

# FROM REACTION TO TOLERANCE: HOSPITAL PHARMACY EXPERIENCE WITH CHEMOTHERAPY DESENSITIZATION

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## BACKGROUND AND IMPORTANCE



Chemotherapy desensitization (CD) enables safe re-administration after hypersensitivity reactions (HSR).

Real-world evidence remains limited.



**Our protocol:** Boston (Castells et al.) 12-step, 3-bag rapid desensitization protocol.

All infusions were prepared and verified by the Hospital Pharmacy Service.

## AIM AND OBJECTIVES

To evaluate the **safety and tolerability of CD**, defined as the completion of planned cycles, and to analyze the relationship between allergy testing and the indication for desensitization.

## MATERIALS AND METHODS

### Study design

Observational, retrospective, descriptive

January 2012 – July 2025

### Population

Patients with HSR who subsequently received CD

### Variables

Age, sex, tumor type, desensitized drug, HSR type, number of cycles, tolerability, allergy testing and results

## RESULTS



N = 106 → ♀ 84% ♂ 16%

Mean age: 58±12.6 years

Mean cycles prior to HSR: 2±1.8  
Mean cycles under CD: 4±3.2

Figure 1. Cancer types

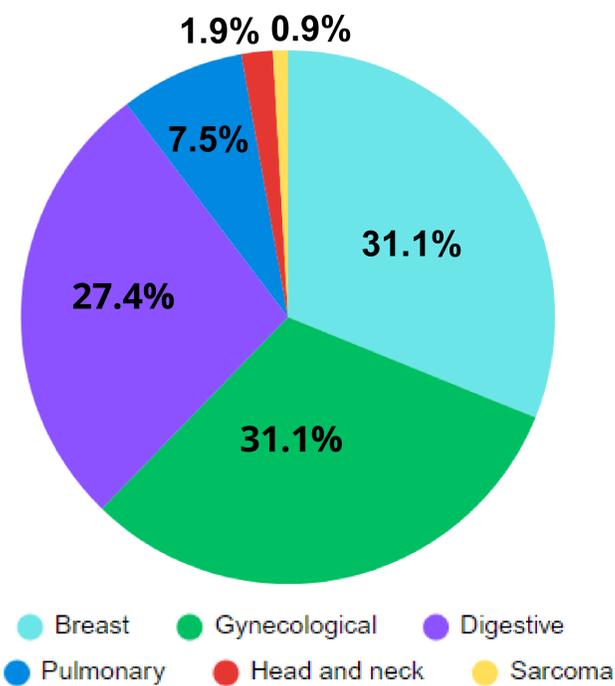


Figure 2. Desensitized drugs

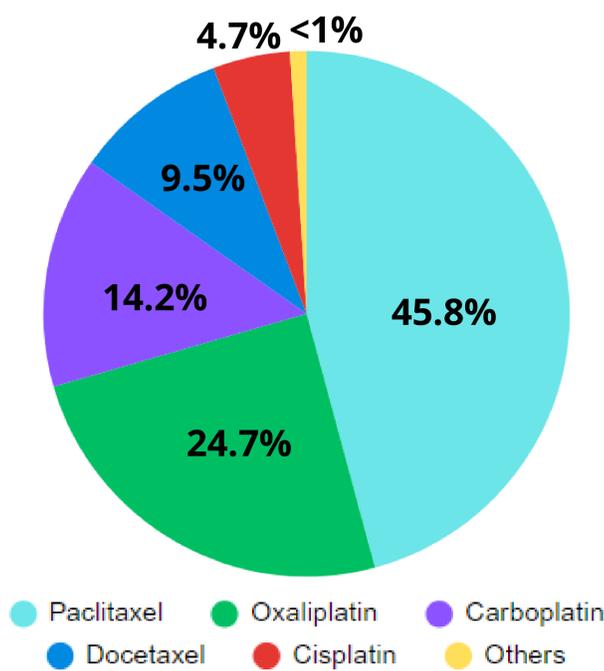
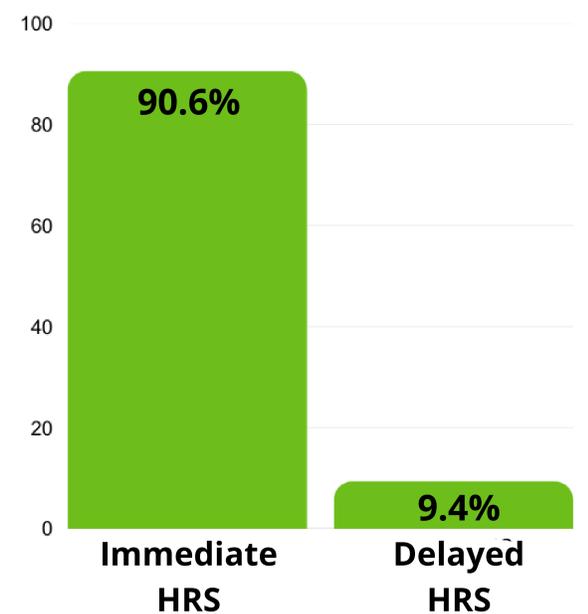


Figure 3. HSR type



**39.6% (42 patients)**

Completed planned cycles

**10.4% (11 patients)**

Discontinued due to HSR

**50% (53 patients)**

Interrupted due to progression or death

Allergy testing performed in 89.6% of patients → positive tests: 16.8% ✓

## CONCLUSIONS

- CD proved to be a safe strategy, enabling patients with HSR to continue first-line treatment.
- However, positive results were uncommon and did not appear to correlate with the indication for CD.
- These findings emphasize the value of structured desensitization protocols and highlight the essential role of hospital pharmacists in ensuring treatment continuity and patient safety.

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