Conclusion SAE have led some oncologists to systematically screen for DPD and/or UGT1A1 deficit before the initiation of chemotherapy by 5-fluorouracil and/or irinotecan in order to prescribe individualised and optimised dosages. This personalised medicine takes all its significance from the new concept of care’s eco-conception.

REFERENCES AND/OR ACKNOWLEDGEMENTS
   No conflict of interest.

5PSQ-051 ANALYSIS OF CARDIOVASCULAR EVENTS ASSOCIATED WITH CARFILZOMIB IN PATIENTS WITH MULTIPLE REFRACTORY MYELOMA
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Material and methods Retrospective observational study in which all patients treated with carfilzomib were included. The data obtained from the electronic medical record were: age and comorbidities at diagnosis, schemes used prior to carfilzomib, dose of carfilzomib and development of CVE after the use of carfilzomib.

Results Thirty-six patients (19 males) with a median age 59 years (RIQ 53–67) were included. Seventy-eight per cent had comorbidities at the time of diagnosis, schemes used prior to carfilzomib, dose of carfilzomib and development of CVE after the use of carfilzomib.

Conclusion As the ASPIRE study, patients are referred to the cardiology service prior to starting treatment and the expected results are similar (19.4% vs 22.3% in ASPIRE). The most vulnerable patients of developing CVE were those over 65 years of age, since they present more comorbidities pretreatment. However, it should be mentioned that myeloma itself, or the corticosteroids, can also contribute to cardiovascular deterioration.

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   No conflict of interest.

5PSQ-052 THE ERROR ROOM: A FUN TRAINING TOOL FOR THE PHARMACEUTICAL CHEMOTHERAPY UNIT
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Background In the pivotal authorisation trial of carfilzomib, patients with severe cardiovascular abnormalities (NYHA III or IV), clinically significant and uncontrolled, were not included.

Purpose The aim of this study was to analyse the cardiovascular events (CVE) associated with carfilzomib in patients in whom an electrocardiogram was performed prior to starting treatment and compare these data with those of the pivotal trial.

Material and methods Retrospective observational study in which all patients treated with carfilzomib were included. The data obtained from the electronic medical record were: age and comorbidities at diagnosis, schemes used prior to carfilzomib, dose of carfilzomib and development of CVE after the use of carfilzomib.

Results Fourteen errors were distributed in the area. On average, 7.7 errors out of 14 total errors were discovered by the seven participants. Four out of seven participants reported 50 per cent or fewer errors. Nine errors were discovered by the seven participants. Four out of these nine high criticality errors, one error was not found by any of the participants, four errors by less than five participants and three errors by all participants. Only one-third of the on September 14, 2023 by guest. Protected by

Conclusion It was the second time we had this experience. This ‘room of errors’ is a fun way to train staff to minimise and prevent potential errors related to the production of chemotherapy. It is also an opportunity to provide reminders of good manufacturing practices. In view of the results, it would be interesting to continue training by this approach or other learning process such as e-learning. This would maintain and bring new knowledge to pharmacy technicians to ensure the safety of the patient in their care process.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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