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containing medications, and gabapentinoids, separately. Results: There were 819,9 million and 155,5 million cough-related visits in the office-based and ED settings from 2003 to 2010. Increasing antitussive use increased over time in office-based visits (8.8% in 2003-2005 to 6.4% in 2015-2018, p=0.003); while their use remained stable in ED visits (6.3% to 5.9%, p=0.097). In both settings, hydrocodone-containing antitussive use declined over 50% from 2003-2005 to 2015-2018, benzonatate use more than tripled in both settings (office-based: 1% to 4.8%; ED: 1.5% to 8.0%; both p<0.001). Dextromethorphan-containing medication use increased in ED visits (18.2% to 26.9%, p=0.003), whereas their use unchanged in office-based visits (3.8% to 2.7%, p=0.006). Gabapentinoid use doubled in office-based visits (1.1% in 2003-2005 to 2.5% in 2015-2018, p=0.02). Conclusions: In US office-based and ED ambulatory care settings, hydrocodone-containing antitussive use substantially declined from 2003 to 2018, while benzonatate use more than tripled, and dextromethorphan antitussive and gabapentinoid use remained low (<3%).

**HSD51**

**INCREASING PROGRAM PROGRESS THROUGH A TECHNOLOGY ENABLED, HIGH-EFFICIENCY STAFFING MODEL**

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**Objectives:** In-center HD (ICH) registered nurse (RN) to patient (RN:Pt) ratios are commonly as high as 1:9 and home dialysis (PD or HHD) ratios 1:15. Newer dialysis technology like Tablo can facilitate high-efficiency staffing practices by automating and remote monitoring tasks, allowing an RN to staff more patients. We developed a dialysis reimbursement model to estimate the impact of two staffing practices: a traditional clinic (TC) assuming RN:Pt ratios of 1:9 and 1:15 for ICHD and home, and a high-efficiency clinic (HEC) that assumes RN:Pt ratios of 1:1.5 for ICHD and 1:2.5 for HHD. The enhanced safety and monitoring capabilities of this model assume a 6-day/week, 3-shift/day staff schedule, including RNs and home RN FTEs each. The same RN staffing configurations were used for both TC and HEC models to determine maximum patient life-years that could be supported by 4 ICHD and 1 home RNs. In the TC model, RN staffing was estimated to support 120 annual patient life-years averaging $6.22M in annual reimbursement. In the HEC model, the enhanced safety and monitoring capabilities of this model allow an RN to manage 400% more patient life-years (~7 ppm, +0.037 pp; respectively). The results were not sensitive to model specifications. Conclusions: Soft recommendations by oncology experts did not produce the behavior change of replacing IV drugs with substitutable oral drugs during the pandemic. This finding is consistent among patients regardless of gender, race, urbanity status and duration of the pandemic.

**HSD55**

**NON-INTERVENTIONAL, REAL-WORLD STUDY OF PATIENTS WITH EARLY STAGE, HER2-NEGATIVE EPIDERMAL GROWTH FACTOR RECEPTOR 2 (HER2) POSITIVE BREAST CANCER RECEIVING BIOSIMILAR TRASTUZUMAB**

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**Background:** Biosimilar trastuzumab (trastuzumab-qyyp) was the fourth trastuzumab biosimilar in Europe in 2018. The objective of this study was to understand the utilization of biosimilar trastuzumab and its benefits and risks in a real-world setting. Materials and methods: In this observational study, patients in the Netherlands and Norway treated with biosimilar trastuzumab for early-stage (stage 0–3) HER2+ breast cancer were recruited (February 2020–July 2021). Data recorded were biosimilar trastuzumab treatment patterns, patient demographics, clinical characteristics, tolerability, and healthcare resource utilization (HCRU). Results: 102 patients were included; 74 (72.6%) received initial treatment with biosimilar trastuzumab, 26 (25.3%) switched from reference (R) to biosimilar (B), and 2 (2.0%) switched from B to R. Median (Q1-Q3) biosimilar trastuzumab initial dose was 8.0 mg/kg (6.0-8.0). Dose change occurred in 78 (76.5%) patients. Patients received biosimilar trastuzumab treatment for a mean (SD) of 245.6 (107.2) days. Biosimilar trastuzumab was part of combination therapy in 100 patients (98.0%)—38 (37.2%) combination regimens included platinum-based drugs and 40 (39.3%) combination regimens included pertuzumab. A total of 48 patients discontinued or switched due to tolerability (22.9% of N=48), lack of response (4.2%), patient preference (4.2%), dosing schedule (22.9%), and other (43.8%). A total of 66 adverse events occurred and 4 were severe (one case of each: acute pancreatitis, recurrent acute pericarditis, recurrent pericarditis, and severe cardiac toxicity). Treatment was stopped due to heart monitoring findings in one patient. Over half of patients were hospitalized for a mean (SD) of 77 (42.6) days due to breast cancer surgery including intravascular occlusion (32.7%), PCC late-onset cerebrovascular accidents (15.0%), fever (13.0%), ablation (9.0%), and other unspecified surgery (5.0%). Conclusions: Switching between reference product and biosimilar and use of biosimilar trastuzumab combination regimens is being adopted in real-world oncology practice. Treatment patterns and tolerability were consistent with the product label. HCRU was high in this population.

**HSD56**

**HIDRADENITIS SUPPURATIVA IN THE PEDIATRIC POPULATION**

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**Objectives:** The objective of this research was to characterize demographics, disease severity, treatment, and associated comorbidities among pediatric hidradenitis suppurativa (HS) patients in diverse healthcare delivery settings in the United States (US). Methods: Patients from 6 specialty dermatology networks and 2 integrated