

5PSQ-155 ASSISTANCE PRESSURE IN ONCOHAEMATOLOGICAL DISPENSATION AREA DURING THE COVID PANDEMIC

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Background and importance During the pandemic caused by the SARS-CoV-2 virus, many pathologies have not been diagnosed and/or treated in hospitals because most of the material and human resources have been allocated to the diagnosis and treatment of COVID-19 as well as to preventing the spread of the virus. In the case of oncological and haematological patients, the first analyses show that a significant number of Spanish patients have had delays in starting their treatments and interruptions, according to the Spanish Society of Medical Oncology (SEOM).

Aim and objectives The objective was to analyse the evolution of the care activity provided to oncohaematological patients with hospital dispensation of oral chemotherapy in the pharmacy service of a Spanish hospital during the SARS-CoV-2 pandemic.

Material and methods A retrospective descriptive study was carried out. It included all patients who attended the oncohaematological dispensation area of the pharmacy service between March and June 2020. Results were compared with the same period in the previous year (2019).

Results The total number of dispensations during the 4 months of the study was 2182 patients in 2019 and 2155 in 2020, so the total reduction in the number of patients was not significant (1.24% lower). However, during April and May, coinciding with the critical point of the quarantine period, the largest differences occurred: 11.6% and 18.4%, respectively, with a total of 545/482 and 615/503 patients.

During April and May, initiation of treatments decreased by 33.33% and 39.47% compared with the same months in the previous year, and treatment continuations showed a reduction of 9.7% and 16.9%. These results confirm the data published by the SEOM regarding the delay in the initiation and discontinuation in certain patients. Delays in initial care and diagnosis are especially worrisome because of the consequences they can have on the evolution and prognosis of patients.

Conclusion and relevance The results showed a reduction of almost 40% in the initiation of treatments during the main months of quarantine in Spain. The delay in starting treatment highlights the risk. Telematic visits and the possibility of electronic drug prescription have partially controlled this attention deficit.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-156 COMPLIANCE OF RECOMMENDATIONS FOR THE PREVENTION OF HEPATITIS B VIRUS REACTIVATION DURING DARATUMUMAB TREATMENT

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Background and importance The risk of reactivation due to hepatitis B virus (HBV), including fatal cases, in patients treated with daratumumab was reported in June 2019. Health authorities recommended HBV screening in patients before initiation of daratumumab and in patients already receiving treatment. Previous autologous stem cell (ASCT), concurrent and/or prior lines of immunosuppressive therapy (IT) and patients from HBV prevalent regions were established as risk factors for reactivation.

Aim and objectives To analyse the level of compliance with the recommendations for the prevention of HBV reactivation and the risk in our hospital.

Material and methods A retrospective observational study was carried out from January 2017 to September 2020 in a tertiary hospital. It included all patients treated with daratumumab. Medical records and serology tests were reviewed from the start of daratumumab treatment. Information was collected from Abucasis, Farmis and Gestlab. Variables collected were: sex, age, diagnosis, daratumumab start date, HBV reactivation risk factors, serology tests, vaccination and hepatitis B (HB) infection.

Results 20 patients were included with a median age of 70 ±17 years and 60% were men. The main diagnoses were multiple myeloma in 95% and amyloidosis in 5%. Regarding the prevalence of risk factors for HBV reactivation, 20% received previous ASCT, 90% were treated with IT and no patient had lived in a region of high HBV prevalence. 45% of patients started daratumumab treatment before the alert notification. 44% of the patients in this group had a HB serology test prior to the start of treatment. Of the remaining 55%, a serology test was done in one patient after the alert notification. All serology results for HB surface antigen (HBs-Ag) and HB core antibody (anti-HBc) were negative. No patient had HB before, during or after daratumumab treatment. 44% were vaccinated against HB. 55% started daratumumab treatment after the alert notification. Only 55% of patients in this group had a HB serology test prior to the start of treatment. Serology results for HBs-Ag and anti-HBc were negative except for one patient. Complementary tests were carried out resulting in HBV infection in the past. The patient started treatment with tenofovir 15 days before starting daratumumab as prophylactic treatment for HBV reactivation. 9% were vaccinated against HBV prior to daratumumab treatment. No case of HBV reactivation was detected.

Conclusion and relevance Only 65% of patients treated with daratumumab had at least one HBV serology test performed. More serology tests should be carried out to detect patients at risk for HBV reactivation. Any case of reactivation was detected in our hospital.

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5PSQ-157 EXPENDITURE AND CONSUMPTION DESCRIPTIVE ANALYSIS: RITUXIMAB ORIGINATOR VERSUS BIOSIMILAR IN AN ITALIAN DISTRICT

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