

IMMUNOTHERAPY FOR CANCER THERAPEUTIC POSITIONING REPORTS: KNOWLEDGE, EXPECTATIONS AND EXPERIENCES THROUGH A NATIONAL SURVEY



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Background and importance

In our country considerable progress has been made in recent years since the establishment of the clinical Therapeutic Position Reports (TPR) in 2013, but more research is needed about their impact of decision-making.

Aim and objectives

Determine the value the immunotherapy for cancer Therapeutic Positioning Reports (ITc-TPR) in clinical practice.

Material and methods

A nationwide survey was designed for hospital pharmacists and clinical oncologists of the ITc-TPR published between May-2013 and March-2020.

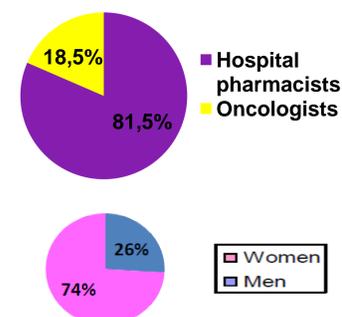
The main variables collected were: sociodemographic of the hospitals and of the health professionals, approval criteria and variables related to the acceptance of the ITc-TPR recommendations.

Results:

In the study period, 46 ITc-TPR of 22 active substances had been published.

27 health professionals answered the survey, 81.5% hospital pharmacists and 18.5% oncologists, ascribed to 24 hospitals in the national territory. 33.3% of the professionals had participated in the development of some TPR-ITc.

	Nº Professionals
Hospital pharmacists	81,5%
Oncologists	18,5%
Total	100%



In 45.8% of hospitals, the incorporation of immunotherapy for cancer (ITc) was decided at regional level and in 66.7% of hospitals the drug and therapeutic indication with ITc-TPR published should be re-evaluated by the Pharmacy and Therapeutics Hospital Commission. In 50%, the authorized indications were the same as that of the ITc-TPR and in 70.8% follow the recommendations of the ITc-TPR.

48.1% of the professionals who responded the survey believe that ITc-TPR have eliminated barriers in access for patients to ITc, have decreased the variability of clinical care and promoted equity in the national territory and 66,7% believe the incorporation the drug into clinical practice is faster if there is a published ITc-TPR.

The main limitations for patient in access to ITc are: not financing by the national health system (55.6%), high cost (37.1%) and the restrictions at the autonomic level (29.6%).

The aspects that should be improved of the ITc-TPR are: pharmacoeconomic evaluation (66.7%), conclusions useful for clinical practice (70.4%), a single evaluation at the national level (70.4%) and decisions binding (80.5%).

Conclusion and relevance

ITc-TPR is a useful and well-established tool at the national level for the positioning of a new drug. The results of the survey will allow the development of strategies to improve ITc-TPR.

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NO CONFLICT OF INTEREST