

# Pharmacist-Led Use of Natural Remedies to Manage Side Effects of Oral Oncolytics in Ambulatory Hematology/Oncology Patients



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## Background

As oral oncolytic become increasingly prevalent in oncology care, patients often self-manage treatment-related side effects such as fatigue, nausea, and insomnia - many of which go underreported and undertreated. Pharmacists can play a vital role in identifying these issues and recommending natural remedies that align with patient preferences and reduce treatment complexity. Despite growing interest, data is limited on the clinical outcomes of these pharmacist-driven interventions.

## Objective

- Identify common side effects experienced by oncology patients receiving oral oncolytics.
- Describe the role of pharmacists in recommending natural remedies to support symptom management.
- Evaluate the impact of pharmacist-guided natural remedies on treatment adherence and patient-reported outcomes.

## Methods

Single-site, prospective observational study from February 1<sup>st</sup>, 2025 through August 27<sup>th</sup>, 2025, evaluating (N=82) patients 18 to 89 years of age serviced by Memorial Specialty Pharmacy (MSP), the health-system specialty pharmacy for Memorial Healthcare system diagnosed with cancer by a Memorial Cancer Institute (MCI) provider on an oral oncolytic experiencing side effects and started on a natural remedy by a MSP pharmacist for at least 2 weeks. Study endpoints included: age, gender, cancer diagnosis, oral oncolytic agent type, side effect reported, pharmacist’s intervention, symptom improvement, and continuation of oral oncolytic agent.

### Outcome Measures

**Primary Outcome:** Patient-reported symptom change (categorized as “better”, "no change," or "worse") after initiation of a pharmacist-recommended natural remedy.

**Secondary Outcomes:** Continuation of the oral oncolytic therapy as planned (yes/no), assessing whether symptom management contributed to sustained adherence. Remedy continuation (whether patients continued using the natural remedy at follow-up).

| Inclusion Criteria                                                                                                                                                                       | Exclusion Criteria                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>➤ 18 years to 89 years of age</li><li>➤ Confirmed diagnosis of cancer</li><li>➤ Received an oral oncolytic for at least 2 weeks from MSP</li></ul> | <ul style="list-style-type: none"><li>➤ Patients who do not meet the inclusion criteria</li></ul> |

Figure 1: Age ranges (N=82)

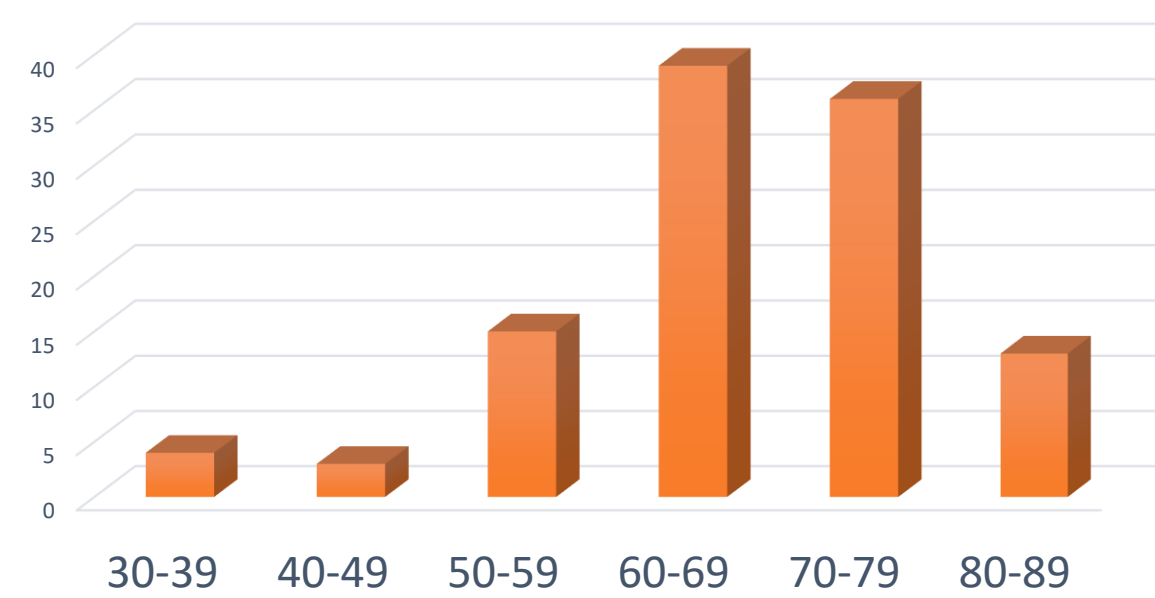


Figure 2: Gender (N=82)

