years (IQR:45.0–71.3) and 68.0kg (IQR:59.0–80.0), respectively. Seventy patients (16.2%) had a BMI >30kg/m^2. Two hundred eleven patients (48.8%) received HI for the first time. There were 209 (48.4%) long-term HI treatments (minimum three-month duration) and 224 (51.6%) short-term treatments.

Only 13200g of HI (12.6%) were administered to 134 inpatients. High number of patients (85.2%) received intravenous HI, consuming 87495g (83.5%). The indications with the highest consumption of HI were immunomodulatory treatment of dermatomyositis and other inflammatory myopathies (4.9% and 4.6% of patients; 19,2% and 10.0% of consumption, respectively) and replacement therapy in common variable immunodeficiency (11.1% of patients, 10.0% of consumption). HI were prescribed from 12 different specialties, with internal medicine, neurology and hematology being the most, with 32.5%, 15.8% and 15.4% of total consumption, respectively.

An 8.3% of total HI consumption was administered to 33 patients (7.6%) with indications with low evidence of HI efficacy. Of these indications, the most common were BK virus nephropathy in kidney transplant patients (n=5), autoimmune dermatological diseases (n=5), severe myocarditis (n=3) and autoimmune haemolytic anaemias (n=3).

Conclusion and Relevance HI are widely used by multiple specialties. HI for low-evidence indications are used in a low, but not minimal, percentage. These uses must be reviewed by a multidisciplinary team in order to optimise the prescription of HI.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-065 EXPERIENCE OF IMMUNOCHEMOTHERAPY VERSUS STANDARD TREATMENT IN SMALL-CELL LUNG CANCER

[1]E Tejedor Tejada*, [2]M Rodriguez Goicoechea, [3]S Cano Dominguez, [4]A Cris Cercós. *[1]Barcelona Clinic Hospital, Pharmacy, Barcelona, Spain; [2]Complejo Hospitalario de Jaen, Pharmacy, Jaen, Spain; [3]Hospital Universitario Virgen de Las Nieves, Pharmacy, Granada, Spain; [4]Hospital Universitario Doctor Peset, Pharmacy, Valencia, Spain*

10.1136/ejhpharm-2024-eahp.169

Background and Importance Immunotherapy has emerged as a revolutionary approach to the treatment of small-cell lung cancer. This aggressive form of lung cancer presents significant challenges due to limited therapeutic response and even resistance to and even resistance to conventional chemotherapy. However, the strategy of combining immunotherapy with chemotherapy makes it possible to stimulate a patient's own immune system to fight cancer cells, triggering a specific immune response. This novel combination has shown promising results in improving survival and quality of life for survival and quality of life of patients with metastatic MPC in clinical trials.

Aim and Objectives - To evaluate the effectiveness and safety of combination immunochemotherapy in patients with metastatic small cell cancer.

- Compare immunochemotherapy vs standar of care treatment data.

Material and Methods An observational, multicentre, retrospective study was conducted to evaluate the effectiveness and safety of treatments used in patients diagnosed with metastatic MPC. Patient demographics, clinical and treatment variables were collected. Treatment consisted of courses of carboplatin, etoposide and atezolizumab, followed by atezolizumab maintenance. Tumour responses were classified according to RECIST 1.1 response criteria and toxicities were assessed according to common adverse event criteria CTCAE v5.0

Results Data were collected from 63 patients diagnosed with metastatic small cell lung cancer. 50.8% received combination chemotherapy with atezolizumab and carboplatin plus etoposide, while 49.2% received chemotherapy alone.Median overall survival was 7.5 months in the combination arm and 7.3 months in the combination arm. The median progression-free survival was 7.12 months in the combination arm and 3.1 months in the chemotherapy arm. The adverse event rate for the combination was 78.2% vs 75% for chemotherapy. Adverse events in the combination arm were asthenia, neutropenia, anaemia, nausea and nausea, anaemia, nausea and infections

Conclusion and Relevance The combination of atezolizumab with carboplatin and etoposide shows better survival outcomes without increasing toxicity, than standard therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Dingemans, Früh M, Ardizzoni A, Besse B, Faivre-Finn C, Hendriks LE, *et al.* Small-cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol*. 2021 Jul;**32**(7):839–85.

