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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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.

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Conflict of Interest No conflict of interest.

4CPS-139 VORICONAZOLE SERUM CONCENTRATIONS MONITORING

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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 1January 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 ± SD 62.7 ± 9.8 years and mean weight ± SD 68.6 ± 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 ± SD 0.7 ± 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 ± 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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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.

Aim and Objectives Evaluate dose adjustment due to safety data in routine clinical practice in women with metastatic breast cancer.

Material and Methods Observational, descriptive and retrospective study including women treated with palbociclib, ribociclib and abemaciclib in combination with hormone therapy between January 2018 and December 2021.

Patients with active CPKi treatment were selected. Data collected by reviewing digital medical records. These data were: age, initial dose, whether they received CPKi as the first line of treatment, dose reduction, treatment interruption, and months of treatment during the study follow-up period.

Results

Patients (N total = 114)	Mean age in years	Average treatment duration in months	CPKi as first line	Average initial dose	N,% patients keeping initial dose	% patients reducing initial dose	N,% patients ceasing treatment
Palbociclib (69)	61.3	12		62.3%	123.5 mg	36, 52.2%	47.8%
40, 57.9%							
Ribociclib (32)	53	7		93.7%	600 mg	18, 56.25%	43.75%
15, 46.88%							
							Abemaciclib (13)
50.1	7	53.8%	284.6 mg	8, 61.54%	38.46%	8, 61.54%	

Conclusion and Relevance Ribociclib is the CPKi most commonly prescribed as the first-line. In the abemaciclib group, more patients maintained initial dose, and fewer patients reduced the starting dose compared to palbociclib and ribociclib groups, but the small population of our cohort does not allow to assume this results. However, there were more interruptions of treatments in this group.

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Conflict of Interest No conflict of interest.

4CPS-141 REAL-LIFE IMPACT OF INCLUDING MONTELUKAST AS PREMEDICATION ON THE INCIDENCE OF INFUSION-RELATED REACTIONS TO ISATUXIMAB AND DESCRIPTION OF RISK FACTORS

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Background and Importance Infusion-related reactions (IRR) are one of isatuximab's most frequent and significant adverse reactions that may lead to treatment discontinuation despite premedicating with dexamethasone, paracetamol, and anti-H1 antihistamines. Similarly to daratumumab, adding montelukast as premedication could improve its tolerability. Additionally, there are no studies to date describing which risk factors (RF) may affect the likeliness of an isatuximab IRR.

Aim and Objectives The primary objective was to assess the impact of including montelukast as premedication on the incidence of IRR (iIRR) associated with the administration of isatuximab.

Secondary objectives included describing the iIRR in a real-life setting and evaluating possible risk factors: food, environmental or medicine allergies; previous IRR; and infusion bag concentration.

Material and Methods Multicentric retrospective study conducted in one secondary and three tertiary hospitals. Eligibility criteria included adults having started isatuximab and excluded patients receiving off-label corticosteroid doses and those enrolled in clinical trials. Follow-up was carried out until September 2023, treatment discontinuation or death.

Baseline characteristics were sex, age, treatment regimen, premedication regimen, number of isatuximab doses and occurrence of IRR. These numerical and categorical variables were expressed as number of observations and medians respectively.

Odds ratios (OR) and Mann-Whitney U tests were calculated to evaluate qualitative and quantitative RF, respectively. Absolute risk reduction (ARR) and number needed to treat (NNT) were used to assess the impact of montelukast as premedication. 95% confidence intervals (95%CI) were applied.

Results 40 patients were included, with a median age of 66 (54 – 72) years, 60.0% being men. The median number of isatuximab doses per patient was 8 (4–18).

The iIRR for cycle-one-day-one was 7.7% for the group premedicated with montelukast and 29.6% without. OR was 0.20 (95% CI 0.02 – 1.79), ARR was 0.22 (95% CI -0.01 – 0.44) and NNT was 5. No IRR were found for second or further doses in any patient and no risk factors were found.

Conclusion and Relevance In our experience, iIRR observed for isatuximab was lower compared to pivotal clinical trials. The inclusion of montelukast as premedication might reduce IRR, which should be confirmed in subsequent studies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-142 COMMUNITY PHARMACY-BASED HBA1C SCREENING FOR EARLY DETECTION OF DIABETES AND PRE-DIABETES

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Background and Importance Diabetes continues to affect an increasing number of Canadians each year and threatens the sustainability of our healthcare system. Early detection is key to improved health outcomes, yet access to testing was limited during the global pandemic. Point-of-care HbA1C screening technology allows for detection of diabetes and pre-diabetes in the community pharmacy setting.

Aim and Objectives To evaluate the effectiveness of a standardised community pharmacist-directed point-of-care HbA1C screening program and to identify the prevalence of diabetes and pre-diabetes in previously undiagnosed patients.

Material and Methods Patients 40 years or older with no diabetes diagnosis or HbA1C result in the last 6 months were