

CORRESPONDENCE

Re: Adherence to Therapy With Oral Antineoplastic Agents

Partridge et al. provided an excellent and timely review on patient compliance issues of prescribed oral therapy (1). This important area merits the attention of every oncology clinician, in view of the increasing number of new oral antineoplastic agents. The review would have been more complete, however, if it had pointed out that pharmacist involvement in patient education is essential in achieving compliance in the ambulatory setting.

Patient education (often referred to as patient counseling) by pharmacists on oral medications is recognized as an important component of optimal patient care (2). The importance of patient counseling by pharmacists is not difficult to see when one considers the process of prescribed drug therapy. Most current antineoplastic agents are typically prepared by the pharmacist and administered intravenously to the patient by the nurse in a clinic. In contrast, oral agents are usually dispensed by the pharmacist and self-administered by the patient. Not surprisingly, pharmacist counseling has been used to help optimize patient compliance in contexts in which oral agents are commonly prescribed (e.g., cardiology). For instance, a MEDLINE search using the subject headings "patient compliance" and "pharmacists" yielded 19 studies that found a positive association between patient compliance and pharmacist counseling. More specifically, a systematic review by the Cochrane Collaboration of randomized controlled trials of the effect of expanding outpatient pharmacists' roles on patient outcomes found that pharmacist counseling statistically significantly improved patient outcomes (10 of 13 studies) and compliance (three of six studies) (3).

Oncology clinicians have until now had the luxury of paying little attention to compliance once the patient has agreed to a course of treatment. With the

advent of more oral agents, it is clear that this will no longer hold true. The issue of optimal patient compliance is a complex one, and addressing it will require using the full potentials of all health care professionals involved in chemotherapy delivery.

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REFERENCES

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- (3) Bero J, Bero LA, Bond C. Expanding the roles of outpatient pharmacists: effects on health services utilisation, costs, and patient outcomes (Cochrane Review). In: *The Cochrane Library*, Issue 3, 2002. Oxford (U.K.): Update Software.

NOTE

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de Lemos highlights the involvement of pharmacists in patient education and points out their contribution in fostering adherence to oral medications. Because pharmacists generally dispense oral antineoplastic agents directly to patients to be self-administered, this interaction can be an ideal time to reinforce with patients the importance of taking their medication on schedule and to address any questions about the medication. Furthermore, pharmacists may be the only providers seen by the patient at the time when drugs are refilled, so they may be the most likely to detect problems with adherence. Unfortunately, in many (perhaps most) retail pharmacy settings in the United States, very little counseling actually occurs at present, and the demands of high-volume activity have displaced much of the useful educational activities that de Lemos describes.

Adherence to oral cancer therapy can be influenced by the many individuals who play a part in a patient's care. The support of the entire health care team in recognizing problems with adherence and working to improve individual non-

adherence is an invaluable part of the patient care process.

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NOTES

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