for daily cold-chain management 7.4 minutes. Mean time per week for inventory, ordering and collecting vaccineswas 46.5 minutes. Activities on immunisation day consist of seven steps: room preparation, child check-in, consultation, vaccine preparation, vaccine administration, waste disposal and record keeping. Mean reported time per child totaled 24.4 minutes, of which 16% dedicated to vaccine administration and 16% to vaccine preparation/reconstitution. Errors and wastage were reported to not or rarely occur. ***Conclusions:*** Detailed mapping of the paediatric hexavalent immunisation process in the UK identified clearly discernible tasks. Preliminary time estimates from interviews revealed that a switch from lyophilised to pre-mixed hexavalent vaccines could save time per immunisation. This could be spent on other patient care activities. This study confirms the feasibility of an observational T&M study to generate time data that are more precise than opinion-based estimates presented here.

## POSA246
## A REAL WORLD EVALUATION TO DESCRIBE RESOURCE USE FOR THE MANAGEMENT OF MODERATE TO SEVERE ATOPIC DERMATITIS IN SECONDARY CARE FOR CHILDREN AND ADOLESCENTS AGED 6 TO 17 IN THE REPUBLIC OF IRELAND

Irvine AD,[1] Surendranathan T,[2] Hennessy L,[3] Rajkovic I,[3] Durkin A,[1] Coughlan D,[1] **Hudson R**[4]
[1]*Children's Health Ireland, Dublin, Ireland,* [2]*Sanofi, Reading, UK,* [3]*Adelphi Real World, Bollington, CHE, UK,* [4]*Sanofi, Reading, RDG, UK*
NOTE_Patient_Data_to_be_updated:Expected_study_completion_July
***Objectives:*** Sparse Irish healthcare resource use data is available. This study aims to describe secondary care resource use for patients with moderate-to-severe atopic dermatitis (AD) at Ireland's largest paediatric hospital, Children's Health Ireland at Crumlin (CHI). ***Methods:*** A retrospective non-interventional study, utilising data collected from CHI records of patients aged 6 to 17 with clinically confirmed, inadequately controlled AD despite current treatments. Patients were <18 years at their most recent consultation and were required to have CHI records from January 1st 2014 with minimum 12 months follow-up whilst aged 6-17. Patient demographics, clinical characteristics, consultations, hospitalisations and treatment history are described. ***Results:*** Thirty-one patients were evaluated (61.3% male; mean age 14.8 [SD=2.9] years; disease severity at first referral: severe 74.2%; moderate 25.8%). Most common comorbidities were food allergies (61.3%), asthma (58.1%) and allergic rhinitis (51.6.4%). Mean number of concomitant conditions per patient was 2.7 [SD=1.5]). There were 473 secondary care consultations during the observation period (mean per patient: 15.3 (SD=6.3); mean per patient-year of observation period: 3.2 [SD=1.3]); the majority of which were registrar (83.9%) and/or consultant dermatologist (74.2%) appointments. The most common reasons for consultations were clinical/treatment review (58.8%), routine appointment (47.8%), and/or flare (5.9%). A mean of 8.7 [SD=4.1] flares per patient were recorded (2.0 [SD=1.1] per patient-year). Eight patients were hospitalised for flares (mean hospitalisations per hospitalised patient: 1.5 [SD=0.5]; mean number of nights spent in hospital per hospitalised patient over observation period: 6.6 [SD=3.5]). A mean of 13.4 (SD=4.8) treatments per patient were prescribed over the observation period (3.7 [SD=2.2] per patient-year). ***Conclusions:*** Moderate-to-severe AD in paediatric patients results in complex treatment pathways, with high secondary healthcare burden in the dermatology outpatient setting. The number of flares experienced by patients, despite complex management, suggests a lack of effective long-term therapeutic options for these patients in Ireland.

