

Introduction

The activity of our pharmaceutical chemotherapies preparation unit rises from 5 to 10% per year --> delays of patients care + peaks of activity, mostly for day hospitalizations
Therefore, the dose - banding of chemotherapies has been gradually implemented since 2017.

Objectives

Study of the results after 3 years of dose-banding

Methods

Dose-banding based on the tool established by GERPAC (ADOC : "analyses of standardized doses") for calculating the doses intervals.

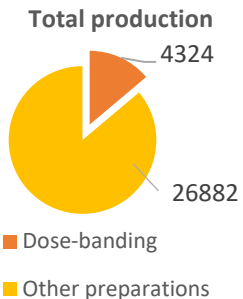
Extraction from **CHIMIO®**
(on the year 2020)

Produced Standard doses
Attributed standard doses
Losses

Retrospective analysis

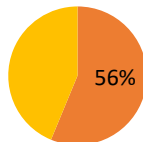
Results

- In 2020, 14 molecules could be standardized, mostly: **Rituximab (IV/SC), Oxaliplatine, Nivolumab**



Prescriptions coverage*

- Attributed standard doses
- No standard dose used

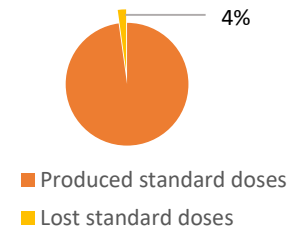


*In molecules, for which standardized doses exist



Among the products for which a standardized dose could be used (available molecule and dose), 5% (408) had to be produced extemporaneously, mostly because of a lack of stock (96%)

Lost standard doses



Discussion

- The doses loss percentage shows adequation between clinical needs and production (few standardized doses expired unused)
- The prescription coverage can be improved
- Developpement of a monthly extraction to adjust the stocks (weekly for certain molecules)
- Awareness-raising of the prescribers (mostly about losses and cost)

Conclusion

- Positive impact on the chemotherapy unit and on the clinical units : more homogenous activity through the day
- Implementation of new standardized doses (Bevacizumab, Paclitaxel, Bortezomib) : the goal is to reach a 30% coverage of the total prescriptions in 2021