significant differences compared with PC-pembrolizumab. Statistically significant benefit was observed for PC-pembrolizumab over PC, nab-PC-atezolizumab, PC-figitumumab and PC-sorafenib. According to the delta values, there could be clinically relevant differences among them.

Conclusion and relevance NMA showed no significant differences in OS between PC-pembrolizumab and carboplatin–gemcitabine, PC-motesanib, PC-nectumumab, PC-olaratumab and pembrolizumab in umSNSCLC, but there could be clinically relevant differences. PC, nab-PC-atezolizumab, PC-figitumumab and PC-sorafenib were inferior to PC-pembrolizumab, with possible clinically relevant differences.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-033 EVALUATION OF DOCETAXEL IN LOW AND HIGH BURDEN METASTATIC HORMONE SENSITIVE PROSTATE CANCER

1MD Gil-Sierra*, 2MDP Britéñio-Casado, 3M Sanchez-Hidalgo, 4C Alarcon De La Lstra-Romero, 5L De La Calle-Riaqui, 6M Dominguez-Cantero, 7El Alegre-Del Rey, 8Hospital Doctor Jose Molina Orosa, Pharmacy, Arrecife, Spain; 2Hospital General Universitario Nuestra Señora Del Prado, Pharmacy, Talavera De La Reina, Spain; 3Universidad De Sevilla-Facultad De Farmacia, Pharmacology, Sevilla, Spain; 4Hospital Universitario De Puerto Real, Pharmacy, Puerto Real, Spain

Background and importance Addition of docetaxel to hormonal treatment in low and high burden metastatic hormone sensitive prostate cancer (mHSPC) has raised important issues. There are studies suggesting increased overall survival (OS) in high burden disease and lack of benefit for low volume of metastases.

Aim and objectives To perform a systematic search and methodological evaluation of subgroup analyses about the use of docetaxel in mHSPC according to volume of metastatic disease (VMD).

Material and methods A systematic search in Pubmed was conducted up to 25 September 2020. The following search strategy was used in the ‘Clinical Queries/Narrow’ tool: (Therapy/Narrow[filter]) AND (docetaxel AND prostate cancer AND hormone sensitive). Randomised clinical trials (RCTs) with subgroup analysis regarding VMD for OS were included. The rest of the review results were excluded. Two methodologies were used. One evaluated the heterogeneity of the subgroups (p<0.1), prespecification, biological support and consistency among subset analysis of similar RCTs. The second methodology was a validated tool made up of preliminary questions to discard subgroup analyses without minimal relevance and a checklist. This checklist provided recommendations of applicability for subgroup results.

Results There were 31 results in the search and the following were excluded: 9 were not RCTs, 13 did not evaluate the effect of docetaxel, 4 had no subset analysis for VMD and 1 did not assess OS. Therefore, four RCTs were included. According to the first methodology, heterogeneity among subgroups was observed in one RCT. Subset analysis was prespecified in two RCTs. Biological support was found in the subgroup analyses of all RCTs. No consistency among results of these subgroup analyses were observed. Preliminary questions of the second methodology discarded applicability of subset analysis in three RCTs. In the remaining RCT, a ‘null’ recommendation was obtained for subgroup results because of inconsistency.

Conclusion and relevance Regarding the use of docetaxel in mHSPC, no consistent differences for OS were found in subset analysis according to VMD. Patients with low and high burden mHSPC benefited from docetaxel therapy. This is the first study with a systematic review and methodology of subgroup analyses in mHSPC according to VMD.

2SPD-034 USE OF DARATUMUMAB BASED TREATMENTS IN PATIENTS WITH MULTIPLE MYELOMA AND HEPATIC IMPAIRMENT

1MD Gil-Sierra*, 2SPD Britéñio-Casado, 3MDP Britéñio-Casado, 4M Sánchez-Hidalgo, 5C Alarcon De La Lstra-Romero, 6L De La Calle-Riaqui, 7M Dominguez-Cantero, 8El Alegre-Del Rey, 9Hospital Doctor Jose Molina Orosa, Pharmacy, Arrecife, Spain; 10Hospital General Universitario Nuestra Señora Del Prado, Pharmacy, Talavera De La Reina, Spain; 11Hospital General Universitario Nuestra Señora Del Prado, Pharmacy, Talavera De La Reina, Spain; 12Hospital General Universitario Nuestra Señora Del Prado, Pharmacy, Talavera De La Reina, Spain; 13Universidad De Sevilla-Facultad De Farmacia, Pharmacology, Sevilla, Spain

Background and importance There are studies (subgroup analyses) suggesting a lack of benefit for daratumumab drug combinations in patients with untreated multiple myeloma (MM) and hepatic impairment (HI).

Aim and objectives To conduct a systematic search and methodological interpretation of subset analysis about the use of daratumumab based treatments in patients with untreated MM and HI.

Material and methods A bibliographic review in Pubmed was performed up to 11 October 2020. A review strategy was used in the ‘Clinical Queries/Narrow’ tool: (Therapy/Narrow[filter]) AND (daratumumab AND myeloma). Randomised clinical trials (RCTs) with subset analyses according to baseline hepatic function for overall survival (OS) or progression free survival (PFS) in untreated MM were selected. The rest of the search results were excluded. Two methodologies were applied. One considered statistical interaction among subsets (p<0.1), prespecification, biological support and consistency of subset analyses of similar RCTs. The second methodology was a two part validated tool: preliminary questions to discard subgroup analyses without minimal relevance, and a checklist. This checklist assigned a recommendation for applicability of subset analysis in clinical practice.

