

Nachhaltigkeit „Was ist zu tun?“

Medikamente – Fluch und Segen

Janett Kreutziger

Univ.-Klinik für Anästhesie und Intensivmedizin

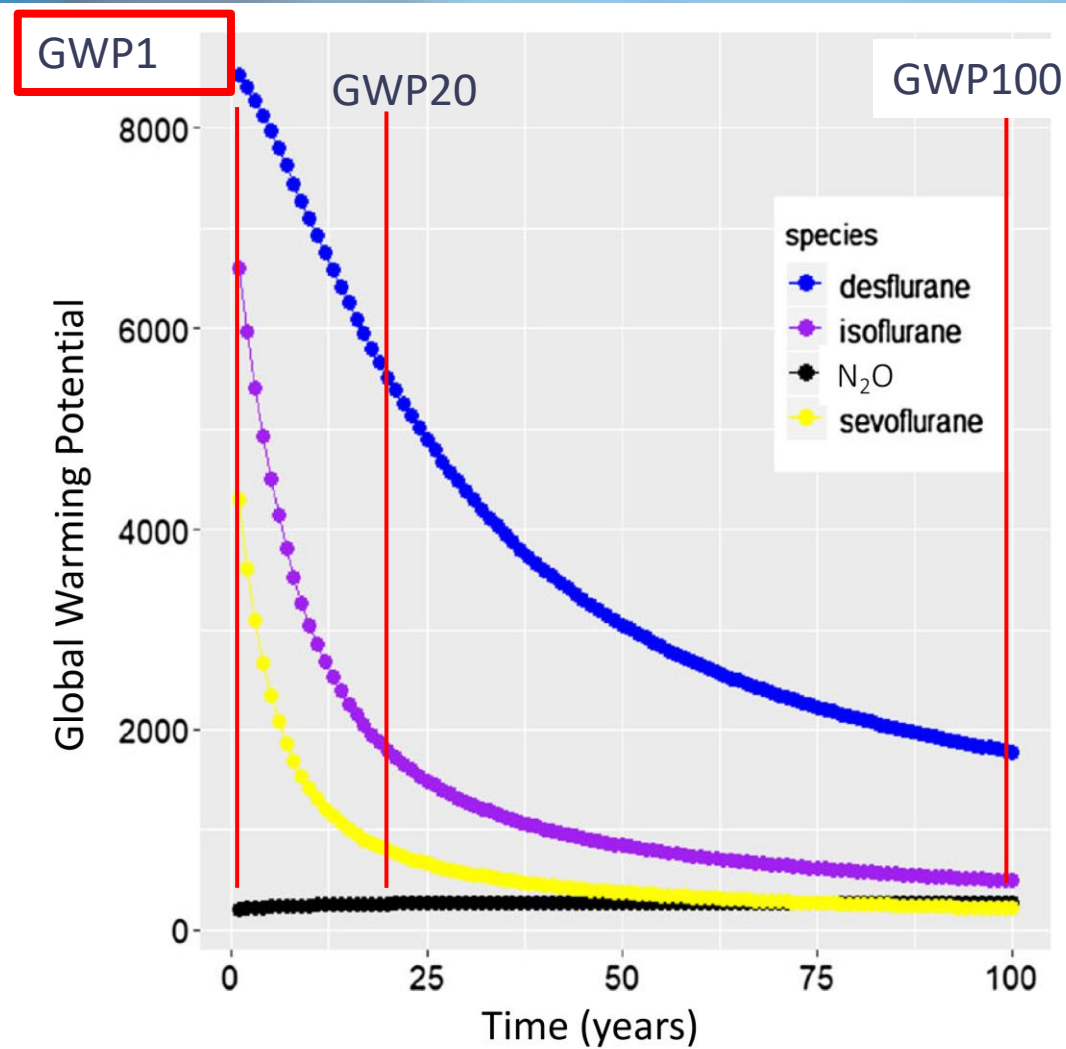
Medizinische Universität Innsbruck

Volatile Anästhetika = $F(C)KW$ Klimawirksamkeit in CO₂-equiv

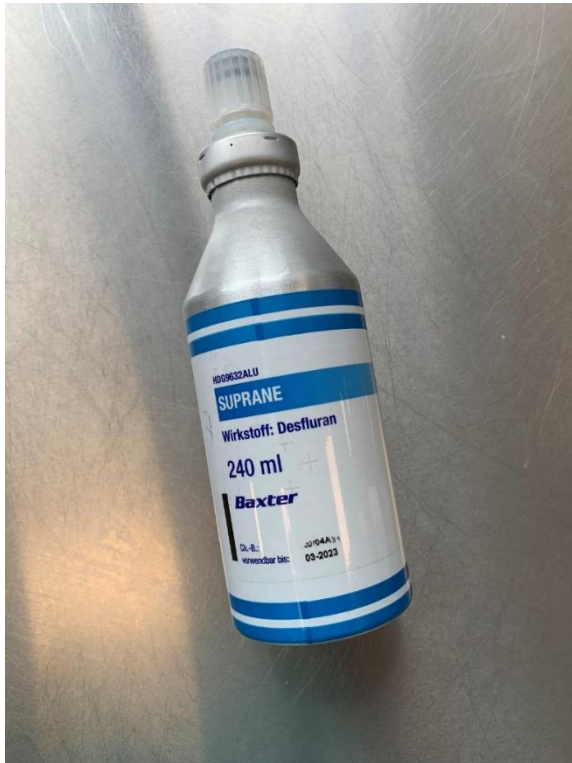
Überdauern in der Atmosphäre

- Lachgas **114 Jahre**
- FCKWs 50-100 Jahre
- CO₂ 5-200 Jahre
- Desfluran **9-21 Jahre**
- Isofluran **2,6-6 Jahre**
- Sevofluran **1,1-5,2 Jahre**
- Halothan 1-7 Jahre

(Varughese Anesth&Analg 2021,
Schuster Anästh Intensivmed 2020)



Volatile Anästhetika – Wahl des Anästhetikums



= 900 kg CO₂



= 80 Jahre

(© Dr. Julian Vaith, Hamburg)

Volatile Anästhetika – Wahl des Anästhetikums

Ein Vergleich dreier universitärer Zentren

- USA/Kanada: hauptsächlich **Desfluran** + Lachgas
→ **63/51 % des CO₂-Fußabdruckes** der Kliniken
- Großbritannien: nur **Sevofluran**
→ **4 % des CO₂-Fußabdruckes** der Klinik

(MacNeill, Lancet Planet Health 2017)

Volatile Anästhetika – FGF - Verbrauchsreduktion

- Fast linearer Zusammenhang zwischen Medikamentenverbrauch und CO₂-Fußabdruck der Anästhesie (Sherman J, Anesthesiology News 2017) (Özelsel, Can J Anesth 2019)

Vergleich des GWP1 einer sechs-stündigen Anästhesie im steady state mit verschiedenen volatilen Anästhetika in Abhängigkeit vom Frischgasfluss mit einer Autofahrt in Kilometern (Verbrauch 7 l/100 km)

	0,3 l/min	0,5 l/min	1,0 l/min	2,0 l/min
Sevofluran 2,2 %	512	853	1.707	3.413
Isofluran 1,2 %	436	727	1.454	2.908
Desfluran 6,7 %	2.865	4.775	9.552	19.103



Österreichische Gesellschaft
für Anästhesiologie, Reanimation und Intensivmedizin

Volatile Anästhetika – Scavenger-Systeme



- **Zentrale** Auffang-Anlagen: Pneumatik Berlin, Blue Zone, Kanada



Volatile Anästhetika – Scavenger-Systeme



- *dezentral*
- Blue Zone,
Kanada



Blue-Zone Technologies
SUSTAINABLE ANESTHESIA RECOVERY™



Sagotech Medical,
Devon, UK



SAGOTECH
MEDICAL

Contrafluran,
Luckenwalde, Dtl.



Auffangsysteme – Effektivität, erste Daten

CORRESPONDENCE

Efficiency of inhaled anaesthetic recapture in clinical practice

Jonas Hinterberg¹, Theresa Beffart¹, Andrea Gabriel¹, Marc Holzschneider¹,
Tim M. Tartler², Maximilian S. Schaefer^{1,2} and Peter Kienbaum^{1,*}

¹Department of Anaesthesiology, University Hospital Düsseldorf, Düsseldorf, Germany and ²Center for Anesthesia Research Excellence, Department of Anesthesia, Critical Care and Pain Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA

charcoal canisters by 2509 g. Charcoal desorption yielded 1727 g of desflurane, indicating that 25% of the administered desflurane was recaptured and could potentially be processed for reuse,

Auffangsysteme – Effektivität, erste Daten



Anaesthesia 2024

doi:10.1111/anae.16289

Original Article

Efficiency of CONTRAfluran™ in reducing sevoflurane pollution from maintenance anaesthesia in minimal flow end-tidal control mode for laparoscopic surgery

Harold Mulier,^{1,2} Michel M. R. F Struys,^{3,4}  Hugo Vereecke,^{2,3}  Steffen Rex,^{1,5} 
An Teunkens^{1,5}  and Alain F. Kalmar^{2,6} 

Age; y	45 (13)
Sex; female	46 (66%)
Weight; kg	98 (24)
BMI; kg.m ⁻²	35 (8)
Bariatric surgery	57 (81%)
General surgery	13 (19%)

Auffangsysteme – Effektivität, erste Daten



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Sevoflurane captured in CONTRAfluran

During maintenance; ml

1.70 (1.03)

Proportion

15% (13–18%)

During washout; ml

3.12 (0.94)

Proportion

29% (27–31%)

Total; ml

4.82 (1.41)

Proportion

45% (42–48%)

3)

6%)

4)

)

1%)

Auffangsysteme – Effektivität, Grundlegendes

Verhältnis von Mac_{awake} und Mac_{50} üblicher Inhalationsanästhetika

	Mac_{50} Erwachsene	Mac_{awake}	Verhältnis
Lachgas	110 %	70 %	Ca. 62 %
Desfluran	4-8 %	2,4-2,6 %	Ca. 40-50 %
Sevofluran	1,2-2,1 %	0,6 %	Ca. 25-45 %
Isofluran	0,6-1,2 %	0,2-0,4 %	Ca. 20-35 %

Auffangsysteme – Energieeinsparung

- Größter Klimaeffekt: ohne **AGFS**
→ **hohe Energieersparnis ist
derzeit größter Effekt**



Auffangsysteme – Energieeinsparung



Druckluftverbrauch pro AGFS-Anschluss [l/min]	Kumulativer Jahresverbrauch wenn 24 h/7 d angesteckt [m³/a]	Druckluftproduktion [kWh/m³]	Jahres-Energieverbrauch pro AGFS-Anschluss [kWh]	CO ₂ -Äquivalente österreichischer Durchschnitts-Strom (230 g/kWh) in kg/Jahr pro AGFS-Anschluss
14 x 60 min x 24 h x 365 d	7.358	0,19 (Info Dräger/Essen) 0,33 (Feldkirch 2021-22) 0,55 (Feldkirch 2019-21)	1.398 2.428 4.047	321 558 931
20	10.512	0,19 0,33 0,55	1.997 3.469 5.782	459 798 1.330
40	21.024	0,19 0,33 0,55	3.995 6.938 11.563	920 1.596 2.659
80	42.048	0,19 0,33 0,55	7.990 13.876 23.127	1.838 3.191 5.319

Intravenöse Medikamente – Andere Probleme

Ca. **30 bis 50 %** des aufgezogenen bzw. geöffneten **Propofols** werden weltweit **verworfen**

Table 1. Drug Use, Fiscal 1998

Drug	Amount not administered (mg)	Annual efficiency index, % ($\pm$ SD) ^a
Atracurium	132,800	29 (10)
Midazolam	28,235	53 (17)
Propofol	1,028,388	49 (4)
Rocuronium	79,619	61 (10)
Succinylcholine	788,796	33 (3)
Sodium thiopental	2,005,635	31 (5)

^a Mean monthly efficiency indices $\pm$ SD.

(Gillerman, Anesth Analg 2000)

Table 2. Contribution of Study Drugs to Total Pharmaceutical Use, Fiscal 1998

Drug	Cost of unadministered pharmaceuticals (\$)	Cost index ^a (%)
Atracurium	10,954	2
Midazolam	25,511	4
Propofol	80,863	16
Rocuronium	12,545	2
Succinylcholine	2,953	0
Sodium thiopental	32,839	5
Total	165,666	26

^a Percent of total departmental drug costs (\$640,987) wasted.

Intravenöse Medikamente – Andere Probleme



Table 1. PBT index of anesthetic drugs^a

Drug	PBT number
Propofol	9
Ondansetron	6
Labetolol	6
Buprenorphine	6
Midazolam	5
Bupivacaine	5
Fentanyl	4
Metoprolol	4
Ketorolac	4
Mepivacaine	4
Remifentanyl	4
Ropivacaine	4
Sugammadex	4
Lidocaine	3
Atracurium	2

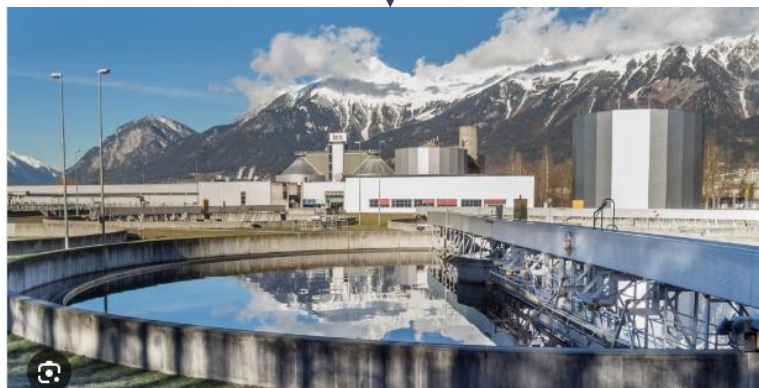
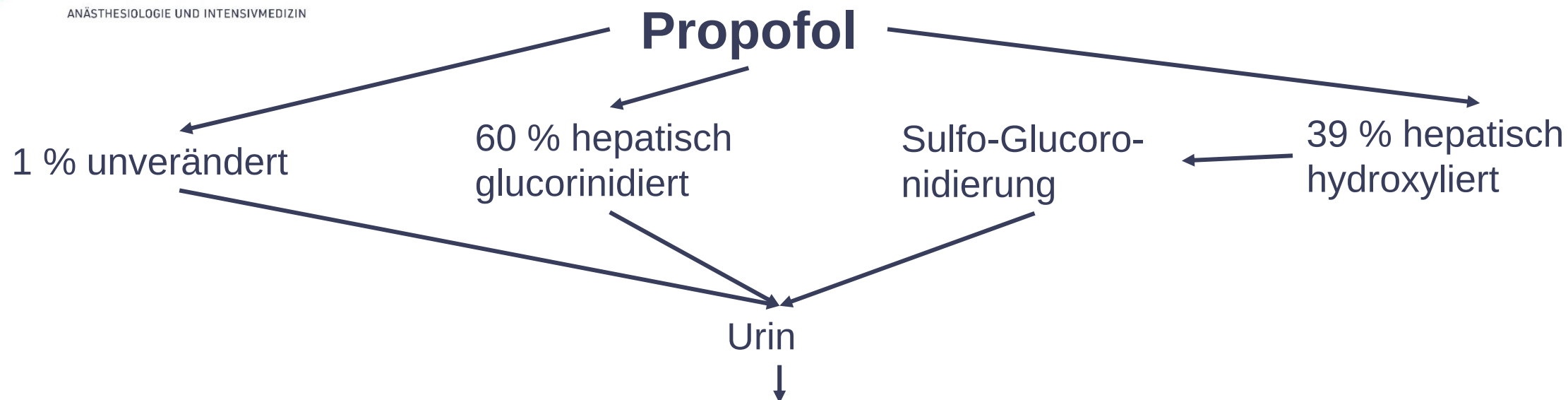
PBT, Persistence, Bioaccumulation, Toxicity.

^aThis table summarizes information in [ref #32]. It differs slightly from data published in the ASA 'Greening the Operating Room' [ref #4].

- **Persistenz, Bioakkumulation, Toxizität = PBT-Index**

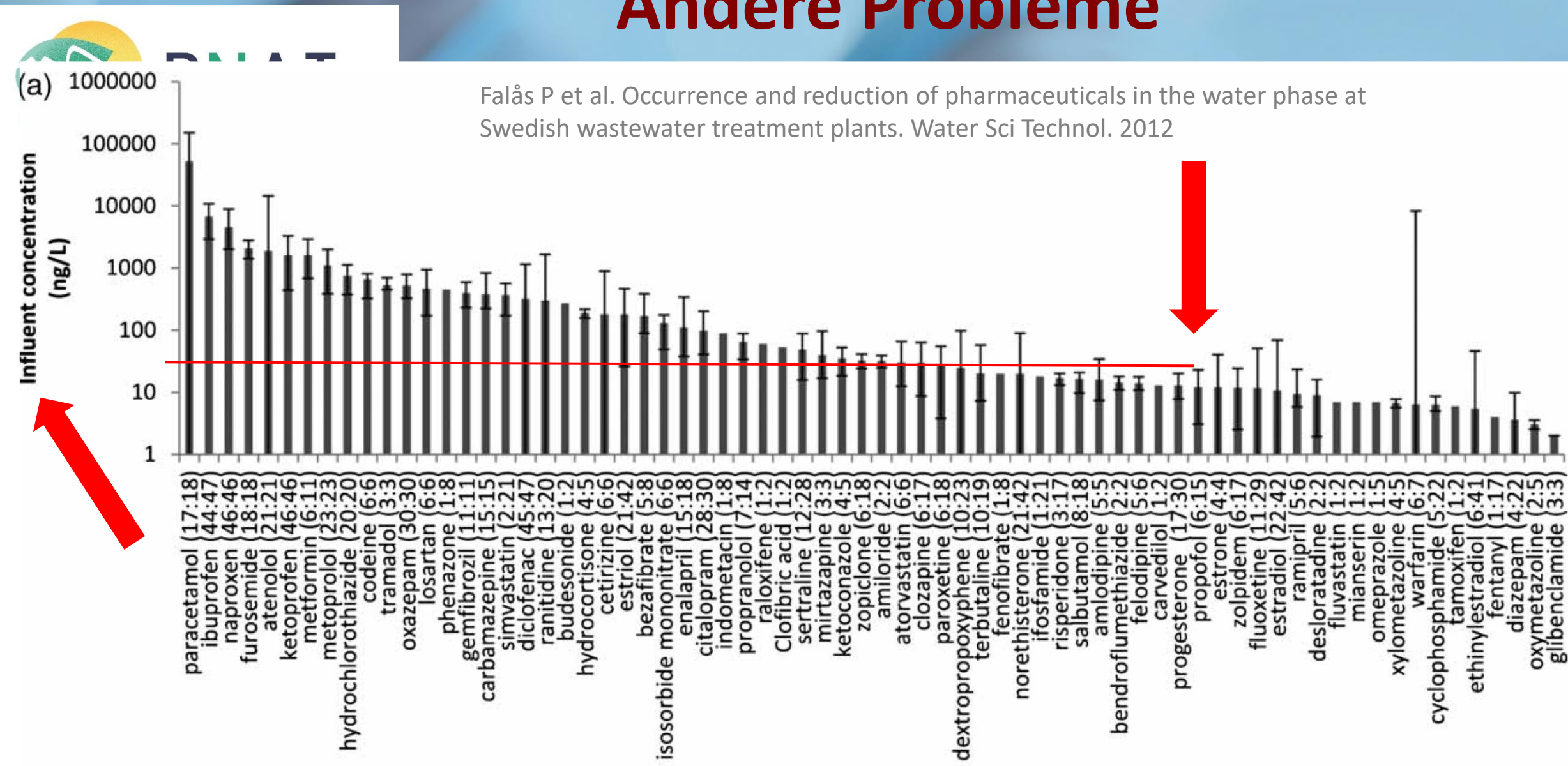
Van Norman, Curr Opin Anesthesiol 2020
Sherman, Anesth Analg 2012

