4CPS-058 SYMBALOO AS DIGITAL TOOL FOR HAEMOPHILIA

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Background and Importance In rare diseases such as haemophilia, the access to rigorous information is essential.
Aim and Objectives To describe the virtual desktop developed by our pharmacy service for haemophilia patients. It includes shortcuts to selected resources. The aim is to facilitate quick, free and easy access to information about the disease and its treatment.
Material and Methods The tool selected to create the virtual desktop was Symbaloo® (symbaloo.com), which brings together in one place the selected links to useful and rigorous websites. It has been organised in colour -coded sections according to the type of information offered in each block. The name of the virtual desktop is 'Haemophilia for patients'.
Results The desktop has a total of 43 web links organised in 16 blocks belonging to 8 sections:

1. Introduction to haemophilia.
2. Regional, national and international haemophilia associations and a list of national treatment centres.
3. Children's blocks.
4. Advice on sports and lifestyle habits in haemophiliacs.
5. Document for the haemophiliac traveler.
6. Treatments: patient leaflets, self-infusions and individualised treatment.
7. Information sheets from our pharmacy service.

This is a dynamic desktop that is updated with news and improvements to adapt it to the patient's needs. The link to access our virtual desktop is: https://bit.ly/HEMOPHILIA.

A web prescription sheet was also designed with a QR code to be scanned with the patient's cell phone to facilitate the access, including instructions for using the desktop and the pharmacist's contact information.
Conclusion and Relevance Symbaloo is a potentially useful digital platform for providing quality information and useful web resources to haemophilia patients. Healthcare professionals can, and should, provide our patients with useful digital content that allows them to learn about the management of their disease. Through these online tools, patients' digital health literacy can be improved.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-064 EFFECTIVENESS OF RIBOCICLIB AND ABEMACICLIB AS FIRST LINE TREATMENT FOR METASTATIC BREAST CANCER IN POST-MENOPAUSAL WOMEN

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Background and Importance Ribociclib and abemaciclib are cyclin-dependent kinase 4/6 inhibitors (CDK4/6-i) used as treatment for patients with negative epidermal growth factor receptor 2 (HER2-) and positive hormone receptor (HR+) metastatic breast cancer (MBC). MONALEESA-2 and MONARCH-3 trials evaluated the efficacy of this drugs as first line treatment in post-menopausal women.
Aim and Objectives To assess effectiveness of ribociclib and abemaciclib in HER2- and HR+ MBC in clinical practice, comparing results with reference bibliography.
Material and Methods Descriptive retrospective study included post-menopausal women with HER2- and HR+ MBC receiving CDK4/6-i as first line of treatment between August-2017 and September-2022. Data were recorded from electronic clinical history and prescription program Prisma®: gender, age, ECOG, CDK4/6-i and combined endocrine therapy, dosage and treatment duration. Effectiveness was assessed by progression free survival (PFS), overall survival (OS) and PFS rate at 12 months, using Kaplan-Meyer statistical analysis with SPSS V.21.0. Results were compared with those described in pivotal clinical trials.
Results A total of 63 women were included. Mean age was 63 (range 50–84) years. At baseline, ECOG=0/1 was observed in 93.7% cases and ECOG=2/3 in 6.3%. Abemaciclib was used in 50.8% patients and 49.2% ribociclib. CDK4/6-i were combined with letrozole in 58.7% patients and fulvestrant in 41.3%. Dose reduction occurred in 48.4% patients with ribociclib and 34.4% with abemaciclib. For ribociclib, median treatment duration was 16 (2–54) months and 11 (2–32) months for abemaciclib. Estimated PFS median for ribociclib was 28.0 (95% Confidence Interval: 6.6–49.3) months and was not reached for abemaciclib. Ribociclib and abemaciclib estimated OS median were not reached at data cut-off. PFS rate at 12 months was 67.3% (95% CI: 58.8–75.8) for ribociclib, and 60.7% (95% CI: 51.4–70.0) for abemaciclib. For ribociclib, MONALEESA-2 trial presented a PFS median of 25.3 months, OS median of 63.9 months and 12-month PFS rate of 72.8%. For abemaciclib, MONARCH-3 showed a PFS median of 28.2 months, OS median was not reached and 12-month PFS rate was not described.
Conclusion and Relevance Real-life effectiveness results confirmed a substantial benefit of ribociclib and abemaciclib. These data appeared to be slightly superior than those described in the literature. Larger sample size and longer follow-up time are necessary to extract more conclusive information.

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4CPS-069 EXPERIENCE OF ONCO-HAEMATOLOGY PATIENTS IN OUTPATIENT THERAPY WITH COMPREHENSIVE MEDICATION MANAGEMENT IN THE CONTEXT OF A COVID 19 PANDEMIC

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