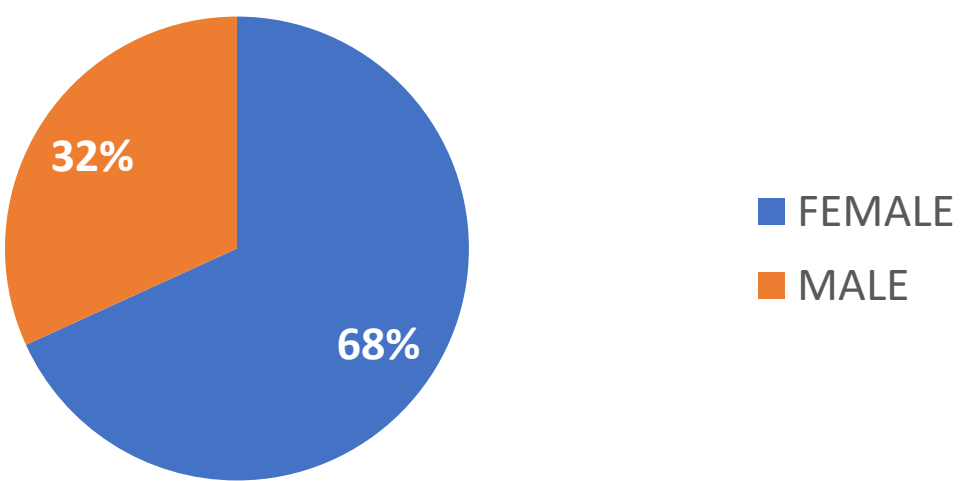


Figure 3: Diagnosis (N=82)

