P056 Assessing Knowledge of Community Pharmacists on Cancer: A Pilot Study in Ghana

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Abstract - Introduction
GLOBOCAN estimates that 16,600 cases of cancer occur annually in Ghana. Community pharmacists are the first point of contact to the public due to their accessibility, widespread and credibility. Thus, their knowledge is of paramount importance in order to assure the best healthcare advice is provided. Goals of this pilot study were; (1) to collect a preliminary data on knowledge of risk factors, signs, and symptoms of cancer(2) to ascertain the adequacy of the research survey in determining their level of knowledge (3) to assess the viability of a full-scale study on community pharmacists.

Abstract - Material and method
A cross-sectional survey was conducted using a self-administered questionnaire to assess the knowledge of signs and symptoms and risk factors of cancer among 150 community pharmacists.

Abstract - Results and discussion
The score for knowledge on cancer among community pharmacists indicated that 76.7% had poor knowledge. Responses of community pharmacists toward a list of warning signs and symptoms of cancer indicated a poor level of knowledge (82%). Community pharmacists recorded a poor level of knowledge (65.3%) on causes and risk factors for cancer. Correlation analysis shows that age has a relation with the level of knowledge on signs and symptoms of cancer.

Abstract - Conclusion
The study indicated that community pharmacists in Ghana have a poor level of knowledge of cancer. Also, it agrees with the findings of other studies conducted in this area which suggests that the survey instrument was adequate. Though the response was low, data obtained indicate viability and the need for conducting full-scale research of community pharmacists on cancer in Ghana.

P057 Cancer awareness among community pharmacist: a systematic review

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Abstract - Introduction
The WHO recognizes that community pharmacists are the most accessible healthcare professionals to the general public. Most patients regularly visit community pharmacies for health information and also seek advice from pharmacists with respect to signs and symptoms of cancer. They are therefore in a good position to raise awareness about cancer. The aim of this review was to critically appraise evidence gathered from studies that; (1) explore or assess knowledge of community pharmacists on signs and symptoms of cancer, (2) explore or assess the knowledge community on cancer screening.

Abstract - Material and method
EMBASE (Ovid), CINAHL (EBSCOhost) and MEDLINE (EBSCOhost) were systematically searched for studies conducted between 2005 to July 2017. Studies that focused on knowledge of community pharmacists in cancer screening, signs and symptoms were included.

Abstract - Results and discussion
A total of 1538 articles were identified from the search, of which 4 out of the 28 potentially relevant abstracts were included in the review. Findings of the selected studies revealed a lack of sufficient knowledge on breast cancer screening, signs and symptoms. Both studies attributed knowledge limitation as the cause of reason for the key findings of their studies.

Abstract - Conclusion
The selected studies focused largely on breast cancer, which hinders the generalizability and transferability of the findings. Hence there is a need for more studies to be conducted in this area to draw a better conclusion.

P058 Clinical impact assessment of pharmaceutical intervention along pharmaceutical consultation of oral therapy-treated cancer patients

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Abstract – Introduction
For more than 15 years, within the Institut Curie, a Pharmaceutical Consultation (PC) has been offered to patients undergoing anticancer oral therapy, in addition to a medical announcement consultation and more recently, a nurse consultation. The Pharmacist secures and optimises drug management through a pharmaceutical analysis of the prescription, an explanation to the patient of drug intake and management of the main side effects. The aim is to assess the Clinical Impact (CI) of Pharmaceutical Interventions (PI).

Abstract - Material and method
From January, the 1st 2020 to March, the 17th 2020, two types of PI could be collected during each PC. One concerning the prescriber and problems of prescription, while the other concerned patients. They could misunderstand some information explained by their oncologist. The evaluation of the CI of these PI has been documented by an oncologist based on the Cléo scale version 3, validated by a French society learned: Société Française de Pharmacie Clinique. CI of each PI was classified as nuisible, null, minor, moderate, major, vital, and not-determined.

Abstract - Results and discussion
140 PC were carried out. 95% of patients were female and mean age was 62 (±13.73) years. 66 PI were recorded. 39 PI with the prescriber were identified. We noted, among others, 8 risks of possible drug interaction, 9 lacks of prescriptions of support treatment, 3 lacks of drug intake advices and 3 lacks of prescription for a blood monitoring.
27 PI with the patient were identified and 21 were relevant. We noted that 7 patients misunderstood drug intake, 5 patients didn't know that the previous treatment should have been interrupted, 5 patients misunderstood the monitoring and 4 others were not aware of possible side effects related to their treatment.
The CI was assessed for 83% (n=55) of PI. CI was considered to be minor for 20%, moderate for 53%, major for 14% and vital for 13%. Two prescription errors were associated with vital CI. The first referred to a risk of drug interaction between proton pump inhibitor and capecitabine. The other error was the risk of loperamide overdosage.

Abstract – Conclusion
A PI with the oncologist was necessary in approximately one-third of PC. In 20% of PC, the patients had not fully understood information from the oncologist. CI of PI was considered to be moderate in most cases but vital for 13% of IP. PC help secure medical care of patients. These results will be presented to our oncologists to improve medical practices.

P059 CANCELLED

P060 Indication, Safety and Adherence to Oral Targeted Anticancer Medication.

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Abstract - Introduction
Oral targeted anticancer medication as tyrosine kinase inhibitors (TKI) for the treatment of hematological diseases and cancer is growing as an effective and powerful treatment. Patients have an increased responsibility, as they control the treatment at home and must be aware of the symptoms of adverse effects that may occur.

Abstract - Material and method
A single-center study conducted at Landspitali Hospital, divided into two parts. A retrospective study as a descriptive chart review of cancer patient cases between for 1 year in 2019. A prospective study from January to March 2020 with cancer patient interviews with a standard questionnaire. Data collection included a review of the use and indications of oral anticancer therapies with TKI's to evaluate the quality and safety of TKI therapies with respect to adverse events (AEs) and drug interactions, and to evaluate adherence to TKI therapies and risk factors associated with adherence.

Abstract - Results and discussion
Retrospectively, a total number of 252 patients participated and the most common TKI therapy was palbociclib with the indication breast cancer. Prospectively, 42 patients participated and the most common TKI therapy was ribociclib also with the indication breast cancer. All patients reported that they had experienced an AE at some point in their TKI therapy and the AEs were mostly mild or moderate. Clinical relevant drug-drug interactions were 5 and for 7 patients (16,7%). Medication adherence was generally very good for the majority of patients (97,6%) and no risk factors were directly linked to adherence.

Abstract - Conclusion
The results indicate that the majority of patients at Landspitali Hospital that recieve therapy with TKI´s are women being treated for breast cancer. Generally, most AEs experienced are mild to moderate and tolerable. Clinical relevant drug-drug interactions were few, which indicates that patients are not at high risk due to drug-drug interactions. Medication adherence to TKI therapy indicates goo

P061 Onco-hematology telepharmacy during the covid-19 pandemic: experience of two years

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Abstract - Introduction
The COVID-19 pandemic forced the Hospital Pharmacy Service (HPS) to adapt the outpatient pharmaceutical care services to ensure continuity and prevent exposure of onco-haematology outpatients to the virus.
This situation was used to optimize clinical outcomes, accessibility and security through the establishment of a telepharmacy program (TP). Two years later, we describe the experience and analyse the impact.

Abstract - Material and method
The HPS coordinated with the Oncology and Haematology Services a TP that included:
- Adaptation of schedules to make appointments.
- Database in Excel.
- Organization with delivery company.
- Acquisition of resources.
- Implantation and extension to all candidate patients.
- Analysis of results and quality control.

TP was implemented on March 23, 2020 and continues today. The patients have an appointment for: first telematic consultation (start of treatment), successive consultation (continuation or switch) or successive home delivery.

Abstract - Results and discussion
533 deliveries were performed to a total of 142 patients in 2 years, since the implementation of the TP: 408 deliveries to 136 patients during the first year and 125 to 51 during the second year.
The maximum activity was in April 2020, which represented 43%. 120 visits to the HPS were avoided. Virtual pharmaceutical care was carried out for initiations or changes to 112 patients and 53 calls were answered by telephone consulting interactions, adverse effects, dosage or requesting deliveries.
On the first 3 months, home deliveries did not suppose cost since Civil Protection carried them out voluntarily. After that, the rate was 14 euros/shipment, which meant a total of 3.400 euros in the studied period.
Satisfaction surveys were conducted on 64 random patients: 97% rated the service received as excellent; the remaining 3% as good. The medication arrived in optimal conditions in 98% of shipments. In those cases that needed to contact the HPS, 91% always did; 9% usually.

Abstract - Conclusion
100% of patients would like to maintain this service in the future. However, in the last year, shipments have decreased by 70% compared to the previous year.

TP has changed the practice of outpatient pharmacy and allows to adapt the pharmaceutical care during the COVID-19 pandemic.

P062 Optimization of oncology patient follow-up through pharmaceutical care and multidisciplinary team working.

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Abstract - Introduction
A 6-month quasi experimental study about the implementation of pharmaceutical care in oncology was carried out at the St. Nikolaus Hospital in Eupen (a 192-bed hospital in Belgium). Following the significant results obtained, a project on clinical pharmacy in oncology and coordination between healthcare professionals, regarding follow up, was started and is still in development.
The aim of the project is to integrate the pharmacist into the multidisciplinary team and to improve collaboration between professionals working with oncology patients in order to increase quality of patient care.

Abstract - Material and method
Pharmaceutical care is optimized by conducting pharmaceutical interviews during which therapies and side effects are explained. Information documents about the therapy made by the pharmacist are given to the patients. Medication history and treatment analysis are carried out to detect drug related problems. During multidisciplinary meetings, a global follow-up of the patients is ensured. For each patient, the pharmacist makes an electronic report of the meeting and publishes it in the patient's record. This digital tool gives access to information to each member of the multidisciplinary team.

Abstract - Results and discussion
Since 2017, all patients on oral cytotoxic treatment receive pharmaceutical care and pharmaceutical interviews (451 interviews in 2021). In addition to these monthly interviews, patients also call the hospital pharmacists for advices or to report adverse effects.
Since June 2021, patients undergoing IV chemotherapy also benefit from pharmaceutical care and pharmaceutical interviews at the initiation of the therapy. 29 interviews were made in 2021 and 21 between January and March 2022.
The multidisciplinary meetings take place weekly and bring together oncologist, nurse, onco-coach, dietician, social worker, psychologist and pharmacist. They last on average 60 minutes. Patients treated during the next week are discussed. Oncologists also present the new cancer patients.

