ECONOMIC IMPACT OF THE CLINICAL PHARMACIST ON THE REDUCTION OF DRUG-RELATED PROBLEMS BEFORE THE INITIATION OF AN ANTI-TUMOR TREATMENT - A PROSPECTIVE MULTICENTER TRIAL

JS Giraud ^{(1)*}, V Savoldelli ⁽²⁾, G Perrin ⁽²⁾, B Sabatier ⁽²⁾, R Batista ⁽¹⁾, F Goldwasser ⁽³⁾, A Thomas-Schoemann ⁽¹⁾, A Degrassat-Theas ⁽⁴⁾

(1) Pharmacy Department, Cochin Hospital, Paris, France
(2) Pharmacy Department, Hôpital Européen Georges Pompidou, Paris, France
(3) Oncology Department, Cochin Hospital, Paris, France
(4) Pharmacy Department, General Agency of Equipments and Health Products (AGEPS), Paris, France

Background and importance

Multiple studies have shown a high rate of drug-related problems (DRP) in patients with cancer.

To reduce this risk, several oncology departments have set up





n°**1ISG-010**

*Mail: jean-stephane.giraud@curie.fr

Aim and objectives

In a context of limited resources allocation, our study aims to evaluate the economic impact of clinical pharmacists' interventions (PIs) on DRP detection from a hospital perspective.

multidisciplinary assessment programs that includes pharmaceutical consultation.

Materials and methods

A French prospective non-interventional double-center study was set up in 2020. Patients treated for solid tumors were included between February 2020 and March 2021.

Pharmaceutical time and costs

- Pharmaceutical time based on consultations and analysis times
- Time has been valued
 - to an average annual full-time equivalent (FTE),
 - by the grade of the contributor (2022 salary scales)
- Multiple scenarios have been established:
- low/high salary grades,
- internal organization (involvement of senior or junior pharmacists),

Pharmaceutical time and costs

• change in patient numbers

Costs of avoided clinical consequences

- Pls were evaluated by an expert panel (severity, evidence)
- We selected PIs regarding clinically significant (moderate or major severity) drug-drug interactions related to drug toxicity
- We valued the likely "diagnosis related groups" (DRP) of the avoided event thanks to the 2019 national survey on hospital costs.

Avoided hospitalization $costs = \sum (n \times mean \ cost \ of \ DRP \times occurrence \ probability)$ for every type of avoided event

Occurrence probability based on the evidence level

Level of evidence	Very low	Low	Moderate	High
Probability	P=0.01	P=0.1	P=0.4	P=0.6

Results



Inclusion over the 14-month study period : 438 cancer patients, 62% of males, mean age of 65+/-13 years.



Time (minutes)

Total pharmaceutical cost was estimated between : €4,199 (low salaries) and €5,250 (high salaries) per year

- Between **€11.4 and €14.3 per patient**
- Between €18.4 and €23.0 per drug-drug interaction

Costs of avoided clinical consequences

122/266 PIs were evaluated to be about clinically significant drugdrug interactions related to drug toxicity that could have caused a hospitalization or emergency room (ER) stay

Severity	Moderate		Major		Total	
Level of evidence	n	%	n	%	n	%
Very low	17	14%	4	3%	21	17%
Low	24	20%	8	7%	32	26%
Moderate	12	10%	52	43%	64	52%
High	3	2%	2	2%	5	4%
Total	56	46%	66	54%	122	100%

=> Cost of hospitalization or ER stay for these serious avoidable adverse events was estimated on average at €4,869

Unweighted hospitalization costs for the



Clinical pharmacists are an indispensable and legitimate member of therapeutic assessment programs for cancer patients. They help in reducing drug-related problems in a cost-effective manner.

