4CPS-155 REAL LIFE EXPERIENCE OF HOME CARE ADMINISTRATION OF 5-AZACITIDINE AND DOMICILIARY MANAGEMENT OF PATIENTS WITH MYELODYSPLASTIC SYNDROME

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Background and importance Most patients with intermediate-2 and high risk myelodysplastic syndrome (MDS) have a median age of 75 years and 25% are diagnosed after 80 years of age. Therefore, many may have great difficulty travelling to the hospital for the 7 day treatment for each cycle of 5-azacytidine.
Aim and objectives To analyse the experience and results of administration of 5-azacytidine in domiciliary care in daily clinical practice and to evaluate therapeutic adherence.
Material and methods A 4 year prospective observational study was conducted in 40 MDS patients with a median of age of 76 years, who had difficulty travelling to the day hospital to receive treatment with 5-azacytidine over 7 days. The drug was prepared in the hospital pharmacy service, using the water reconstitution method for refrigerated injections, and kept refrigerated (2–8°C), resulting in both chemically and physically stable solutions for 22 hours. Once inclusion of the patient in the study was confirmed by the haematologist, the prescribed treatment regimen was communicated to the pharmacy service and nurse to organise the medication regimen in domiciliary care. The variables considered in this study were: beginning of treatment with 5-azacytidine, treatment duration, level of satisfaction of patients, treatment adherence and side effects detected.
Results Forty MDS patients received treatment with 5-azacytidine in domiciliary care over a mean of 16 months of treatment: 75% of patients had great difficulty traveling to the day hospital because they required someone to accompany them and 35% did not have the supporting infrastructure. All (100%) patients were highly satisfied with the service, therapeutic adherence improved to 95% and side effects were detected in 15% of patients (neutropenia, anaemia and gastrointestinal reactions).
Conclusion and relevance Administration of 5-azacytidine in domiciliary care in older patients with MDS with difficulty travelling to the day hospital allowed greater support of these patients, improving the day hospital logistics, increasing patient satisfaction and adherence to treatment, and offering better quality healthcare.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-156 ANALYSIS OF THE EFFECTIVENESS AND SAFETY OF DARATUMUMAB IN MONOTHERAPY IN ADULT PATIENTS WITH RELAPSED REFRACTORY MULTIPLE MYELOMA

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Background and importance Immunotherapy has broken new ground in the treatment of multiple myeloma, with the introduction of monoclonal antibodies into the therapeutic arsenal, representing a paradigm shift in treatment. Daratumumab is a human monoclonal antibody IgG1κ, which binds to the CD38 protein that is expressed at a high level on the surface of multiple myeloma tumour cells.
Aim and objectives To evaluate real life experience of daratumumab in monotherapy for the treatment of adult patients with relapsed refractory multiple myeloma (RRMM), who have previously received a proteasome inhibitor and an immunomodulatory agent and who have experienced disease progression since the last treatment.
Material and methods This was a multicentre, prospective, observational study, conducted over a period of 3 years in two third level hospitals, in 40 patients diagnosed with RRMM. To evaluate health outcomes, the following variables were measured: age, sex, number of previous lines, daratumumab cycles received, progression free survival (PFS) and adverse reactions.
Results Forty RRMM cases were analysed (80% men, 20% women). Mean age was 62 years. The health outcomes measured in our clinical practice were: 60% of patients received daratumumab as monotherapy, as thirdline treatment, 30% as fourthline treatment, and 10% as sixthline and seventhline treatment. The mean number of daratumab cycles was 7, except for one patient who has now completed cycle 27. Median PFS was 4 months. Only mild gastrointestinal adverse reactions (nausea and vomiting) were observed (20% of patients). The correct premedication was performed before and after daratumumab infusion, including 10 mg of oral montelukast (first infusion) and respecting the infusion times according to the technical datasheet.
Conclusion and relevance Health outcomes for daratumumab as monotherapy for the treatment of patients with RRMM were similar to those published in the combined trial gene 501 and SIRIUS. According to recent publications, daratumumab is likely to be more effective in combination with other drugs. Daratumumab is well tolerated in most patients and is therefore considered a safe treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-157 INTRAVENOUS BIOSIMILAR PRESCRIBING TRENDS IN A THIRD LEVEL SPANISH HOSPITAL

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Background and importance Since the first biosimilar drug was authorised, medicine agencies have promoted their use. However, interchangeability or switching are different in each country, creating disparity in their use.
Aim and objectives To measure the use of intravenous biosimilar drugs since their introduction in a third level hospital.
Material and methods We analysed the number of patients treated with biological reference products (BRP) and with their corresponding biosimilars since the arrival of each biosimilar until September 2019. We studied infliximab, rituximab

and trastuzumab. Infliximab biosimilar was introduced in September 2015 and rituximab and trastuzumab in August 2018. The results were analysed with Excel.

