Abstract 6ER-029 Table 1

Criteria (mean (SD))	Before	After	6 months
Knowledge (0–24)	13.7 (5.7)	18.5 (3.1) (*p=0.002*)	18.4 (4.1) (*p=0.004*)
Confidence (0–100)	48.5 (40.1)	75.6 (19.2) (*p=0.013*)	60.2 (38.1) ns
Motivation (0–100)	57.6 (39.2)	86.6 (11.7) (*p=0.024*)	70.4 (33.6) ns

questionnaire. Operators were classified as mentor or apprentice. Motivation and confidence were recorded on 0-to-100 scales. These three criteria were also assessed after the training and after 6 months. Satisfaction was collected on a six-point Likert scale.

Results Three games were created for a 1 hour 30 min training with pairs of players. (1) Game 'knowing the manufacturing steps': the 16 steps of the process were printed on cards to put back in the right order. (2) Game 'knowing the criteria for using a molecule with the robot': fake Pokémon cards presenting a molecule and its specificities (stability, viscosity, usual dosage, etc.) were created. Teams should guess if the molecule can be used with the robot and why. (3) Game 'knowing how to handle errors during production': inspired by the *'Who Wants to Be a Millionaire?'* TV show. Four answers were suggested, issued from real-life problems. A debriefing followed every game. Seven mentor/apprentice teams participated. Participants strongly agreed that objectives, structure and subject were appropriate (80%), playful and interactive (83%). Table a presents the results (*p* is for before/after or before/6 months. ns, non-significant).

Conclusion and relevance For this complex tool, we created a short and playful training appreciated by operators. We showed an improvement of knowledge with a remembrance until 6 months. Confidence and motivation slightly decreased over time, highlighting the importance of adding a coaching during daily practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

Section 7: Post Congress additions

1ISG-009 IMPLEMENTATION AND EVALUATION OF TELEPHARMACY DURING THE COVID-19 PANDEMIC IN AN ACADEMIC MEDICAL CITY: PAVING THE WAY FOR TELEPHARMACY

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Background and importance A leading public healthcare institution implemented a disruptive innovation of telepharmacy in pursuit of compliance with the National COVID-19 Response Framework. It emerged and proved to be an essential and critical pillar in suppression and mitigation strategies. Telepharmacy innovation resulted in pharmacy staffing protection and provided uninterrupted access and care continuum to the pharmaceutical services, both for COVID-19 and collateral care.

Aim and objectives To evaluate the impact of implementing telepharmacy during the COVID-19 pandemic on the safety of pharmacy staff and patients.

Material and methods The Pharmacy Department redesigned a new workflow that combined both on-site and remote staff through a secured VPN access to our health information system (HIS) (figure 1). This new design prevents any direct interaction between pharmacist and patient or with other health care providers, and at the same time the new changes will not compromise patient safety and medication distribution.

Results The Pharmacy Department has the capacity to switch all outpatient prescriptions to be requested through the online portal and a total of 14 618 medication shipments were home delivered from 15 March to 10 June 2020. 14 618 medication shipments were delivered out of 25 520 online requests submitted; the difference between the number of delivered prescriptions and received requests was due to repeated submissions by patients or because the refill due date did not arrive.

WhatsApp Business has been initiated for direct communication between patients and pharmacists. A total of 10 030

Abstract 1ISG-009 Figure 1

Abstract 1ISG-009 Table 1

Parameter	Online refill
March 2020	**3340**
April 2020	**9413**
May 2020	**4990**
10 June 2020	**7777**
Total number of requests during 2019	**488**
Total number of requests in 2020	**25 520**
Total shipped 15 March to 10 June 2020	**14 618**
WhatsApp sent message	**14 633**
WhatsApp received message	**26 613**
Orders verified by remote access (outpatient)	**4650**
Orders verified by remote access (inpatient)	**5380**

inpatient pharmacy and outpatient pharmacy orders were verified through remote access.

Conclusion and relevance In conclusion, the implementation of telepharmacy via the utilisation of medication home delivery services, remote access, and modification of the previous workflow was associated with promising outcomes in terms of efficient, high-quality pharmaceutical care delivery while avoiding medication distribution disturbances as well as containing the spread of the pandemic among staff and patients, thus ensuring their safety during this crisis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-003 TELEPHARMACY IN ONCO-HAEMATOLOGIC PATIENTS: A 7-MONTH EXPERIENCE

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Background and importance Telepharmacy delivers pharmaceutical care services from a distance through information and communication technologies, avoiding patient attendance at the hospital. Until now, our hospital Onco-haematology Pharmacy Unit dispensed oral and subcutaneous treatments only in person. These onco-haematologic patients are usually a very fragile population.

