Background HIV infection is associated with increased risk of cancer:

1. AIDS-defining cancers (ADC): Kaposi's sarcoma (KS), non-Hodgkin lymphoma (NHL), cervix cancer.
2. non-AIDS-defining cancers (NADC): Hodgkin lymphoma (HL), anal cancer, lung, head, neck, hepatocarcinoma.

Purpose To analyse patients with antiretroviral therapy and chemotherapy, type of cancer and associated risk factors.
Materials and Methods Descriptive study of patients with antiretroviral and chemotherapy between 2004–2011, extracting data from medical records and the Farmatools programme, analysing using SPSS 11.0.
Results 33 patients were obtained (3.7% of all HIV patients on antiretroviral treatment); 82% men: 16 with ADC (11 NHL, 3 KS, and 2 with NHL and KS) and 17 with NADC (5 HL, 3 lung cancer, 3 head-neck, 3 anal, 1 ovary, 1 gastric and 1 chronic lymphocytic leukaemia). When cancer was diagnosed patients presented: CD4<200 cells/microliter (27.3%), detectable viral load (VL) (33.3%), C3 category (63.6%), smokers (63.6%), human papillomavirus (HPV) (6.1%), Epstein Barr virus (21.2%), human herpes virus 8 (HHV8)(21.2%), hepatitis B-C (48.5%), intravenous drug addict (24.2%). 8 patients died.

80% KS patients and 66.7% head-neck cancer had CD4<200 (P = 0.036). 62.5% of those who died presented CD4<200 (P = 0.009). 66.6% of anal cancer patients presented HPV (P = 0.006). 100% of KS presented HHV8 (P = 0.002).
Conclusions 3.7% of HIV patients on treatment developed neoplasms, more than 50% were NADC, of which 88% started in patients with an undetectable VL, confirming a nice immunological status when cancer was diagnosed.

No conflict of interest.

CPC-152 USE OF OMALIZUMAB IN CHRONIC COLD URTICARIA: A CASE REPORT

doi:10.1136/ejhpharm-2013-000276.609

O Agbo, C Sansac, MP Ponrouch, I Roch-Torreilles, JL Allaz, P Rambourg. *CHRU de Montpellier, hérault, Montpellier, France*

Background Omalizumab is a recombinant humanised monoclonal antibody which prevents the binding of IgE to the high-affinity receptor type I (FcεRI). A complicated series of reactions results in a reduction of free IgE responsible for the allergic inflammatory cascade. Omalizumab is indicated as add-on therapy to improve asthma control in adults and adolescents (from 12 years). In addition, several studies show that omalizumab is effective in the treatment of chronic urticaria.
Purpose We report the case of a patient with chronic cold urticaria resistant to conventional treatments.
Materials and Methods The patient was a 67-year-old man, who had suffered from chronic urticaria for over 30 years. The disease was disclosed by pressure urticaria, which had been neglected for a long time. It then turned into a cold urticaria in the 90s. The latter showed itself in 2002 as the patient experienced an anaphylactic shock in a bath at 24°C.
Results Several lines of treatment, all unsuccessful, were tested on the patient: high-dose H1 antihistamine, montelukast, methotrexate, anakinra. In view of this therapeutic impasse, omalizumab appeared as an alternative: doses of 375 mg were administered to him every 15 days as a start. In total, 12 treatments were performed in dermatology outpatients. No side effects were encountered except for an episode of nausea. The results were: a decrease in consumption of H1 antihistamine, ice test negative and significant clinical improvement of his urticaria.
Conclusions In view of the results obtained for this patient, omalizumab appears to be an alternative for treating chronic urticaria in treatment failure. Indeed, it is well tolerated, the risk-benefit ratio is positive, the only problem is the cost incurred for such care.

No conflict of interest.

