Aim and Objectives This study aimed to investigate the satisfaction levels and perceptions of patients who have experienced MR services, as well as the satisfaction, perceived needs, and expectations of medical providers.
Material and Methods This research is a part of the prospective study evaluating of multidisciplinary medication reconciliation service in adult patients undergoing thoracic and cardiovascular surgery (MERITS study). The protocol of the study was approved by Institutional Review Board of Seoul National University Hospital (IRB No. 2109–135-1257). Patients' feedback was collected through surveys using 5-point Likert-scales, encompassing their awareness of services, improvement in medication behaviours, perception about pharmacists, and overall satisfaction with services. In parallel, healthcare providers were surveyed addressing their perceptions, satisfaction level, needs, and expectations concerning MR services.
Results Among 216 patients enrolled in MERITS study, 208 patients completed the questionnaires. These patients expressed a high degree of satisfaction with MR services (average score 4.67). The aspect receiving the highest rating (4.79) pertained to the professionalism exhibited by pharmacists, whereas the lowest score (4.61) was attributed to the need for revisiting the service. Average score of 4.63 were rated for improvement in medication behaviours. Medical staff (12 out of 22, response rate 54.5%) expressed satisfaction, with nine rating the overall services as 'very satisfied'. They showed the highest satisfaction in 'comprehensive medication review and resolving drug-related problems' and 'discharge counselling'. In terms of the need for services, eight respondents answered 'very much in need' while four considered they 'needed', with the greatest demand for 'providing the best possible medication history'. Additionally, the services' overall expectations were also positive, especially for identifying and improving discrepancies during transitions.
Conclusion and Relevance The findings of this study underscore a positive reception of MR services from both patients and medical staff. These findings emphasise the need to further promote and enhance MR services in Korea.

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

4CPS-158 RELAPSED/REFRACTORY MULTIPLE MYELOMA AND NEW THERAPEUTIC OPTIONS: EXPERIENCE IN A PHASE 1 CLINICAL TRIALS UNIT

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Background and Importance Treatment landscape for relapsed/refractory Multiple Myeloma (RRMM) has changed significantly due to the availability and good results of new drugs such as immunotherapy agents.

Phase I clinical trials (CTs) allow patients to access new drugs prematurely, but the high complexity of these CTs makes essential the integration of a pharmacist in the Phase I team to ensure the safe preparation and dispensation of investigational drugs.

Aim and Objectives To know RRMM patient's profile treated in a Phase I Unit, describe overall results in terms of efficacy and adverse effects, and analyse the pharmaceutical interventions (PIs) carried out and the medication-related problems (MRPs) detected.
Material and Methods Observational, retrospective study, with RRMM patients treated with investigational drugs in a Phase I CT Unit. Main data collected were demographics; number of previous treatment lines; ECOG at inclusion in CT; type of investigational treatment received; treatment effectiveness: type of response, overall survival (OS), progression-free survival (PFS); adverse effects (AEs); PIs and detection of MRPs.
Results 42 patients were analysed, average age was 67.6 years, 71.4% women, average previous lines 5, ECOG 1 and types of investigational treatments received were mostly Bispecific Antibody(Ab) (antiGPRC5D-CD3) +Bispecific Ab (antiBCMA-CD3) (26.2%) and Bispecific Ab (antiBCMA-CD3) + anti-CD38 Ab (26.2%).

54.8% of patients obtained partial or greater response. Median PFS was 11.5 months. Median OS was 25.3 months. 93% of patients experienced some AEs, most common were haematological, including neutropenia (29%), anaemia (21%), and platetopenia (12%).

36 PIs were carried out, mainly related to prescription errors (44%) and detection of drug interactions (33%). A PI was performed for each MRP detected, preventing negative results in all cases.
Conclusion and Relevance Patients with RRMM in Phase I CT Unit are middle-old age, highly pretreated and with acceptable functional status. Overall efficacy and safety results are positive, which reinforces participation in Phase I CT as an option to be evaluated.

The detection of prescription errors and drug interactions were high in number and with potential impact. Bispecific Abs seem to be a promising treatment for patients with RRMM and due to their complexity, the figure of the pharmacist proves to be essential within the healthcare team of Phase I CT Units.

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

4CPS-159 ANALYSIS OF THE INTERVENTIONS CARRIED OUT IN THE GERIATRIC SERVICE IN COLLABORATION WITH THE INTERNAL MEDICINE AND MICROBIOLOGY SERVICES

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Background and Importance Controlling the prescription of antibiotics is important for better patient care and reducing the emergence of resistance.
Aim and Objectives Analysing the interventions carried out on patients admitted to the geriatric service from the antimicrobial use optimisation programme (PROA) of our hospital and evaluating the degree of acceptance.
Material and Methods Observational, descriptive and prospective study of the interventions carried out by the PROA team (pharmacists, internists and microbiologists) to patients

admitted to the Geriatrics service in the period between January 2022 and March 2023.

