to overcome and refining guidelines by providing a comprehensive range of evidence-based recommendations for the prevention of SSIs.

NP-006 IMMUNOTHERAPY IN SECOND-LINE TREATMENT OF NON-SMALL CELL LUNG CANCER

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Background and Importance The introduction of immunotherapy in the treatment of patients with non-small cell lung cancer (NSCLC), whose disease progressed after first-line treatment, was considered an important advance. Real-life use data for these drugs are essential to measure their real added value in the treatment of these patients.
Aim and Objectives Our aim was to study the effectiveness of Atezolizumab (ATZ), Nivolumab (NVL) and Pembrolizumab (PMB), in the second-line treatment of NSCLC, in real clinical practice and analyze it considering the efficacy described in published clinical trials.
Materials and Methods This is an observational retrospective study of patients diagnosed with locally advanced or metastatic NSCLC, treated in second-line or later until the end of August 2021, with one of the following drugs: ATZ; NVL or PMB. Effectiveness was evaluated in terms of Progression-Free Survival and Global Survival.
Results Thirty-two patients treated with ATZ, 46 with NVL and 17 with PMB were included. Of the treated patients, 59.4% for ATZ, 39.1% for NVL and 100% for PMB had positive expression of PDL1 (>1%). The median progression-free survival calculated was 5.6 months for ATZ; 8.4 months for NVL and 5.0 months for PMB. The median overall survival calculated was 16.3 months for ATZ, 15.7 months for NVL and 32.6 months for PMB.
Conclusions and Relevance The progression-free survival and overall survival obtained demonstrate that, when used in clinical practice, the drugs studied are effective, with results not lower than those demonstrated in clinical trials. Immunotherapy proves to be a relevant therapy in the second- line treatment of NSCLC.

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NP-007 RECOMMENDATIONS FOR ADMINISTRATION OF IMMUNOSUPPRESSANTS VIA ENTERAL FEEDING TUBE ACCORDING TO THEIR *IN-VITRO* ADMINISTRATION

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Background and Importance Immunosuppressants (IS) are used in the treatment and prevention of graft rejection after solid organ or tissue transplantation.[1] Their administration via an enteral feeding tube (EFT) is problematic regarding their narrow therapeutic index, cytotoxic, teratogenic potential, and occupational hazard. Incomplete absorption due to incorrect administration via EFT may lead to graft rejection.[2] Appropriate drug forms of IS for administration via EFT are missing in our country.
Aim and Objectives Despite multiple published guidelines for the administration of medicines via EFT, available drug forms differ between countries. Our aim was to create local recommendations for the safe administration of IS via EFT reflecting the available medicines in our country, while preventing EFT occlusion and preserving optimal effect.
Materials and Methods A literature search was aimed to determine the site of absorption, incompatibilities, and measures to decrease the occupational hazard. The practical part consisted of dissolving tablets, capsules' content, and their administration via EFTs of diameters 10, 8, and 6 Fr. The administration of IS was realized by the adapted protocol by White et al., 2015.[3] We evaluated the rate of disintegration of tablets and tube occlusion.
Results Only one brand of mycophenolate mofetil tablets and two brands of azathioprine tablets disintegrated in a syringe. All the other tablets need to be crushed. Two of the studied IS caused the occlusion of a 6 Fr EFT, no EFT of wider diameter was occluded. We summaries our recommendations in a table.
Conclusion and Relevance Crushing tablets or opening capsules is often the only possibility for IS administration via EFT. In these cases, using personal protective equipment is always needed. Ciclosporin, mycophenolate mofetil, and azathioprine can be administered relatively safely. Special attention is needed when an EFT of 6 Fr is used due to its easy occlusion.

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NP-008 EMERGENCY DEPARTMENT REVISIT SOCORE BASED ON PHARMACOTHERPAY

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Background and Importance Drug-related problems (DRPs) are a common reason for visiting the emergency departments (ED). However, the information available on risk factors associated with new ED visits based on the patient's pharmacotherapy is limited.
Objective To develop a predictive model of the risk of revisiting the ED at 30 days based on patients' treatment at discharge.
Methods Retrospective cohort study involving adult patients who attended the ED in Catalonia (Period: 2019) with a triage level of 1–3. A 30-day return visit prediction model was created in a referral cohort (60%) using a logistic regression model, being validated in a validation sample (40%). Variables included in the multivariate analysis were assigned a score proportional to the regression coefficient. The sociodemographic variables considered in this study were age, sex and income level, multimorbidity burden based on the Adjusted

