Clinical issues in patients receiving oral tumor therapy: How can we improve adherence?

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Adherence to Long-Term oral medications

• Half of chronic disease medications are not taken as prescribed, and 20% of them are never filled
• Non-adherence to oral treatments (non-initiation, early discontinuation, taking less percentage of the prescribed dose) of chronic diseases is frequent & results in bad health outcomes and increased health care costs ($100 billion/year)
• Improving adherence increases patients’ safety and health care system effectiveness
• Oral anticancer drugs (half of new oncology drug approvals) are convenient for patients that do not go so often to hospital
Advantages of Oral Cancer Treatment

• Patient’s convenience and an improved quality of life are added values, as they prefer oral to i.v. treatments provided that efficacy is not compromised [Borner 2002, Pfeiffer 2006]
• No need of constant vein punctures. Fear of needles (10% of people) and loose of useful veins are avoided
• Lower frequency of hospital resources utilization [Faithfull and Deery 2004]
• Oral administration mimics constant intravenous infusion
• Rates below 85% of the original dose have been associated with emergence of resistance and tt failure [Ibrahim 2011]
How to improve adherence to oral medications

- Establish an appropriate oncologist-pharmacist-nurse-patient communication to preserve the quality of cancer care
- A good health care access for the patient is essential
- Provide a good patient education
- An adequate plan for therapeutic monitoring to improve treatment adherence must be designed
- Patients’ diet, and concomitant medications must be evaluated to be able to identify potential drug interactions and be able to give useful recommendations
How to improve adherence to oral medications

• Approaching the relevant topics earlier in the course of treatment might prevent any behavior alterations that could be detrimental to cancer care quality.

• Costs discussions are rarely performed & may be useful for those who must alter their behavior due to financial distress.

• Avoid common misconceptions like that oral chemo is safer and less toxic than i.v. chemotherapy

• Compared with those who had i.v. chemo, oral chemo NSCLC patients had lower rates of documented treatment plans, including intent and anticipated duration of tt [Greer JA 2014]
Aspects that influence on oral drug adherence

- Patient’s *failure to understand* medication benefits and risks
- *Complexity* in drug intake form & schedule, & a relevant change in life habits
- *Difficulties to access* to the caregiver
- *Absence of a follow-up* and supervision program
- *Long lasting* treatments
- The elderly, *comorbidities* and frailty
- Deficient familial or social *support*
- *Treatment costs* and its impact on the patient’s economy
Aspects that influence on oral drug adherence

- Most frequent cancers are diagnosed at ≥ 65 years
- The elderly initiate therapy later or less often and discontinue it earlier and more frequently. Nearly half discontinued adjuvant hormonal breast cancer before 5 years.
- Adherence diminishes proportionally with time on treatment.
- Comorbidities, other causes of death and frailty have been significantly associated with non-initiation of treatment. Frail patients may be concerned about adverse effects, interactions, and try to avoid death resulting from other causes [Sheppard VB 2014]
Methods to check adherence

There are several alternatives:

- *Direct observation* of pill intake
- *Measurements of blood metabolites*
- *Electronic remote monitoring* of oral chemotherapy adherence and adverse effects, with immediate feedback to oncology clinicians or nurses
- *Indirect methods* like pill counting, patient self reports, assessment of disease’ response, etc.
Interventions to enhance medication adherence

- *Nurses* to schedule an *educational appointment*. A call list is made with standardized forms and schedules for phone calls
- *To be available* when needed by the patient. A full time nurse could be devoted to patients on oral treatments
- Enhance *empathy* and patient’s *motivation*, support patient’s self esteem and *empowerment*
- Identify *financial problems*, related or not to medication, that could interfere with adherence (Imatinib & tt compliance)
- *Continuous education* on oral medication, coaching for healthcare personnel (nurses, doctors, pharmacists, etc)
Interventions to enhance medication adherence

• A proper communication with the patient
  – To improve patient’s education (a better knowledge of the illness, its treatment potential benefits, side effects identification, prevention and management)
  – To assure they know the name and schedule of the drugs and the importance of adherence
  – To know other medications or pills taken
  – To check the easiness to swallow oral drugs
  – To discuss patient’s responsibility in her/his health care
Interventions to enhance medication adherence

- **Design an efficient system**
  - To audit that the tablets are correctly taken (when & how)
  - To provide the patient with technical aides (alarms, boxes)
  - To give written instructions on how to proceed if a dose is missed or repeated
  - To know when to call the doctor or nurse
  - To *follow-up* periodically, in person, with phone calls or electronically, etc., to monitor how is everything going on, side-effects prevention and management, etc.)
How can we improve Adherence: Conclusions

• Every oncology professional should be aware of oral drug adherence relevance, get trained and plan strategically for every aspect that could influence on it.
• Follow-up of patient’s adherence is a must as it is a dynamic process
• It is essential to develop different forms of intervention to make an optimal use of cancer innovation at the patients’ home
• Improving adherence results in a better patient’s safety and health outcome.
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All of you for your attention!