

Non-administered chemotherapy preparations (NCPs) and COVID-19: what are the impacts?

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Introduction

In the current context of COVID-19 pandemic, number of patients need care at hospitals but dare not come in.

The aim of this study was to **rate COVID-19 impacts** on the **quantitative and economic evolution** of non-administered chemotherapy preparations (NCPs), and to analyse the different reasons of non-administration.

Material - Method

From March to June 2019 and 2020 :

- Exploiting CHIMIO[®] software :

- Number of chemotherapies prepared
- Reasons of non-administration (if relevant)

- Collection of NCPs (Excel[®] file) :

- Drug (INN)
- Dose
- Cost
- Reason of non-administration
- Reallocation of the preparation

- Consulting patients medical records

- Tolerance
- Reason of non-administration

Discussion - Conclusion

In the context of COVID-19 pandemic, questions have been raised and therapeutic strategies have been proposed on an international level. But some patients will have to be admitted to hospital for systemic treatments and measures have been implemented: in particular, caregivers are advised to organise phone calls to patients with cancer planned to be admitted the following day. This new practice reduced the rate of NCPs preparations by 0.10% and will be followed long-term. In terms of cost, a decreasing trend is observed, possibly due to the decrease in immunotherapy prescriptions during the pandemic.

Chemotherapy production

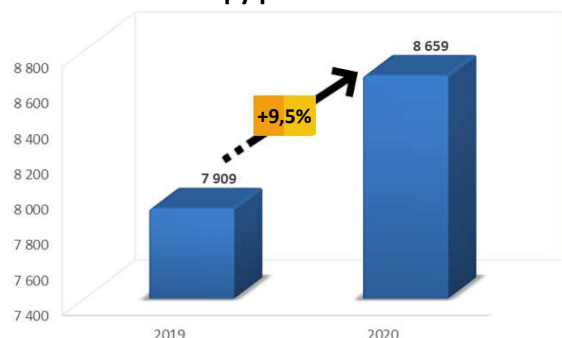


Figure 1: Evolution of chemotherapy doses prepared from March to June 2019 and 2020

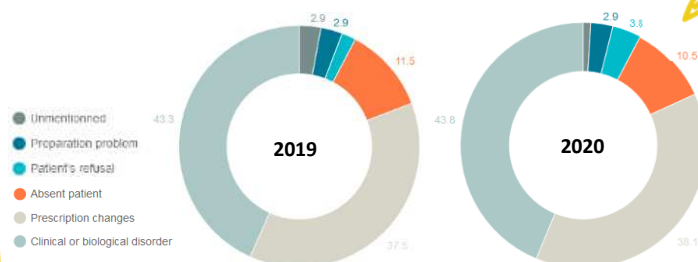


Figure 3: percentages of NCPs by reason of non-administration from March to June 2019 and 2020

Different reasons for non-administration remained at similar rates over the period

Results

As the pandemic continues to growth : measures to prevent the spread of SARS-CoV-2

E.g. : Patients are contacted via telephone the day before their scheduled appointment to check :

- they do not present any symptoms compatible with COVID disease
- they will come to Hospital for systemic treatment, as planned

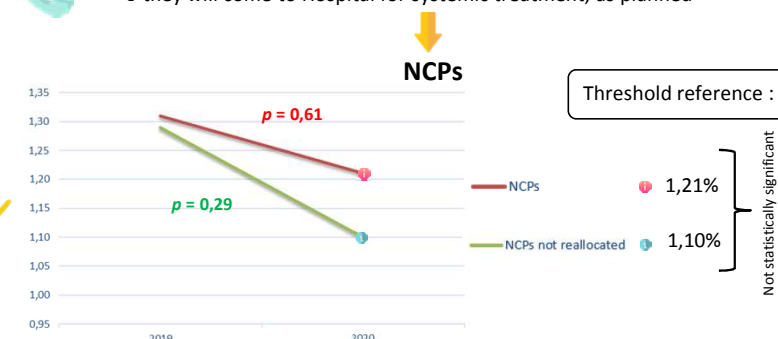


Figure 2: Evolution of NCPs and NCPs not reallocated reported to the activity between March and June (2019 and 2020)

	2019	2020
Costs of NCPs	39535,7	68811,97
Costs of NCPs reallocated	8577,52	60242,21
Final costs	31 999,55	8659,55

Table 1: Costs evolution between March-June 2019 and 2020

BUT : impact of COVID-19 on global activity : reduce the frequency of hospitalization
decrease of immunotherapy prescription

Reported to global costs over the period :
decreasing trend but not reaching significance ($p > 0,05$)