Although many patients prefer orally administered cancer therapy (including oral chemotherapy) because of its convenience, the shift from hospital to home-based administration creates concerns. This article explores the perceptions and experiences of oral chemotherapy users and their caregivers to assess vulnerabilities and improvement opportunities at each stage of the medication process: choosing oral chemotherapy, prescribing, dispensing, administering, and monitoring. The authors recruited 15 current and former oral chemotherapy users, as well as caregivers who administered the medications to children, to participate in one of two focus group sessions at a comprehensive cancer center. Participants largely were satisfied with oral cancer therapy but raised concerns regarding their lack of preparedness for side effects and their unfamiliarity with the possible techniques to mitigate drug toxicity. Participants also described difficulties obtaining medications through retail pharmacies. Parents of pediatric patients with cancer indicated concerns regarding their children’s emotional health and correct medication administration. Participants believed that the initial prescribing encounter should have included more education, and they also wanted more frequent follow-up by healthcare practitioners. As oral cancer therapy is used more widely, oncology healthcare providers will need to create robust mechanisms to support their safe use.

O rally administered cancer treatments, including cytotoxic oral chemotherapies, have emerged as powerful tools in clinical oncology, accounting for a quarter of the 400 anticancer medications currently under development (Weingart et al., 2008). Accelerating oral cancer therapy’s popularity is the promise of convenience (Aisner, 2007), insurance coverage, and the perception that oral therapies result in fewer toxicities (Liu, Franssen, Fitch, & Warner, 1997; Weingart et al., 2008).

Unfortunately, the use of oral cancer treatment appears to have expanded more quickly than the infrastructure needed to ensure safe care. A survey of 42 U.S. cancer centers found that many commonly employed safeguards for infusion chemotherapy, such as templated orders and clinician double-checks, are lacking for oral agents (Weingart et al., 2007). Many centers had no formal protocols for monitoring oral drug adherence. Ensuring the safe administration of oral cancer therapy poses a new challenge for patients as well. They have to navigate the process of securing medications from retail and mail-order pharmacies that are sometimes unfamiliar with the medications and then administer the drugs reliably without supervision (Weingart et al., 2008). Adherence rates for oral cancer therapy range from less than 20% to 100%, depending on the drug and patient population (Levine et al., 1987; Love, Cameron, Connell, & Leventhal, 1991; Partridge, Avorn, Wang, & Winer, 2002; Viele, 2007).

At a Glance

- Patients in focus groups identified multiple safety and reliability concerns regarding the prescribing, dispensing, administering, and monitoring of oral chemotherapy.
- Patients were concerned about the identification and management of side effects from oral cancer therapy, particularly among pediatric patients.
- Participants desired more comprehensive education at the initial prescribing encounter and more frequent provider-initiated follow-up.