

SAFETY OF INTRAVENOUS TREATMENT OF BREAST **CANCER: INTERACTION WITH CHRONIC MEDICINES**

Sebastián-Aldeanueva M., Agustín M.J., Villar I., Alonso-Triana Y.M., Aznárez H., Huarte R., Palomo P., Abad R. Pharmacy Department. Universitary Hospital "Miguel Servet", Zaragoza SPAIN

BACKGROUND Pharmacists may play an important role in the prevention of potential drug interactions (PDIs). PURPOSE To analyze PDIs among intravenous cytotoxic drugs and medications for comorbid illnesses in breast cancer patients, according to the interaction mechanism, its clinical significance and published literature.

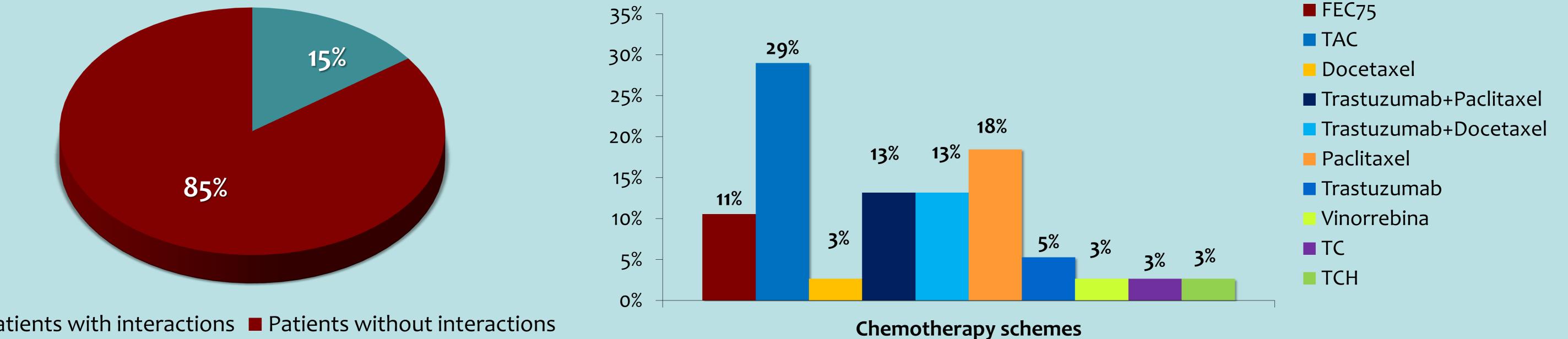
METHODS

Treatments for breast cancer patients were analyzed in a retrospective study during a month. Data were collected

from a Pharmacy Oncology Software (Oncowin[®]) and the Primary care Prescription Data-Base (OMI-AP). Interactions were checked with Lexi-Comp OnlineTM.

RESULTS

73 women were treated with intravenous cytotoxic drugs in November 2011. Mean age was 57±13 years. Only 40 women were registered in the Primary Care prescription database, and 3 of them did not receive concomitant therapy during that month. Comorbid chronic diseases, were treated with 89 different drugs; antihypertensives, NSAIDs, benzodiazepines and antimicrobials were the most widely used drugs.



Patients with interactions Patients without interactions

Detected interactions



Cyclophosphamide/paroxetine paclitaxel/diltiazem Docetaxel/trazodone Paclitaxel/atorvastatin Paclitaxel/ketoconazole

In one patient 2 PDIs were observed: cyclophosphamide/paroxetine and docetaxel/trazodone. All the detected PDIs were pharmacokinetic interactions. None of the detected PDIs had clinical relevance according to the scientific literature.

CONCLUSIONS

PDIs may happen among drugs for chronic diseases and chemotherapy in breast cancer patients. These data are consistent with previous reports in which PDIs were observed in 19% of cancer patients. Most relevant interactions described are paclitaxel with antiepileptics, docetaxel with ketoconazole or cyclophosphamide with benzodiazepines. No clinically relevant interactions were found in our patients. Patients with comorbidities on multiple drug therapy (in addition to the drugs used for cancer treatment) would most benefit from pharmaceutical care.





Departamento de Sanidad, **Bienestar Social y Familia**

18th EAHP CONGRESS. 13 TO 15 MARCH 2013. PARIS. FRANCE