CPC-153 WARD PHARMACIST: MANAGING INTERACTIONS IN THE DEPARTMENT OF HAEMATOLOGY AND BONE MARROW TRANSPLANTATION

doi:10.1136/ejhpharm-2013-000276.610

G Saibene, F Brera, E Togliardi, G Antonacci, F Festinese, M Mazzer, V Di Mauro. *Fondazione IRCCS Istituto Nazionale Dei Tumori, Farmacia, Milano, Italy*

Background The Milan National Cancer Institute Pharmacy began a collaboration with the haematology and bone marrow transplantation (ETMO) department, to optimise concomitant conditioning protocols of bone marrow transplants; the pharmacokinetics and pharmacodynamics are affected by the high doses of chemotherapy administered. The drugs analysed were those in the conditioning schedules used in accordance with international guidelines.
Purpose To provide a practical guide for managing drug interactions between the drugs commonly used by ETMO and those in the transplant conditioning schedules.
Materials and Methods The presence of the ward pharmacist, funded by the Italian Haematology Society, allowed the daily management of treatment to be investigated. Databases were used (Micromedex, Codifa) and literature meta-analyses were conducted, in order to obtain the pharmacokinetic and pharmacodynamic characteristics of these drugs and possible interactions.
Results Within our Institute, 72 transplants that used conditioning were performed in a year, 32 autologous and 40 allogeneic. In particular, 28 transplants used a high-dose melphalan scheme, 28 used thiotepa/fludarabine/cyclophosphamide, 4 used BEAM, 4 used TBI/fludarabine/cyclophosphamide and 8 used the KROGER scheme. Therefore the interactions between drugs used in the protocols themselves and the drugs commonly used within the department by transplant patients were analysed. For this purpose the following drugs were considered: ciclosporin, allopurinol, acetazolamide and IPP. Following this analysis, it was shown that there were significant interactions between the drugs used in the conditioning scheme and drugs commonly used in patients with bone marrow transplants.
Conclusions The pharmacist set up a means of enabling a clinician to browse for a more informed choice: dedicated schemes are being developed, in which they report any interactions observed, associated with the treatment protocols. All this has therefore contributed to the rational use of the drugs and resources, for example the use of antifungals after transplantation and not before, and the introduction of pantoprazole instead of omeprazole. A future goal will be the analysis of the interactions between the drugs and concomitant haematology chemotherapy.

No conflict of interest.

International posters

INT-009 POINT PREVALENCE STUDIES ON ANTIBIOTIC USAGE AT THE CHILDREN'S UNIVERSITY HOSPITAL

doi:10.1136/ejhpharm-2013-000276.611

I Sviestina, D Mozgis. *Children's University Hospital in Riga, Latvia,*

Background Due to higher use of broad spectrum agents in the treatment of both adults and children, hospitals are considered to be centres of antimicrobial resistance. According to several studies, approximately 60% of hospitalised children will receive at least one antibiotic.

Purpose To analyse the use of antibiotics at the Children's University Hospital.
Materials and Methods Two point prevalence surveys undertaken on a single day in May and November, 2011. Data collected included demographic details, antibiotic, route and indication. This study included all in-patients, who were present in hospital at 8 am on the days of surveys and to whom a systemic course of antibacterials (ATC J01) were prescribed for treatment. Day-cases were excluded. Microsoft Excel and SPSS 20.0 were used for data analysis.
Results The total number of patients to whom antibacterials was prescribed: 125/418 (30%) in May, and 159/424 (38%) in November. The number of patients to whom antibacterials were prescribed (for treatment): 105 (84%) in May, and 125 (79%) in November. The main age group was 1–5 years: 27 (22%) patients in May, and 33 (21%) in November. Males made up a greater proportion of in-patients. The most common groups of antibiotics prescribed for treatment were extended-spectrum penicillins with 31/117 (27%) treatment courses and the third generation cephalosporins 29 (25%) in May, and 38/158 (24%) and 41 (26%) in November. The top five antibiotics prescribed for treatment were ampicillin, penicillin G, ceftriaxone, cefotaxime and amoxicillin both in May and November. The most common indication for antibiotic treatment was lower respiratory tract infection. Antibiotics were mostly used intravenously: 92 (88%) patients in May, and 109 (87%) in November.
Conclusions These prevalence studies indicated the main problems in antibiotic prescription and areas of improvement: the high use of third generation cephalosporins and predominant intravenous administration.

No conflict of interest.

