treatment for HCC between June 2017 and December 2018. Both monoinfected and coinfected HIV patients were included, having completed DAA treatment. We collected demographic (gender, age) and clinical (virus genotype, fibrosis degree, mono- or coinfected, treatment and length of treatment, previous treatments in the case of relapse) variables. As an effectiveness variable, we set sustained viral response (SVR) at week 12 after finishing treatment, or undetectable viral load in those patients who did not achieve a SVR.

Data were obtained from the pharmacotherapeutic management programmes Silicon and SAP.

Results A total of 146 patients, mean age 54 years, were included. There was 34.93% women, 25.34% coinfected and 88.36% naïve.

The most frequent genotype (G) was G1a (31.94%), G1b, 29.86% and G3, 19.44%. Depending on hepatic damage, patients presented with different levels of fibrosis (F): F0–1, 66.44%; F2, 15.75%; F3, 6.16%; F4, 5.48%; and cirrhosis, 2.05%. Treatments were glecaprevir/pibrentasvir in 57.53%, sofosbuvir/velpatasvir in 23.29% and elbasvir/grazoprevir in 14.38%. Length of treatment was chosen according to what was said in the technical.

Effectiveness (SVR) evaluated 12 weeks after finishing treatment or undetectable viral load after finishing treatment in monoinfected patients was 75.93% and 24.07%, respectively. Regarding coinfection, we could not follow-up with one patient and the other patient’s results are still pending (SVR 92.11%). Relapse was detected in patients who had been previously treated with ombitasvir/paritaprevir/ritonavir+dasabuvir (2.05%), sofosbuvir/ledipasvir (0.68%, n=1) and elbasvir/grazoprevir (0.68%), and reinfection was detected in a patient previously treated with sofosbuvir/dasabuvir. Relapses were treated with sofosbuvir/velpatasvir/voxilaprevir (2.74%).

Conclusion and relevance Use of DAA was common in our hospital. Effectiveness data and population characteristics were equal to those obtained in the available bibliography. It is crucial to confirm SVR in week 12 after finishing treatment to make sure the disease has been cured.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-069 EVALUATION OF PALIVIZUMAB AS PROPHYLAXIS AGAINST RESPIRATORY SYNCYTIAL VIRUS INFECTION

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Background and importance Respiratory syncytial virus (RSV) is the primary cause of lower respiratory tract infections in children <2 years old. RSV infection can lead to morbidity and mortality in these children and result in hospitalisation, admission to the intensive care unit, need for intensive medical treatments and death. Palivizumab has been found to be effectiveness in reducing hospitalisation and preventing serious lower respiratory tract infections in high risk infants.

Aim and objectives The objective of the study was to determinate the effectiveness of prophylaxis with palivizumab administration on hospitalisation rates for RSV and respiratory tract infections without RSV.

Material and methods This was a retrospective, descriptive study from October 2012 to February 2019. Patients with palivizumab administration were included. The data collected were administrations of palivizumab per patient, administration dates, admitted patients for respiratory infection, date of admissions per patient, positive RSV cultures in admitted patients and need for oxygen therapy. The severity of the admission was assessed according to the need for oxygen therapy.

Results A total of 125 patients were included, with an average age of 2.84 months at the start of treatment and a mean of 5 administrations. Twenty-four patients (19.2%) were admitted for a respiratory cause of whom 7 (29.17%) had more than one admission. In the admitted patients, 5 (20.83%) had positive cultures for RSV. In these patients, median administrations was 5 (IQR 3–5) and median time from last administration to positive culture was 290 days (IQR 276–300). From the total patients admitted, 20 (83.33%) needed oxygen therapy but only 5 patients (25%) required oxygen at high flow. No deaths were recorded.

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Background and importance Simplification of antiretroviral treatments (ART) improves adherence and comfort, and may prevent some adverse effects caused by ART.

Aim and objectives To assess the effectiveness (plasma viral load (PVL test) <50 copies/mL) of the combination of dolutegravir (DTG) and lamivudine (3TC) without a third antiretroviral drug in patients diagnosed with HIV infection who were previously treated with a three drug regimen of ART.

Material and methods In January 2019, we studied a cohort of patients who were undergoing treatment with DTG+3TC in a two drug regimen. Once these patients were selected, we carried out a prospective study of the PVL test after 6 months of treatment.

Results Thirty-three patients were receiving treatment with the DTG+3TC combination in January 2019. Patients were aged 24–72 years (mean 46.27 years). The previous PVL test was undetectable in 69.70% of patients, detectable (<50 copies/mL) in 27.27% of patients and 1 patient (3.03%) had a viral load of >50 copies/mL. After 6 months of treatment, the PVL test was undetectable in 75.75% of patients, detectable (<50 copies/mL) in 15.15% and detectable (>50 copies/mL) in 3.03%. Two patients discontinued treatment.

Conclusion and relevance The combination of DTG+3TC seemed to be an effective alternative to other ART when we re-evaluated patients after 6 months of treatment. We found a PVL <50 copies/mL in 96.96% and 90.90% of patients before and after the change in ART.

