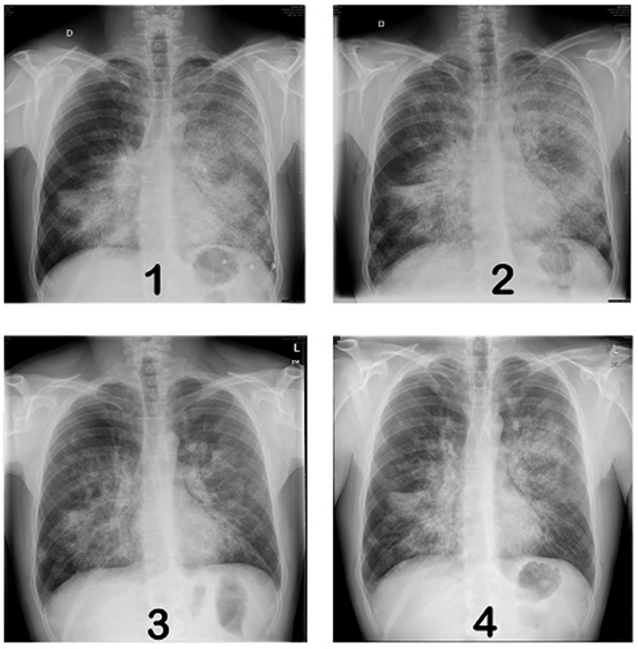
Heart rate minute 6 (beats per minute)	136	108	108	105
Oxygen saturation minute 6 (%)	89	89	93	91

The figure 1 shows the radiological evolution (chest X-ray) from the situation before third BAL (1), further worsening after 7 months after third BAL (2), improvement after 3 months of treatment with inhaled GM-CSF (3) and stability after 18 months of treatment (4).



Abstract 5PSQ-012 Figure 1

After 24 months of treatment, the patient has not presented any adverse events and maintains an excellent response with significant improvement in gas exchange, which has allowed home oxygen therapy to be withdrawn.

Conclusion and Relevance In conclusion, our case supports that inhaled GM-CSF has been safe and effective in the treatment of aPAP and represents a therapeutic option after resistance or contraindication to BAL.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-013 PALBOCICLIB IN METASTATIC BREAST CANCER TREATMENT: NEUTROPENIA MANAGEMENT IN CLINICAL PRACTICE

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10.1136/ejhpharm-2023-eahp.240

Background and Importance Palbociclib is a selective cyclin-dependent kinase 4/6 (CDK4/6) inhibitor approved for the treatment of hormone receptor-positive, human epidermal growth factor receptor 2-negative (HR+/HER2−) locally advanced or metastatic breast cancer (LA/MBC). Neutropenia is the most common adverse event. In contrast to neutropenia induced by chemotherapy agents, neutropenia resulting from CDK4/6 inhibitors is reversible and dose reductions and modifications are recommended.

Aim and Objectives The aim of this study was to evaluate the neutropenia due to palbociclib and to analyse how modifications in treatments are made in clinical practice.

Material and Methods We conducted a descriptive, observational and retrospective study (April 2016-July 2022) of patients treated with Palbociclib in a third level hospital. The data were obtained from the electronic medical records of the patients and the Farmatools Management programme . The parameters analysed were: demographic information, menopausal status, prior lines of therapy to palbociclib, frequency and grades of neutropenia, time from first dose to first episode onset, doses reductions, cycles delays, use of human granulocyte colony stimulating factor (G-CSF), changes to other CDK4/6 inhibitor and discontinuation treatment. Data were processed by Microsoft Excel software

Results 50 women with HR+/HER2− MBC were treated with palbociclib. Median age was 62 years. 92%(46/50) was postmenopausal. 80%(40/50) received prior therapy to palbociclib and 58%(23/40) was in the context of MBC. 54%(27/50) received Palbociclib as first-line treatment. Starting dose were: 82%(41/50) 125 mg; 12%(6/50) 100 mg; 6%(3/50) 75 mg.

The frequency of neutropenia (all-grade) was 74%(37/50); 27%(10/37) was grade 1-2; 73%(27/37) was grade 3-4. Time from first dose to first episode onset (cycles) was reported in: 8,1%(3/37) first-cycle; 56,7%(21/37) second-cycle; 13,5%(5/37) three-cylcle; 21,6%(8/37) $\geq$ fourth-cycle. Neutropenia led to dose reduction in 54%(20/37) of patients; 32%(12/37) required a dose reduction; 21,6%(8/37) required two doses reductions. Cycles delays occurred in 78%(29/37) of patients. 19%(7/37) was treated with G-CSF as supportive therapy. 5,4%(2/37) needed to change to another CDK4/6 inhibitor. 10,8%(4/37) discontinued treatment.