Abstract - Conclusion
The quantified results of the study conducted at the end of 2016 as well as the benefits observed on a daily basis demonstrate the added value of pharmaceutical care and the place of the pharmacist within the multidisciplinary team.
As part of a continuous quality improvement process, we regularly evaluate how to further optimize the pharmaceutical interviews and the multidisciplinary patient care

P063 Relation between body mass index and therapeutic response with immune checkpoint inhibitor therapy for advanced non–small cell lung cancer

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Abstract - Introduction
Researchers strived to find a valid and tailored therapy to treat cancer. Interestingly, obesity confers an improved response to immune checkpoint inhibition in non-small cell lung cancer (nsclc), it appears that overweight and obesity improve the response to immunotherapy in lung cancer; however, it is not known whether obesity confers improvements in prognosis in all types of lung cancer, or if this effect is tumor-type specific. We aim to investigate the prognostic role of body mass index (bmi) in patients with metastatic nsclc receiving nivolumab, immune checkpoint inhibitors.

Abstract - Material and method
Data on patients with metastatic lung cancer receiving ≥2-3line of systemic treatment were retrieved from prospectively collected national database. A total of 103 patients were divided in two classes, distinct for adenocarcinoma and squamous non small cell lung cancer. We considered the following characteristics:grade, histology, age, race, sex,smoke, bmi.bmi was analyzed in according to the standard who definitions:underweight (bmi <18.5 kg/m²),normal weight(18.5-24.9 kg/m²),overweight(25-29.9 kg/m²)and obese (≥30 kg/m²). All the patients were treated with intravenous monotherapy of nivolumab.

Abstract - Results and discussion
The two classes were homogeneous for demographic and pathological characteristics like stage and presence of metastasis but not for bmi. The population it has been divided into the two most represented histotypes (adenocsarcinoma and squamous) and according to the who guidelines into 4 bmi classes. Time to treatment, with better disease control, was longer for both groups in the bmi≥25 class but for squamous histotype group positive trend is it showed between bmi 18.5-24.9. The patient's response to treatment in squamous gruop is thigtly and easily correlated to the patient's bmi. baseline high bmi may be independently associated with improved survival with nivolumab in patients with advanced nsclc, most evidently in the group with squamous histotype. in the 18.5-24.9 bmi class, the number of treatments in squamous histotype was 12 compared to 8 in the adenocarcinoma group with the same baseline bmi.

Abstract - Conclusion
Our results,confirmed by the recent literature, show how the bmi value is a useful indicator. We proved the need for a patient personalized approach to the therapy in which the baseline bmi should therefore be considered as a prognostic disease factor in future immune checkpoint inhibitor therapy. bmi, like therapeutic predictive response marker, is clinically accessible and of common use.

P064 Evaluation of the use of off-label drugs in a comprehensive cancer center

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Abstract - Introduction
Off-label use (OLU) refers to any use of a licensed drug other than its marketing authorization and an investigational use through a compassionate/expanded access provided by the pharmaceutical company. Although clinically justified, it may carry safety and ethical issues. Drug-indications pending price/reimbursement (P&R) conditions in Spain are also considered. The legal framework is the Regulation 726/2004 of the European Parliament and the Spanish RD 1015/2009.
The process of OLU's evaluation at a comprehensive cancer center is described.

Abstract - Material and method
OLU's evaluation depends on the Pharmacy and Therapeutics Committee, a multicentric group with heads of oncology, haematology, pharmacy and research departments and directors. Meetings are scheduled biweekly with a fast-track procedure for urgent treatments. Requesting physicians submit the cases including a geriatric evaluation for patients ≥75 years and the ESMO Magnitude of Clinical Benefit Scale Score. Efficacy, safety and cost are discussed based on the clinical evidence and the available alternatives (also clinical trials). Health results are collected (Available: https://bit.ly/3Dgxjag)

Abstract - Results and discussion
The center is serving 4.5 million people with 751 ongoing clinical trials in 2021. In this year, there were 23 scheduled meetings involving 176 professionals, and 550 requests for 495 patients, mean age 63 (17-89), 17.8% ≥ 75 years. This is a 3.5% of all patients treated (n=14,138) and an increase of 27.3% vs 2020. Urgent requests were 18.5% (11.4% in haematology, mainly relapsed/refractory graft versus host disease -GvHD- and veno-occlusive disease).
Haematology requests were 50.2% (276), oncology 47.8% (263) and palliative care 2.0% (11). Most frequent pathologies were breast, lung, melanoma, ovarian and prostate cancers (38.9%) and acute myeloid leukaemia, myelodysplastic syndromes, GvHD and Hodgkin's lymphoma (39.8%).
The results by type of OLU are:
- Unlicensed drug-indications 61.1% (336) -> haematology 37.6% (207).
- Compassionate/expanded access 11.6% (64) -> oncology 9.6% (53).
- Drugs pending P&R 27.3% (150) -> oncology 16.7% (92).
Health results evaluation is underway.

Abstract - Conclusion
Discussion of OLU requests using a defined method in a multidisciplinary team is very helpful for the institution. OLU's activity in cancer increases year after year and requires evaluating the health results obtained.

P065 Creatinne determination in platinum-based therapy only necessary once every weeks

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Abstract - Introduction
Platinum-based chemotherapy, a well-known therapeutic option for multiple types of cancer, is associated with nephrotoxicity. Currently, renal function should be assessed before each course of platinum-based chemotherapy, but there is no national or international guideline regarding the frequency of renal function determination. We aimed to determine the frequency of clinically relevant dosage adjustments of cisplatin and carboplatin in patients at intervals of ≤ 7 days versus > 7 days between renal function assessment and the administration of cisplatin or carboplatin.

Abstract - Material and method
We conducted a multicentre, retrospective, database study in two academic medical centres. A query was built to extract data from the electronic health records. For cisplatin, a decrease to an estimated glomerular filtration rate (eGFR) < 60 ml/min was defined as a relevant change. For carboplatin, a change in eGFR that would result in a dose adjustment in excess of 10% (either up or down) was defined as a relevant change, since all carboplatin dosing in the Netherlands is done on target Area Under the Curve (AUC). Multiple logistic regression was performed to determine the effect of variables

Abstract - Results and discussion
In total, 1140 patients were included: 512 patients receiving cisplatin and 628 patients receiving carboplatin. The median time to a clinically relevant change in renal function was 67 days for cisplatin and 64 days for carboplatin. For cisplatin, gender, age, indication and baseline renal function were significant factors influencing changes in renal function. Furthermore, regimens in which cisplatin was combined with radiotherapy, were associated with a significantly higher probability of a clinically relevant decrease in renal function. For carboplatin, the factors with a statistically significant association with renal function deterioration were age and baseline renal function.

Abstract - Conclusion
In carboplatin and cisplatin therapy, the determination of creatinine at three-weekly intervals is sufficient for the timely detection of any clinically relevant decline in renal function. For all schedules that give cisplatin or carboplatin in weekly cycles, this means a reduction in necessary creatinine testing of 67%.

P066 A descriptive, observational and cross-sectional study to determine the prevalence and risks of complementary and alternative medicine use in an adult Dutch (hemato)-oncology population receiving concurrent anti-cancer treatment

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Abstract - Introduction
The use of complementary and alternative medicine (CAM) is increasingly popular amongst cancer patients. However, it's concurrent use may lead to unwanted risks, causing a decreased efficacy or increased toxicity of the anti-cancer treatment. Previous studies in the Netherlands are limited, decades old and left potential interactions remaining unacknowledged. Therefore, our study aimed to report the prevalence of CAM-use in an adult Dutch population, while also assessing interactions and reporting the risks of the concomitant use with anti-cancer drugs to both patients and doctors

Abstract - Material and method
Data in regards to the use of CAM was obtained via in-depth interviews during medication reconciliation with participants. Subsequently, interactions between CAM and concurrent anti-cancer drugs in use were assessed using various databases and literature. Ultimately, interactions were classified ranging from "no interaction" to "relevant interaction" and patient-specific recommendations were provided.

Abstract - Results and discussion
43 out of 59 participants (71.7%) indicated using CAM within the studied population, with 28 out of 43 CAM-users using their CAM actively and concurrently with their anti-cancer drugs. The most common CAM in use were vitamin preparations, magnesium, fish oil, cannabis products, tumeric, and probiotics. In general, women (78.3%) used CAM more often than men (69.4%), $X2 = 0.55$, $p = 0.46$. Based on the available literature, over 68 assessments were done by the hospital pharmacists, with approximately 48% being either relevant- or potential interactions, occurring in 34.9% of CAM-users. All patients who used CAM during their anti-cancer patients received a tailored advice from the pharmacy, indicating whether or not a potential interaction was present, absent or unknown. If present or unknown, specific recommendations were provided, for example: stop this CAM two days before until three days after each chemotherapy cycle

Abstract - Conclusion
The use of CAM prevailed amongst Dutch cancer patients included in this study. Its concomitant use is not without risks, with herbs and herbal supplements causing most of the observed relevant interactions in this study. Therefore, current patient-health care professional communication should be improved, so that patients may receive proper guidance, support and advice regarding their use of CAM.

P067 Results of a 3-years multidisciplinary team including pharmaceutical care for ambulatory blood cancer patients receiving oral antineoplastic drugs

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Abstract - Introduction
Since 2019, a multidisciplinary team dedicated to blood cancer have been implemented for patients starting oral antineoplastic drugs (OAD). The THEOPHIDE team is constituted by hematologists, clinical pharmacists and oncology nurses who jointly work for improve blood cancer patient's pathway through detect and manage drug-related problems (DRP) by perform Pharmacist Intervention (PI), early detection of adverse effects and adherence issues. Here we aim to report the 3-year pharmaceutical and oncology nurse's activity from OAD start to follow-up.

Abstract - Material and method
Data extracted from the THEOPHIDE database from 01/01/2019 to 31/12/2021 were analyzed as follows: clinical, oncological (cancer type, OAD prescribed), biological and pharmaceutical data: polypharmacy (>5 drugs) and polymorbidity (>1 comorbidity), self-medications and type of DRP (drug interactions (DI), subtherapeutic dosage (SD), adverse effect (AE), non-conformity of guidelines (NC), untreated indication (UI)). Pharmacist and oncology nurses' follow-up were also collected: time spent by patient, number of calls from and to the patient, AE occurrence, OAD dose reduction or discontinuation.

Abstract - Results and discussion
Data from 200 cancer patients were analyzed. Patients were 73.5±11.5 years old, 56.0% male (n=112), mainly with polypharmacy (7.9±4.3) and polymorbidity (4.3±2.5) and 43 patients were identified with stage III-IV kidney disease. Most frequent cancer were Chronic Lymphocytic Leukemia (n= 73; 36.5%), Multiple Myeloma (n= 64; 32.0%) and Diffuse Large B-Cell Lymphoma (n=28; 14.0%). OADs prescribed were: ibrutinib (n= 82; 41.0%), lenalidomide (n= 68; 34.0%) and acalabrutinib (n= 14; 7.0%). 155 DRP have been detected: DI (n=116;74.8%), SD (n=20;12.9%), AE (n=11,7.1%), NC (n=2) and UI (n=1). N=46 patients were notified with self-medication as OTC drugs or complementary and alternative medicines (phytotherapy/aromatherapy). 29 PI related to the self-treatment impact on concomitant drugs and AD were performed. Pharmacist and oncology nurse's average global time activity were respectively 74.9 and 11.6 minutes and there was an average of 5.5 incoming and outgoing phone calls by patients.

