

#### 4CPS-112 ADHERENCE TO ADALIMUMAB, GOLIMUMAB AND USTEKINUMAB THERAPY IN INFLAMMATORY BOWEL DISEASE

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10.1136/ejhpharm-2020-eahpconf.213

**Background and importance** Inflammatory bowel disease (IBD) is a group of chronic relapsing diseases. In the past 10 years, biologic agents such as adalimumab, golimumab and ustekinumab have meant a great change in their therapy. Correct adherence plays a critical role in achieving therapeutic effectiveness.

**Aim and objectives** To evaluate therapeutic adherence of patients that were dispensed adalimumab, golimumab and ustekinumab at the pharmacy department of a tertiary level hospital.

**Material and methods** An observational transversal study included patients who received treatment with adalimumab, golimumab or ustekinumab for at least 4 months, from January to June 2019. Variables recorded were age, sex, previous biologicals and adherence rate (%) provided by the electronic pharmacy programme. The Morisky–Green questionnaire was applied in patients who had a value  $\leq 85\%$ . The SPSS programme (V.25.0) was used for data analysis. The study was approved by a university ethics committee.

**Results** A total of 178 patients were included in the study, 60.1% (107) men, with a mean age of 46.08 ( $\pm 14.96$ ) years: 30.9% (55) were previously treated with other biologic agents and infliximab was used in 40 patients (22.5%). Average adherence, according to the dispensation record, was 91.79 ( $\pm 11.62$ )%. For adalimumab, adherence was 91.15%, for golimumab, 91.74% and for ustekinumab, 95.05% ( $p=0.045$ ). Forty-five patients (25.28%) were classified as poorly adherent ( $\leq 85\%$ ). The Morisky–Green test was performed in 32 patients who signed the informed consent. Non-administration on the indicated date (62.50%) and forgetting (28.10%) were identified as the main reasons for lack of therapeutic compliance according to the result of the Morisky–Green test, and 15 patients (46.9%) were classified as poorly adherent. Female sex (OR=0.42;  $p=0.013$ ) and length of treatment ( $p=0.002$ ) were associated with worse medication adherence.

**Conclusion and relevance** The percentage of adherence obtained was high in the study population. A group of poorly adherent patients were identified who could receive interventions to improve their medication adherence. Statistical power should be increased to improve the validity of the results.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 4CPS-113 INOTUZUMAB–OZOGAMIZIN FOR THE TREATMENT OF RELAPSE B PRECURSOR ACUTE LYMPHOBLASTIC LEUKAEMIA IN AN ADULT PATIENT: A CASE REPORT

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10.1136/ejhpharm-2020-eahpconf.214

**Background and importance** Inotuzumab–ozogamicin is an antibody–drug conjugate composed of a recombinant humanised

IgG4 kappa CD22 directed monoclonal antibody that is covalently linked to N-acetyl-gamma-calicheamicin dimethylhydrazide. It is indicated as monotherapy for the treatment of adults with relapsed or refractory CD22 positive B cell precursor acute lymphoblastic leukaemia (ALL).

**Aim and objectives** To describe a post-transplant relapsed adult case with B precursor ALL in which inotuzumab was successfully used as a bridging therapy to perform a second haematopoietic stem cell transplantation (HSCT).

**Material and methods** This was an observational retrospective study on the use of inotuzumab in a 32-year-old woman diagnosed with post-transplant relapsed B precursor ALL. The study variable was minimal residual disease (MRD) response, defined as MRD level  $< 10^{-4}$  at the end of treatment and complete remission. The data were obtained from the digital clinical history.

**Results** Initially the patient was treated according to HR-ALL PETHEMA-2011  $< 55$  years protocol. The patient received phase 1 induction, phase 2 induction and phase 1 consolidation, achieving a negative MRD and complete remission. After this treatment, the patient underwent HSCT without early or late complications during follow-up. One year later, a bone marrow aspirate was performed that showed relapse of her leukaemia. The patient was started on treatment with donor lymphocyte infusion achieving a partial response, which was not maintained over time and the disease eventually progressed. Because this patient had a high level of expression of CD-22 B lymphocytes and based on the results of the INOVATE phase III clinical trial, she was treated with two cycles (28 day cycles) of inotuzumab. The drug was administered by intravenous infusion for 1 hour. The doses were administered on days 1, 8 and 15; the first dose was 0.8 mg/m<sup>2</sup> and the remaining doses were 0.5 mg/m<sup>2</sup>. The patient achieved negative MRD and complete remission after the first cycle, but according to the summary of product characteristic, the patient received two cycles without suffering from hepatotoxicity.

**Conclusion and relevance** In this case of an adult patient with high risk ALL who relapsed after allogeneic transplantation of haematopoietic progenitors, the use of inotuzumab was found to be safe and effective, achieving MRD and complete remission and therefore the initial goal of the study. Nevertheless, more studies are needed to demonstrate its efficacy and safety profile.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 4CPS-114 BELIEFS ABOUT MEDICATION AND QUALITY OF LIFE IN MULTIPLE SCLEROSIS PATIENTS TREATED WITH NATALIZUMAB

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10.1136/ejhpharm-2020-eahpconf.215

**Background and importance** Patient beliefs about medication tools can measure patient concerns and the necessity for different long term treatment options, and can be related to adherence and quality of life (QoL).