percentage involved also vision, skin and respiratory system. 49% of reports were from doctors, 30% from pharmacists, 15% from other health worker and last 6% patients. 35 (51%) AEFIs were from first dose, 32 (46%) from second and 2 (3%) form third. Almost all reports involved age range 18-64.
Conclusion and Relevance Results on Comirnaty are in line with AIFA's and regional ones; Spikevax and Vaxzevria show altered percentage because of little number of reports. Reporting rates are comparable. Most of reports concerned not severe reactions, mainly related to site of injection. It is important to underline the essential role of vaccine vigilance to identify red flags for public health in order to contain main severe reactions.

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

5PSQ-125 BRIDGING ANTICOAGULATION IN PATIENTS WITH ATRIAL FIBRILLATION AFTER A TRANSURETHRAL RESECTION: PATIENT MANAGEMENT IS DONE APPROPRIATELY?

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Background and Importance The management of anticoagulation in patients undergoing surgical procedures like transurethral resection (TUR) is challenging. A balance between reducing thromboembolism risk and preventing excessive bleeding must be reached. This risk is aggravated in patients treated with anticoagulants.
Aim and Objectives The aim of the study was to assess the adequacy bridging anticoagulation after TUR in patients treated with direct-acting oral anticoagulants (DOACs) or Vitamin K antagonists (VKAs) to prevent stroke in atrial fibrillation (AF).
Material and Methods Retrospective observational study carried out in an area reference hospital serving a population of 200,000 inhabitants, from January 2021 to June 2022. Patients who underwent TUR with diagnostic of AF were included. Data were obtained from Minimum Basic Data Set (CMBD). We reviewed whether patients were anticoagulated, the type of anticoagulant drug prescribed (VKA, DOAC) and the prescribed drug (acenocoumarol, warfarin, dabigatran, rivaroxaban, apixaban, edoxaban). We verified whether the reintroduction of anticoagulant treatment after TUR was appropriate to hospital protocol and the rate of subsequent readmissions due to bleeding.

Because of the moderate bleeding risk of TUR, the protocol for reintroducing anticoagulant medication after TUR in the case of patients treated with VKAs consists of administering bemiparin or enoxaparin at anticoagulant doses 24 hours after TUR together with the usual dose of acenocoumarol or warfarin. In the case of patients treated with DOAC, the protocol consists of reintroducing their medication at the usual dose 24 hours after TUR.
Results The mean age of the 37 included patients was 81 ± 6 years. 94.6% were male. 89.19% of the patients were anticoagulated (60% AVK, 40% DOAC).

The protocol for reintroducing anticoagulant treatment was not followed in 100% of anticoagulated patients. The drug prescribed in these cases after TUR was bemiparin at a prophylactic dose of 3500 IU every 24 hours.

59.5% of patients were attended at Emergency Department (ED) after TUR with haematuria diagnostic.
Conclusion and Relevance Although anticoagulation was not reintroduced as the protocol established, more than 50% of patients were readmitted in the ED for haematuria. Therefore, our study confirms that appropriate interruption of anticoagulation in the perioperative period is a delicate balancing act between complications of bleeding and thrombosis.

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

5PSQ-127 PHARMACOLOGICAL RISK FACTORS FOR DRUG-DRUG INTERACTIONS IN PEOPLE LIVING WITH HIV: A SYSTEMATIC REVIEW

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Background and Importance Improved survival of people living with HIV(PLWH) increases comorbidities burden leading to polypharmacy and drug-drug interactions(DDIs). DDIs suppose a higher concern in PLWH due to antiretroviral therapy(ART). Presence so risk factors(RF) for developing DDIs are of interest to detect cases needing for pharmaceutical assessment.
Aim and Objectives Assess literature on the pharmacological RF for developing DDIs in PLWH.
Material and Methods Following the PRISMA recommendations, a search combining terms associated with 'ART', 'DDIs' and 'RF' was conducted in MEDLINE database for relevant English- and Spanish-language articles from 2006 through January 2022. Longitudinal and cross-sectional studies were included. Articles not mentioning data on DDIs between ART and non-ART were excluded in a first screening phase. In a subsequent selection phase, articles were excluded if they did not contain information on RF for DDIs. The outcome of interest was the pharmacological RF for DDIs (or grouped by severity) between ART and non-ART in PLWH ≥18 years. Data was synthesised narratively.
Results 349 articles were identified and 10 included (4 longitudinal and 6 cross-sectional). Kunimoto-*et-al*, found an association between the occurrence of potential DDIs and number of comedications(OR=1.52[1.16–1.99]), similar correlation was reported by Okoli-*et-al*(OR=1.3[1.2–1.3]), Pontelo-*et-al* (OR=1.13[1.11–1.15]) and Bastida-*et-al*(OR=1.18[1.14-1.22]). El Moussaoui-*et-al* found that the number of comedications independently associated with orange-(OR=1.8[1.6–2.0]) and red-flag(OR=1.4[1.3–1.6]) DDIs. Related to comedication, Kunimoto-*et-al* found polypharmacy as a severe RF for DDIs (OR=11.69[3.01–45.40]), this also reported by López-Centeno-*et-al* for red-(OR=2.65[1.98–3.54]) and orange-flag (OR=2.17[1.90–2.47]) DDIs. Halloran-*et-al* reported that ART-regimens containing protease inhibitors (PIs) were more likely to have DDIs compared with those containing non-nucleoside reverse transcriptase inhibitors(NNRTI)- and integrase inhibitors(II). This increased risk of IP-regimens was also notified by Chen-*et-al*(OR=2.54[1.25-5.16]) and Bastida-*et-al* (OR=1.18[1.14-1.22]), instead Fernández Cañabate-*et-al* found it in PI-regimens(OR=8.82[4.07–19.14]) as also NNRTI-

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regimens(OR=2.65[1.25–5.16]). Moreover, El Moussaoui-*et-al* found PIs as an independent RF for red-(OR=7.9[3.2-19.5]) and orange-flag(OR=7.5[4.5-12.5]) DDIs while NNRTI (OR=2.4[1.5-4.0]) and the II(OR=1.6[1.0-2.6]) only it were for orange-flag. This risk of PIs of were more involved in red-flag/contraindicated was also reported by López-Centeno-et-al and Holtzman-*et-al*.

