PHARMACEUTICAL CONSULTATIONS DEDICATED TO DIRECT ORAL ANTICOAGULANTS FOR CANCER PATIENTS: A SINGLE-CENTER PROSPECTIVE STUDY

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Background and importance

The use of direct oral anticoagulants (DOACs) in cancer patients is complex with

- frequent drug-drug interactions (DDIs)
- suboptimal adherence

=> We therefore set up hospital-based pharmaceutical consultations dedicated to DOACs in an oncology department.

Aim and objectives

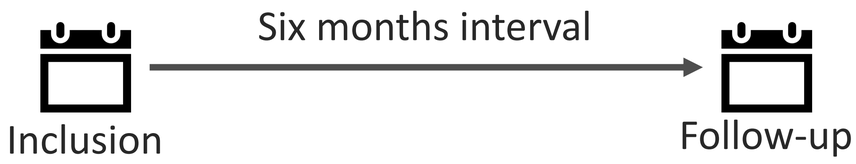
1. Characterize the prevalence and nature of drug-related problems and DDIs in particular,
2. Assess patients' adherence rates,
3. Detect the occurrence of overdosing clinical signs among cancer outpatients treated with DOACs.

Materials and methods

An observational prospective cohort included cancer patients treated with apixaban or rivaroxaban. Antitumor treatment change between the interviews was an exclusion criterion.

Two **pharmacist standardized interviews** to assess

- Drug-related problems
- Patient adherence : Girerd score and medication possession ratio (MPR)
- The occurrence of DOACs overdosing clinical signs



Statistical analyses (Paired t-test, McNemar's Chi-squared) with R software

Results

56 cancer patients (28 women, 28 men, mean age: 70 years)

- 34 outpatients receiving an antitumor treatment
- 22 outpatients before their antitumor treatment initiation

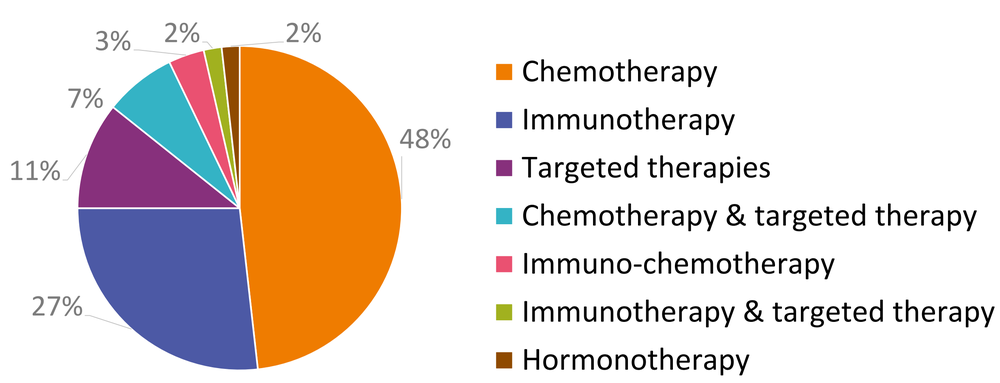
Number of usual medications: mean=6 [min=0, max=15]

15/56 patients used complementary and alternative medicines

DOACs :

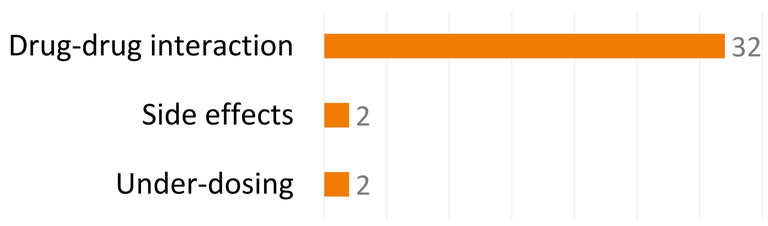
- Apixaban (77%) or rivaroxaban (23%)
- For venous thromboembolism (69%) or atrial fibrillation (27%)

Antitumor treatment

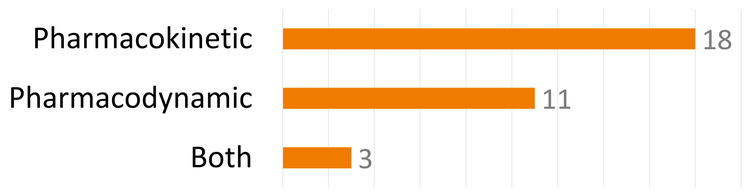


First interview (56 patients)

