Appropriate isolation and oseltamivir use in flu positive patients: 2018=27% (6/22); 2019=74% (17/23).

Conclusion and relevance Increased flu screening in 2019 despite a national fall in hospitalised flu cases compared with 2018 suggests that clinicians were more likely to consider influenza when rapid diagnostics were available on-site. On-site testing significantly reduced TAT, having a measurable impact on the appropriateness of isolation and oseltamivir use. The absence of isolation facilities in the coronary care unit represented a significant clinical risk of influenza exposure.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

6ER-003 EFFECTIVENESS OF NEOADJUVANT TREATMENT IN LOCALLY ADVANCED BREAST CANCER

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Background and importance Neoadjuvant chemotherapy has become the standard treatment for patients with inoperable locally advanced tumours, and it is also optional for operable stages. The literature reports rates of 20–30% and 56–66% for pathological complete response (pCR) in patients treated with combinations of anthracyclines and taxanes, and dual blockade of human epidermal growth factor receptor 2 (HER2), respectively.

Aim and objectives To assess the effectiveness of neoadjuvant chemotherapy in stage II/III breast cancer according to expression of HER2 and hormonal receptors (HR) based on pCR.

Material and methods A retrospective observational study was carried out between January 2016 and December 2018 in a second level hospital. Through the Farmatools software, patients were identified. Clinical histories were obtained through Selene software to compile demographic (sex and age) and clinical (stage, HR and HER2, lymph nodes, treatment regimen and pCR results) data.

Results Within the study period, 35 patients received neoadjuvant chemotherapy regimens for breast cancer. Median age of the women was 50 years (IQR 18 years), 54.3% were diagnosed with stage II neoplasia and 62.9% had lymph nodes involved: 40% reached pCR. Patients were classified according to HER2 expression:

45.7% showed positive HER2 expression (HER+), 50% of whom reached pCR after neoadjuvant treatment. In 81.25%, treatment was a docetaxel–carboplatin–trastuzumab regimen plus pertuzumab, obtaining pCR in 53.85%, and 18.75% received chemotherapy regimens based on anthracyclines+taxane+trastuzumab+ pertuzumab, reaching a pCR of 33.33%.

In the 54.3% of HER2 negative (HER2–) patients, 31.58% reached pCR: 94.74% received combinations of anthracyclines+taxanes, obtaining a pCR of 33.33%. Only one patient was treated with docetaxel–cyclofosamide (TC), not achieving pCR. Within the HER2– group, 57.89% did not overexpress any receptor, qualifying as triple negative (TN). All of these patients received regimens based on anthracyclines and reached a pCR of 45.45%.

Conclusion and relevance pCR rates obtained in our centre were correlated with the results described in the literature,

and slightly lower in HER2+ patients. In the case of the TN subgroup, a pCR rate greater than in reported data was found, despite being the subgroup with the worst prognosis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

6ER-004 PRELIMINARY CLINICAL RESPONSE OF RIBOCICLIB AS A SINGLE AGENT IN ADVANCED BREAST CANCER: IN SEARCH OF NEW THERAPEUTIC INDICATIONS

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Background and importance Ribociclib, an orally bioavailable CDK4/6 inhibitor, is currently approved in combination with anaromatase inhibitor for the treatment of pre/perimenopausal women with HR positive, HER2 negative advanced breast cancer. Alterations in the CDK4/6-Rb-E2F pathway, which promotes cell proliferation, usually occur in human tumours. Thus ribociclib remains as an attractive therapeutic strategy for the treatment of other neoplasms in which this pathway is significantly dysregulated.

Aim and objectives To evaluate the preliminary clinical response of ribociclib as a single agent, in terms of best overall response (BOR) and progression free survival (PFS) in patients with Rb+ advanced solid tumours (AST) and lymphomas.

Material and methods A literature review was carried out of studies published during 2016–2019 in the electronic databases Medline, Embase and Cochrane Library. No restrictions in terms of language or publication year were applied. Search strategy terms were: ‘Ribociclib’, ‘clinical response’, ‘single agent’ and ‘advanced cancer’. Boolean operators were used to connect specific search keywords for each database and other free text terms.

Results Five clinical trials were found. A phase I study of single agent ribociclib in 132 patients from Europe and USA with Rb+ AST and lymphomas showed preliminary signs of clinical activity (NCT01237236): 3 patients achieved a partial response (PR), 43 a BOR of stable disease (SD) and 8 had PFS for >6 months. In another phase I trial in 17 Japanese patients with advanced oesophageal, breast, peritoneum and soft tissue tumours (NCT01898845), ribociclib exhibited a limited response, as no patient achieved a complete response (CR) or PR, and 4 achieved BOR on SD. In a phase I study in 32 paediatric patients with neuroblastoma and malignant rhabdoid tumours treated with single agent ribociclib (NCT01747876), BOR was SD in 9 patients and 5 achieved SD for more than 6, 6, 8, 12 and 13 cycles, respectively. The results of phase 0 and phase Ib studies that assessed the clinical response of ribociclib as monotherapy in glioblastoma (NCT02933736, NCT02345824), showed limited clinical efficacy and ineffectiveness, respectively. Both studies mentioned the presence of a significant increase in cells mTOR/PI3K signalling pathway activity.

