patients, while GUS obtained BSA 1,82 ± 3,28 SD and PASI 1,89 ± 3,3 SD, with PASI100 in 50% of patients in 44,6 ± 17,5 SD weeks.

After 63,6 ± 14,5 SD weeks, RIS achieved BSA 0,68 ± 0,94 SD and PASI 0,9 ± 1,14 SD, and PASI100 maintained by 57% patients. GUS achieved BSA 0,95 ± 1,55 SD and PASI 0,53 ± 0,92 SD, and PASI100 maintained by 67% patients.

Conclusion and Relevance RIS and GUS are effective alternatives for plaque psoriasis treatment, although it seems that after a year, the activity of RIS starts to decrease. Further studies should be performed to determine this hypothesis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-233 PD-L1 EXPRESSION AND HISTOLOGICAL TYPE AS PREDICTORS OF RESPONSE IN METASTASIC NON-SMALL-CELL LUNG CANCER (NSCLC) PATIENTS TREATED WITH PEMBROLIZUMAB IN FIRST-LINE

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Background and Importance In patients with NSCLC and programmed death ligand-1 (PD-L1) expression ≥50%, pembrolizumab as first-line treatment has shown an increase in survival over platinum-based chemotherapy. To date, it is not known whether higher PD-L1 expression is associated with longer survival.

Aim and Objectives The aim of this study is to evaluate the impact of PD-L1 expression levels on progression free survival (PFS) and overall survival (OS), in patients receiving first-line pembrolizumab treatment for NSCLC and its association to histologic type.

Material and Methods A retrospective analysis of patients with metastatic NSCLC and PD-L1 expression level of ≥50%, who were treated with pembrolizumab monotherapy as first-line therapy in our centre from January 2020 to January 2022 was carried out. The difference in response between the histologic type of NSCLC (adenocarcinoma and non-adenocarcinoma), and efficacy of pembrolizumab by level of PD-L1 expression was studied. ROC curve was used to evaluate the optimal PD-L1 cut-off point to identify a greater possibility of response. Event-time distributions were estimated using Kaplan–Meier methodology. Log-rank tests were used to test for differences in event-time distributions. All p-values are 2-sided and CIs are at the 95% level, with significance predefined to be at the 0.05 level.

Results 49 patients were included in the study. 36 patients (73.5%) had adenocarcinoma histology, 10 (20.4%) epidermoid, and 3 (6.1%) other. A cut-off of 80% for PD-L1 expression was established. 40 (81.6%) had PD-L1 expression <80% and 9 (18.4%) ≥80%. Median PFS was 14.7 months (95% CI: 7.0-15.1) in patients with PD-L1 <80% and 25.8 months (95% CI: not reached) in patients with PD-L1 ≥80% (p=0.017). No differences were found in OS. Patients with adenocarcinoma and PD-L1 expression ≥80% obtained better results in in terms of PFS: 19.3 months (95% CI: not reached, p=0.031).

Conclusion and Relevance Statistically significant differences in PFS but not OS were found in patients with NSCLC and PD-L1 ≥80% expression. Adenocarcinoma with PD-L1 ≥80% seem to benefit the most from pembrolizumab treatment than other NSCLC histologies. These findings could have implications for treatment selection based in NSCLC histology. Future research is needed.

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4CPS-236 LOSS TO FOLLOW-UP FACTORS OF PEOPLE LIVING WITH HIV

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Background and Importance Loss of adherence to antiretroviral treatment (ART) is one of the leading causes of virological failure in people living with HIV (PLWHIV). Lack of adherence is associated with a loss of follow-up by the health system, particularly in the Pharmacy Department.

Aim and Objectives To identify factors in PLWHIV which cause their follow-up to fail by the Pharmacy Department.

Material and Methods Case-control study conducted in a tertiary hospital which attends 3,000 PLWHIV. Patients who had run out of medication for more than one month, according to pharmacy registrations between September 2020 and September 2021, were identified and named after cases if the reason to not come to the Pharmacy were not justified (death, hospital transfer, inclusion in a clinical trial, etc.). We conducted a case-control study (1:4), and cases were matched according to age (5 years) and date of the last dispensation.

Statistical analysis was performed using the STATA 17.0 program (StataCorp LLC). All models were performed univariately, and a $p<0.05$ was considered significant.

Variables studied were: gender, age, region of birth, studies, stable housing, route of HIV transmission, CD4 nadir, years after diagnostic, type of ART, years on ART, stage, adverse effects to ART, number of lines of treatment, pharmacy registrations of adherence, alcohol use, drug use, and psychiatric problems. Data were obtained from the clinical database

Results Sixty-one cases were identified and matched with 244 controls. Statistical differences were found in gender, where cis-man have an OR=4.5 (CI95% 1.0−19.6,p=0.047) and trans-man have an OR=23.9 (CI 95% 2.9−195.8,p=0.003) in comparison with women, and region where Latin-American have an OR=2.7 (CI 95% 1.3−5.6, p=0.008). Patients who fail to adhere to treatment according to the records in Pharmacy have an OR=0.04 (CI 95% 0.01−0.11, p=0.000) and patients who are alcoholics or drug abusers, have an OR=3.24 (CI 95% 1.30−8.04, p=0.011) and an OR=2.01 (CI 95% 1.03-3.93, p=0.039), respectively.

