Material and methods A preliminary risk analysis was chosen to carry out the risk mapping. The working group included a doctor, a pharmacist, a nurse, a PT, a health framework and a manager responsible for risk management.

Results The risk mapping concerned the stages of preparation and delivery of drugs. The initial criticalities of the scenarios were distributed as follows: 46.5% unacceptable (C1), 37.2% tolerable under control (C2) and 16.3% unacceptable (C3). After the implementation of corrective actions, the residual criticalities were distributed as follows: 97.7% C1 criticality and 2.3% C2 criticality. Ten corrective actions were identified by the working group, for example, the computerisation of prescriptions and the over-labelling of non-unit drug blisters.

Conclusion and relevance The preparation step is considered more risky. For the preparation stage 76% of the scenarios were classified as very vulnerable versus 58% for the delivery stage. The realisation of the risk mapping of drug management at prison made it possible to identify the potential dangers. The weekly nominative automated preparation of drugs by the pharmacy represents a major challenge.

REFERENCES AND/OR ACKNOWLEDGEMENTS
1. Loi no. 94–43 du 18 janvier 1994 relative à la santé publique et à la protection sociale.

Conflict of interest No conflict of interest

5PSQ-149 DURVALUMAB FOR THE TREATMENT OF NON-SMALL CELL LUNG CANCER: REAL-WORLD EXPERIENCE
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Background and importance Durvalumab is indicated for the treatment of locally advanced, unresectable non-small cell lung cancer (NSCLC) in adults whose tumours express PD-L1 on $\geq$1% of tumour cells and whose disease has not progressed following platinum-based chemoradiation therapy (QT-RDT).

Aim and objectives To evaluate the effectiveness and safety of durvalumab in NSCLC according to the conditions of use indicated in the data sheet.

Material and methods An observational retrospective study was conducted. We identified all patients with advanced NSCLC treated with durvalumab from September 2018 to September 2021. Patients’ demographics (sex, age), clinical (diagnosis, stage, Eastern Cooperative Oncology Group (ECOG), PD-L1 expression) and therapy-related data (cycles received, duration of treatment) were analysed. Adverse effects (AE) were recorded from electronic medical records.

Results 23 patients were included (6 women, 17 men) and mean age was 66 years (38–80).

Histology was squamous in 14 patients (60.87%) and adenocarcinoma in 9 (39.13%). Mean time from the end of QT-RDT and the initiation of therapy with durvalumab was 91 (36–146) days. Mean number of cycles received was 18 (4–27).

At the time of analysis 3 patients (13.04%) continued therapy with durvalumab, 8 (34.78%) completed 12 months of therapy and 12 (52.17%) discontinued. Progression was the main reason for discontinuation, specifically in 9/12 patients (75%).

At the end of the study, with an average follow-up of 17 (4–37) months per patient, 5 patients (21.74%) died. None of these patients completed 12 months of durvalumab (1 due to intolerance and 4 due to disease progression).

Neither median progression-free survival nor median overall survival were reached at the data cut-off date.
All patients except 4 presented AEs (83%). The most frequent were asthenia (48%), skin disorders (48%), gastrointestinal disorders (35%), musculoskeletal disorders (22%), cough (22%), respiratory tract infections (17%), hypothyroidism (3%). Others: dizziness, mucosal inflammation, anaemia, paraesthesia, sweats, renal disorders, weight gain, dysgeusia.

Conclusion and relevance 39.13% (9/23) of the patients presented progression of the disease during durvalumab therapy. Mortality rate during the follow-up period was 21.74%. None of these patients completed 12 months of therapy with durvalumab. Most AEs were mild, in accordance with those described in the clinical trials. One patient (4.35%) had to discontinue the treatment because of grade IV AE.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

OPTIMISATION OF THE SUBCUTANEOUS ADMINISTRATION OF DARATUMUMAB

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Background and importance Daratumumab, now indicated for first-line treatment of multiple myeloma, has been available in a formulation for subcutaneous (SC) injection since April 2021. SC administration must be carried out continuously over 5 min.

However, nurses who work in the hospital day care report musculoskeletal disorders, preventing continuous infusion and thus leading to drug misuse.

The increase of 55% between 2020 (IV) and 2021 (SC) of the preparation volumes of daratumumab for the period from 15 May to 15 September contributes to the challenge of this project.

Aim and objectives Determine an optimal and safe setup for subcutaneous administration.

Material and methods We carried out a market study by contacting hospitals and laboratories and analysing technical data sheets to preselect a general assembly.

