PHARMACEUTICAL CONSULTATION IN OUTPATIENT CARE: EXPERIENCE IN THE FOLLOW-UP OF PATIENTS WITH PROSTATE CANCER

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1 BACKGROUND AND IMPORTANCE

Pharmaceutical consultation (PC) is essential to optimize patient follow-up through active monitoring of drug–drug interactions (DDIs), therapeutic adherence, and adverse drug reactions (ADRs) — critical factors for treatment safety and efficacy [1]. In oncology, where patients receive complex regimens and multiple medications, pharmacist-led interventions can improve outcomes and prevent medication-related harm.

2 AIM AND OBJECTIVES

To describe the implementation and impact of PC in the outpatient setting for prostate cancer patients, assessing the frequency and severity of DDIs, adherence, and ADRs detected.

3 MATERIALS AND METHODS

A retrospective observational study was conducted between February 2023 and June 2025, including 88 prostate cancer patients who started ambulatory treatment.
The PC process comprised collection of the Best Possible Medication History, DDI assessment using *UpToDate*, validation of clinical parameters (weight, height, laboratory tests), and patient education to enhance health literacy.
Follow-up comprised teleconsultations 15–30 days after treatment initiation to assess ADRs and adherence, and periodic consultations tailored to drug and patient profile. Severe DDIs and ADRs were communicated to the physician and recorded in the clinical diary.

