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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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

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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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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

in the patient's medical record in order to inform the physician about patient knowledge and judgement.

Results A total of 64 IBD patients (46 Crohn's disease, 18 ulcerative colitis) were included in the study: 48% of males, mean age was 44 ± 16 years. The mean duration of RP therapy was 6.5 ± 11 years. The majority of patients ($n=59$, 92%) did not know anything about biosimilars. After the interview, 38% of patients ($n=24$) declared their acceptance of switching to a biosimilar, 23% ($n=15$) refused the switch and 39% ($n=25$) were indecisive. The main causes of refusal were the fear of a loss of efficacy in one patient, the fear of tolerance problems in three patients and both in two patients. Regarding indecisive patients, 44% ($n=11$) were open to considering the switch to a biosimilar after discussion with their referring physician.

Conclusion In our study we showed a significant lack of knowledge of IBD patients treated with RP concerning biosimilars. Nonetheless, after an interview with a clinical pharmacist, most of the patients had a positive perception of biosimilars and accepted the switch from original infliximab to a biosimilar. This study highlighted the need for patient education about biosimilars in order to authorise the switch of biologics and the major role of clinical pharmacists in providing this education.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<http://www.worldgastroenterology.org/UserFiles/file/guidelines/inflammatory-bowel-disease-english-2015-update.pdf>

No conflict of interest.

4CPS-144

ESTABLISHMENT OF A PHARMACEUTICAL STANDARDISED INTERVIEW CONCERNING BIOSIMILARS OF INFLIXIMAB IN THE DAYCARE CLINIC OF A GASTROENTEROLOGY DEPARTMENT FOR PATIENTS AFFECTED BY INFLAMMATORY BOWEL DISEASE

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Background Anti-TNF monoclonal antibodies such as infliximab effectively treat inflammatory bowel disease (IBD). Currently they are recommended after failure or contraindication of corticosteroid/immunosuppressive therapy. The use of infliximab's biosimilars is an important question due to health costs and with the objective of improving healthcare.

Purpose Our goals were to evaluate the knowledge about biosimilars of patients treated with the reference product (RP), assess the number of patients who would accept switching to a biosimilar and to produce an economic analysis.

Material and methods From May to September 2018 we conducted a prospective observational study in the daycare clinic of the Gastroenterology Department. A standardised pharmaceutical interview for patients affected by IBD treated with RP was carried out. An evaluation of the knowledge of biosimilars was performed, before a point of information. Thereafter, the patient's opinion on the possibility of taking biosimilars was collected and the reasons for refusal as well. The pharmaceutical interview was saved in the patient's record which the prescribers could consult. An analysis of the savings in case of a transition to a biosimilar was realised.

Results Sixty-four patients participated in our study (46 Crohn's disease, 18 ulcerative colitis) all treated by RP for over a year. Mean age was 44. Ninety-two per cent of patients ($n=59$) had never received any information about biosimilars. After the interview, 38% ($n=24$) of patients were favourable to switching to biosimilars, 39% ($n=25$) were indecisive, 23% ($n=15$) were unfavourable. The unfavourable patients were concerned about tolerance (15% $n=6$) or efficiency loss (18% $n=7$) or both (35% $n=14$). Others preferred to discuss it with their doctor (30% $n=12$). In total, six patients moved onto biosimilars, which represented an economy of €1,855/year. It would have been €8125 if all favourable patients had changed and €21 750 if all participants had accepted.

Conclusion Very few patients knew about biosimilars but after the pharmaceutical interview many were in favour of switching. Few willing patients actually changed to biosimilars, but one of the explanations was the lack of information. Therefore, our study showed that delocalising a pharmacist in the daycare department permits the evaluation of the patient's knowledge concerning their treatment and to provide specific information.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<http://www.worldgastroenterology.org/UserFiles/file/guidelines/inflammatory-bowel-disease-english-2015-update.pdf>

No conflict of interest.

4CPS-145

PHARMACOGENETICS AS A TOOL IN DOSE ADJUSTMENT OF IMMUNOSUPPRESSIVE DRUGS: A CASE REPORT

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Background Tacrolimus is an immunosuppressant used after transplantation. Therapeutic drug monitoring is strongly recommended for this drug, because of its narrow therapeutic margin, interpatient variability, drug interactions and toxicity depending on concentration.

Purpose We report the case of a transplant patient who did not achieve the target residual concentration (Cres) of tacrolimus.

Material and methods The 64-year-old patient (130 kg-187 cm), had a liver transplant as treatment for alcohol-induced cirrhosis complicated by ascites, hepatic encephalopathy and esophageal varices with severe portal hypertension.

A triple immunosuppression with mycophenolate mofetil, prednisolone and tacrolimus (Cres target=10–15 ng/mL) was initiated. Identification of *Candida albicans* in peri-operative collection and *Enterobacter cloacae* in blood culture required treatment by caspofungin and meropenem. Despite tacrolimus dose adjustment, Cres was not reached. Several hypotheses have thereby been explored: noncompliance, inappropriate sampling times, drug interactions and pharmacogenetics. A literature review was conducted, including the following keywords: tacrolimus, caspofungin, meropenem, interactions, pharmacogenetics.

Results Despite the gradual increase in tacrolimus dosage up to 15 mg per day (0.12 mg/kg/day), Cres obtained was below the