Morbidity Groups (GMA). Forty-four groups of drugs associated with DRPs were evaluated.
Results 851,649 patients were included [201,445 (23.6%) with >9 drugs prescribed at discharge], of whom 134,560 (15.8%) visited the ED after 30 days. The four variables evaluated (sex, age, GMA, and income level) and 34 ATC groups were associated with the risk of repeat ED consultation and were combined into a final score (DRP-Score). The drugs with the highest risk score were osmotic laxatives (RR:1.421(95% CI:1.264–1.596)), b-lactam antibiotics (1.333(1.123–1.583)), digoxin (1.282 (1.256–1.309)), heparins (1.150 (1.112–1.190) and lithium (1,146 (1.000–1.315)) The model achieved an area under the receiver operating curve (AUC-ROC) values of 0.648 (95% CI: 0.646–0.650) in the reference cohort and 0.647 (0.644–0.649) in the validation group. Three risk categories were generated, with the following estimated risks of revisiting the ED at 30 days: low risk: 10.2%, intermediate risk: 18.3%, and high risk: 28.4%. The score was validated in a sample of 1437 patients who visited the ED for DRPs, maintaining its predictive capacity.
Conclusion and Relevance The DRP-score identifies patients at high risk of returning to the ED within 30 days based on pharmacotherapy, being a useful tool for prioritizing interventions from these units.

NP-009 ASSESSMENT OF MEDICATION DISCREPANCIES BY PHARMACIST-LED MEDICATION RECONCILIATION AT ADMISSION: A PROSPECTIVE STUDY IN TRAUMATOLOGY

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Background and Importance Medication errors leading to preventable adverse drug events occur mainly during transitions of care (admission/discharge from a healthcare facility, hospital interdepartmental transfers). Data on drug reconciliation in surgical wards are scarce.
Aim and Objectives The purpose of this study was to assess the prevalence of medication discrepancies in patients admitted to an orthopaedic and trauma department during the medication reconciliation process performed by a pharmacist at admission, and to identify potential risk factors.
Materials and Methods This was a prospective single-center observational study conducted over a 15-week in 2021. Eligible patients were adults hospitalized in two units of an orthopaedic and trauma department of a tertiary university hospital in Switzerland, admitted for a duration of hospitalization > 48 hours, in the presence of a chronic pathology and/or a medication at risk and/or on the physician in charge of the patient's request. The Best Possible Medication History list was established for each patient and compared to the prescription on admission to identify medication discrepancies. These discrepancies were classified as intentional/unintentional on the basis of the medical record and, if necessary, a discussion with the physician. A multivariable analysis by logistic regression was performed to identify predictors of the 'presence of an unintentional medication discrepancy (UMD)'.
Results 120 patients were included in the study with a median age of 71 years [IQR 63.5 – 83.5]. 71.7% of patients were taking ≥ 5 medications before admission. The median pharmaceutical time required to perform the medication reconciliation activity was 36 minutes [IQR 29 – 45]. 60.8% of admitted patients had at least one UMD on admission with a median of 2 per patient [IQR 1 – 3]. Unintentional drug omission (67.3%) and dose modification (21.2%) were the most frequently encountered UMD. 88.5% of identified UMD were corrected. Polymedication (≥ 5 medications) was the only variable associated with 'presence of an UMD' at a level very close to the established statistical significance level of p = 0.05 [OR 2.24, p-value 0.065].
Conclusion and Relevance This study confirms the major interest of the medication reconciliation at admission in an orthopaedic and trauma department in an elderly and polymedicated population, exposed to high-risk medications and to a risky process.

NP-010 DEVELOPMENT OF A 2% LIDOCAINE GEL FOR LOCAL ANAESTHESIA OF THE EYE PRIOR TO INTRAVITREAL INJECTION

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Background and Importance Intravitreal injection is a very common eye surgery. The preparation of the injection is time-consuming and labour-intensive, because patients receive several ophthalmic drugs beforehand like locally disinfecting, pupil dilating and local anaesthetic eye drops. Additionally, eye drops containing oxybuprocaine must be applied 3 to 5 times at minute intervals for a sufficient anaesthetic effect.
Aim and Objectives To simplify the process, a local anaesthetic eye gel preparation was requested. The increased viscosity leads to a longer local exposure time on the eye. A single dose is therefore sufficient to achieve the required local anaesthetic effect. As far as we know, a corresponding product is not available on the German market, so an in-house product was developed.
Material and Methods The active ingredient lidocaine hydrochloride 2% (w/w) is dissolved in hot WFI with 0.48% (w/w) sodium chloride as an isotonizing additive. 0.25% (w/w) sodium monohydrogen phosphate x 12 H2O, leads to a pH value of 6 -7 in the finished gel. pH 7 must not be exceeded, to prevent precipitation of lidocaine base. Hydroxyethylcellulose 250 (Natrosol 250 G pharm®), a sterilizable gelling agent, is incorporated into the hot solution at a concentration of 2.5% (w/w). After cooling, WFI is added to the full batch weight, the batch is stirred vigorously and left to stand covered overnight. A homogeneous gel of suitable viscosity develops overnight. The following day, the gel is filled into Redipac® single-dose containers with subsequent autoclaving under standard conditions.

The identity and content of the preparation is checked by UV/VIS spectroscopy.
Results The preparation described achieves a sufficient local anaesthetic effect after single application, is free of preservatives and can be stored at room temperature.
Conclusion and Relevance The lidocaine gel in single-dose containers has significantly accelerated and simplified the preparation of intravitreal injections in the UKSH Eye Clinic.