REFERENCE

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P016

AUDIT ASSESSING INITIATION, MONITORING, OUTCOMES AND IMPACT OF SPECIALIST PHARMACIST INTERVENTIONS ON THE USE OF LOW DOSE TISSUE PLASMINOGEN ACTIVATOR (ALTEPLASE) THROMBOLYSIS FOR SPLANCHNIC VEIN THROMBOSIS

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Background and Aims Splanchnic vein thrombosis can lead to portal hypertension and/or bowel ischaemia with potential infarction. These complications are not always prevented by anticoagulation (Low Molecular Weight Heparins (LMWH) or oral anticoagulants). In December 2019, Royal Free Hospital (RFH) developed a guideline for use of low dose tissue plasminogen activator (Alteplase) thrombolysis (l-tPAT) for splanchnic vein thrombosis. This therapy has been used in the treatment of 40 patients between 2014 and 2019 with variable success. The aim of this audit was to investigate if patients are appropriately initiated and monitored on l-tPAT in line with the guideline, clinical and radiological outcomes, and the impact of specialist pharmacist interventions.

Method All patients initiated on l-tPAT for splanchnic vein thrombosis from December 2019 to March 2021 at RFH were investigated. Data from electronic dispensing records, patient notes, prescriptions, and discharge letters were used to determine if patients met initiation criteria, investigate changes made to l-tPAT, response to therapy, patient outcomes and pharmacist interventions.

Results A total of 25 patients received l-tPAT. The mean age was 48 years with a Male:Female ratio of 14:11. 100% of patients met initiation criteria. Treatment was interrupted due to low fibrinogen in 46%(11) and adverse effects(AE) recorded in 29%(7). 8%(2) stopped due to AE with 4%(1) suffering a serious AE. Overall, 58%(14) of patients had therapy interrupted and/or stopped due to blood test abnormalities and/or adverse effects. Figure 1 shows outcomes following imaging review. 56%(14) had identifiable risk factors for thrombosis. Small bowel resection was eventually required in 3 patients. A total of 104 pharmacy interventions were recorded for 20 patients, the majority on appropriate initiation (28%), prescribing (27%) and monitoring (13%).

Abstract P016 Figure 1

Conclusion Initiation of l-tPAT was appropriate in all patients. Due to the majority of patients experiencing a decrease in fibrinogen and/or AE, this therapy requires close biochemical and patient monitoring. Specialist pharmacist input is key in ensuring appropriate initiation, prescribing and monitoring and hence, patient safety when on high-risk therapy. Patient outcomes at first review showed that 46% of patients showed no recanalisation of their clot burden with 29% requiring Transjugular intrahepatic portosystemic shunt (TIPSS) ± Catheter Directed Thrombolysis (CDT) and 13% small bowel resection. A larger sample size with evaluation of long-term patient outcomes is required to establish the overall effectiveness of l-tPAT.

P017

IMMUNOTHERAPY RELATED HEPATOTOXICITY: A RETROSPECTIVE, DESCRIPTIVE ANALYSIS OF PATIENTS TREATED WITH COMBINATION IMMUNOTHERAPY AT A SINGLE CENTRE

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Immune checkpoint inhibitors have transformed the treatment of various cancers including metastatic melanoma. Immune checkpoints are regulatory mechanisms which modulate the immune system and prevent overwhelming autoimmune attack. This may be exploited by certain tumour types, leading to attenuation of T cell activation and thus expansion and growth of tumour cells. Blockade of pathways including CTLA-4, PD-1 and PDL-1 has emerged as an approach to remove this inhibitory immune checkpoint mechanism and allow host to mount immune responses against tumour cells.^{1 2}

Immune related adverse events (irAEs) are important, as high grade toxicities may require corticosteroids and discontinuation of treatment. The incidence of high grade irAEs is greater with CTLA-4 inhibitors (ipilimumab) than PD-1 inhibitors (nivolumab), and risk is increased further in combination (Ipi/Nivo). Ipi/Nivo induced hepatitis is an important irAE occurring in 17.6% patients (any grade) with 8.3% experiencing grade 3/4 hepatitis, based on previous trial data.³⁻⁶

Abstract P017 Figure 1 Treatment with corticosteroids amongst patients with any grade of hepatotoxicity. In addition, 4 patients (11.1% of all patients with any grade hepatotoxicity) required addition of mycophenolate mofetil (MMF) due to suboptimal response to steroids. One patient also required addition of tacrolimus. Other agents used for different irAEs included infliximab and sulfasalazine.