Conflict of Interest No conflict of interest.

4CPS-066 THERAPEUTIC DRUG MONITORING OF ANTI-TNF THERAPY IN INFLAMMATORY BOWEL DISEASE

[1]E Matilla García*, [2]B Rodriguez Vargas, [3]B Botella Mateu, [3]D Martin Rodriguez, [2]C Apezteguia Fernandez, [2]P Bautista Sanz, [2]LE Hoyo Gil, [2]A Melgarejo Ortuño, [2]MA Amor Garcia, [2]R Moreno Diaz. *[1]Hospital Universitario Infanta Cristina, Pharmacy, Madrid, Spain; [2]Hospital Infanta Cristina, Pharmacy, Madrid, Spain; [3]Hospital Infanta Cristina, Gastroenterology, Madrid, Spain*

10.1136/ejhpharm-2024-eahp.170

Background and Importance Anti-TNF drugs are often considered the primary treatment for most patients with inflammatory bowel disease. However, there is a significant interindividual variability in the therapeutic response. Approximately 30% of patients do not respond to induction (primary failure) and more than 50% of patients lose response over time (secondary failure). Given that there is a strong correlation between anti-TNF drug levels and its efficacy, pharmacokinetic monitoring of plasma levels has become a useful strategy to optimise the treatments.

Aim and Objectives To analyse the percentage of pharmacokinetic recommendations accepted by the physician to optimise anti-TNF treatment in patients with inflammatory bowel disease

Material and Methods Prospective, observational study, which included patients with inflammatory bowel disease treated with adalimumab and infliximab from february to october 23. Demographic variables (age, sex), diagnosis (Crohn's disease or ulcerative colitis), treatment (adalimumab or infliximab) and type of recommendation (dose intensification, interval intensification or both, regimen maintenance, treatment change, treatment de-intensification or suspension) were collected. The measurement of drug levels was conducted using a rapid determination system (RIDA®Quick System) followed by

interpretation using a computer application based on analysis by Bayesian methods. (PKS® Abbott). The data analysis was based on pharmacokinetic models published in the literature.[1,2] Subsequently, the pharmacokinetic recommendation was provided to the physician, who made the final decision.

Results Twenty-eight patients (50% men and 50% women) with a mean age of 40 years were included. Regarding diagnosis, 53,6% was ulcerative colitis and 46,4% was Crohn's disease. Thirty-three determinations were made (17 adalimumab and 13 infliximab). The total percentage of acceptance of the pharmacokinetic recommendations was 84,8% and was distributed as follows: Maintenance of regimen (33.3%), interval intensification (27.7%), dose intensification (12.12%), dose and interval intensification (12.12%), change of treatment (9.09%), de-intensification (3.03%) and discontinuation of treatment (3.03%).

Conclusion and Relevance The degree of acceptance of the pharmacokinetic recommendations was high. It remains to be determined in the long term whether this type of intervention will yield a positive clinical impact, potentially enhancing treatment persistence.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Adedigbo A Fasanmade, Omoniyi J Adedokun, *et al. Eur J Clin Pharmacol* (2009) 65:1211–1228.
2. Niels Vande Casteele, Filip Baert, *et al. Journal of Crohn's and Colitis.* 2019, 1248–1256.

Conflict of Interest No conflict of interest.

4CPS-067 EFFECTIVENESS AND SAFETY OF 1 IU/ML TOPICAL INSULIN TO TREAT PERSISTENT CORNEAL ULCERS

JC Sáez Hortelano*, D Ozcoidi Idoate, MC Guindel Jiménez, A Vélez Blanco, X Casás Fernández, C De Castro Avedillo, R Varela Fernández, A Fernández Vázquez, A Martín Sanz, D López Suárez, JJ Ortiz De Urbina González. *Complejo Asistencial Universitario De León, Hospital Pharmacy, León, Spain*

10.1136/ejhpharm-2024-eahp.171

Background and Importance The presence of epithelial corneal ulcers due to various reasons significanttly impacts in plenty of patient's quality of life. Recently, the use of topical insulin has emerged as a potential alternative treatment, with promising preclinical results. However, clinical evidence remains limited.

