molecular test on site with a diagnosis of deletion of exon 19 of the EGFR gene (17 patients), and one patient also had a T790M resistance mutation. 6 diagnosed with EGFR L858R mutation and 1 with EGFR G719S mutation. Of the 16 patients treated with alectinib, 5 underwent on-site molecular investigations with a positive ALK gene mutation diagnosis. Of the 8 with afatinib, 2 were diagnosed with an EGFR gene mutation.

Conclusion and Relevance This retrospective analysis of real-world data among patients with NSCLC has found that target therapies prescribed in our hospital are linked to an oncogene mutation. Next step is to develop an IT integration between departments' software in order to allow the pharmacist to check the fully appropriateness of prescription before delivery.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-069 OUTPATIENT SATISFACTION IN THE TELEPHARMACY PROGRAM OF A TERTIARY HOSPITAL PHARMACY SERVICE

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Background and Importance Telepharmacy (TPh) consists of telematic pharmaceutical care and delivery of hospital outpatient medication, avoiding patient's displacement to the hospital. There are different TF models depending on the delivery destination: patient's home, pharmacy offices and health or social-health centres. To be included in TF program, patients must meet a series of inclusion criteria, including home distance from the hospital, fragility and functional dependence, among others.

Aim and Objectives To evaluate the opinion of patients included in TPh program and the telematic pharmaceutical care received through a satisfaction survey.

Material and Methods Prospective observational study in which all patients in TPh program who received a medication shipment to a pharmacy office during May 2023 were included. The information was obtained through a telematic anonymous survey. Different aspects about TPh were scored: circuit, delivery destination, pharmacist availability during delivery, shipping planning, medication access through pharmacy office, quantity of dispensed medication, possible financial contribution and pharmaceutical care received. Overall satisfaction level was also rated. The satisfaction patient degree was evaluated with a numerical result from 1 (minimum satisfaction) to 10 (maximum satisfaction).

Results During data collection period, 30 patients answered the survey and 3 refused it. 57% (17) of the participants were female. The most prevalent age group was over 65 years in 57% (17) of survey respondents. The mean satisfaction scores were 10 for circuit, 9.9 for delivery destination, 9.9 for pharmacist availability during delivery, 10 for shipping planning, 10 for medication access, 9.9 for quantity of dispensed medication, 6.7 for possible financial contribution and 10 for pharmaceutical care received. Regarding overall satisfaction, an average score of 10 was obtained.

Conclusion and Relevance The TPh service and telematic pharmaceutical care received are highly satisfactory from the survey respondents' point of view. Even so, trying to adapt the delivery destination and quantity of dispensed medication could be some areas to improve the service.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-070 EVALUATION OF AVOIDED COST IN CLINICAL TRIALS WITH IMMUNOTHERAPY IN LUNG CANCER

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Background and Importance Lung cancer (LC) is the third most common prevalent cancer and the leading cause of cancer-related death. Therapeutic options for LC are limited. A large number of immunotherapy-based clinical trials (CT) are underway due to their promising results. Therefore, it is necessary to evaluate the economic impact of CT in LC patients.

Aim and Objectives To evaluate the economic impact of participating in CT with immunotherapy provided by the sponsor in patients with LC.

Material and Methods Single-centre multidisciplinary study calculating the cost-saving impact of the use of immunotherapy provided by the sponsor in CT in a tertiary hospital between January2019 and December2022.

Inclusion criteria patients diagnosed with LC (small cell and non-small cell) treated with commercialised immunotherapy in CT (amivantamab, atezolizumab, avelumab, durvalumab, ipilimumab, nivolumab and pembrolizumab). Exclusion criteria: CT with placebo-masked immunotherapy.

The information was retrieved from Farmis-Oncofarm®, pkEnsayos® and Orion-Logis®. Baseline characteristics (age and sex), diagnosis, clinical data (trials per phase and drug administered) and consumption data (quantity expressed in mg and costs avoided per CT, per patient and per diagnosis) were analysed.

Statistical analysis calculation of percentages and means with 95% confidence intervals (95%CI). Economic data was expressed in avoided costs.

Results The study included 81 patients (71.6% male) with an average age of 65.7 years (95%CI:63.8–67.6). Most of patients were diagnosed with non-small-cell LC (85.2%, n=69).

A total of 27 CT were included (81.5% for non-small-cell and 18.5% for small-cell): phase I (n=1), phase I/II (n=2), phase II (n=6), phase IIa (n=1), phase III (n=12), phase IIIb (n=2), phase IIIb/IV (n=2) and phase IV (n=1). Nine of them used nivolumab (33.3%); 6 atezolizumab (22.2%); 6 pembrolizumab (22.2%); 3 durvalumab (11.1%); 2 ipilimumab (7.4%); 1 amivantamab (3.7%) and 1 avelumab (3.7%).

The overall avoided cost was 2,178,167€ (1,715,360€ and 462,807€ for non-small cell lung cancer and small cell lung cancer, respectively), per CT 80,673€ and per patient 26,891€ .

Conclusion and Relevance Patient participation in CT with immunotherapy in LC has a great economic impact in terms of direct costs avoided in antineoplastic treatment. The inclusion of patients in these CT contributes to the sustainability of the healthcare system and allows patients access to innovative therapies.