More oral cancer therapies are being administered via an oral route. This paradigm shift in providing cancer treatment has been met with both excitement and significant challenges for oncology practitioners. Multiple factors can impact the ability for patients to initiate and stay on oral cancer therapy. A major factor in patient adherence with oral cancer therapies is management of side effects. Side effects from therapy not only have a negative impact on a patient’s quality of life but also can cause serious complications. In addition, they can impact the patient’s ability to stay on therapy at optimal doses. New strategies must be designed for educating patients and caregivers, as well as for patient management and follow-up. When side effects are not managed appropriately, patients are less likely to want or be able to adhere to established treatment plans. This article explores several challenges related to the use of oral cancer therapies, with a focus on side effects seen with various classes of new targeted agents. Evidence-based practice strategies and areas in need of additional exploration and research are reviewed.

Oral cancer therapies accounted for about 10% of treatments in 2010, but use is predicted to rise to 25% of all cancer therapies in 2013 (Halfdanarson & Jatoi, 2010; Moody & Jackowski, 2010). Targeted therapy has created new hope for treating numerous malignancies for which little has previously existed to offer patients. These therapies are designed to block signal transduction pathways critical for tumor growth and survival. However, those pathways often are involved in normal physiologic functioning that, when inhibited, lead to the potential for significant toxicities. Side effects and toxicities of these agents differ from standard chemotherapy regimens of the past and require new knowledge of those involved in caring for patients. Potential advantages of oral agents are described in Figure 1.

Issues Impacting Successful Use of Oral Cancer Therapies

Although the prevalence of oral oncology agents is expanding rapidly, many factors impact their successful use. With patients taking these medications away from the clinic, the healthcare team may not be aware of many of these issues. Four areas that impact the use of oral oncology agents include financial issues, patient education, adherence issues, and toxicity management.

Financial Issues

Once the prescription is written for an oral cancer agent, the patient may not be able to fill it without obtaining prior authorization from their insurance provider. Oncology practices may not have individuals in place to assist patients with this process. Delays in obtaining a preauthorization can result in patients not having started medication by the time of their next scheduled appointment. Patients may believe the provider has this information and may not contact the provider to share it.

Copay amounts vary widely. With treatment costs of as much as $10,000 a month, a copayment of even 5% can be prohibitive. Patients may choose to decline the prescription and not notify their healthcare provider until their next visit. Delays may occur as Oncology practices may not have individuals in place to assist patients with this process. Delays in obtaining a preauthorization can result in patients not having started medication by the time of their next scheduled appointment. Patients may believe the provider has this information and may not contact the provider to share it.

Copay amounts vary widely. With treatment costs of as much as $10,000 a month, a copayment of even 5% can be prohibitive. Patients may choose to decline the prescription and not notify their healthcare provider until their next visit. Delays may occur as assistance programs are sought. Although some pharmaceutical companies offer assistance via the provision of copay assistance cards, these cards typically are not available to patients on Medicare Part D because of government regulations. Patients on Medicare are dealing with the problem of being in the so-called donut hole, with excessive copays beyond their means (Barefoot, Blecher, & Emery, 2009; Hede, 2009; Maloney & Kagan, 2011).

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