Intravenöse Medikamente – Andere Probleme



Favetta P et al. Propofol metabolites in man following propofol induction and maintenance. Br J Anaesth. 2002

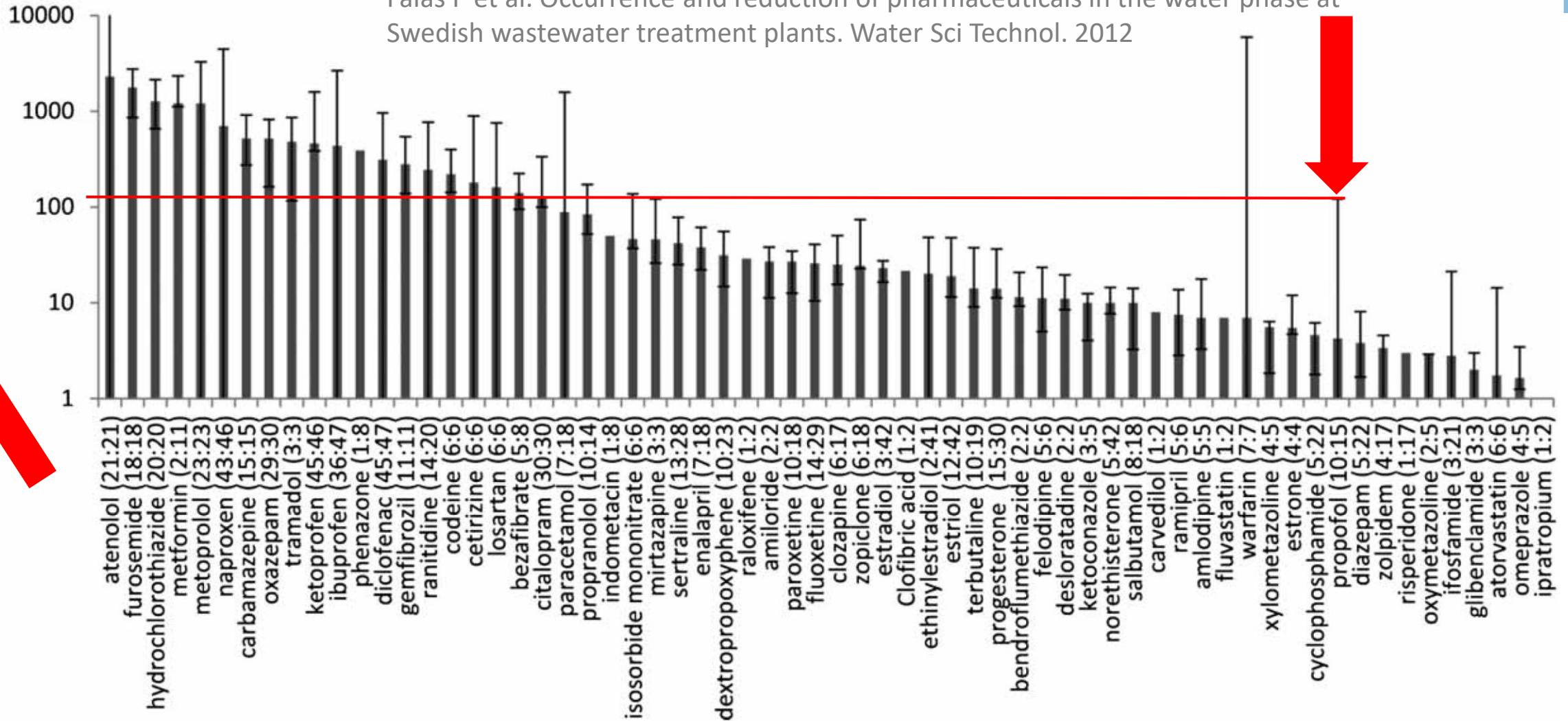
Intravenöse Medikamente – Andere Probleme



Intravenöse Medikamente – Andere Probleme

Effluent concentration
(ng/L)

(b)



Intravenöse Medikamente – Andere Probleme



lkb.at, © Georg
Hermann

↓
Deglucuronidierung

↓
Propofol

↓
Umwelt

Favetta P et al. Propofol
metabolites in man following
propofol induction and
maintenance. Br J Anaesth. 2002

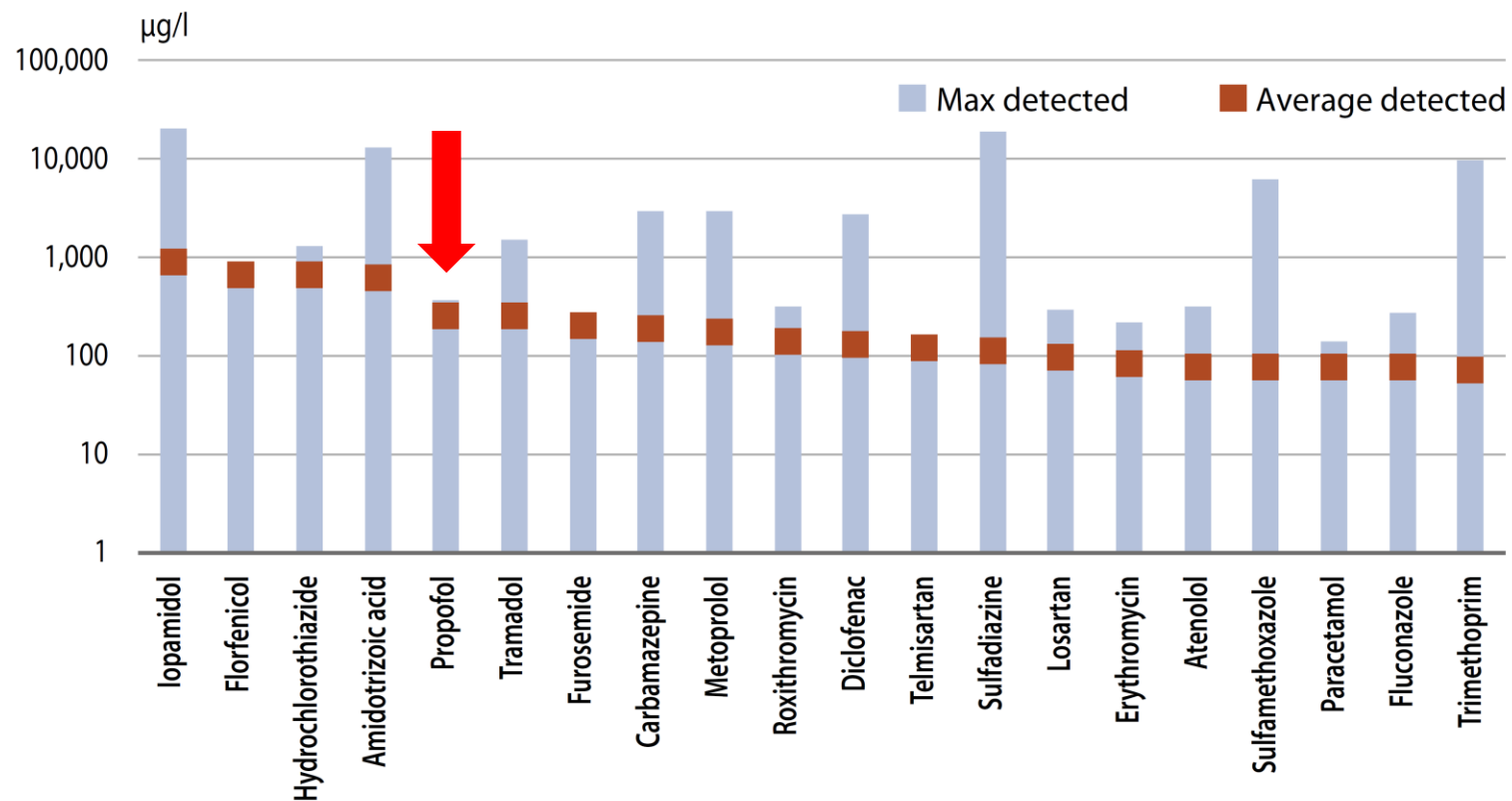
Intravenöse Medikamente – Andere Probleme



Figure 9. The top 20 pharmaceuticals measured in highest concentrations in river water samples

■ indicates the average concentration of the measurements and ■ indicates the maximum measured concentration.

Source: Original data.



Medikament	Metabolisierung und Wirkung (Kostrubiak, J Med Systems 2020)
Propofol	Hepatische Glucuronidierung (Quinole), häufig verworfen, hohe Konzentration im Abwasser, Bioakkumulation, Wachstumsstörungen bis tödlich für Algen/Tang, Krebstiere, Süßwasserfische , keine Photolyse, kein Abbau in Kläranlage, Halbwertszeit im Wasser >1 Jahr → hoher negativer Umwelteffekt
Cefazolin	Unmetabolisierte renale Ausscheidung, hohe Konzentration im Abfallwasser, Phototransformation in toxische, teratogene Produkte → aufwändige seltene Photolyse und Adsorption in der Kläranlage
Paracetamol	95 % renal abgebaut, 5 % unverändert ausgeschieden, (neuro)toxisch und endokrinologisch wirksam auf fast alle Species (Bakterien, Algen, Makrophyten, Krebstiere, Säugetiere, Fische), schneller Spontanabbau in Umgebung (15 d) Pseudopersistenz durch hohen Eintrag
Sugammadex	Renal unverändert ausgeschieden, bindet besonders Östrogen und Progesteron, derzeit kein Studien zur Persistenz und Toxizität in Abwässern und Böden
Lidocain	90% hepatisch metabolisiert (MEGX, Xylidine), alles renal ausgeschieden, nur teilweise abgebaut in Kläranlagen (Ozonifizierung, Adsorbtion), wird in Oberflächengewässern gefunden, wahrscheinlich Spontanabbau in unklarer Zeit, bisher nicht im Grundwasser

Antibiotika – Weltweiter Konsum



Global increase and geographic convergence in antibiotic consumption between 2000 and 2015

Eili Y. Klein^{a,b,c,1}, Thomas P. Van Boeckel^d, Elena M. Martinez^a, Suraj Pant^a, Sumanth Gandra^a, Simon A. Levin^{e,f,g,1}, Herman Goossens^h, and Ramanan Laxminarayan^{a,f,i}

PNAS | vol. 115 | no. 15 | E3463–E3470

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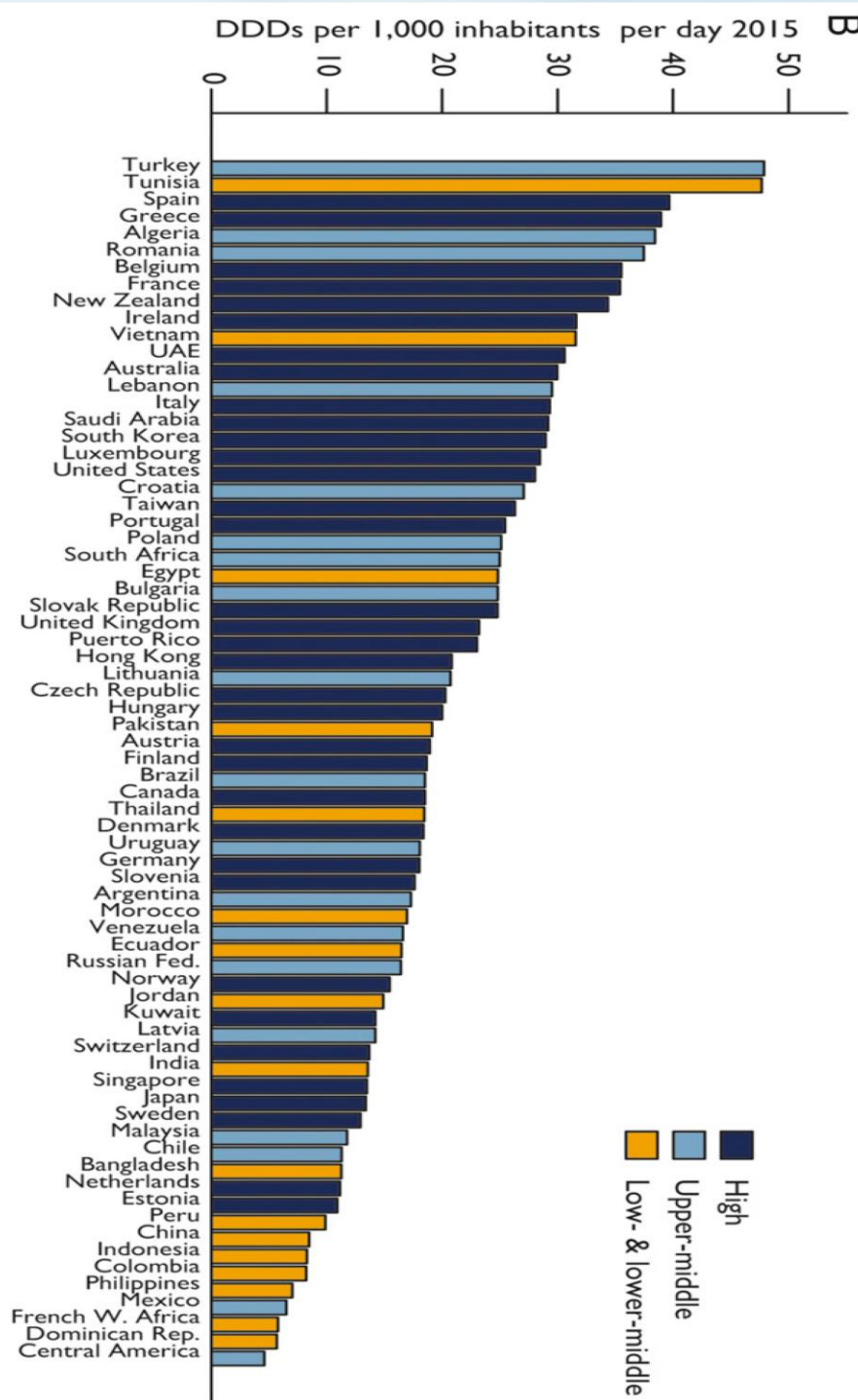
PNAI

PLATTFORM NACHHALTIGKEIT IN
ANÄSTHESIOLOGIE UND INTENSIVMEDIZIN

Global increase and antibiotic consumption



Eili Y. Klein^{a,b,c,1}, Thomas P. Van Boeck
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E3463–E3470

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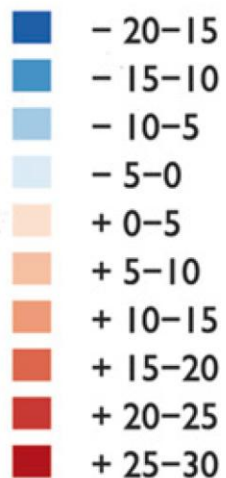
für Anästhesiologie, Reanimation und Intensivmedizin

Antibiotika – Weltweiter Konsum



A

**Change in DDDs per
1000 inhabitants per
day (2000–2015)**

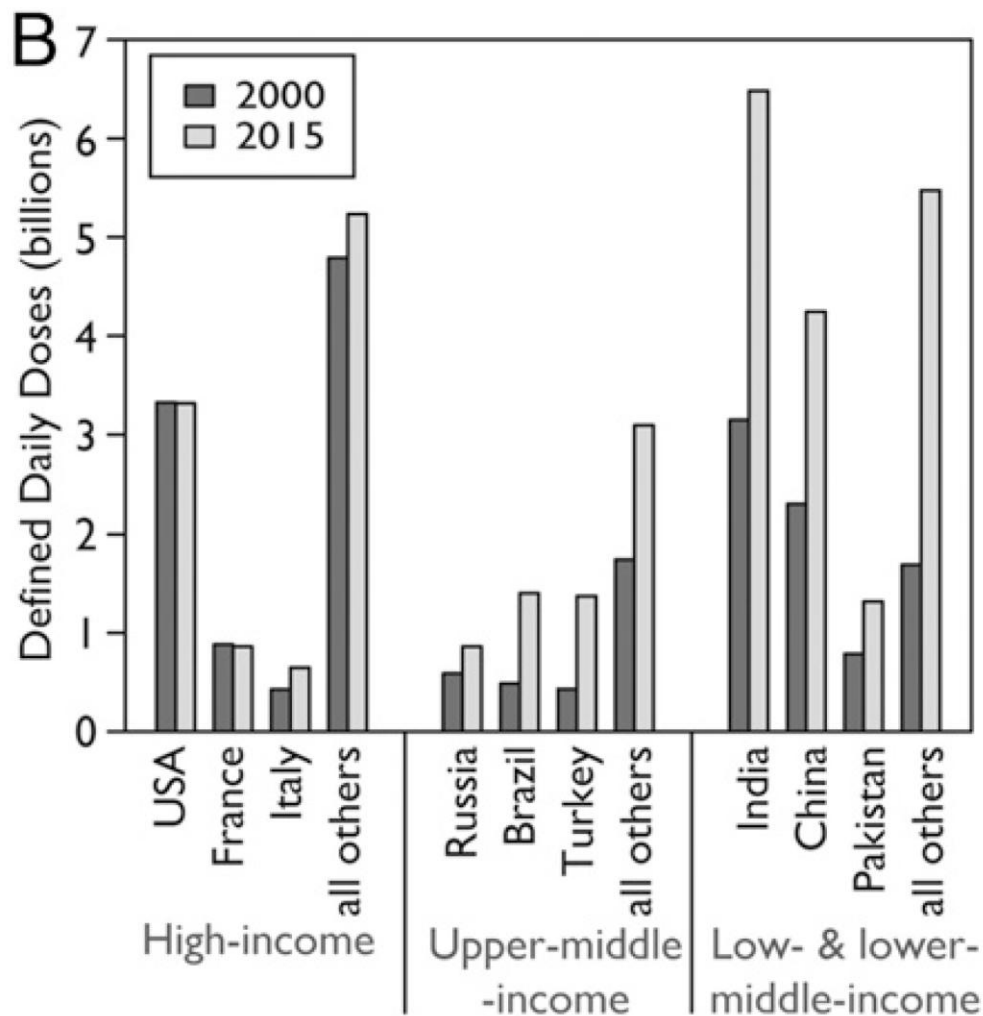
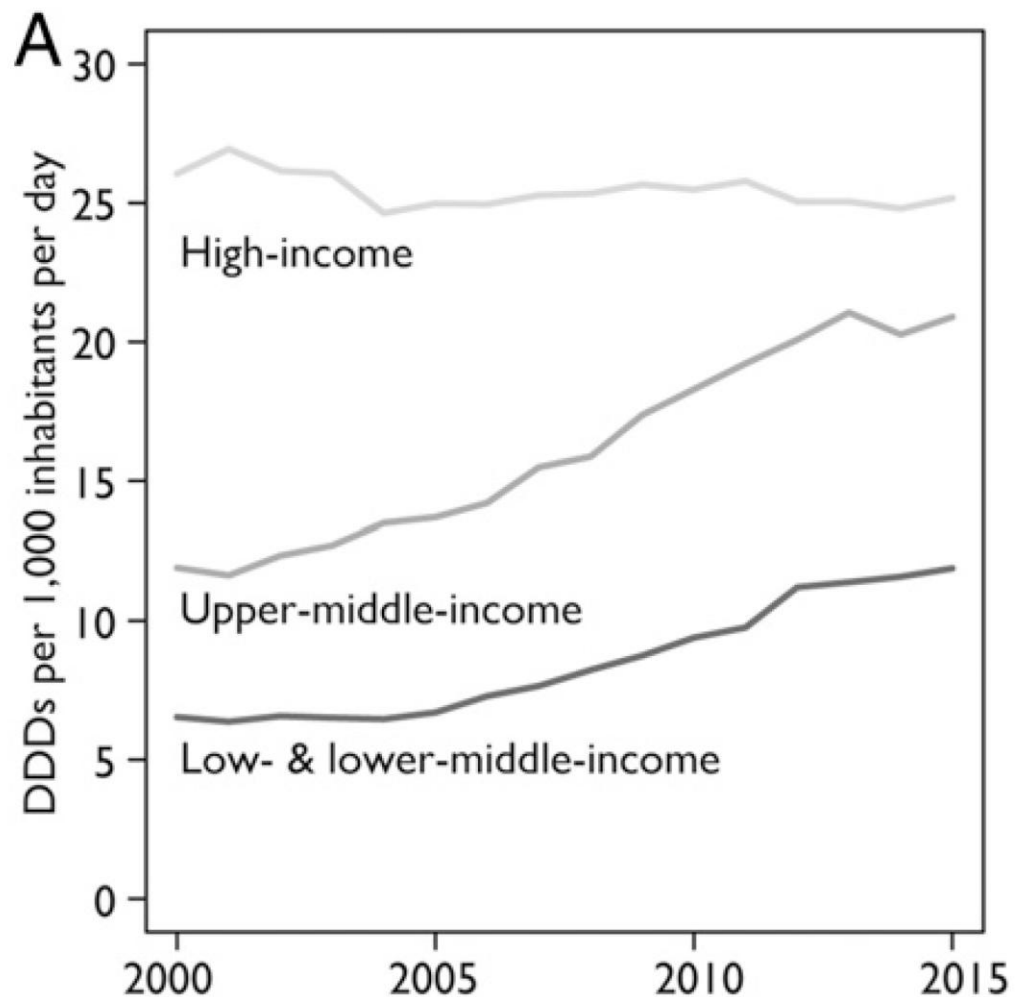