All patients with any prescribed antimicrobial were included, reviewing their daily clinical evolution during the duration of treatment. The data collected were: sex, age, analytical values, antimicrobials prescribed, interventions performed and acceptance of them. The types of interventions were classified as empirical treatment adjustment, targeted treatment adjustment, end of treatment and renal function adjustment.

Data were obtained from the inpatient electronic prescribing programme and the electronic health record. Data were processed by Microsoft Excel software.

Results During the study period, a total of 840 patients with a mean age of 90 years (±4 SD) were admitted to the geriatrics service and they started antimicrobial treatment.

A total of 180 interventions were carried out, 158 (87.78%) were accepted. Empirical treatment adjustment was suggested in 8.34% (15/180), targeted treatment adjustment in 28.33% (51/180), treatment completion in 30% (54/180) and a dosage adjustment based on renal function in 33.33 (60/180).

Among the most notable interventions would be meropenem, with 24 interventions carried out, 83.33% were accepted; and piperacillin-tazobactam, with 24 interventions and with an acceptance rate of 79.17%. Although in a lower percentage, we also found other high-impact antimicrobials, such as linezolid, with nine interventions and an acceptance rate of 77.78%; and ceftazidime-avibactam, with six interventions performed and all of them were accepted.

Conclusion and Relevance With such prominent data regarding acceptance, the training and value of the pharmacist's role within the multidisciplinary team formed in collaboration with Internal Medicine and Microbiology is demonstrated. Furthermore, the importance of the existence of antimicrobial use optimisation programmes in the hospital setting is highlighted, showing how the inappropriate use of certain high-impact medications is reduced, achieving a decrease in the appearance of resistance.

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Conflict of Interest No conflict of interest.

4CPS-160 LONG-TERM EFFECTIVENESS AND SAFETY RESULTS OF GALCANEZUMAB IN REAL-WORLD DATA IN MIGRAINE PROPHYLAXIS

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Background and Importance Galcanezumab is a monoclonal antibody (MAB) for migraine prophylaxis. MAB has been shown to be safe and effective in reducing the number of migraine days per month in short-duration clinical trials. However, the optimal duration of therapy remains unresolved. Clinical practice guidelines recommend maintaining treatment for 12 months.

Drug is dispensed in the hospital pharmacy service, where pharmacists follow-up the effectiveness, safety and adherence of MAB.

Aim and Objectives To assess the long-term effectiveness and safety of galcanezumab in episodic migraine (EM) and chronic migraine (CM).

Material and Methods Retrospective observational study in a second-level hospital. Study period: September 2020– July 2023.

Migraine patients treated with galcanezumab were evaluated for at least a 12-month follow-up period from the start of treatment.

According to hospital protocol, after 12 months of MAB, neurologists decide whether to continue or discontinue it and re-assess 3 months later and restart MAB if migraine worsens.

Data were collected from the electronic medical record. The database included demographic variables, migraine-related variables, treatment-related variables, and adverse events (AE).

Results 64 patients, 54 CM and 10 EM, median age 48 years (76–21), women 84%. Mean of days of migraine previous to galcanezumab: 20.46±6.55 (CM) and 12±1.48 (EM).

The median duration of galcanezumab was 18.4 (1.9–34.9) months.

48 patients (n=64) completed the first 12-month of treatment. 32 patients (n=45) continued at 18 months, 19 (n=26) at 24 months, 14 (n=18) at 30 months and 8 (n=8) at 34 months. They were chronically maintained galcanezumab to prevent worsening if MAB was discontinued.

24 patients discontinued galcanezumab: lack of response (20), injection site rash (2), pregnancy (1), excellent treatment response (1). 17 patients were switched to another MAB (15: rebound; 2: injection site rash).

2 patients restart galcanezumab: after pregnancy (1) and for rebound 10 months after stop galcanezumab (1).

AE: constipation (12), injection site pain (3), dizziness (3), rhinitis (3), diarrhoea (2), injection site rash (2).

Conclusion and Relevance In our study, galcanezumab remained long-term effectiveness, safe, and well tolerated with few adverse events for more than 12 months in patients with episodic and chronic migraine. It was only discontinued in case of great improvement or therapeutic failure. Studies with larger samples are required to establish whether it could be used as a chronic treatment in patients with a high probability of worsening if treatment is discontinued.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-161 VANCOMYCIN PHARMACOKINETIC MONITORING IN CRITICALLY ILL NEONATAL PATIENTS

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Background and Importance Vancomycin is a bactericidal glycopeptide antibiotic with activity against aerobic and anaerobic gram-positive bacteria. Its use in neonatal critically ill patients is widespread, as it provides treatment for typical pathogens affecting this population, which presents an increased risk of infection. Dose in these patients is adjusted according to gestational weeks and pharmacokinetic monitoring is essential due to its potential nephrotoxicity.