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

M Del Vecchio*, C Lauria Pantano, F Zelante, B Re, V Ladisa. *Fondazione Irccs Istituto Nazionale Dei Tumori Di Milano, Farmacia Ospedaliera, Milano, Italy*

10.1136/ejhpharm-2023-eahp.275

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

[1]P Duque Tebar*, [1]S Ruiz García, [1]E Ramírez Herraiz, [1]A García Peralo, [1]A Alvarez Yuste, [1]G Escudero Sánchez, [2]Á Morell Muñoz, [1]A Ibáñez Zurriaga, [1]M Pérez Abánades, [3]JC Elvira Gómez, [1]A Morell Baladrón. *[1]Hospital Universitario de la Princesa, Pharmacy Department, Madrid, Spain; [2]Universidad San Pablo Ceu, Facultad de Farmacia, Madrid, Spain; [3]Hospital Universitario de la Princesa, Technology Department, Madrid, Spain*

10.1136/ejhpharm-2023-eahp.276

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.