mg/dl or ≥50% the initial value. Pharmacokinetic Bayesian estimation was performed with PKS-Abbott®.
Variables collected demographic (age, sex), clinical (GFR, fCR-iCr, plasma drug level) and hospitalisation unit.
Results We included 123 patients in the study (81 men, mean age 66.6 ± 16.6 years) receiving vancomycin (57/123) and aminoglycosides (66/123). The pharmacist assessed 367 TDM and 255 dosage recommendation.

All patients presented a mean iCr of 1,02 g/dl (±0,69) and fCr of 1,02 g/dl (±0,72): no renal worsening was observed. 7 patients(12.3%) aggravated their GFR with vancomycin, and 10(15,2%) with aminoglycosides.

At the beginning of TDM: 53/123 patients(43,1%) presented a GFR>90ml/min, finding that, at the end of treatment, 48 of them maintained the same GFR and 5 deteriorated it. 34/123 patients(27,6%) showed a moderate GFR(60–89ml/min) before extracting drug levels; only 4 patients(11,8%) exceeded the established damage limit. 36/123 patients(29,3%) presented worst GFR(29–45ml/min), registering 7 patients(19.4%) with associated nephrotoxicity to these drugs.

Looking at the critical-care units: 64/123 patients presented an iCr of 0.93 g/dl (±0.67) and fCr of 0.98g/dl (±0.81). We saw 9(14.1%) patients with renal deterioring despite TDM.
Conclusion and Relevance Patients with a slightly decreased GFR at the baseline showed a higher risk of nephrotoxicity associated to the use of these nephrotoxic drugs. Kidney damage is more evident in critically-care patients. Our sample registered a nephrotoxicity results lower than those published in the studies by Mañez Sevilla M et al.(2015) and the meta-analysis by S J van Hal et al.(2013). Just 17 patients(13.8%) worsened their kidney function after its use.

Strategies such as TDM are necessary to optimise doses and avoid harm. Even so, it is necessary to continue collecting data to expand other possible causes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-120 EFFICACY OF PEMBROLIZUMAB FOR NON-SMALL CELL LUNG CANCER (NSCLC): PRELIMINARY REAL-WORLD ANALYSIS AND COMPARISON WITH THE PIVOTAL STUDY (PS)

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Background and Importance Pembrolizumab (P) is a monoclonal antibody used in immunotherapy, indicated for NSCLC.
Aim and Objectives Evaluate the effectiveness of P in terms of progression free survival (PFS) in patients affected by NSCLC in an Italian Hospital (IH), and comparing it with the PS. The Italian regulatory agency (AIFA) authorised P at 2 mg per kg dose, subsequently at a flat dose of 200 mg. [1] Therefore, a secondary aim is to verify whether there was a difference in terms of PFS between flat dose and per kg dose.
Material and Methods The death and progression data were taken from the AIFA monitoring registers (RA) and compared with the company management system. PFS is the time from the first prescription to the date of end of treatment due to death or progression. The period considered is 2017–2023. The PS is Keynote024[2]. Patients were divided into two homogeneous groups: the first at <3mg/kg(group1) and the second ≥ 3mg/kg(group2). We calculated OS and PFS for each group.
Results Patients evaluated were 165, 71.6% male, median age 71 years. All administrations were recorded in the RAs. Median PFS IH 218 days (0.95CI 114;230) *vs* PS 288 (0.95CI 187.6;nr). At 182 days, 57% of patients progressed (IH) *vs* 62.1% (PS). 52% of patients took a dose < 3 mg/kg, 48% ≥ 3 mg/kg. Median PFS is 258 days for the group1 (0.95CI 186;456) and 218 for the group2 (0.95CI 158;393). At 182 days: 30 patients had an event (group1) *vs* 29 patients (group2).
Conclusion and Relevance PFS data resembles PS data. There is no significant difference in using a dose > 3 mg/kg compared to a lower one, this means that a dose per kg would lead to a reduction in drug consumption and in costs. The future goal is to reach significant numbers and to investigate adverse reactions from immunotherapy, related to different doses.

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Conflict of Interest No conflict of interest.

4CPS-121 OPTIMISING ANTIDIABETIC TREATMENT FOR ELDERLY PATIENTS ACCORDING TO THEIR FUNCTIONAL STATUS

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Background and Importance Treatments for elderly patients with diabetes mellitus (DM) prioritise improving the quality of life, preserving their functional status, and avoiding hypoglycemia, which is associated with an increased risk of falling, morbidity and mortality.
Aim and Objectives The aim of this work is to determine the DM prevalence in hospitalised patients at the Acute Geriatric Unit (AGU) and to assess the adherence to the recommendations stablished by the American Diabetes Association (ADA). These recommendations include having an adequate antidiabetic treatment based on patients' functional status and an updated glycated haemoglobin (HbA1c) value.
Material and Methods This observational, retrospective study includes hospitalised patients admitted to the AGU and discharged between January and February 2023.

We collected HbA1c values and functional status (Barthel Index) of AGU DM patients. The HbA1c was consider as updated if the measure was done during the hospitalisation or the last three months.

The antidiabetic treatment adequation was evaluated based on HbA1c and patient functionality. The HbA1c ADA recommendations are 7–7.5%(functionally independent patients), 7.5–8%(functionally dependent patients), and prevent symptomatic hyperglycemia (end-of-life). The patients were categorised as controlled (complies with ADA´s recommendations),