**ADHERENCE, PERSISTENCE AND FINANCIAL EVALUATION IN THE TREATMENT OF PROSTATE CANCER**

**Background** The success of home treatment is strongly influenced by patient adherence to treatment. Non-adherence to treatment represents not only an important issue for the patient, affecting both the clinical efficacy and safety of the drug treatment, but also has financial and social implications for the community.

**Purpose** This study evaluated the adherence to treatment, persistence, and the daily cost of treatment in patients with prostate cancer treated with gonadotropin-releasing hormone agonists, comparing leuprorelin 3.75–11.25, leuprorelin 7.5–22.5 and triptorelin.

**Materials and Methods** Adherence to treatment was measured as the ratio between the Received Daily Dose (RDD) and the Prescribed Daily Dose (PDD), using software developed for this purpose by hospital pharmacists. The RDD was calculated as the sum of the number of days between two consecutive drug refills, whilst the PDD was determined based on the treatment regimen as prescribed by the physician. The persistence was calculated as the sum of the number of days the patient had stayed on treatment.

The cost of daily treatment was calculated on the basis of the RDD.

**Results** 126 patients were enrolled in this study for triptorelin, 143 for leuprorelin 3.75–11.25 and 31 for leuprorelin 7.5–22.5. The adherence values for all drugs ranged between 0.95 and 1.10, showing good quality management of domiciled treatment. The analysis of persistence conducted over three years showed a decrease by 20% for leuprorelin 3.75–11.25, 25% for triptorelin and 50% for leuprorelin 7.5–22.5. The cost per RDD was €2.15, €2.24 and €2.84 for leuprorelin 7.5–22.5, leuprorelin 3.75–11.25 and triptorelin respectively.

**Conclusions** The excellent adherence values showed that all the drugs studied have a good safety profile and easy administration. In fact, patients complied with the dosage and medication regimens as recommended by prescribers. The persistence values were overlapping. The cost per RDD for triptorelin was 23% higher than leuprorelin.

No conflict of interest.

**ADVERSE DRUG REACTIONS IN THALIDOMIDE TREATED PATIENTS**

**Background** Thalidomide is a chemotherapeutic agent approved by the EMA for multiple myeloma treatment. It is considered a high risk drug and should be prescribed and dispensed within a special pharmacovigilance programme.

**Purpose** To evaluate the incidence of adverse drug reactions (ADRs) to thalidomide; to analyse their type and severity.

**Materials and Methods** Retrospective cohort study, conducted between January 2006 and December 2011 in a university hospital. Patients treated with thalidomide were selected through the Pharmacy Department Outpatient Unit medicines records.

Patient clinical records were reviewed. Any doubts were checked with the attending physicians.

Data recorded: personal data (age, gender), main diagnosis, thalidomide ADRs, start and end dates of both thalidomide treatment and ADRs.

**Results** 126 patients were enrolled in this study for thalidomide treatment with the attending physicians.

**Materials and Methods** Adherence to treatment was measured as the ratio between the Received Daily Dose (RDD) and the Prescribed Daily Dose (PDD), using software developed for this purpose by hospital pharmacists. The RDD was calculated as the sum of the number of days between two consecutive drug refills, whilst the PDD was determined based on the treatment regimen as prescribed by the physician. The persistence was calculated as the sum of the number of days the patient had stayed on treatment.

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