check and action the test results, following dose reductions, following guidance. Chemotherapy is prescribed prior receiving the genetic report in 10 CPT. 6 hospitals would delay administration when result is missing.

Conclusion and Relevance There is a rich multidisciplinary involvement in checking the results of the test, including making the correct dose adjustments. The use of DPYD tests to prevent chemotherapy toxicity follows a safe and robust pathway within our region.

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Conflict of Interest No conflict of interest

5PSQ-056 HETEROGENEITY OF DEXMEDETOMIDINE TREATMENT EFFECT ON MORTALITY ACCORDING TO AGE

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Background and Importance Dexmedetomidine is an alpha-2 agonist with sedative effects. It is used for the sedation of patients in the Intensive Care Unit (ICU) and sedation of surgical procedures. In June-2022, the Spanish Agency for Medicines and Medical Devices (AEMPS) published a safety letter reporting an increased risk of mortality in patients≤65 years of age compared to standard sedative agents[1].

Aim and Objectives To analyse the use of dexmedetomidine in our hospital and to compare the heterogeneity of the effect on mortality according to age in real life.

Material and Methods Observational, descriptive and retrospective study. Patients treated with dexmedetomidine or propofol during the year 2021 were included. Variables collected: age, sex, number of days on treatment with dexmedetomidine/propofol, admission diagnosis to the ICU, surgical intervention during ICU stay and 90-day mortality from any cause. Variables were collected through the digital medical record and the hospital's electronic prescription program. Data were analysed using Excel.

Results 403 patients were included (169=dexmedetomidine vs 234=propofol). 75.7% were men (125=dexmedetomimidine vs 180=propofol). Baseline patient characteristics are shown in the following table. There were 74 deaths at 90-days in the control group vs 31 deaths at 90-days in the dexmedetomidine group, odds ratio (OR)=0,49 [95% CI: 0,30 – 0,78]. In the >65 years group there were 35 vs 13 deaths at 90 days (propofol vs dexmedetomidine, respectively), OR=0,39 [95% CI: 0,18 – 0,86]. Deaths at 90 days in the group aged ≤65 years were 39 vs 18 (propofol vs dexmedetomidine, respectively), OR=0,55 [95% CI: 0,30 – 1,02].

	All patients (403 patients)	Dexmedetomidine ≤65 years (120 patients)	Propofol ≤65 years (161 patients)	Dexmedetomidine >65 years (49 patients)	Propofol >65 years (73 patients)
Age (years)	59 (2-85 years)	52 (2-65 years)	52 (14-65 years)	70 (66-78 years)	71 (66-83 years)
Male gender nº (%)	305 (75,7%)	90 (75,0%)	125	35	55
Type of admission nº (%)					
Non-operative	308 (76,4%)	96 (80,0%)	114 (70,8%)	47 (95,9%)	52 (71,2%)
Elective surgery	33 (8,2%)	15 (12,5%)	11 (6,8%)	2 (4,1%)	7 (9,6%)
Emergency surgery	62 (15,4%)	9 (7,5%)	36 (22,4%)	0 (0,0%)	14 (19,2%)
Admission diagnosis nº (%)					
Sepsis	10 (2,5%)	5 (4,2%)	3 (1,9%)	1 (2,0%)	1 (1,4%)
Respiratory	216 (53,6%)	73 (60,8%)	75 (46,6%)	33 (67,3%)	35 (47,9%)
Cardiovascular	28 (6,9%)	9 (7,5%)	6 (3,7%)	6 (12,2%)	7 (9,6%)
Trauma	58 (14,4%)	19 (15,8%)	29 (18,0%)	5 (10,2%)	5 (6,8%)
Neurological	55 (13,6%)	4 (3,3%)	34 (21,1%)	2 (4,1%)	15 (20,5%)
Other	36 (8,9%)	10 (8,3%)	14 (8,7%)	2 (4,1%)	10 (13,7%)

Abstract 5PSQ-056 Figure 1

Conclusion and Relevance The data obtained do not reproduce those obtained in the study on which the alert received was based. This may be due to limitations of our study. Even so, the use of dexmedetomidine in young patients should be carried out with caution. The pharmacy service has communicated the alert to the hospital services.

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Conflict of Interest No conflict of interest

5PSQ-057 EFFICACY AND SAFETY OF ADALIMUMAB IN THE TREATMENT OF INFLAMMATORY FACIAL GRANULOMA SECONDARY TO SILICONE

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Background and Importance The administration of silicone as a filler material is associated with the development of inflammatory granuloma due to an increase in the proinflammatory cytokine tumour necrosis factor (TNF-α). Based on the pathophysiology of granulomas, anti-TNF- α drugs are postulated as possible therapeutic alternative for patients not responding to initial treatments.

Aim and Objectives To describe the efficacy and safety of the use of adalimumab in patients diagnosed with inflammatory facial granuloma due to filler material (silicone).

Material and Methods A 3-month retrospective descriptive observational study of a patient under treatment with adalimumab for inflammatory facial granuloma due to silicone.

Study variables included number and size of granulomas and adverse events (AE) occurrences associated with adalimumab.

