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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Background and importance Nutritional support by the parenteral route aims to prevent and recover nutritional deficits whenever enteral nutrition is insufficient or contraindicated. Caloric requirements must be calculated according to the degree of metabolic stress, percentage of ideal weight and extent of intestinal failure. During parenteral nutrition (PN) complications such as hydroelectrolyte and metabolic imbalance may occur (eg, refeeding syndrome), which increase morbidity and mortality among patients.
Aim and objectives Monitoring the effectiveness of the protocol established in 2006 that provides for the PN onset within 72 hours with caloric restriction (in the first 24 hours starts with 50% of caloric needs, in 48 hours with 75%, and in 72 hours and following with 100%), as well as evaluating compliance with the recommendations of the American Society for Parenteral and Enteral Nutrition/European Society for Clinical Nutrition and Metabolism (ASPEN/ESPEN) PN guidelines.
Material and methods Retrospective analysis of biochemical parameters (albumin, total protein, C-reactive protein (CRP), serum creatinine (Cr), potassium, phosphate and magnesium) in patients with PN. Data were collected through the patient's clinical records and the calculation of nutritional needs was carried out using the Harris–Benedict formula.
Results Forty patients (14 women and 26 men) were analysed in the period April–August 2021 (age 72±12 years). The majority of patients were in Surgery Ward (78% patients). PN bags administered: 82% 1600 kcal, 13% 2200 kcal and 5% 1400 kcal. Gastric neoplasms and peritonitis were the main diagnoses associated with NP. The average onset of NP administration was 9±7 days. All patients showed high CRP (>5 mg/dL), low total protein (<6.6 g/dL) and 85% of patients showed hypoalbuminaemia at onset of PN. Although, daily analyses of the recommended electrolytes were not performed, it was observed that 20% developed hypokalaemia, 18% hypophosphataemia and 8% hypomagnesaemia. No refeeding syndrome was diagnosed in the studied sample.
Conclusion and relevance The start of 72-hour PN protocol with caloric restriction allowed avoidance of the refeeding syndrome, which usually appears within the first 7 days after the onset of PN. The compliance of ESPEN/ASPEN guidelines for daily monitoring of electrolytes was not observed for all patients. So, it will be proposed to reinforce pharmaceutical interventions, as well as developing together with the clinical team a monitoring protocol for patients under PN.

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5PSQ-077 BEVACIZUMAB VERSUS BIOSIMILAR: USE IN OPHTHALMOLOGY

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Background and importance Bevacizumab is an anti-vascular endothelial growth factor (anti-VEGF) antibody currently used in ophthalmology as an off-label treatment for age-related macular degeneration, diabetic macular oedema, and oedema secondary to retinal vein occlusion. Despite its off-label use, various studies have shown similar results between bevacizumab and other anti-VEGF treatments. With the availability of a biosimilar with the same presentation and excipients, a switch programme was implemented.
Aim and objectives Compare the effectiveness of bevacizumab Avastin versus biosimilar MVASI in the ophthalmology service.
Material and methods A retrospective observational study analysed 122 patients (65 male, 57 female) who underwent the first intravitreal administration (IVI) between January 2020 and March 2021. Data from best corrected visual acuity (BCVA) and central subfield thickness (CST) were collected. Exclusion criteria were the absence of registration of optical coherence tomography (OCT) and BCVA or failure to comply to three loading dose injectins. The patients were divided into three groups: group 1, 63 patients (3IVI of Avastin), group 2, 30 patients (3 IVI of biosimilar) and group 3, 29 patients (3 IVI, transitioning from Avastin to the biosimilar, either with 1 or 2 Avastin administrations). Manova test was used to determine statistically significant differences among the groups, taking into account the values of BCVA and CST, patients' age, and the number of days between the last registration prior to the first IVI and the first posterior to the third IVI, without any corrections for differences between groups. T-tests were used to obtain graphic representations of the results.
Results The sample analysed had a mean age of 71.56 years. After three IVI, in group 1, there was 82% of improvement for CST; in group 2 there was 92% and for group 3 there was 84%. MANOVA test was performed showing no statistical significance in BCVA and OCT central thickness difference between the three groups (Wilk's lambda ($p=0.238$)) neither between MVASI group with the Avastin group (Hotelling's T-squared test ($p=0.114$, equal covariance)).
Conclusion and relevance We found no difference, for the analysed sample, in outcomes and adverse effectes between Avastin and biosimilar MVASI, which proves the possibility of replacing Avastin with the biosimilar MVASI already in use in oncological patients, ensuring a significant cost reduction.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-078 THROMBOEMBOLIC PROPHYLAXIS IN PATIENTS TREATED WITH ORAL IMMUNOMODULATORS IN MULTIPLE MYELOMA

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Background and importance Venous thromboembolic disease is a frequent and important complication in haematologic patients and is associated with a worse prognosis. Thromboembolism prophylaxis (TP) is recommended in patients with multiple myeloma (MM) and treated with immunomodulators.
Aim and objectives To assess the adequacy of TP in patients with MM at treatment onset with thalidomide and lenalidomide according to thromboembolic risk.
Material and methods Descriptive retrospective study was conducted (January 2016–January 2021) including patients with MM in treatment with thalidomide or lenalidomide.