**Background and Importance** Lebrikizumab, tralokinumab and dupilumab are anti-interleukin-13 monoclonal antibody used as therapy in patients with moderate to severe atopic dermatitis (msAD). There are no direct comparisons among them.
**Aim and Objectives** To establish whether lebrikizumab plus topical corticosteroids (L-TC), tralokinumab plus topical corticosteroids (T-TC) and dupilumab plus topical corticosteroids (D-TC) can be declared equivalent therapeutic alternatives (ETA) in patients with msAD through an adjusted indirect treatment comparison (ITC) using a common comparator.
**Material and Methods** A bibliographic search was conducted to identify phase III clinical trial (CTs) with L-TC or T-TC or D-TC with similar populations, duration and endpoints. Inclusion criteria were: phase III, randomised, double-blinded, placebo controlled and in patients with msAD. The 90% improvement in Eczema Area and Severity Index (EASI90) at week 16 was used as the main variable. An ITC of L-TC versus T-TC and L-TC vs D-TC was performed using the Bucher method, using the Indirect Treatment Comparisons calculator from the Canadian Agency for Health Technology. Delta value (Δ, maximum difference as a clinical criterion of equivalence) was calculated using half of the ARR in EASI90 obtained in the pivotal CT of dupilumab (pooled ARR=29%; Δ =15%). The results were analysed graphically and the relative position of the 95% CI and the equivalence margin were observed. Positioning was established following the ETA Guide.
**Results** Included three CTs in the ITC between L-TC (Adhere), T-TC (ECZTRA 3) and D-TC (Liberty ad Chronos). The difference in EASI90 expressed as ARR (IC95%) of L-TC versus T-TC, and L-TC versus D-TC, was: 6.6 (-9–22.2) y -11 (-27–5). Applying the ETA Guide, L-TC, T-TC and D-TC could be considered ETA, being the probability of clinically relevant difference <50% (most of the 95% CI is in the equivalence range), and the failure does not involve serious/irreversible damage.
**Conclusion and Relevance** The ITC showed no statistically significant and clinically relevant differences in EASI90 between anti-interleukin-13 plus topical corticosteroids. These drugs could be considered ETA in most patients with msDA.

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

## 4CPS-080 METASTATIC HER2-POSITIVE BREAST CARCINOMA CASE REPORT: ANTI-HER2 TREATMENT MAINTENANCE DESPITE OLIGOPROGRESSION

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**Background and Importance** The new anti-HER2 conjugated drugs have represented a significant advancement in the treatment and management of metastatic HER2-positive breast cancer patients, enabling the application of local ablative therapy in the case of oligoprogression, with a positive impact on the survival of these patients.
**Aim and Objectives** The objective of this text is to provide a comprehensive overview of the patient's medical history and treatment progression in managing HER2-positive breast carcinoma. It aims to underscore the importance of pharmaceutical interventions, interdisciplinary cooperation, and adaptability in achieving favourable treatment outcomes for patients with complex oncological conditions.
**Material and Methods** 51-year-old woman. Diagnosed in May 2005 with infiltrating ductal carcinoma of the left breast, underwent surgery after neoadjuvant chemotherapy + Trastuzumab, luminal B HER2-positive immunophenotype. Subsequently, received adjuvant radiotherapy + trastuzumab + hormone therapy. All treatments concluded in April 2011.
**Results** In January 2020, she was admitted to the Internal Medicine ward due to dyspnea related to bilateral paraneoplastic pulmonary embolism, prompting an extension study revealing multiple metastatic bone lesions. Bone biopsy confirmed infiltration by HER2-positive breast carcinoma. In February 2020, she commenced first-line systemic treatment with Docetaxel + Trastuzumab + Pertuzumab, with excellent tolerance.

In December 2021, disease progression was observed with the emergence of lung metastases and a pre-sternal nodule, while bone disease remained stable. A request was made to Pharmacy for Trastuzumab-Emtansine treatment, which commenced in January 2022.

In May 2023, there was growth of the pre-sternal lesion while other lesions remained stable. After histologically confirming the same immunophenotype, the case was discussed in a multidisciplinary committee, and it was decided to administer stereotactic body radiation therapy (SBRT) while maintaining systemic treatment for proper local control. The patient continues treatment with a good clinical course.
**Conclusion and Relevance** This pharmaceutical perspective highlights the patient's treatment journey and the role of various therapies in managing HER2-positive breast carcinoma, emphasising the need for adaptability and interdisciplinary collaboration to optimise outcomes.

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

## 4CPS-081 CONSENSUS ON INDICATORS FOR MEDICATION-RELATED READMISSIONS: A DELPHI STUDY

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**Background and Importance** Medication-related readmissions (MRRs) represent a significant burden on patients and healthcare systems. Despite the relevance of MRRs, a consensus on the most important risk factors is currently lacking.
**Aim and Objectives** This study aimed to develop a comprehensive set of indicators for 30-day MRRs through a consensus-based Delphi study. We sought to identify and prioritise key risk factors associated with MRRs.
**Material and Methods** We assembled an expert panel consisting of clinical pharmacists, physicians, and nursing experts. The potential indicators were developed by conducting a scoping literature review (n = 20). The study team added eleven

indicators not found in the existing literature but considered potentially relevant. The 31 proposed indicators were rated by the experts on a scale of 1 to 9 for relevance. Indicators with a median rating of 7 or higher were considered relevant. Consensus was determined using the RAND/UCLA method. In the second round, experts re-evaluated indicators without consensus and provided specifications for indicators requiring further detail.