Antibiotika – Weltweiter Konsum



Global
antib

Eili Y. Klein
Herman Go

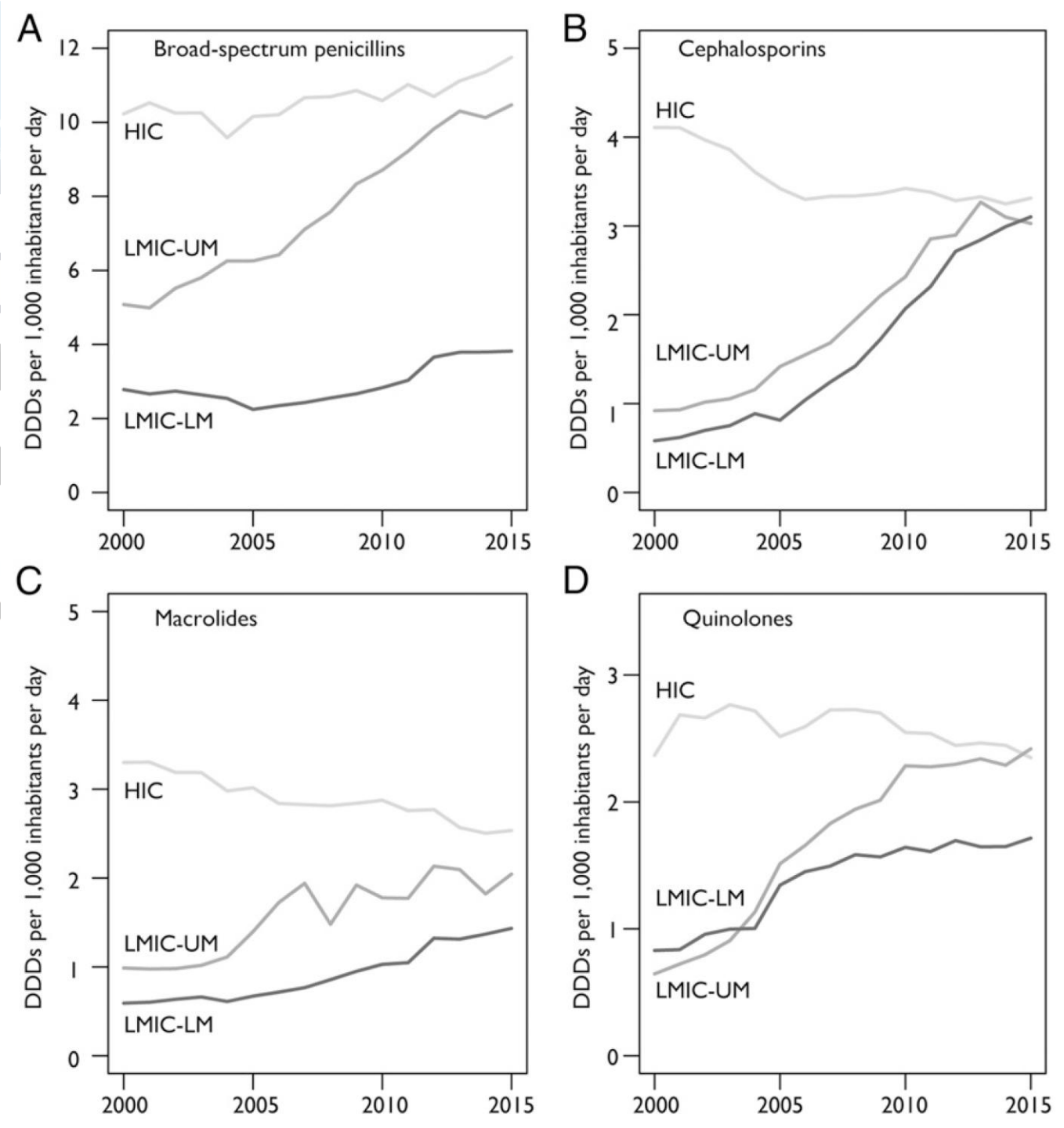


Levin^{e,f,g,1},
—E3470



Global incidence of antibiotic resistance in 2015

Eili Y. Klein^{a,b,c,1}, Thomas J. Harrison^a, Herman Goossens^h, and



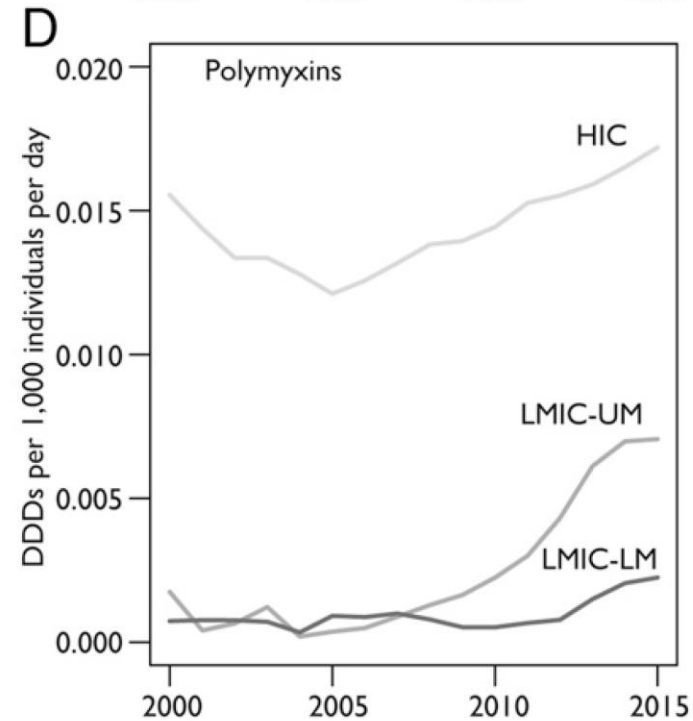
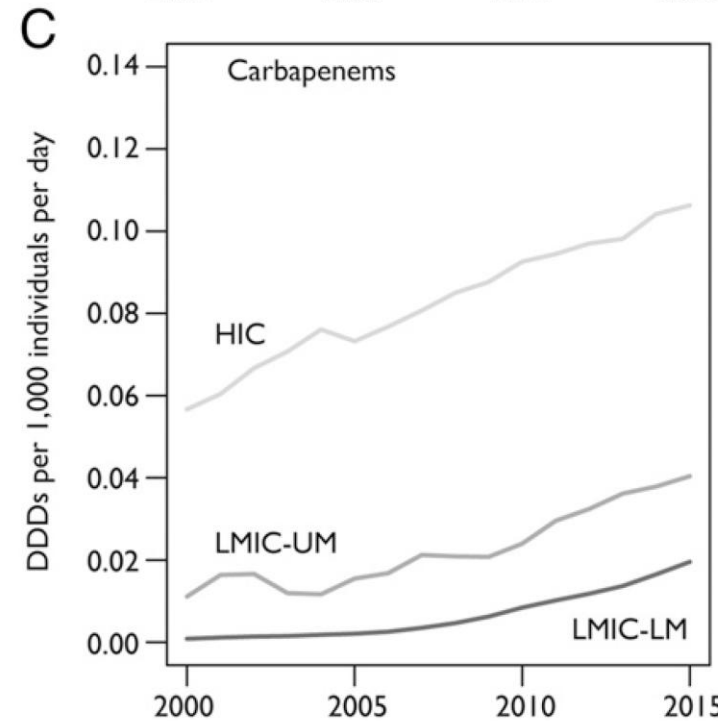
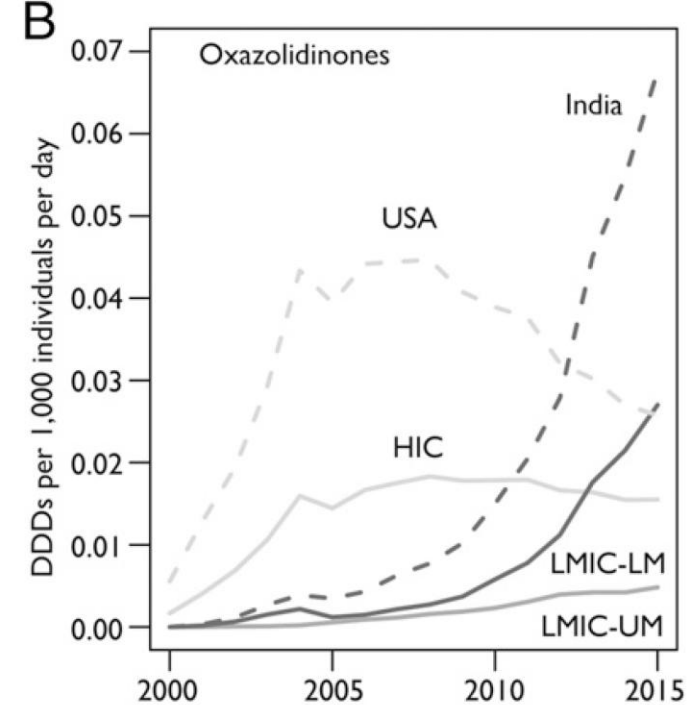
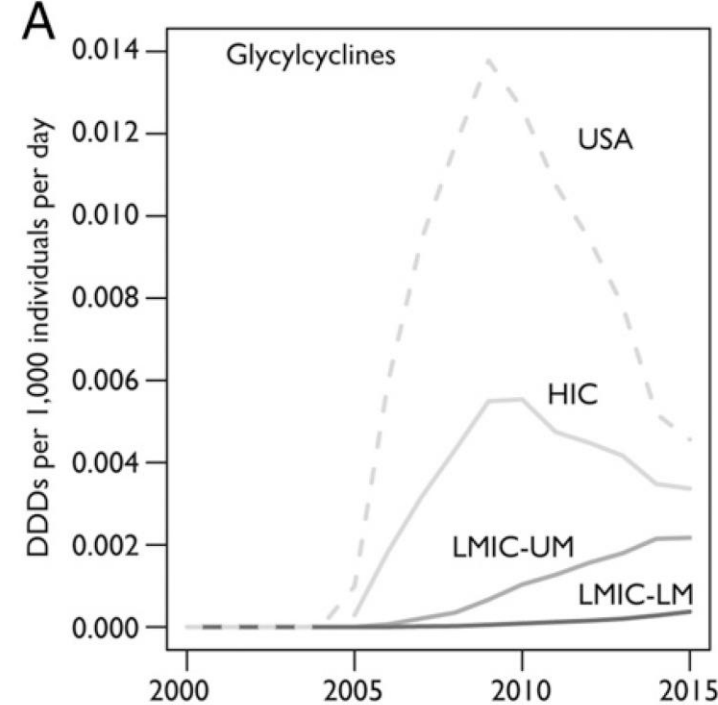
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ndra^a, Simon A. Levin^{e,f,g,1},
15 | E3463–E3470



Global incidence of antibiotic resistance in 2015

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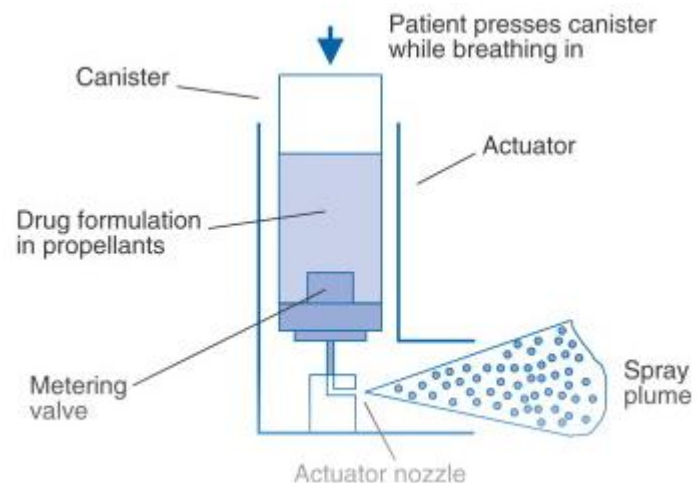


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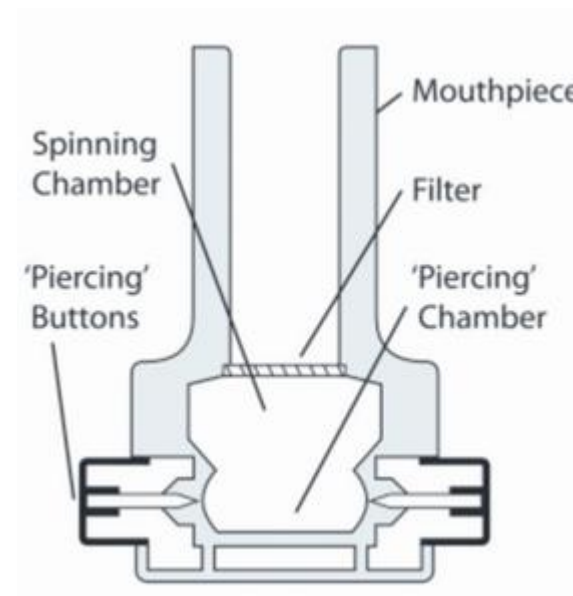
Ira^a, Simon A. Levin^{e,f,g,1},
5 | E3463–E3470

Inhalatoren – unerlässliche Therapie

pressurised metered-dose inhaler
unter Druck befindlich Dosieraerosole
Enthalten FCKWs



Dry powder inhaler
Trockenaerosole



Inhalatoren – unerlässliche Therapie

pressurised metered-dose inhaler
unter Druck befindlich Dosieraerosole
Enthalten FCKWs



Dry powder inhaler
Trockenaerosole



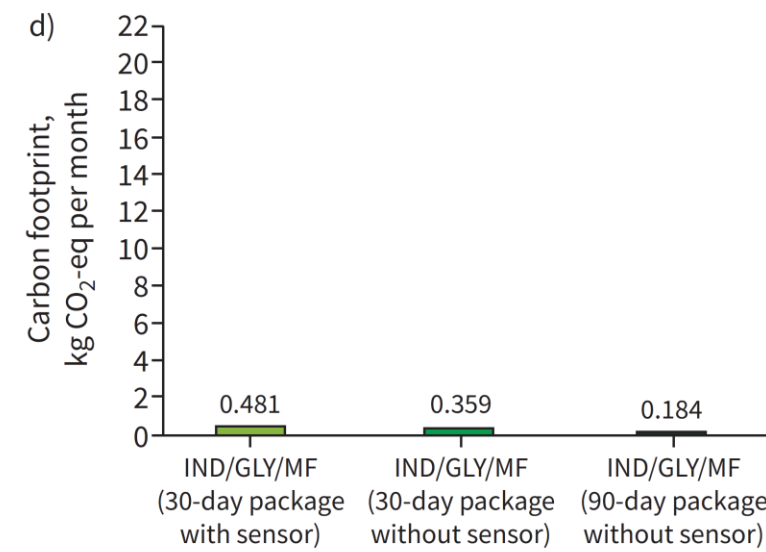
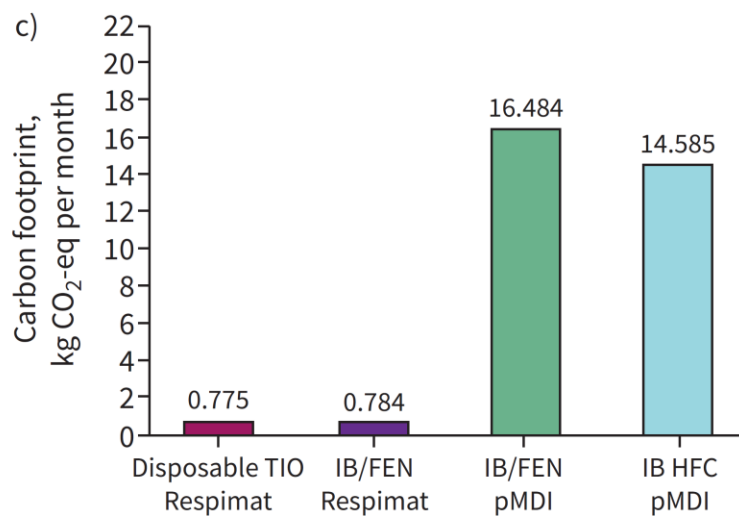
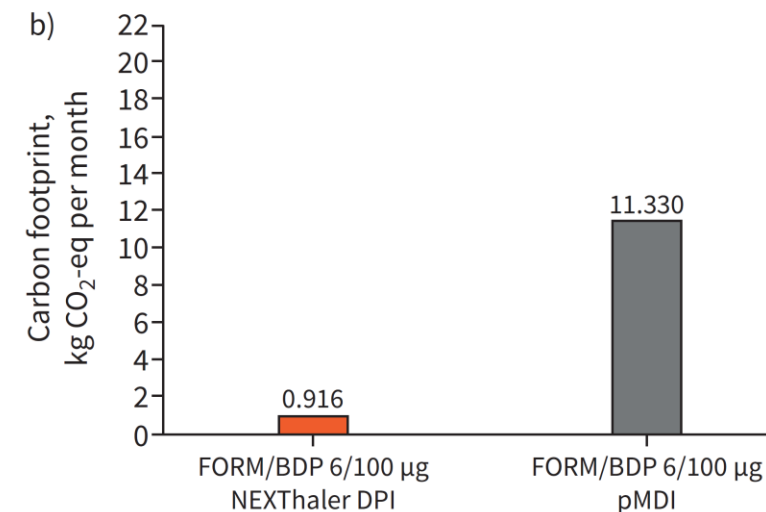
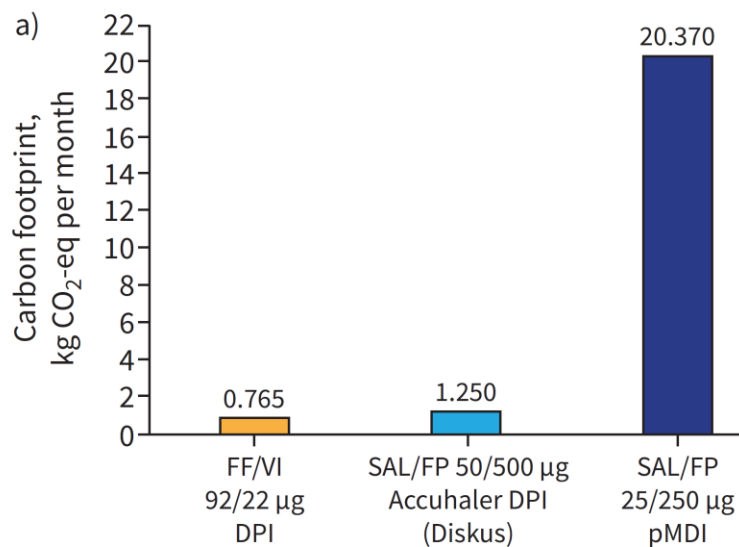
Inhalatoren – unbekannte Umweltrisiken



