before obtaining the full text for all potentially eligible trials and assessed the included trials for risk of bias. A random-effects meta-analysis was applied to pool event rates with 95% confidence intervals (CIs). We made appropriate clinical treatment recommendations by GRADE Evidence to Decision (EtD) frameworks.
Results A total of 33 RCTs were included with 14 studies in the non-surgical group and all patients with BPH. There was high quality evidence to suggest that the rate of successful trial without catheter (TWOC) favoured alpha-blockers over placebo (odds ratio [OR], 2.2; 95% CI:1.6–3.0). There was moderate quality evidence to reduce the risk of requiring re-catheterisation (OR: 0.5; 95% CI: 0.3–0.7). There was low quality evidence to reduce the incidence of recurrent urinary retention (OR: 0.2; 95% CI: 0.1–0.7). In 19 studies with BPH and non-BPH patients undergoing surgery, there was moderate quality evidence to reduce the risk of postoperative urinary retention (POUR) regardless of gynaecological surgery.
Conclusion and Relevance We strongly recommend patients with a history of BPH or suspected with BPH to accept prophylactic alpha-blockers before catheter removal. Surgical patients are moderately recommended using alpha-blockers to prevent POUR. As for other patients, we must evaluate many factors such as age, gender, medical history, risk of adverse effects, previous urinary catheter experience and indications of indwelling urinary catheters before alpha-blockers application.

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

6ER-019 TREATMENT BEYOND PROGRESSION WITH PEMBROLIZUMAB IN ADVANCED NON-SMALL-CELL LUNG CANCER

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Background and Importance While pembrolizumab became a new standard of care in advanced non-small-cell lung cancer (aNSCLC), limited studies proved the effectiveness of continuing use of pembrolizumab after disease progression.
Aim and Objectives We aimed to evaluate the effectiveness of treatment beyond progression (TBP) of pembrolizumab in aNSCLC patients.
Material and Methods This multicentre study retrospectively analysed electronic medical records from databases of two medical centres and two local hospitals. Patients confirmed aNSCLC who received pembrolizumab (monotherapy or combination therapy) and experienced progression disease between 2016 and December 2021 were enrolled. The first date of disease progression after pembrolizumab used was defined as the index date. We defined patients with at least one pembrolizumab within 60 days as TBP group, other patients were defined as switched group. We followed each patient until death, loss of follow-up and end of June 2023. The primary outcome was overall survival (OS), and the baseline characteristic would be adjusted by inverse probability treatment weighting method. We also evaluated prognostic factors, including progression pattern, metastatic sites and baseline characteristics by using a Cox regression model.
Results A total of 307 aNSCLC were included. Among all, 141 (45.9%) continued receiving pembrolizumab beyond progression, while 166 patients (54.1%) switched to other treatments. Overall, median age was 63.3 y/o, 73.3% were male, 90.6% were with ECOG performance 0–1 and 61.3% had high programmed death ligand-1(PD-L1) expression (≥50%). With median 6.2 (2.0–13.1) months follow-up time, the TBP group had a longer OS than the switched group (median OS: 11.1 vs. 4.5 months, $P < 0.01$).
Conclusion and Relevance While the TBP group was associated with better OS, additional studies are needed to further validate our findings.

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Conflict of Interest No conflict of interest.

6ER-020 WOULD CHATGPT PASS THE RESIDENT INTERNAL PHARMACIST EXAM?

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Background and Importance Assessing ChatGPT's performance in the Health Training exam for Pharmacy specialisation (FIR) holds significance in gauging AI's role in healthcare education.
Aim and Objectives To assess ChatGPT's ability to respond to and potentially pass the Health Training exam for Pharmacy specialisation (FIR).
Material and Methods A multidisciplinary team consisting of hospital pharmacists, physicians and biomedical engineers selected an exam version for the 2022 session. One question was excluded due to the presence of an image. A brief introduction, providing context about the FIR exam and its contents, was added at the beginning of the conversation.

ChatGPT's performance, defined as the percentage of correct answers, was evaluated through three different approaches:

1. Two sets of 50 randomly selected questions were manually input into the OpenAI web interface during the same conversation.
2. A total of 209 questions, including both questions and their four possible answers were solved by the Application Programming Interface (API) for Python from a spreadsheet.
3. Open-ended questions lacking predefined possible answers were extracted by API for Python, followed by the application of Natural Language Processing (NLP). NLP assessed the similarity between API-generated responses and actual responses, providing a more accurate evaluation of ChatGPT's human-like performance in a multiple-choice exam. The similarity metric compared feature vectors of sentences and generated a value representing the degree of similarity, with a maximum value of 1 signifying a perfect match and thus a correct answer.

Correct answers received a value of 3 points, while incorrect ones subtract incurred a deduction of 1 point. In the 2022 call, a minimum score of 97 points was necessary to be eligible for allocation of FIR positions.
Results Using the manual inclusion method, we achieved 60% and 66% accuracy in 50 randomly selected questions (score equivalent to 280 and 328 points, respectively). The second method yielded a success a success rate of 45.5 to 49.0%,