

surgery, but with the data available 70% of them had no recurrences.

Only one of all patients had an adverse event (ocular irritation).

Two patients received Bioferon[®], both with OSSN. One had complete response and the other partial response with no adverse effects.

Conclusion and Relevance We can conclude that eye drops of interferón alfa-2b are safe and effective to treat malignant pathologies and the formulation with the new drug Bioferon seems to maintain safety and efficacy, but we need more patients to confirm it.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

6ER-031 KNOWLEDGE ABOUT HUMAN IMMUNODEFICIENCY VIRUS (HIV) TRANSMISSION IN PEOPLE LIVING WITH HIV IN ANTIRETROVIRAL THERAPY

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10.1136/ejhp-2023-eahp.352

Background and Importance Human Immunodeficiency Virus (HIV) infection is nowadays chronic due to antiretroviral therapy (ART).

Knowledge about HIV transmission (KHIVT) empowers people living with HIV (PLWHIV) to engage in ART.

Aim and Objectives To describe KHIVT among PLWHIV on ART and to identify factors associated with lower access to this information.

Material and Methods Multicentre (5 centres), observational, prospective and cross-sectional study. We included adult PLWHIV on ART with >3 months since diagnosis.

KHIVT was evaluated using an *ad hoc* questionnaire of 20 statements, to be replied 'true' or 'false'. Results are the percentages of correct answers, considering as optimal knowledge results $\geq 80\%$.

Factors collected were sexual orientation, gender identity, racialisation, religion, social support, educational level, relationship and economic status, social visibility, drug use, and involvement in sex work.

Associations between quantitative and qualitative variables were analysed with Student's T test or Mann-Whitney U test based on normality tests. Spearman correlation coefficient (r) was used between quantitative variables.

P-values <5% were considered statistically significant.

Results We enrolled 169 participants, aged 20-81 years old ($\bar{x}=46.6 \pm 12.2$); 147 men, 19 women, and 3 non-binary people.

KHIVT obtained an average result of $87.2 \pm 10.4\%$. 77.52% of participants had optimal knowledge.

Three of the four statements with the worst results were that related to HIV untransmissibility in PLWHIV with undetectable viral load (U=U).

STATEMENT	PARTICIPANTS THAT ANSWERED CORRECTLY (%)
ART could allow unprotected sex without risk of transmission (TRUE)	38.46%
There is no risk of transmission when the viral load is undetectable (TRUE)	64.50%
HIV can be transmitted through infected bodily fluids (TRUE)	72.78%
Children of HIV+ pregnant persons will always be HIV+ (FALSE)	75.15%

Women achieved worse results than men ($\Delta\bar{x}=8.16$ | CI95%:3.3-13.0 | $p=0.001$).

Heterosexual men achieved worse results than homosexual men ($\Delta\bar{x}=6.1$ | CI95%:2.7-9.5 | $p=0.001$). There were no significant differences between bisexual men and other men.

PLWHIV with no/only primary education obtained worse results ($\Delta\bar{x}=7.5$ | CI95%:3.2-11.8 | $p=0.000$).

PLWHIV with an income <1,000€/month (gross) obtained worse results ($\Delta\bar{x}=3.7$ | CI95%:0.5-6.8 | $p=0.015$).

Age was inversely correlated with KHIVT ($r=-0.367$ | $p=0.000$).

Conclusion and Relevance About a quarter of PLWHIV have sub-optimal KHIVT. Furthermore, the premise U=U is not yet sufficiently widespread.

Women, heterosexual men, older people, people with low education level and those with a limited economical income have greater difficulty accessing this information.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

6ER-032 HOW CAN DUTCH UNIVERSITY HOSPITALS CONTRIBUTE TO AFFORDABLE MEDICINES AND COST CONTAINMENT OF TOTAL HOSPITAL DRUG EXPENDITURE: A DELPHI STUDY

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10.1136/ejhp-2023-eahp.353

Background and Importance Increasing expenditure on pharmaceuticals is of growing concern to the affordability of healthcare systems across Europe. As stated in the European Commission (EC)'s Pharmaceutical Strategy for Europe all stakeholders should be involved in tackling this problem. The EC has indicated that solutions along the entire drug life cycle (DLC) should be considered as it offers a more comprehensive and integrated view to address this topic. Being a stakeholder, university hospitals (UH) are engaged in multiple phases of the DLC, consisting of (pre-)clinical research, market authorisation, pricing and reimbursement, manufacturing, procurement, prescribing, dispensing and monitoring real-world effectiveness.