Self-reported health rating was 62.42 before the surgery and 77.27 afterwards ($p<0.05$).

The school earned an overall satisfaction rating of 9.8/10.

Conclusion and relevance The implementation of an ERAS programme has proven highly successful in accomplishing faster recovery, which has led to a reduction in hospital stay length and surgery cancellations. In addition, the programme achieved good PROs (high patient satisfaction and an optimal pain management).

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-067 ARE POLY (ADP-RIBOSE) POLYMERASE INHIBITORS WELL TOLERATED BY OUR PATIENTS? A SAFETY STUDY IN REAL-WORD PRACTICE

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Background and importance Poly (ADP-ribose) polymerase inhibitors (PARPi) are used for maintenance therapy in ovarian cancer after a platinum-sensitive relapse. Treatment individualisation is crucial due to the frequency of adverse events (AEs).

Aim and objectives To assess the safety of PARPi for maintenance treatment in ovarian cancer. To compare the obtained results with reference trials.

Material and methods Retrospective observational study from March 2020 to March 2021. All ovarian cancer patients that received PARPi for maintenance after platinum-based chemotherapy were included. Collected data: age, prescribed PARPi and dose, previous chemotherapy lines, BRCA mutational status, AEs and grade according to Common Tterminology Criteria for Adverse Events (CTCAE), time until grade 3 or greater AEs and management. Data were collected from digital clinical history. Reference trials: olaparib: SOLO2/ENGOT-Ov21; niraparib: NOVA/ENGOT-Ov21. Rucaparib comparison was excluded due to a shortage of patients.

Results 40 patients included: olaparib (20), niraparib (18), rucaparib (2). All patients started PARPi therapy with standard dose. Mean age: 55 (range: 37–74) years. Mean chemotherapy regimens received: 3. Patients that did not presented BRCA mutation started treatment with niraparib. 86% patients suffered AEs, of which 62.5% were classified as grade 3. Olaparib: 93% patients presented AEs, grade 3: 50%. Niraparib: 75% presented AEs, grade 3: 66%. Rucaparib: 100% presented grade 3 AEs. Of the total grade 3 AEs reported: 50% were haematological toxicity (olaparib: 14%, niraparib: 83%, rucaparib: 50%), 25% were gastrointestinal toxicity (olaparib 43%, rucaparib 50%) and the remaining 25% were other toxicity (olaparib 43%, niraparib 17%). Mean time until first appearance of grade 3 toxicity: 5.4 months and 4-month median. 65% patients required a dose reduction due to AEs (olaparib: 36%, niraparib: 41%, rucaparib: 100%) of which 6 patients discontinued PARPi due to a second major haematological AE: niraparib (5), rucaparib (1). Both trials SOLO2/ENGOT-Ov21 and NOVA/ENGOT-Ov21 showed an overall less AE incidence.

Conclusion and relevance AEs related to PARPi therapy are common, and more than the half of the patients required a dose reduction. These findings are in line with both trials. However, in contrast with the revised trials, we report an overall higher AEs incidence, haematological AEs being the main concern specially with niraparib. More studies are needed to improve the PARPi tolerance without compromising efficacy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-068 INCIDENCE OF POST-ARTESUNATE-INDUCED HAMOLYSIS AFTER SEVERE MALARIA

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Background and importance Intravenous artesunate is the main therapy for severe malaria. Overall it is a well-tolerated treatment but, in some cases, could lead to a post-artesunate-induced haemolysis (PAIH), which could be a serious late complication that courses with acute anaemia.

Aim and objectives To assess the frequency of PAIH in patients treated with artesunate for severe malaria.

Material and methods Retrospective observational study from September 2015 to September 2021. All patients that were diagnosed with severe malaria and treated with intravenous artesunate were included. Data collected: demographic, mean parasitaemia: before/after artesunate, mean dose of artesunate administered, biochemical parameters represented as mean with standard deviation (±SD): lactate dehydrogenase (LDH), haemoglobin (Hb), total bilirubin (TB). Biochemical parameters were collected at the moment of hospitalisation, prior to discharge, 2 weeks and 1 month after discharge. Anaemia severity: mild (10–12 mg/dL), moderate (8–10 mg/dL), severe (<8 mg/dL). Data were collected from the digital clinical history. A significative Hb drop from the baseline compatible with hemolysis started after discharge, and with no other clinical explanation was considered to be PAIH.

Results 47 patients included, 95% men, mean age: 38 years, range: 21–59 years, parasitaemia before artesunate: 6%, after artesunate: 0.5%. Mean artesunate dose 480 mg. Biochemical parameters at the moment of hospitalisation: LDH: 372±115 U/L, Hb: 13±2 g/dL, TB: 2.82±3.78 mg/dL. Prior to discharge: LDH: 326±113 U/L, Hb: 11.5±1.5 g/dL, TB: 1.03±1.05 mg/dL. Two weeks after discharge: LDH: 302±90.5 U/L Hb: 12±1.3 g/dL, TB: 1.2±1.8 mg/dL. A month after discharge: LDH: 240±80 U/L, Hb: 13 ±3 g/dL, TB: 0.8±0.6 mg/dL. 24 (51%) patients had anaemia in the moment of discharge. 19 (40%) still had anaemia 2 weeks after discharge and 10 (21%) a month after discharge. 11 (23%) patients experimented a Hb drop compatible with PAIH, of which 8 (17%) were detected 2 weeks after discharge,though none of them were severe. Anaemia was mild in every case.