## POSA247
## IMPACT OF TRANSFERRING THE DISPENSING OF HOSPITAL-ONLY MEDICINES TO COMMUNITY PHARMACIES DURING COVID-19 PANDEMIC: A SINGLE-ARM, BEFORE-AND-AFTER STUDY

**Murteira R,** Romano S, Teixeira I, Galante H, Sousa S, Teixeira Rodrigues A
*Centre for Health Evaluation & Research, National Association of Pharmacies (CEFAR-IS/ANF), Lisboa, Portugal*
***Objectives:*** Ensuring the continuing of care is an imperative need, therefore throughout COVID-19 outbreak, the Portuguese Government released directives to guarantee hospital-only medicines' dispensing through the community pharmacy, reducing contacts between patients and Hospitals. This study aims to measure the value generated by the intervention of the community pharmacy in the dispensing of hospital medicines. ***Methods:*** A single-arm, before-and-after study with 3-month follow-up, was carried out in Portugal, enrolling a randomly selected sample of patients with at least one dispensation of a hospital-only medicine through the community pharmacy. Data was collected through a structured questionnaire applied by telephone interview from May 15th to October 10th, 2020. Main outcomes were access to medicines, therapeutic adherence (MAT-7), health-related quality-of-life (EQ-5D-3L), satisfaction with the service, travel and waiting time, and related costs to patients. ***Results:*** A total of 603 patients/caregivers accepted to participate in the study. The mean age was 55 years old (SD=16) and 50.6% were male. On average, the estimated time gained with the community pharmacy service was 115.1 minutes/visit compared to hospital. Annual savings derived from travel expenses (€237.6) and absenteeism (€67.4) reduction account for 271.6€/patient. There was an increase in the mean score of adherence to therapy ($p<0.05$) and no statistically significant changes in the mean EQ-5D-3L score. Overall, 91% of respondents would choose to continue to have access to their medication at the community pharmacy, in post-pandemic scenario. Participants reported an increase of satisfaction levels in all evaluated domains – pharmacist's availability, opening hours, waiting time, privacy conditions and overall experience. ***Conclusions:*** Changing the dispense setting to the community pharmacies seems to promote better access, health outcomes and satisfaction for patients. Moreover, it ensures the persistence of treatments, promotes savings for patients and society, and reduces the burden of health care services, representing a crucial public health measure.

## POSA248
## CONSISTENCY OF METASTATIC NON-SMALL CELL LUNG CANCER AND RENAL CELL CARCINOMA TREATMENT PATTERNS ACROSS ITALIAN REGIONS

**Rivolo S,**[1] Emeanuru K,[2] Capart P,[3] Benedict Á[4]
[1]*Evidera, London, LON, UK,* [2]*Evidera, Miami, FL, USA,* [3]*Medimix, Miami, FL, USA,* [4]*Evidera, Budapest, LON, Hungary*
***Objectives:*** Recent studies highlighted considerable delay in time from approval to first purchase of innovative cancer treatments in Italy. This study investigates within-country geographic differences across Italian regions, by examining treatment patterns in the first two lines of therapy (1L-2L) in metastatic NSCLC (mNSCLC) and RCC (mRCC), between January 2019 and May 2021. ***Methods:*** Patients with a mNSCLC/mRCC diagnosis (Stage IIIA/B-IV) who received at least one line of systemic therapy were identified from OffTheShelf™, a large retrospective database of patient charts collected from Italian oncologists. For each patient, the type of systemic therapy received (immunotherapies [IOs], chemotherapy, targeted therapy, others), the line of therapy and the Italian region and macro-region (North=N, Center=C, South=S, Islands=I) of care were extracted and analyzed. ***Results:*** In the mNSCLC cohort (1L n=4,358 , 2L n= 2,816), the use of 1L IOs varied largely, (50.8% in Tuscany(C); 15.1% in Calabria(S) and Molise(S)). 1L chemotherapy was the dominant therapeutic approach across most regions, except Apulia(S). Use of 2L IOs was higher than chemotherapy across all regions, except Calabria(S), with marked differences remaining across regions (>80% 2L IO use in Apulia(S), Liguria(N) and Molise(S); <60% in Calabria(S) and Emilia-Romagna(N)). In the mRCC 1L cohort (n=6,187) use of IOs remained very low (<10%), except in Emilia-Romagna(N) and Valle D'Aosta(N), and TKIs represented dominant therapeutic approach across all regions. The majority of 2L patients (n=3,984) were on IOs except in Calabria(S) and Basilicata(S). The use of IOs was greatest at 83.7% in Marche(C), Puglia(S) and Veneto(N) (77.5% and 69.5%). A distinct pattern of IOs use when comparing Italians macro-regions was not observed in either indication. ***Conclusions:*** Contemporary and granular real-world evidence on mNSCLC/mRCC treatment landscape in Italy shows that 1L-2L systemic therapy treatment patterns in mNSCLC and mRCC remain heterogeneous across regions, and does not align with macro-regions, but potentially with centers of excellence.

