

"SWITCHING FROM INTRAVENOUS TO SUBCUTANEOUS FORMULATION OF TRASTUZUMAB: COSTS AND SAFETY"

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BACKGROUND

Trastuzumab-containing regimens are standard of care for HER2+breast cancer. While intravenous trastuzumab (Tiv) is administered as a weight-based dose using an initial 90 min infusion followed by subsequent 30-min, subcutaneous trastuzumab (Tsc) ist administered as a fixed 600 mg dose over 5 min without compromising its efficacy and safety. Potential savings associated with Tsc include loading dose avoidance and time reductions related to preparation and administration tasks.

PURPOSE

To evaluate the impact on drug costs, patient chair time and the security profile of switching from the intravenous to the subcutaneous formulation of trastuzumab

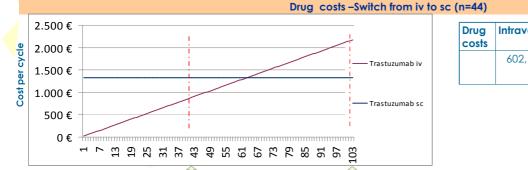
MATERIAL AND METHODS

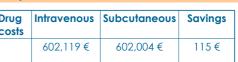
Retrospective study of all patients with HER2 + breast cancer who received trastuzumab (March 2015 to March 2016) in our hospital.

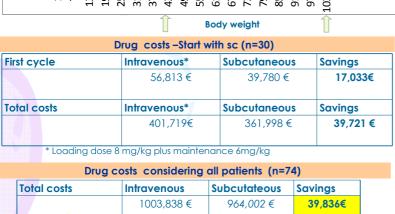
Data collected were: age, body weight, route of administration, number of cycles and dose per cycle.

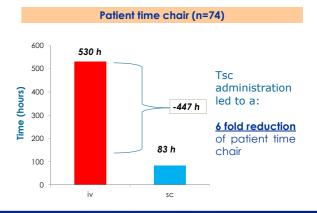
Costs were calculated considering the use of vials and the trastuzumab posology (Tsc fixed dose 600 mg; Tiv 1 loading dose (8mg/kg) plus maintenance cycles (6 mg/kg). For patients time in the infusion chair was considered 5 minutes for Tsc and 90 minute for loading dose Tiv and 30 min maintenance Tiv.











CONCLUSIONS

Switching Tiv to Tsc was associated to costs savings and reduced chair time maintaining safety of the treatment.

Conflict of interest: None

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