Current Practice Patterns for Oral Chemotherapy: Results of a National Survey

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The administration of chemotherapy drugs has shifted dramatically in the past 15 years from parenteral to oral administration (Moody & Jackowski, 2010). Along with this change has come increased responsibility for patient self-management. With oral chemotherapy, patients and their families bear the burden for the five rights of medication administration: right patient, right drug, right dose, right time, and right route. In addition, patients must understand administration directions, properly store and dispose of medications, recognize adverse effects as being related to their chemotherapy, and report those effects to the appropriate care provider.

A substantial body of literature indicates that patient and family education and follow-up are critical to treatment success with oral chemotherapy (Bedell, Hartigan, Wilkinson, & Halpern, 2002; Birner, Bedell, Avery, & Ernsto, 2006; Chau, Legge, & Fumoleau, 2004; Gerbrecht & Kangas, 2004; Hartigan, 2003; Moody & Jackowski, 2010; Moore, 2007; Smith & Carter, 2010; Szetela & Gibson, 2007; Weingart et al., 2011, 2012; Weingart, Mattsson, Zhu, Shulman, & Hassett, 2012). Suggested strategies include specialized prescription instructions, medication diaries, dose monitoring (Khandelwal, Duncan, Ahmed, Rubinstein, & Pegus, 2011), monitoring and reinforcing teaching at each office visit, and follow-up telephone calls (Staddon, 2011). To date, however, national data about the actual practices related to oral chemotherapy treatment are not available, particularly in the outpatient setting where most oral chemotherapeutic agents are prescribed and managed. Oncology nurses often are at the front line of providing care for patients treated with oral chemotherapy (Winkeljohn, 2007). Nurses, therefore, have insight into the most difficult problems those patients face, and may be able to collaborate with their interdisciplinary colleagues to improve the standard of care, if necessary.