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.

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

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