Conclusion and Relevance Clinicians should pay special attention to cis or trans-men, Latin Americans, historic bad

adherence registrations by pharmacists and alcoholic or drug abusers who are more prone to losing follow-up in their treatments. This enhances the importance of multidisciplinary team approach to these patients. Clinical, pharmacist and nurse interventions and information registration are crucial to identify these patients.

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

4CPS-237 HYPERKALAEMIA AND RISK FACTORS: SCREENING AND ASSESSMENT IN HOSPITAL PATIENTS

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Background and Importance Hyperkalaemia is a frequent electrolyte alteration (EA) in hospital patients (HP). Thus, close monitoring of plasma potassium levels (PKL) and appropriately management is necessary. High levels of potassium may lead to heart and muscle disorders.
Aim and Objectives Main objectives are to evaluate and monitor hyperkalaemia in HP, to study risk factors and potentially implicated drugs (PIDs) and to analyse the degree of acceptance (DA) of the pharmaceutical interventions on PKL normalisation.
Material and Methods Observational, descriptive and prospective study from October 2021 to January 2022.

Patients with hyperkalaemia (K+> 5.3mEq/L) in the first 24 hours were evaluated with the assistance of an EA locator included in the health record system.

PKL were classified as minor (5.3-5.9 mEq/L), moderate (6-6.5mEq/L) or severe (>6.5mEq/L).

Age, sex, basal PKL and measured PKL four days after, prescribed PIDs, comorbidities such as kidney impairment (KI), previous therapeutic approach or dietary potassium restrictions (DKR) were collected.

Depending on the PKL and the patient characteristics, different recommendations were made: discontinuation of potassium-containing serums; PKL monitoring and DKR consideration in minor hyperkalaemia cases; ion-exchange resin (IER) evaluation when patients with moderate-severe hyperkalaemia tolerated oral intake. If there were any prescribed PIDs, pharmacists recommended an alternative.

PKL were evaluated after interventions and DA was determined.
Results We analysed 87 patients. 64,4% were men and the average age was 77. The most accepted recommendations were: discontinuation of potassium-containing serums (DA 100%), PKL monitoring and DKR (DA 64.2%) and IER prescription (DA 46.15%). The proposed alternatives to PIDs had not a high DA. The PIDs prescribed were heparin 58.6%, renin-angiotensin system inhibitors 39%, anti-inflammatory drugs 27.9% and K-sparing diuretics 3.4%. 66.7% of the patients were treated with more than one PID, 41% of them had KI.

We made an intervention in 40,2% of the cases. The DA was 65,7% with a 60.8% of PKL normalisation versus a 25% of recovery in those patients with non-accepted intervention.

Conclusion and Relevance Hyperkalaemia is more frequent in men and patients with KI. There is an association between PID co-prescription and hyperkalaemia episodes.

The development of pharmaceutical validation support tools such as EA locators provides the screening and monitoring of disorders that might trigger health consequences.

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

4CPS-240 FINGOLIMOD: ANALYSIS OF USE AND SAFETY IN PATIENTS WITH RELAPSING-REMITTING MULTIPLE SCLEROSIS

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Background and Importance Fingolimod is used when the disease remains active despite treatment with at least one other disease-modifying therapy, or is severe and getting worse rapidly. It had the benefit of being taken by mouth while most other drugs are given by injection.
Aim and Objectives To analyse the use of fingolimod treatment and analyse the causes of fingolimod´s treatment discontinuation.
Material and Methods Retrospective descriptive study was performed in an area reference hospital. All patients treated with fingolimod from its inclusion in the hospital's pharmacotherapeutic guide in August 2012 to the present were included. Data collected: age, sex, previous treatment received, reason for prescription, date of start and end of treatment, the reason for suspension and clinical data (basal, final or current EDSS). We used Excel to analyse the data.
Results A total of 61 patients were included, one person was excluded for receiving only one dose, 39(65%) were women, with a media age of 42 ± 11years. All patients were their heart activity closely monitored after the first dose. 7(10%) of patients used fingolimod as first line, whose prescription reason was: four for rapid and aggressive evolution and three due to positive JC antibody. 53(90%) of patients had used other disease-modifying therapies before, 23(43.4%) glatiramer acetate, 14(26.4) interferon beta-1a, 4(6.5%) dimethyl fumarate, 4(6.5%) teriflunomide, 1(1.8%) interferón beta-1b and 7 (13.2%) started fingolimod after failure to natalizumab. Median EDSS was 1 in naïve patients and 1.5 in pretreated patients.

Median time to discontinuation was 42.3[49.8] months. 32 patients (53.3%) discontinued treatment for different reasons. Side effects was the main cause 17(53.1%), followed by inefficacy 10(31.2%), for both reasons 2(6.2%) and 2(6.2%) unknow. Lymphopenia represented the most prevalent of the adverse events (47.3%), followed by cefalea(21%), liver enzyme levels(21%) and other like arterial hypertension, atrioventricular block and infections. Median EDSS increased one point both in those who discontinued treatment due to inefficacy and adverse effects.
Conclusion and Relevance Therapeutic success is not assured, as it is a drug with a high prevalence of adverse effects, which makes it necessary to withdraw treatment. Is essential