(100%). In 2022, BRCA drugs had the greatest impact on treated patients (34%), while the highest pharmaceutical expenditure (34%) was still on EGFR drugs.

By the end of the study, OOTT treatments had increased by 179% and pharmaceutical expenditure by 494%. Drug distribution by mutation was 34% BRCA, 28% EGFR, 15% ALK/ROS1, 13% BRAF, and 11% MEK. The economic impact was 108,138,186€ accumulated over the entire study period.

Conclusion and Relevance Targeted therapies have had a relevant impact in recent years, with new drugs and diagnostic techniques increasing the eligible population. Stringent evaluation and adequate selection of these drugs are necessary in order to optimise the incorporation of innovative therapies while guaranteeing the sustainability of the public healthcare system in Spain.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

1ISG-002 PHARMACIST RISK STRATIFICATION: A CHARACTERISATION OF PATIENTS WITH LOW SOLUBLE UROKINASE PLASMINOGEN ACTIVATOR RECEPTOR WHO DIED WITHIN 90 DAYS OF HOSPITAL DISCHARGE

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Background and Importance Soluble urokinase plasminogen activator receptor (suPAR) is a marker of systemic chronic inflammation thought to reflect overall disease burden. suPAR has been suggested as a prognostic marker in clinical settings, since elevated suPAR levels are strongly associated with mortality. Researchers have suggested using a suPAR level <3 ng/mL for safe and early discharge from the emergency department (ED). However, a subset of patients with low suPAR dies within 90 days of hospital discharge, and the risk is significantly associated with an increased medication use.

Aim and Objectives The aim of the present study was to characterise patients with low suPAR (<3 ng/mL) who died within 90 days of hospital discharge by exploring factors other than suPAR that may explain this contradictory finding of mortality among patients with low suPAR.

Material and Methods This observational registry-based study included consecutively admitted medical patients to the ED at our hospital from November 2013 to March 2017. We used validated databases and national registries to describe patients' characteristics (age, medication use, diagnoses, frailty index).

Results Compared to patients with low suPAR who survived (n=15,122), those who died within 90 days (n=87) had higher age (75.4 years), medication use (7.0; 71.3% with polypharmacy), more blood tests outside reference intervals (5.0) (including C-reactive protein, neutrophils, albumin), and the most common diagnoses were chronic pulmonary disease (27.6%), cerebrovascular disease (18.4%), and dementia (11.5%). The most common medications were antithrombotic agents (44.8%), lipid modifying agents (plain) (39.1%), and other analgesics and antipyretics (33.3%).

Conclusion and Relevance Patients with low suPAR who died had other risk factors explaining their morbidity and mortality risk than what was reflected by their suPAR level. Using suPAR as a proxy for disease burden in clinical settings may be challenging in situations, where patients receive a high number of medications. We suggest including medication use, routine blood tests, and selected diagnosis codes in combination with suPAR when stratifying patients based on their risk of adverse clinical outcomes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

1ISG-003 ABSTRACT WITHDRAWN

1ISG-004 **ABSTRACT WITHDRAWN**

1ISG-005 **ASSESSMENT OF A MANAGEMENT TOOL REGARDING MEDICAL DEVICE VIGILANCE**

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Background and Importance Legislation regarding medical device vigilance requires the reporting of any incident involving medical devices. Within our hospital, the adverse event's declaration (AED) process has been entirely computerised since July 2019. Each adverse event (AE) reported is addressed to the dedicated vigilance officers.
Aim and Objectives The objective of this work is to carry out an assessment of the AED activity before and after the software rollout.
Material and Methods The reporting of AEs was initially processed through paper format in 2019 and after with the AE reporting software from January 2020 to December 2022. Each declaration of AE was analysed by a pharmacist and categorised based on its severity and preventability.
Results Over 212 AEDs were reported: 32 in 2019, 31 in 2020, 60 in 2021 and 89 in 2022. The main reporting departments are the: intensive care cardiac unit, surgery unit and haemodialysis unit with respectively 51%, 13% and 9% of the AED. Damage or visual defect of the medical device represents about 40% of the AED while product failure during use represents 45% of the reports. Following analysis, 16% of the AED have been classified as 'almost accident', 81% as 'undesirable events', 2% as 'serious adverse event with low impact' and 1% as 'serious adverse event'. All AEDs were declared to the French Agency for Medicines and Health Products Safety. Regarding their avoidability, the AEDs were classified as 'preventable', 'likely preventable', 'unavoidable' and 'likely unavoidable' with respectively 79%, 13%, 5% and 3% of the AEDs. The AEDs made in 2019, 2020 and 2021 are all treated and closed, for 38 AEDs we are still awaiting a response from the manufacturers.
Conclusion and Relevance In 4 years, the number of AEDs has nearly quadrupled. This increase is likely the result of accessibility and user friendliness of the software, as well as the implementation of local awareness campaigns regarding AEDs. A new overview of the AED should be scheduled.

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

1ISG-006 **ECONOMIC SAVING OF THE PREPARATION OF SUBCUTANEOUS FORMULATIONS COMPARED TO INTRAVENOUS: FOCUS ON DARATUMUMAB IN THREE HEALTHCARE COMPANIES**

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Background and Importance The new onco-haematological formulations are moving more towards subcutaneous administration which represents a technological innovation compared to