Abstract - Conclusion
This study aimed to describe the multidisciplinary follow-up of blood cancer patients starting an OAD. Many DRP were detected and managed and we can hypothesize this decreased the occurrence of severe complications. Next step should include economical considerations in order to explore the efficiency of the THEOPHIDE program.

P068 Prevalence of Cannabidiol (CBD) consumption and cancer patients' expectations in one Oncology Day-Hospital: A cross-sectional study

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Abstract - Introduction
There is a growing interest in the use of cannabidiol (CBD) in medical care. In France, an experimentation since March 2021 explores the potential of CBD in several clinical presentation including cancer- or anticancer drug-related severe symptoms. Beyond the potential for cancer patients, CBD should be classified as a complementary and alternative medicine (CAM) that could lead to drug-related problems. Primary and secondary objectives were to assess the prevalence of CBD use among cancer patients and the predictive factors for CBD use, respectively.

Abstract - Material and method
A prospective study in oncology day-hospital included patients with digestive, thoracic or blood cancers from October, 29th to December, 20th 2021. We collected demographic (age, Body Mass Index, tobacco impregnation), biological (renal clearance) and oncological characteristics (tumor location, strategy). Moreover, cancer patients were asked about their expectations for CBD, the consumption mode and frequency (before, around or after cancer diagnosis) and if their referring oncologist was aware about this consumption. Univariate logistic regression models were used to obtain odds ratios (OR).

Abstract - Results and discussion
Among 363 participant cancer patients, 20 patients (5.5%) reported CBD use but we cannot exclude an under-declaration bias. The potential predictive factors for CBD use were: age <60 (OR [95% Confidence Intervals] =5.09[1.62-16.05], p<0.01 vs 60-69 yrs; OR=13.20[2.93-59.56], p<0.001 vs older than 70 yrs), tobacco consumption (OR=5.53[1.81-16.88], p<0.01) and no smoking cessation (OR=5.07[1.66-15.46], p<0.01). Oncological characteristics had no significant impact on CBD use. CBD was used to treat pain (n=8), sleep disorders (n=8) and for recreational (n=5). Five CBD users consumed since the disease announcement and four since the start of anticancer treatment. Forms consumed were mostly vaping form (n=5), herbal teas (n=4) and oils (n=4). Only n=5 patients informed their referring oncologist about CBD consumption. We can hypothesize that CBD remains to be perceived by patients as a recreational consumption more than a potential treatment for severe symptoms or a CAM.

Abstract - Conclusion
This study shows a low prevalence of CBD users with potential under-declaration information bias. We observe a trend of predictive factors that could explain the CBD consumption. This study highlights the new concern of CBD use in cancer patients care that could enhance the attention from clinical pharmacist and oncologist to consider CBD as a CAM with its associated drug-related problems.

P069 Efficacy and safety in evaluating of new drug-eluting method used for Transarterial chemoembolization for hepatocellular carcinoma

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Abstract - Introduction
Hepatocellular carcinoma represents the fifth common cancer worldwide and ranks third among cancer-related cancers death and its annual incidence is still increasing.
The technique of chemoembolization is evolving consistent both in terms of administration technique and on the therapeutic side. Indeed, different indications of emergent treatment with different agents and different administration methods.
The aim of this work is to assess the efficacy and safety of doxorubicin transarterial chemoembolization of hepatocellular carcinoma by new drug-eluting embolic method.

Abstract - Material and method
The method consists of preparing a microemulsion by mixing the chemotherapeutic solution mixed with hydrosoluble iodine low osmolarity contrast product which is Iopromide and lipiodol using a mixing design.The efficacy of the nanoemulsion was evaluated by multiphasic computed tomography scan us a radiographic response and the modification of Response Evaluation Criteria in Solid Tumors criteria, other outcome was determined such complete response, Overall survival, the safety of TACE procedure was defined by the CTCE, the tumor response was assessed 6 weeks after treatment every 3 or 6 months

Abstract - Results and discussion
Among the 25 patients, 14 showed CR during the follow-up. No serious clinical complications related to TACE procedure was occured. The median overall survival was greater than 26 months after enhancing the treatment schedule.

Abstract - Conclusion
The results obtained in most of cases (56%) are promising and the reliable agreement with the reported procedure proved that the proposed method can be considered as a useful alternative for the treatment of hepatocellular carcinoma and radiological follow-up provided by the contrast medium.

P070 Review and standardization of the hydration protocol for cisplatin-based regimes in our institute

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Abstract - Introduction
Cisplatin is a cytotoxic agent used in chemotherapy (CT) regimens in solid tumors (ST). [1] Nephrotoxicity is the main toxicity and hydration is indicated to prevent kidney damage. [1,2] In 2018, when we computerized the ST's CT protocols, we verified the existence of variations in the cisplatin-based hydration (CH) protocols. According to the bibliography, this lack of standardization could lead to sub-optimal treatment of patients, errors and unnecessary use of resources. [1,3] So we developed a standardized CH protocol designed by pharmacists in collaboration with oncologists.

Abstract - Material and method
Audit of CH protocols used in ST in adults in our institution and literature review to build a standardized evidence-based protocol.

Abstract - Results and discussion
We gathered 31 CT regimens. Verified the existence of variations in the volume of hydration (VH) before and after cisplatin, in the volumes of drug dilution, perfusion time, in the use of oral hydration (OH) and in ionic supplementation. We found that all of them were indicated to perform cisplatin only "if urine output >100ml/min", use of mannitol before cisplatin and furosemide in SOS. Through the consulted bibliography, 4 regimens were developed, according to the dosage of cisplatin: HC1< 40mg/m2 (HDay) and HC2< 40mg/m2 (int.), HC 3 41-60 mg/ m2 and HC4:61-100mg/m2. Regarding VH and total treatment time: HC1=500 ml, 2 h; HC2=2000 ml, 4h; HCl:250 ml, 5h; HC4:3500ml, 7.5h. In HC1 we remove 2h of HDay time, changing it to OH. All CH protocols: have 1h perfusion, except for HC4 and have Mg and K supplementation. Regarding the use of diuretics, all are indicated to use furosemide in SOS, if fluid balance >1000ml, and mannitol is only administered if cisplatin ≥60 mg/m2.

Abstract - Conclusion
The optimization of results in cancer patients also involves supportive care. Despite the lack of consensus in the bibliography, a standardized protocol was created based on the evidence and clinical practice of our Institution. It is our intention to assess the impact of this intervention, from the perspective of the patient and the Institution.

P071 Niraparib and psychiatric disorders: incidence rate to consider in real life?

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Abstract - Introduction
Niraparib, a poly(ADP-ribose) polymerase (PARP) enzyme inhibitor, is a maintenance treatment indicated for platinum sensitive ovarian cancer. Summary of Product Characteristics of niraparib reports psychiatric disorders as frequent adverse effects. The aim of this study was to assess the frequency and the context of emergence of these disorders in real life.

Abstract - Material and method
A retrospective monocentric study was realized. Patients treated with niraparib between March 2018 and March 2022 and followed up in ONCORAL program (ONCological care for outpatients with ORAL anticancer drugs) were included. The study period covers the three months prior to the start of the treatment to March 2022. Data were collected from computerized patient records and exchanges with community pharmacies.

Abstract - Results and discussion
21 patients treated with niraparib, aged 43 to 76 years, were included. They presented wild-type BRCA ovarian tumor, 5 of them being still treated. The median of the treatment period amounts to 127 days (n=16). Psychiatric toxicity occurred in 71.4% of cases (n=15), all starting from the first cycle, including 4 depressive syndrome, insomnia (61.9%, n=13) and mood disorders (57.1%, n=12). 19% (n=4) of patients had to be referred for psychiatric consultation. These 4 patients had a history of depressive syndrome several years previously. Due to psychiatric toxicity, new prescriptions of psychotropic drugs were made for 7 patients and dosage increasing of psychotropic drugs for 3 other patients.
All patients with psychiatric history (n=6) experienced mood and sleep disorders after the initiation of the niraparib. The reduction of niraparib dosage (n=8) was unable to resolve psychiatric disorders. Stopping the niraparib for any kind of reasons resolved the symptoms.

Abstract - Conclusion
Psychiatric disorders were reported in 7 out of 10 patients treated with niraparib, and in 100% of patients with psychiatric history. Eventhough these results must be further confirmed, they highlight the significance of psychiatric adverse effect in real life. This study demonstrates the interest of caring about the psychiatric disorders of the patients treated with niraparib.

P072 Real-life herb-drug interactions (HDI) in cancer patients: a 2-year retrospective study in a university hospital

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Abstract - Introduction
Patients are more willing to be actors of their treatment, particularly in cancer therapy. That willingness is characterized by the rise of herbs and complementary or alternative medicine (CAM) used in this population. A major concern with this growing interest is the real lack of sufficient information on the safety of these products. This means that the consumption of CAM products as medications without medical advices can be more harmful than helpful for patients. The purpose of the study is to evaluate the prevalence of HDI among patients treated in a French university hospital.

Abstract - Material and method
A retrospective study was conducted based on every pharmaceutical advices given between the 1st March 2020 and the 28 February 2022. The data includes both the patients receiving oral or intravenous chemotherapy or hormonotherapy. Only CAM based on herbal products were considered for this study. A literature review was realized to identify the potential HDI or side effects of the herbal products. The severity of the case was defined according to clinical situation, the reliability of the data found and the risk based on the interaction identified. Recommendations are then given to physicians.

Abstract - Results and discussion
During the study period, 103 pharmaceutical advices for 93 patients were given. These patients received 33 different chemotherapies or hormonotherapy and 104 different herbs or CAM products. The top 5 drugs were Paclitaxel, Trastuzumab, 5-fluorouracile, Cyclophosphamide and Carboplatine. The 5 most used CAM products were essential oils, herbal tea, therapeutic mushrooms, curcuma and desmodium. A total of 896 potential HDI or side effects were analysed. The analyses retrieves 216 potentials threatening situations, including 98 pharmacokinetics interaction, 62 pharmacodynamics interactions and 56 situations at risk because of side effects. It represents 30.8% of the total HDI investigated. The pharmacokinetics interactions were mostly based on CYP450. All of the pharmacodynamics interactions were linked to the anti-oxidant activity. Side effects include phytoestrogens activities for hormone-related cancer, hepatotoxicity, thrombocytopenia, neutropenia, diarrhoea, hypersensitivity.

