

Why Patients Prescribed Oral Agents for Cancer Need Training: A Case Study

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Background: Oral agents for cancer (OACs) are a common form of treatment. However, with OACs, the responsibility shifts from supervised healthcare providers who work in a clinic to patients and caregivers who must manage treatment on their own at home. Consequently, patients and caregivers must be knowledgeable about all aspects of care. In addition, most patients with cancer are older and have multiple comorbid conditions treated by several providers who prescribe medications, further complicating care.

Objectives: This purpose of this article is to present a patient perspective of managing treatment with OACs in the home setting.

Methods: A case study format was used to describe challenges faced by a patient newly prescribed OACs.

Findings: Data from the patient interviews support the urgent need for patient and caregiver training; the outcome of treatment for patients taking OACs depends significantly on the patient or caregiver managing treatment in the home setting.

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Oral agents for cancer (OACs) are a common form of treatment (Soria et al., 2011; Weingart et al., 2008). However, the therapeutic outcome of cancer treatment for patients taking OACs depends much on the patient or caregiver managing treatment in the home setting (Bassan et al., 2014; Weingart et al., 2008). Although adherence to OACs is generally used to reflect taking the correct amount of the OACs prescribed, the concept of adherence to an OAC regimen also needs to incorporate other aspects of management in the home setting, including avoiding taking certain additional medications and consuming certain foods, as well as monitoring contraindicated drugs and drug-drug interactions. A list of items required for patient and caregiver training to effectively manage OACs at home are provided in Figure 1.

Most patients with cancer have comorbid conditions and are prescribed multiple medications that may be contraindicated, cause drug-drug interactions, or exacerbate symptoms, further interfering with the patient's ability to self-manage OAC treatment (Koroukian, Murray, & Madigan, 2006; Ogle, Swanson, Woods, & Azzouz, 2000). At least 12 drugs are known to interact with or are contraindicated when OACs are prescribed (Chan, Tan, Wong, Yap, & Ko, 2009). The use of multiple medi-

cations may increase the occurrence of adverse events (AEs) in patients taking OACs, which ultimately may affect patients' or caregivers' ability to manage at home (Lichtman & Boparai, 2008).

In July 2014, the Institute for Safe Medication Practices (ISMP) issued a medication safety alert regarding OACs following the death of a patient. A 60-year-old woman with a brain tumor died after accidentally taking the equivalent of three cycles (450 mg) of lomustine therapy at one time (ISMP, 2014). She had previously been taking the OAC temozolomide, which she had received from the pharmacy as a single dose made up of several different strength capsules each month. A three-cycle supply of lomustine (one dose to be taken every six weeks, pending blood tests) had been dispensed. The woman assumed that the newly prescribed medication had also been dispensed as a single dose (150 mg) and took too much of the medication, which, ultimately, led to her death (ISMP, 2014).

Consequently, an urgent need exists for patient and caregiver training regarding the self-management of OACs in the home setting. Adequate training can positively influence the ability of patients and caregivers to self-manage symptoms related to the side effects of treatment, adhere to the prescribed regimen, avoid contraindicated medications and foods, and inquire when