



DISPENSING OF ANTICANCER INVESTIGATIONAL DRUGS DURING THE LOCKDOWN FOR THE SARS-COV-2 PANDEMIC: EXPERIENCE IN AN ONCOLOGICAL CENTRE

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Background and importance

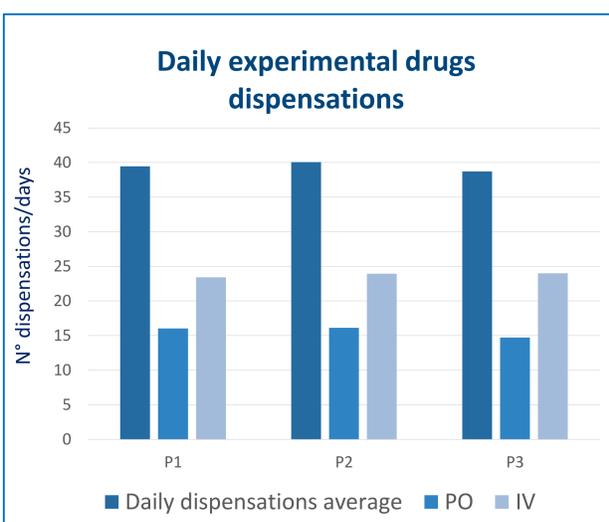
Patients enrolled in oncology clinical trials are frequently at risk and often live far from the Oncology Center. Starting from February 21, 2020, during the lockdown caused by Sars-Cov-2, oncological patients were allowed to travel for health reason, but their clinical conditions, organizational difficulties and the risk of COVID19 suggested adopting prudential solutions.

Aim and objectives

AIFA and EMA authorized centers to adopt exceptional measures, promoting the dispensation of more cycles and the delivery at home of therapies. This work aims to verify the impact of these solutions in an Oncological Center.

Materials and methods

The number of experimental drug dispensed from January to June 3, were analyzed using an Excel database. Dispensations were divided in three periods in order to evaluate the trend: daily intravenous (IV) and oral (PO) dispensations before February 21, 2020 (P1), between February 22 and March 3 (P2) and from March 19 (start of shipments) until the end of the lockdown (P3), analyzing the main issues noticed and the percentage of therapies shipped.



Results

Therapies in the entire period were 4,154, the daily dispensations average in P1 was 39.46 (16.03 PO - 23.43 IV), in P2 was 40.06 (16.12 PO - 23.94 IV) and in P3 was 38.71 (14.71 PO - 24.00 IV).

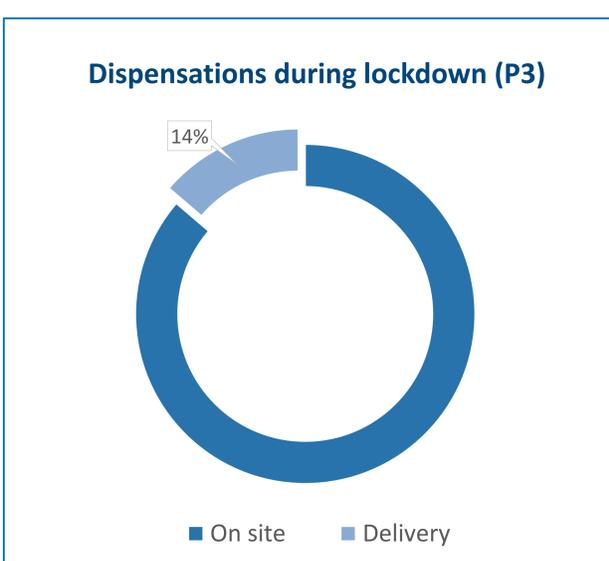
During P3, 109 shipments of PO medications were delivered, representing 13.72% of the total therapies.

The slight dispensations increase in P2 is due to the anticipation of some visits due to the fear of an imminent closure; the subsequent decrease is due to a higher drug quantity dispensed/shipped per single dispensation.

PO therapies decreased slightly (-8.23%) compared to the pre lockdown period, while IV therapies remained steady over three periods.

Seven transport issues occurred, leading to therapeutic discontinuity in 4 of 109 cases.

No therapeutic error has been detected in the analyzed period, probably due to telephone feedback upon the drug arrival.



Conclusion and relevance

Investigational drug shipment was effective in lowering the pandemic impact on therapeutic continuity, without however becoming the most frequently used model. Logistical difficulties produced four cases of therapeutic discontinuity and the telephone feedback mechanism limited the risk of errors in therapy.