ORAL CHEMOTHERAPY:
CASE STUDIES IN ADHERENCE AND NURSING PROCESS

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LEARNING OBJECTIVES

Describe three components that should be included in patient education.

Identify three measures to assess patient adherence to the oral chemotherapy regimen.

Define two reasons why assessing monitoring parameters is essential in the follow up care of patients on oral chemotherapy.

Identify three documentation requirements.
CHEMOTHERAPY DEFINED

ASCO/ONS definition: All antineoplastic agents used to treat cancer, administered through oral and parenteral routes or other routes as specified in the standard. Types include targeted agents, alkylating agents, antimetabolites, plant alkaloids and terpenoids, topoisomerase inhibitors, antitumor antibiotics, monoclonal antibodies, and biologics and related agents. Hormonal therapies are not included in the definition of chemotherapy for the standards.

Oral Chemotherapy also referred to as Oncolytics, OAC (Oral Agents for Cancer) and SACT (Systemic Anti-cancer Treatment).
ASCO AND ONS CHEMOTHERAPY ADMINISTRATION SAFETY STANDARDS

Assessment performed prior to initiation of oral oncolytic
Prescription is accurate and complete
Education is performed prior to start of therapy
Written plan provided to patient
Intent of therapy reviewed with patient
Informed consent is signed by the patient
Start date is documented
Contact is made within one week of patient starting
Adherence and Toxicity assessments completed with each clinical contact
PATIENT EDUCATION

- Diagnosis
- Goals of treatment,
- Planned duration
- Schedule
- Drug Name
- Supportive medications
- Drug-drug/drug-food interactions
- Indication
- Dose
- What to do if a dose is missed

- Safe storage and handling, management of unused medication.
- Procedures for handling body secretions and waste in the home
- Potential long term and short term side effects
- When to call office
- Contact information with information on who and when to call
- Symptoms or events requiring immediate discontinuation of oral treatments
- Follow up plans including laboratory and provider visits
- Consent
CASE STUDY 1:
ELDERLY FEMALE WHO PRESENTED WITH PELVIC MASS BIOPSY REVEALING ADENOCARCINOMA
EXPLORATORY LAP PATHOLOGY: HIGH GRADE SEROUS ADENOCARCINOMA OF THE FALLOPIAN TUBE

Treatment History:

Neo-adjuvant *Paclitaxel/ Carboplatin* X 3 cycles

Exploratory Laparotomy, bilateral oophorectomy, pelvic node dissection
  - *Paclitaxel/ Carboplatin* x 5 more cycles

One year from diagnosis rising CA 125
  - *Bevacizumab* X 2 cycles (discontinued due to hypertension) then
  - *Lipsomal doxorubicin* X 8 cycles

2 years from diagnosis: progression noted via CT scan
  - *Topotecan* X 11 cycles: discontinued secondary to rising ca-125.
  - *Paclitaxel* for 5 months: discontinued due to rising CA 125

3 years from diagnosis: improvement of retroperitoneal adenopathy and pelvic mass
  - *Carboplatin* x6 cycles

4 years from diagnosis: mixed response on CT
  - Decision made to initiate treatment with oral oncolytic agent *Niraparib*
NIRAPARIB
300MG DAILY

Provider-patient discussion:

Adherence assessment:
- level of understanding
- willingness to take
- performance status
- possible financial concerns

Counseling:
- intent of therapy
- expected duration
- risks
- side effects

Plan:
- Informed of need for weekly cbc x4 weeks, then monthly
- Provider office visit monthly

Treatment Education Session with RN and Informed Consent
ACQUISITION

- 5/16/17: E prescribed to Specialty Pharmacy: 100mg capsules 3 capsules daily
- Pharmacy verification of benefits: Medicare part D
- Prior authorization obtained
- Copay $3,151.32: Assistance requested
- Enrolled with manufacturer support
- Approved for free drug from manufacturer 6/3/17
- Start 6/6/17
NIRAPARIB COURSE OF THERAPY: 6/6/17-11/12/17

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Nursing assessment: Toxicity and Adherence with every lab visit
Monthly office visit with provider
Day 21: platelets <100,000. Physician notified. Patient instructed to HOLD
Day 28: platelets< 100,000. RN reviewed with provider, continued to HOLD
Day 35: Resumed with dose reduction 200mg daily
Patient continued to come to clinic weekly then bi-weekly for lab and RN assessment.
5 months after starting, Niraparib was discontinued due to rising Ca 125
MONITORING AND FOLLOW UP

Document Start date
Contact with patient within one week of starting
Schedule office visit with provider
Schedule Laboratory/Nurse visits:
  Provide Opportunity personal “face time”
Adherence and toxicity assessments
Education
Support
Nurse: *Oral chemotherapy flowsheet*

- Start date
- Dispensing Pharmacy
- Financial concerns
- Adherence: Confirmation patient understanding
- Toxicity Assessment
- Reinforcement of Self-care and side effect management
- When to call office
- Follow up appointments

Pharmacist: new fill counseling and refill encounters

Financial Counselor: patient interactions, authorizations and assistance

Provider: office visits within 2-3 weeks of start
CASE STUDY #2

Why follow up that includes assessment of toxicities and monitoring parameters is essential for patients on oral chemotherapy.
CASE STUDY #2