REFERENCES AND/OR ACKNOWLEDGEMENTS


No conflict of interest.
Conclusion and relevance Admissions for respiratory infections were low in children with palivizumab administration. Furthermore, a small percentage of these admissions had positive cultures for RSV, which confirms the effectiveness of palivizumab. Most patients admitted for respiratory causes needed oxygen therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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ANALYSIS OF THE USE OF NON-SPECIFIC INTRAVENOUS IMMUNOGLOBULINS IN A TERTIARY HOSPITAL

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Background and importance Non-specific intravenous immunoglobulins are widely used in hospitals to treat different pathologies. Previous studies concluded that many were off-label uses. This makes it necessary to analyse the use of immunoglobulins in our patients.

Aim and objectives The aim was to examine the use of non-specific intravenous immunoglobulins in hospitalised and ambulatory patients in a tertiary hospital, as well as the prevalence of off-label uses.

Material and methods This observational, retrospective study included patients treated with intravenous immunoglobulins from July 2018 to July 2019. Collected data were sex, age, indication and dose. Data were extracted from the clinical history.

Results In our study, 158 patients (50.63% men) with a median age of 66 (55–77) years were included: 54.43% (n=86) ambulatory and 45.57% (n=72) hospitalised patients. The most frequent indications were common variable immunodeficiency (CVID) in 13.92% (n=22), secondary immunodeficiency in 12.02% (n=19) and idiopathic thrombocytopenic purpura (ITP) in 8.86% (n=14) of patients. Applying this analysis to patient subgroups, for ambulatory patients, the indications were CVID in 25.58% (n=19), secondary immunodeficiency in 12.02% (n=9) and ITP in 8.86% (n=7), with 52.11% (n=4) while in hospitalised patients the indications were CVID in 25.58% (n=22), secondary immunodeficiency in 13.95% (n=12) and polynuropathy in 4.65% (n=4) while in hospitalised patients the indications were ITP in 19.44% (n=14), secondary immunodeficiency in 9.72% (n=7), and myasthenia gravis in 6.94% (n=5). The prevalence of off-label uses was 44.94% (n=71), with 52.11% (n=37) in hospitalised patients.

Conclusion and relevance Although the most common uses of immunoglobulins in our hospital were for authorised indications, the off-label uses were highly prevalent (44.94% (n=71)). We must ensure, in the hospital pharmacy services, rational use of immunoglobulins. Therefore, it is necessary to implement a protocol for the use of intravenous immunoglobulins by the pharmacy and therapeutics committee. For implementation of this protocol, it is necessary to evaluate the scientific evidence of off-label uses, as well as adaptation to clinical practice guidelines.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

ANALYSIS OF EFFECTIVENESS: USE OF PERTUZUMAB AND TRASTUZUMAB IN NEOADJUVANT TREATMENT IN PATIENTS WITH HER2 POSITIVE BREAST CANCER AND ITS CORRELATION WITH PLASMA LEVELS OF TRASTUZUMAB

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Background and importance The use of pertuzumab with trastuzumab in neoadjuvant therapy in breast cancer treatment is supported by two phase II clinical trials (NeoSphere and Tryphaena) that showed better rates of pathological complete response. In addition, Cobleigh et al described how the response to trastuzumab could be conditioned by their plasma levels.

Aim and objectives We analysed the rates of pathological response to neoadjuvant treatment under usual clinical practice conditions.

Material and methods A prospective study was conducted in women diagnosed with HER2 positive (HER2+) breast cancer who completed treatment from 2016 to 2019. To perform the assay, 2 mL of blood, corresponding to the first Cmin of trastuzumab were taken. Determination of the presence of ADA-trastuzumab was carried out with of an ELISA immunoassay. Informed consent was obtained from all patients.

Results A total of 40 patients (women) were studied with a median age of 50.6 years (39–71). The chemotherapy scheme used was adriamycin-cyclophosphamide (AC) followed by taxane with trastuzumab and in some cases pertuzumab.

In the pertuzumab group (n=27), response rates and mean levels of trastuzumab in the first Cmin (µg/mL) were:

- Complete pathological response (RCBO) in 17 (62.9%, n=17), (Cmin=22.30 µg/mL).
- Minimum residual response (RCBI) in 25.9% (n=7) (Cmin=23.50 µg/mL).
- Moderate residual response (RCBII) in 11.1% (n=3) (Cmin=22.30 µg/mL).

In the trastuzumab group (n=13), responses were:

- RCBO in 76.9% (n=10) (Cmin=16.40 µg/mL).
- RCBI in 15.4% (n=2) (Cmin=29.18 µg/mL).
- RCBII in 7.7% (n=1) (Cmin=18.7 µg/mL).

In our study, no difference was found between pathological responses and plasma levels of AD (Pearson 0.27, p=0.840), which supposes a scarce correlation between plasma concentrations of AE and the pathological response obtained. There were no differences between the pathological responses obtained and the plasma concentrations of AD (p=0.639).

Conclusion and relevance Previous studies by our team were unable to identify, under usual clinical practice conditions, differences in the pathology response of neoadjuvant treatment with trastuzumab versus trastuzumab with pertuzumab in patients with infiltrating ductal breast carcinoma HER2+. In the present, we have shown that the plasma levels of trastuzumab do not seem to correlate with this response.