Abstract 4CPS-167 Table 1 Number of patients, administrations and days between each administration of ICI

	Atezolizumab	Durvalumab	Nivolumab	Pembrolizumab
Number of patients (%)	26 (10.24)	24 (9.45)	85 (33.46)	120 (47.24)
Median number of administrations (IQR)	4 (3-8)	13 (5-24)	7 (3-22)	6 (3-13)
Mean days between administrations (SD)	24 (7.43)	18 (7.67)	22 (31.38)	25 (15.99)

We can see a significate decrease on the number of patients treated with an ICI between May 2020 and August 2020, possibly influenced by the decrease in the number of patients diagnosed with NSCLC during the COVID-19 pandemic.

The mean days between each ICI administration was slightly above the approved posology, possibly due to delays because of adverse effects.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest

4CPS-168 RESULTS OF THE USE OF GALCANEZUMAB IN ROUTINE CLINICAL PRACTICE

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Background and Importance Migraine is a highly disabling neurovascular disorder characterised by a severe headache and trigeminovascular system activation, involving the release of calcitonin-gene related peptide (CGRP). Galcanezumab is a humanised monoclonal antibody blocking the CGRP.

Aim and Objectives

Analyze:

- The effectiveness of galcanezumab in the prophylaxis of chronic migraine
- Response to other anti-CGRP monoclonal antibodies after galcanezumab failure

Material and Methods Observational-retrospective study from January 2020 to September 2022. Patients in whom at least one year had passed since the start of galcanezumab treatment were included.

Variables analysed: demographics, baseline migraine days/month (MDM), three months later, objective response rate (ORR) >50%, duration, reason for suspension, and action. The headache impact test (HIT-6) was performed at baseline vs after three months of treatment. This score presents a range between 36 and 78 (<49= little or no impact, 50-55= certain impact, 56-59= important impact, >60= very severe impact).

Quantitative variables were expressed as median (interquartile range).

Results 56 patients were included.

Age	50(43-58) years
Gender (woman)	77%
Galcanezumab duration	6(6-9) months
MDM month 0	15(14-17)
MDM month 3	5(3-6)
ORR>50%	84%
HIT6 month 0	72(68-76)
HIT6 month 3	49(48-57)

- 9%(5) of the patients continue with active treatment, 100% maintain effectiveness, median MDM: 3(2-6).
- 91% (51) discontinued treatment:

Reason for suspension	**67% Neurologist's**	**decision (34)**	**29%lack of**	**effectiveness (15)**	**4% Toxicity (2)**
Medical action	**Reset Galcanezumab**	**No required reset***	**Change to Erenumab**	**Change to Fremanezumab**	
NªPatients	19	15	4	7	
MDM month 0	15(12-16)		15(15-17)	15(15-20)	
MDM month 3	4(3-5)		15(12-17)	15(7-20)	
ORR >50%	89%		25%	43%	
HIT-6 month 0	73(68-76)		73(68-78)	66(59-70)	
HIT-6 month 3	57(50-68)		72(64-78)	57(55-67)	

*Median months without treatment after suspension: 7(5-11).

Conclusion and Relevance A high percentage of patients presented a good response to galcanezumab, with an improvement in the HIT-6 score.

A large number of patients who received temporary prophylaxis with galcanezumab did not require another visit to the neurologist. Most of the patients who required reintroduction of galcanezumab reached an ORR>50%.

Less than half of the patients who restarted therapy with a different anti-CGRP after galcanezumab failure, achieved an ORR>50%.

All patients who continued with galcanezumab from the start, maintained effectiveness of the treatment

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest

4CPS-171 METHADONE DRUG-DRUG INTERACTIONS POTENTIALLY RELATED TO CARDIOVASCULAR EVENTS IN CLINICAL PRACTICE

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Background and Importance Methadone continues to be the drug of choice in managing opioid withdrawal. However, it is known that its use is related to QT prolongation, torsades de pointes and even sudden cardiac death. The interaction with other drugs could worsen this effect.
Aim and Objectives To quantify the prevalence of methadone drug-drug interactions with risk of QT interval prolongation and the incidence of cardiovascular events during admission.
Material and Methods We conducted a retrospective, descriptive study that included all patients receiving methadone in a tertiary hospital between January 2021 and September 2022.
The variables collected were: age, sex, opioid abuse, treatment with methadone prior to admission, methadone dose, cardiovascular history, number of drugs prescribed -in addition to methadone- likely to prolong QT during admission, and development of cardiovascular complications. Interactions were consulted in Lexicomp
Results A total of 109 patients were collected, the median age of 56 (interquartile range (IQR) 50-60), and 74.3% were male. 82.6% of patients had a history of substance abuse recorded in the electronic medical record, with previous opioid use explicit in 61.5% and were on methadone treatment. Remaining percentage were on methadone for: respiratory weaning (9.3%), analgesia (3.5%) and new managing opioid withdrawal (4.6%). The median methadone dose was 50 mg (IQR 35-80 mg). A total of 9.2% had a history of cardiovascular disease prior to admission.