Results A total of 25 results were found in the search and the following were excluded: 10 were not RCTs, 9 studies had a different clinical context, 2 evaluated different drugs and 1 had no subset analysis. Therefore, three RCTs were included. According to the first methodology, statistical interaction among subsets was observed for PFS in one RCT. Subgroup analysis was prespecified in each endpoint of all RCTs. Biological support could be reasoned for outcomes of subgroup analyses in all RCTs. However, no consistency of these subset analyses was found. The second methodology (validated tool) discarded applicability of subgroup analysis in two RCTs.
the remaining RCT, checklist recommended a ‘null’ application of subgroup analysis for PFS because of inconsistency of results.

Conclusion and relevance No differences in OS or PFS according to baseline hepatic function should be considered for daratumumab based combinations in patients with untreated MM. Patients with normal hepatic function and HI could benefit from treatment. Application of subgroup analysis should be considered with caution.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-035 BIOLOGICAL THERAPIES EFFECTIVENESS COMPARISON FOR PATIENTS WITH SEVERE–MODERATE PSORIASIS
J Cordero, C Castillo-Martín*, M Fernández-González, A Martínez-Suárez, I Rendón-Delope. Hospital Universitario Virgen Macarena, Hospital Pharmacy, Seville, Spain

10.1136/ehjpharm-2021-eahpconf.18

Background and importance The current treatment of psoriasis aims to maintain control of skin involvement and systemic inflammation, as well as prevention of the onset or progression of systemic comorbidities and depends on the severity of the disease.

Aim and objectives The objective was to perform a comparison of the most common therapies in the treatment of patients with moderate to severe psoriasis used as an alternative to tumour necrosis factor-alpha inhibitors (anti-TNFα).

Material and methods The therapies included were found after a systematic search performed in PubMed. The analysis included randomised, double-blind, phase III controlled trials, non-TNF targeted therapies and PASI75 measurement after 12–16 weeks of treatment. The analysis was performed using the R software to estimate Bayesian statistics, with risankizumab taken as a reference for the comparison.

A delta value of 14%, as provided by the regulatory agencies FDA and EMA, was used to determine the margin (maximum acceptable difference as a non-inferiority criteria), and the average PASI75 response was set at 12 weeks of risankizumab at 79% (95% CI 74 to 84) (ULTIMMA1 and ULTIMA2 trials). To establish therapeutic positioning, the ATE (equivalence margin expressed as odds ratio) was estimated.

Results 20 clinical trials were included, containing the following drugs: risankizumab, tildrakizumab, guselkumab, brodalumab, ixekizumab, secukinumab and ustekinumab. An equivalence margin expressed as odds ratio (OR) was established from 0.46 to 2.11. The results of the different treatments against risankizumab (reference) expressed as OR (95% CI) were: 1.0 (0.89 to 1.21) for brodalumab, 1.39 (1.13 to 1.94) for ixekizumab, 0.84 (0.68 to 1.13) for secukinumab, 1.21 (0.79 to 2.15) for guselkumab, 0.35 (0.28 to 0.41) for tildrakizumab and 0.47 (0.3 to 0.75) for ustekinumab.

Conclusion and relevance Brodalumab and secukinumab were identified as risankizumab equivalent. For ixekizumab, it can be considered as a clinical equivalent, even though statistically significant differences (ixekizumab > risankizumab) were observed but they were clinically irrelevant. In the case of guselkumab, it can be labelled as a possible clinical equivalent as the 95% CI exceeded the equivalence margin, but it is unclear if such a difference exists (being statistically non-significant). Ustekinumab and tildrakizumab cannot be considered equivalent; the former had likely relevant and statistically significant differences (50% of its 95% CI was outside the equivalence range), and tildrakizumab had clearly relevant and statistically significant differences as all of its 95% CI was outside the equivalence range.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

2SPD-036 CENTRALISED PROPOFOL RECONDITIONING PROCEDURE DURING COVID-19
MI Barcia Martín*, C Aguilar Guisado, S Sanchez Suarez, MM Garcia Gimeno. Hospital De El Escorial, Hospital Pharmacy, Madrid, Spain

10.1136/ehjpharm-2021-eahpconf.19

Background and importance Because of the current pandemic, it was necessary to create an intensive care unit (ICU) in our hospital. This meant an increase in the consumption of propofol and the associated supply problems. It was necessary to develop a procedure to rationalise its use and administration.

Aim and objectives To describe the centralisation in the hospital pharmacy service of the reconditioning of propofol in bags to optimise its administration in the ICU during the COVID-19 pandemic.

Material and methods The ICU contacted the pharmacy service to express the need for higher volume presentations of propofol. In response, a literature review was conducted to ascertain the possibility of reconditioning propofol in higher volume containers. The stability of propofol in different primary packaging materials was reviewed to select the most appropriate. The risk matrix for sterile preparations from the ‘Guide to good practice in the preparation of medicines in hospital pharmacy services’ was applied to draw up the standard working procedure and to establish the processing conditions, stability of the preparation and storage conditions. A centralised propofol reconditioning procedure (CPRP) was established in the pharmacy service: under sterile conditions, transfer the propofol into an ethylene-vinyl-acetate bag to obtain a final volume of 500 mL (10 mg/mL) (using a 0.22 μm filter if the initial packaging is glass). It was sealed, labelled and packed in a photo protective bag. The established stability was 7 days refrigerated or 30 hours at room temperature.

A descriptive retrospective study was carried out from its implementation (20 March 2020) to the date of closure of the ICU (5 May 2020) to determine the volume of reconditioned propofol and number of patients treated. Data were collected from the electronic medical record and pharmacy programmes.

Results During this period, 258 propofol bags were produced. Reconditioned propofol was dispensed to 16 patients (median