Conclusion and Relevance The frequency of neutropenia in our population was similar to clinical trials.[1] In clinical practice this toxicity can be managed with dose reduction and cycles delays without lead to discontinuation treatment (only four patients) as it is described in guidelines.[2]

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest

5PSQ-014 IMPACT OF HISTAMINE-2 ANTAGONIST SHORTAGE ON THE INCIDENCE OF HYPERSENSITIVITY REACTIONS TO PACLITAXEL – TOWARDS CRISIS MANAGEMENT AND A PREMEDICATION RECONSIDERATION IN FRANCE (PACLIREACT STUDY)

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10.1136/ejhpharm-2023-eahp.241

Background and Importance At the beginning of October 2019, an international shortage of ranitidine forced us to adjust paclitaxel-based chemotherapy premedication regimens. After several modifications, we implemented an anti-allergic premedication protocol based on Dexchlorpheniramine as histamine-1 antagonist (H1A), Methylprednisolone as corticosteroid (Double dose at first injection) and withdrawal of histamine-2 antagonists (H2A).
Aim and Objectives This study aimed to determine the efficacy of this modified regimen and assess the hypersensitivity reactions (HSRs) associated with it.
Material and Methods We conducted a single-centre observational retrospective study of paclitaxel administrations (n=831 patients). All incidents characterised as drug allergies in the prescribing software were exhaustively recorded over a two-year period from January 2019 to December 2020 (before and after ranitidine shortage, including the period with oral Famotidine as a transitional alternative). To model the risk of allergy at each injection according to the type of injection and possible confounding factors, a mixed logistic regression model was implemented to account for repeated administration per patient.
Results Among the 7146 paclitaxel administrations, there were a total of 27 HSRs occurring in 24 patients, among whom three patients had two consecutive events. No protective effect was observed for H2A premedication regimens, neither when comparing the two types of H2A (famotidine or ranitidine) separately ($p = 0.94$) nor when comparing injections with H2A premedication versus injections without H2A (OR: 1.12, 95% CI, 0.36-3.50, $p = 0.84$). However, the risk of HSRs was significantly lower for paclitaxel injections with corticosteroids than for those without corticosteroids (OR: 0.08, 95% CI: 0.008-0.78, $p = 0.03$). In addition, the risk of HSR was significantly higher for the first, second, or third paclitaxel injections than for the subsequent injections (OR: 10.1, 95% CI: 3.23-31.4, $p < 0.001$).
Conclusion and Relevance We did not find evidence of an increased risk of HSR due to the absence of H2A in the premedication protocols of Paclitaxel. Our findings support the choice of a premedication protocol without H2A, despite what is historically stated in Paclitaxel monographs.

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

5PSQ-016 HUMAN FACTORS ROLE IN MEDICATION ERRORS: DILUTING INTRAVENOUS MEDICATIONS AT HOSPITAL WARDS – A STUDY BASED ON INCIDENT REPORTS

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10.1136/ejhpharm-2023-eahp.242

Background and Importance Humans make mistakes, inadvertently when making poor decisions, being distracted or when not perceiving risk whilst managing medications. Health professionals do not make mistakes on purpose, yet medication errors remain the most common type of medical errors. A human factors approach can be applied to address the causation of medication errors from a process point of view while addressing our error-prone human nature. Intravenous medications are complex to prepare and administer. Specific tasks, such as diluting intravenous medications are at a higher risk of medication errors.
Aim and Objectives This study aims to address human factors in medication calculation errors involving dilution of intravenous medications.
Material and Methods From the medication errors reported in 2016 and 2017 to the Norwegian Incident Reporting System, we specifically scrutinised medication calculation errors that required dilution during medication preparation, dispensing and administration. We included real events that had reached the patients, and which contained sufficient incident description to allow for causal analysis. From the incident descriptions, we conducted a content analysis of human factors.
Results In total, 14 incidents met the inclusion criteria and involved the dilution of morphine, oxycodone, adrenalin, and noradrenalin. Several human factors exposed the intravenous preparation process to risks. For example, performing tasks with cognitive loads, such as dilution, followed by bedside dose calculation whilst providing patient care. Some dilution errors were caused by not knowing the exact concentration after dilution, which resulted in one infant receiving 7 mg of morphine instead of 0.7 mg. Administering from a syringe that contains more than the prescribed dose was found as a high-risk practice. Most dilution errors led to overdosages and resulted in patient harm.
Conclusion and Relevance This study discusses how cognitive processing is related to medication errors. Addressing human factors that contributed to medication errors should involve systemic measures which take in account how humans think and process information to avoid patient harm from dilution errors.

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

5PSQ-019 ANALYSIS OF THE USE OF IDARUCIZUMAB IN A TERTIARY HOSPITAL

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10.1136/ejhpharm-2023-eahp.243

Background and Importance The evaluation of anticoagulation reversal practices of direct-acting oral anticoagulants allows their optimisation by improving their safety and efficiency.
Aim and Objectives To review the use of idarucizumab in the reversal of the effect of dabigatran and to evaluate its effectiveness in the normalisation of coagulation parameters and clinical evolution of the patient.
Material and Methods Descriptive, observational, retrospective study of all patients who received idarucizumab in the period from December 2015 to June 2022, inclusive, in a tertiary hospital. Data were collected from the electronic medical record. Variables assessed were: demographics (age, sex); coagulation parameters [activated partial thromboplastin time (aPTT)]; indication and dose of dabigatran; reason for