The presence of insulin and insulin-like growth factor receptors in corneal keratocytes and epithelial cells may explain these findings.

Aim and Objectives These study aims is to assess the effectiveness and safety of insulin 1 IU/mL eye drops for persistent corneal ulcers (PCU).

Material and Methods Observational retrospective study conducted in a tertiary hospital among patients receiving topical insulin 1 IU/mL treatment for PCU between January 2021 and July 2023. Data collected included patient demographics, PCU etiology, treatment duration, prior and concurrent hospital treatments, clinical response (assessed via anterior segment biomicroscopy) and adverse effects.

Pharmacy Hospital prepared insulin eye drops at a concentration of 1 IU/mL, and were administrated 3 or 4 times daily.

Results 54 patients were treated with 1 IU/mL topical insulin for PCU, including 23 (43%) males, with a median age of 70 (58–79) years. The most common PCU etiologies were post-surgical in 11 (20.4%) patients, herpetic in 10 (18.5%), neurotrophic in 9 (16.7%), dry eye in 6 (11.1%) and infectious in 5 (9.3%) patients. 8 (14.8%) patients had diabetes.

12 (22.2%) and 16 (29.6%) patients previously received autologous serum or cyclosporine eye drops, respectively; and 9 (16.7%) and 12 (22.2%) concurrently used autologous serum or cyclosporine eye drops, respectively.

The median duration of treatment was 2,2 (1.4–5.6) months. 17 (31.5%) patients finished treatment due to PCU improvement, 6 (11.1%) due to PCU resolution, 18 (33.3) due to lack of efficacy, 1 (1.9%) due to intolerance and 7 (13.0%) continued in treatment at follow-up ending. Patients with improvement or resolution had a treatment duration of less than 5 months.

Response (PCU improvement or resolution) were better in infectious (60.0%) and post-surgical (54.5%).

Conclusion and Relevance The 1 IU/mL topical insulin eye drops formulation appears to be an effective, safe and rapid option for patients with PCU. However, treatments without effectiveness in the first 5 months do not seem to be effective. Further studies are needed to confirm these findings.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-068 TARGET THERAPY IN NON-SMALL CELL LUNG CANCER (NSCLC): A RETROSPECTIVE ANALYSIS TO GUARANTEE THE APPROPRIATENESS OF THE PRESCRIPTIONS IN OUR HOSPITAL

[1]I Martignoni*, [1]E Santarossa, [2]L Stefanizzi, [1]M Gambera. *[1]Ospedale P. Pederzoli, Pharmacy, Peschiera Del Garda VR, Italy; [2]Ospedale P.Pederzoli, Pathology, Peschiera Del Garda VR, Italy*

10.1136/ejhpharm-2024-eahp.172

Background and Importance During past years several target therapies have been approved for various mutations in non-small cell lung cancer (NSCLC). Target therapy has been shown to be effective in several metastatic cancers with specific gene mutations or molecular biomarkers, and sophisticated molecular diagnostics allow greater personalised treatment selection to prevent treatment failure, avoid unnecessary treatment, and improve survival.

Aim and Objectives The aim of this retrospective analysis is to verify that in the actual clinical practice of our hospital target therapy prescriptions and deliveries for patients diagnosed with NSCLC match with a proper molecular diagnostic testing (human DNA/RNA analysis).

Material and Methods The pharmacist crosses data regarding patients' gene mutations and anti-cancer oral drugs deliveries to patients. Data sources are pathology department software that includes mutations tested with a real-time PCR fully automated and pharmacy software that includes for each patient the name of the anti-cancer drug, the number of confections, the date of delivery.

Results From April 2020 to August 2022, target oral therapies for lung cancer were provided to 90 patients: 53 treated with osimertinib, 16 with alectinib, 3 with gefitinb, 8 with afatinib, 3 patients with trametinib and dabrafenib, 1 with entrectinib, 1 with crizotinib, 2 with erlotinib. 58 patients were transferred from another centre with a prescription yet and for the other 32 patients we performed the molecular test in site. 25 of the 53 patients treated with osimertinib, carried out the