Approximately half the patients remained alive at 30 days following completion of treatment. Isavuconazol was well tolerated in most cases.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-084 HOME DELIVERY AND TELEPHARMACY PROGRAMME: SATISFACTION OF PATIENTS

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10.1136/ejhpharm-2022-eahp.306

Background and importance The SARS-CoV-2 pandemic has generated new needs in outpatient care of the hospital pharmacy. Despite the current improvement in the pandemic situation, many of the implemented progress have been maintained. Telepharmacy and home delivery programmes avoid hospital visits for vulnerable patients (elderly, pluripathology, mobility problems).

Aim and objectives To analyse the degree of satisfaction of patients included in a telepharmacy and home delivery programme.

Material and methods Descriptive retrospective study of patients included in a telepharmacy and home delivery programme between November 2020 and September 2021 was conducted. Electronic clinical history and prescription software Farmatools were used to record data: sex, age, pathology, locality, transport conditions of the medication and number of shipments per patient. A telephone survey was conducted, consisting of four questions about: satisfaction with telepharmacy programme (yes/no), adequate pharmaceutical telephone support (yes/no), medication delivery conditions (correct/incorrect) and global assessment (ranged 1–10). Comments and suggestions were also requested.

Results Fifty-six patients were included, 35 (63%) were women and 21 (37%) men. Mean age was 65 (37–90) years. The pathologies involved were: 11 (20%) infectious diseases, 10 (18%) respiratory, 9 (16%) rheumatic, 8 (14%) neurological, 7 (12%) renal, 5 (9%) haematological, 3 (5%) ophthalmological, 2 (4%) digestive and 1 (2%) allergic. A total of 456 medication shipments were delivered during the study period, with a mean of 8 (2–24) per patient. The shipments were distributed among 31 different localities in the same health area. The medication for 27 (48%) patients required refrigerated transport, and 29 (52%) required ambient temperature. All (100%) patients were satisfied with telepharmacy programme and reported an adequate pharmaceutical telephone support. Medication delivery conditions were considered correct to 54 (96%) patients and incorrect to 2 (4%). Mean global assessment score was 9.6 (8–10). Four (7%) patients suggested an improvement in delivery conditions.

Conclusion and relevance The survey results indicated a high degree of satisfaction of the patients included in the telepharmacy and home delivery programme. Although this system of pharmaceutical care and distribution of medicines was implemented because of the pandemic, its subsequent maintenance has allowed vulnerable patients to benefit. Further measures could be implemented to improve delivery conditions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-085 REAL-WORLD SAFETY AND TOLERABILITY OF PALBOCICLIB AS FIRST-LINE THERAPY IN PATIENTS WITH LOCALLY ADVANCED OR METASTATIC BREAST CANCER

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10.1136/ejhpharm-2022-eahp.307

Background and importance Palbociclib is a selective cyclin-dependent kinase inhibitor approved for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer (LA/MBC) in combination with an aromatase inhibitor as first-line treatment, or with fulvestrant in previously treated patients. Real-world data regarding its safety and tolerability when prescribed as first-line treatment are still scarce.

Aim and objectives To determine the long-term safety profile of palbociclib when prescribed as first-line treatment for HR-positive, HER2-negative LA/MBC.

Material and methods An observational, retrospective, descriptive study was performed at a tertiary hospital. All patients who started palbociclib as first-line treatment for HR-positive, HER2-negative LA/MBC between January 2018 and August 2019 were included. Adverse events (AE) were graded according to CTCAE v5.0 criteria. Frequency and causes of dose delays, reductions or permanent treatment discontinuations were collected. Clinical and analytical data were obtained from electronical clinical records, and treatment data from the dispensing electronic program. External reference data were used from the PALOMA-2 trial to compare the real-world data.

Results A total of 49 women were studied, median follow-up 33 (1–44) months. All patients had an AE of any grade and 39 (79.6%) presented grade 3 or 4 AE. Grade 3 or 4 AE included neutropenia (69.4%), leukopenia (34.7%) and thrombocytopenia (6.1%). Toxicity led to a dose delay in 39 (79.6%) patients; neutropenia (82.1%), thrombocytopenia (7.7%) and fatigue (7.7%) were the AE most frequently involved. A first dose reduction was necessary in 31 (63.3%) of the patients, while 13 (26.5%) required further reductions. Neutropenia (70.4%) was the main cause of dose reduction. Permanent treatment interruption was mandatory in 6 (12.8%) patients, because of neutropenia (50.0%), pneumonitis (16.6%), asthenia (16.6%) and blurred vision and dizziness (16.6%). Two (4.3%) deaths ocurred due to pneumonitis and progressive multifocal leukoencephalopathy. More cycle delays, dose reductions and dose interruptions were reported in comparision with the PALOMA-2 trial (79.6% vs 67.0%, 63.3% vs 36.0% and 12.8 vs 9.7%, respectively).

