About 25% of new antineoplastic agents in development are estimated to be oral drugs (Weingart et al., 2008). New drug development, patient preference, perceived easier administration, and Medicare Part D coverage for oral therapeutics have contributed to the increase in oral drugs for cancer (Weingart et al., 2008). In some cases, cost-related nonadherence has been reduced by the Medicare Part D benefit (Donohue, 2014). Patient preference to avoid IV therapy also may be a factor in the increase in oral agents. Oral agents for cancer (OACs) are reportedly more convenient for patients because they result in fewer office visits and less time spent receiving treatment compared to IV chemotherapy. With that convenience, however, comes a lack of professional oversight to know whether patients are properly taking the medication, as prescribed, at home. In addition, oral regimens may come with complicated dosing schedules or multiple food and drug interactions that makes adherence difficult.

The evidence suggests that patient education, as part of a multicomponent intervention, can affect adherence (Spoelstra & Sansoucie, 2015). Nurses, as frontline caregivers, will need multiple interventions to aid patients in OAC adherence. This article will focus on tools and technology that foster patient education and those that can be used to promote adherence.

**Patient Education**

Once an OAC has been recommended for a patient, the education required typically is delivered by the oncology nurse. In busy clinics, patients may be given written materials about the new medication, but little time may be available for one-on-one