4CPS-037

INTEGRATION OF THE PHARMACIST IN THE MULTIDISCIPLINARY COMMITTEE OF URO ONCOLOGICAL PATHOLOGY

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Background and Importance

In 2022, the figure of the hospital pharmacist was incorporated into the multidisciplinary committee of uro-oncological pathology (MCUP): Medical Oncology, Radiation Oncology, Urology, Pathological Anatomy, Nuclear Medicine, Radiology and Pharmacy), for the evaluation of patients with locally advanced or metastatic prostate cancer, participating in the selection of the most appropriate treatment (effectiveness, safety, efficiency, comorbidities and interactions) and appropriateness of the prescription (financing criteria of Ministry of Health and Multidisciplinary Commission for Rational Use of Medicines).

Material and Methods

Observational retrospective study of patients with prostate cancer reviewed at MCUP

From January 2022 to June 2023.

Continuous variables were expressed as median [(Interquartile Range (IQR)].

Aim and Objectives

To describe the integration of the pharmacist in the MCUP, participating in the selection of treatment, adequacy of the prescription and concomitant medication. Degree of acceptance (GA) of the recommendations.

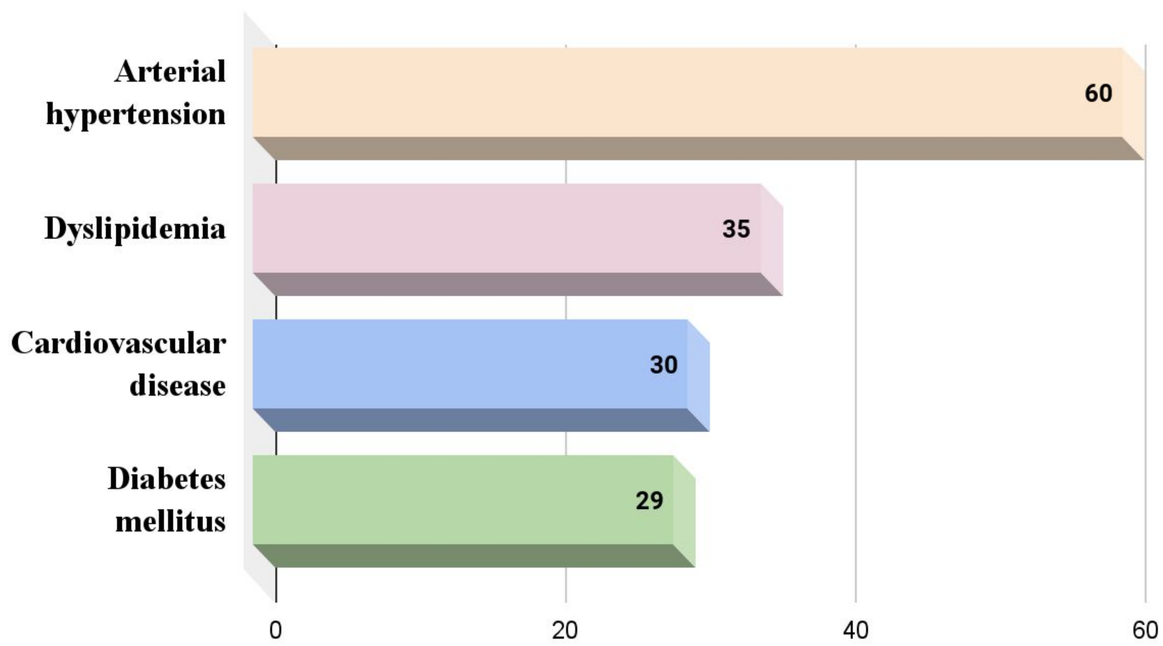
Variables collected (From electronic medical record Diraya)	
Age	Functional status (ECOG)
Gleason score	Comorbidities
Diagnosis	Previous treatment
Proposed treatment at MCUP	Home medication
Allergies	Interactions (Micromedex)
Cancer drug interactions	Drug labels
Patient interview	