Abstract - Conclusion
HDI between CAM products and chemotherapy should not be underestimated and could worsen patient status. Healthcare professional should be aware of the potential threat associated with these medications. Based on their rising consumption, real-life studies focusing on HDI to improve their safety and optimize their use as medications are required.

P073 Development and feasibility of a clinical pharmacy program integrated into early breast cancer care pathways: the 5P project

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Abstract - Introduction
Integrating Clinical Pharmacy Services (CPS) into a dynamic model as care pathway is encouraged by the American College of Clinical Pharmacy to prevent medication errors. Prioritization of CPS at key-steps of clinical pathways and/or for selected patients at risk of adverse drug events (ADE) is the challenge of the "5P project" (Patient Personalized clinical Pharmacy Program integrated into care Pathway). The aim of this study is to develop a clinical pharmacy model for early breast cancer patients and assess its implementation regarding its impact on the therapeutic care securisation.

Abstract - Material and method
The Delphi method was used to define CPS implementation on 2 steps of the early breast cancer clinical pathway: 1) surgical and 2) chemotherapy steps. Prescription reviews were realized at step 1 for patients with mastectomy and for all patients at step 2. Pharmaceutical interviews with patient on ADE management were positioned at step 2. Patients aged > 50 years and with at least 1 comorbidity were considered at high-risk of ADE and had medication reconciliation at the 2 steps. Drug related problems and pharmaceutical interventions were collected. Clinical impact was assessed with CLEO scale.

Abstract - Results and discussion
This program was carried out over 8 months, including 238 patients among them 73.9% aged more than 50 years, and 45.4% of high-risk patients. At surgical step, 66.6%, 35.7% and 70% of patients respectively have prescription review, medication reconciliation (MR) at hospitalisation and at discharge. At this step, 37.5% of patients presented at least one pharmaceutical intervention (PI), mainly on overdosage of antalgics. 30 MR were realized with an average of 1 medication error per patient. At chemotherapy step, 86% of prescriptions were analysed leading to 17 PI. 42 additional analysis were realized concerning risk of drug interactions with complementary and alternative medicine. 81.7% of patients have educational interviews on prevention and management of ADE. In total, 66% of PI were accepted. Clinical impact was assessed as major, medium and minor for respectively 8.8%, 67.6% and 23.6% of accepted PI.

Abstract - Conclusion
The implementation of a clinical pharmacy model integrated into the care pathway seems to secure therapeutic management in early breast cancer patients, both in surgical and chemotherapy step.

P074 Clinical impact of pharmaceutical care in a multidisciplinary program to secure medication therapy in lymphoma patients treated by immunochemotherapy

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Abstract - Introduction
The impact of clinical pharmacist in multidisciplinary follow-up of patients receiving intravenous chemotherapy is little reported. However, this population is exposed to a high risk of adverse drugs events related to self-medication (SM), drug-drug (DDI) and herb-drug interaction (HDI).The objective of this study was to assess clinical impact of pharmacist's interventions (PI) in a multidisciplinary follow-up of patients treated by R-CHOP or G-CHOP.

Abstract - Material and method
Patients treated from November 2021 to March 2022 by a first cycle of R-CHOP or G-CHOP were included. A clinical pharmacist was integrated into the medical team and realized (i) medication reconciliation (MR), (ii) patient pharmaceutical interview after the first (C1) and second (C2) cycles (information about discharge prescription, individual medication plan and assessment of the patient capacity to self-manage adverse effect (AE) and supportive measures), (iii) medication review and (iv) communication with patient's community pharmacist. PI clinical impacts was assessed with CLEO scale.

Abstract - Results and discussion
20 patients were included. The mean age was 65.8 years [36-89 years] and 80% were men. There were 13 diffuse large B-cell lymphomas, 6 follicular lymphomas and 1 mantle cell lymphoma. 85% of patients were treated in first line. The mean number of medication per patient significantly increased from 2.9 ± 3.2 to 8.6 ± 3.4 after C1 ($p<0.05$). Self-medication was used by 60% of patients. A total of 128 PI were performed for an average of 6.4 PI per patient: 41 (32%) were therapeutic advices to haematologist with an acceptance rate of 92.7% and 87 PI to patients. PI were realized during C1 (38.3%), MR (24.2%), and during C2 or inter-treatment interval (37.5 %). Prescribed drugs were involved in 50 PI assessed as: 30% major, 20% moderate, and 38% minor (according to CLEO Scale, Eur J Hosp Pharm. 2021). Among the 78 PI (60.9%) related to SM with phytotherapy, 41% led to an HDI with chemotherapy resulting in the recommendation to withdrawal SM.

Abstract - Conclusion
High prevalence and impact of PI demonstrate that integration of clinical pharmacist in multidisciplinary team may be relevant to detect HDI and DDI and prevent adverse drug events. Impact of clinical pharmacist on patient knowledge, satisfaction of patients and of different actors involved in the process will be evaluated in the future.

P075 HEALTH RESULTS OF DARATUMUMAB IN PATIENTS WITH MULTIPLE MYELOMA

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Abstract - Introduction
Daratumumab is a monoclonal antibody used in the treatment of multiple myeloma (MM) in monotherapy or associated with immunomodulators (IMiDs) and/or proteasome inhibitors (PIs), such as lenalidomide-dexamethasone (DRd), bortezomib-dexamethasone (DVd), pomalidomide-dexamethasone (DPd) or bortezomib-cyclophosphamide-dexamethasone (DVCd). Response to treatment is determined according to the criteria of the International Myeloma Working Group and safety by the presence of adverse effects (AE). The objective is to describe the clinical experience of daratumumab in the treatment of MM.

Abstract - Material and method
Retrospective descriptive study between November 2017-August 2021. The data was obtained from the clinical history and the Oncofarm® program. The variables collected were: sex, age, previous lines received, daratumumab regimen, date of progression and date of death. To evaluate efficacy, progression-free survival and overall survival were calculated using the Kaplan-Meier method. To compare the survival curves by sex and prior therapy (IMiDs and/or IP), the log-rank test was used. Safety was assessed by the presence of AE. Statistical analysis was performed using the SPSS Statistics® progam

Abstract - Results and discussion
19 patients (11 men) were included, with a mean age of 67±11 years. The mean number of previous lines received was 3 (±1.1), and 3 patients did not receive lenalidomide or bortezomib prior to daratumumab. The schemes used were DRd in 11 patients, DPd in 5, DVd in 5 and DVCd in 2, using more than one scheme in some patients. The median progression-free survival and overall survival had not been reached at the time of analysis, with 37% progression events and 21% death at the end of the study. Of the 12 patients who continued to be treated with daratumumab, 6 had a complete response, 2 had a very good partial response, 1 had a minimal response, and 3 had stable disease. No statistically significant differences ($p>0.05$) were observed when comparing survival curves according to gender or the use of IMiDs or PI prior to daratumumab. Support was required for anemia in 6 patients (3 with DRd and 3 with DVd), and for neutropenia in 12 patients (8 with DRd, 3 with DPd and 1 with Dvd).

Abstract - Conclusion
Despite the good response of patients to treatment with daratumumab, more mature data would be necessary to be able to establish comparisons between the data obtained and those published in the literature. Regarding the safety profile, the most frequent haematological toxicity is neutropenia, especially associated with DRd.

P076 EFFICACY AND SAFETY OF THE ABVD SCHEME IN CLINICAL PRACTICE: A RETROSPECTIVE STUDY IN A SPECIALTY HOSPITAL

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Abstract - Introduction
The objectives of this study are: to analyze the cases of Hodgkin's lymphoma (HL) in a hospital and the response in terms of safety and efficacy to the ABVD scheme as the first line of treatment.

Abstract - Material and method
Retrospective observational study of patients diagnosed with HL, from January 2003 to October 2020. Data were obtained from the History and the oncology program. The variables collected were age, sex, HL subtype, disease stage, number of cycles, and radiotherapy (RT) or not. Final response by PET/CT, overall survival(OS) and progression-free survival (PFS) were used to assess the efficacy of the ABVD regimen, and the presence of: nausea or vomiting, abdominal discomfort, neutropenia, and heart or lung damage was used to determine toxicity. Excel® and SPSS® programs were used for data analysis.

Abstract - Results and discussion
73 patients (60.3% men) were diagnosed. The mean number of annual diagnoses was 4. The distribution according to HL subtypes was: nodular sclerosis represented 53.5%, mixed cellularity 32.5%, lymphocyte-rich 8.5% and lymphocyte-depleted 2.8%. 32 patients had localized stage and 41 advanced stage. Localized stages received a mean of 4.2 cycles, half underwent radiotherapy (RT), 12 did not, and in 4 cases unknown. 25 achieved complete response (CR), 3 were under treatment, 2 had no results in the history, and 1 had progressed. The advanced stages received a mean of 6.2 cycles and only 3 underwent RT. 30 patients obtained CR, 1 partial response and 6 were refractory, the rest had not completed treatment. PFS at 5 years in localized stages was 90% and in advanced stages 81%. OS at 5 years was 97% in localized stages and 78% in advanced stages. Regarding safety, 34 patients had neutropenia, 28 reported nausea and vomiting, 11 had abdominal discomfort, 1 patient developed pulmonary fibrosis.

Abstract - Conclusion
The efficacy of ABVD in clinical practice produces a cure for the disease in most cases, and it seems that when there is no result in this first line, other treatments do not turn out to be as effective. Safety was worse than that described in other articles, with a higher percentage of adverse effects at the gastrointestinal level and neutropenia.

P077 Chimeric Antigen Receptor T Cell Therapy for Aggressive B Cell Lymphomas or Acute Lymphoblastic Leukemia: Incidence and Management of Toxicity in the Real-World Setting

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Abstract - Introduction
Infusion of Chimeric Antigen Receptor T cells (CAR-T) is an effective new treatment for B cell malignancies refractory to conventional chemoimmunotherapy. CAR-T therapy is associated with severe complications, mainly cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS). The aim of study was to present the real-world experience of the initial application of CAR-T therapy with special focus on early toxicity and its management.

Abstract - Material and method
Included in the study were consecutive adult pts who received commercially available CAR-T products at an accredited transplant center. All pts were administered lymphodepleting conditioning with cyclophosphamide/fludarabine prior to CAR-T infusion, and were hospitalized for at least 2 weeks thereafter or until resolution of side effects. The severity of CRS and ICANS was assessed according to the American Society for Transplantation and Cellular Therapy (ASTCT) Consensus Grading. For toxicity management, the European Blood and Marrow Transplantation (EBMT) Group guidelines were followed.