The environmental impact of inhaled therapy: making informed treatment choices

Ashley Woodcock^{1,2}, Kai M. Beeh³, Hironori Sagara⁴, Simon Aumônier⁵, Emmanuel Addo-Yobo⁶, Javaid Khan⁷, Jørgen Vestbo^{1,2} and Helen Tope⁸

Eur Respir J 2022; 60: 2102106



Inhalatoren – unbekannte Umweltrisiken



Vestbo 2023, Eur Resp J
Pritchard 2020, Drug
Design, Development and
Therapy
wikipedia

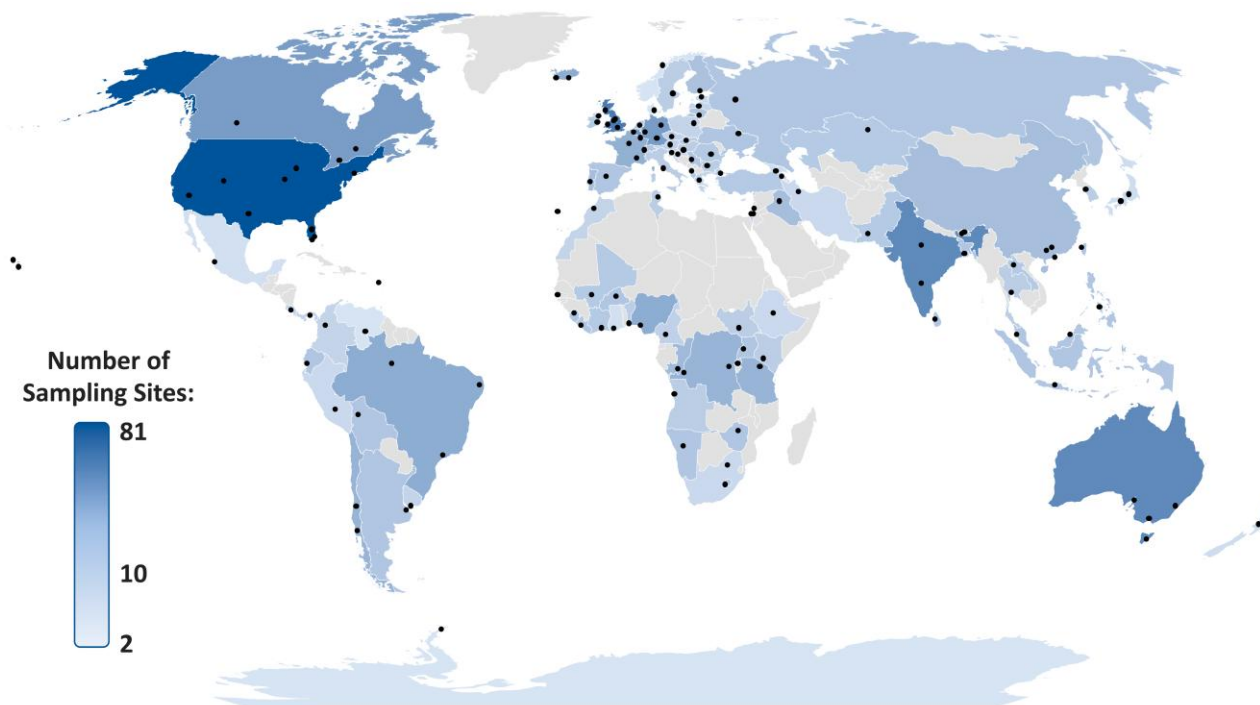
pMDI-Inhalatoren	Formel	Überleben Atmosphäre	Ozoneple- tierende Wirkung	GWP 1	GWP20
FCKW134a	$\text{CF}_3\text{-CFH}_2$	45 Jahre	0	1.300	4.140
FCKW227a	$\text{CF}_3\text{-CFH-CF}_3$	37 Jahre	0	3.350	5.850
CFC11	CFCl_3	50-60 Jahre	1	4.660	8.321
CFC12	CFCl_2	110 Jahre	1	10.800	10.800

TABLE 1 Average annual reduced global warming (by replacing different market shares of pressurised metered dose inhalers (pMDIs) with dry powder inhalers (dMDIs)) seen over a 20-year warming period compared to the warming caused by using diesel and electricity, as well as production of jeans

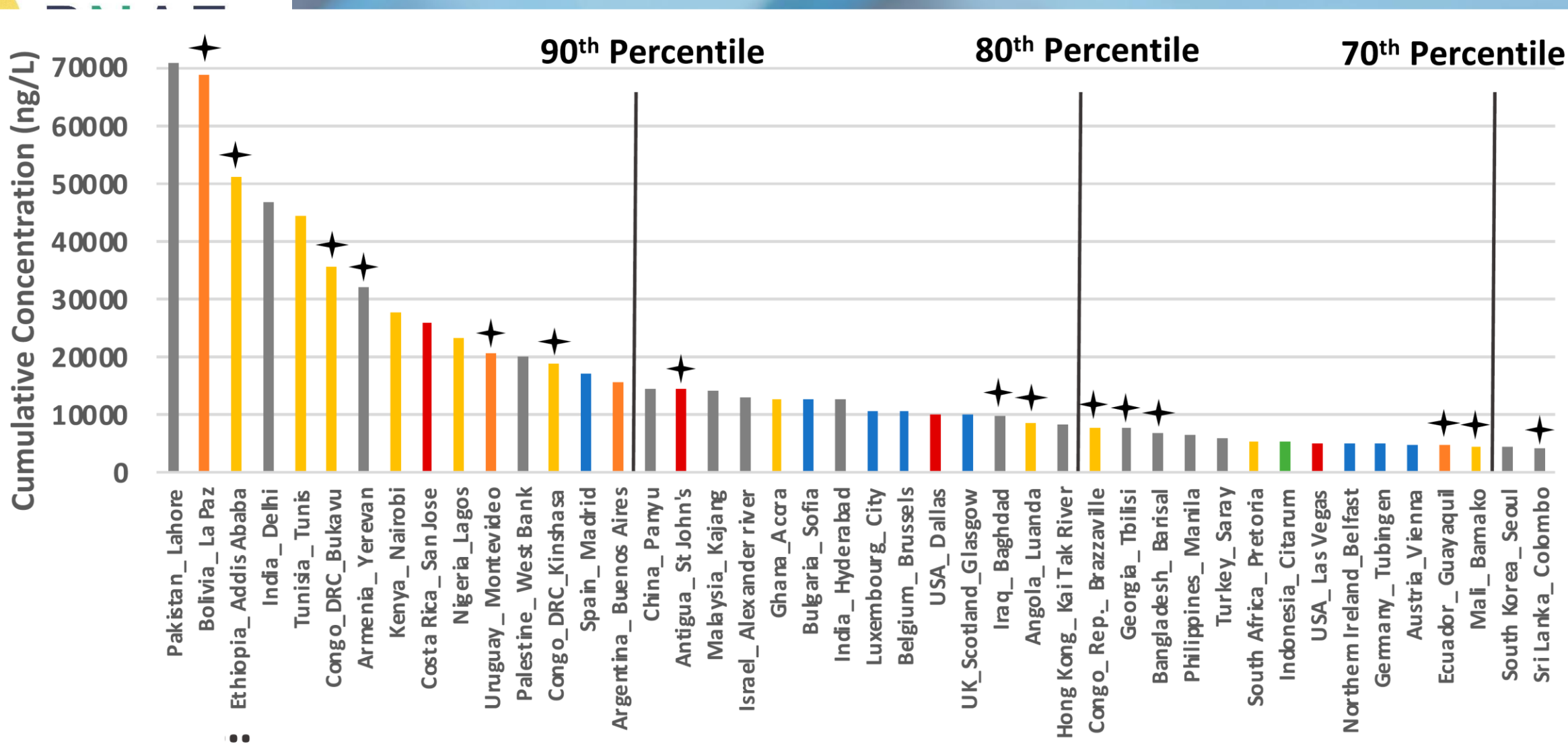
	Market share moved from pMDIs to dMDIs		
	5%	10%	15%
Fossil CO ₂ equivalents saved per year (tonnes)	7787	15 520	23 307
CO ₂ equivalent benefits converted to diesel (L)	2 894 800	5 789 600	8 684 400
CO ₂ equivalent benefits converted to electricity in detached family houses (number of houses)	8510	17 020	25 530
CO ₂ equivalent benefits in number of pairs of jeans	236 000	472 000	708 000

Pharmaceutical pollution of the world's rivers

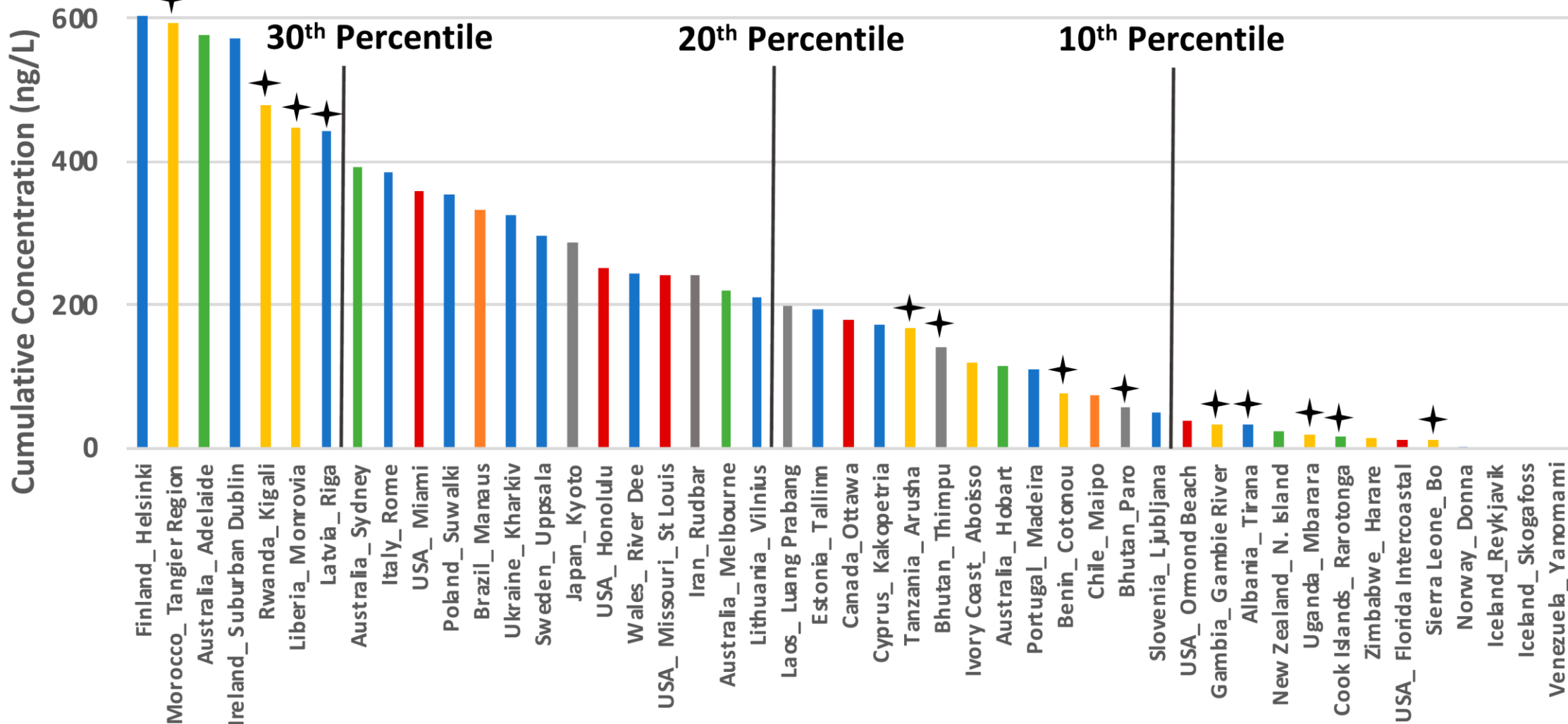
PNAS 2022 Vol. 119 No. 8 e2113947119



Wasserbelastung weltweit

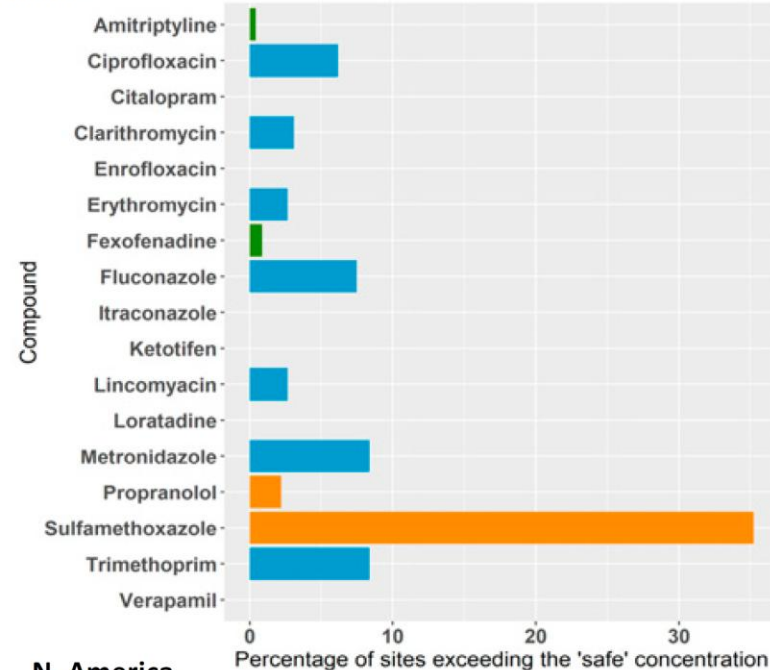


Wasserbelastung weltweit

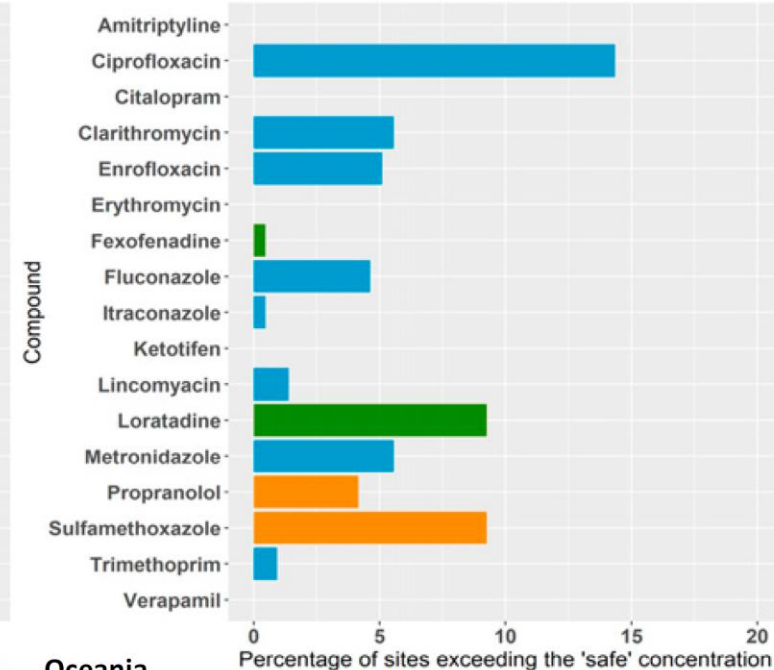




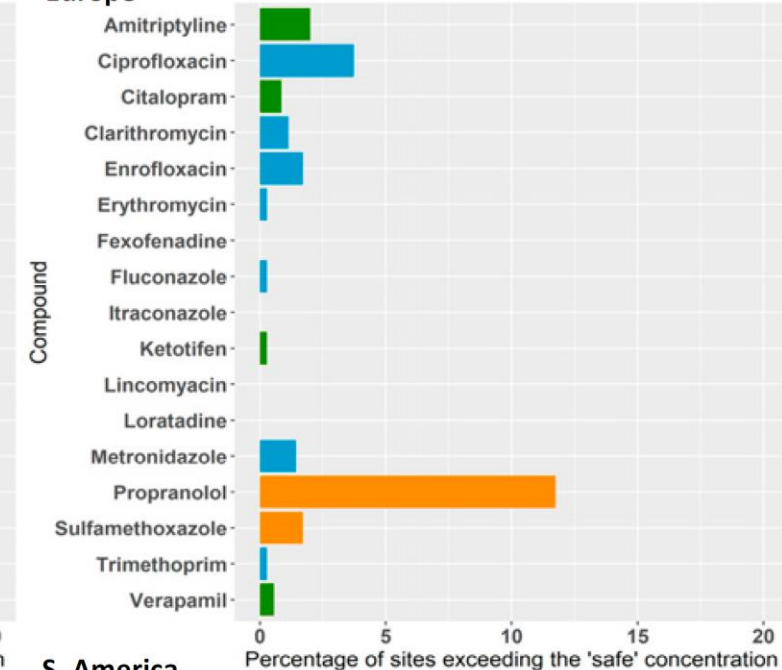
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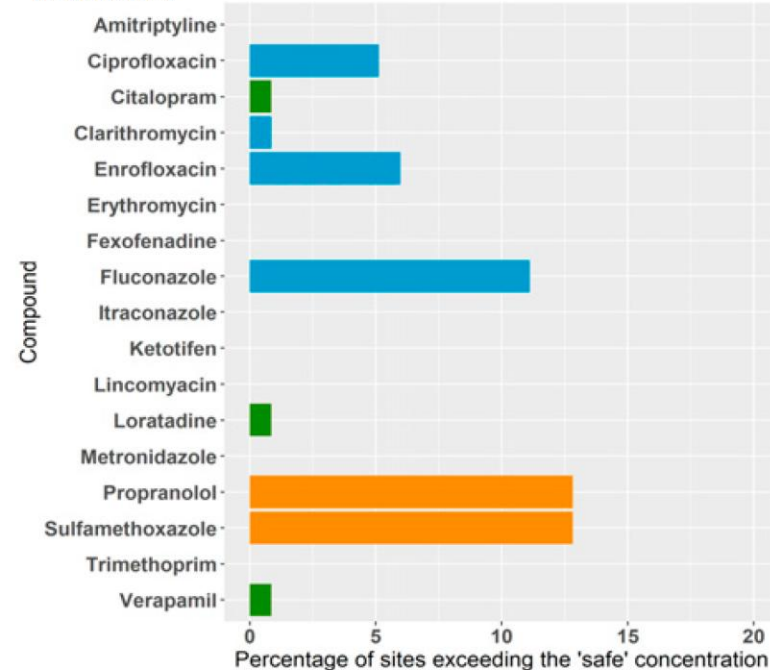
Asia