Results We identified 203 patients treated with infliximab, 16.2% for rheumatoid arthritis (RA) and its derivatives, 80.3% for inflammatory bowel disease (IBD) and 3.5% for other pathologies. A total of 54.7% of patients were treated with a biosimilar, 46.8% as the initial treatment and 7.9% as a switch. All (100%) switches were in patients treated for IBD.

Rituximab was used in 158 patients, 60.8% for different types of haematological cancer, 13.9% for RA, 5.1% for lupus and 20.2% for other diseases. A total of 51.3% of patients were treated with a biosimilar, 36.7% as the initial treatment and 14.6% as a switch. Most (65%) of the switches were found in haematological pathologies. Subcutaneous BRP were given to 29.7% of the total patients.

There were 77 patients treated with trastuzumab, 92.2% for breast cancer and 7.8% for gastric cancer. Of the 71 patients with breast cancer, 59.1% were treated with a biosimilar, 22.5% as the initial treatment and 36.6% as a switch. The remaining 40.9% were treated with subcutaneous BRP. In gastric cancer, 100% of patients were treated with a biosimilar, 66.7% from the beginning and 33.3% as a switch.

Conclusion and relevance The use of biosimilar drugs is more consolidated in new patients and switching is a slower dynamic. The arrival of new biosimilars in the coming years will increase their use. Some medical specialties are more likely to using biosimilar drugs. The presence of a subcutaneous BRP can make the use of biosimilar drugs more difficult as a switch or in new patients as physicians will prescribe a subcutaneous BRP instead of an intravenous biosimilar.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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4CPS-158 PRESCRIBING TRENDS OF ADALIMUMAB AND ETANERCEPT BIOSIMILAR DRUGS IN A THIRD LEVEL HOSPITAL

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Background and importance Adalimumab and etanercept are two of the most used biologic drugs worldwide in a variety of chronic diseases. The introduction of biosimilar drugs (BS) for both has revolutionised the market and may enable more patients to access these treatments.

Aim and objectives To measure the use of etanercept and adalimumab biosimilars since their introduction in a third level hospital.

Material and methods We studied the number of patients treated with biological reference products (BRP) and with their corresponding biosimilars since the introduction of etanercept (April 2018) and adalimumab BS (January 2019) in our hospital until September 2019. The results were analysed with Excel.

Results There were 211 patients treated with etanercept, 36.7% for spondyloarthropathy, 35.1% for rheumatoid arthritis, 14.8% for psoriatic arthritis and 13.4% for psoriasis. In 41.7% of patients, treatment was with a BS the, 38.4% as a new treatment and 3.3% as a switch. Of the 3.3% who switched, 43% were patients with psoriasis, 29% with psoriatic arthritis, 14% with rheumatoid arthritis and 14% with spondyloarthropathy. We found that 4.9% of the total number of patients started with the BRP.

We identified 452 patients being treated with adalimumab, 46.2% for arthropathies, 31.0% for inflammatory bowel disease, 16.4% for psoriasis and 6.4% for other diseases. In 18.9% of patients, treatment was with a BS, 17.0% in new patients and 1.9% as a switch. Every switch was done in psoriatic patients. We found that 1.3% of the total number of patients started treatment with the BRP.

Conclusion and relevance The use of the biosimilars of etanercept and adalimumab was highly accepted when initiating a new treatment and switching is starting to increase, especially in psoriasis. It is important to design a strategy that could enhance switching from the BRP to the biosimilar drug in pathologies other than psoriasis where patients have chronic conditions and will need treatment for a long period of time.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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4CPS-159 MANAGEMENT OF COMMUNITY ACQUIRED PNEUMONIA AT A TERTIARY CARE TEACHING HOSPITAL

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Background and importance The implementation of community acquired pneumonia (CAP) guidelines has led to shortening the duration of antibiotic treatment, reducing costs and improving pneumonia related morbidity and mortality. Adherence to CAP guidelines is varied in multiple international studies. This study aimed to evaluate the rate of adherence to the 2007 guidelines from the Infectious Diseases Society of America (IDSA) and the American Thoracic Society (ATS) for the diagnosis and treatment of CAP in hospitalised patients. We also wanted to identify patient related factors that may influence adherence to treatment guidelines at our tertiary care teaching hospital

Aim and objectives The aims of the study were to evaluate adherence to IDSA guidelines for the management of CAP.

Material and methods Patients admitted with CAP had their charts prospectively reviewed from 1 April to 31 July 2018. Patients were eligible to participate in the study if they were >18 years of age and the admitting diagnosis was CAP. Demographic data, comorbid conditions, smoking history, antibiotic culture and sensitivity, duration of antibiotic therapy, relevant laboratory data and diagnostic procedures were retrieved from the medical records. The proportion of patients who were treated according to CAP guidelines were recorded and compared with the most widely referenced guideline, IDSA/ATS for the treatment of CAP.

Results During the study period, 138 eligible patients were identified, 51.4% were women, mean age was 59.1±20 years and 49.3% had diabetes. Only 8% of patients received a