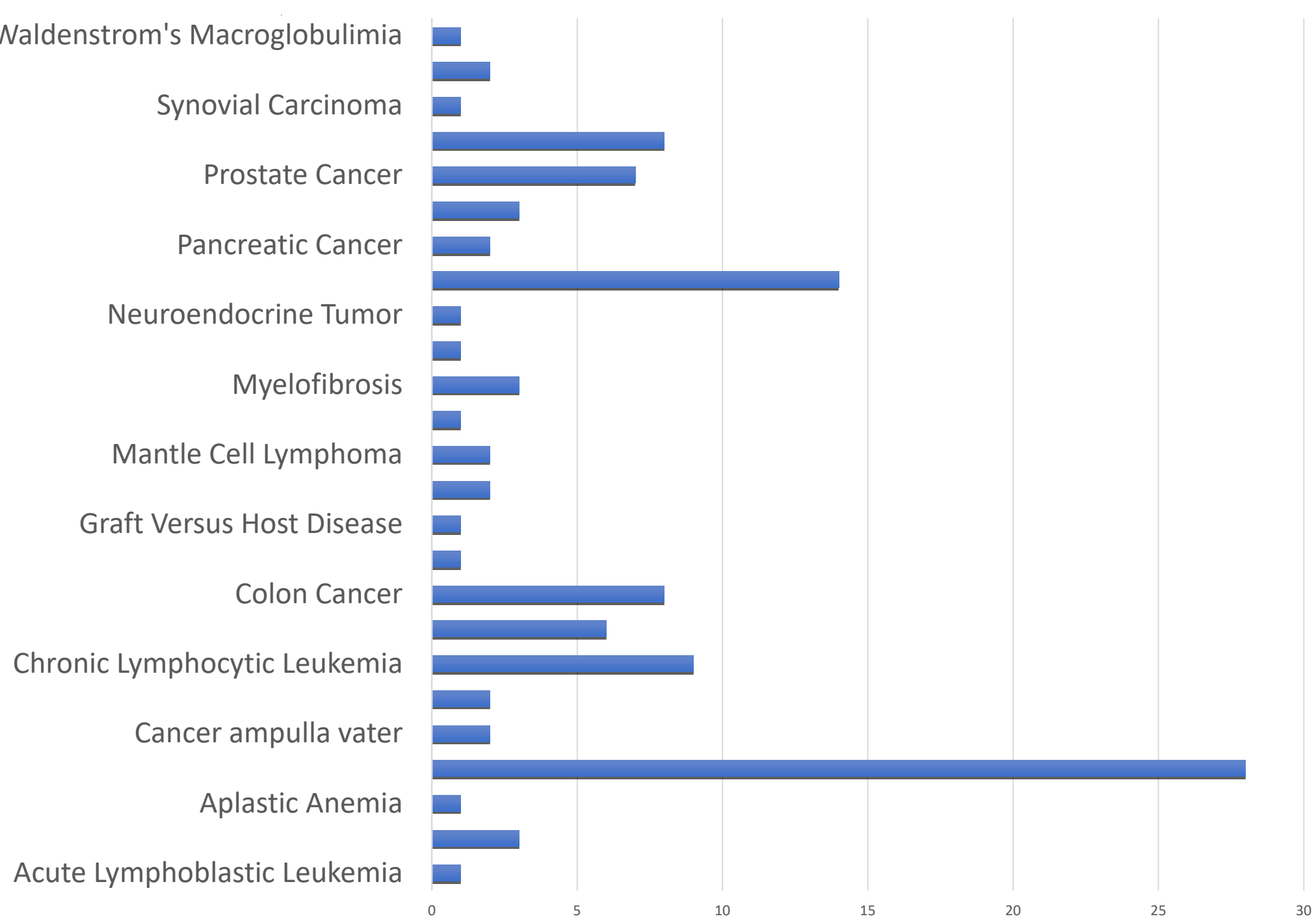
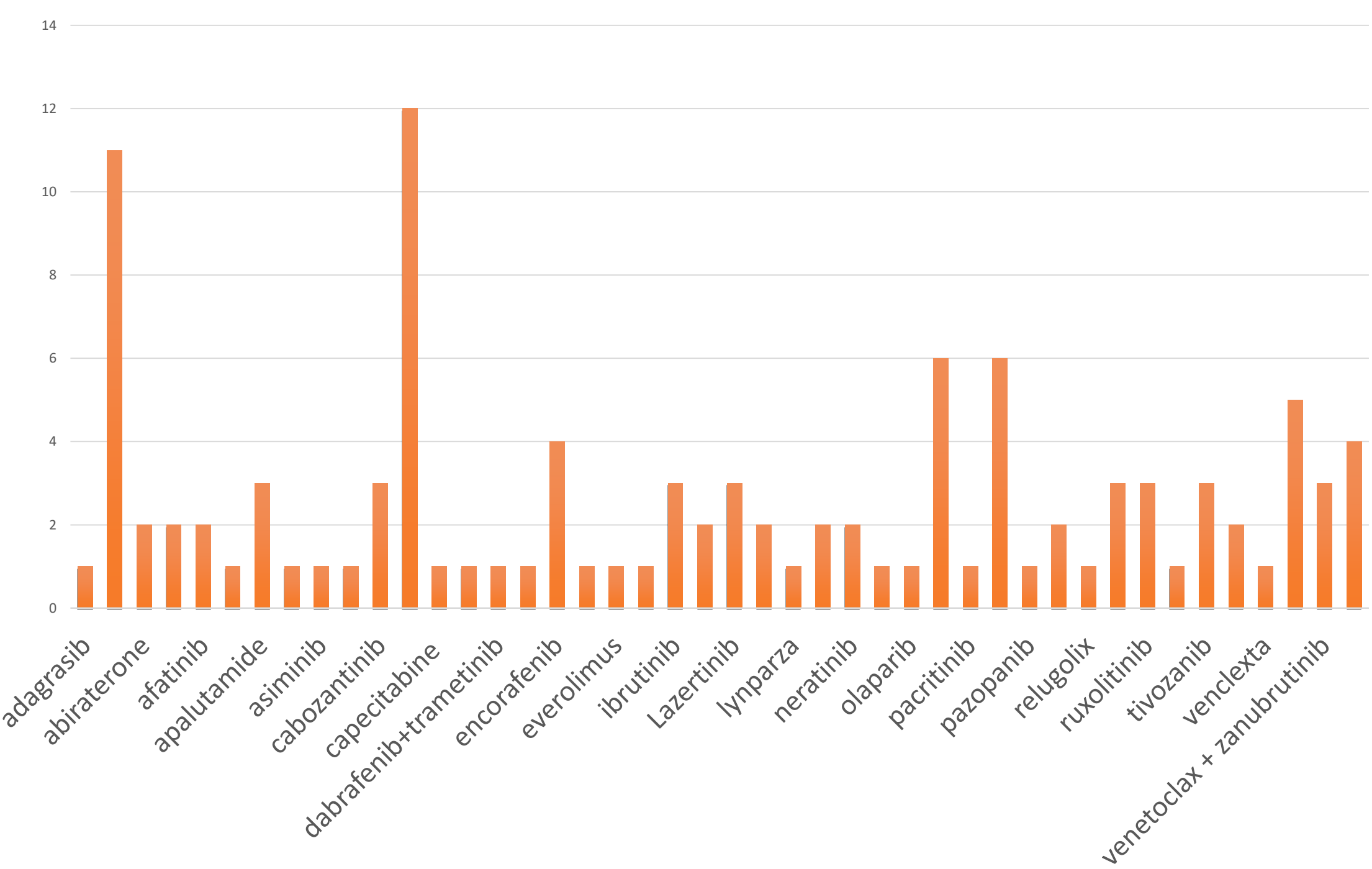