We established a working group (2 nurses, 1 pharmacy technician and 2 pharmacists) to evaluate a suitable subcutaneous medical device according to these criteria: diameter and length of canula, dead volume, biocompatibility, cost and supplier, right use, fixation of medical device, practicality of nurses, security of nurses, feasible purging.

Results The use of an electric syringe pump (ESP) is essential for the setup. A 20 ml syringe compatible with ESP is filled with 15 ml daratumumab. A three-way flush valve for the extension tube is attached. A pre-filled syringe of 10 ml NaCl is used for flushing.

Several medical devices have been evaluated: a micropurfer, an infusion kit, an epicranial needle, a hypodermic needle and a secure hypodermic needle.

As a result, the micropurfer met all the selected criteria except for the cost, which is why we chose it.

Finally, the total cost of administration increased from €1.23 to €5.53, which means an additional cost of €7272 for the hospital per year.

Conclusion and relevance This multidisciplinary work has allowed us to choose a subcutaneous administration setup for an anticancer treatment.

Despite the additional cost, this setup combines proper use and safety and will be proposed for evaluation in the hospital day care very soon.

As part of the improvement of the quality of life at work for nurses, occupational medicine is collaborating on this project.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

Erenumab, now indicated for multiple myeloma, has been available in a formulation for subcutaneous (SC) injection since April 2021. SC administration must be carried out continuously over 5 min.

However, nurses who work in the hospital day care report musculoskeletal disorders, preventing continuous infusion and thus leading to drug misuse.

The increase of 55% between 2020 (IV) and 2021 (SC) of the preparation volumes of daratumumab for the period from 15 May to 15 September contributes to the challenge of this project.

Aim and objectives Determine an optimal and safe setup for subcutaneous administration.

Material and methods We carried out a market study by contacting hospitals and laboratories and analysing technical data sheets to preselect a general assembly.

We established a working group (2 nurses, 1 pharmacy technician and 2 pharmacists) to evaluate a suitable subcutaneous medical device according to these criteria: diameter and length of canula, dead volume, biocompatibility, cost and supplier, right use, fixation of medical device, practicality of nurses, security of nurses, feasible purging.

Results The use of an electric syringe pump (ESP) is essential for the setup. A 20 ml syringe compatible with ESP is filled with 15 ml daratumumab. A three-way flush valve for the extension tube is attached. A pre-filled syringe of 10 ml NaCl is used for flushing.

Several medical devices have been evaluated: a micropurfer, an infusion kit, an epicranial needle, a hypodermic needle and a secure hypodermic needle.

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Despite the additional cost, this setup combines proper use and safety and will be proposed for evaluation in the hospital day care very soon.

As part of the improvement of the quality of life at work for nurses, occupational medicine is collaborating on this project.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

Background and importance Migraine is the second most prevalent disease in terms of disability-adjusted life years (DALYs). Erenumab, a novel calcitonin gene-related peptide receptor antagonist, has been developed for migraine prevention.

Aim and objectives To evaluate the effectiveness and safety of erenumab in migraine prophylaxis.

Material and methods Retrospective, observational study in patients treated with erenumab from September 2019 to September 2021. Variables collected: demographic (sex, age), type of migraine, presence of aura, dose, Headache Impact Test-6 (HIT-6), baseline Migraine Disability Assessment Scale (MIDAS), number of previous treatments, migraine days measured in the last 3 months and duration of treatment. Effectiveness was evaluated by a monthly reduction of ≥50% in migraine days measured at week 12 from start date. To analyse safety, adverse reactions were measured. Information sources: electronic prescription program ATHOS-Prisma and computerised medical record Diraya.

Results Thirty-seven patients were included, 81.1% women, mean age 43.6±13.0 years. The percentage of patients who suffered from chronic migraine was 72.9% and episodic migraine 21.7% (67.5% had aura). The mean HIT-6 was 68.8±4.1 and MIDAS was 60.1±42.1, with a median of 42 (IQR 33–60) days of migraine in the last 3 months prior to erenumab. Thirty-two patients (86.5%) started with a 70 mg dose while the rest started with 140 mg. Eighteen patients (48.7%) increased the dose and the median of previous treatments was 5 (IQR 4–7). Patients who achieved clinical response was 31 (83.8%), of whom 80.6% obtained a reduction of ≥50% in the frequency of migraines. The median of patients’ monitoring was 45 (IQR 24.4–63.3) weeks.

Of six non-responder patients, four of them increased erenumab dose, but only one had positive results. The main adverse effects were: constipation (24.3%), erythema (8%) and nausea and vomiting (2.7%). No patient discontinued treatment due to adverse effects.

Conclusion and relevance Erenumab is an effective and safe alternative in the prophylaxis of migraine refractory to other therapies. More and longer studies are needed to establish the...