

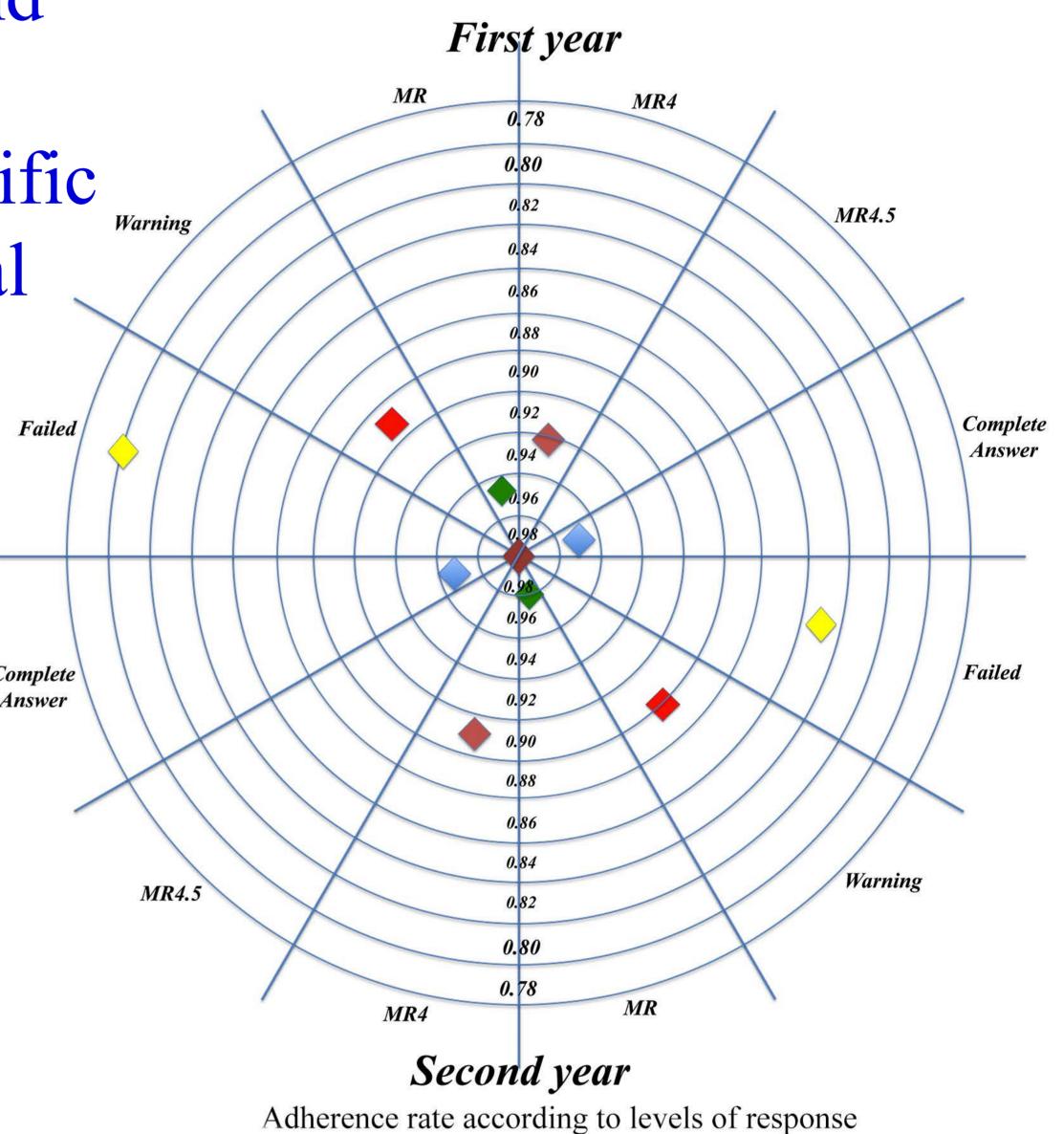
CHRONIC MYELOID LEUKAEMIA AND MEDICATION ADHERENCE WITH IMATINIB: IS THERE A CUT OFF? Santoleri F.*, Lasala R.*, Ranucci E.**, Costantini A.*



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Objective: We carried out a retrospective observational study aimed at evaluating medication adherence using the ratio between Received Daily Dose and Prescribed Daily Dose (RDD/PDD) as the method for analysis of home therapy with imatinib in patients with Chronic myeloid leukaemia. The correlation between aderence and clinical outcomes was investigated.

Material and methods: This study was carried out in the pharmacy unit and haematology unit of Pescara Hospital. The analysis included data collected by pharmacists and haematologists in the period between 1 January 2007 and First year 31 March 2015. All CML patients treated with imatinib MR MR4 0.78 were included in the study.Data were recorded in a specific 0.80 **MR4.5** Warning online database, Pharmadd.it., created ad hoc by hospital pharmacists. The method used to calculate medication Complete Failed adherence was the ratio between RDD/PDD. Answer Statistical analysis of the collected data was performed with a Studio v.0.98.1103, running R v.3.1.3. Failed Complete Answer **Results:** 53 patients were enrolled in the first year and 50 patients were enrolled in the second year. Warning **MR4.5** We observed the level of adherence for each of the following groups of answers for the first and second MR MR4



- years: complete answer (adherence 0.96, 0.95),
- MR4.5 (adherence 1.00; no patients with MR4.5 in the second year),
- MR4 (adherence 0.93, 0.91), MR (adherence 0.96, 0.97), warning (adherence 0.91, 0.89) and failed (adherence 0.79, 0.84).
- **Conclusion:** The results showed that the higher the adherence, the lower the level of BCR-ABL. Furthermore, the outcome forcut offs > 0.9 were significantly higher than Year 1 + 2 cut offs < 0.90.

