

ADHERENCE TO ORAL THERAPY IN ONCOLOGY IMPROVING THE QUALITY OF PATIENT CARE FROM LA SPEZIA, ITALY

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BACKGROUND In oncology, oral target-therapy and updated use of traditional molecules have brought deep changes in therapy management. Oral treatment now constitutes over 30% of our overall expenses for cancer therapy. **Non-adherence** to treatment can reduce the effects, constitute a potential risk of toxicity, constitute a waste of resources.

METHODS Data regards all breast cancer patients treated between 2009-2010 by ASL5 with oral therapy (capecitabine and/or vinorelbine). Data was taken from patient records and prescriptions analysed retrospectively.

OBJECTIVES Our Oncology Department and Hospital Pharmacy have set out a specific programme for cancer patients undergoing oral treatment that includes:

- specialist visits before each cycle of therapy, provided directly by the hospital pharmacists
- constant team monitoring of toxicity.

The aim of this report is an evaluation of patient adherence to therapy.

RESULTS

OVERALL. The results were taken from 61 patients with an average age of 70 who completed an average number of 6 cycles each with an average duration of 21,6 days per cycle. 84% of patients were undergoing the 1st or 2nd line of treatment.

Reasons for suspending treatment:

- disease progression (40%)
- causes related to treatment (38%)
- disease stability (17%).
- three patients (5%) dropped out for reasons unknown.

Patients were divided into three groups, according to the number of cycles completed (<4, 4-6, >6).

Average duration of cycles in the groups: 21, 22, 23 days respectively.

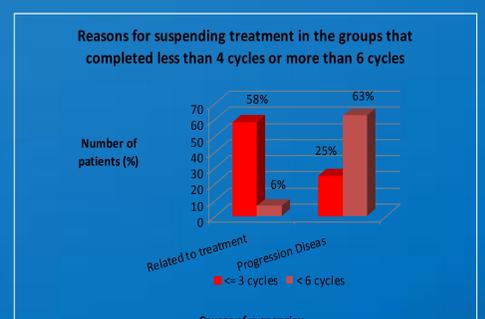
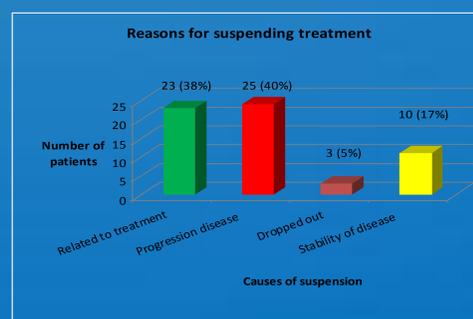
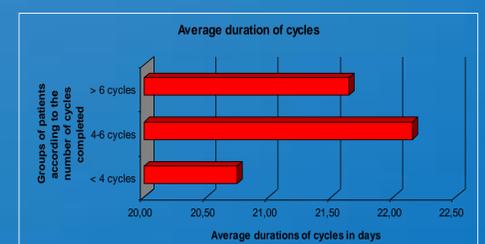
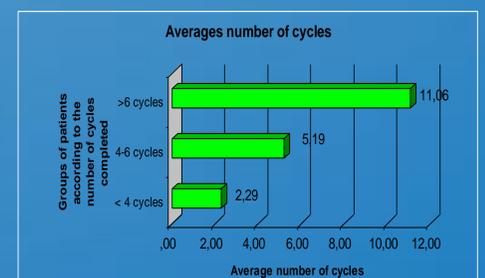
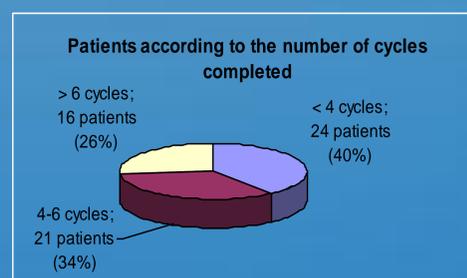
In the group that completed 3 cycles:

- 58% suspended due to toxicity
- 25% due to disease progression

This group included the 3 patients that dropped out.

In the group that completed >6 cycles:

- 6% suspended due to toxicity
- 63% due to disease progression.



CONCLUSIONS The patients attended regularly, adherence and persistence were good. The programme improved the quality of care and reduced costs.

Adherence to oral therapy in oncology can be improved by:

- aiming at a better selection of the patients through identification of predictive factors regarding compliance
- optimizing organizational aspects to encourage patients' regular attendance, educate patients and improve monitoring by the whole team.