Abstract - Results and discussion
From 01/2020 until 11/2021, 18 pts underwent CAR-T therapy with axicabtagene ciloleucel (n-9) or tisagenlecleucel (n=9), at a median age of 44 (range, 18-62) years. The indications included aggressive B cell non-Hodgkin lymphomas (n=15) and B cell acute lymphoblastic leukemia (n=3). The median time from leukapheresis to product delivery and infusion was 34.5 (range, 28-72) and 84 (range, 35-152) days, respectively. CRS and ICANS developed in 16 (89%) and 7 (39%) pts, respectively. Severe (grade 3-4) CRS and ICANS were encountered in 7 (39%) and 4 (22%) pts, respectively. Tocilizumab was administered for CRS in 14 (78%) pts at a median of 4 (range, 1-4) doses. Steroids were additionally required for CRS and/or ICANS in 14 (78%) pts. In 3 pts, persistent ICANS necessitated further treatment with anakinra (n=3), siltuximab (n=1), and high-dose cyclophosphamide (n=1). No treatment-related mortality was observed. Nine of 18 pts survive at a median follow-up of 12 (range, 4-27) months.

Abstract - Conclusion
CAR-T therapy can be administered safely in the real-world setting in pts with relapsed/refractory aggressive lymphomas or acute lymphoblastic leukemia. Close monitoring of pts and prompt recognition and management of complications are mandatory for achieving treatment benefits.

P078 Effect of frailty on the efficacy of first-line pembrolizumab monotherapy for advanced non-small cell lung cancer

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Abstract - Introduction
Frailty is a common condition in patients with advanced NSCLC, yet these patients are underrepresented in clinical trials. The aim of this study was to assess the effect of frailty on clinical outcomes of pembrolizumab as first-line treatment in advanced NSCLC.

Abstract - Material and method
Observational and retrospective study that included patients who received pembrolizumab in monotherapy as first-line for advanced NSCLC between 2017-2020, with a follow-up cut on February 2022. Frailty Scoring system(FSS) was calculated according tool developed by Sakakida et al(2020). Efficacy was assessed through complete response(CR),partial response(PR), overall survival(OS) and progression free survival(PFS). The Kaplan–Meier was used to estimate PFS and OS, log-rank test for univariate analysis and multivariate Cox proportional hazard modeling for analyze the effect of FSS on PFS and OS.

Abstract - Results and discussion
101 patients were included, 74.3% males and 67 years median age. 90.9% had smoking history, 68.3% presented adenocarcinoma and 15.8% brain metastasis. 37.9% had ECOG≥2, 90.1% had CCI score 0-2 and 57.4% had NLR≥4. 27.7% presented low, 40.6% intermediate and 31.7% high frailty. No patients achieved CR, 28.7% PR, 17.8% stable disease, 26.7% progression disease and rest were censored data. Median PFS and OS were significantly higher in patients with low frailty versus intermediate and high(10.46 vs 3.9 and 1.63 months; $p<0.001$ and 23.8 vs 7.03 and 1.8 months;$p<0.001$, respectively). Multivariate analysis confirmed FSS as independent prognostic factor of PFS and OS with hazard ratio(HR) on PFS for intermediate and high frailty of 1.97 (95% confidence interval[CI], 1.13-3.43) and 5.91 (95%CI, 2.87-9.44), respectively and HR on OS 2.39 (95%CI, 1.27-4.49) and 6.27 (95% CI, 3.27-12.04), respectively.

Abstract - Conclusion
Patients with high and intermediate frailty obtain worse results with pembrolizumab monotherapy compared to patients with low frailty. ECOG and NLR were determining factors of frailty in our population. Further studies are needed to incorporate other factors related to frailty in order to improve this tool and provide optimal treatment to each patient.

P079 EFFECTIVENESS AND SAFETY OF NEW GENERATION ANTIANDROGENS IN PROSTATE CANCER

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Abstract - Introduction
In the last decade, the use of new-generation antiandrogens (abiraterone acetate, enzalutamide, and apalutamide) has been approved for the treatment of prostate cancer based on studies that have shown an increase in overall survival (OS).
This fact has led to research on the effectiveness and degree of toxicity associated with these drugs in clinical practice.

Abstract - Material and method
Retrospective descriptive study of patients with prostate cancer who started treatment with antiandrogens in 2021. The data were obtained from the review of the Diraya® digital medical record and the ATHOS-PRISMA® electronic prescription program. The variables collected were: age, type of cancer, number of metastases and treatment time. To assess effectiveness, progression-free survival (PFS) and OS were calculated using the Kaplan-Meier method. To compare the survival curves, the Log Rank test was used. Safety was assessed by describing adverse effects (AEs).

Abstract - Results and discussion
24 patients were included, 9 with ≥75 years and 15 with <75. 14 were receiving treatment with apalutamide, 6 with abiraterone, and 4 with enzalutamide. The follow-up time was 15 months. The mean OS was 13 months with a percentage of 95% and the mean PFS was 11 months. Median OS and PFS had not been reached at the time of the study, and neither analysis demonstrated a statistically significant difference. Age had a significant influence, reaching the median only in those ≥75 years. Neither the number of metastases nor the type of treatment influenced. Regarding the type of cancer, non-metastatic castration-resistant prostate was the only one with which median progression was reached. Regarding safety, the AEs described with apalutamide were skin rash (28.5%), asthenia (21.4%), pruritus (14.3%), edema (7.14%) and hot flashes (7.14 %). As for abiraterone, skin lesions (16.6%), hot flashes (16.6%) and myalgia (16.6%) appeared and with enzalutamide, asthenia (50%) and pruritus (25%).

Abstract - Conclusion
New antiandrogenic drugs are highly effective in treating prostate cancer while maintaining a good safety profile. Based on our clinical experience, they are effective and safe drugs that improve the life expectancy of patients with prostate cancer.

P080 Do patients under anticancer medication know their treatments designation?

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Abstract - Introduction
Patients with chronic diseases tend to know less about their condition. Limited knowledge on anticancer treatments can pose a risk to patient safety. The aim of this study was to evaluate the knowledge of treatments designation in hospitalized patients under intravenous (IV) anticancer treatments.

Abstract - Material and method
This is an analytical prospective study carried out in the Salah Azaiez Institute from December 2021 to March 2022. A structured in-person interview was conducted. Patients were asked whether they knew their treatment designation In addition data were collected on demographic factors. The independent variable of interest was patients' knowledge of the treatments designation.

Abstract - Results and discussion
The study included 246 patients. 72.8% of them were women with a sex ratio=2.7. 20.3% of patients could identify their treatments by name. 42.9% of divorced patients and 47.4% of non-married patients knew their treatments designation and only 18.7% of married patients could identify their treatments by name. (p=0.0001).16.3% of patients attended university: 40% of them knew their treatments designation (p=0.0002). 28.5% of patients were under targeted therapy or immunotherapy: 41.4% of them knew their treatments designation. Only 11.9% who were under chemotherapy knew their treatments designation (p=0.0001). Most patients (96.3%) had less than 15 cycles of anticancer treatment: 55.6% of them knew their treatments designation. Only 19% of those who had less than 15 cycles could identify their treatments by name (p=0.007).29.3% of patients had costs discussions with their physician: 31.9% of them knew their treatments designation. Only 15.5% of those who didn't have these conversations,

Abstract - Conclusion
Most patients didn't know their treatments designation. This can have serious effects on a patient's health and safety. Communication between patients and health care providers must be improved to ensure the patient has better understanding of their own health issues and the health care providers a more competent in managing their care.

P081 Apalutamide and enzalutamide in metastatic hormonosensitive prostate cancer: comparison of adverse effects incidence, tolerability and efficacy

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Abstract - Introduction
Enzalutamide (enza) and apalutamide (apa) are new antiadrogens approved for de novo or recurrent metastatic hormone sensitive prostate cancer (mHSPC). Both agents have a high incidence of adverse effects (AEs), half of them grade 3-4 according to Common Terminology Criteria of Adverse Events (CTCAE) as described in clinical trials.
To date, there is a lack of studies comparing the tolerability and efficacy between these two drugs.
The purpose of this study is to compare the incidence of adverse effects (AEs) and efficacy between enzalutamide and apalutamide in patients with mHSPC.

Abstract - Material and method
Observational retrospective study carried out between the Pharmacy Services of two different hospitals. The following data of patients diagnosed with mHSPC and in treatment with enzalutamide or apalutamide until the 1st of April 2022 were collected from medical history records: age, basal renal and hepatic function, incidence of AEs (yes/no), type and grade of AEs according to CTCAE version 5, treatment duration and time to progression.

Abstract - Results and discussion
17 patients in treatment, 11 (65%) with apa and 6 (35%) with enza. Median age at diagnosis 75 (41-89) for apa and 68,5 (53-77) for enza. 7 patients (64%) experienced any AE with apa and 4 (67%) with enza. Median of number of AE experienced by patient was 1,5 (1-3) with apa and 1 with enza. Most frequent AEs with apa were skin reactions (3 patients, 42%), fatigue (2 patients, 28%), dysgeusia (2 patients, 28%) followed by hypertension, hypothyroidism, arthralgias and diarrhea (1 patient each, 14%). Most frequent AEs with enza were hypertension (2 patients, 50%) and fatigue (2 patients, 50%). Most serious AEs with apa were skin reactions in 3 patients (1 grade 1 and 2 grade 3, one of them leading to treatment discontinuation). Out of these 3, 2 had renal impairment and one renal and liver impairment. Most serious AE with enza was grade 2 hypertension in 2 patients, both with renal impairment. Median treatment duration was 35 weeks with apa and 18 weeks with enza. No patient progressed.

Abstract - Conclusion
Apa is prescribed twice more often than enza in mHSPC. Incidence of AEs was high in both treatment groups and all AEs had been already described. Most serious AEs occurred in patients with renal and/or liver impairment. Grade 3 AEs only occurred with apa and were skin reactions. Efficacy can be considered similar so far as no patient had progressed, though time of treatment is longer with apa.

P082 Incidence, types and acceptability of pharmaceutical interventions in Salah Azaiz Institute

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Abstract - Introduction
The management of cost, access and safety of medicines have become fundamental roles for clinical pharmacist. In cancer care, clinical pharmacists contribute to improving prevention and management of drug-related problems. This study aimed to collect and analyze pharmaceutical interventions (PIs) in cancer care.

Abstract - Material and method
The study was conducted at Salah Azaiz Institute. All prescriptions (chemotherapy medications not included) were included and PIs were collected prospectively during three months (between January and March 2022) in five departments: reanimation, radiotherapy, surgery, adult and pediatric medicine. We studied intervention types, intervention acceptance rate by physicians, and medication cost avoidance related to PIs. The data were analyzed by SPSS.

Abstract - Results and discussion
Of 1888 prescriptions included,49 required a PI. The study involved 49 patients (20 males, 29 females) with mean age of 51±19. The majority of interventions were related to inadequate dose: underdosage or updosage (55%), followed by prescriptions' non conformity (26%) and those related to omission of prescription (10%). Three intervention was related to unsuitable pharmaceutical form. The physicians accepted 100% of pharmacist interventions. Medication cost avoidance was 223.81€ /3 months.

