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.

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

4CPS-071 ANTIBIOTIC CONSUMPTION MONITORING BY AWARE CLASSIFICATION: A 6-MONTH ANALYSIS

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Background and Importance The AWaRe classification of antibiotics, developed by the World Health Organization, is a useful tool for monitoring antibiotic consumption, defining targets and verifying the effects of stewardship policies that aim to optimise antibiotics use and reduce antimicrobial resistances. Antibiotics are classified into three groups, Access, Watch and Reserve, considering the impact on antimicrobial resistance and emphasising the importance of their appropriate use. The 'Access' group contains antibiotics used in the first- and second-line treatment of infections. The 'Watch' group contains broad-spectrum antibiotics with a higher potential of developing resistance. The 'Reserve' group contains last-resort antibiotics used for multidrug-resistant infections.
Aim and Objectives The aim of this study was to evaluate and monitor the consumption of antibiotics for parenteral use in the hospital wards, considering the AWaRe classification, during a period of 6 months (from January 2023 to June 2023).
Material and Methods From January 2023 to June 2023 all the requests of antibiotics for parenteral use were analysed using an informatic database and classified according to the AWaRe classification and the hospital wards. Moreover, the prescriptions appropriateness was verified by checking the validity of the documentation needed (antibiograms, infectivologist reports).
Results In the period considered 110.662 vials of antibiotics for parenteral use were dispensed. Among these, 68.096 vials (61.53%) were antibiotics from the 'Watch' group. Meropenem and Ceftriaxone resulted the most administered molecules, especially in Respiratory disease and Emergency wards.

26.942 (24.34%) antibiotic vials were dispensed from the 'Access' group and 15.624 (14.11%) from the 'Reserve' one. Cefazolin and Metronidazole ('Access') and Colistimethate ('Reserve') resulted the most used antibiotics in their categories, with higher prevalence in Obstetrics and Gynecology, Surgery and Respiratory disease wards, respectively.
Conclusion and Relevance We found out high antibiotic consumptions, in particular for the 'Watch' category, probably due to antibiotic resistance towards the molecules from the 'Access' group. These data confirm the importance of the role of the hospital pharmacist, who can promote adherence to guidelines and the correct use of antibiotics, actively contributing to the antimicrobial stewardship programme

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Conflict of Interest No conflict of interest.

4CPS-072 SETMELANOTIDE IN MONOGENIC OBESITY: A CASE REPORT

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Background and Importance The melanocortin 4 receptor (MC4R), component of the leptin-melanocortin pathway, plays a part in body weight regulation (hunger, satiety and energy expenditure).

Setmelanotide is a highly potent MC4R-agonist that leads to weight loss in Monogenic Obesity (MO) individuals with complete pro-opiomelanocortin (POMC) deficiency or leptin receptor (LEPR) deficiency.
Aim and Objectives To evaluate the efficacy of setmelanotide in a 3-year-old paediatric patient with MO due to LEPR deficiency (off-label use).
Material and Methods Observational, retrospective and descriptive study of a child with MO in a third-tier hospital for 6 months (April to September 2023).

The information was obtained from the Electronic Clinical History and the Pharmacy Service Managing Software.
Results The child born at 36+2 weeks with a weight appropriate to his gestational age (2.5 kg).

He was admitted in an obesity study in May 2021. He was diagnosed with MO due to LEPR deficiency in September 2021.

The child started with setmelanotide 0.5mg in April 2023 and was increased to a current dose of 1.5mg daily subcutaneous injection.

He has lost weight from 40 to 38 kg in 6 months. He also eats less food and his craving for food has decreased. Analytical levels improved from October 22 to May 23: triglycerides: 99 to 75 mg/mL; cholesterol 217 to 139 mg/dL; LDL 144 to 72 mg/dL. The patient has decreased in adipose component and has increased in muscle mass. Progress in mobility, crawling and kneeling. Sleeps through the night with a daytime nap, not always.

There are no alternative treatments suitable for the patient's age.

Setmelanotide has demonstrated statistically significant weight loss with at least a 5% decrease in body weight after 6 months and decreased appetite, therefore it could reach a 10% after 1 year.

The child has skin rash and skin hyperpigmentation (activity at melanocortin 1-receptors (MC1R) as adverse effects.
Conclusion and Relevance Setmelanotide is the first European Medicines Agency approved medication for the treatment of POMC and LEPR deficiency in patients (children from 6 years old and adults) with MO.

In our case report is an off-label use and the child has been treated efficiently with setmelanotide for 6 months with a reduction in weight, hunger and analytical parameters.

We should evaluate the response after 1-year with setmelanotide to confirm that the treatment objectives are achieved (10%weight loss in 1-year).

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