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Oral Therapies: Strategies to Ensure Adherence Jan Tipton, MSN, RN, AOCN® University of Toledo Medical Center

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 Review strategies, tools, and resources to facilitate adherence among patients with cancer to oral anticancer medications, identifying the ways in which adherence relates directly to improved patient outcomes.



 Address patient safety concerns: drug-drug interactions, adverse effects, pharmacy and reimbursement/financial resources, monitoring of adherence, motivational interviewing and counseling.

Case Study: John



 John is a 63 year old man who presented to a community hospital for back pain and was found to be in atrial fibrillation with RVR. He was transferred to the academic hospital under the cardiology service. While undergoing treatment for a-fib, he had x-rays, and was found to have multiple lytic bone lesions. Additional work up showed elevated kappa light chains in the urine. A bone marrow biopsy was done, with showed 80% plasma cells and diagnosis of multiple myeloma was made.

Case Study: John



- Past medical history:
- Hypertension, COPD, CHF, atrial fibrillation, cardiomyopathy, hyperlipidemia, chronic alcoholism, abdominal aortic aneurysm, GERD, transient cerebral ischemia, urinary retention
- Medications:
- 18 baseline





- Due to the patient's co-morbidities and current condition, the patient was started on single agent dexamethasone.
- He promptly developed tumor lysis syndrome and acute kidney injury which required dialysis.
- Once stabilized, he no longer required dialysis and began Bortezomib (SC injection), Cyclophosphamide (oral), and dexamethasone (oral)





- John exhibited some aggressive behavior and agitation and the psych team was also consulted.
- Patient lives with brother, but is not really involved with his care. Patient refused to go to extended care facility and was discharged home with visiting nurse services.



- 25-30% of all new antineoplastic agents in development are estimated to be oral (Weingart, et al, 2008)
- Almost half of the 300 medications in Phase II and III clinical trials are oral medications (Weber, 2012)
- This represents a paradigm shift in chemotherapy delivery and changes in oncology practice

Shift to Oral Therapies



- Chronic, home use of oral drugs vs. parenteral intermittent, intravenous infusions
- Less supervision in the home setting
- Fewer office visits and interaction with healthcare team
- Process change for prescription receipt, education, monitoring for side effects and adherence



- Adherence to oral agents for cancer (OAC) is reported to be less than 80% (Spoelstra & Given, 2011)
- Up to 10% of patients with cancer taking OACs are not refilling their prescriptions (Streeter, etal, 2011)
- Adherence rates may be inadequate for treating the cancer and may impact OAC treatment outcomes





- Adherence is the extent of conformity to the recommendations about day-to-day treatment by the provider with respect to timing, dosing, and frequency (Cramer, et al, 2008)
- Adherence suggests shared decision-making between
 healthcare provider and patient
- Adherence replaces the term compliance, due to the negative connotation and passive role for the patient

Factors related to Non-Adherence and Safety (Patient-related)

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- Demographics: education, lower income
- Psychosocial: less social support, depressed state
- Perception: lower perceived necessity of medication (Greer, et al, 2016)

Factors related to Non-Adherence and Safety

- Condition/Disease Factors: More co-morbidities
- Therapy Factors: Medication factors: toxicities, polypharmacy
- Utilization Factors: More ED visits, hospitalizations
- Provider & System Factors: Less frequent communication, relationship factors, greater out of pockets costs (Greer, et al, 2016)

Factors related to Non-Adherence and Safety

- Five rights shift from nurse to patient/caregivers (right medication, right dose, right time, right route, and right patient)
- Medication errors
- Increased toxicity
- Drug interactions
- Safe handling issues (Rudnitzki & McMahon, 2015)

Case Study: John

- Dilemmas:
- Multiple co-morbidities, medications
- Limited understanding of disease, treatment
- Limited social support
- Admits to borrowing narcotics from friends
- States that he takes a "handful of pills" but does not know what they are









- National Comprehensive Cancer Network (NCCN)
- American Society of Clinical Oncology (ASCO)
- Oncology Nursing Society (ONS)
- Multinational Association of Supportive Care in Cancer (MASCC)

