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 ± 9.6 years 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 ± 0.07) 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 (1.23 ± 0.06) 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 5.4 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 SIENNA UNIVERSITY HOSPITAL (AOUS)

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**Background** Extra-corporeal photochemotherapy (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 to make a prediction of costs and consumption 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** ECP is mainly used for T-cell-mediated diseases such as organ transplant rejection, systemic sclerosis, bullous pemphigus, acute and chronic graft-versus-host-disease (GVHD). The period considered to have the highest consumption was in 2008, with 956 kits consumed (at a cost of €756,099.96) and 5 UV lamps (€7,987.50). In subsequent years, there was a progressive decrease in materials consumed. The average consumption was 867 kits/year, with cost/year of €767,178.82. The cost of an off-line ECP kit is €800.99 and a leukapheresis kit is €169.4. The estimated annual cost of the product if using the off-line method would be €409,922.21, versus €914,080.83 using the on-line method.

**Conclusions** By using the off-line method and the prices of the new contract, AOUS would save 55% compared to the current cost of the on-line method, equal to €504,158.62. A further savings factor is the fact that the lamps for the ECP with the new contract are provided free of charge. This will allow better reallocation of financial resources.

No conflict of interest.