Patients received a mean of 1.8 QT-prolonging drugs in addition to methadone during admission. In this cohort, 93.6% of patients received any QT-prolonging drug, 48.6% and 21.1% two or three QT-prolonging drugs, respectively. The most frequently prescribed QT-prolonging drugs were quetiapine (24.8%), mirtazapine (19.3%) and ondansetron (12.9%). During admission, 11.0% of patients suffered a cardiovascular event with arrhythmias being the most frequent event (54.6%). A higher proportion of patients with previous cardiovascular history suffered a new cardiovascular event (19.3% vs 7.2%).
Conclusion and Relevance Our results show a high prevalence of patients using methadone concomitant with other drugs likely to prolong QT during admission.

A more significant proportion of patients with a previous history of cardiovascular events suffered a new event during hospitalisation.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest

4CPS-172 BRODALUMAB'S EFFECTIVENESS ON MODERATE TO SEVERE PLAQUE PSORIASIS IN REAL PRACTISE

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Background and Importance Plaque psoriasis is a chronic pathology with an important impact on patients' quality of life and emotional health. Brodalumab was the last anti-interleukin17 (IL-17) arriving to patients.
Aim and Objectives To evaluate brodalumab effectiveness in real practise
Material and Methods Multicentric, retrospective and observational study performed to evaluate brodalumab in patients with moderate – severe plaque psoriasis between June 2021 and June 2022. Data extracted from clinical records application and prescribing programme , demographic data (age, sex), and clinical (previous biologic treatment lines, body surface area (BSA) and psoriasis area severity index (PASI) before treatment and in each dermatologic control). Effectiveness was measured comparing AMAGINE clinical trials PASI75 results (efficacy calculated with weighted average).
Results 41 patients with brodalumab as active treatment, 1 was excluded due to lack of follow up and other due to late start of treatment. 39 patients included, 52.4 years averaged, 66.7% were men. Other lines of treatments approved for moderate-to-severe plaque psoriasis were used as first line in 19 patients, as 2nd line in 5, as 3rd line in 3 and as 4th line in 5 patients.

Average BSA and PASI at baseline were 14.32 and 11.55 respectively. After a median of 23 weeks, our patients reached PASI75 in 56%, PASI90 in 51% and PASI100 in 49% of cases. No patient stopped treatment.

After 40 weeks, 3 patients had changed their treatment and 4 had not reached the next visit to Dermatology. PASI90 and PASI100 kept in 9 of 23 patients (39%), as PASI75 still was kept by 11 patients (48%).

After one year of treatment, only 15 patients were active with treatment, and PASI90 and PASI100 were kept by 5 patients of 10 with recorded data.

According to clinical trials, brodalumab achieves a PASI75 in 85% of patients at 12th week and kept a PASI75 in 68% of patients at 52nd week.
Limitations: several patients did not have recorded in their clinical history BSA and PASI after 12th week visit.
Conclusion and Relevance Our findings show that brodalumab is less effective in real practice but it can be considered as a potent antipsoriatic agent in clinical practise. Further and longer studies should be made.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest

4CPS-173 EVALUATION OF INCLUSION CRITERIA OF OUTPATIENTS INCLUDED AT HOSPITAL MEDICATION DISPENSING PROGRAMME THROUGH COMMUNITY PHARMACIES

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Background and Importance During the context of the COVID-19 pandemic, in order to avoid the possible transmission of SARS-COV2, some hospitals developed an outpatient hospital medication dispensing programme through delivery to community pharmacies. To access the programme , outpatients had to meet all the criteria established by Health Authorities: adherence to treatment, live more than 30 km from the hospital and present some vulnerability condition (age >65 years, reduced mobility or respiratory pathology). This programme has been maintained over time due to the excellent acceptance by patients.