B.E.A.M. Summit

BEA-001 BUILDING UP A REGIONAL AND INTERDISCIPLINARY NETWORK FOR BETTER USE OF MEDICINES IN INTENSIVE CARE UNITS

doi:10.1136/ejhpharm-2013-000276.612

[1]P Voirol, [2]L Gattlen, [3]T Fumeaux, [4]P Eckert. *[1]Service of Pharmacy University Hospital, Lausanne; [2]Service of Adult Intensive Care Medicine University Hospital, Lausanne; [3]Service of Intensive Care, Regional Hospital Nyon; [4]Service of Intensive Care, Clinic La Source, Lausanne, Switzerland*

Background Clinical pharmacy in intensive care units (ICUs) showed beneficial effects on safety and economics. The establishment of a regional network including pharmacists, physicians and nurses of all ICUs seemed useful for the following reasons:

- Issues regarding medicines use in ICU are similar in all hospitals.
- Patients are often transferred from a tertiary care hospital to a secondary one or vice versa.
- Health care givers move from a hospital to another one during their career.

In 2007, an interdisciplinary group, Sipharom, was set up in order to create a network in the French and Italian speaking parts of Switzerland.
Purpose The goals of the project were to exchange data on drug administration in ICUs, share knowledge and skills, and establish standards for the administration of drugs.
Materials and Methods Sipharom now involves 13 hospitals. Each is represented by an ICU physician, an ICU nurse and a pharmacist. The group meets twice a year. Then, each member has to implement the decisions in his/her hospital.
Results Four main areas of action have been developed:

- Harmonisation of the dilution and preparation of intravenous drugs: 52 standard dilutions have been defined. This led to collaborations with manufacturers in order to obtain ready-to-use preparations at the defined dilutions.
- Harmonisation of the labelling of syringes: definition of the minimal list of elements that labels have to include.
- Exchange of critical data
- Drafting of joint guidelines

Conclusions Establishing a network is an effective way of increasing the exchange of expertise. It can lead to the simplification and harmonisation of practises and therefore help reducing risks and medicines errors and limit problems related to the movement of patients and caregivers. Pharmacists have to be the driving force of such interdisciplinary projects focusing on drug use.

No conflict of interest.

BEA-002 ONLINE INTERNET SURVEY ON LEADERSHIP AND MANAGEMENT FOR PHARMACISTS WORKING IN THE ITALIAN NATIONAL HEALTH SERVICE (SSN)

doi:10.1136/ejhpharm-2013-000276.613

F Musicco, S Cozzolino. *Istituti Fisioterapici Ospitalieri Rome, Italy (2) Centro di Biotecnologie 'A.O.R.N.A. Cardarelli', Napoli, Italy*

Background Hospital pharmacists working in the Italian SSN need a compendium of leadership and management skills. Currently, the health system does not envisage in-depth assessment of these skills when it comes to choosing heads of department who coordinate and manage other professionals. So we have to envisage meeting these training needs, mostly for the heads of departments, services and pharmacies. We think that even if shared leadership is not restricted to such people, head pharmacists and experienced practitioners should be trained for the greater complexity and responsibility of their roles. The BEAM summit held by the European Association of Hospital Pharmacists (EAHP) offered material and tools with which to disseminate this knowledge in Italy.
Purpose The first step probably is for head pharmacists and experienced practitioners to become aware of the skills they have in this field; therefore an on-line internet survey for SSN pharmacists is being organised to cheque the situation regarding individual knowledge. Furthermore, the intention is to raise awareness of the areas of expertise required among the pharmacy colleagues and communicate their personal level of knowledge and their leadership and management abilities to SIFO. Courses can then be designed to cover areas of skills that are most lacking. Later on, all of those who have got a global mark below the expected value will be invited to attend more training to fill in the gaps regarding these competences.
Materials and Methods The aim is to use the leadership competence framework of the Royal Pharmaceutical Society (RPS) in which competency statements describe the activity all pharmacy professionals should be able to demonstrate. The statements will be subdivided by areas: 1) demonstrating personal qualities, 2) working with others, 3) managing services, 4) improving services, 5) setting directions. To develop the questionnaire, we will ask questions based on examples of situations pharmacists may be faced with in their daily work. The statements will be handed over to experienced practitioners and each question will have several possible answers, each of them providing a different rating (10 being the most correct answer, 0 being the wrong one). The most correct answer will be set based on answers we expect from experienced pharmacists with leadership skills. The software used will limit the time to answer each question. The final score will be shown as a percentage and those receiving a total score higher than 50% will be considered sufficiently competent. The data will be statistically analysed and means, medians, by age, by region, by function, by area, etc. will be calculated. Attending a specific training course will