Abstract - Conclusion
Clinical pharmacists have a critical role in the safety and efficacy of medication. Simple actions such as prescription checking are able to identify and prevent drug-related problems, avoid financial losses and add immeasurable value to patient safety.

P083 Dose adjustment in conditioning chemotherapy before hematopoietic stem cell transplantation in obese patients

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Abstract - Introduction
Obesity is a factor contributing to a worse health, but it has not been conclusively proven as a risk factor in the setting of hematopoietic stem cell transplantation(HSCT). Despite the insufficient scientific evidence about dose adjustment in conditioning therapy before HSCT in obese patients, the American Society for Blood and Marrow Transplantation consider it in some drugs used in conditioning chemotherapy. Since 2021 we are following these recommendations, the objective of this study is to describe the dose drug adjustment and review the effectiveness and safety during hospital admission.

Abstract - Material and method
prospective observational study of obese patients receiving HSCT in 2021.We reviewed clinical history of HSCT candidates who were going to receive chemotherapy as part of conditioning therapy with drugs that required weight dose adjustment:busulfan,etoposide,cyclophosphamide and thiotepa dosed by mg/kg, carmustine.Patients categorized by body mass index(BMI):normal(<25kg/m2),overweight(25-29.9kg/m2),obese(30-39.9kg/m2) or severely obese(BMI>40kg/m2). Dose adjustment was made when real weight>120% ideal weight and BMI≥27kg/m2. Pharmaceutical interventions were carried out for a correct dosage.

Abstract - Results and discussion
77 adult patients received HSCT in 2021(45 autologous,32 allogeneic) for hematological diseases. 48 patients had prescribed a chemoterapy drug that required weight dose adjustment, 14(29%) patients were overweight or obese, so they needed a prescription pharmaceutical review. 10 medical prescriptions were reviewed and 15 drug doses were modified after pharmaceutical intervention to get an appropriate dose in obese (7 busulfan,4 thiotepa,3 carmustine,1 cyclophosphamide). Median IMC of these patients were 31kg/m2(28-33).Median time to engraftment was 12(11-17) days to neutrophil count≥0.5×109/L, and 13(12-17) to platelet count≥20×109/L for at least 3days. During hospital admission the median days of G-CSF administered was 6(5-12), median units platelet transfusions was 8(3-16) and red blood cells transfusions was 4(1-6). Gastrointestinal toxicities grade II-IV were registered in 8/10 patients and hematologic toxicities grade IV in 3 patients. Median days of hospital admissions 23(18-31).

Abstract - Conclusion
Selecting the optimal dose of conditioning chemotherapy in obese patients is complicated and has to be a common objective between pharmacy and hematology medical service because contributes to avoid side effects like gastrointestinal or hematological toxicities that could prolonge the days of hospital adminsions. Further research is necessary to optimize dosing of chemotherapy in obese patients.

P084 Excluding Ranitidine of Premedication Regimens during Paclitaxel Treatment Does Not Raise the Incidence of Hypersensitivity Reactions.

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Abstract - Introduction
Paclitaxel is widely used as an anticancer treatment and is considered a first line various cancers. Although the clinical efficacy of paclitaxel is undisputed, its administration is complicated by a relatively high rate of hypersensitivity reactions (HSRs). In early clinical trials a premedication regimen consisting of, an intravenous histamine 1- blocker, an intravenous histamine 2-blocker and a corticosteroid, was developed to reduce these HSRs. There has always been a debate about the additional value of this intravenous H2-blocker to reduce HSRs.

Abstract - Material and method
In October 2019, all ranitidine (the only available intravenous H2-blocker) was recalled by the inspection. Upon that, ranitidine was eliminated from the premedication regimen for paclitaxel treatment in Amsterdam UMC from the 8th of November 2019.

Methods:
A single center, retrospective cohort study was conducted in Amsterdam UMC, The Netherlands. All retrievable paclitaxel administrations between 2016 and 2020 where enrolled.

Abstract - Results and discussion
Two independent pharmacists checked the electronic patient records for infusion reactions and scored this reaction based on the Common Terminology Criteria for Adverse Events (CTCAE). Two cohorts, before and after the 8th of November 2019, were compared for infusion reactions using a generalized linear model.

A total of 2208 paclitaxel administrations where included. Of these, 162 infusion reactions were registered. A generalized linear model showed that ranitidine has no effect on the occurrence of an infusion reaction. (table 1)

Table 1:
Allergy p = 0,025 (1,080 - 3,131) 95% CI interval
Ranitidine p = 0,966 (0,538 - 1,810) 95% CI interval
Gender p = 0,065 (0,948 - 6,099) 95% CI interval
Age p = 0,0001 (0,948 - 0,948) 95% CI interval
Dose p = 0,765 (0,997 - 1,004) 95% CI interval

Abstract - Conclusion
Ranitidine has no additional value as premedication for the reduction of infusion related reactions. Upon that, age and a registered allergy record have an influence on the outcome of a infusion reaction and there is a tendency for gender.

P085 Role of a hospital pharmacist in a prostate cancer multidisciplinay committee

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Abstract - Introduction
The therapeutic approach of Prostate Cancer has considerably changed due to the introduction of antiandrogens. Hospital Pharmacists (HP) are the medication experts and frequently, work as part of multidisciplinary healthcare teams, providing updated information about the pharmacotherapy and availability of each drug that may be used in a patient.
The Prostate Cancer Committee (PCC) was created in 2019 by the Urology Service Director so as to decide the diagnosis and treatment of Prostate Cancer Patients. The aim of this abstract is to describe and evaluate the role of the HP in the Committee.

Abstract - Material and method
The PCC was created involving different professionals: urologic surgeons, oncologists, radiologists, radiation oncologists, pathologists and one HP. The Committee meets once a week and discusses the diagnosis and best treatment option (radiotherapy, surgery and/or pharmacological treatment) for each patient. The HP studies every case and comments, if required, treatment options, evaluates contraindications, interactions and finally, helps the rest of the team in the paperwork needed so as to have a treatment approved by the Pharmacy and Therapeutic Committee.

Abstract - Results and discussion
During these years, the number of cases evaluated by the PCC has been recorded, as well as the number of interventions made by the HP and its acceptance. Since april 2019 to april 2022, the PCC has gathered about 45 times/year. In each meeting an average of 4 cases of Prostate Cancer Patients were studied. The HP´s advice was required in an average of 47 cases/year with an 90% of acceptance in its interventions. 39 patients have started treatment with an antiandrogen, making sure that evidence-based guidelines and community agreements are being followed.

Abstract - Conclusion
The involvement of a HP in the PCC demonstrates the relevance of its interventions when working with multidisciplinary teams in the treatment approach of these patients. Therefore, it is been weighting up the possibility of including a HP in some other Hospital Cancer Committees.

P086 Real-world evidence of atezolizumab in locally advanced or metastasic urothelial carcinoma

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Abstract - Introduction
The emergence of targeted therapies has meant a revolution in the pharmacotherapy of cancer, showing in clinical trials an increase in the efficacy and safety of treatments that is still needed to be proved in clinical practice. The objective of this study is to evaluate the effectiveness and safety of atezolizumab in the treatment of patients with locally advanced or metastasic urothelial carcinoma.

Abstract - Material and method
A retrospective observational study was performed including all those patients with locally advanced or metastatic urothelial carcinoma treated with atezolizumab in a third-level hospital between January 2019 and March 2022. Patients treated with atezolizumab to treat a different primary tumor were excluded.

Clinical and demographic data were extracted from the patients' electronic medical records and the FARMIS-ONCOFAR® electronic prescription program. The effectiveness was calculate using the statistical software Orange.

Abstract - Results and discussion
27 patients were included in the study, with a mean age of 68.5 years (RIC 61.1-73.9), most of them men (66.7%). All the patients were metastasic at the beginning of the treatment with atezolizumab, being the most frequent location node (51.8%) and bone (40.7%). Only 2 of the patients have not received any previous treatments.
Of the 27 patients, 7 are still being treated with atezolizumab, and a median progression-free survival of 5.6 months (95%CI 3-13.7) has been reached. Response was reported in 8 of the patients, none of them complete. The median overall survival was 5.9 months (95%CI 2.8-13.5), and exitus occurred in 18 of the patients at the end of the study.
Adverse effects were reported in 48.1% of the patients, being immune-mediated reactions (14.8%),asthenia (11.1%), thyroid disturbances (7.4%) and peripheral neuropathy (7.4%). Immune-mediated pneumonitis and renal failure were observed in 2 patients, leading to the discontinuation of the drug.

Abstract - Conclusion
Due to the immaturity of this results, we cannot compare the efficacy and safety data of atezolizumab observed in our population with those achieved in the pivotal trials. It is necessary to carry out studies in a greater number of patients and with a longer follow-up time, in order to determine if the expected clinical benefit is achieved in the real conditions of use of atezolizumab.

P087 Peroral drugs in the treatment of oncological patients with short bowel syndrom

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Abstract - Introduction
Short bowel syndrome in oncology occurs commonly after extensive GIT surgery. Due to a loss of absorptive surfaces, the absorption of orally administered drugs is often afected. Provision of pharmacotherapy for these patients is changed due to a multitude of factors, such as the location and extent of resection. The purpose of this study is to review the published literature and examine the efects of short bowel syndrome on pharmacokinetics of peroral antineoplastics and supportive care drugs.

Abstract - Material and method
Studies were identifed through searches of databases MEDLINE, WOS, SCOPUS, next data were found in database MICROMEDEX and in drugs SPC. Two reviewers independently assessed studies for inclusion, involving 50 diferent peroral drugs using in oncolgy, mainly peroral antineoplastic drugs, protien kinesis inhibitors, kortikosteroids, histamin antagonists, thyroid hormone replacement drugs , anti-infectives and analgetic drugs.

Abstract - Results and discussion
Provision of pharmacotherapy for these patients remains challenging due to a multitude of factors, such as the location and extent of resection and time passed post-surgery. Oral medication absorption is often impaired and larger doses, intravenous, or sublingual delivery is required; significant inter-patient variability are observed. Evidence of decreased drug absorption was observed in more than 60% of checked drugs. In 20% of checked drugs clinical beneft through drug monitoring was proved. The importnat and simple choise is using drugs with short time to peak plasma concentrations.

Abstract - Conclusion
The infuence of short bowel syndrome on drug absorption appears to be drug-specifc and dependent on the location and extent of resection. The presence of a colon in continuity may also infuence drug bioavailability. Tailoring of therapy, TDM of peroral drugs, and more suitable drug forms, e.g. sublingual or intravenous forms is strongly recommended.