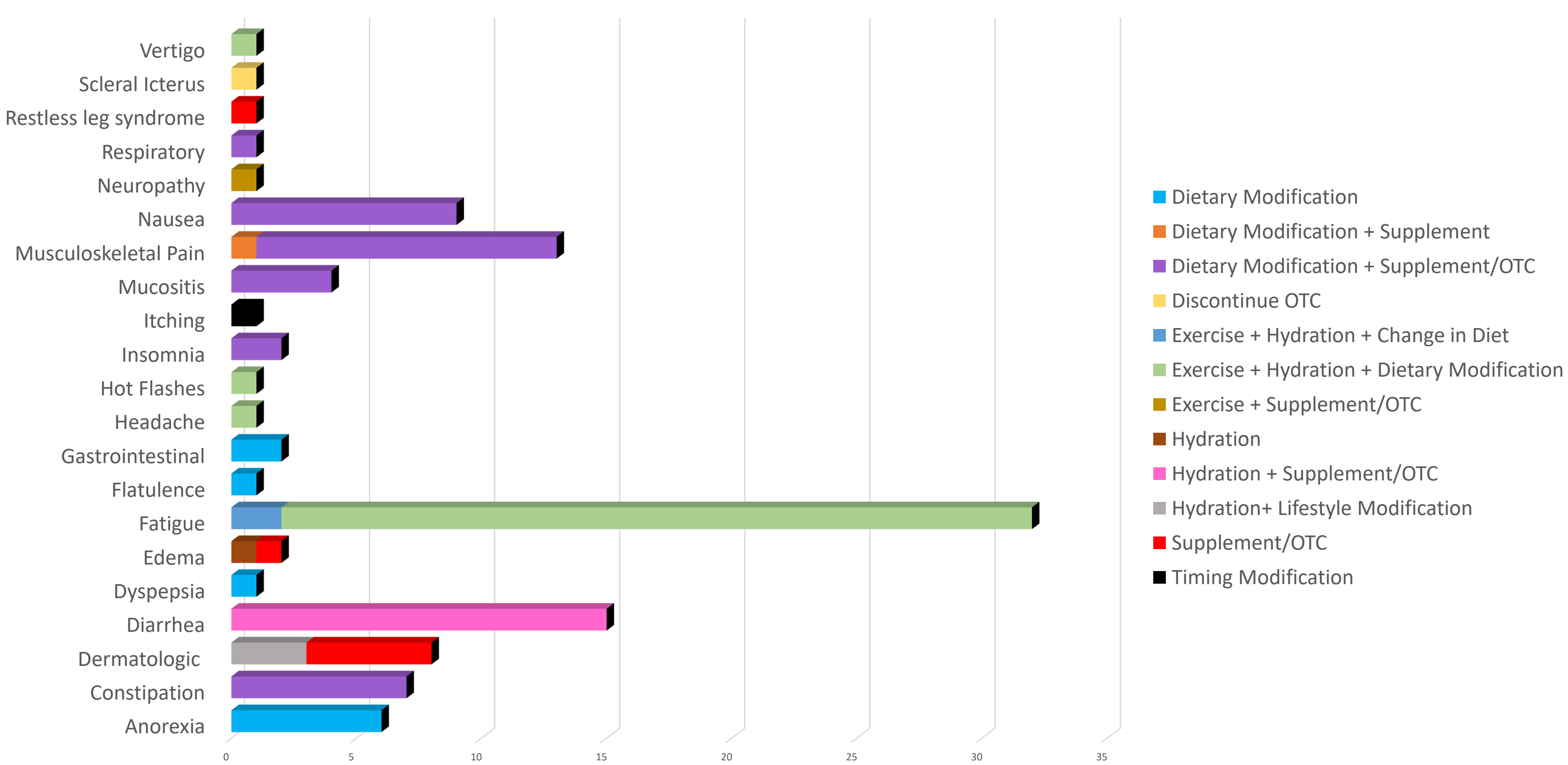
Figure 4: Oral oncolytic agent (N=82)



IRB exempt. Memorial Healthcare Systems Institutional Review Board  
Disclosures: The authors report no conflict of interest and nothing to disclose.

