

A. Manzanque ¹, C. Jurado ¹, C. Alonso ¹, M. Cairó ², G. Molas ¹, F. Salazar ¹, L. Boix ², R. Font ², L. López ¹, J. Nicolás ¹, M. Campayo ³, E. Calbo ²

¹ Pharmacy Department, Fundació Assistencial Mútua Terrassa, ² Infectious Disease Department, Fundació Assistencial Mútua Terrassa, ³ Oncology Department, Consorci Sanitari de Terrassa

WHAT WAS DONE?

Implementation of an **infection screening circuit** in oncology patients treated with immune checkpoint inhibitor drugs (ICIs).

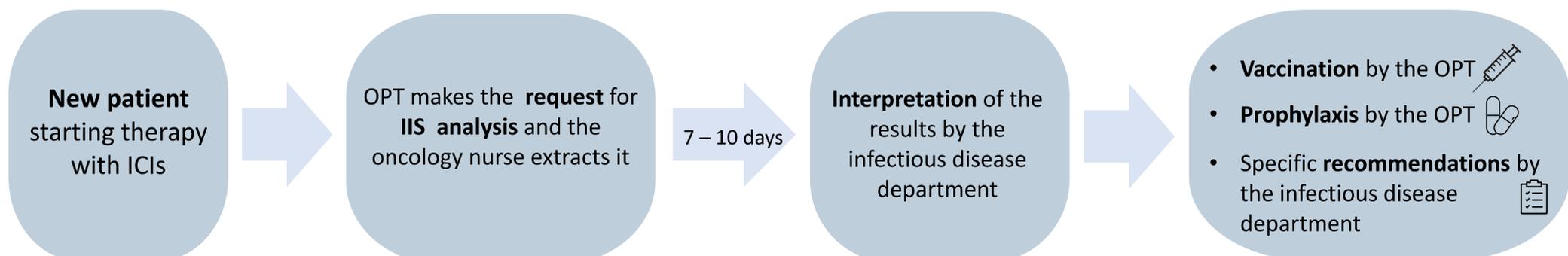
WHY WAS IT DONE?

Although an intrinsic risk of infection has not been associated with ICIs, there are different studies and case series in the literature in which **an increased risk of infection** is observed in patients treated with this group of drugs, mainly associated with the use of immunosuppressants used for the treatment of immune-mediated toxicities.

Objective: reduce all those preventable infections, by carrying out an initial infection screening that allows detection of those patients susceptible to vaccination measures, prophylaxis, or specific recommendations.

HOW WAS IT DONE?

A multidisciplinary work team drew up the **Initial Infection Screening (IIS)** template, designed clinical circuits, and decided to centralize requests, results and follow-ups in the Oncology Pharmacy Team (OPT) to ensure that all patients were included.



WHAT WAS ACHIEVED?

30 PATIENTS

- Mean Age: 67.8 (±8.8) years
- Male: 25/30
- Palliative intention: 25/30
- Lung cancer: 21/30
- Treatment:
 - Pembrolizumab: 15/30
 - Nivolumab: 5/30
 - Atezolizumab: 5/30
 - Durvalumab: 5/30

JANUARY – SEPTEMBER
2022

26/30
PATIENTS WITH
SCREENING RESULTS
AVAILABLE

RECOMMENDATIONS: 25/26

- Hepatitis B vaccination: 20/25
- Prophylaxis: 5/25
 - Hepatitis B prophylaxis: 2/5
 - Tuberculosis prophylaxis: 3/5
- Hygienic-dietary measures (to prevent Toxoplasmosis): 6/25
- Vaccination against pneumococcus: 23/26 (all previously unvaccinated patients)

WHAT IS NEXT?

- ✓ This circuit has been incorporated as **regular clinical practice** in our centre, with repercussions for patients.
- ✓ A comparative analysis of infection cases with a historical cohort is planned when **larger sample** size is available, to demonstrate that these kind of measures reduce the occurrence of infectious episodes.
- ✓ This circuit allows improvement of patient safety by reducing risk of infection. **Centralizing** this initiative from the OPT is key to our integration into clinical teams.