Results 62-year-old woman follow-up by dermatology department due to inflammation compatible with silicone showed three lesions, one on the glabella and two on the cheeks. She received as first line treatment systemic corticosteroids (partial control of the process), methotrexate (no clinical response and even worsening after 3 weeks), doxycycline (no clinical response after 6 weeks) and finally hydroxychloroquine in association with doxycycline (no clinical response). She starts adalimumab 40 mg/2weeks.

- Response: After 6 doses of adalimumab were administered (12 weeks of treatment) combined with doxycycline 100mg/24h and hydroxychloroquine 400 mg/24h. Since treatment started patient experienced a decrease in the

number of lesions and a reduction in the size of the masses: from three initial lesions only lesion at the glabella level remains visible and palpable. After objective clinical improvement it was decided to withdraw doxycycline and infiltration of dexamethasone at the persistent lesion. Treatment with adalimumab together with hydroxychloroquine was maintained.

The patient did not report any AE associated with the use of adalimumab.

Conclusion and Relevance The use of adalimumab in this patient showed objective clinical benefits over previously used alternative treatments by achieving a significant reduction in the number and size of lesions in a reduced treatment time without experiencing AE. Together with the evidence collected previously the use of TNF-α inhibitors

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-059 REAL-WORLD CLINICAL DATA OF PALBOCICLIB AND RIBOCICLIB IN BREAST CANCER PATIENT

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Background and Importance Cyclin-dependent kinase (CDK) 4/6 inhibitors, block the transition from the G1 to S phase of the cell cycle by interfering with Rb phosphorylation and E2F release, showing potent antitumour activity and manageable toxicity in HR+/HER2−breast cancer patients.

Aim and Objectives The main objective of this work is to compare Real world data (RWD) between palbociclib and ribociclib in order to investigate the continuity in treatment and the frequecy of heamatologic adverse events(AEs) before and after CDK inihibitors dose reduction(DR).

Material and Methods A court of 128 pts has been analyse from medical and pharmacy records, of these 101 treated with palbociclib and 27 with ribociclib. Patients (PTS) has been observed from 2019 to 2021 and the results were compared with those of pivot trials. The DR was defined as reducing palbociclib dose from 125 mg to 100 mg or 75 mg (≥20% DR), while in ribociclib from 600mg to 400mg or 200mg. In both cases, DR is effective in the management of AE

Results RWD shows that time to first DR is similar in both cases: 11 and 10 months respectively for palbociclib and ribociclib. If a second DR is necessary, it occurrs by th 16,5 months for palbociclib and 16.6 for ribociclib. Of 101 pts treated with palbociclib, 50 (49.5%) discontinued for progression disease (PD) and one of them for metastatic melanoma. 6/27 of pts (22.22%) in the ribociclib setting stopped for PD.In both cases, neutropenia is the prior AE to dose reduction as shown in real life and clinical trials. Its frequency decreases during the first cycle following the dose reduction, with a reduction in the severity.Other AEs observed were: haematologic disorder, hepatic cytolysis, drug intolerance, anaemia, leukocytosis, febrile neutropenia and fever.

Conclusion and Relevance As shown by the pivot trials, both the treatments are equal in term of toxicity and duration.The proportion of pts with PD appears to be superior in Palbociclib setting, even though need a deeper study with a good statistical model to confirm results..For clinician using ribociclib is much more comfortable than palboclib, due to the possibility of DM without interrupting treatment

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-060 GLUTEN IN MEDICINES. A PRESCRIPTION HELPING TOOL

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Background and Importance The use of excipients containing gluten in medicines can be a problem for celiac patients, especially for those with chronic pathologies. Based on this, current spanish legislation requires pharmaceutical laboratories to declare excipients containing gluten and those that may contain gluten.

Aim and Objectives To evaluate the presence of unsafe excipients for celiacs patients in medicines and the quality of the information regarding gluten content for patients and prescriptors; as well as to create an application that facilitates prescription by professionals.

Material and Methods A database in a table format was created to determine the percentage of pharmaceutical presentations with excipients that may contain gluten. Data collected was: active ingredients, therapeutic group, type of excipient, and marketing status. This data was obtained from the prescription Nomenclator tables (source: Agencia Española del Medicamento y Productos Sanitarios). With this database, an application was created to find out which presentations may contain these excipients and what alternatives are available on the market.

Results 41319 presentations were recorded, of which 19957 were commercialised. The database revealed that 8% of the presentations commercialised included excipients that may contain gluten. Of these, 93.05% corresponded to carboxymethyl starch and sodium carboxymethyl starch, of which it is difficult to know the source of the starch and its possible gluten content. Moreover, 1.836% contained wheat starch, which can have variable amount of gluten. The information found in the data sheets was variable and, in some cases, insufficient to acknowledge the real risk.

With this data, an application has been created in which it is possible to search by active ingredient or therapeutic group, providing specialties that contain excipients with gluten or its derivatives, as well as therapeutic alternatives suitable for celiac patients. In addition, this application warns of the presence of lactose.

Conclusion and Relevance Carboxymethyl starch and sodium carboxymethyl starch are the most used excipients that may contain gluten and there is a great difficulty in finding reliable information about their origin. This situation makes prescription difficult and shows the need for tools that allow quick and easy access to data, guiding towards a safer prescription for celiac patients.