Conclusion and relevance The real clinical practice toxicity profile of palbociclib as first-line treatment for HR-positive, HER2-negative LA/MBC is similar to that previously reported in PALOMA-2, although more treatment modifications were necessary.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-086 EVALUATION OF THE EFFECTIVENESS OF BEZLOTOXUMAB ON PREVENTION OF RECURRENT *CLOSTRIDIUM DIFFICILE* INFECTION

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10.1136/ejhpharm-2022-eahp.308

Background and importance *Clostridium difficile* is the most common cause of infectious diarrhoea in hospitalied patients. Immunocompromised patients usually present recurrences after antibiotic theraphy. Bezlotoxumab is a human monoclonal antibody that binds *C. difficile* toxin B, approved for prevention of recurrent *C. difficile* infection (CDI) in high-risk patients (older than 65 years, history of recurrences in the last 6 months, infection with a hypervirulent strain).

Aim and objectives The aim of this study was to assess the effectiveness of bezlotoxumab in patients from a third-level hospital with CDI.

Material and methods Observational retrospective study from October 2018 to April 2021 was developed. Patients with CDI that were treated with bezlotoxumab were selected. Farmatools application, Farmis-Oncofarm and digital clinical history were used to record variables: age, gender, previous episodes of recurrence in the last 6 months and treatments, inmmune status, *C. difficile* strain, initial and sustained cure rate.

Results In the study period, 37 patients with median age 70 (16–85) years were included, 22 of them were older than 65 (59.5%) years: 16 women (43%) and 21 men (57%). Twelve (32.4%) patients had at least one previous episode of CDI and 26 (70.3%) were immunocompromised and 1 patient was diagnosed with having a hypervirulent *C. difficile* strain. Twenty-nine (78%) patients received previous treatment with oral vancomycin and/or metronidazole. The rates of initial and sustained clinical cure were 54% (n=20) and 81% (n=30), respectively. Five patients died before the sustained cure rate could be measured.

Conclusion and relevance The effectiveness obtained measured with the initial clinical cure was lower than the results described by the pivotal trial (54% vs 80%) and the sustained clinical cure was higher (81% vs 64%). These results showed that bezlotoxumab appears to be an effective alternative to patients at high risk of recurrent CDI, although further studies including more patients would give more information about the use of this new drug.

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Conflict of interest No conflict of interest

5PSQ-087 LONG-TERM DUAL ANTIPLATELET THERAPY: CONTROVERSY CONTINUES

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10.1136/ejhpharm-2022-eahp.309

Background and importance Long-term dual antiplatelet therapy (DAPT) is one of the most researched therapies that involves the combination of acetylsalicylic acid (ASA) and platelet adenosine diphosphate receptor inhibitor ($P2Y_{12}$).

The main indication for DAPT is prevention of coronary events after an acute coronary syndrome (ACS) or after a percutaneous coronary intervention (PCI) but in practice, there is confusion. Recommendations indicate that DAPT can be maintained over a year depending on the ischaemic and haemorrhagic risk of each patient.

Aim and objectives The aim of this study was to investigate DAPT indications and risk factors related to extending this therapy for over a year despite the fact that suspension of one antiplatelet drug was indicated (medication discrepancies).

Material and methods Of a total number of 221 patients with DAPT from January 2009–2020, this observational and reprospective study was based on a simple random sampling including 33% of the total of patients. Data were obtained by review of electronic medical records.

Variables collected demographic, clinical services, DAPT indication, drugs used, durability, risk factors of extending DAPT and medication discrepancies.

Results Final analyses included 70 patients. Median age 69 (IQR 63–78) years, 88.6% men. The median of years with DAPT was 6.5 (IQR 3–11). The prescribing clinical services were cardiology (84.3%), vascular surgery (5.7%) and others (10%).

Patients treated with ASA+clopidogrel were 87.1%, 10% with ASA+ticagrelor and 2.9% others. Of the 70 patients studied, 91.4% had indications for use of DAPT therapy and 8.6% did not. According to therapeutic indication, 61.4% had ACS and PCI and 30% had stable coronary artery disease and PCI. Among patients without indication, 4.3% were treated for conservative management of ACS and 4.3% for stroke prevention.

Risk factors that may justify long-term therapy were: 40% previous acute myocardial infarction, 34.3% multivessel coronary artery disease, 10% recurrent ischemic events and others. 8.6% of patients had medication discrepancies.

Conclusion and relevance Many patients had indication for DAPT at the beginning of treatment and had risk factors that would justify long-term DAPT but duration was not evaluated.

It is necessary for a multidisciplinary team to manage this therapy, considering the risk–benefit to each patient.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest