

# Development of a remote pharmaceutical care model for cancer medicines optimisation

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**Background** Oral oncolytics have become increasingly important in cancer treatment, adding challenges to outpatients' monitoring, including higher risk of medication-related problems among polypharmacy individuals.

**Purpose** The purpose of this study is to develop, implement and evaluate a pharmaceutical care model to remotely monitor medication use in polypharmacy elderly people using oral oncolytics.

**Method** A three-phase exploratory study will be performed. Phase 1 will consist of a qualitative study using three focus groups (with patients, clinicians and pharmacists) to assess patients' needs for support of medication use, views of healthcare professionals on interdisciplinary collaboration, and pharmacists' requirements for supportive tools. Internal factors (strengths & weaknesses) and external factors (opportunities & threats) will be thematically analysed. During phase 2, a single-centre proof-of-concept adaptive trial will be set up. The initial protocol will aim to include subjects starting oral therapy for solid tumours, aged 65 or older, taking 5 or more medicines, assigned to control (CG) or intervention group (IG), matched by disease stage and other confounders. CG will receive usual care and IG will additionally receive a remote pharmaceutical consultation and follow-up, focusing on education (indication, frequency of intake, precautions and undesirable effects), compliance and medication review. In phase 3, the trial will be expanded to multiple centres. Main outcomes will include medication adherence (assessed through pill count and Medication Adherence Report Scale) and medication wastage associated with early therapy discontinuation (assessed through hospital pharmacy records and clinical diary). Pharmacist's intervention will be considered as a process measure and will be assessed by pharmacist recommendations' acceptance rate and identified medication-related problems (number and nature).

**Findings** The results will show whether a remote pharmaceutical care model is effective in optimising medication utilization among polypharmacy elderly patients undergoing oral oncolytics. As previously evidenced by The Collaborative Network to Take responsibility for oral AntiCancer Therapy (CONTACT) study, clinical pharmacists' input is valued in the oncology team. Results from the CONTACT study suggest that clinical pharmacists improve the quality of pharmacotherapy. Extending the study to another country may further enhance the evidence of the added-value of clinical pharmacy and pharmaceutical care.

**Conclusion** This work emerges as a result of the perceived need to standardise outpatient counselling and enhance monitoring of medication adherence in the hospital. The insight gained from this data may be used as a basis to extend the developed model to monitor patients with other diseases.