patients had been on infliximab for <1year. At the time of ATI detection, 12 (54.5%) patients had infliximab SD, and 12 (54.5%) receiving immunosuppressants. Thirteen (59.1%) patients discontinued infliximab, while seven (31.8%) with ATI <30ng/ml and two (9.1%) with 100.6ng/ml and 171.7ng/ml underwent infliximab intensification achieved ATI negativisation. Poor adherence was confirmed in six (27.3%) patients.

Adalimumab and infliximab concentrations were <1mg/ml in all patients with ADA.

**Conclusion and Relevance** A proportion of IBD patients developed ADA, with a higher incidence observed in those receiving infliximab. Enhancing adherence could reduce the risk of ADA development, and intensifying treatment may be effective in achieving ADA negativisation.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of Interest** No conflict of interest.

## 4CPS-180 SACITUZUMAB-GOVITECAN IN METASTATIC TRIPLE-NEGATIVE BREAST CANCER: COMPARISON OF OUR DATA TO THE ASCENT TRIAL AFTER 2 YEARS OF EXPERIENCE

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10.1136/ejhpharm-2024-eahp.284

**Background and Importance** Sacituzumab-govitecan (SG) is an antibody-drug conjugate used in metastatic triple-negative (TN) breast cancer (BC). Adverse events (AEs) described in the physical desk reference are often based on an over selected population and can be more severe in real-life conditions.

**Aim and Objectives** After two years of practice, what are the most common AEs in our hospital and what did we do to prevent them?

**Material and Methods** We did a retrospective study that included all our patients with TNBC from May 2021 to July 2023, and compared our results to the Ascent Trial (AT). We monitored their general state, the number of treatments and metastatic sites they had before the first cycle, the types and grades of AE and how we managed them.

**Results** Our 25 patients' medium age was 62 (AT = 54). In our study, the median number of lines before SG was four, just like in the AT. 56% of our patients had a performance status (ECOG) 0 (AT = 43%), 32% were ECOG 1 (AT = 57%) and 12% were ECOG 2.

Regarding AEs alone, 21 out of our 25 patients experienced them, mainly after 15,2 weeks of treatment (around the fifth cycle). The average dose-intensity at the time of AEs was 1120 ± 300 mg/21 days. 56% of our patients had neutropenia (AT = 63%) but we had less grade 3 or higher (G3+) neutropenia compared to the AT (24% versus 51%). 68% of our patients received growth factors (AT = 49%). 52% of our patients experienced asthenia (AT = 45%), 44% nausea (AT = 57%) and 52% diarrhoea (AT = 59%) among which 20% were a G3+ (AT = 10%).

Dose reductions were more frequent in our group compared to the AT (60% versus 22%). 28% had to skip at least one cycle and three patients had to change line because of AE.

**Conclusion and Relevance** Our study's AEs were similar to the ones described in the AT. However, we observed more G3+ diarrhoea and less G3+ neutropenia. Since June 2023, atropine has been used as systematic premedication to prevent severe diarrhoea. Our centre also resorts to growth factor injections more frequently.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of Interest** No conflict of interest.

## 4CPS-181 ELECTRONIC PRESCRIBING IN THE NEONATAL INTENSIVE CARE UNIT: ANALYSIS OF PRESCRIBING ERRORS AND RISK FACTORS

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10.1136/ejhpharm-2024-eahp.285

**Background and Importance** Patients admitted to neonatal intensive care units (NICU) are up to eight times more at risk of medication errors than patients admitted to adult intensive care units. Prescribing errors account for up to 74% of medication errors. The implementation of electronic prescribing has been postulated as a useful tool to reduce prescription errors.

**Aim and Objectives** To analyse the most prevalent prescribing errors with the e-prescribing system and to analyse risk factors.

**Material and Methods** All patients born during the study period who were admitted to the NICU for at least 24 hours and with active pharmacological treatment were included in the study. The prescriptions were made in the IntelliSpace Critical Care and Anaesthesia (ICCA®) electronic assisted prescription software integrated in the medical record for the critically ill patient. Treatment review was performed by a pharmacist on a daily basis and errors were graded according to the taxonomic criteria of the National Coordinating Council for Medication Error Reporting and Prevention.

**Results** 240 patients participated (September 2021 to June/2022). A total of 13,876 prescriptions were reviewed in 158 patients; 455 errors were found in 119 patients.

Prescribing errors were concentrated in 40 drugs/nutritions of the total 139 that were prescribed. The most frequent error was the discrepancy between the prescription and the associated free text field (n=96) with more than half of these errors (n=106,54.1%) concentrated in enteral nutrition. The five drugs with the most errors were: lactobacillus acidofilus (n=45,9.89%), caffeine citrate (n=40,8.79%), paracetamol (n=35,7.69%), gentamicin (n=25,5.49%) and cholecalciferol (n=16,3.52%).

In terms of risk factors, patients with a birth weight between 1000–1500 grams were 82% more likely to have an error than those with extremely low birth weight (<1000g) (OR=1.81, CI 95% 1.42–2.89, p<0.05). Prematurity was also associated with an increased risk of prescription errors, the patients at highest risk were those with gestational age between 28–32 weeks, with 29.80% higher risk of prescription error compared to gestational age less than 28 weeks (OR=1.29,CI 95% 1.02–1.65, p<0.05).

**Conclusion and Relevance** Prescribing errors were more frequent in very low birth weight and very preterm patients. It is important to know which drugs are more susceptible to e-prescribing errors and in which type of patients in order to implement additional safety measures.