## POSA249
## DIAGNOSTIC PATHWAYS, GENETIC TESTING, AND IMPACT OF COVID-19 ON PATIENTS IN EUROPE WITH X-LINKED RETINITIS PIGMENTOSA: RESULTS FROM THE CROSS-SECTIONAL EXPLORE XLRP 1 PHYSICIAN SURVEY

**Denee T,**[1] Pungor K,[2] Kambarov Y,[3] Nissinen R,[4] Lee J,[5] Ampeh K,[6] Parmeggiani F[7]
[1]*Janssen EMEA, High Wycombe, BKM, UK,* [2]*Janssen EMEA, Düsseldorf, Germany,* [3]*Janssen EMEA, Almaty, Kazakhstan,* [4]*Janssen EMEA, Espoo, Finland,* [5]*Janssen EMEA, Copenhagen, Denmark,* [6]*IQVIA, London, UK,* [7]*ERN-EYE Network and University of Ferrara, Ferrara, Italy*
***Objectives:*** To understand the pathways by which European patients with X-linked retinitis pigmentosa (XLRP) arrive at retina specialists (RS) and geneticists for diagnosis, and the impact of COVID-19 on patient management. ***Methods:*** The EXPLORE XLRP 1 survey interviewed RS (n=20) and geneticists (n=5) in France, Germany, Italy, Spain, and the United Kingdom (UK) to record information about healthcare pathways and diagnostic approaches for patients with XLRP (n=80). ***Results:*** Patients (mostly male [91%] and aged 18–40 years [57%]) experienced an average time of 4 years between XLRP symptoms and diagnosis. In France, Spain, and Italy, patient pathways are linear: most patients see RS/geneticists by ophthalmologist referral. In Germany and the UK, patients see RS/geneticists through multiple routes, also including general practitioner and optometrist referrals. Genetic testing was used as part of XLRP diagnosis in 78% of patients. Genetic testing usually took >6 weeks to receive results, and some patients waited up to 6 months. Genetic testing was fully reimbursed for most patients, except those in Spain, where patients largely incurred the full cost. In the UK, testing costs were co-paid by 14% of patients. Despite barriers to genetic testing (e.g., costs, long waiting times for results), physicians agreed that genotypic diagnosis is helpful to predict disease progression and to enable patient involvement in clinical trials. The COVID-19 pandemic reduced the frequency of in-person clinic visits, but some physicians utilized tele-consultation and remote patient management. ***Conclusions:*** The pathways by which patients with XLRP in Europe visit RS and geneticists are complex, lengthy, and vary considerably by country. This survey reported high usage of genetic testing to confirm XLRP diagnosis, but long waiting times for test results accounts for incomplete uptake, especially among older patients. Tele-consultations and remote management have emerged as potential solutions for monitoring patients during the COVID-19 pandemic.