Background Information technologies' development and their integration in healthcare processes brought a major role in data generation to the pharmacy department. This massive data, also known as BIG DATA, is a powerful resource to initiate the measurement of healthcare outcomes related to dispensed drugs.
Purpose To access the main health outcomes of patients who received new tyrosine kinase inhibitors (TKI) and to develop a tool which provides real-life information based on the hospital environment to support the clinical decision.
Material and methods Every patient's data was collected from the electronic medical records, from 2013 until 2017. For each patient, we recorded the outcome, the performance status and the duration of the treatment. The main analysis outcome was the overall survival (OS). The survival analysis was done using IBM SPSS Statistics.
Results Of the estimated glomerular filtration rate +patients, the majority received Erlotinib (n=42), either as second/third lines (n=30) or first line (n=12). The number of patients who took Gefitinib was smaller than Erlotinib (n=4). All the ALK +patients were treated with Crizotinib (n=5).

The observed median survival was 20.3 months for TKI in the line (n=21) and 3.2 months for the second/third lines (n=30), with p<0001. The median OS for Erlotinib in the first line was 21.3 months and 2.8 months for patients in the second/third lines. For Crizotinib, the observed median OS was 13.8 months, with an 18 month follow up. The sample was too small for the Gefitinib survival analysis.
Conclusion There is a major difference in the OS of TKIs used in the first versus second and further lines, which was expected since these patients present a higher ECOG PS than the first-line group. This study shows that the real-world data, even with small samples in single-centre studies, can be similar to clinical trials data, as our OS with Erlotinib is nearly identical to the one reported in the OPTIMAL study.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Stokes LB, Rogers JW, Hertig JB, Weber RJ. *Big data: implications for health system pharmacy. Hos Pharm* 2016;51:599–603.
2. Nan X, Xie C, Yu X, Liu J. *EGFR TKI as first-line treatment for patients with advanced EGFR mutation-positive non-small-cell lung cancer. Oncotarget* 2017:**8**:75712–26.

No conflict of interest.

4CPS-210 PATIENTS IN CLINICAL TRIALS AND THEIR TREATMENT: DID THE PRESCRIPTION SUPPORT A FIRST-LINE INFORMATION TOOL?

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Background According to the Code of Public Health, the pharmacist advises and informs the patient to ensure the right use and high drug adherence. In clinical trials (CT), investigational medicinal products (IMP) are dispensed by the pharmacy department. A copy of the prescription is given to the patients in ambulatory: it is a support to information for the patient available at any time at home. In our hospital, prescriptions for CT are usually provided by the sponsor.
Purpose The purpose of this work was to evaluate information about IMP on the prescriptions provided by the sponsors and to propose areas for improvement.
Material and methods All the CTs with at least one IMP was taken at home and opened in the pharmacy department of a university hospital on 1 January 2018 were included in this retrospective study. A checklist of eight criteria deemed essential to inform the patient regarding his treatment was created in accordance with the regulations.
Results A total of 93 CTs were evaluated, 35% were institutional CTs. Eleven per cent (n=10) of the prescriptions contained none of the listed criteria. For each criterion, the proportion of prescriptions including the information was 83% for dosage, 69% for product's conditioning, 43% for treatment's duration, 25% for time of taking, 19% for intake, 5% for storage temperature, 2% for adverse reactions and 0% for drug interactions. Eighty-eight per cent (n=82) of the evaluated CTs were oral IMP and 30% (n=25) were chemotherapies.
Conclusion The most frequent information on prescriptions is the dosage and the packaging of the IMP. At the other end, information on what to do in case of adverse events and drug interactions are rare or non-existent. The pharmacist has an important and essential role in dispensing pharmaceutical advice for CT.[1] A collaboration between services and pharmacy is planned in order to establish a standard prescription for CTs with specific information. Improving the quality of prescription information will optimise the safety of IMP taking.

REFERENCE AND/OR ACKNOWLEDGEMENTS

1. Schoenenberger JA, et al. Assessment of the information on investigational oral treatment provided to patients in clinical trials. *Euro J Hospl Pharm* 2012;(19):230–1.

No conflict of interest.

4CPS-211 IMPACT OF THE ELECTRONIC PRESCRIPTION IN AN EMERGENCY DEPARTMENT

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Background The emergency medicine (EM) pharmacist, on working days, performs medication review and reconciliation. The EM pharmacist communicates, verbally or through small reports, the interventions to the doctor. After the electronic prescription (EP) implementation, in October 2017, these reports changed to a messaging system of the prescription programme.
Purpose To analyse the impact of the EP on EM pharmacist interventions.
Material and methods Unicentric, observational and prospective study conducted in a tertiary university hospital. We included all patients in the emergency department observation area (30 beds). The interventions reported in the first semester of 2017 (pre-intervention) were compared with the first semester of 2018 (post-intervention).

The results of this activity were collected in a spreadsheet (Excel). We recorded the intervention type and its acceptation.
Results In 2017, 1178 patients had at least one intervention on their medication (29.7% of the total) and we performed 1605 pharmaceutical interventions (1.4 intervention/patient). In 2018, 491 patients (12.4% of the total) and 744 interventions (1.5 intervention/patient).

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