Conclusion and relevance Inhibition of the CDK4/6-Rb-E2F pathway by ribociclib showed preliminary limited clinical response in patients with AST and lymphomas. However, the observation of prolonged SD support further investigation of ribociclib in combination with other agents, especially mTOR/P13K inhibitors.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

6ER-005 EFFECTIVENESS OF OMALIZUMAB AND BEE VENOM IMMUNOTHERAPY COMBINATION: CASE REPORT

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Background and importance Bee venom immunotherapy (b-VIT) is an established therapeutic option for anaphylaxis by hymenoptera venom. Some cases of omalizumab (anti-IgE monoclonal antibody) and b-VIT combination have been reported to suppress systemic reactions developing due to b-VIT itself.

Aim and objectives To describe the efficacy of omalizumab in avoiding the anaphylaxis risks due to b-VIT.

Material and methods A 33-year-old beekeeper woman, asthmatic, with a diagnosis of severe anaphylaxis due to hymenoptera venom, presented b-VIT management difficulties, suffering systemic reactions. b-VIT was initiated weekly and over 4 weeks, from 40 µg (0.4 mL) to 100 µg (1 mL), divided into two equal doses, separated by 30 min, each injected into a different arm, increasing progressively to 20 µg per week.

The patient then received doses of 50 µg (0.5 mL) in each arm, with 30 min between injections, per month over another 3 months. The following month she received 100 µg (1 mL) in one arm, suffering grade III anaphylaxis. It was decided to continue with the divided and spaced doses, presenting good tolerance. She suffered a new bee sting anaphylaxis and therefore 5 months later the off-label use of omalizumab 300 mg monthly was authorised to allow a dose increase in b-VIT.

Results After two single doses of omalizumab 300 mg in 1 month intervals she had a bee sting with just a local reaction. After that, omalizumab 300 mg plus 100 µg (50 µg in each arm) of b-VIT monthly was started. The dose of one arm was increasing while the other arm was decreasing proportionally until reaching the dose of 100 µg in one arm. Shortly after she had a completely asymptomatic new bee sting.

Conclusion and relevance The omalizumab and b-VIT combination was effective in suppressing undesirable systemic reactions in our patient. The last asymptomatic sting implies good expectations for its use. However, as there is little evidence of this off-label use, it is necessary to observe if the patient can continue the treatment without omalizumab in the future, even at higher b-VIT doses if necessary.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-006 DIGITAL LITERACY IN MULTIPLE SCLEROSIS

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Background and importance The emergence of new technologies has allowed great advances in the way we communicate. The hospital pharmacy can take advantage of these technologies available to the entire population to improve communication and access between healthcare professionals and patients. **Aim and objectives** To evaluate the level of digital health literacy of patients with multiple sclerosis (MS), their technological profile and their preferred way of communicating with the hospital pharmacist (HP).

Material and methods This was a descriptive observational study conducted between March and October 2019 in patients who attended for a pharmaceutical consultation. The information was obtained through paper surveys conducted anonymously during the patient's visit. The information collected was transferred to a Google form and the data obtained were analysed in a spreadsheet using descriptive statistics.

The sections of the survey were: sociodemographic data, technological profile (TP), knowledge and use of digital health tools (KD), assessment of the level of digital health literacy (AD) (using the eHealth Literacy Scale-eHEALS) and preferred patient-HP way of communication (PC).

Results The survey was completed by 57 MS patients, 64.9% women (n=39), with an average age of 41.6 years.

TP: 94.7% (n=54) of patients owned and used a 'smartphone' daily, 49.1% (n=28) used a laptop and 28.1% (n=16) used a tablet.

KD: 55.4% (n=31) used Google as a source of health information, 26.8% (n=15) did not use the internet to find information about their disease or drug treatment and 8.9% (n=5) stated that they consulted websites recommended by their doctor, pharmacist or nurse. Regarding the most consulted online sources of information, 80% (n=44) visited Google and 14.5% (n=16) patient forums. The best known and used digital tools were WhatsApp (89.3%, n=50), Facebook (50.9%, n=29) and email (52.6%, n=30).

eHEALS evaluation:

the average score obtained was 3.3 ± 1.1 .

PC: the preferred platform to communicate with the HP was instant messaging (IM) (61.5%), followed by email (48.1%) and telephone (42.3%). Most of the patients (56%) preferred to receive information from the HP when collecting medication, either monthly (39.6%) or during treatment changes (35.4%). In addition, 52% rated positively receiving information through IM.

Conclusion and relevance The surveyed patients have an acceptable level of digital health literacy and the majority used 'smartphones' and IM widely, making it a population of patients with a good technological profile for the development of mobile digital solutions based on instant communication. Despite this, patients prefer direct communication with the HP.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.