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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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

[1]MDC Jiménez León*, [1]JA Hernández Ramos, [2]M Martín Rodríguez, [3]E Guerrero Hurtado, [4]A Prieto Romero, [1]F Mayo Olveira, [1]F Martínez De La Torre, [1]MD Canales Siguero, [1]JM Ferrari Piquero. *[1]Hospital Universitario 12 De Octubre, Hospital Pharmacy, Madrid, Spain; [2]Hospital Universitario Principe De Asturias, Hospital Pharmacy, Madrid, Spain; [3]Hospital Universitario Y Politécnico La Fe De-Valencia, Hospital Pharmacy, Madrid, Spain; [4]Hospital Universitario Gregorio Marañón, Hospital Pharmacy, Madrid, Spain*

10.1136/ejhpharm-2024-eahp.245

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

Conflict of Interest No conflict of interest.

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

[1,2]J Papastergiou*, [3]M Elsabakhawi, [3]L Lori, [3]C Potter, [4]B Van Den Bemt. *[1]University Of Toronto, Leslie Dan Faculty Of Pharmacy, Toronto, Canada; [2]University Of Waterloo, School Of Pharmacy, Kitchener, Canada; [3]Shoppers Drug Mart, Pharmacy, Toronto, Canada; [4]Sint Maartenskliniek, Research And Innovation, Nijmegen, The Netherlands*

10.1136/ejhpharm-2024-eahp.246

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