

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

No conflict of interest.

4CPS-070 ANALYSIS OF THE USE OF NON-SPECIFIC INTRAVENOUS IMMUNOGLOBULINS IN A TERTIARY HOSPITAL

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10.1136/ejhp-2020-eahpconf.171

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=22), secondary immunodeficiency in 13.95% (n=12) and polyneuropathy 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=59). 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.

4CPS-071 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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10.1136/ejhp-2020-eahpconf.172

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 ($\mu\text{g/mL}$) were:

- Complete pathological response (RCBO) in 17 (62.9%, n=17), (Cmin=22.30 $\mu\text{g/mL}$).
- Minimum residual response (RCBI) in 25.9% (n=7) (Cmin=23.50 $\mu\text{g/mL}$).
- Moderate residual response (RCBII) in 11.1% (n=3) (Cmin=22.30 $\mu\text{g/mL}$).

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

- RCBO in 76.9% (n=10) (Cmin=16.40 $\mu\text{g/mL}$).
- RCBI in 15.4% (n=2) (Cmin=29.18 $\mu\text{g/mL}$).
- RCBII in 7.7% (n=1) (Cmin=18.7 $\mu\text{g/mL}$).

In our study, no difference was found between pathological responses and plasma levels of AD (Pearson 0.033, $p=0.840$), 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.