All patients with RD (rheumatoid arthritis (RA), spondyloarthritis (SA) and psoriatic arthritis (PSA)) treated with BT from January 2014 to June 2018 were included.

BT optimisation, by dose reduction or prolonging the dosing interval, was indicated when patients had more than 6 months in clinical remission (DAS28 <2.6 for RA and PSA and BASDAI <2 for SA) or minimal clinical activity (DAS28 <3.2 and BASDAI <4).

Variables were described as frequencies and means. Diagnosis, subcutaneous BT (Abatacept, Adalimumab, Certolizumab, Etanercept, Golimumab, Secukinumab, Tocilizumab and Ustekinumab), dose regimens, total treatment duration, time on BT optimisation (TO) and treatment costs were collected.

Cost savings were calculated per patient by comparing optimisation treatment costs to conventional treatment and globally by comparing real cost to theoretical conventional doses cost.

Results A total of 448 patients were included in the study, receiving 579 BT treatments. Switching was observed in 29%. From all patients, 47% were in BT optimisation (according to diagnosis: 53.7% with RA, followed by 47.7% with SA and 33.1% with PSA).

Sixty per cent of patients with BT optimisation were treated with adalimumab and etanercept, being also the most common BT used in RD treatment.

Mean TO duration was 2.2 years. The longest TO were achieved with adalimumab and golimumab (2.7 years) and PSA patients preserved BT optimisation for a mean of 2.8 years.

BT optimisation allowed a 50% saving per patient against the use of conventional therapy resulting in a reduction of the total cost of € 3,000,000 in the past 4 years, which represents a total economic savings of 21%.

Conclusion Therapeutic decision-making based on validated disease activity scales has allowed BT optimisation in approximately 50% of patients with RD.

Patients remain clinically controlled after BT optimisation for a mean time of 2 years.

BT optimisation allows a reduction in costs while maintaining effectiveness.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-142 ADJUVANT CHEMOTHERAPY AND RELAPSE-ASSOCIATED PROGNOSTIC FACTORS IN OPERABLE BREAST CANCER

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10.1136/ejhp-2019-eahpconf.291

Background Breast cancer is characterised by its extreme frequency. Its management is now dependent on the prognostic factors according to the guidelines of the experts.

Purpose The aim of our study was to analyse the adjuvant systemic management of operable breast cancer in Morocco, relapse-free survival and the recurrence-associated prognostic factors.

Material and methods This was a retrospective study of patients treated for breast cancer at the Mohamed VI Centre

for Cancer Treatment of Casablanca for 3 years, from 2010 to 2012. Data related to management strategies, relapse and prognostic factors were retrospectively collected from patients' records in 2018 and statistical analyses were performed using the SPSS 20.0 software. Relapse-free survival was calculated with the Kaplan–Meier method, and compared with the Log-rank test with an alpha risk of 5%. Univariate and multivariate logistic regression were used to identify recurrence-associated factors.

Results Six-hundred and one patients including six males were included in our study. The mean age at diagnosis was 49.2±10.8 years. The majority of tumours were ductal carcinomas of 2 to 5 cm and grade II, with luminal/HER2 negative phenotype, stage II and III. Ninety-three per cent of patients had an average of six cycles of chemotherapy, mainly the AC60-T and FEC100-T protocols. Tamoxifen was prescribed to 87% of patients with luminal tumours and the HER2-directed therapy was prescribed to 23% of patients. The 5 year relapse-free survival was 77.5% and the hormone-therapy significantly improved it, while HER2 targeting therapy showed no significant effect on relapse-free survival. The recurrence-associated factors were tumour size, grade SBR, the presence of vascular emboli and the involvement of axillary lymph nodes.

Conclusion Our results show that systemic management and relapse-free survival depend on tumour phenotype, and high-light prognostic factors known to be associated with relapse.

REFERENCES AND/OR ACKNOWLEDGEMENTS

We are thankful to Professor Samir Ahid, member of the Pharmacoeconomics and Pharmacoepidemiology Research team at the Faculty of Medicine and Pharmacy of Rabat, Morocco for his help and support.

No conflict of interest.

4CPS-143 EVALUATION OF KNOWLEDGE OF PATIENTS WITH INFLAMMATORY BOWEL DISEASE TREATED BY THE REFERENCE PRODUCT CONCERNING BIOSIMILARS: ROLE OF CLINICAL PHARMACISTS

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10.1136/ejhp-2019-eahpconf.292

Background Anti-TNF monoclonal antibodies such as infliximab have revolutionised the treatment of patients with inflammatory bowel disease (IBD). For a few years several biosimilars of the reference product (RP) have reached the European market and switching IBD patients from original infliximab to biosimilars is the subject of debate.

Purpose The aim of our study was to investigate IBD patients' knowledge about infliximab biosimilars and their judgement concerning switching to a biosimilar.

Material and methods We conducted a prospective observational study over a 5 month period (May to September 2018) in the outpatient clinic of the Gastroenterology Department at a tertiary referral centre. Clinical pharmacists performed a standardised interview of consecutive adult IBD patients treated with RP. The interview included general information about anti-TNF monoclonal antibodies and biosimilars, and a questionnaire on patients' acceptance of switching to a biosimilar. For each patient included, a pharmaceutical note was edited