

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-138 CEFIDEROCOL: EFFECTIVENESS AND MORTALITY OF MULTIDRUG-RESISTANT BACTERIA INFECTIONS, A RETROSPECTIVE OVERVIEW

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10.1136/ejhp-2024-eahp.242

Background and Importance Cefiderocol is a novel siderophore-cephalosporin conjugate, with activity against carbapenem-resistant and multidrug-resistant gram-negative bacilli. The novelty of and need for cefiderocol are clear but available real-setting clinical data are limited.

Aim and Objectives To determine the effectiveness of cefiderocol (microbiological eradication, clinical cure, and recurrence), and mortality of treated infections.

Material and Methods Retrospective study that included all patients with active infection and treatment with cefiderocol during March 2021 to July 2023. Demographic, clinical, infection, and treatment variables were collected. Patients with microbiological eradication (negative culture), clinical cure, recurrence of infection (positive culture), early (7–10 days from initiation of cefiderocol), and 30-day mortality were calculated. Statistical analysis: values were expressed as medians (interquartile range) and patients (percentages).

Results Forty-three patients initiated treatment with cefiderocol, 27/43 (62.8%) were male with a median age of 66.0 (57.7–73.5) years. The median hospital stay was 64.1 (29.9–89.3) days, 29/43 (67.4%) patients required intensive care unit (ICU) admission, with a median stay of 42.0 (25.0–83.0) days. The main focus of infection was respiratory (16/43, 37.2%), followed by urinary (10/43, 23.3%), intra-abdominal (5/43, 11.6%), skin and soft tissue (5/43, 11.6%), endovascular (4/43, 9.3%) and osteoarticular (3/43, 7.0%). 5/43 (11.6%) patients presented another focus and 11/43 (25.6%) had sepsis. A total of 57 multidrug-resistant gram-negative and 14 gram-positive bacteria were isolated. In 19/43 (44.2%) patients more than one microorganism were isolated. Resistance to cefiderocol was recorded in 3/43 (7.0%) patients. The median treatment was 9.0 (6.0–17.5) days. In 36/43 (83.7%) patients more than one antibiotic was used, and 18/43 (41.9%) of them, with synergistic action.

In 31/43 (72.2%) patients microbiological eradication was achieved, in 4/43 (9.3%) it was indeterminate, and in 35/43 (81.4%) patients achieved a clinical cure. Mortality rates: early 2/43 (4.7%), at 30 days 7/43 (16.3%) and intra-hospital 13/43 (30.2%). The recurrence rate was 8/43 (18.6%).

Conclusion and Relevance Cefiderocol was effective in the treatment of multidrug-resistant gram-negative bacteria infections in our cohort, with a high rate of admission to the ICU, and large hospital stay. Microbiological eradication was lower than clinical cure, influenced by loss of values. Mortality rates were low in this clinical stage, with intra-hospital mortality being the highest.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-139 VORICONAZOLE SERUM CONCENTRATIONS MONITORING

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10.1136/ejhp-2024-eahp.243

Background and Importance Invasive aspergillosis is on the rise due to factors like increased oncological therapies, corticoid treatments, and viral infections. Managing this infection is challenging, especially with the drug voriconazole, which has a narrow therapeutic range and variable effects between individuals.

Aim and Objectives To describe serum levels of voriconazole in a cohort of patients in two tertiary-level hospitals.

Material and Methods Descriptive observational retrospective multicentre study enrolling patients who received antifungal treatment with voriconazole for the diagnosis or high suspicion of invasive aspergillosis in the period between 1 January to 31 August 2023. Patients received 6mg/kg on the first day and a maintenance dose 4mg/kg/12 h. Serum levels were measured using the HPLC method at steady state, considering 1.5–5.5 mg/L as the therapeutic range. The following variables were collected: age, gender, weight.

Results 53 patients were evaluated (36, 67.9% male), all adults with a mean age \pm SD 62.7 \pm 9.8 years and mean weight \pm SD 68.6 \pm 17.3 kg, and a total of 90 determinations were carried out.

42.2% of the cases were in the therapeutic range, but the 57.8% not. Of them, 61.5% had subtherapeutic levels and 38.5% supratherapeutic.

In case of levels in therapeutic range, the same dose was maintained.

In case of levels in subtherapeutic range (mean levels \pm SD 0.7 \pm 2.7), doses were increased by 25–50% until therapeutic levels were achieved. If they were not reached, a switch to isavuconazole was made.

In case of levels in supratherapeutic range (7.2 \pm 2.7) doses were decreased by 25–50%. In some cases, monitoring was repeated due to improper sample collection.

Conclusion and Relevance The high interindividual variability of voriconazole brings to light the need of monitoring serum levels, to adjust the dose to reach effective levels and avoid toxicity.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-140 EXPERIENCE OF USING PALBOCICLIB, RIBOCICLIB AND ABEMACICLIB IN A TERTIARY HOSPITAL

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10.1136/ejhp-2024-eahp.244

Background and Importance The cyclin-dependent kinase 4 and 6 (CPKi) inhibitor drugs palbociclib, ribociclib and abemaciclib, in combination with hormone therapy have been shown to improve progression-free survival, and in some cases, overall survival, in women with HER2-positive, hormone receptor-positive or locally advanced breast cancer.