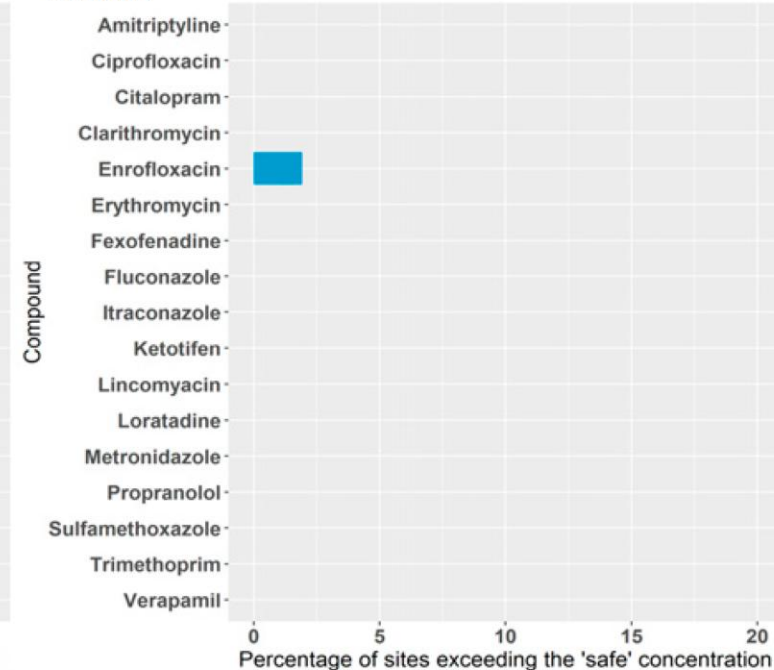
Europe



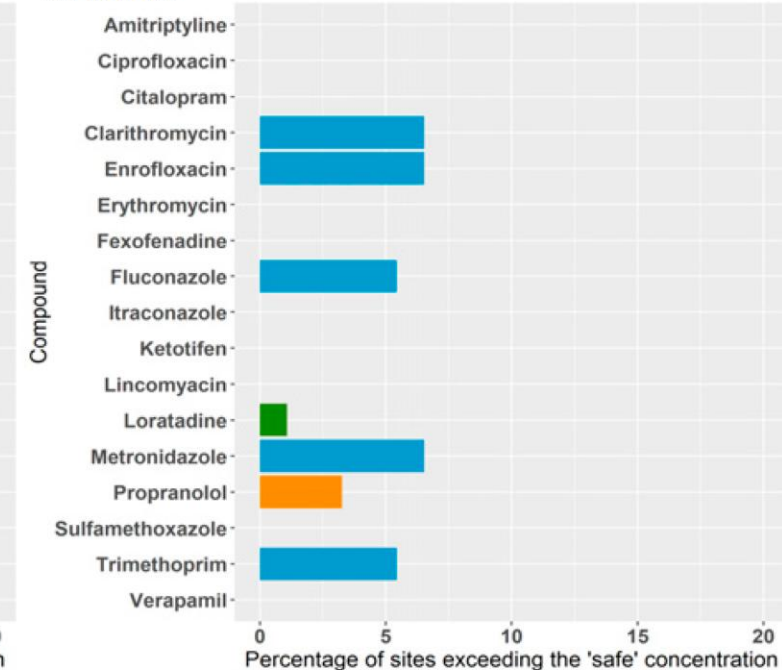
N. America



Oceania



S. America



Endpoint Apical Resistance CEC



PHARMACEUTICALS IN THE ENVIRONMENT—GLOBAL OCCURRENCES AND PERSPECTIVES

TIM AUS DER BEEK,^{*,†} FRANK-ANDREAS WEBER,[†] AXEL BERGMANN,[†] SILKE HICKMANN,[‡] INA EBERT,[‡] ARNE HEIN,[‡]
and ANETTE KÜSTER[‡]

[†]IWW Water Centre, Department of Water Resources Management, Mülheim an der Ruhr, Germany

[‡]Section IV 2.2 Pharmaceuticals, Washing and Cleaning Agents, Umweltbundesamt (German Federal Environment Agency), Dessau, Germany

(Submitted 27 February 2015; Returned for Revision 3 July 2015; Accepted 11 December 2015)

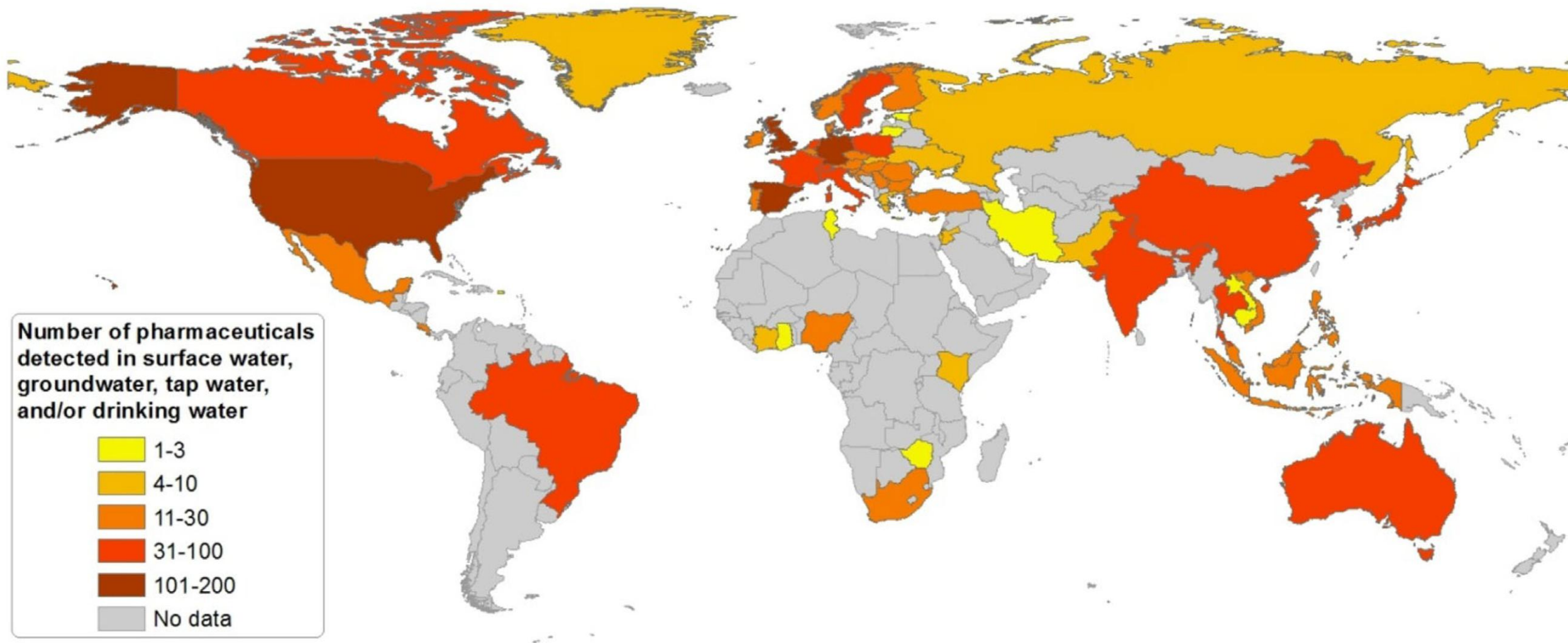


Figure 3. Country survey on the number of pharmaceutical substances detected in surface waters, groundwater, or tap/drinking water.

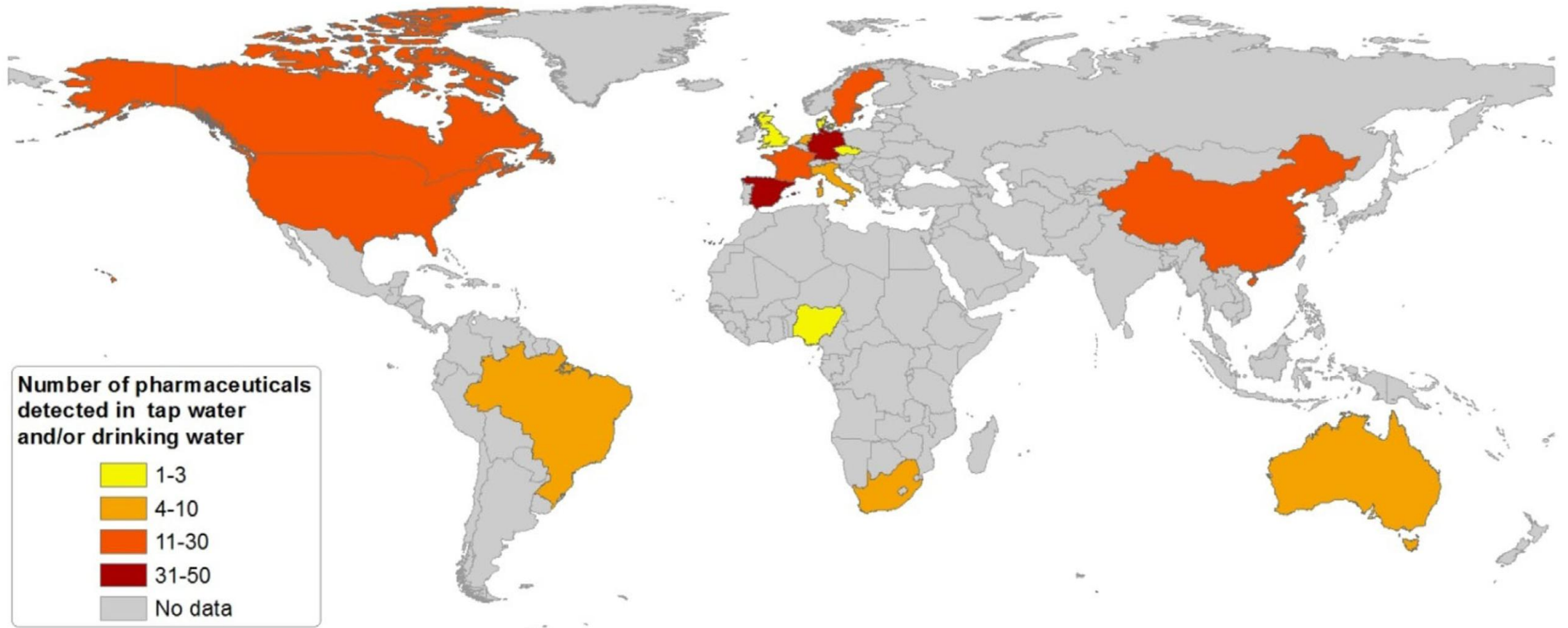
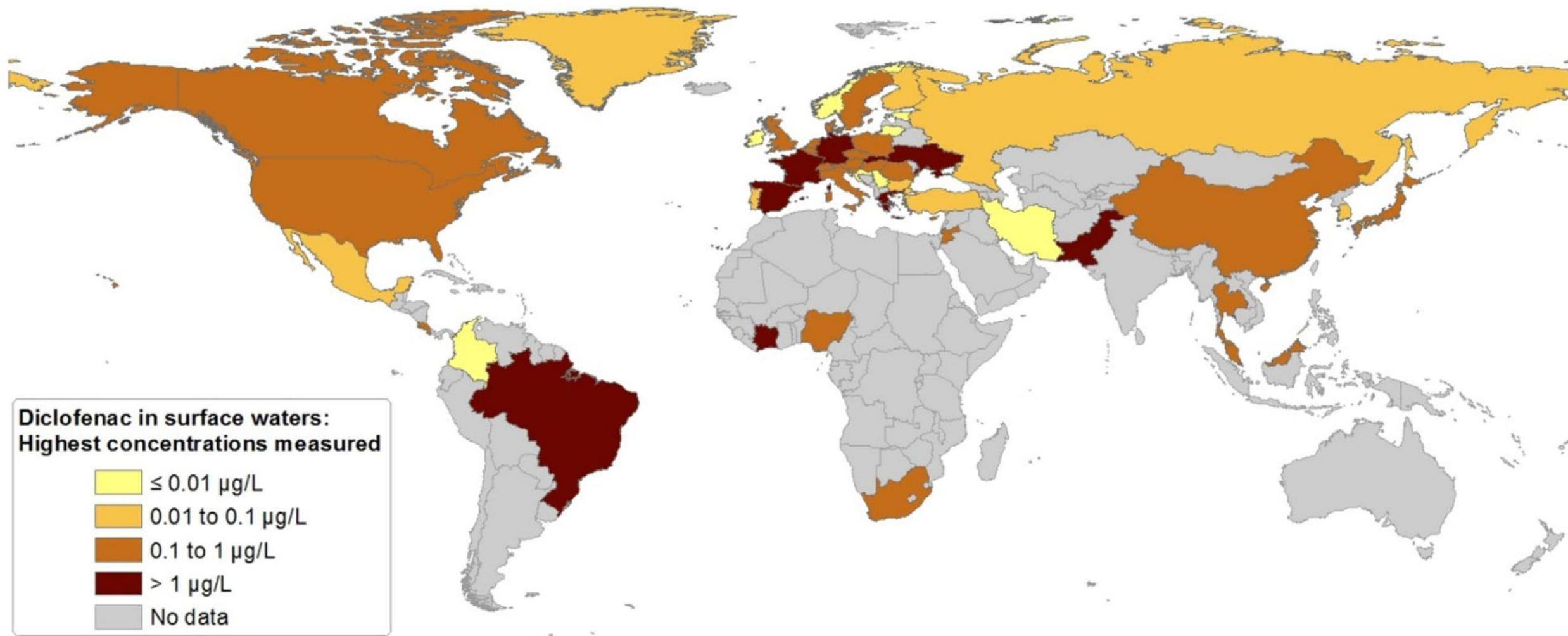


Figure 4. Country survey on the number of pharmaceutical substances detected in tap water and/or drinking water.
Figure 5. Country survey on the number of pharmaceutical substances detected in surface waters, groundwater, or tap/drinking water.



re 6. Maximum diclofenac concentrations reported in surface waters in each country.

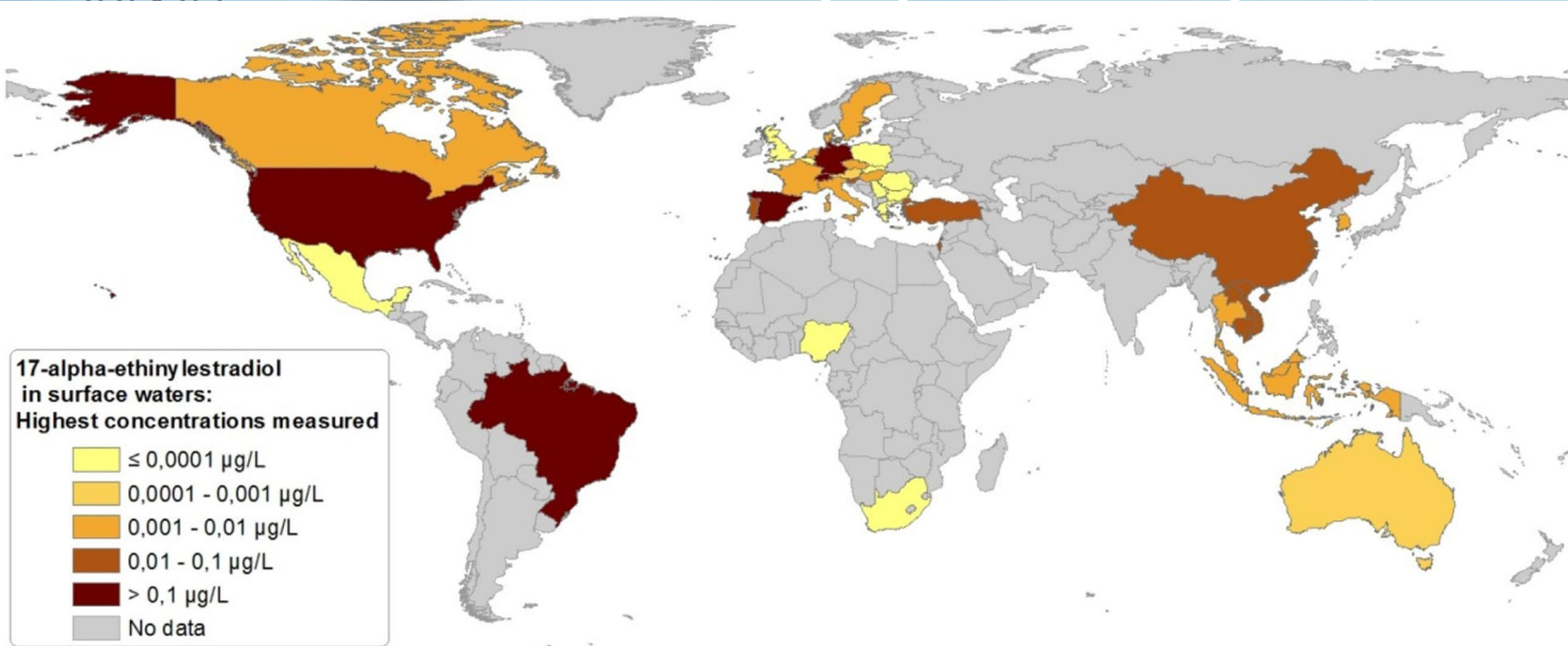
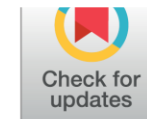


Figure 7. Maximum 17 α -ethinylestradiol concentrations measured in surface waters in each country.

Is water quality in British rivers “better than at any time since the end of the Industrial Revolution”?



