Conclusion and relevance It seems that adjusted doses of anthracyclines in obese paediatric patients can be effective and safety but due to limited data, this recommendation must be taken with caution.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-085 IMPROVED ACCESS TO CHEMOTHERAPEUTIC TREATMENT IN PATIENTS WITH MULTIPLE MYELOMA

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Background and importance A hospital complex has a reference centre that is a tertiary hospital to which is attached a regional hospital located 75 km away. In 2018, in coordination with the pharmacy and haematology service, it was decided to implement a monographic consultation for patient with multiple myeloma in the regional hospital, with the proposal to improve the accessibility of patients to chemotherapeutic treatments and avoid displacement to the centre of reference.

Aim and objectives To describe the activity carried out within the scope of a programme to improve accessibility for patients with multiple myeloma. User satisfaction with this new feature was evaluated.

Material and methods A retrospective descriptive study was conducted in April 2018 and September 2019. The following variables of the chemotherapy management programme (Farmis-Oncofarm) were recorded: number of patients treated, number of chemotherapy cycles administered and type of chemotherapeutic scheme. To evaluate patient satisfaction, we obtained 30 anonymous and voluntary evaluations in which total satisfaction was rated from 1 to 10 and also satisfaction per item.

Results A total of 46 patients were treated during the study period: 58% were men and average age was 62 years. A total of 382 cycles of parenteral chemotherapy and 145 cycles of oral chemotherapy were administered. The schemes used were: VTD (bortezomib-thalidomide-prednisone), VMP (bortezomib-melfalan-prednisone), bortezomib-dexamethasone, daratumumab-bortezomib-dexamethasone, maintenance lenalidomide and Rd (lenalidomide-dexamethasone). Overall satisfaction by patients was 9.4. The best rated items were accessibility to the centre, proximity between the different units (haematology consultation, pharmacy and oncology day hospital) and waiting time.

Conclusion and relevance The implemented programme has been highly valued by patients. Seeking strategies aimed at improving the accessibility of patients to hospital treatments should be a priority for the health system. In our case, the pathology required frequent and repeated cycles of chemotherapy in fragile and elderly patients. This added to the ease of administration (subcutaneous and oral routes) making multiple myeloma a candidate pathology to follow-up in a regional hospital without jeopardising patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-086 IMATINIB DOSE OPTIMISATION THROUGH THERAPEUTIC MONITORING IN CHRONIC MYELOID LEUKAEMIA AS PART OF PHARMACEUTICAL CARE

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Background and importance Chronic myeloid leukaemia was the first haematological neoplasia to benefit from imatinib targeted therapy. The standard dose of imatinib is 400 mg/day, although it is related to interpatient variability in plasma exposure. The relationship between treatment outcomes and plasma exposure has been established; predose plasma concentrations (C_{min}) ≥1000 ng/mL are associated with improved clinical response, which supports dose optimisation through therapeutic monitoring.

Aim and objectives Our aim was to describe the degree of implementation of C_{min} assessment based on response status and individual tolerance and to determine the impact of imatinib therapeutic monitoring in daily clinical practice in a tertiary hospital.

Material and methods This was an observational retrospective study in a university hospital. All patients being treated with imatinib between December 2016 and March/2019 were reviewed. Demographic and clinical data were collected (sex, diagnosis age, imatinib starting time, C_{min}, BCR-ABL ratio and information concerning medical and pharmaceutical care consultation). C_{min} was quantified by the nanoparticle agglutination immunoassay in human plasma.

Results Eighty-seven patients received active treatment (56% men). Age of diagnosis was 52±17 years and 74% (65/87) of patients were treated with imatinib. Treatment monitoring occurred in 66% (43/65) of patients. Time between treatment start time and C_{min} monitoring was 60.8 (2.5–509) months and 2 (1–7) samples were analysed per patient: 63% (27/43) of patients had C_{min} ≥1000 ng/mL since the first monitoring: 1156 (1033–2972) ng/mL (74% treated with 400 mg/day, 15% 300 mg/day, 7% 200 mg/day and 4% 600 mg/day). In 15% (4/27) of patients where appropriate C_{min} was reached from the beginning, the dosage was reduced, maintaining them within optimal concentrations. In 38% (16/43) of patients, C_{min} was <1000 ng/mL in the first monitored sample: 673 (444–999) ng/mL (75% treated with 400 mg/day and 25% 300 mg/day). In 88% (14/16) of patients with subtherapeutic C_{min}, a new C_{min} was studied: 939 (363–1352) ng/mL. In 43% (6/14) dose interventions were done (dose increased in 50% (3/6), 67% reached C_{min} ≥1000ng/mL). In 57% (8/14) of patients with subtherapeutic levels, the dose was not modified due to a good treatment response (680 (525–999) ng/mL).

Conclusion and relevance Most patients reached optimal imatinib plasma concentrations with a standard dose. The