Drug-related problems in 36 patients (64%)

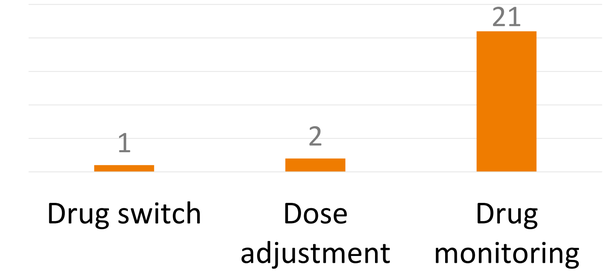


Nature and prevalence of DDIs (n=32)

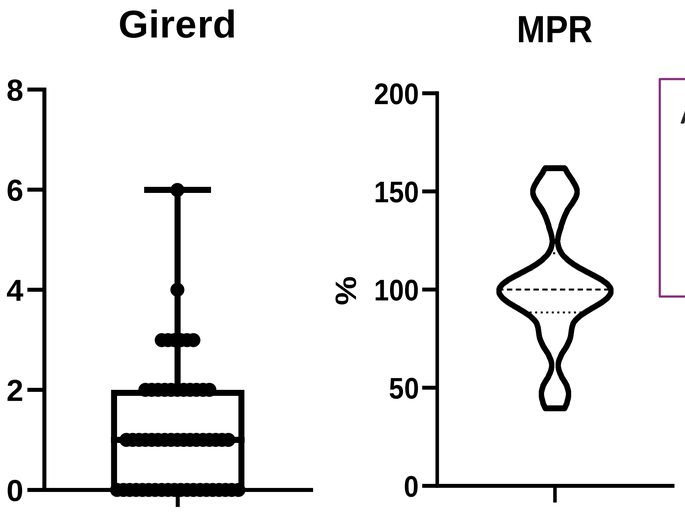


37/56 patients knew no DDI with their DOACs (aspirin…)

Pharmaceutical interventions (n=24)



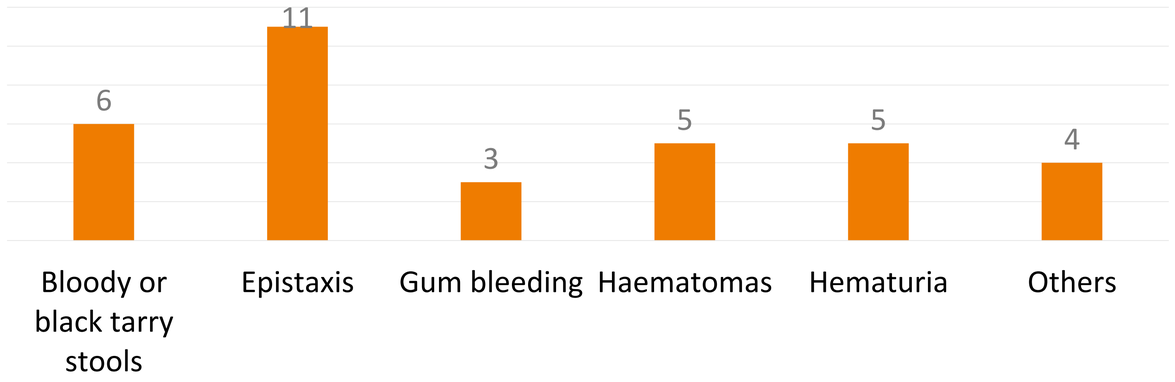
Adherence



Adherence was optimal (MPR >80% and Girerd score of 0–1) for 36/56 patients (64%)

Self-reported DOACs overdosing clinical signs

24 patients (43%) have reported on average 0.7 [min=0, max=4] clinical signs



Second interview (18/56 patients, 31 excluded patients)

No statistical difference (p>0.05) in patient adherence, knowledge about DDI or signs of DOACs over- or under-dosing.

Conclusion and relevance

- Pharmaceutical consultations may help to optimize DOACs use with DDI detection in 56% cancer patients and clinical toxicities management.
- Adherence to DOACs seemed optimal in our single-center cancer patients' cohort.

Pharmacist interviews at six-months interval didn't improve patient knowledge about DOACs

=> A "cancer and thrombosis" therapeutic education program could be evaluated.