M.J. Whelan^{a,*}, C. Linstead^b, F. Worrall^c, S.J. Ormerod^d, I. Durance^d, A.C. Johnson^e, D. Johnson^f, M. Owen^g, E. Wiik^h, N.J.K. Howdenⁱ, T.P. Burt^c, A. Boxall^j, C.D. Brown^j, D.M. Oliver^k, D. Tickner^b

[Science of the Total Environment 843 \(2022\) 157014](#)

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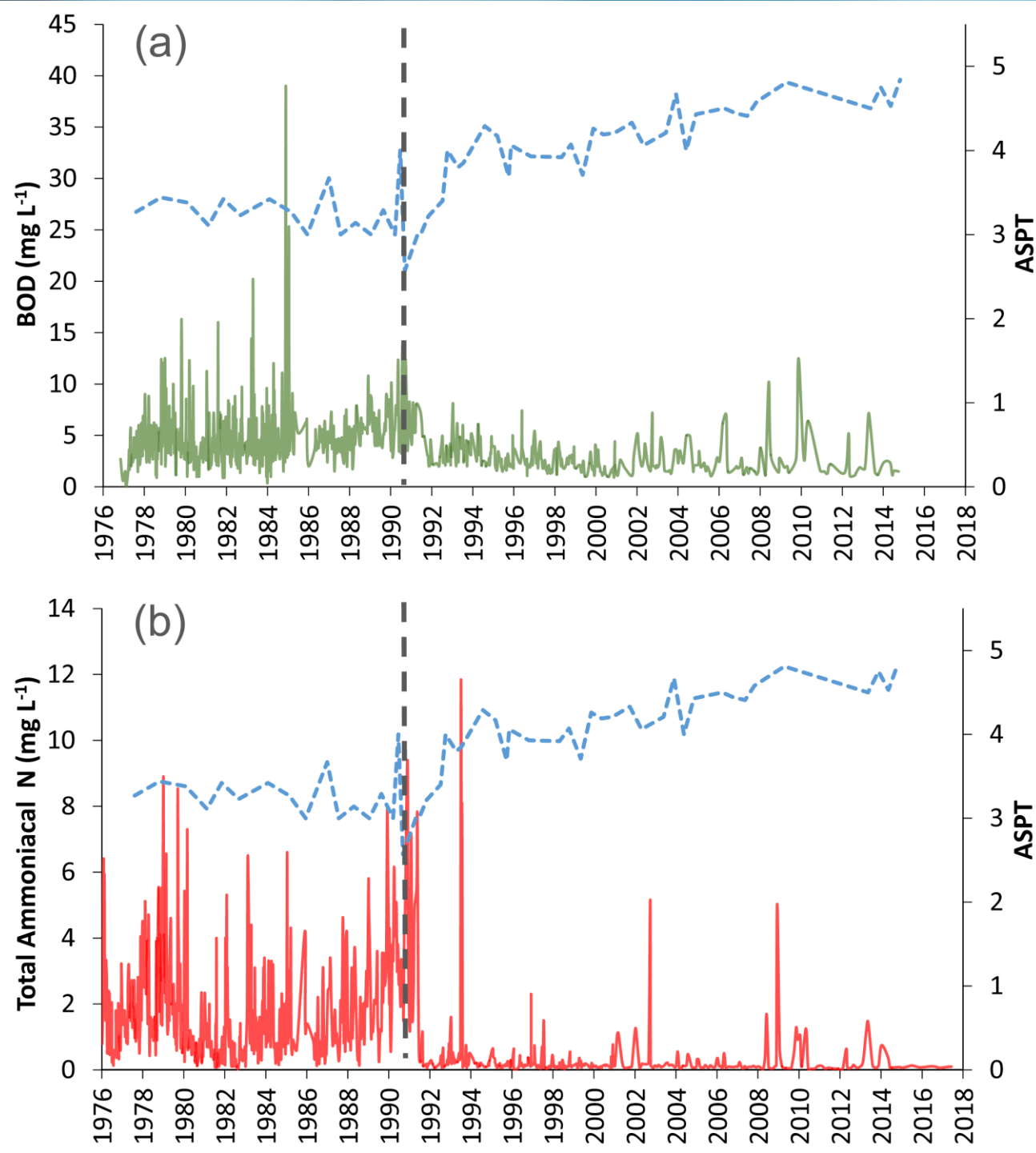
Science of the Total Environment

1991: Implementation
UWWTD: Urban
Waste Water
Treatment Directive



Is water quality in British Rivers “better than in the 19th Century Industrial Revolution”?

M.J. Whelan^{a,*}, C. Linstead^b,
E. Wiik^h, N.J.K. Howdenⁱ, T.F.



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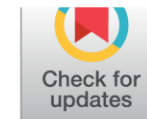
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. Johnson^f, M. Owen^g,

1991: Implementation
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Waste Water
Treatment Directive

Is water quality in British rivers “better than at any time since the end of the Industrial Revolution”?



M.J. Whelan^{a,*}, C. Linstead^b, F. Worrall^c, S.J. Ormerod^d, I. Durance^d, A.C. Johnson^e, D. Johnson^f, M. Owen^g, E. Wiik^h, N.J.K. Howdenⁱ, T.P. Burt^c, A. Boxall^j, C.D. Brown^j, D.M. Oliver^k, D. Tickner^b

[Science of the Total Environment 843 \(2022\) 157014](#)

Contents lists available at [ScienceDirect](#)

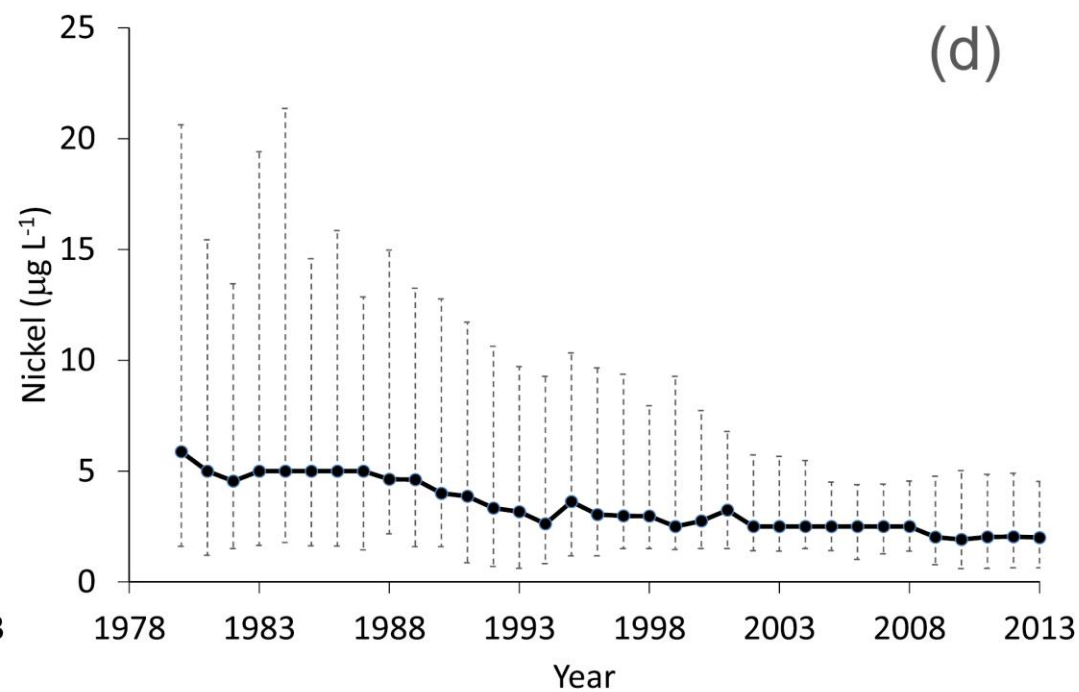
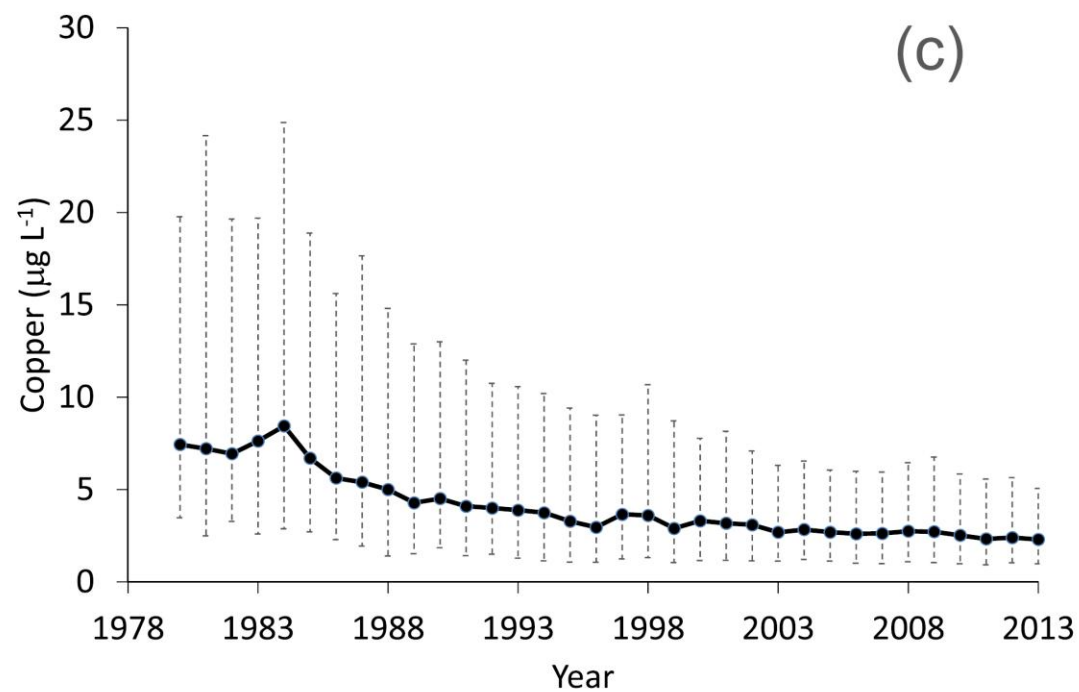
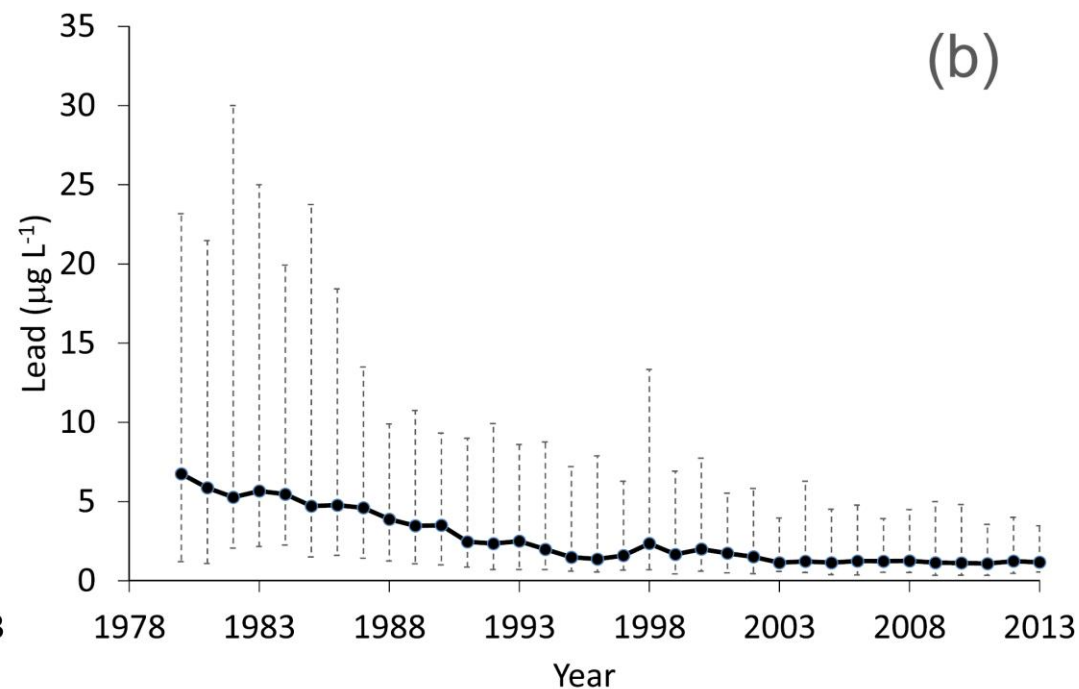
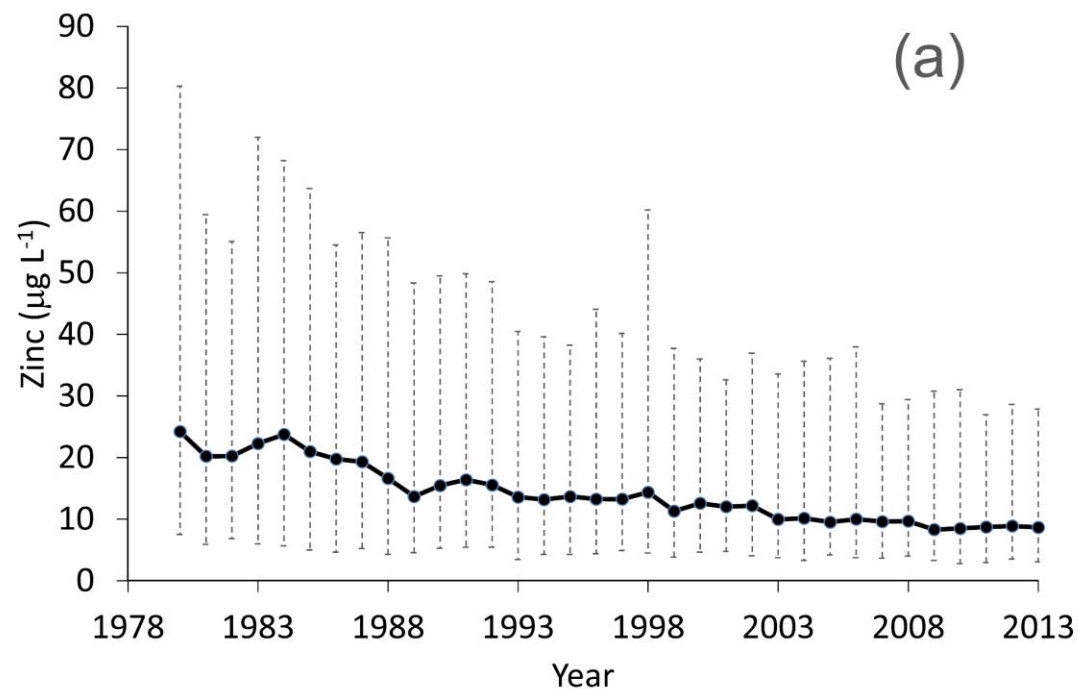
Science of the Total Environment

1991: Implementation
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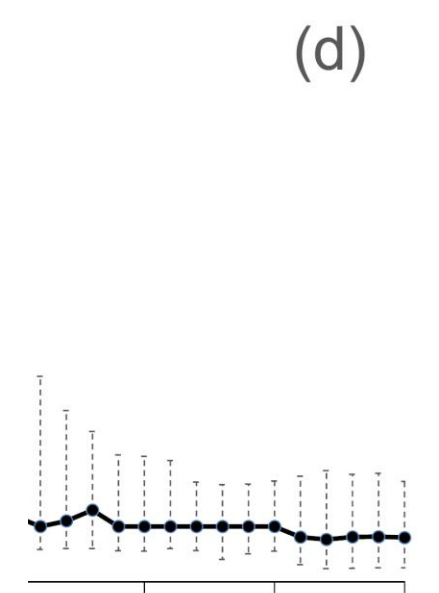
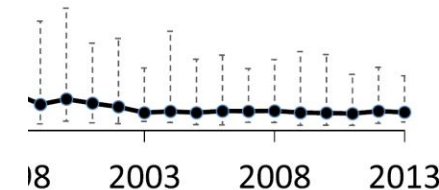
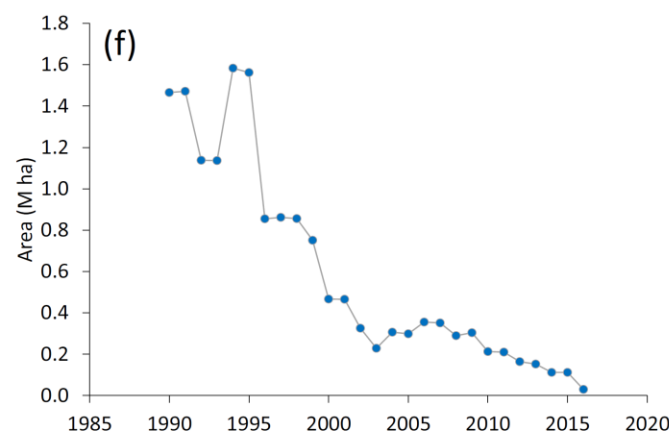
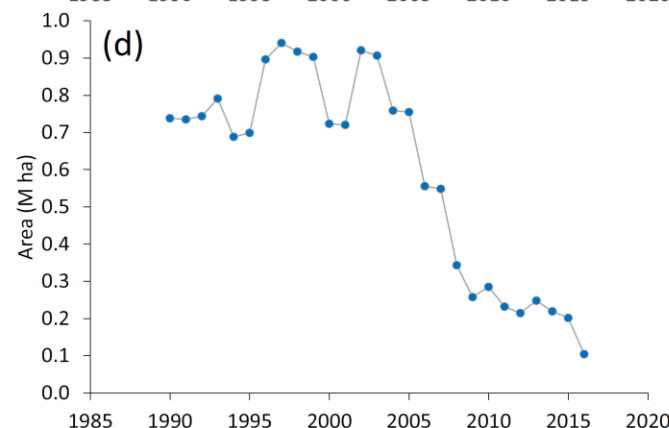
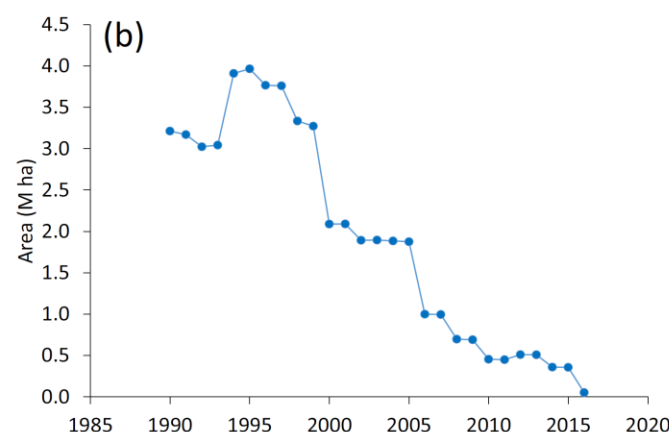
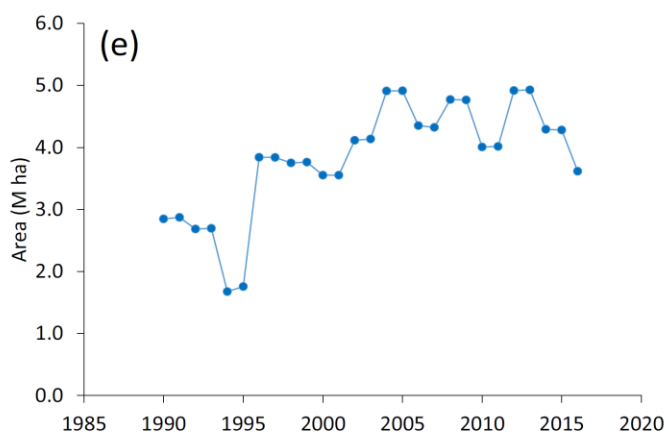
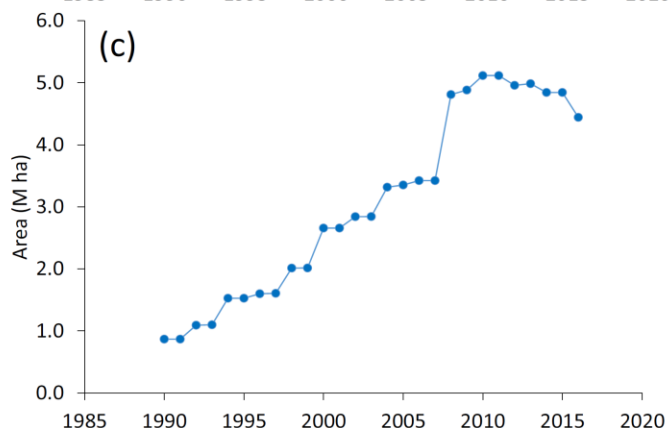
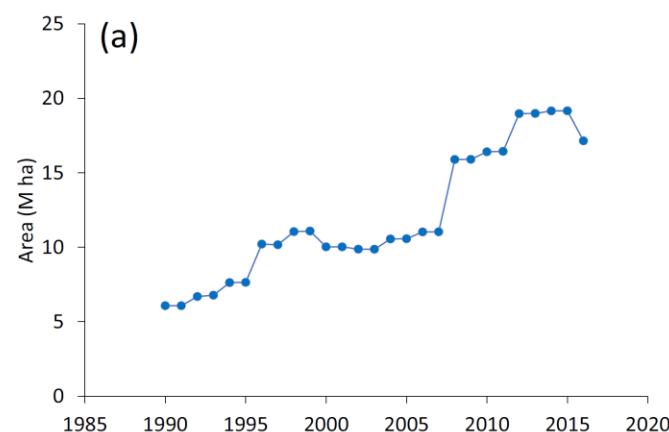
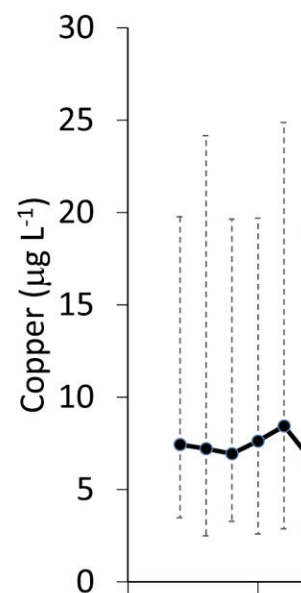
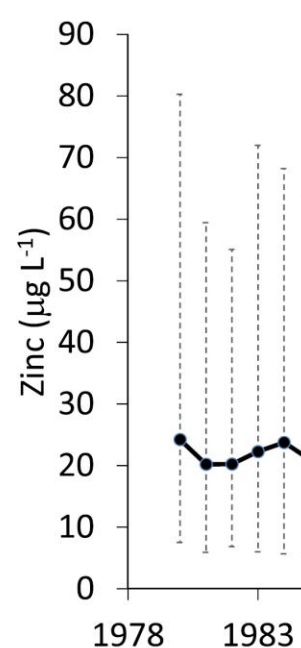
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7. Treated area (million hectares) in Great Britain from 1990 to 2009 and for the United Kingdom from 2010 onwards for six example pesticide classes: (a) triazole insecticides; (b) benzimidazole fungicides; (c) sulfonylurea herbicides; (d) triazine herbicides; (e) pyrethroid insecticides; (f) OP insecticides. Data from the Pesticide Usage

