALE TREATMENT

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Background Trabectedin is a DNA minor groove binder of marine origin. It is indicated for the treatment of adult patients with advanced soft tissue sarcoma after failure of anthracyclines and ifosfamide, or for patients unsuited to receive these agents. In Italy it has been approved since 2009 and it has been included in the Register Monitoring Cancer Drugs.

Purpose To assess the safety and efficacy of treatment for a 28-year-old male patient, with inoperable metastatic sarcoma, not responsive to ifosfamide or anthracyclines

Materials and Methods The oncologist draws up a treatment protocol that is checked by the hospital pharmacist prior to preparation in the Clean Room. The patient was treated with 3 mg of trabectedin in elastomeric pump of 5 ml/h for 24 hours. This treatment was performed every 21 days.

Results From August 2010 to February 2012 the patient was given trabectedin at the standard dose of 1.5 mg/m². The first TAC in October 2010 showed stable disease. In March 2011, after 10 cycles, he was still progression-free. The disease started to progress only after 22 cycles. At the beginning of the treatment the patient had abdominal pain, at the end of it, he has neutropenia and increased levels of transaminases. The time to progression (TTP) was 20 months, while in a randomised study TTP was 13.9 months.

Conclusions Trabectedin treatment in soft tissue sarcoma was well tolerated with a good safety profile, demonstrating also a low grade of side effects and a greater time to progression in comparison with the published studies.

No conflict of interest.

DGI-074 TREATMENT AND PROGNOSIS IN PATIENTS WITH WALDENSTROM'S MACROGLOBULINEMIA

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Background Waldenstrom's macroglobulinemia (MW) is an uncommon lymphoproliferative disorder of the B cells, associated with overproduction of the monoclonal component Immunoglobulin M (IgM).

Purpose To analyse the treatment and outcome of patients with MW.

Materials and Methods Observational, retrospective and descriptive study of all patients diagnosed with MW from 2001 to the present day. A cytostatic dispensing programme (OncoGest) and the electronic history (Selene) were used to gather the following data: gender, age, year of diagnosis, previous treatments, treatment regime, adverse reactions. The treatment response was rated according to symptom let-up and decrease in the serum IgM.

Results 8 MW patients were included, their average age was 72 years old (rank: 51–82), of which 50% were male.

The symptoms with which patients presented before commencing treatment included: asthenia (100%), anorexia, peripheral neuropathy (37.5%), anaemia (25%), hyperviscosity syndrome (62.5%); 40% of patients required a session of plasmapheresis.

Various treatment regimens were used: Two of the patients commenced treatment with fludarabine, one started with cladribine and two with chlorambucil. Patients with fludarabine had a good response and in the other three cases the response was quite low; as a result, treatment was changed to weekly rituximab until the symptoms stopped and the IgM decreased. Three of the patients started treatment with weekly rituximab with a good response in two of the cases and one had a low response so the treatment was changed to rituximab with cladribine.

All patients except one who is currently receiving rituximab and cladribine have had relapses after the first treatment. They were treated with weekly rituximab until the symptoms stopped, except in two of the cases, who currently continue with maintenance rituximab every two and three months respectively.

As regards tolerance and adverse reactions, neutropenia appeared in just one patient treated with chlorambucil, the treatments were well tolerated by the remaining patients.

Conclusions Various drugs are used for the treatment of MW: chlorambucil, fludarabine, cladribine and rituximab, alone or in combination. The treatment regimen the most commonly used, especially if weekly rituximab, especially for those patients that have had relapses with other treatments. Weekly rituximab is a treatment with a good response rate and is well tolerated.

No conflict of interest.

DGI-075 USE OF BOTULINUM TOXIN TYPE A IN POLAND: SYSTEMATIC REVIEW AND QUESTIONNAIRE SURVEY

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Background Each botulinum toxin type A product is a unique biological. Due to differences in physicochemical characteristics, measurement of unit doses and dosing regimens they cannot be considered as biosimilars.

Purpose To assess the relative doses used in clinical practise of two different brands of botulinum toxin type A, Dysport and Botox, in focal dystonias (FD), hemifacial spasm (HS) and juvenile cerebral palsy (JCP).

Materials and Methods A systematic review of studies conducted in a variety of countries. The comparison of Dysport with Botox was carried out in accordance with guidelines from the Cochrane collaboration and AHTAPol (Agency for Health Technology Assessment in Poland). Search terms included botulinum toxin type A, dystonic disorders, blepharospasm, hemifacial spasm and cerebral palsy. Concurrently an electronic survey was conducted of eleven Polish doctors, which captured data from 101 of their patients.

Results The systematic review of studies of treating FD and HS with botulinum toxin type A found that where 1.00 unit of Botox is used to treat a patient, between 2.56 and 5.00 units of Dysport are used to treat a patient diagnosed with the same condition. No clinical trials comparing Dysport to Botox were found for JCP. Mean age and percentage of female patients included in the survey was 58.3, 54.7 and 8.9 years; 59.5%, 45% and 40.7% for FD, HS and JCP respectively. Based on information from patient data collected and surveyed doctors' estimates, the doses for Dysport reflected a broad