95% CI. Monotherapy Pb reserves platinum doublet for later use, and additional data for OS in the pemetrexed subgroup is needed for addressing the benefit of the combination. Taking into account the toxicity of adding chemotherapy, the combined regimen should be considered cautiously.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.

2SPD-011 NETWORK META-ANALYSIS OF FIRST-LINE ANTIANGIOGENIC DRUGS IN ADVANCED RENAL CELL CARCINOMA

[1]MD Gil-Sierra*, [2]V Gimeno-Ballester, [1]MDP Briceño-Casado, [3]M Sanchez-Hidalgo, [3]C Alarcon de la Lastra-Romero, [1]S Fenix-Caballero, [1]E Rios-Sanchez, [1]J Diaz-Navarro, [1]C Martinez-Diaz, [1]JM Borrero-Rubio, [1]EJ Alegre-Del Rey. *[1]Hospital Universitario de Puerto Real, Pharmacy, Puerto Real, Spain; [2]Hospital Universitario Miguel Servet, Pharmacy, Zaragoza, Spain; [3]Universidad de Sevilla, Pharmacology Department, Sevilla, Spain*

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Background Advanced renal cell carcinoma (RCC) presents multiple therapeutic alternatives. Recently, tivozanib has been authorised in this indication.

Purpose To perform a network meta-analysis (NMA) to provide a comprehensive treatment comparison of the efficacy of first-line antiangiogenic treatment in RCC.

Material and methods A review in the Pubmed database and the European Medicines Agency was done. Inclusion criteria: pivotal randomised clinical trials (CT), including antiangiogenic drugs (sunitinib, pazopanib, sorafenib, tivozanib, interferon and bevacizumab) in treatment-naive patients with RCC, with the most mature data of progression-free survival (PFS). Subgroups of CT with pre-treated and treatment-naive patients were assessed. Exclusion criteria: pivotal CT without a comparator common to the alternatives evaluated. The evaluated outcome was PFS. NMA combined direct and indirect evidence to calculate pooled hazard ratios (HR) by Bayesian methods. Fixed and random effects were evaluated. Models were compared using deviance information criteria (DIC) statistics. The consistency of NMA was assessed by node-splitting models to assess agreement of direct and indirect estimations.

Results Seven eligible CT were selected. Three CT included pre-treated patients and treatment-naive patients. No statistical interaction was found between pretreated and treatment-naive patients, so global results were used for the analysis. Inclusion criteria involved 0–1 (ECOG) performance status in all CT. Sorafenib studies included patients with life expectancy $\geq$3 months. The value of DIC was found more favourable for the fixed-effects model. NMA was consistent because node-splitting models detect no statistical differences between direct and indirect evidence. Regarding sunitinib (treatment with the greatest magnitude of effect), HR for PFS were: 0.39 (CI 95% 0.30 to 0.51) vs. placebo, 0.56 (0.47 to 0.66) vs. interferon, 0.74 (0.56 to 0.97) vs. sorafenib, 0.89 (0.70 to 1.1) vs. bevacizumab plus interferon, 0.92 (0.65 to 1.30) vs. tivozanib, and 0.93 (0.80 to 1.10) vs. pazopanib. CI 95% for HRs among bevacizumab plus interferon, pazopanib, sunitinib and tivozanib included a neutral value. Tivozanib (HR 0.74; 0.56 to 0.97) and sunitinib (0.80; 0.64 to 0.99) – but no other antiagiogenics – showed benefit over sorafenib. Statistically significant benefit was found between all drugs over interferon and placebo.

Conclusion The NMA provided a review of the relative efficacy of current antiangiogenic alternatives for RCC in terms of PFS. Bevacizumab plus interferon, pazopanib, sunitinib and tivozanib showed no differences. Sorafenib was inferior to sunitinib and tivozanib.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2SPD-012 RELATIVE VALUE UNITS AS A PRODUCTIVITY SCORE OF MANAGEMENT OF ONCOLOGY MEDICATION IN SPECIAL SITUATIONS

ME Navarrete Rouco*, P Acin, N Carballo, D Conde, S Grau. *Hospital del Mar, Pharmacy, Barcelona, Spain*

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Background Relative value units (RVU) as a clinical management tool prove to be useful in measuring different pharmaceutical activities. However, little is known about RVU for the management of medication in special situations.

Purpose To measure productivity in the management, dispensation, elaboration and pharmaceutical care activity of oncology medication in special situations: expanded or early access (EA) and 'off-label' use in a pharmaceutical department by estimating RVU.

Material and methods Retrospective and observational study performed in a tertiary hospital. Data from all EA and off-label use oncology drugs requests were collected from January 2015 to February 2018 (38 months).

Variables collected active drug, kind of drug in special condition (EA/'off-label') and length of treatment. Pharmaceutical processes included: management, dispensation, elaboration and pharmaceutical care.

RVU assigned to each activity have been obtained from a standardised document drawn up by the Spanish Society of Hospital Pharmacists.[1]

Results Seventy-five oncology drug requests were analysed, of which 58 (77.3%) were EA. Nivolumab nine (13%), pertuzumab/cabonzatinib seven (10%), bevazicumab/liposomal irinotecan six (9%) and trametinib/durvalumab five (7%) were the most requested. The average length of treatment was 5.9 months.

Abstract 2SPD-012 Table 1

Activity area	RVU value	Total produced RVUs
1. Management area	19.82	4677.52*
1.1. Processing of drugs (initial and consecutive application)		
2. Dispensation area		
2.1. Successive dispensations in outpatient	5.08	960.12
3. Elaboration area	16.02	128.16
3.1. GMP of new cytotoxic preparation	79.15	23190.95
3.2. Elaboration of cytotoxic drug		
4. Pharmaceutical care area	39.58	1385.3
4.1. To inpatient about specific drug therapy	13.19	3403.02
4.1.1. Initial	21.11	675.52
4.1.2. Successive		
4.2. To outpatient.		
4.2.1. Initial		

*In total, 4,320.76 (92.4%) were processing of EA drugs.