



HOME INFUSION CHEMOTHERAPY TREATMENT FOR PATIENTS WITH MALIGNANT HAEMATOLOGICAL DISORDERS

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Background and importance

Home-based chemotherapy is becoming a valid alternative to hospital-based treatment for patients with malignant haematological disorders.

Aim and objectives

To evaluate the benefits of implementing a home infusion chemotherapy treatment for patients with malignant haematological disorders.

Material and methods

Prospective observational
February 2016 to September 2023
The hematologist selected patients with autonomy for self-care and good family support.

The chemotherapy protocols administered at home:

ESHAP
Etoposide 40mg/m² IV 2h days 1 to 4
Cytarabine 2000 mg/m² IV 2h day 5
Cisplatin 25mg/m² 22h days 1 to 4
Prednisone 60mg/m² oral days 1 to 5,

DHAOX:
Oxaliplatin 130 mg/m² IV 2h day 1
Cytarabine 2000mg/m²/12h 2h day 2
Dexamethasone 40mg oral days 1-4

EPOCH:
Etoposide 50mg/m² +
Doxorubicine 10mg/m² +
Vincristine 0,4mg/m² continuous IV
infusion 24h days 1-4,
Cyclophosphamide 750mg/m² IV day 5
Prednisone 60mg/m² oral days 1-5.

Results


46 Patients

43,4% with non-Hodgkin's lymphoma received **ESHAP**

- Second line
- median age 51 years

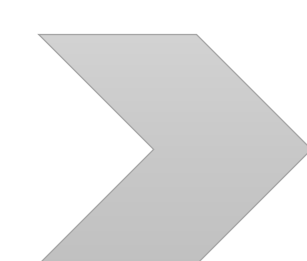
32,6% with mantle cell lymphoma received **DHAOX**

- First line
- Median age 46 years

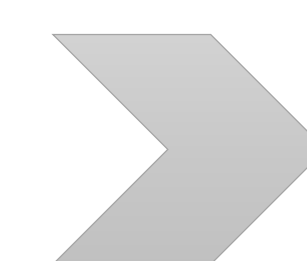
23,9% with aggressive non-Hodgkin's lymphoma received **EPOCH**

- First line
- Median age 42 years

Optimization of waiting lists by 90%



Acceptance of the procedure increased in 92% of patients



 Risk of infection by nosocomial microorganisms

A saving of 2500€ per patient was achieved.

95% of patients very satisfied receiving their chemotherapy treatment

Conclusion and relevance

Home Infusion Chemotherapy Treatment has been an effective, safe and feasible process. It has managed to avoid hospitalization of hemato-oncology patients receiving IV chemotherapy, saving hospital stays, reducing nosocomial infections and improving quality of life.