

Background

- Use of oral oncolytics requires patients to manage their treatment independently leading to potential barriers¹⁻⁴
- American Society of Clinical Oncology (ASCO) recommends integrating adherence measurement tools, such as questionnaires, to assess adherence and identify underlying barriers into clinic protocol and workflows¹
- Incorporating these tools into an interdisciplinary workflow helps address barriers and improve patient outcomes¹⁻⁶

Objective

The purpose of this project was to evaluate the impact of a pharmacist-driven protocol, comprised of an initial patient education and subsequent follow-ups on assessing adherence, identifying barriers and interventions among patients receiving oral oncolytics.

Methods

- Design/Setting:** Single-center, Institutional Review Board approved, retrospective chart review on 30 patients
- Study duration:** January 1, 2025 - March 31, 2025
- Inclusion Criteria:**
 - Adult patients aged 18 or older
 - Patients receiving oral oncolytic therapy
- Exclusion Criteria:**
 - Patients receiving intravenous or infusion chemotherapy
 - Patients enrolled in a clinical trial
- Implementation phase:**
 - At our community medical center, a gap was identified in the monitoring of patients prescribed oral oncolytics
 - Although initial patient education and a 72-hour nurse follow-up process were in place, there was no structured system to evaluate adherence or document patient-reported barriers
 - In response, an interdisciplinary protocol was developed as a pharmacist-administered questionnaire conducted 7-14 days following the initiation of therapy, which aimed to enhance the continuity and quality of follow-up care
- Data collection:**
 - Demographics and Treatment Information:**
 - Patient age, sex, race, ethnicity, primary cancer diagnosis and disease stage
 - Oral oncolytic agent, dose/strength, frequency, treatment intent (curative or palliative), line of therapy
 - Adherence Tools and Monitoring Plan:**
 - Documentation of patient use of adherence tools, including the type of tool (e.g., pill box, calendar, diary)
 - Prescribed supportive care regimens (e.g., antiemetics, antidiarrheals)
 - Toxicities, Adherence, and Outcomes:**
 - Incidence of dose-limiting toxicities, categorized as hematologic or non-hematologic, including whether the toxicity required treatment modification or discontinuation
 - Subsequent barrier and adherence questionnaire: Barriers to adherence (e.g. side effects, refill coordination issues, forgetfulness, food-timing) and adherence rate
- Data Analysis:** Descriptive statistical analysis was performed

QR Code for Workflow and Questionnaire



Primary Outcome	Secondary Outcomes
Type and percentage of barriers and interventions identified at follow up visit	- Adherence assessment rate - Incidence and severity of adverse events - Use of supportive care - Type and percentage of interventions identified at initial counseling visit

Results

Table 1. Patient Demographics

Demographics	Total (n=30)
Average age	72 ± 10 years
Gender	n(%)
Male	15 (50%)
Race	n(%)
White	8 (27%)
Black or African American	6 (20%)
Asian	4 (13%)
Other	12 (40%)
Primary Cancer Diagnosis	n(%)
Breast	10 (33%)
Prostate	7 (23%)
Lung	5 (17%)
Other	8 (27%)
Disease Stage	Total=26 (93%)
Stage 1-3	12 (43%)
Stage 4	16 (57%)

Figure 1. Commonly Prescribed Oral Oncolytics (n=30)

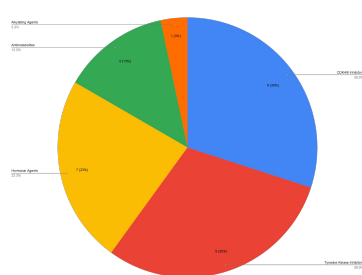


Figure 2. Type and Percentage of Barriers and Interventions Identified (n=30)

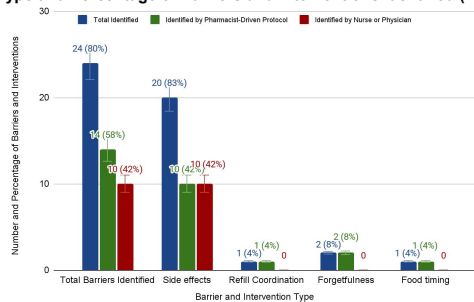
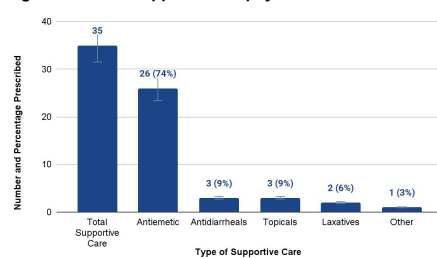


Table 2. Secondary Outcomes

Secondary Outcomes	Total (n=30; n%)
Adherence assessment rate (7-14 days)	97.7%
Pharmacist Interventions during initial counseling	Total=6(20%)
Drug-Drug Interaction	4(67%)
Other (e.g. scheduling follow-up)	2(33%)
Incidence of adverse events	Total=20(66%)
Dose-limiting toxicities requiring treatment modification	10(50%)
Dose-limiting toxicities requiring treatment discontinuation	2(10%)
Use of supportive care	Total=25(83%)
Supportive care prophylaxis	24(96%)
Supportive care prophylaxis coordinated by pharmacist	23(92%)
Supportive care for treatment	7(28%)
Supportive care for treatment coordinated by pharmacist	1(4%)

Results (Continued)

Figure 3. Use of Supportive Prophylaxis and Treatment



Discussion

- Implementation of a pharmacist-driven protocol in clinic workflow led to improvements in the assessment of patient adherence, monitoring, identification of interventions, barriers, and coordination of supportive care
- Pharmacist interventions also extended to supportive care, with most prescriptions initiated at the start of therapy to prevent potential toxicities
- By incorporating structured, longitudinal follow-up into the workflow, pharmacists were able identify high risk patients who require frequent monitoring, and determine adherence barriers such as side effects, forgetfulness, or food timing
- By standardizing adherence monitoring and pharmacist follow-up process, this initiative strengthened the quality and continuity of care for patients receiving oral oncolytics

Limitations

- Short time period to evaluate impact of implementation
- Single-Center Study- limited generalizability
- Small patient size

Conclusion

- Pharmacist-administered questionnaire conducted 7-14 days following the initiation of therapy improved monitoring and proactively reduced the risk of nonadherence and treatment-related toxicities
- The continued use of the pharmacist-driven protocol through collaborative practice agreements, may further optimize management of oral oncolytics in the outpatient setting
- Future plans include frequent monitoring for patients at high risk for barriers and non-adherence

References

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Disclosure: The investigators declare that there are no conflicts of interest.