Aim and objectives To describe the telepharmacy system for onco-haematological patients implemented at our hospital and its results in terms of activity and patient satisfaction.

Material and methods In collaboration with medical services and supported by the hospital management staff, onco-haematologic patients with oral or subcutaneous drugs prescribed and at least one of the following criteria were included: medical consultation through telemedicine, chronic stable disease with good adherence or paediatric haematologic patients whose dose adjustments require laboratory results.

A separate room with computer, mobile phone, webcam and headphones was set up. One oncology pharmacist and one pharmacy technician were allocated part time. Delivery of the dispensed treatment to the patient was arranged through community pharmacies and their regular distributor. Confidentiality was warranted through all the delivery process.

During a 7-month period, a satisfaction survey that enquired about the service and graded several items from 1 (very unsatisfied) to 5 (very satisfied) was conducted with a sample of 40 patients. Patients subjected to the survey were randomly selected by date of attendance (last day of the month from June to September) until the target of 40 completed surveys was attained.

Results During this period, 8494 patients attended the Onco-haematology Pharmacy Unit and 19.8% (n=1681), an average of 10 patients per day, were via telepharmacy. Of the 40 patients surveyed, 88.4% were very satisfied with the information received about their treatment during the telematic pharmaceutical consultation, 95.3% were very satisfied with the confidentiality maintained during the telematic pharmaceutical consultation, 90.7% were very satisfied with the conditioning of the medication for delivery and 93% were very satisfied with the overall experience. The lowest grade obtained in the overall responses was a single score of 3 for the conditioning item.

Conclusion and relevance According to the results obtained, telepharmacy in onco-haematologic patients is a high-value practice that fulfils the needs of these selected patients and it is thought highly of by them.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-012 IMMUNOTHERAPY IN PATIENTS WITH NON-SMALL CELL LUNG CANCER: EFFECTIVENESS AND SAFETY IN REAL LIFE

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Background and importance The high cost of immunotherapy makes it necessary to assess health outcomes in real life, which can help in decision-making.

Aim and objectives The current study aimed to analyse the effectiveness and safety of immunotherapy in second-line treatment in adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) in real life.

Material and methods Retrospective and observational study. All patients with locally advanced or metastatic NSCLC treated with nivolumab, pembrolizumab and atezolizumab monotherapy as second-line treatment between April 2017 and April 2020 were included.

Outcomes collected were: demographic variables: age and sex and clinical variables: diagnosis, stage, performance status score according to Eastern Cooperative Oncology Group (ECOG), PD-L1 expression and treatment variables: treatment start and end date and administered doses.

The primary endpoints were: overall survival (OS) and progression-free survival (PFS). All adverse effects (AE) were recorded according to CTCEA v4.3 criteria.

Data were collected from the electronic clinical history and electronic prescribing software. The Kaplan–Meier method was used to calculate PFS and OS. SPSS v17 was used to perform statistical calculations.

Results 104 patients were included in this study: N=40 nivolumab, N=29 pembrolizumab and N=35 atezolizumab. Median age was 62.93±9.20, 64.92±11.69 and 59.86±11.60 years, respectively. 74.7% were men and 67.8% were ECOG-1.

Nivolumab showed an OS of 6.4 months (95% CI 2.81 to 9.98) and a PFS of 3 months (95% CI 1.14 to 4.25), pembrolizumab-treated patients had a median OS of 8 months (95% CI 3.05 to 12.94) and median PFS of 3.5 months (95% CI 2.4 to 4.6). The use of atezolizumab demonstrated an OS of 6.33 months (95% CI 4.4 to 9.1) with a PFS of 3.2 months (95% CI 2.6 to 7.2).

82.5% of patients suffered from some AE to nivolumab, 76.9% to pembrolizumab and 80.9% to atezolizumab. Asthenia was the AE that occurred most frequently and was common to all three drugs.

Conclusion and relevance Safety was similar for all drugs, and the effectiveness in terms of OS was a little higher for pembrolizumab, which could be related to the fact that patients treated with this antibody had PD-L1 expression >1%. However, it will be necessary to expand the sample size to