Evidence-based interventions



- To date, there is no clinically defined critical threshold for medication adherence to oral antineoplastic therapies
- No standard exists for the management of adherence to OAC
- Evidence for oral adherence interventions is lacking in patients with cancer; therefore, further research is needed
- Much of the data reviewed for the ONS PEP project was for conditions other than cancer

Evidence-based interventions: Recommended for Practice



- Patient monitoring and feedback
- Multicomponent interventions: Combination of patient education & counseling along with other interventions such as reminder devices, packaging, and physician/patient feedback



Evidence-based interventions: Likely to Be Effective

- Text messages
- Automated voice response (AVR)
- Treatment of
 depression



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Evidence-based interventions: Effectiveness Not Established

- Education, Psychoeducation (Education alone is insufficient)
- Cognitive-behavioral therapy
- Motivational interviewing
- Packaging
- Less frequent dosing
- Reminders
- Automated dispensers
- Provider monitoring and feedback



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Evidence-based interventions: Effectiveness Not Established

- Decision aid
- Calendar aid
- Mail and online refills
- Institutional-level
 interventions
- Supportive interventions
- Workplace care delivery
- Intervention to improve provider communication
- Cost and co-pay reduction



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- John had a second episode of a fib, which required hospitalization. This time he was discharged to an extended care facility.
- John's oral medications are dispensed on a weekly basis which at outpatient infusion, which receiving his Bortezomib.
- That way, he is monitored, and adherence is confirmed!





 Development of standard procedures for educating patients, reviewing and documenting treatment plans, and routinely monitoring patient adherence to OACs (Greer, et al, 2016, Spoelstra & Sansoucie, 2015)





- Integrate validated assessments of medication adherence at every clinic visit
- "How well have you been taking your medications as prescribed during the past week?" (Very poor to excellent)
- "What percentage of the time did you take your medication as prescribed over the past week?" (0-100%)
- Affirmative questions are more likely to yield more reliable and accurate responses, rather than the negative ("How many doses did you miss in the last week?"
- "Do you have any barriers to taking or acquiring the medication?"





 A Multidisciplinary Team: Oncology nursing, pharmacy, providers (MDs, mid level), information technology, administrators) is needed to examine oral chemotherapy delivery, safety, and associated care (Mulkerin, et al, 2016)





- Assess patient/caregiver learning needs with appropriate education and suggest tools and technology that will best match the needs/lifestyles
- Consider guidelines for older adults (NCCN, v2.2017)

Case Study: Annette



 Annette is a 67 year old woman diagnosed with a second primary right breast cancer in March, 2016. This cancer was ER/PR/Her-2 (+), high risk luminal per genomic study. She previously was diagnosed with a right triple negative breast cancer in 1996. Her daughter also has triple negative breast cancer, and both share the BRCA gene mutation.

Case Study: Annette



- Annette completed 6 cycles of Docetaxel/Carboplatin/Herceptin, and is new completing a year of adjuvant Herceptin.
- In Nov., 2016, she began Anastrazole. She had difficulty tolerating it due to joint pain.
- In Dec., 2016, she switched to Letrozole. Unfortunately, she developed migraines while taking this medication.
- In Mar., 2017, she was switched back to Anastrazole





• Recently, the patient came in for her Trastuzumab treatment, and she discussed that she is only taking her Anastrazole every other day due to joint pain.





- Schedule follow up visits on a routine basis after the start of a new OAC to assess for access, tolerability, and adherence
- Plan for follow up phone call approximately 2 weeks after the start of a new agent (can replicate some questions and algorithm for intervention, similar to IV call back program)
- Concerns: side effect profile/tolerability, quality of life, and adherence

Practice Change

- Patient navigators have a critical role in patient follow up: trust & consistency
- Phone calls, e-mails, text messages, video calls (eg, Skype, FaceTime), patient portals, or drop-in visits—whichever is best for the patient and caregiver









• "Drugs don't work in patients who don't take them."

• C. Everett Koop