
PATIENT ADHERENCE WITH ORAL ONCOLYTIC THERAPIES

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OBJECTIVES: *The use of oral chemotherapy has increased substantially. This adds a level of complexity beyond that of traditional intravenous chemotherapy. This article discusses challenges and strategies to meet patient needs.*

DATA SOURCES: *Research and peer-reviewed journal articles.*

CONCLUSION: *Adherence is a challenge for oral chemotherapy. A systematic approach serves as the best way to facilitate a comprehensive oral chemotherapy plan.*

IMPLICATIONS FOR NURSING PRACTICE: *Nurses' knowledge is required to support and monitor patient adherence. Nurses must master effective utilization of resources to monitor and positively impact successful patient outcomes.*

KEY WORDS: *Adherence, cancer, oral chemotherapy/targeted therapy*

ORAL chemotherapy and oral targeted therapy usage accounts for approximately 10% to 25% of all cancer treatment therapies.^{1,2} Approximately 400

new drugs in development will be orally administered as chemotherapy and targeted therapy agents.³ Chemotherapy refers to chemicals that have a specific toxic effect on a disease-producing microorganism or that destroy cancerous tissues.⁴ Targeted therapies block the growth of cancer cells by interfering with specific targeted molecules needed for tumor growth.⁴ The term *oral oncolytics* will be used in this article to refer to all oral chemotherapy and oral targeted therapy agents.

Oncolytic agents have a lower therapeutic index and narrower safety margins than other drug classifications.^{5,6} Maintaining optimum therapeutic doses for effectiveness without producing overwhelming toxicities requires a multidisciplinary approach to patient care. Furthermore, oral oncolytic agents often comprise complex dosing schedules and variations with greater toxicity management required. The increasing use of oral oncolytics has impacted patient care.

Patients often incorrectly believe that oral oncolytic agents have less toxicity than intravenous (IV)

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oncolytic agents because the medications are prescribed as a 'pill.'⁷ Patients receiving IV oncolytics are often followed weekly while receiving prescribed regimens. Thus, toxicities and potential complications may be recognized earlier. However, patients receiving oral oncolytics have greater autonomy managing their medications in a less structured setting. The potential toxicity of oral oncolytics, management of adverse effects, and the importance of adherence must be addressed. The literature repeatedly cites over- and under-adherence as a major safety concern for patients receiving oral oncolytics.⁷⁻¹⁰ Spoelstra and Given¹¹ reported a 20% to 80% range of oral oncolytic under-adherence and Mayer et al¹² reported over-adherence. The challenge to ensure these agents are taken as prescribed so that efficacy is achieved requires a shift in the multidisciplinary process.

ADHERENCE

Health care providers frequently use the terms *compliance* and *adherence* interchangeably. Compliance refers to how well the patient's behavior matches the prescribed treatment.¹³ Compliance often implies an authoritarian behavior by the health care provider that detracts the patient's autonomy.¹⁴ Adherence suggests that increased shared decision-making occurs between the patient and health care provider.¹⁵ Kyngas et al¹⁶ provided a more comprehensive definition of adherence as, "an active, intentional, and responsible process of care, in which the individual works to maintain his or her health, in close collaboration with health care personnel." Adherence also implies that all doses are taken at the correct time, in the appropriate quantity, and for the prescribed duration of therapy.¹⁷ Complete adherence to a treatment regimen means that patients do not miss any doses of their oral oncolytics, nor do they take additional doses to what is prescribed. However, adherence has become problematic secondary to increased usage and duration. Non-adherence has emerged as a well-recognized barrier to effective treatment. The most commonly encountered challenges include over- and under-adherence.

Over- and Under- Adherence

Over- and under-adherence to oral oncolytic agents is a serious concern for health care providers because of the impact it has on patient outcomes. Over-adherence may lead to increased

adverse effects related to excess drug in the system. Conversely, under-adherence to any chemotherapy or biotherapy treatment for cancer may lead to increased adverse effects, therapeutic resistance, and tumor progression. The literature cites regimen complexity as a significant contributor to over- and under-adherence.¹⁸ The greater the complexity of the regimen, the more likely over- or under-adherence will occur. Complicated regimens include those in which the oral oncolytic is not taken on consecutive days. There may be inconsistent dosages ordered depending on the day of the regimen. Additionally, doses may be ordered to be taken at different times of the day depending on the cycle. Not only are the oral oncolytic regimens increasingly complex, but there is a significant variation in administration schedules among the many oral agents.³ Practitioners may assume regimens are being followed and adjust dosages to address toxicities and disease progression, when in reality non-adherence is the issue.¹⁷ The literature cites a lack of resources and patient education as the most common factors impacting adherence to oral oncolytics.^{7,8} Patients must understand the monitoring, side effects, and safe handling involved with these agents. These factors present challenges to both over- and under-adherence.

Resources

A significant challenge for patients receiving oral oncolytics involves cost. This is a serious issue facing oncology practitioners and cancer patients. Currently, under most insurance plans, IV chemotherapy treatments are billed through the medical benefit while oral oncolytics continue to be billed under the prescription plan. This frequently leads to higher co-pays for the patient. Oral oncolytics generally cost more than traditional IV treatments, ranging from approximately \$3,000 to \$30,000 monthly. With the high cost of these agents, even 5% to 10% co-pay for the therapy may deter both patients and practitioners. One study reported that 84% of oncologists took the patient out-of-pocket costs into consideration when choosing a treatment regimen.¹⁹ Under-adherence often occurs with patients who cannot afford the medications. Streeter et al²⁰ reported that up to 10% of patients taking prescribed oral oncolytics make the decision not to fill their oral prescriptions because of out-of-pocket cost. Even if practitioners prescribe the drugs and patients are willing take the prescribed regimen, cost still has the ability to impact adherence related to

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