

Putting Evidence Into Practice: Evidence-Based Interventions for Oral Agents for Cancer

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Background: The limited evidence available suggests that adherence to oral agents for cancer is a significant clinical problem and may have a substantial impact on treatment success or failure. Adherence is a difficult issue among patients who are very sick with a life-threatening disease who often must adhere to complex treatment protocols independently at home.

Objectives: This article aims to identify effective interventions for the promotion, treatment, and management of adherence to oral agents for cancer and to synthesize the literature for use in clinical practice.

Methods: As part of the Oncology Nursing Society (ONS) Putting Evidence Into Practice (PEP) initiative, a comprehensive examination of the current literature was conducted to identify effective interventions for patients prescribed oral agents for cancer. The ONS PEP weight-of-evidence classification schema levels of evidence were used to categorize interventions to assist nurses in identifying strategies that are effective at improving adherence.

Findings: The majority of evidence found was conducted in conditions other than cancer; therefore, research is needed to identify whether these interventions are effective at promoting adherence in patients with cancer.

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Medication adherence is a complex and multifactorial problem that can influence the outcome of treatment in many conditions. The therapeutic outcome of cancer treatment for patients taking oral agents for cancer (OACs) depends heavily on adherence to the regimen (Bestvina et al., 2014; Soria et al., 2011). Reviews of OAC studies show that adherence rates are less than 80% (Puts et al., 2013; Spoelstra & Given, 2011), which may be inadequate for treating the cancer. It has been shown that 10% of patients with cancer taking OACs are not refilling their prescriptions (Streeter, Schwartzberg, Husain, & Johnsrud, 2011). The limited evidence available suggests that adherence to OACs is a significant clinical problem that may have a substantial impact on OAC treatment outcomes (Bozic et al., 2013; Gebbia, Bellavia, Ferraù, & Valerio, 2012). Therefore, as part of the Oncology Nursing Society (ONS) Putting Evidence Into Practice (PEP) initiative, this article synthesizes the current literature to identify effective

interventions for the promotion, treatment, and management of adherence to oral medications. Because of the very limited evidence for interventions in patients with cancer, evidence for interventions aimed at improving adherence includes research done in patients with multiple chronic diseases. The weight of evidence is determined across all types of evidence, and, where possible, specific findings for patients with cancer taking OACs are discussed.

State of the Science

The International Society for Pharmacoeconomics and Outcome Research defined medication adherence as the degree or the extent of conformity to recommendations about day-to-day treatment by the provider with respect to the timing, dosage, and frequency for the duration of time from the initiation of the medication (Ruddy, Mayer, & Partridge, 2009). Clinicians commonly describe medication adherence in terms of a rate,