PT14

Trastuzumab on improvement of a rare case of paraneoplastic neuropathy in a gastric cancer.

E. Campos-Davila[1,*], J. L. Puerto-Alonso [2], G. Perez-Vazquez[2], J. J. Ramos-Baez[1]

[1]Pharmacy, [2]Internal Medicine, Hospital SAS La Línea, La Linea de La Concepcion, Spain

Background and Objective: Paraneoplastic neurologic syndromes (PNS) are disorders of the central or peripheral nervous system in the setting of cancer that is not explained by any of other mechanisms. Diagnostic criteria incorporate clinical and serological data that include the improvement after treatment. We present a rare case of sensitive-motor neuropathy in a patient with gastric cancer that improved after treatment with trastuzumab and TCF chemotherapy scheme.
Setting and Method: Description of the physical, analytical and radiological investigations and therapeutic procedures to confirm the diagnosis.
Main outcome measures: Neurologic physical exam, Cranial MRI, analytical data, electroneurography, CT scan.
Results: A 76-year-old man with history of hypertension was admitted because a 3-weeks clinical picture of dysesthesias, weakness and spontaneous fasciculation in the lower limbs. Laboratory investigations: albumin-cytological dissociation in CSF. Cranial MRI: cortical atrophy and signs of small vessels disease. Electroneurography: sensitive-motor demyelinating polineuropathy. The patient was diagnosed as a presumed Guillain-Barré syndrome, treated with immunoglobulin i.v. for eight days and discharged with weakness persistence. Patient got worse and 2 months later was readmitted because dysphagia. New laboratory tests showed: CA 19.9 2,359 U/mL; ACE 771 ng/mL; CA 125 139 U/mL; antiganglioside and onconeural antibodies: negative. Thorax-abdominal CT scanner: gastric wall thickness, retroperitoneal adenopathies, and metastasic liver. Oral endoscopy: Irregular shaped and ulcerated lesion in lesser curvature. Biopsy: gastric adenocarcinoma Her2 positive. Surgery was not considered and treatment with trastuzumab and TCF scheme (docetaxel, cisplatin and 5-FU) was initiated. A partial, but clear, improvement was observed, although the patient died some months later.
Conclusions: Paraneoplastic sensitive-motor neuropathy is a rare entity normally diagnosed in patients with kwon and advanced neoplasms. The diagnosis is difficult because its rareness. Recently, Graus et al. have stablished diagnostic criteria that incorporate clinical and serological data. In our case the clinical improvement with trastuzumab and chemotherapy was essential to confirm the diagnosis of PNS.
Disclosure of Interest: None Declared.

PT15

Pharmacological Management of Hypertension in Diabetic Patients

J. Gypens[1,*], F. Wirth[2], L. M. Azzopardi[2], S. Steurbaut[1], S. Fava[3]

[1]Vrije Universiteit Brussel, Brussels, Belgium, [2]Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, [3]Diabetes and Endocrine Centre, Mater Dei Hospital, Msida, Malta

Background and Objective: The 2007 'Guidelines for the Management of Arterial Hypertension (HT)' and 'Guidelines on diabetes, pre-diabetes and cardiovascular diseases' issued by the Task Force for the Management of Arterial HT of the European Society of Hypertension and the European Society of Cardiology recommend angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor antagonists (ARBs) as first line treatment for HT in patients with diabetes mellitus. The aim of this epidemiological study was to determine whether first line pharmacological management of HT in diabetic patients in Malta is in accordance with these European guidelines.
Setting and Method: Four-week audit at Diabetes and Endocrine Centre, MDH. The guidelines were extensively scrutinised. 125 patient files were collected. Current prescribed medications, medication history, co-morbidities and laboratory investigations were reviewed and tabulated in a data collection form. Comparison to the guidelines and descriptive statistics were undertaken.
Main outcome measures: Audit of pharmacological management of HT in diabetic patients according to European guidelines.
Results: The majority of patients (93 %) were on ACE inhibitor (72 %) or ARB (21 %) therapy in accordance with the guidelines. The most frequently prescribed ACE inhibitor was perindopril (61 %), followed by enalapril (37 %). The most frequently prescribed ARB was valsartan (89 %), followed by losartan (12 %). Of the 7 % (9) of patients who were not on ACE inhibitor or ARB treatment, there was a justified reason in 6 % (8) of these patients; an elevated potassium and/or creatinine level. 32 % of patients were on 1 or more diuretics (20 on bendroflumethiazide; 17 on bumetanide), 28 % of patients were on a calcium channel blocker (all on amlodipine) and 19 % of patients were on a beta-blocker, predominantly atenolol (21 patients).
Conclusions: Pharmacological management of HT in diabetic patients in Malta is in accordance with European guidelines for the majority of patients assessed in this audit.
Disclosure of Interest: None Declared.

PDFIII Pharmacoeconomics

PEC03

Plerixafor in multiple myeloma and lymphoma before autograft: a pharmacoeconomical perspective

A. Loison[1,*], I. Borget[2], C. Borel[1], D. Bastit[3], P. Tilleul[4], H. Tilly[5], F. Basuyau[1], R. Varin[6], M. Daouphars[1]

[1]Pharmacy, Cancer Centre Henri Becquerel, Rouen, [2]Service d'Etudes et Recherche en Economie de la Santé, Institut Gustave Roussy, Villejuif, [3]Etablissement Français du Sang, Rouen, [4]Pharmacy, GH Pitié-Salpêtrière, Paris, [5]Hematology, Cancer Centre Henri Becquerel, [6]Pharmacy, University hospital Charles Nicolle, Rouen, France

Background and Objective: Intensive chemotherapies are standard of care for bad prognostic multiple myeloma and lymphoma. Myelotoxicity of these protocols requires hematological rescue procedures. The critical step in this treatment is to obtain a graft containing sufficient hematopoietic stem cells for the autograft. Since 2010, Plerixafor (Mozobil®) has changed the management of these diseases both on the clinical and economical perspectives. This treatment is currently used to enhance mobilisation of peripheral blood stem cells (PBSC) for collection and subsequent autologous transplantation in patients whose cells mobilise poorly.
Setting and Method: We conducted a cost-effectiveness analysis comparing mobilisation strategy with plerixafor *versus* standard strategy with granulocyte colony stimulating factor (G-CSF) ± chemotherapy. This retrospective monocentric study included patients treated either for multiple myeloma or lymphoma and who had a poor mobilisation of PBSC, between 2010 and 2012. We collected data on cytapheresis from