- 2/2013: Completed salvage external beam radiation to prostate bed.
- 12/2013, PSA 36.57, CT and Bone scan confirm bone metastasis to right anterior sixth rib.
- 12/2016 CT showed cancer progression with increases in size and number of lymph nodes, bone metastasis stable.
- 1/2017 Started abiraterone 1000 mg once daily with prednisone 5 mg BID
• Did not receive formal education. Received abiraterone medication guide from provider
• No short term follow-up contact or appointment scheduled.
• 4/7/2017 blood test; LFTs elevated (AST 393, ALT-1059).
• MD visit 4/19/17. Complaints of diarrhea, significant hot flashes, mild nausea and joint pain. Abiraterone held secondary to side effects and elevated LFTs.
• 5/8/2017 LFTs WNL, symptoms improving. Abiraterone dose restarted at reduced dose of 750 mg BID.
• CMP weekly for next 4 weeks, LFTs stable.
• 7/13/17 Disease progression, switched to enzalutamide.
CASE STUDY #2 (CONTINUED)

Formal education and follow up important to:

• Ensure appropriate education provided.
• Ensure monitoring parameters reviewed, ordered and completed.
• Ensure review of side effects, and what warrants call to MD.
• Ensure follow-up provider visit scheduled.
• Ensure patient understanding of importance of monitoring parameters.
• Ensure patient provided with written plan that includes schedule for monitoring parameters and provider visit.
CASE STUDY #3: UK ORAL CHEMO CLINIC

- Adherence – In 70 respondents, adherence is high.
- Interviews with 28 patients found adherence to remain high - patients view of the oral chemotherapy – the drug was viewed as a lifeline and of utmost importance – “how could you forget something so important?”
- Non-adherence attributable to forgetfulness, or a change in routine only
- Strategies for adherence all focussed on routine – alarm reminders, use of dossete box, placing of medication.
- Polypharmacy was not seen as an issue – patients often used a medication record chart (provided by hospital as a timetable of what drug to take and when), but those with co-morbidities were already in a medicine taking routine, so added their oral chemotherapy to fit around this.
- Adapting timing of oral chemotherapy dosing to minimise side effects
Several patients (n=11, 16%) reported no side effects. Most common side effects were fatigue, physical tiredness – both often requiring intervention. Side effects often not reported by participants because they hoped the side effect would resolve itself, or they did not deem the side effect serious enough to report. Many patients would wait 4 days or more before reporting a side effect. “…what we see with oral SACTs is that the side effects are not as severe but they’re always there, everyday, day in, day out” (DR02)
MODEL OF CARE

• Use of the Oral Education Clinic well received by patients and health providers

• Information lacking on ‘living well with cancer’

• Information lacking on treatment efficacy and expectations

• Very distressing for patients to receive education on potential side effects of their oral chemotherapy in the current format – lead to feelings of dread and fear – this was as a result of education not being tailored to the individual and repeating information that had already been assimilated
FOLLOW-UP

• Currently the clinic does not provide any telephone follow-up – patients would return to see their consultant oncologist 6-8 weekly. For some patients this was seen as appropriate – those able to self-manage with high levels of confidence. For some, telephone follow-up would be welcomed.

• Telephone follow-up viewed as essential for some patient groups e.g. those who live alone, those who are elderly, those with cognition problems. Need for follow-up should be assessed on an individual basis.

• All patients reflected on the impact of the ‘unknown’ unable to imagine life while taking an oral chemotherapy – questions therefore only came about a few days into taking their new treatment – telephone follow-up would provide an opportunity to ask questions not previously thought of.
RECOMMENDATIONS FOR UK FROM PHD FINDINGS

- Use of oral education clinic, but provide pre-visit information and assess the need for telephone follow-up
- Provide use of a ‘frequently asked questions’ sheet to patients before commencing oral chemotherapy to help trigger questions they might want to ask.
- Encourage attendance of families, or a 3rd party to education visit
- Provide enhanced information where available on how the oral chemotherapy works, and how long potential treatment could last for
IN SUMMARY: KEYS TO SUCCESSFUL PROCESS

Communication
Collaboration
Documentation
Outreach
Consistent Follow up
When are patients educated on oral chemotherapy?
  - Same days as provider visit?
  - Before or after medication has been received?

What are your documentation practices?
  - Oral chemotherapy flowsheet?
  - Interdisciplinary use or nurse only?

How do you communicate with other stakeholders?
  - Pharmacy
  - Insurance authorizations
  - Manufacturer support services
  - Does your pharmacy have access to EMR?

How are patients adherence and toxicity assessed during clinical visits?
  - MD/APP only?
  - With nursing visits?

How do you track your patients?
  - Electronic reports
  - Spreadsheets?
NURSING RESOURCES

• Oralchemoedsheets.com  Drug information sheets (NCODA/ONS/ACCC/HOPA)

• ONS Oral Adherence Toolkit: ONS.org


• ONS Oral Adherence Communities: communities.ons.org/home

• Drug specific FDA approved medication guide (found at end of package insert)

• Drug specific website
REFERENCES