P088 Topical therapy for the treatment of ocular neoplasia: effectiveness and security of compounded 5-fluorouracyl eye drops

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Abstract - Introduction
Ocular neoplasia involves a wide spectrum of malignancies, such as ocular surface squamous neoplasia (OSSN) and ocular melanoma. However, the low incidence of those cancers has excluded them from the oncology revolution of the past decades and left them without commercial alternatives. The objective of this study is to evaluate the results obtained in our patients for the treatment of ocular neoplasia with compounded 1% 5-fluorouracyl (5-FU) eye drops.

Abstract - Material and method
A retrospective observational study was performed including all those patients with non-metastasic ocular neoplasia who were treated with 5-FU eye drops in a third-level hospital between June 2020 and March 2022. Clinical and demographic data were extracted from the patients' clinical history and the FARMIS-ONCOFAR® prescription program.

Abstract - Results and discussion
A total of 4 patients were included in the study, with a median age of 72.50 years (IR 58.8-79.0) and, mostly, men (75%). All patients have squamous phenotype corneal cancer and 3 unilateral. Patients had the following comorbidities: 50% oncologic (eyelid cancer and bladder and prostate cancer), ophthalmologic (cataracts), diabetes and/or hypertension and 25% benign prostatic hyperplasia, polyps, immunosuppression and human papillomavirus infection. 1 patient required 3 concomitant surgeries and 1 radiotherapy. The median number of cycles received was 3.5 cycles (IR 2.8-5.3). 2 patients terminated treatment, one due to toxicity (cataracts) and the other due to recurrence, both 3 cycles after initiation. 2 patients continued, after 3 and 8 cycles. Seventy-five percent presented some adverse reaction: 50% pain, 25% eyelid edema, epitheliopathy and hyperemia.

Abstract - Conclusion
The incidence of squamous corneal cancer is low and in the medical literature there is a low number of reported cases of the use of 5-fluorouracil in the treatment of corneo-conjunctival intraepithelial neoplasia. Studies in a larger number of patients and with a longer follow-up time are needed to determine whether a clinical benefit is achieved.

P089 The impact of clinical oncology pharmacy in a multidisciplinary healthcare team

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Abstract - Introduction
Pharmacists are always in pharmacies to perform essential safety inspections and appropriately distribute medication.Use of technology to provide direct patient care and make treatment decisions is on the rise.However, medication treatment is not without its drawbacks, particularly among cancer patients.The purpose of this study is to look into the impact of clinical oncology pharmacy within a multi-professional healthcare team on the quality and safety of hospitalized patients' drug therapy for chemo and immunotherapy, as well as the management of adverse effects in multi-disciplinary team.

Abstract - Material and method
This study is a retrospective look at the impact of oncology pharmacists in the health-care team . Upon admission, transfer, and patient discharge instructions, patients were included in a medication reconciliation system with inclusion criteria ranging from 5 to 10 drugs per patient prescription. Medication review and monitoring is provided by a multi-professional team, which includes a clinical oncology pharmacist who had saved the data electronically of medication discrepancies , which are common and can cause significant harm to with definite safety codes ranging from 1-3.

Abstract - Results and discussion
The outcomes within 6 months In this study, 302 participants were enrolled. Errors in the medication history at admission to the hospital and during transmission across wards affected approximately 32% (97 patients), with patients who had several prescription medicines having a higher chance of errors. Medication reconciliation and review in healthcare assisted to minimize the number of inappropriate medications and enhance patient safety and quality by efficiently managing adverse events GI disturbances such as diarrhea were reported by a 64-year-old male patient with metastatic colon cancer after starting Regorafenib 120mg. During medication reconciliation and patient discussion, the pharmacist noted that the patient always had a high fat breakfast with camel milk as part of his traditional cancer therapy, which is one of the high alarms with this medication, which must be taken with a low fat meal.

Abstract - Conclusion
Clinical pharmacy services in a multi-professional team enhanced the quality and safety of patients' drug therapy by minimizing medication history inaccuracies and enhancing medication appropriateness.Impact of routine medication reconciliation and review on healthcare visits will need to be studied further; nonetheless,the findings of the study show that drug-related hospital could be reduced.

P090 Latrogenic prevention of anticancer drugs: pivotal role of the pharmaceutical network city-hospital, the experience of a French departmental hospital

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Abstract - Introduction
Pharmaceutical consultations make feel safe drug care: pharmaceutical analysis, dedicated and personalized time are crucial in patient drug compliance. Since 2014, at our departmental hospital we have been working on the pharmaceutical network city-hospital. This study presents the interest of the city-hospital network and pharmaceutical consultations and carries out an assessment of the cohort. This process has changed with the implementation in 2016 of a secure web platform named MyGHT dedicated to pharmaceutical exchanges (used by 95% of the city pharmacies in the department).

Abstract - Material and method
Cancer patients benefit from a consultation at first prescription of oral anticancer drugs provided by oncologist, clinical pharmacist and qualified nurse. Objectives are stimulate better compliance, carry out the pharmaceutical analysis of patient's prescription, strengthen city-hospital link. All treatments delivered in city pharmacy are transmitted fast and securely to hospital pharmacy by MyGHT. The hospital pharmacist writes a report, which is sent to the city pharmacist by MyGHT. Regular follow-up concerning drug adverse events and supportive care is carried out by the hospital nurse.

Abstract - Results and discussion
Over a total of 24 months, 165 pharmaceutical consultations were carried out, of which 38% led to a pharmaceutical intervention. Three referral clinical pharmacists from the oncology department took part in the consultations. The average consultation time was 35 minutes, we have demonstrated a saving of 15 minutes per consultation due to the MyGHT platform. A third of patients contacted the hospital pharmacist again to ask about taking new treatment or dietary supplement. During phone follow-up by the nurse, 33% of patients were referred to supportive care and five patients were hospitalizes early for grade 3-4 adverse effects.
Care pathway is improved and secured by continuous information, coordination and communicating traceability tool, in order to guarantee compliance and effectiveness of treatment. This approach allows a coordinate medical and pharmaceutic exercise and maintains the multi-professional link.

Abstract - Conclusion
Finally, the goal is to support the patient throughout their treatment. We want the patient to benefit from a continuous care pathway in which the city and hospital health actors are well connected and coordinated.

P091 THE IMPACT OF COVID-19 ON MENTAL HEALTH OF HEALTH PROFESSIONALS IN ONCOLOGY PHARMACY

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Abstract - Introduction
Since the declaration of the coronavirus 2019 (COVID-19) outbreak as pandemic, health professionals have shown an incredible commitment to their patients. The aim of this article is to assess the mental health of health professionals as the most prominent categories involved in the fight against the Sars-Cov-2 virus infection.

Abstract - Material and method
A mental health survey was sent to all ESOP members (> 400 individuals in 62 countries) in March 2021 and February 2022. Survey, translated to 9 languages, and distributed online The calculations were performed using Excel (Microsoft Office 2016, Microsoft, Redmond, USA). The answers were analyzed with basic descriptive statistics.

Abstract - Results and discussion
In the February 2022 questionnaire,70% of respondents said the role of pharmacists changed during the Covid-19 pandemic(23% involved in vaccine administration, 20% emitting of certificate of vaccination and 17% in vaccine prescribing) and 65% reported that there has been a significant increase in cooperation and understanding between different healthcare professionals.The results obtained on the assessment of the mental health and psychophysical well-being of the interviewees show that in March 2021,during the Covid-19 pandemic,30% think that mental health is poor, unlike 15.85% of the interviewees in February 2022.The increase in the workload was significant, in both periods and a part of the interviewees think about leaving the profession (15%-2021vs19.92%-2022).We can note that 46% of the interviewees in March 2021 and 39.84% in February 2022 thought they would be comfortable receiving mental health care.

Abstract - Conclusion
Significant improvement of overall mental health and wellbeing in the transition from 2021 to 2022 gives us hope that healthcare professionals have learned to cope with the difficulties of the pandemic. Increased collaboration will increase the level of knowledge and further promote the development of an interdisciplinary approach.

P092 CDSS ALERTS FOR FLUOROPYRIMIDINE PRE-TREATMENT DPYD SCREENING (SPORE STUDY)

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Abstract - Introduction
Deficiency in the enzyme dihydropyrimidine dehydrogenase (DPD), encoded by the DPYD gene, can lead to severe fluoropyrimidine-induced toxicity. DPYD genotype-guided dosing is associated with a reduction in fluoropyrimidine toxicity and is recommended by the European Medicines Agency. We designed a Clinical Decision Support System (CDSS) to efficiently alert prescribers and pharmacists to identify the DPYD genotype in patients starting with fluoropyrimidine therapy. The aim of this study was to determine the performance of the CDSS on generating accurate alerts for prescribers and pharmacists.

Abstract - Material and method
CDSS alerts were retrospectively collected from patients starting with fluoropyrimidine therapy at the Netherlands Cancer Institute who had given general hospital consent for research purposes. The primary outcome was to determine the accuracy of the CDSS in generating accurate signals concerning the DPYD status. Prescribers and pharmacists logged inaccurate signals in the electronic patient file.

Abstract - Results and discussion
Fluoropyrimidine therapy was initiated in 856 patients between May 2nd, 2019 and January 8th, 2021. The CDSS generated accurate signals in 792 patients, thus having an accuracy of 92.5%. Additionally, it effectively prevented the start of treatment without DPYD screening.

At the time of prescribing, the CDSS generated an alert for 276 of the 792 patients concerning an unknown DPYD status (34.8%). At the time of drug dispensing an alert was generated for only 45 patients (5.7%). Following the alert, 24 patients started with a dose reduction and the DPYD status followed. Only 21 of the 792 patients started with a full dose treatment, after careful consideration, while the DPYD status was unknown (2.7%).

The CDSS reported inaccurate alerts for 64 (7.5%) of patients. These were mostly patients who had a full dose fluoropyrimidine therapy without significant toxicity before the introduction of the CDSS (3.4%) or patients who had a DPYD screening in another hospital (4.1%).

Abstract - Conclusion
This study reports a high accuracy of the CDSS in generating accurate signals concerning the DPYD status in patients starting with fluoropyrimidine treatment. The CDSS has a great impact in sufficiently alerting physicians and pharmacists to screen the DPYD genotype before initiating fluoropyrimidine treatment.

P093 Pharmaceutic-oncological case reports compiled as book

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Abstract - Introduction
In January 2020, the German Society of Oncological Pharmacy (DGOP) established a working group for pharmaceutic-oncological case reports. The general objectives of the working group are the encouragement and support of oncological pharmacists in advisory capacity during the process of topic selection, drafting and publishing case reports to highlight pharmaceutical contributions to the treatment of oncological patients. Herein, we present the first project of the working group.

