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Multidisciplinary Oral therapy Outpatient Clinic: an Italian single center experience.

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Background and importance

The increasing use of oral anticancer drugs (OAD) led to new challenges for clinicians.
Traditional therapeutic horizon has changed, but data about new cancer care model are still scanty. A multidisciplinary management involving 3 distinct figures (**medical oncologist**, **hospital pharmacist**, and **nurse**) could improve **compliance** and **treatment safety** (trt).

Aim and objectives

Aim of this analysis is to describe the Oral therapy Outpatient Clinic (OOC), a multidisciplinary project performed at our Oncology Unit. Multidisciplinary approach was focused on prescription, therapeutic education, drug interaction, monitoring and follow-up, to improve pts awareness addressing medication safety, trt adherence and adverse events (AEs) management.

Material and methods

OOC was limited to patients with gastro-intestinal (GI) tumors. Three professional figures (medical oncologist, hospital pharmacist, and nurse) performed joint visit (each with specific tasks), with a schedule based on patients (pts) and trt characteristics.

Results

Between March 2019 and April 2020
359 visits were performed in 49 pts

	Pts. 49	N (%)
First dose	Full dose:	19 (38.8)
	• >70y	(33,3)
	• ≤70y	(41,9)
Treatment Delay	≥1 cycle:	29 (59,2)
	• >70y	(61,1)
	• ≤70y	(58,1)
Dose modification	≥1 dose:	27 (55.1)
	• >70y	(50)
	• ≤70y	(58,1)
Concomitant drugs	<4	14 (28,6)
	≥4	35 (71,4)
Drug interaction	≥1	32
	Requiring trt adjustment	29

32 pts (65.3%) had colorectal cancer
5 pts (10.2%) had hepatocarcinoma
7 pts (14.3%) had biliary tract carcinoma
5 pts (10.2%) had other types of GI tumor

Only 19 pts (38.8%) started a full dose trt, (33.3% among pts >70y vs. 41.9% among pts ≤70y). 29 pts (59.2%) had to delay ≥1 trt cycle (61.1% >70y vs. 58.1% ≤70y). 27 pts (55.1%) required ≥1 dose modification due to toxicity, including hematological, cutaneous and GI AEs (50.0% >70y vs. 58.1% ≤70y). 35 pts (71.4%) took ≥4 concomitant drugs: ≥1 drug interaction was found in 32 pts, requiring trt adjustment in 29 pts.

Conclusion and relevance

OAD require comprehensive and integrated pts management. Multidisciplinary simultaneous visit involving oncologist, pharmacist and nurse could optimize trt management, safety and outcomes.

This innovative cancer care model could improve drug assumption awareness and pts education to promptly recognize and manage AEs.

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