Material and Methods Retrospective and observational study of interventions made as a part of the ASP in a multidisciplinary meeting from May 2021 to May 2022. Antifungal (caspofungina, anidulafungin, liposomal amphotericin and triazoles), last treatment choice and broad-spectrum antibiotics prescribed for 2 days were analysed (attending specially to meropenem, ceftazidime-avibactam and ceftolozane-tazobactam). We examined the indication of the AP, if it was an empirical, prophylactic or targeted treatment and the appropriateness. It was considered as inappropiate if an intervention of ASP was needed. Then we made a recommendation according to dosage optimisation, duration of treatment, antibiotic de-escalation and escalation, and necessity for supplementary tests. Finally, interventions acceptance was checked.

Results We analysed 1552 AP. 120, 7.7% were stopped before analysing their appropriateness. Meropenem was the antimicrobial most commonly reviewed (906; 58.4%), followed by caspofungina (74; 4.8%), linezolid (65; 4.2%) and daptomycin (59; 4.8%). Indications for AP were: intraabdominal infections (565; 39.4%), lower respiratory tract infections (269; 18.8%), urinary tract infections (161; 11.2%), bacteremias (83; 5.8%), skin and soft tissue infections (75; 5.2%), febrile neutropenias (66; 4.6%), and less frequently endocarditis and osteoarticular or central nervous system infections.

AP reviewed were: empirical (1020; 71.2%), targeted (377; 26.3%) and prophylactics (36; 2,5%).

Overall, 413, 28.8% of AP were judged inappropriate, 1019, 71.1% appropriate. Regarding unsuitable prescriptions, ASP recommended to: de-escalate (53%), suspend (25,4%), optimise the dose (9,2%), request supplementary test (4,3%) and change the antibiotic (2,4%).

Regarding acceptance of inappropriate AP, 300 (72,6%) interventions were accepted.

Conclusion and Relevance It's essential to stress the importance in optimising the use of antibiotics with other strategies such as infection control, guidelines development and other activities promoted by an ASP to prevent the spread and emergence of antibiotic resistance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-205 PHARMACIST'S INTERVENTION IN THE THERAPEUTIC MANAGEMENT OF PATIENTS WITH HEART FAILURE – AN OPPORTUNITY FOR IMPROVEMENT

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Background and Importance Patients with Heart Failure (HF) have high morbidity and mortality, which implies the use of a vast number of drugs. This polymedication is associated with a great potential for drug interactions and lack of adherence to treatment by patients. The balance between the ability to adequately medicate each patient and therapeutic simplification is a challenge for healthcare professionals. Literature suggests that interdisciplinary approach has significant gains in terms of adherence to therapy and quality of life in patients with HF.

Aim and Objectives To characterise pharmacist's interventions in patients with HF followed in a pharmacist consultation at a central hospital.

Material and Methods Descriptive, observational, retrospective study, which includes patients referred by the physician for pharmaceutical consultation, between May 2021 and August 2022.

Results It were performed 176 pharmaceutical consultations regarding 110 HF patients, 62 males (56%), mean age of 77 ± 11 years. Therapeutic reconciliation and medication review were carried out and an updated pharmacotherapeutic guide was given to these patients as well as education and literacy about the use of medicines. We identified 145 drug interactions of category X or D. Of those, 44 mandatory dose adjustment due to renal function alteration; 27 medications needed administration schedule adjustment; 18 dosage adequacy; 13 discrepancies and 3 required liver function adjustment. In this context, 225 pharmaceutical interventions were performed, 89 were accepted by the physician. Of the remaining, 90 corresponded to suggestions for additional monitoring and 17 were directed to physicians from different specialties who follow these patients for concomitant pathologies.

Conclusion and Relevance This data confirms that hospital pharmacists, working collaboratively with the multidisciplinary health team, have a fundamental role in comprehensive medication management as well as in identifying unmet-needs, thus, opportunities for therapy improvement in patients with HF. Pharmaceutical consultation stands as a great opportunity for promoting drug safety and medicines use optimisation.

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Conflict of Interest No conflict of interest

4CPS-214 REAL-LIFE RESULTS ON THE USE OF TRASTUZUMAB EMTANSINE IN HER2-POSITIVE METASTATIC BREAST CANCER

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Background and Importance Trastuzumab emtansine (T-DM1) as a single agent is approved for patients with HER2-positive locally advanced or metastatic breast cancer (MBC) previously treated with a taxane and trastuzumab.

Aim and Objectives To estimate the Overall Survival (OS) and the Progression-Free Survival (PFS) in patients with HER2-positive MBC treated with T-DM1. The results will be compared with those obtained with the pivotal trials.

Material and Methods Retrospective study which included all patients receiving T-DM1 for the treatment of HER2-positive MBC between 2016 and 2022 in a tertiary hospital.

The variables studied were sex, age, ECOG stage, treatment duration, reason for discontinuation and percentage of dead patients at the end of the study.

