commercialised as a new promising treatment alternative, and pharmacist-led long-term monitoring could be beneficial to ensure treatment effectiveness and safety.

Aim and Objectives Assess the long-term real-life effectiveness and safety of cabotegravir/rilpivirine.

Material and Methods This was an observational, longitudinal and prospective study performed between March and September 2023. Patients were included if they started treatment with either a one-month oral lead-in (OLI) with cabotegravir/rilpivirine followed by long-acting therapy or directly with the long-acting injection regimen (at month 0, 1, 3 and 5) and received at least 4 injectable doses and excluded if participated in FLAIR and ATLAS studies. Sociodemographic (age, sex at birth), anthropometric (body mass index [BMI]) and viral (HIV-RNA viral load at baseline and 5-month follow-up) data were collected. Treatment was considered effective when patients achieved or maintained virological suppression

Drug adverse effects were collected and followed-up through active pharmacist validation, and clinical and nursing-staff monitoring.

Results 30 patients were included (90% male sex at birth, mean age 43.7 years). 1 patient had a BMI>30. At baseline, all patients had undetectable viral load (HIV-RNA<50 copies/mL) and 6(20%) started with OLI.

At 5-months follow-up, 28(93.3%) patients had an undetectable viral load. 2 patients abandoned treatment after 1 month, due to an unknown archived rilpivirine mutation (one patient had a VL of 113,146 copies/mL and the other remained undetectable).

90% of patients reported at least 1 adverse effect, being the most frequent: injection-site reactions (83.3% of patients reported gluteal pain, 13.3% induration), followed-by low-grade fever (10%), fatigue (6.7%) and diarrhoea (6.7%).

Conclusion and Relevance Cabotegravir/rilpivirine effectiveness and safety were favourable in this cohort of baseline virologically suppressed patients. No treatment interruptions due to adverse effects were observed but resistance mutations need to be considered.

Although small sample size, low proportion of female patients and a short-term follow-up due to recent commercialisation, this study could be of help due to lack of studies reporting data on cabotegravir/rilpivirine effectiveness in real-life population and long-term pharmacist treatment monitoring

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-099 CHIMERIC ANTIGEN RECEPTOR-T CELLS (CAR-T CELLS) AND ANTIBIOTICS: A NOT-SO-INNOCENT ASSOCIATION

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Background and Importance According to an American study[1], prior exposure to Piperacillin/tazobactam (P/T), Imipenem/cilastatin (I) and meropenem (M) is correlated with reduced overall survival and a 71% higher risk of death in patients treated with CAR-T cells (Chimeric Antigen Receptor T cells). This exposure is also associated with an increased risk of immune effector cell-associated neurotoxicity syndrome (ICANS).

Aim and Objectives The aim is to demonstrate if the American results apply to our real-life results.

Material and Methods For each patient who received a CAR-T cells injection between January 2019 and August 2023, the 'CAR-T cells' pharmaceutical team checked: antibiotic prescription 4 weeks prior to CAR-T cells injection, post-injection toxicities (ICANS and cytokine release syndrome (CRS)) and death within 6 months of CAR-T cells injection.

To have populations comparable to those in the study, we defined two groups: 'P/T/I/M' is patients who received P/T/I/M antibiotics, and 'Other antibiotics and naive' is patients who received antibiotics other than P/T/I/M or antibiotic naive. we selected all CAR-T cells with marketing authorisation.

Statistical comparisons were made using the Fischer test (risk = 5% bilateral).

Results Two-hundred and five patients received CAR-T cells: 172 'Other ATB and naive' patients (84%) and 33 'P/T/I/M' patients (16%) in the 4 weeks prior to injection.

In the 'P/T/I/M' population, there were 12 CRS (36.5%), 0 ICANS, 12 ICANS+CRS (36.5%) and 9 (27%) without toxicities. Seven (21%) patients died.

In the 'Other antibiotics and naive' population, there were 100 CRS (58%), 2 ICANS (1%), 43 ICANS+CRS (25%) and 27 no toxicities (16%). Twenty-four patients (14%) died.

A higher risk of CRS has been identified in the 'P/T/I/M' group (p=0.02).

No other significant difference was found between the 2 groups on: ICANS+CRS (p=0.2), ICANS (p=1), or death (p=0.29).

Conclusion and Relevance Our study shows a higher risk of CRS for patients exposed to P/T/I/M 4 weeks prior to injection.

Our study also shows no excess risk of ICANS nor toxicities and death for 'P/T/I/M' patients. Our results are therefore not similar to those of the American study.

These differences could be explained by the size of our population and the fact that the American study only selected anti-CD19 CAR-T cells.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. https://doi.org/10.1038/s41591-022-01702-9

Conflict of Interest No conflict of interest.

4CPS-100 THE UTILITY OF EARLY PHARMACEUTICAL VALIDATION OF SELECTED HIGH-RISK DRUGS IN A HOSPITAL EMERGENCY DEPARTMENT

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Background and Importance High-risk medication and the associated errors represent a potential source of adverse effects and readmissions for patients.

Aim and Objectives To analyse the utility of early pharmaceutical validation of direct oral anticoagulants (DOACs) and long-acting insulins (LAIs) in a Hospital Emergency Department (ED).

Material and Methods This retrospective study was conducted between May 15, 2023, and September 28, 2023. Two groups of high-risk medications (HRMs) were selected: DOACs