Temporary Stoppages and Burden of Treatment in Patients With Cancer

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OBJECTIVES: To examine the effect of burden of treatment and multimorbidity on the relationship between baseline characteristics and oral oncolytic agent (OOA) temporary stoppages.

SAMPLE & SETTING: 272 patients newly prescribed OOAs at six National Cancer Institute–designated comprehensive cancer centers.

METHODS & VARIABLES: Patients were randomly assigned to an adherence and symptom management group or a usual care/control group. Temporary OOA stoppages, symptom interference, OOA regimen complexity, and multimorbidities were explored. Data were collected at four-week intervals for 12 weeks.

RESULTS: Burden of treatment variables and multimorbidity had no significant effect on OOA temporary stoppages. Women and those prescribed kinase inhibitors were significantly more likely to experience a temporary stoppage.

IMPLICATIONS FOR NURSING: Oncology nurses are in a crucial position to educate patients on self-management of OOAs and symptoms. Nurses should be aware of patients who may be more susceptible to severe symptoms, including those with multimorbidities. Future research is needed to better understand OOA stoppages and factors associated with preventing stoppages.

Individual characteristics may play a role in the treatment regimens of patients with cancer. Age, sex, body mass index (BMI), race, and other characteristics have been extensively researched in patients with cancer to facilitate providers' decision-making ability regarding treatment plans (Tawfik et al., 2016). However, the presence of multimorbid conditions in patients with cancer brings about unique challenges for providers and patients (Sarfati, Koczwara, & Jackson, 2016). As life expectancy increases, the issue of cancer and multimorbidity will become a growing consideration for researchers and clinicians. For patients, the issue of cancer and multimorbidity brings about an increased number of tasks needed to manage their diseases, as well as their perspective of their cancer and multimorbidities and the associated workload. The workload for patients with cancer who are prescribed oral oncolytic agents (OOA) presents unique challenges because they experience greater responsibility for self-management than those treated with IV chemotherapy (Zerillo et al., 2017). Unlike IV chemotherapy, patients prescribed OOAs must manage their medications and side effects in the home (Salgado et al., 2017).

Burden of treatment (BOT) is defined as the combination of a patient's workload and his or her perspective of the condition and workload (Eton et al., 2015; Sav et al., 2013; Tran, Barnes, Montori, Falissard, & Ravaud, 2015). The need to examine this concept is related to the shift to shorter inpatient stays and a greater emphasis on patient self-management in the home and, therefore, a greater workload or burden (Pefoyo et al., 2015; Williams et al., 2016). Tran et al. (2015), Sav et al. (2013), and Eton et al. (2015) are the three primary contributors to BOT conceptual literature. Their work began with the conceptualization of BOT, and since then, they have started to empirically measure the concept within certain chronic disease populations.

The existing BOT literature has focused on several chronic conditions, including HIV/AIDS (Gao,