Impact of the real-life multidisciplinary city-hospital ONCORAL program for patients treated with oral anticancer therapy

F Ranchon[1,2], C. Lattard[1,2], C Herledan[1,2], A-G. Caffin[1], M-A. Cerfon[1], C. Rioufol[1,2]
1 - Hospices Civils de Lyon, Groupement Hospitalier Sud, Unité de Pharmacie Clinique Oncologique, Pierre-Bénite, France , 2- Université Lyon 1- EA 3738, CICLY, Lyon, France

Poster n° 2431

INTRODUCTION

Healthcare professionals are faced with the new challenges of preventing and managing **Drug-Related Problems** (DRP) with **Oral Anticancer Therapy** (OAT): side-effects, drug-drug interactions (DDI) and interactions with Complementary Alternative Medicines (CAM), non-adherence or medication errors.
This study aims to assess the impact of **ONCORAL**, a real-life multidisciplinary care plan for cancer patients based on community and hospital early follow-up, for the first OAT cycle.

MATERIELS & METHODS

Outpatients starting OAT treatment at Lyon Sud Hospital (Hospices Civils de Lyon, Lyon, France) between October 1, 2021 and October 1, 2022 were enrolled.
During the first OAT cycle, the program consists of **6 weekly scheduled face-to-face or phone consultations** to prevent and manage DRPs. Nurse and pharmacist interventions (NPI) are realized to **optimize treatments** (primary outcomes). Secondary outcomes included the relative dose intensity (dose prescribed/theorical dose) of the first cycle.

DISCUSSION/CONCLUSION

ONCORAL succeeded in **early detection** and **management** of **DRPs**, with results regarding treatment interruption based on RDI (close to 85%). This highlights the **complementary contributions** of oncologists, pharmacists and nurses in the **multidisciplinary management** of cancer patients receiving OAT.

RESULTS

Population

209 patients
50.2% male
69 ± 14 years

63.6% hematological malignancies
36.4% solid tumors

Lenalidomide (n=35), Ibrutinib (n=26), imatinib (n=9), enzalutamide (n=9), capecitabine (n=8), apalutamide (n=7), cabozantinib (n=7), abemaciclib (n=7).
Other OATs were prescribed for 1 to 6 patients

Nurse and Pharmacist interventions (NPI)

➔ **562 NPIs performed / 346 DRP**

- ≥ 1 NPI performed for 87.1% of patients (mean 3.1 ± 2.2 NPIs /patient)

DRP (n,%)	N (%)
Need for pharmaceutical green light to start new drug or CAM	139 (40.2%)
DDI	73 (21.1%)
Adherence problem	39 (11.3%)
Sub-optimal schedule of drug intake	26 (7.5%)
Dosage problem	11 (3.2%)
Unjustified drug prescription	7 (2.0%)
Contra-indication/non-conformity to guidelines	10 (2.9%)
Drug omission (6, 1.7%)	6 (1.7%)
Other	35 (10.1%)

NPI description	N (%)
Pharmaceutical green light	102 (29.5%)
Drug discontinuation	76 (22.0%)
Pharmaceutical advice	48 (13.9%)
Optimization of administration plan	24 (6.9%)
Dose adjustment	12 (3.5%)
Information relay	29 (8.4%)
Drug monitoring	24 (6.9%)
Drug switch	7 (2.0%)
Addition of a new drug	24 (6.9%)

- 78 NPI for coordination between city and hospital and 138 NPI to manage patients related outcomes (adverse effects or symptoms)

Relative Dose Intensity (RDI)

Mean RDI at the end of the first cycle, calculated for 209 patients, **was 83.1 ± 23.9%** [range, 17.56-144.23].