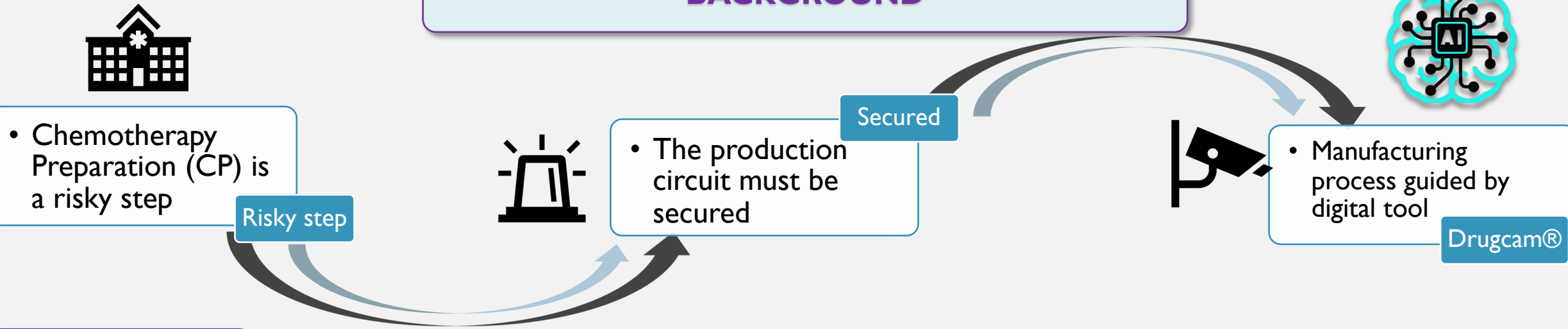


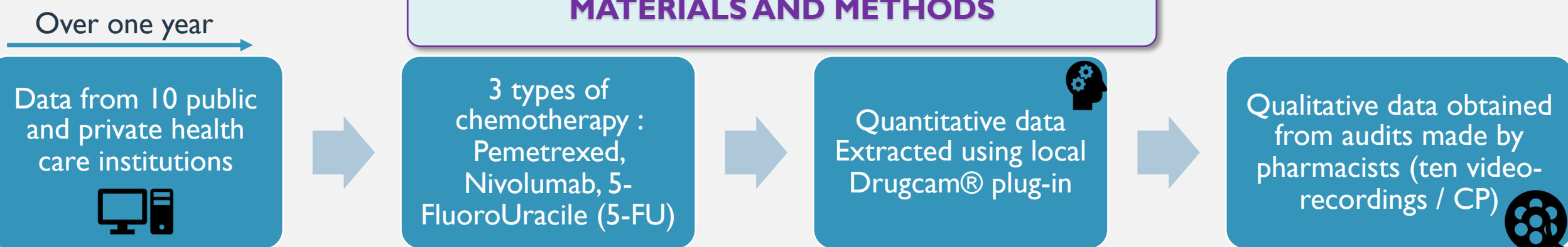
## BACKGROUND



## AIM

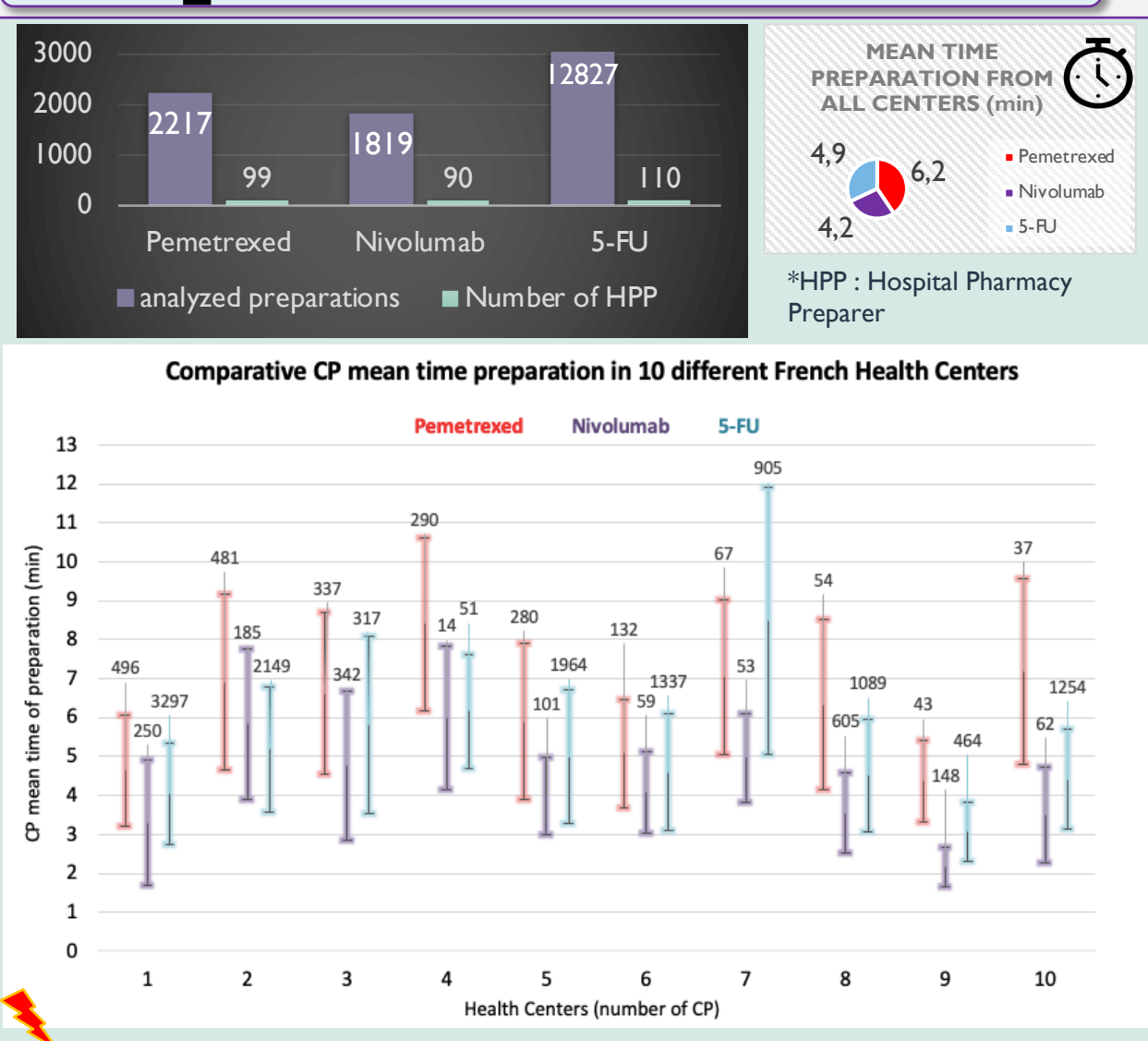
Perform a remote, multicentric and retrospective digital audit analyzing qualitatively and quantitatively the practices of different Chemotherapy Reconstitution Units in order to optimize the preparation step of CP.

## MATERIALS AND METHODS



## RESULTS

### Quantitative analysis



The results show no difference in time production between Centers

### Qualitative analysis

#### Heterogeneous practices between health centers :

- No compress used at all stages
- Different protocols are used for the reconstitution of the lyophilisate as well as its mirage
- Rapid injections into the solvent were observed
- The equipment used : infusion line or extension for infusion tree
- Drugcam® practice :
  - Labelling of the preparation filmed or not
  - Automatic detection or no detection by datamatrix of the solvent/vial bags

Strong impact on the quality of the product

## CONCLUSION AND RELEVANCE

The quantitative analysis shows similar time production per CP between the different Centers, indicating that the preparation time was independent of the annual number of CP and the number of Hospital Pharmacy Preparer in each Center.

However → We found that the CP mode of preparation between Centers was different, possibly impacting the QUALITY and SAFETY of the CP. Our study allows us to recommend the good practices of Drugcam®, organizational modifications (series preparation, change of material reference...) and practice harmonization (standardized reconstitution of lyophilisates...).