Other hospital pharmacy topics

happen at home and those reported to physicians at the time of the subsequent course.

**Purpose** To set up a comprehensive tool for AE reporting by patients and to assess whether it leads to an improvement in patients’ quality of life.

**Materials and Methods** All consecutive patients treated in a day hospital oncological ward (digestive, thoracic, dermatological and haematology) over four courses of chemotherapy were included. A physician-patient logbook of 14 questions (rated from 1 = absence to 4 = strong) was completed daily during the first and third TIs. A global score was calculated for each course and compared to the results of QLQc30 forms.

**Results** Thirty-four patients were included, with a mean age of 59.9 and a male/female ratio of 1.3. A majority of metastatic diseases (67.6%) had a WHO performance status (PS) score of 0/1 (88.2%). Most frequent AEs during the first TI were eating disorders (1.72 ± 0.11) and pain (1.41 ± 0.08). The daily score progressively decreased over subsequent TIs. Mean global score was 1.51 ± 0.06 and 1.14 ± 0.06 after the first and third TI, respectively. The frequency of all side effects decreased between the first and third courses. Eating disorders (1.28 ± 0.10) and neuropathy (1.25 ± 0.08) were the most frequent AEs in the third TI. Results of QLQc30 forms showed an improvement of the quality of life between the first and fourth courses. Most important improvements concerned nausea/vomiting (respectively score 22.1 to 8.3) and loss of appetite (score 51.4 to 21.2).

**Conclusions** A better awareness of AEs of anti-cancer drugs may improve their management. The use of a logbook could be helpful, as its interpretation may be related to an improvement in the quality of life.

No conflict of interest.

**OHP-008** ANALYSIS OF COSTS AND CONSUMPTION OF MEDICAL DEVICES FOR EXTRACORPOREAL PHOTOCHEMOTHERAPY IN SIENAI S UNIVERSITY HOSPITAL (AOU)

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**Background** Extra-corporeal photopherotherapy (ECP) is a procedure that exposes mononuclear blood cells, obtained through centrifugation, to ultraviolet irradiation, in the presence of the DNA binding agents such as 8-methoxypsoralen (8-MOP). Two methods can be used:

ON-LINE, which consist of irradiation of cells through extracorporeal circulation (the only method used in AOUS until 2011).

OFF-LINE, which consist of leukapheresis of concentrated lymphomonocytic cells, irradiation and subsequent reinfusion (this method was introduced in AOUS in 2012).

**Purpose** The objective of this study was to analyse the costs and consumption data of the Medical Device (MD) necessary for ECP in the period 2007–2011, and make a prediction of costs and consumptions in the light of the introduction of the new method.

**Materials and Methods** We analysed the costs and consumption data of the MD used in ECP in AOUS, extrapolating from the hospital’s computer database. Then an estimate of consumption and costs over the period was calculated. The literature and technical specifications of the MD were also consulted to find for what purposes ECP is indicated.

**Results** The ICU used more than 1,000 units/year of each of 39 intravenous drugs, of which 12 were included in the table: metoclopramide, colistimethate, hydrocortisone, piperacillin, panto- prazole, amoxicillin/clavulanic acid, dexamethasone, piperacillin/tazobactam, furosemide, methylprednisolone, meropenem and ranitidine.

The nurses made 117 administrations via IVd (following the usual procedure) of these drugs. The average time was 6.5 minutes for preparation and administration of each dose and no adverse reactions were detected related to the route of administration.

We estimate the ICU can save 28,000€/year.

**Conclusions** Direct IV administration can be safe and efficient.

The extension of a programme of this type throughout the Hospital could increase efficiency and rational use of medicines significantly.

No conflict of interest.