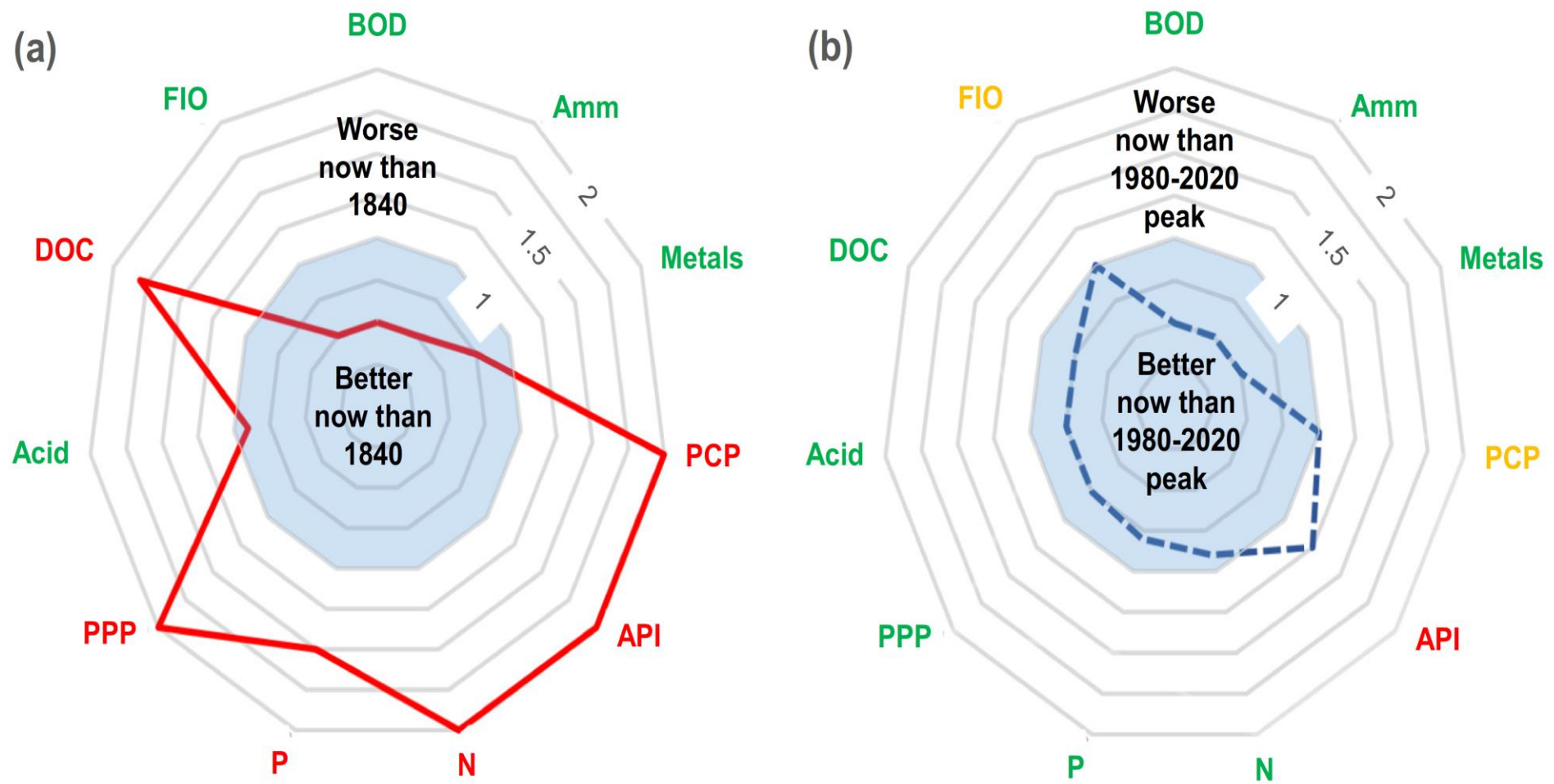
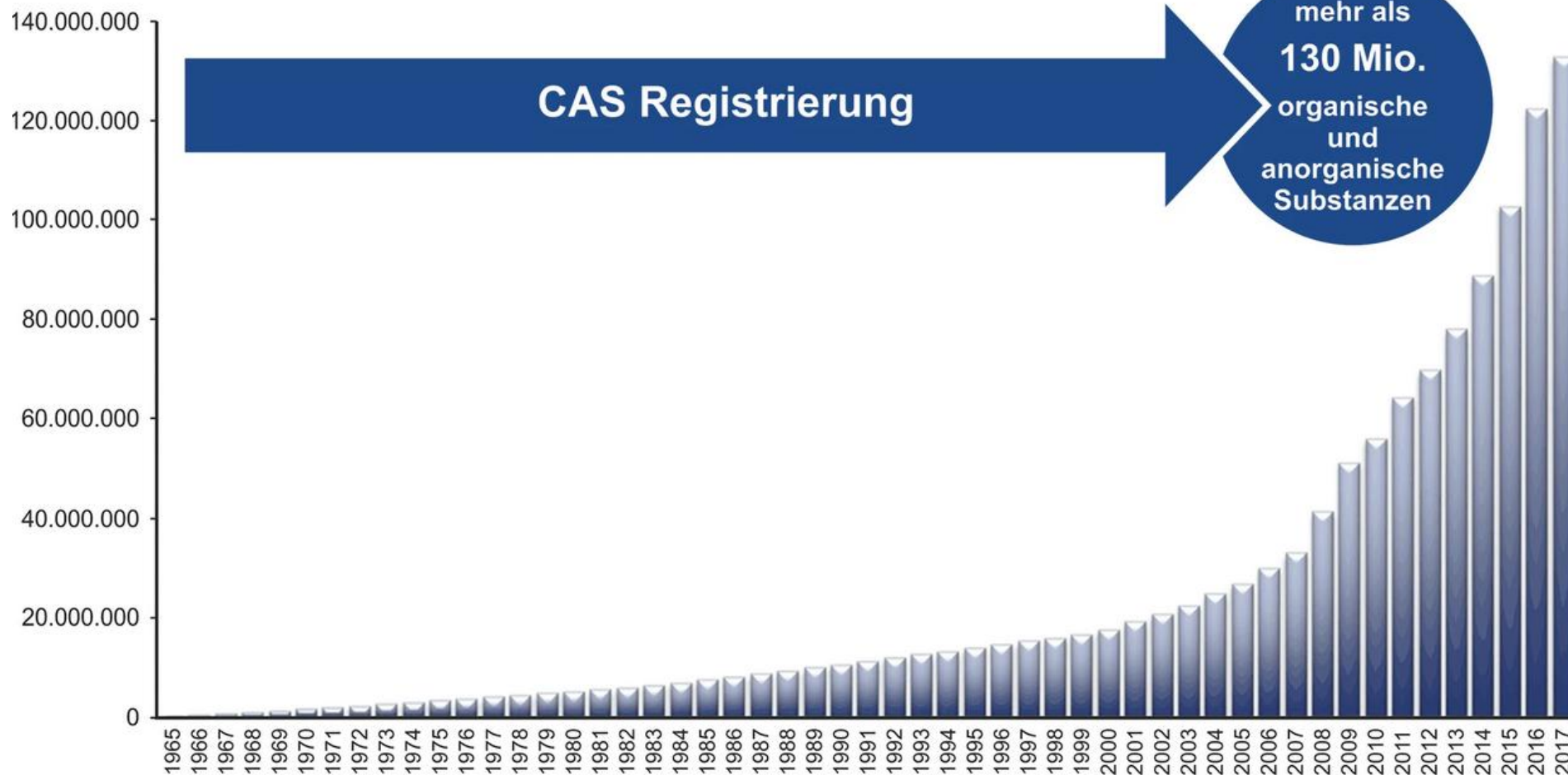


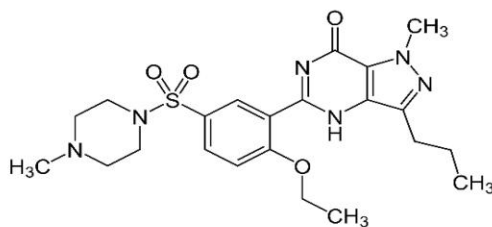
Fig. 11. A schematic illustration of whether, based on the available evidence, current concentrations of the pollution categories considered in this review are higher (worse — red text), lower (better — green text) or about the same (amber text) compared with two benchmarks: (a) any time since 1840 (nominally the end of the Industrial Revolution — red solid line) and (b) the highest levels indicated by recent monitoring (dashed blue line). The solid blue area indicates the benchmark of ≤ 1 (either the estimated maximum industrial revolution levels or maximum annual average data derived from recent monitoring). Vertices lying within the blue area indicate improved water quality compared to the benchmark (values <1), whilst those outside indicate poorer water quality (values >1). PCP is personal care products; API is active pharmaceutical ingredients; PPP is plant protection products; FIO is faecal indicator organisms; DOC is dissolved organic carbon; Amm is ammonia; BOD is biochemical oxygen demand; Acid is catchment acidification.

Immer neue Chemikalien



CEC – contaminants of emerging concerns

(© Prof. Kreuzinger, TU Wien)



Organische Spurenstoffe



Antibiotika Resistenz



Microplastik



eNP – Engineered Nanoparticles

• CEC – “Contaminants of emerging concern”

- Chemikalien und andere “Substanzen”, für die es keine regulatorischen Standards gibt und die nicht in einem Routinemonitoring enthalten sind.
- In der aquatischen Umwelt “entdeckt” (meist auch als Folge verbesserter chemischer Analytik)
- Können in den analysierten Umweltkonzentrationen negative / ungewollte Effekte für Wasserlebewesen (und Menschen) haben
- CECs sind nicht notwendiger Weise “neue” Substanzen, ihr Auftreten sowie ihre potentiellen Auswirkungen werden jedoch erst “jüngst” untersucht.

CEC – contaminants of emerging concerns

(© Prof. Kreuzinger, TU Wien)



- **Organische Spurenstoffe im $< \mu\text{l}$ Bereich**

- **Industriechemikalien**

Lösungsmittel; Additive zu Kunststoffen; Reinigungsmittel; Flammenschutzmittel; Korrosionsinhibitoren; Tenside; Konservierungsmittel, ...

- **Konsumenten und Gesellschaft**

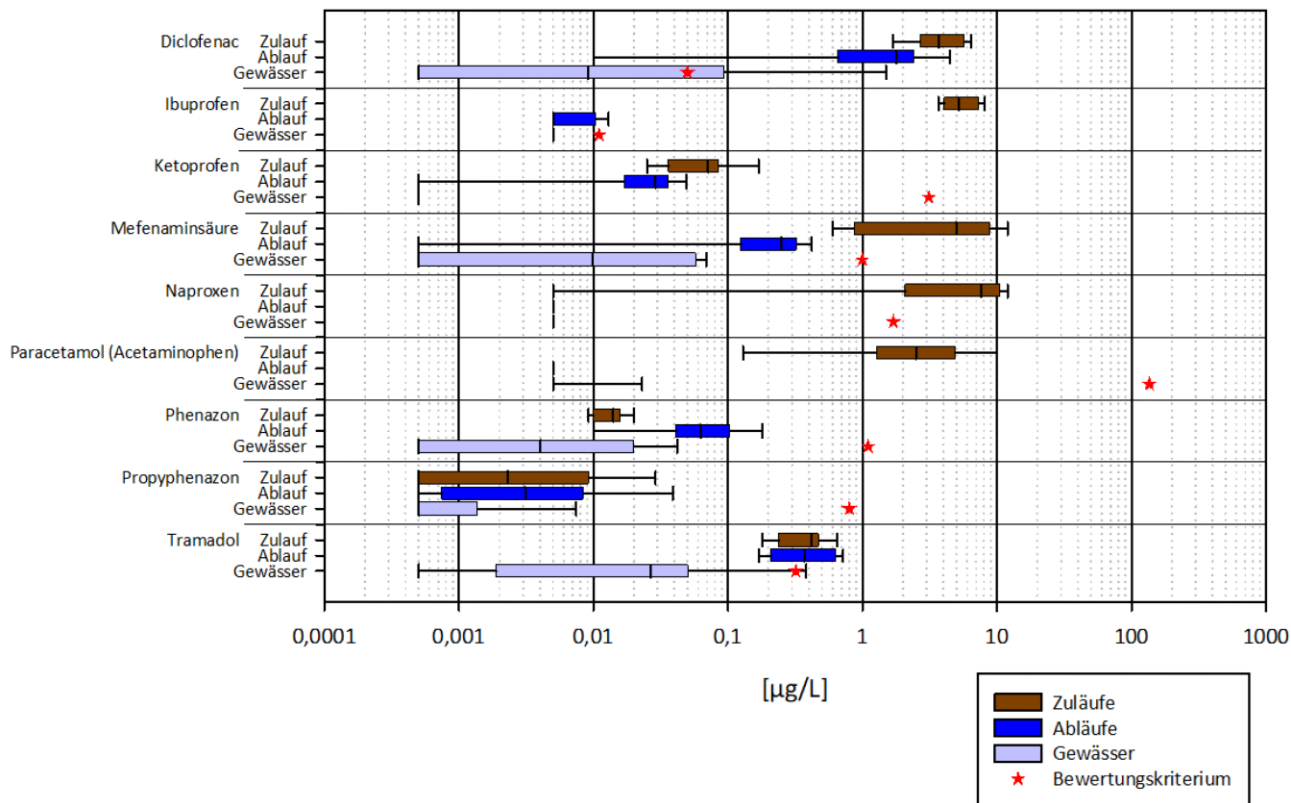
pharmazeutische Wirkstoffe; Hygieneartikel; Waschmittel; künstliche Süßstoffe; Geruchstoffe; ...

- **Produkte mit gewünscht adverser Wirkung**

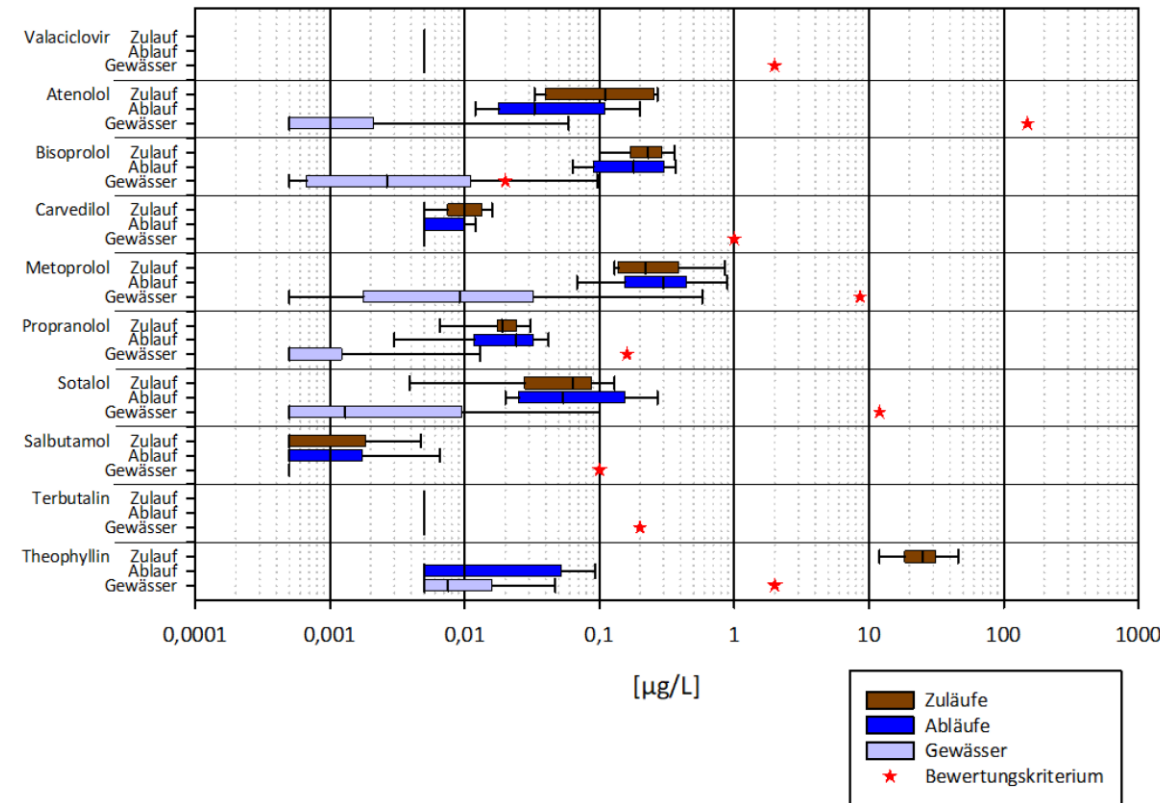
Pestizide; Antibiotika; Desinfektionsmittel; ...