Data were collected through the electronical clinical record and the onco-haematological prescription program. Statistical analysis was performed with SPSS v.22.0. The Kaplan-Meier method was used to calculate OS and PFS.

Results A total of 30 patients were analysed (100% women). The median age was 58 (range, 48 to 66) years. The 66,7% of patients (N=20) had ECOG 0–1 and the 33,3% (N=10) had ECOG 2.

The median number of cycles received were 8 (range, 3 to 16) and the median treatment duration was 6 (range, 3 to 12) months.

The reasons for the treatment discontinuation were: 53,3% progression (N=16), 6,7% toxicity (N=2) and 10% death (N=3).

At the end of the study, the 30% of patients (N=9) continued with the treatment and the 48,3% (N=14) had died.

The median OS obtained was 16,80 months (95% CI 7,64 to 25,96) and the median PFS was 10,27 months (95 CI% 5,34 to 15,35).

In the study TDM4450g/BO21976, the median of PFS and OS were 9,4 and 30,9 months, respectively. In the pivotal trial TDM4370g/BO21977, the median PFS was 14,2 months and the OS could not be estimated.

Conclusion and Relevance The median PFS in patients with HER2-positive MBC treated with T-DM1 reported in our study was similar than the pivotal trials. However, the median OS was substantially lower than the study TDM4450g. This difference could be mainly due to the sample size. Moreover, patients included in the previous study had a better functional status (100% ECOG 0–1) than our patients at the start of the treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-220 COMPARATIVE ANALYSIS OF SKIN TOXICITY ON PATIENTS WITH METASTATIC COLON CANCER TREATED WITH EPIDERMAL GROWTH RECEPTOR BLOCKING DRUGS

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Background and Importance Treatment with chimeric recombinant IgG1 (cetuximab) and human IgG2 (panitumumab) epidermal growth factor receptor (anti-eGFR) blocking antibodies, is associated with skin and subcutaneous tissue disorders in most patients.

This may result in the discontinuation of treatment in patients with stage IV colon cancer.

Aim and Objectives To evaluate skin toxicity and analyse tolerance to both anti-eGFR drugs.

Material and Methods An observational, retrospective, and descriptive study of patients treated with panitumumab or cetuximab in monotherapy or associated with chemotherapy between June 2020 – June 2022 was conducted in a tertiary hospital.

Safety was evaluated according to Cancer National Institute-Common Terminology Criteria for Adverse Events version 5.0(CNI-CTCAE-v5.0). The data collected were: sex, age, weight, location and grade of metastasis, Eastern Cooperative Oncology Group (ECOG), cycle and grade of the first episode of toxicity, and tolerance. The information was obtained from the Oncofarm® program and the Diraya® digital medical record. Data analysis was performed using the PASWStadistic18 statistical package.

Results Forty-two patients were evaluated, 21 treated with panitumumab and 21 cetuximab. 35/42 (80%) developed skin toxicity. Skin toxicity was more frequent in the panitumumab group than in the cetuximab group: 18 patients (87.5%) vs 17 (81%). The first skin reactions occurred in cycle 1, in 88.9% with panitumumab and in 64.7% with cetuximab. Grade 1 toxicity was observed in 21 patients (60%), mainly acne, being more frequent in the cetuximab group than panitumumab: 12 patients (70.6%) vs 9 (50%). However, 50% of the panitumumab group developed severe toxicities (grade 2–3), mainly xerosis and acneiform rash. No grade 4 toxicities were reported. Cetuximab was well tolerated in 70.6% of patients while panitumumab produce poor tolerance in 68%, causing treatment discontinuation due to severe skin toxicity in 11%. Adherence to preventive treatment measures (hydration, sun protection, topical formulations and/or antibiotic therapy) allowed the continuity of treatment, with disease progression being the cause of suspension in 47.6% (20 patients).

Conclusion and Relevance In this study, panitumumab has shown more aggressive toxicity than cetuximab. Good practice in preventive toxicity treatment is necessary for continuity of anti-eGFR therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-221 ASSESSMENT OF CLINICAL BENEFIT OF CANCER TREATMENTS ACCORDING TO THE EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY SCALE

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Background and Importance The European Society for Medical Oncology – Magnitude of Clinical Benefit Scale (ESMO-MCBS) is a tool designed to evaluate the clinical benefit of cancer treatments and can facilitate decision-making.

Aim and Objectives To analyse which of the cancer treatments started providing a substantial magnitude of clinical benefit according to the ESMO-MCBS. Know the prevalence of patients who have started some low benefit treatment. Assess whether the ESMO-MCBS could be a good indicator of the prescription's quality.

Material and Methods Retrospective observational study that included all cancer treatments that were started in a tertiary care hospital from 03/01/22 to 06/30/22. The variables were collected: patient, treatment(s) prescribed, indication and ESMO-MCBS rating. The ESMO-MCBS score is considered in two different therapeutic settings: potentially curative treatments (A, B and C) and non-curative treatments (1 to 5). Substantial magnitude of clinical benefit was graded as A, B, 5