## Results

Figure 5: Patient reported side effect and pharmacist intervention (N=82)

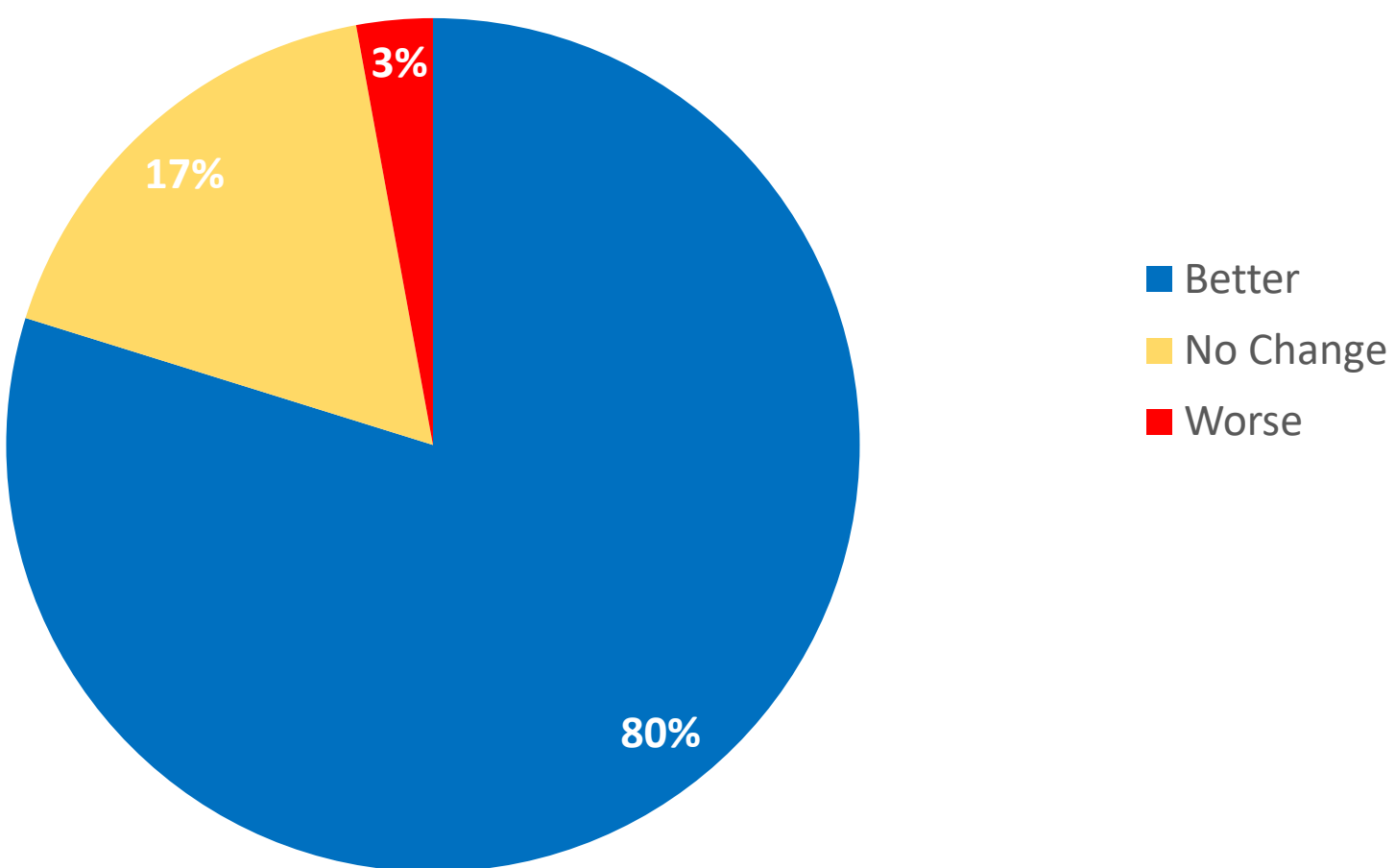


## Conclusion

**Results:** Patients reported fatigue, diarrhea, and musculoskeletal pain as the most common side effects. Pharmacist recommended remedies included: exercise, hydration, dietary modifications and supplements (Figure 5). Oral oncolytics most intervened by the MSP pharmacist were: capecitabine, abemaciclib, osimertinib, palbociclib, and venetoclax (Figure 4). Providing initial education for these side effects early into treatment improved patient’s tolerance and adherence to their oral oncolytic, 80% out of the 112 side effect follow-ups reported. Pharmacist-led symptom management may enhance adherence, reduce symptom burden, and improve patient quality of life. These results can inform future supportive care strategies that incorporate complementary approaches.

**Implications:** These findings support the routine involvement of pharmacists in integrative oncology care by managing oral oncolytic side effects with evidence-informed natural remedies.

Figure 6: Patient symptom outcome (N=82)



## References