Auftreten von Pharmaka in Gewässern

Analgetika/Antiphlogistika/Antirheumatika



Antiviral / Betablocker / Bronchio



ÖGARI

Österreichische Gesellschaft

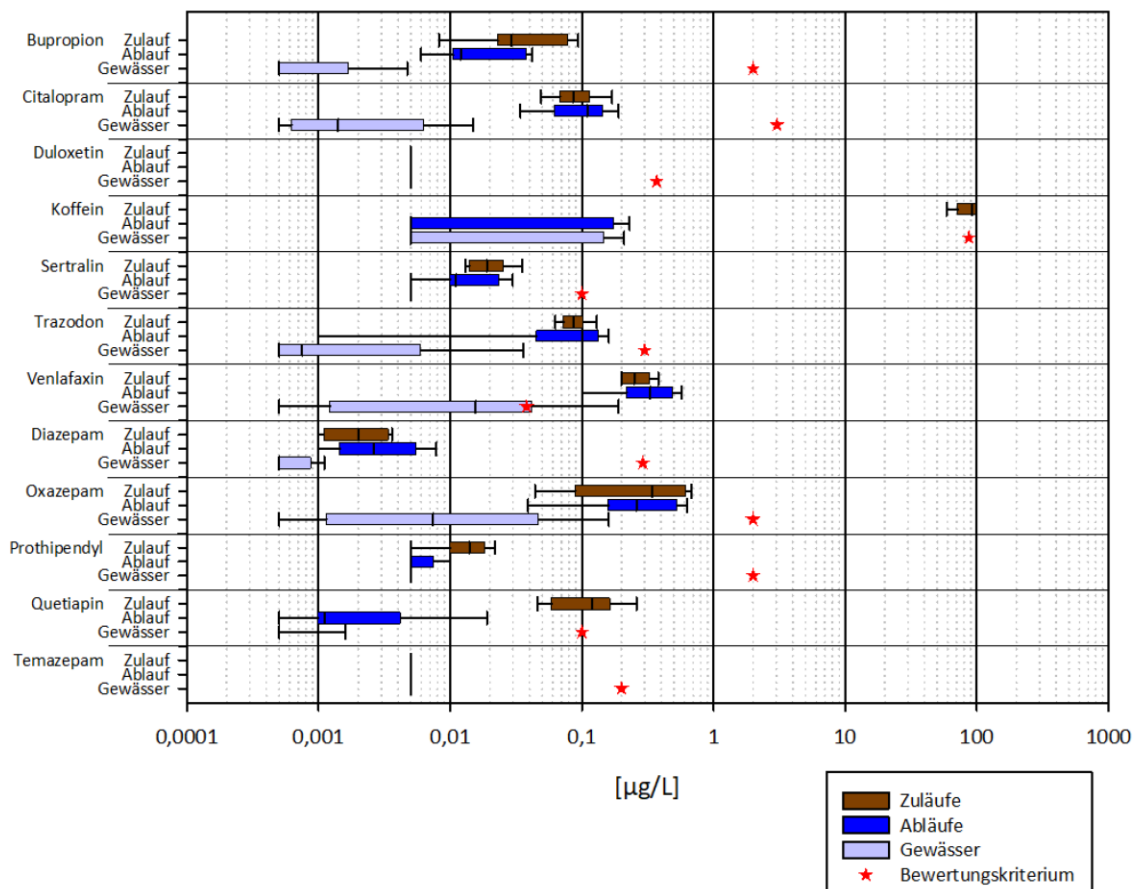
für Anästhesiologie, Reanimation und Intensivmedizin

Auftreten von Pharmaka in Gewässern

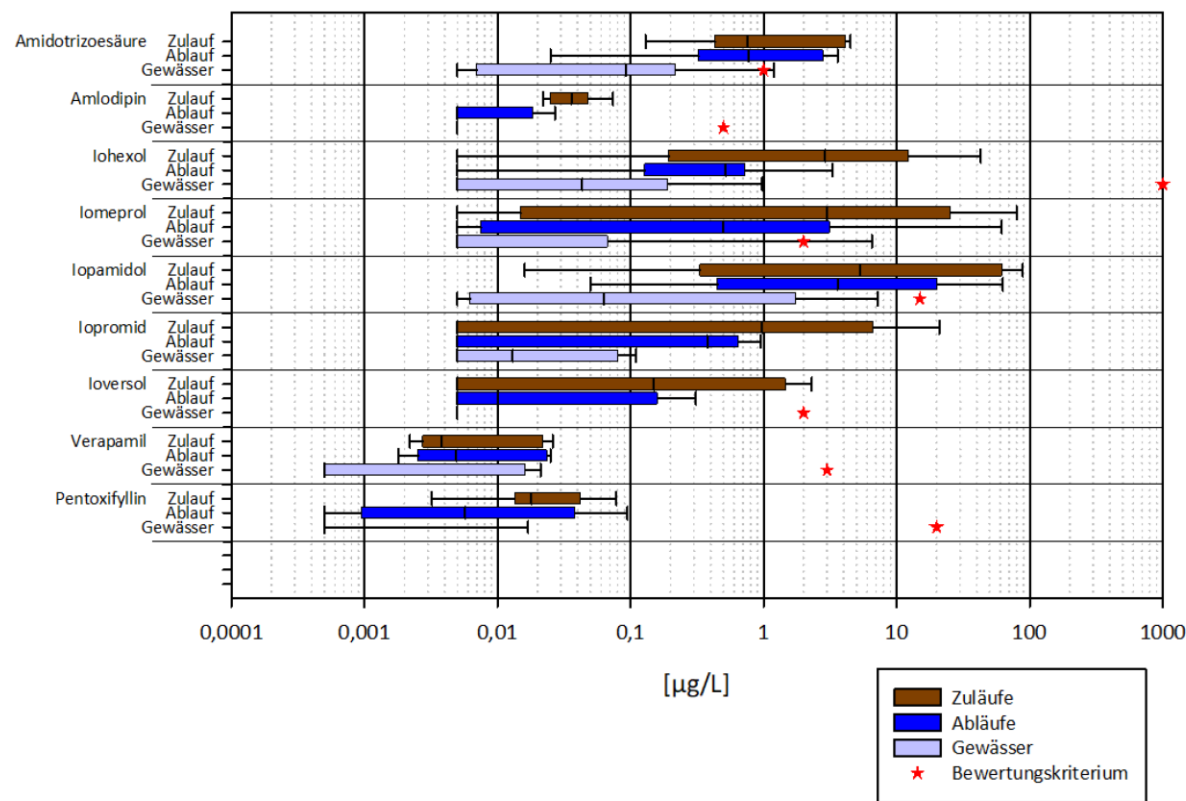


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Psychoanaleptika / Psycholeptika

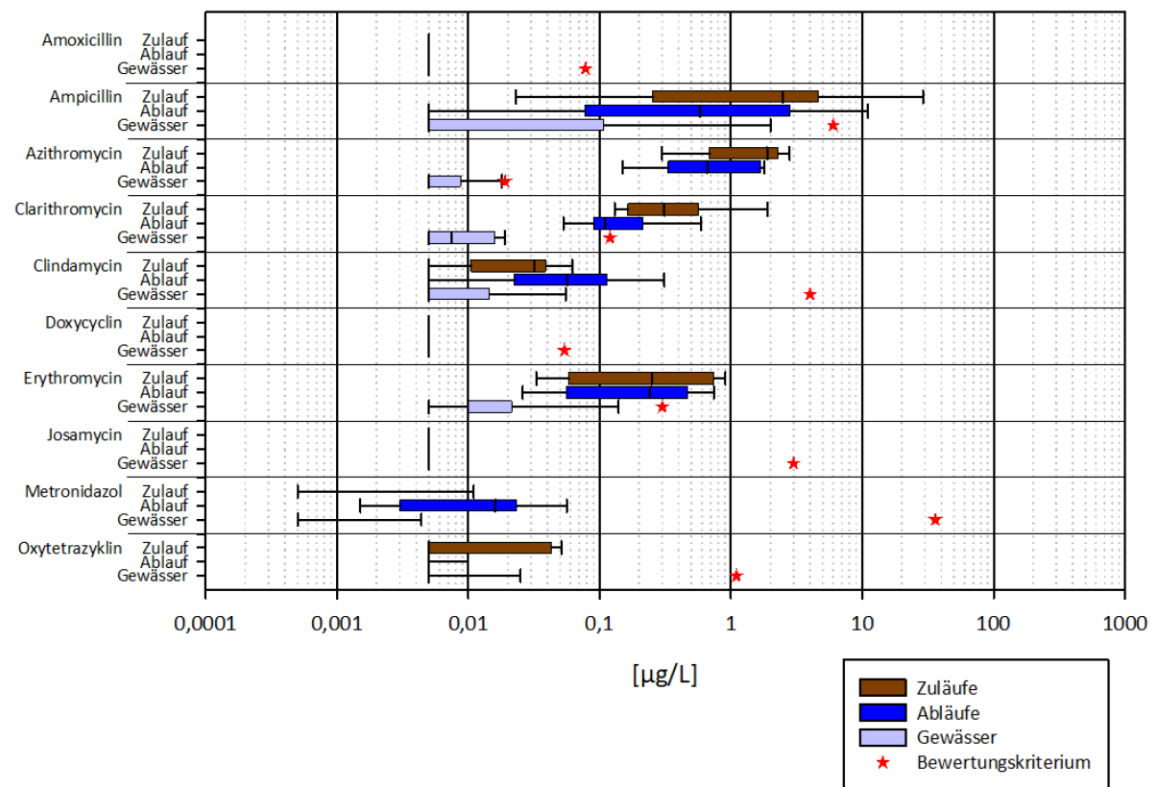


Röntgenkontrastmittel / Vasodilatoren

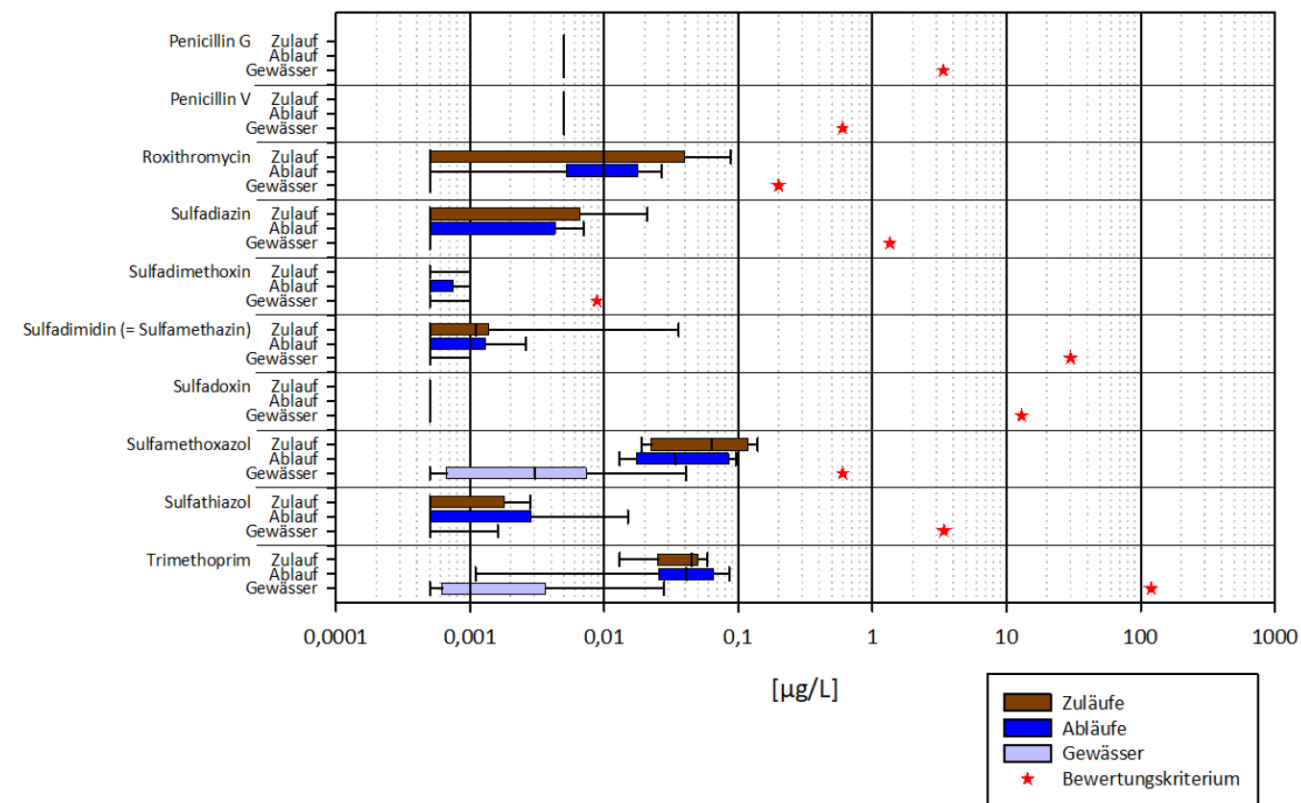


Auftreten von Pharmaka in Gewässern

Antibiotika 1

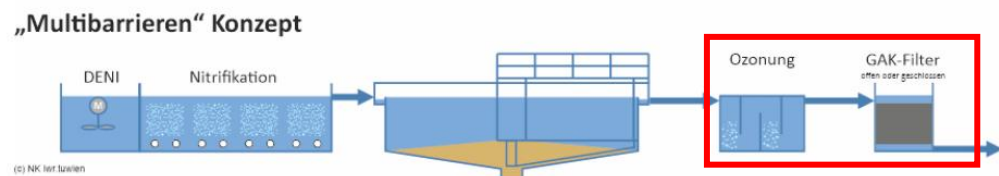
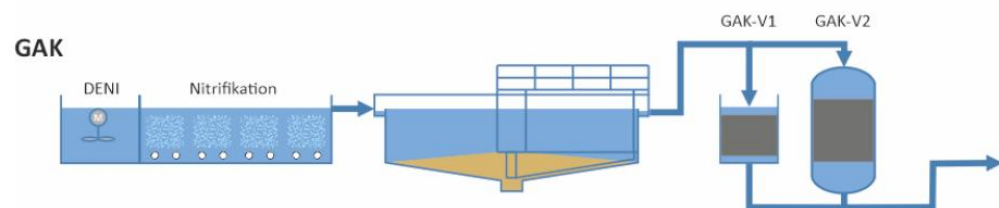
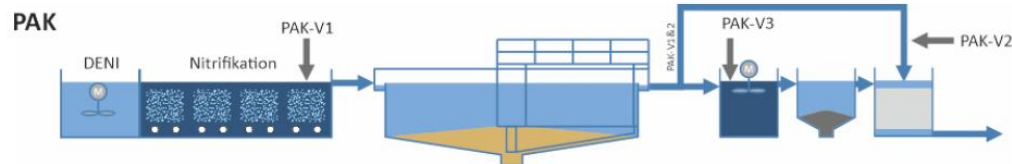


Antibiotika 2



Kläranlagen – Neue EU-Richtlinie 2024

(© Prof. Kreuzinger, TU Wien)



„weitergehende Abwasserreinigung“

– Wissenschaftliche Befassung seit ~ 2000 (Hormone im Abwasser) hand:

– Gegenwärtige Verabschiedung der aktualisierten EU – kommunalen Abwasserrichtlinie

• Neben Themen wie Energieautarkie, Verminderung THG-Emissionen, ... rate

• Auch Verminderung der Emissionen an organischen Spurenstoffen gefordert

• Implementierung auf Anlagen

– > 150.000 EW

– Einleitung in sensitive Gebiete

– Technologien weiterentwickelt aus TW-Aufbereitung

• Oxidativ: Ozon

• Adsorptiv: Aktivkohle

Medikamente – Einsparmöglichkeiten



Multicenter Study

> JAMA Oncol. 2024 Jan 1;10(1):87-94. doi: 10.1001/jamaoncol.2023.4865

Cost Savings and Waste Reduction Through Redispensing Unused Oral Anticancer Drugs: The ROAD Study

Elisabeth M Smale¹, Bart J F van den Bemt^{1 2}, Eibert R Heerdink^{3 4 5}, Ingrid M E Desar⁶,
Toine C G Egberts^{3 4}, Charlotte L Bekker¹; ROAD Study Group

Collaborators, Affiliations + expand

PMID: 37971730 PMCID: PMC10654927 (available on 2024-11-16)

DOI: [10.1001/jamaoncol.2023.4865](https://doi.org/10.1001/jamaoncol.2023.4865)

FULL TEXT LINKS

FULL TEXT
JAMA Oncology

ACTIONS

“ Cite

🔖 Collections

SHARE



Medikamente – Einsparmöglichkeiten



Reducing waste of oral anticancer drugs



1/3 patients discontinues treatment early



Half of them have redundant medicines



Median value of €2,600 per patient



FULL TEXT LINKS

FULL TEXT

JAMA Oncology

ACTIONS

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SHARE



Medikamente – Einsparmöglichkeiten



Re

Reducing waste of oral anticancer drugs

Waste prevention most suitable strategy to conserve resources

Individualized dispensing or split-filling reduced waste by one-third

Still waste of unopened medicines



FULL TEXT LINKS

FULL TEXT

JAMA Oncology

ACTIONS

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SHARE

Medikamente – Einsparmöglichkeiten



Cost-savings

	Annual mean cost-savings per patient compared to disposal		
	Costs	Benefits	Cost-savings
	€ (95% CI)	€ (95% CI)	€ (95% CI)
Trial	37 (35 – 38)	613 (480 – 746)	576 (444 – 708)
Optimized	9 (9 – 8)	663 (527 – 800)	655 (518 – 791)

Targeted therapie
OR 2.1 (CI: 1.0 – 4.3)



Shorter treatment duration
OR 3.0 (CI: 1.7 – 5.1)
OR 2.1 (CI: 1.2 – 3.7)



b

Mean annual cost-savings up to €1,348 (1,039 – 1,697) per patient

Medikamente – Einsparmöglichkeiten



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Optimized

Conclusions

The redispensing of unused oral anticancer drugs...

- reduces waste,
- generates cost-savings,
- can provide environmental benefits,

contributing to sustainability of (cancer) treatment

“waste is not waste, until we waste it”

THANK YOU!

Lisa-Marie Smale, Radboudumc
Anne Ottenbrox, Radboud University
Bart van Dinteren, Radboudumc
Bart van den Bernt, st. Maartenskliniek
Rosalie van Zelm, Radboud university
Charlotte Bekker, Radboudumc



ST ANTONIUS



Radboudumc



Lisa-Marie Smale

Radboudumc

Fragen? Anregungen? Diskussion?