4 RESULTS

88 patients

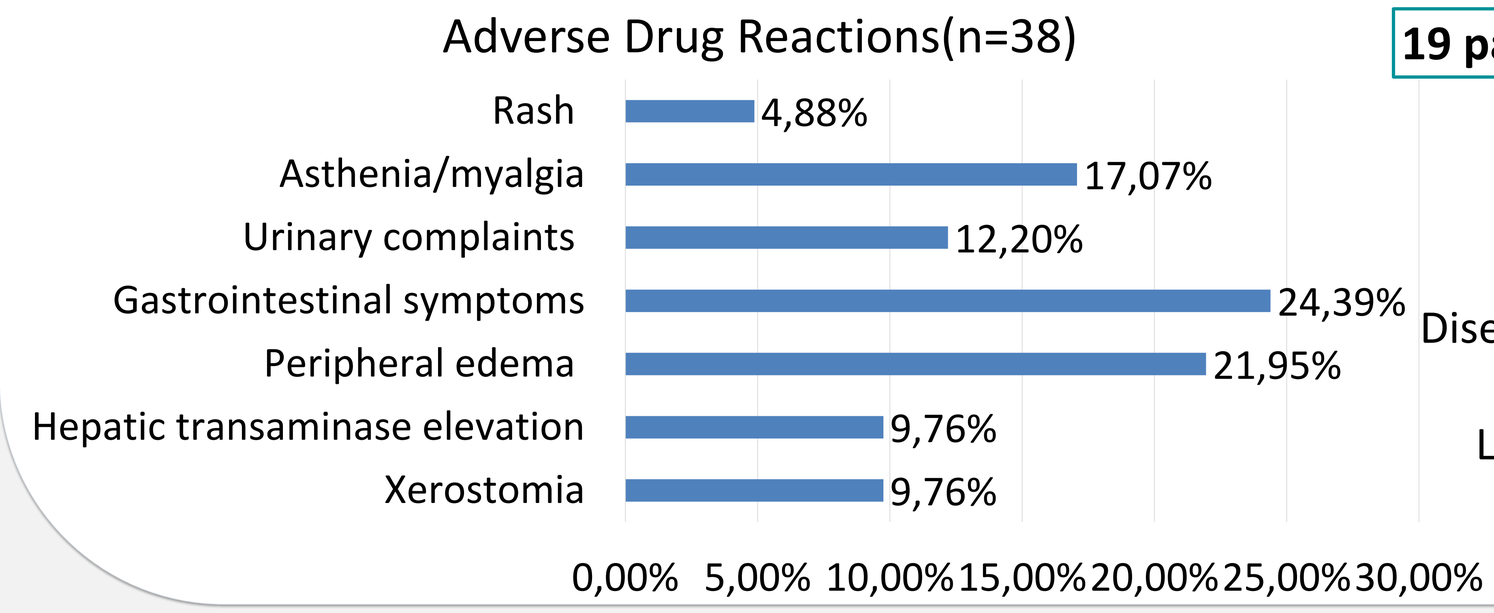
294 consultations performed

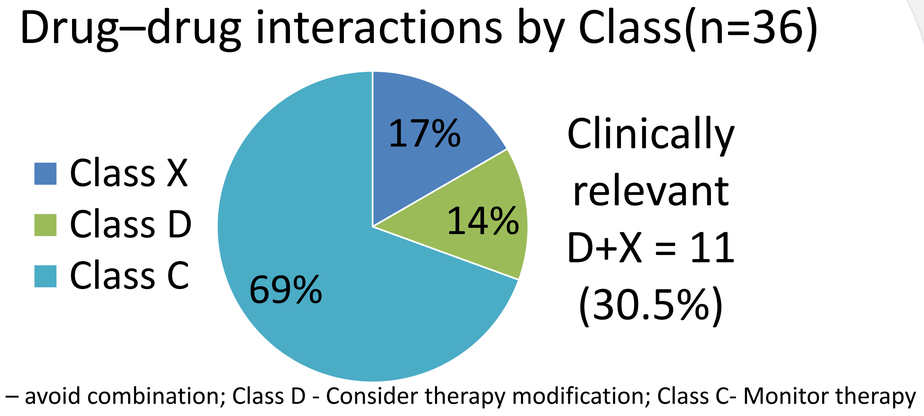
Mean **3,34** consultions per patient

76,9 ± 8,2 years old

Drugs	Patients Number
Abiraterone	70
Apalutamide	8
Darolutamide	3
Enzalutamide	6
Olaparib	1

43,2% patients experienced ADRs

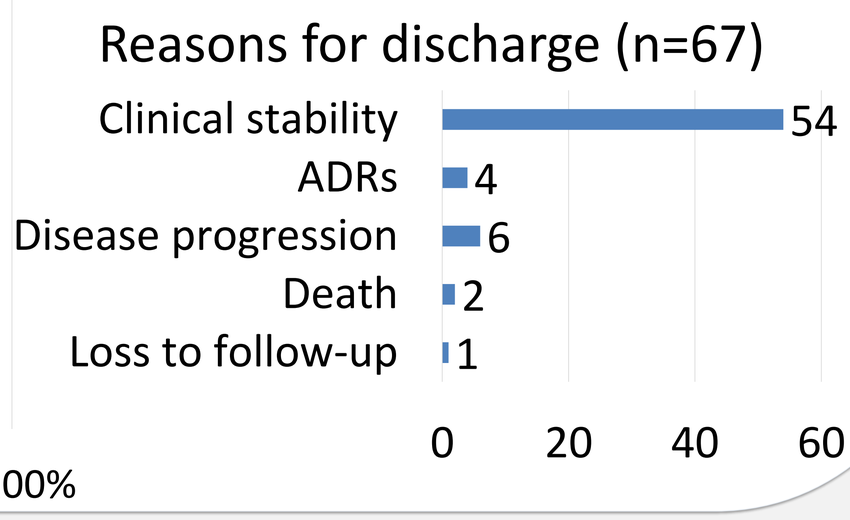




Class X – avoid combination; Class D - Consider therapy modification; Class C- Monitor therapy

Class X interations occured following a change in the therapeutic regimen after communication with the medical team.

19 patients remain under active follow-up



5 CONCLUSION AND RELEVANCE

Outpatient PC for prostate cancer patients proved effective for early detection of DDIs and ADRs and improving adherence. It enhances safety, optimization, and individualization of therapy, confirming PC as a key component of interdisciplinary oncologic care.

6 REFERENCES

Herborg H, Haugbølle LS, Frøkjær B, et al. Pharmacist-led medication review in outpatient clinics: a systematic review. Basic Clin Pharmacol Toxicol. 2018;122(5):518-28.

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