Abstract - Material and method
41 pharmaceutic-oncological case reports which were published in the journal "Onkologische Pharmazie" between 2007 and 2019, were reviewed and unified by the working group. In order to prepare a clear and organized layout, all reports were structured according to the SOAP scheme, based on subjective date, objective date, analysis and plan. The case reports were classified according to the tumor entities and published as book ("Ein Fall für alle Fälle", 249 pages).

Abstract - Results and discussion
Case reports combine observations or interventions with valid scientific knowledge of guidelines and relevant literature. Many case reports were elaborated by colleagues as part of the acquisition of the certificate „oncological pharmacist", but only few were available to the community. The compilation of case reports as book highlights the participation of pharmacists in the treatment of oncological patients. Interestingly, whereas for some tumor entities numerous case reports were published, for others no reports were submitted so far. Pointing out on these topics the corresponding chapters were left blank.
Facilitating the exchange of practical experiences regarding typically pharmaceutical contributions to the oncological therapy as e.g., patient counselling or management of adverse drug reactions, also improves drug therapy safety by identifying drug-induced problems, defining therapeutic aims, giving recommendations, and verifying the results of the implementation constantly.

Abstract - Conclusion
This book as first project of the working group offers low-threshold exchange of information on reasonable approaches to solve medical issues, as well as the basis for transfer of knowledge to young professionals. Besides, it represents a snapshot of published case reports. Regarding yet not documented cases, some chapters were intentionally left blank. A next step is to fill them with content.

P094 Evaluation of nausea control and chemotherapy-induced vomiting in patients undergoing intravenous chemotherapy

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Abstract - Introduction
Chemotherapy-induced nausea and vomiting (CINV) are one of the most frequent and unwanted adverse effects in patients with cancer, and they can affect their quality of life. Suffering or not CINV depends on several factors, some of them related to drugs and to the patient.

Objective

To determine if there is an adequate control of CINV in patients treated with intravenous chemotherapy at our hospital. We aim to evaluate nausea and vomiting intensity using the MASCC Antiemetic Tool (MAT) to determine the main risk factors of development CINV.

Abstract - Material and method
Observational, descriptive and transversal study with of 191 patients included.
It was made using the adapted MAT questionnaire between March 18 – April 17, 2021).

Abstract - Results and discussion
In our sample; 81 patients presented CINV (42,4%), 48 of whom were women (59,3%) (p=0,013). 52 women had nausea and/or vomiting during pregnancy, and 34 of them (17,8%) presented CINV during treatment (p=0,000). Among the patients that presented CINV, 78 (96,6%) were nondrinkers or occasional drinkers, while 3 (3,7%) were daily drinkers (p=0,045). Between those who presented CINV, 41 (50,6%) had anxiety (p=0,009). 98,1% of the patients who showed anticipatory nausea presented CINV (p=0,000)

Abstract - Conclusion
There is no good control of CINV in our Oncology service. The impact of CINV is higher in women. Presence of nausea and/or vomiting during pregnancy is a risk factor for developing CINV. Regular consumption of alcohol is a protective factor for the development of CINV. Anxiety is a risk factor for suffering CINV. CINV are a risk factor for developing anticipatory nausea.

P095 STUDY OF INTERACTIONS WITH SECOND-GENERATION ANTIANDROGENS IN PROSTATE CANCER PATIENTS

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Abstract - Introduction
Second-generation antiandrogens for treatment of prostate cancer are drugs that act at the level of several Cytochrome P450 enzymes. This leads to multiple pharmacokinetic interactions between antiandrogenic therapy and the patient's usual medication. After coadministration, some drugs act as potent enzyme inducers, whereas others are inhibitors, which may compromise the effectiveness and safety of their pharmacotherapy.
The aim of this study was to analyse the pharmacokinetic interactions between antiandrogenic therapy and the patient's usual medication, and optimising their pharmacotherapy.

Abstract - Material and method
Descriptive study of pharmacokinetic interactions between antiandrogenic therapy (abiraterone, enzalutamide, and apalutamide) in patients who start oral treatment for prostate cancer and their usual medication between February 2021-2022.
Their usual medication was obtained from the electronic prescription program, conciliation reports and their pharmacotherapeutic history. Interactions were performed with Lexicomp, micromedex and drug.com interaction checker databases.
We describe the type, potency, and severity of interaction, percentage of patients affected and recommendation provided.

Abstract - Results and discussion
42 patients included (abiraterone=22, apalutamide=11, enzalutamide=9). Mean age 74,6 years. Mean usual medications 8,8.
54 interactions detected (enzalutamide=21, apalutamide=19, abiraterone=11).

Drug observed	Drug affected	Pharmacokinetic interaction	Potency interaction	Severity and recommendations	% patients
Apalutamide	Omeprazole	⊕ CYP2C19	S	Contraindicated. TA: Famotidine, Ranitidine	14
	Losartan	⊕ CYP3A4		C	7
	Bisoprolol				5
	Amlodipine				2
	Sertraline				
	Mirtazapine			C, DA	
	Atorvastatin			C	5
	Ebastine				
	Tramadol				2
	Edoxaban	⊕ P-gp		D	

Enzalutamide	Solifenacin	⊕ CYP3A4	S	C	5
	Mirabegron				
	Fentanyl				2
	Tramadol				
	Trazodone			D, DA, TA: Venlafaxine, Duloxetine	5
	Apixaban			D, TA: Dabigatran, Edoxaban	2
	Linagliptin			D, Rec: Sitagliptin, Vildagliptin	
	Amlodipine			C	
	Prednisone			C, DA	
	Atorvastatin			C	5
	Diazepam				2
	Omeprazole	⊕ CYP2C19	M		10
	Torasemide	⊕ CYP2C9	M	C, DA	2
Abiraterona	Tamsulosin	⊖ CYP2D6	M	C	14
	Tramadol				5
	Nebivolol				2
	Paroxetine				
Metamizole	Abiraterone	⊕ CYP3A4	M	C	2

M: Moderate; S: Strong; ⊕: Induction; ⊖: Inhibition; M: monitoring; C: Monitor therapy;
D: Consider therapy modification; DA: Dosa adjustment; TA: Therapeutic alternative.

Abstract - Conclusion

Enzalutamide suffers a large number of clinically relevant pharmacokinetic interactions, followed by apalutamide, and to a lesser extent abiraterone, which may modify a treatment's efficacy and/or its safety. Elderly and polymedicated prostate cancer patients are the ones who are really affected. The pharmacist's mission is achieve the correct review of drug interactions and better health outcomes

P096 Securing therapy for patients with Leukemia, Myelogenous, Chronic through pharmaceutical care in the hematology department of the Tlemcen hospital Algeria

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Introduction

Leukemia, Myelogenous, Chronic (LMC) is a hematological malignancy whose incidence in Algeria was 806 cases in 2009, i.e. a prevalence of 2.3/100,000/year. This prevalence is increasing due to the marked regression in mortality thanks to the introduction of targeted therapy represented by Tyrosine Kinase Inhibitors (TKIs). Indeed, with this new therapeutic arsenal, LMC could be considered a chronic disease with rigorous clinical, biological and therapeutic monitoring.

Raising awareness and training patients about their pathology and the use of their treatment could be effective ways to achieve therapeutic goals.

Patients and methods:

Our study is monocentric and prospective carried out by a team of pharmacists, in collaboration with hematologists, with the objectives

- ✓ ***Primary***: Create educational tools for the follow-up of these patients with LMC in order to have better therapeutic compliance.
- ✓ ***Secondary:*** Evaluation of these tools by pharmacists in order to estimate their impact on the behavior of patients vis-à-vis their treatment.

A minimum of three pharmaceutical interviews were planned for this study. Pharmacists receive patients in the first pharmaceutical interview in order to assess their knowledge of their pathology and especially of their treatment with the precautions they must take. A second interview will be used to give pharmaceutical explanations and precautions for use of the drugs to be followed by these patients. Finally, a third meeting will be used to evaluate these developed tools. Indeed, the pharmacists will evaluate, in the last step, with the patients the methods of management of their drugs on a daily basis in their environment. Finally, a satisfaction questionnaire on these pharmaceutical interviews has been put in place to reinforce our training and information approach.

Results:

The preliminary results mean that the primary objective has been achieved with the development of 8 documents and validated by pharmacists, doctors and the management of the CHU to be given to patients in the clinical hematology department. Thus, three sheets are intended for health professionals who follow the patient in town and which allow better coordination of town/hospital care. A therapeutic booklet that explains to patients their pathology and their treatment with sections where the biological results are mentioned. Four other documents contain practical advice on how to use and take their medication and the precautions to take.

For secondary objectives, we are in the process of evaluating our educational approach. The first patients who had the 3 pharmaceutical interviews show better patient compliance and a change in their relationship to treatment.

The evaluation of the satisfaction questionnaire confirms that patients are generally requesting these educational sessions.

Conclusion

An improvement in knowledge was observed in the patients received at the various pharmaceutical interviews (patient education). What comforts us with the idea of proposing the generalization of these tools, to all the CHU of Algeria, and this in order to involve the patient and/or his entourage in a better therapeutic care. Patients on TKI often have associated pathologies and/or the possibility of self-medication; these tools are elements that secure their care pathway.

P097 Interventions by pharmacists in patient pharmaceutical care

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Abstract - Introduction
Pharmaceutical intervention (PI) is an important part of securing patient care by reducing medication errors related to prescription, and by rationalizing the use of drugs by proposing substitutions.
The PI is even more important when it comes to drug treatments in onco-hematology, where expansives chemotherapies with multiple side effects are prescribed.

The aim of this study is to evaluate the impact of pharmaceutical interventions on the prevention of medication errors.

Abstract - Material and method
we observed the pharmaceutical interventions during the nominative dispensing of onco-hematology drugs using an observation sheet validated by the French society of clinical pharmacy.
the survey was carried out at the main pharmacy of our hospital for a period of three months the observation sheet includes:
general information about the patient and his treatment prescription anomalies detected by pharmacists the nature of their pharmaceutical intervention and become of their PI

Abstract - Results and discussion
300 prescriptions were observed, for 27 targeted therapies, including five different services the anomalies encountered are mostly related to information security:
we noted three cases of absence of the head chief signature required during the first prescription of a targeted therapy.
there were nine cases of resumption of treatment after an unjustified prolonged discontinuation we observed five cases where the presentation of a complementary examination such as an anapathology report or a blood test for new patients was forgotten ten cases where the pathology of new patients was not cited and seventeen cases where the change of treatment was not explained for each anomaly encountered, the dispensing pharmacist returned the prescription to the doctor with a note on the anomaly or omissions to be corrected most doctors collaborated, but repeated the same mistakes after a few days

Abstract - Conclusion
working session is necessary to make doctors aware of the importance of providing complete information from the first prescription.
The pharmacist's lack of access to the patient's medical file forces him to repeatedly ask for additional information to secure the information, which causes a waste of time .it may also miss drug interactions or medication errors.