**Results** In the first round, 38 experts participated, leading to the inclusion of 25 indicators and the exclusion of six. All indicators reached consensus, and five new indicators were suggested. In the second round, 34 experts participated, resulting in the inclusion of four out of five newly proposed indicators, all of which reached consensus. The expert panel prioritised the following indicators: (1) insufficient communication between different healthcare providers, (2) polypharmacy (seven or more medications), (3) low medication adherence (forgetting or administer medications wrongly at least twice per week), (4) complex medication regimen that involves taking at least three doses per day, using at least two different dosage forms, and administering them through at least two different routes each day, and (5) multimorbidity (three or more chronic conditions).

**Conclusion and Relevance** The comprehensive set of MRR indicators developed in this study addresses the need for a standardised MRR risk assessment and offers a tool for pharmacists to prioritise clinical pharmacy services during hospital discharge. This could lead to more efficient resource allocation and potentially improve patient outcomes. Future work will focus on validating the identified indicators.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of Interest** No conflict of interest.

## 4CPS-082 DESCRIPTIVE STUDY OF POST-SURGERY ANALGESIC PRESCRIPTIONS

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**Background and Importance** Inadequately treated postoperative pain can compromise the patient's recovery, prolong hospital stay and contribute to chronic pain. In our hospital there are only some surgical services with analgesia protocols. For this reason, it's proposed a study of post-surgical pain treatment.

**Aim and Objectives** Descriptive study of the management of acute postoperative pain in hospitalised patients after scheduled surgery and the degree of adherence to the analgesia protocols available in the hospital.

**Material and Methods** Retrospective observational study of hospitalised adults for scheduled surgery during November 2022. Data collection was carried out through the clinical history and Hospiwin2000® electronic prescription program. The collected variables were sex, age, prescribed analgesic regimen, usance or not of analgesia protocol and pain registration according to the numerical scale (NS). The NS classifies types of pain into three ranges: NS 1–3 mild pain, NS 4–6 moderate pain, NS 7–9 severe pain.

**Results** 125 patients were considered (49.6% male; 50.4% female). Of which the mean age was 57 years (19–89). Out of the 125 cases, there were 22 different analgesia regimens.

The most frequently used intravenous analgesia treatment was dexketoprofen 50 mg/8h + acetaminophen 1 g/8h (19.2%); followed by dexketoprofen 50 mg/8h + acetaminophen 1 g/6h (17.6%). Overall, in only 59% of the cases the prescription of analgesia corresponded to the available protocols in the electronic prescription program. Pain level was recorded in 69% of the patients. All those patients in whom the NS was collected presented different range of pain during the hospital stay: 5% recorded severe pain; 29% moderate pain; and 66% mild pain. 43 prescriptions were detected that did not comply with the technical data sheet recommendations for intravenous analgesic drugs (Metamizole dose > 5 g/day, dexketoprofen > 48 hours).

**Conclusion and Relevance** A high prevalence of patients with pain and high variability of non-protocolised analgesic guidelines, and even with doses not included in the technical data sheet of the analgesic drugs, were detected.

The analysis of the current situation in our hospital is the starting point for reviewing the existing protocols and developing new ones that unify and optimise the analgesia prescription guidelines.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of Interest** No conflict of interest.

## 4CPS-083 MEDICATION RECONCILIATION INTERVENTIONS IN AN EMERGENCY DEPARTMENT AT ADMISSION

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**Background and Importance** The Institute for Health care Improvement (IHI) defines Medication Reconciliation as the formal process of obtaining a complete list of the patient's medication prior to admission, comparing it with the one that has been prescribed in the health centre, in transfers and medical discharge.

Reconciliation errors occur in 50% of patients admitted to hospitals and have been identified by organisations such as the WHO or NICE as a priority practice for patient safety.

**Aim and Objectives** The aim of the study is to describe the pharmaceutical interventions related to medication reconciliation in an Emergency Department at the admission process, the degree of acceptance by clinicians and the most commonly pharmacological groups involved in these interventions.

**Material and Methods** It was a descriptive and transversal study conducted in the Emergency Department of a Regional Hospital (<150 beds) during February 2021-July 2023.

A review of usual medications of patients admitted during the night was performed daily. Reconciliation interventions were registered in a database (Microsoft Excel (r)) and classified in five types: omission, dose, therapeutic equivalents, drug not necessary and adverse event. Drugs involved were classified according to the Anatomic Therapeutic Classification (ATC).

**Results** Six hundred and eighty-two pharmaceutical interventions were carried out, of which 59% were of the medication reconciliation type. The degree of acceptance by the clinicians was 75%.

The medication reconciliation interventions were made in 228 patients of whom 55% were male. The mean age of the patients was 75.86 years (range 20–97).