5PSQ-091 DALBAVANCIN ADMINISTRATION IN OUTPATIENTS TO REDUCE HOSPITAL STAY IN SELECTED PATIENTS

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Background and importance Dalbavancin is a semisynthetic glycopeptide active against Gram-positive bacteria, approved in acute bacterial skin and skin structure infections(ABSSSI). Its use has been extended, in selected patients, to other complicated infections to avoid prolonging the hospital stay, such as: endocarditis, bacteraemia with difficulty controlling focus, and osteoarticular infections. The usual treatment regimen is a loading dose of 1500 mg followed by 1000 mg after 15 days.
Aim and objectives The objective of the study was to evaluate the days of hospital stay avoided with the use of dalbavancin in these patients.
Material and methods Observational, transversal, unicentre study in patients hospitalised between August 2020 and October 2021 in a third-level hospital who had received at least one dose of dalbavancin after discharge. The days of stay avoided were calculated according to the doses of dalbavancin administered. Information sources: electronic prescription programme ATHOS-Prisma and computerised medical record Diraya.
Results Thirty patients were included, the mean age was 63 ±17 years, 17 (56.7%) were men and 13 (43.3%) women. 43.3% suffered from endocarditis, 26.7% osteoarticular infections; 13.3% bacteraemia with difficulty controlling focus; 10.0%, ABSSSI; and 6.7%, other types of infections. The most frequently isolated microorganisms were: *Staphylococcus spp* 54.8% of the cases and *Enterococcus spp* 22.6%. The median hospital stays according to pathology were: endocarditis, 20±13 days; ABSSSI, 7±3 days and bacteraemia with difficulty controlling focus, 21±5 days. In osteoarticular infections, differences were found between spondylodiscitis, whose median of hospital stay was 31±6 days, and septic prosthetic infections, 12±3 days. In ABSSSI, the media was reduced by half, and in osteoarticular infections an average of 30 days per patient was avoided. In patients with endocarditis, in 61.5% (8/13) of the cases, 30 days of hospital stay were avoided; in 23.1% (3/13), 15 days; and, in the rest of patients, 15.4% (2/13), the hospital days avoided were not estimated because the treatment with dalbavancin was prolonged due to patient comorbidities.
Conclusion and relevance The use of dalbavancin in selected patients, in infections that require a prolonged hospital stay due to the patient receiving intravenous treatment, has been shown to be useful in shortening the length of hospital stay.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-092 TREATMENT OF METASTATIC HER2+ BREAST CANCER: USE OF TRASTUZUMAB BIOSIMILARS IN COMBINATION WITH PERTUZUMAB

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Background and importance Pertuzumab is indicated for use in combination with trastuzumab and docetaxel in adult patients with HER2-positive metastatic or locally recurrent unresectable breast cancer, who have not received previous anti-HER2 therapy or chemotherapy for their metastatic disease. The first biosimilars of trastuzumab were marketed in 2018. Biosimilar medicines are safe and effective, provide a lower cost treatment option for the national health service, and therefore allow increased access to high-cost therapies.
Aim and objectives Cost-effectiveness comparison of pertuzumab+trastuzumab originator versus pertuzumab+trastuzumab biosimilar. Evaluation of the efficacy and safety of treatment with biosimilar trastuzumab and economic impact.
Material and methods Retrospective observational study. Data of the number of patients, treatment cycles and association prescribed were extrapolated from the consultation of prescriptions entered on the drug regulatory agency's monitoring register platform. Monitoring registers platform is an IT system that allows access to treatment in a homogeneous manner throughout the country.

These are instruments that allow the control of the prescriptive appropriateness and are an administrative control modality.
Results In our hospital since 2014, 30 patients have been treated. There are 11 active treatments; 3 patients have started treatment directly with biosimilar trastuzumab. Of the 19 closed treatments more than 84% ended before the switch to biosimilar trastuzumab took place. For the 11 currently active treatments, the average number of cycles per patient is 80. The number of treatments performed to date with trastuzumab biosimilar-pertuzumab combination has been 464. Each cycle of biosimilar trastuzumab has an average cost of € 315. Each cycle of originator trastuzumab had an average cost of € 1011. The switch to biosimilar trastuzumab has resulted in a saving of about € 323 000.
Conclusion and relevance In clinical practice, treatment in combination with biosimilar trastuzumab has demonstrated efficacy and safety, with no increase in end-of-treatment for progression/toxicity/causes dependent on the biosimilar drug. The reduction in economic impact was significant.

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5PSQ-093 PERSISTENCE OF TREATMENT WITH INTERLEUKIN -17 INHIBITORS IN SKIN DISORDERS

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Background and importance Ixekizumab and secukinumab are two monoclonal antibodies indicated in psoriasis (Ps), psoriatic arthritis (PsA) and ankylosing spondylitis in patients with inadequate response to conventional treatments by selective neutralisation of interleukin-17 (IL-17).
Aim and objectives Evaluating the persistence of IL-17 inhibitors in patients diagnosed with psoriasis and psoriatic arthritis in a reference hospital of the area.
Material and methods We made a retrospective study (May 2017 to August 2021) in which we included all patients who