Conclusion and relevance PAIH is a relatively common event that in most cases is asymptomatic and does not require medical intervention, and this may lead to it being an underdiagnosed event. Most PAIH cases are detected in the first month after hospitalisation. Hb should be monitored after discharge in every patient that receives artesunate in order to prevent a possible severe PAIH event.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-070 USEFULNESS OF PHARMACEUTICAL VALIDATION IN CHEMOTHERAPY PRESCRIPTIONS

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Background and importance One of the most frequent complications of antineoplastic treatment is the drugs' toxicity, which can lead to temporary or definitive treatment interruptions, dose reduction, prescription of support drugs and even visits to the doctor and hospital admissions. Pharmaceutical validation aims to optimise chemotherapy treatment in order to obtain the best results for patients' health.

Aim and objectives To describe the pharmaceutical interventions made in the oncohaematology area during the validation of intravenous cytostatic preparations that led to a change in prescribing.

Material and methods Observational, descriptive and retrospective study in which the pharmaceutical interventions carried out in intravenous chemotherapy prescriptions in oncohaematological day hospital recorded between November 2020 to September 2021, were analysed. The programme used for prescribing and recording was OncoFarm.

Interventions were classified into 9 groups: (1) upper/lower dose <10%; (2) upper/lower dose >10%; (3) inappropriate cycle frequency; (4) relevant interaction or adverse effect; (5) dose adjustment (renal and hepatic impairment, toxicity); (6) incorrect protocol; (7) missing drug; (8) excess drug; (9) others.

Results During the study period, 1554 outpatients (67% oncological and 33% haematological) received chemotherapy treatment. 124 chemotherapy prescriptions of 101 patients were changed due to medication errors detected during pharmaceutical validation. According to the classification: in 23% of prescriptions (29/124) a reduction of the dose was made, this dose difference being greater than 10% in 90% of cases, avoiding mostly a patient overdose; 10% (13/124) changes were due to inadequate chemotherapy cycle frequency; 27% (34/124) changes were temporary suspension of treatment, change of dose and/or administration of supportive medication due to drug toxicity or dose adjustment due to renal or hepatic impairment; in 12% (15/124) changes were due to an inadequate frequency of chemotherapy cycle; in 14% (17/124) there was a lack or surplus of medication and in the remaining 14% (17/124) the prescription changes were for other reasons.

Conclusion and relevance Despite the number of pharmaceutical interventions not representing a large volume in the total number of patients treated, they led to a probable reduction in adverse drug events, toxicities and patients' overdose. This gives us an idea of the benefit of having a pharmacist as part of the multidisciplinary team in oncohaematology and the importance of pharmaceutical validation in chemotherapy treatment optimisation and patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-074 COVID-19 VACCINES: ADVERSE EVENTS AFTER A SECOND DOSE OF PFIZER OR ASTRAZENECA VACCINES IN HEALTHCARE WORKERS WHO RECEIVED A FIRST DOSE OF ASTRAZENECA VACCINE

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Background and importance The COVID-19 vaccines have shown excellent safety and efficacy profiles. Healthcare workers (HCW), a priority group for vaccination in Portugal, were probably the first to receive mixed vaccines for COVID-19. A previous study reported more adverse events (AE) after using two different COVID-19 vaccines in adults aged 50 years and older. To our knowledge, there are no data for younger individuals.

Aim and objectives To identify and compare self-reported AE after a second dose of Pfizer or AstraZeneca vaccines in HCW who received a first dose of AstraZeneca vaccine.

Material and methods Prospective, cohort study, including hospital HCW who received a first dose of AstraZeneca vaccine, and a second dose of AstraZeneca (group A) or Pfizer (group B) and completed a pharmacovigilance monitoring plan. Specific local reactions and systemic events were assessed until 10 days after each dose of the vaccine by means of a questionnaire. The data were processed using SPSS 26.0.

Results The study included 247 HCW, mean age 41.7±10.8 years, with 75% being female. Of them, 127 were included in group A and 120 in group B. In group A, 76.4% reported at least 1 AE, with a total of 423 AE and a median of 3 (0–15). In group B, 87.5% reported at least 1 AE, with a total of 594 AE and a median of 5 (0–17). The systemic AE with higher incidence were fatigue, malaise and headache in both groups, and chills for group A and somnolence for group B. We found a statistically significant difference in the occurrence of AE ($p<0.05$; OR 0.462 (0.234;0.910)) and in the number of AE in both groups ($p<0.05$).

Conclusion and relevance The reported AE frequency in this study is in agreement with that described by other authors. In this study, HCW receiving a second dose of Pfizer were more likely to have an AE and higher number of AE. There are some limitations, namely, post-vaccination symptom data were self-reported and not verified. Active surveillance should continue to check the vaccines' risk/benefit ratio over time. This safety profile knowledge in younger individuals may contribute to boosting trust in vaccines.

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Conflict of interest No conflict of interest

5PSQ-076 EVALUATION AND MONITORING OF BIOCHEMICAL PARAMETERS IN PATIENTS ON PARENTERAL NUTRITION

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