PHARMACEUTICAL CARE NETWORK EUROPE

Working Conference 2013 – Abstract

Collaborative pharmaceutical care in research and practice

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The above mentioned participant in the PCNE WC 2013 wishes to submit following abstract for a poster or oral communication. If accepted and presented, the abstract will be published in the International Journal of Clinical Pharmacy. Please make sure the abstract is no longer than 350 words, excl. author-details.

Title

Evaluation of a best-practice model for multiprofessional medication management in cancer patients

Author(s)

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Type of abstract

☒ Research ☐ Practice development ☐ Practice implementation

Aim of project/study

The aim of this project is the development, implementation and evaluation of a multiprofessional best-practice model to enhance patient safety by structured and standardized outpatient cancer care.

Background / Method

The complex medication of cancer patients consisting of anticancer drugs and supportive treatment is frequently associated with drug-related problems. To sustainably improve patient safety it is of particular importance that all involved health care professions cooperate as efficient as possible.

A module-based medication management model was developed in a multiprofessional quality circle in order to define 'best practice'. All care modules include evidence-based recommendations for supportive care, written patient information, and an algorithm illustrating the care process. For the evaluation of the model a Patient-Reported Outcome (PRO) version

of the Common Terminology Criteria of Adverse Events (CTCAE), developed by the National Cancer Institute (NCI), was chosen. Prior to the implementation of the model a pilot study was conducted to test the feasibility of measuring patient-reported toxicity.

Result(s) / Outlook

In total six care modules were developed for medication review and interaction check, malnutrition and for the management of four common adverse events: nausea and emesis, mucositis, fatigue, and pain. The modules can be applied individually for each patient according to the medication and the incidence of toxicity. In total 30 outpatients with solid tumors were surveyed in the pilot study and results show that approximately 73% of the patients suffered from severe or very severe toxicity according to PRO-CTCAE grade 3 or 4. Fatigue was the most frequent adverse event (87%) followed by sleep disorders (70%) and nausea (57%).
The efficacy of the model will be evaluated in a mono-centre randomised two-arm interventional trial at the oncology outpatient clinic of the Johanniter-Hospital in Bonn which is currently ongoing. Patients are allocated either to the control group receiving best standard care or to the intervention group receiving medication management according to the best-practice model. The primary endpoint is the time to first occurrence of severe toxicity (grade 3 or 4) according to the PRO-CTCAE classification. The sample size is calculated with 106 patients in total.

+++ NB: PhD students still pay the early bird fee for their abstract if their abstract is accepted ++++