Results

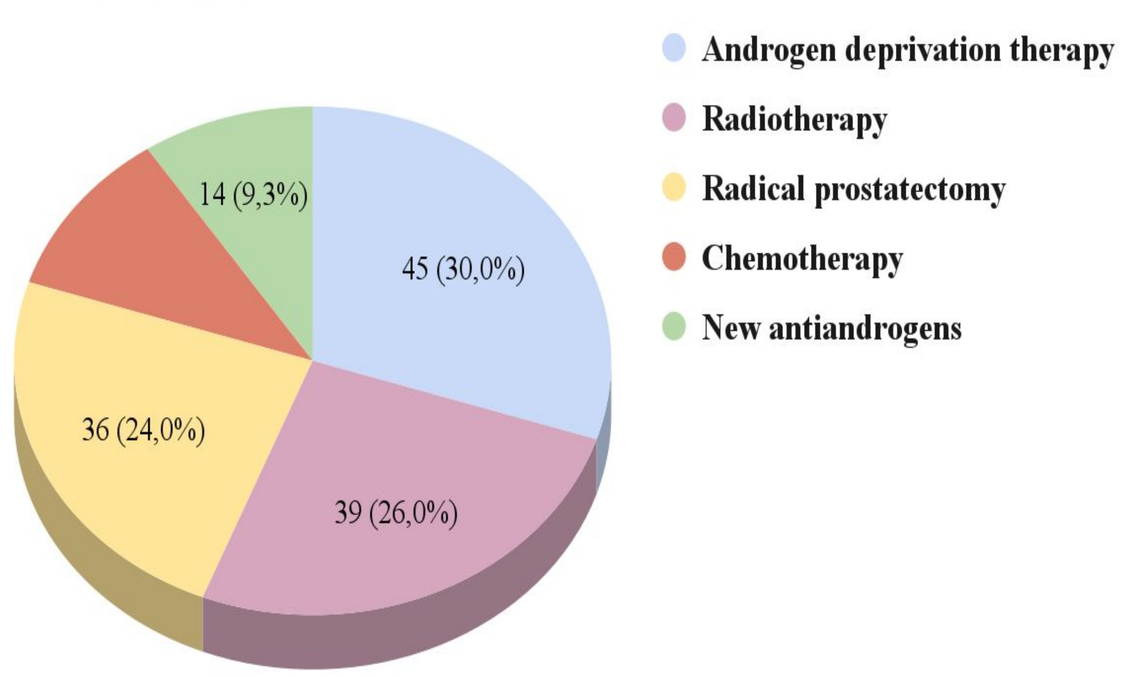
69 treatment initiations were reevaluated.

- **Median age:** 72 years (IQR:66-78).
- **Median of associated comorbidities:** 4 (IQR: 2.75-5).
- **Median number of medications prescribed**: 8.5 (IQR:5-10.25;)
- **527** medications were **reviewed**, and **85 interactions detected.**
- Selection of best treatment option according to comorbidities/Interactions (n=20, GA:85%)
- Modification/monitoring of concomitant medication (n=65, GA:87%).

Associated comorbidities



Previous treatment



The following requests to start treatment were evaluated and agreed upon:

- 10→ Requests to start apalutamide (9 metastatic hormone-sensitive prostate cancer (mHSPC) (1 non-metastatic castration-resistant prostate cancer (CRPC0)]
- 13→abiraterone (9 metastatic castration-resistant prostate cancer (mCRPC), 4 mCSPC)
- 14→ enzalutamide (12 mCRPC, 2 CRPC)
- 9→ docetaxel (6 mCRPC, 3 mCPHS)
- 7→ darolutamide (CPHSM0)
- 12→ abiraterone in combination with docetaxel (CPHSM new high-risk diagnosis, off-label use)
- 4→cabazitaxel (mCRPC).

Conclusion and Relevance

The integration of the pharmacist into the MCUP for assessment of the prostate cancer treatment improves the quality of care, guaranteeing patient safety, compliance with protocols, individualization of therapy, and improving access to drugs, favoring the incorporation of innovation and the sustainability of the health system. Degree of acceptance of recommendations was high.