Reversal strategy costs in Spain: 4F-PCC Laboratory Sale Price (LSP) 500 UI/20mL: 214,9€, vitamin K LSP 10mg/1mL: 1,1 €, Idarucizumab LSP 2.5g/50 mL: 1500€. Cost calculated by rounding to the number of vials (for example, 4F-PCC 1600IU=4 vials). Currently, daily hospital stay cost in a surgical unit =258,8€/day.

Results 691 patients included,148(21,0%) anticoagulated. 25 (4,0%) excluded because of no surgery, so the final analysis included 666 patients,141 anticoagulated. 63(44,7%) were anticoagulated with acenocoumarol, 40(28,4%) apixaban, 29 (20,6%) rivaroxaban, 12(8,5%) dabigatran, 8(5,7%) edoxaban and 1(0,7%) with warfarin. Early surgical goal in orthogeriatric patients in Spain (proximal femur fracture in patients >65 years) is intervention in <48 hours since admission. It was only achieved in 12,8% of anticoagulated patients in 2020 and 2021(18). Meantime between admission and surgery =4 ± 6 days. Days between admission and surgery =574 for all anticoagulated patients in total. Estimated total cost of anticoagulant reversal =134.683,5€ (955,2€/patient). Assuming this strategy is used and surgery is performed in the first 24 hours, hypothetical hospitalisation cost could decrease, saving 574 admission days and 148.537,3€.

Conclusion and Relevance Early hip fracture surgery within 48 hours from admission reduces complications in elderly patients. Anticoagulation reversal strategies in anticoagulated patients have a significant economic impact but would allow to reduce hospital stay with potential savings in healthcare costs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-197 CONCOMITANT USE OF PROTON PUMP INHIBITORS AND PALBOCICLIB: ¿IS THERE A REAL IMPACT ON RESPONSE?

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Background and Importance The concomitant use of palbociclib with proton pump inhibitors (PPIs) has recently been associated with a reduction in PFS (progression-free survival). However, the results of the study are questionable for methodological reasons.

Aim and Objectives To determine whether concomitant use of palbociclib with PPIs in our cohort of patients with metastatic breast cancer is associated with clinical response.

Material and Methods Retrospective observational study including all patients who started treatment with palbociclib between December 2016- November 2021 Demographic and clinical data were obtained from the electronic clinical records. Patients were categorised whether they were taking concomitant PPIs or not. Primary endpoints included both PFS and OS (overall survival).

PFS and OS were analysed through Kaplan-Meier survival curves using the log-rank test to check differences between curves. The Cox regression model was used to identify independent risk factors for PFS and OS.

Results A total of 87 patients were included. Demographic and clinical characteristics are shown in table 1.

Abstract 4CPS-197 Table 1 Patients' characteristics

	Total patients (n=87)
Age in years, mean ± SD	63.4 ± 12.8
Female, *N*(%)	85 (97.7%)
Body mass index (BMI) in kg/m^2, mean ± SD	26.6 ± 5.6
Baseline ECOG PS 0–1, *N*(%)	80 (87.0%)
Line of therapy, *N*(%)	
1	63 (72.4%)
2	17 (19.5%)
≥3	7 (8.1%)
Concomitant drug, *N*(%)	
Fulvestrant	33 (37.9%)
Aromatase inhibitor	54 (62.1%)
Concomitant PPI, *N*(%)	32 (36.8%)

Fifty-two patients (59.8%) discontinued treatment and 39 (44.8%) required ≥ 1 dose reduction. Median PFS and OS were 19.9 ± 13.6 and 26.0 ± 14.3 months, respectively.

In univariate analysis, concomitant treatment with fulvestrant and ≥3 treatment line, were significantly associated with PFS (HR 1.83; 95% CI(1.05–3.20) p=0.032 and HR 8.88; 95% CI(3.32–23.8) p<0.001, respectively). Treatment lines 2 and 3, were significantly associated with OS (HR 2.68; 95% CI(1.13–6.34) p=0.025 and HR 14.6; 95% CI(4.87–43.6) p<0.001, respectively).

Patients with PPIs were not associated with a significantly prolonged median PFS (log-rank p=0.560) nor OS (log-rank p=0.058).

Conclusion and Relevance Contrary as described in the literature, patients in our cohort under concomitant treatment with PPIs showed no negative impact on PFS nor OS.

However, studies with larger numbers of patients, multivariate analysis and longer follow-up are needed to confirm these results.

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Conflict of Interest No conflict of interest

4CPS-203 ANTIBIOTIC STEWARDSHIP PROGRAMME INTERVENTIONS IN A THIRD LEVEL HOSPITAL IN SPAIN: A ONE-YEAR REVIEW

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Background and Importance Antibiotic stewardship programme (ASP) consists of a multidisciplinary group involving infectious diseases physicians, microbiologists and pharmacists. ASP improves clinical outcomes, patient safety and help to combat antibiotic resistance. In our hospital, ASP includes daily review of antifungal and broad-spectrum antibiotic prescriptions (AP) in order to optimise the management among hospitalised patients.

Aim and Objectives To assess the appropriateness of antifungal and broad-spectrum AP and the acceptance of interventions made to optimise the antimicrobial management during one year.