Conclusion and Relevance This is the first systematic review summarising literature in this field and is helpful to stratify patients at need for specialised management to reduce DDIs and polypharmacy burden.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-129 SWITCHING BETWEEN ANTI-CALCITONIN GENE RELATED PEPTIDE MONOCLONAL ANTIBODIES IN MIGRAINE

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Background and Importance Monoclonal antibodies (mAb) against calcitonin gene related peptide (anti-CGRP) and its receptor (anti-CGRP-receptor) are effective in the prophylaxis of migraine. However, studies to determine effectiveness and safety on switching between them in non-responders are scarce.

Aim and Objectives To evaluate the real-world clinical effectiveness and safety of mAb switch in migraine patients.

Material and Methods Retrospective cohort study of adult patients who switched between mAb in a tertiary hospital from December 2019 until September 2022. Sociodemographic and clinical data were recorded. Outcome measures: the reduction of Headache Impact Test (HIT-6) scale punctuation and the reduction of monthly migraine days.

Results We analysed 147 patients treated with anti-CGRP or anti-CGRP-receptor. Among these, 20 patients (13.6%) switched between mAb and had at least one follow-up visit after switching. 16 patients (80%) suffered from chronic migraine (CM) with a baseline median days of migraine a month of 15 [13-24], median Regicor scale of 2% [1-3%] and median HIT-6 of 67 [62.5-72.3]. 19 (95%) were female.

Out of these 20 patients, 15 (75%) started with Erenumab and 5 (25%) with Galcanezumab. First mAb switching was performed after a median of 7.4 months treatment [5.9-11.8] (12 from Erenumab to Galcanezumab; 3 from Erenumab to Fremanezumab; 2 from Galcanezumab to Erenumab and 3 from Galcanezumab to Fremanezumab). 5 patients required a second switch, and one received a third mAb. Reasons for first switching: 12 (60%) non-response, 7 (35%) loss of response and 1 (5%) adverse event. 1 patient (5%) discontinued mAb treating during the study period due to lack of effectiveness.

Median reduction in HIT-6 after first and second switching was-2 [-11.5-0],and -3.5 [-11.8-0], respectively. Median reduction of monthly migraine days after first, and second switching was -4.15 [-7-0] and-4.8 [-6.5 to -0.6], respectively.

Constipation (38.7%) and itchiness (3.2%) were the most frequent adverse events during the study period.

Conclusion and Relevance Our findings in 20 treatment-resistant patients indicated that switching between CGRP mAbs could be beneficial to some non-responders to a initial mAb.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-132 PHARMACOGENETIC-GUIDED TREATMENT IN PATIENTS WITH DYHYDROPIRYMIDINE DEHYDROGENASE DEFICIENCY

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Background and Importance Certain polymorphisms in *DPYD* gene are associated with partial or complete deficiency of dyhydropyrimidine dehydrogenase (DPD) enzyme and are linked to a greater risk of severe toxicities after fluoropyrimidines-based treatment. In 2020, the European Medicines Agency recommended that patients should be tested for the deficiency of DPD prior to treatment with fluorouracil, capecitabine or tegafur.

Aim and Objectives To assess the prevalence of *DPYD* variants linked to DPD deficiency in cancer patients who are candidates to treatment with fluoropyrimidines and to evaluate the safety of pharmacogenetic guided treatment in patients with DPD deficiency.

Material and Methods Prospective, observational study at a third level hospital. Cancer patients who underwent genotyping test for DPD deficiency between 1 November 2021 and 15 September 2022 were included. Demographic and clinical data were collected from electronic medical records. The polymorphisms studied were rs3918290, rs55886062, rs67376798 and rs75017182. DNA was obtained from peripheral blood samples and a pharmacogenetic analysis was performed using a real-time polymerase chain reaction technique. Patients were classified as normal, intermediate, and poor metabolisers according to the result of the test. Severe toxicities (grade 3-4 CTCAE 5.0) in intermediate and poor metabolisers were screened during the first two cycles of treatment.

Results A total of 345 patients were included, 52.6% male, mean age 68.3 years (SD 11.7). The most frequent diagnoses were colon cancer (43.8%), rectal cancer (18.9%), pancreatic cancer (9.8%), breast cancer (8.0%) and gastric cancer (7.1%).

Overall, 14 patients were classified as intermediate metabolisers: 8 patients were heterozygous for rs75017182, 3 patients were heterozygous for rs67376798, 2 patients were heterozygous for rs3918290 and one patient was homozygous for rs75017182.

Eleven of the intermediate metabolisers were treated with fluoropyrimidine-based chemotherapy (three patients did not start treatment) with an initial 50% dose reduction and further adjustment based on initial tolerance to treatment. During follow up, these patients underwent treatment without suffering any grade 3-4 adverse event. No further dose reductions or treatment delays were required in this group of patients.

Conclusion and Relevance Overall, 4.1% of the patients of our cohort had partial DPD deficiency. Treatment individualisation

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