

Overview of the Challenges Related to Oral Agents for Cancer and Their Impact on Adherence

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Background: The increasing number and complexity of oral agents for cancer (OACs) have created a paradigm shift in the process and outcomes in oncology care. With 25%–30% of new oncology medications in development being oral agents, and a steady increase in approvals in the past 5–10 years, the issues are relevant in clinical practice.

Objectives: The purpose of this article is to provide an overview of the challenges related to OACs, including adherence, and to describe the consequences of adherence and resources for oncology nurses.

Methods: The literature was searched to determine challenges related to OACs and their impact on adherence, and an overview of the issues was compiled.

Findings: Oncology nurses are key stakeholders in recognizing the challenges and issues associated with the change in treatment regarding OACs. Oncology nurses are an integral part of managing the oral agent process, from access to adherence. Oncology nurses need to understand the issues surrounding OACs so that adherence practices can be improved.

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The use of oral agents for cancer (OACs) has increased considerably since the early 2000s, reflecting the chronicity of cancer treatment. Oral therapy often is self-administered and unobserved for months to even years. Patients with cancer have responsibilities to manage their own dosages and toxicities of complex regimens, with fewer office visits than with traditional IV therapies. This change in the treatment of cancer has led to new concerns for patients and caregivers, healthcare providers, and healthcare systems. The concerns include clinical issues such as safety, communication, and adherence.

Paradigm Shift to Oral Agents

Research and development of new OACs and oral counterparts to existing parenteral chemotherapy agents have increased dramatically. An estimated 25%–30% of all cancer agents in development are oral medications (Weingart et al., 2008). The pipeline of oral oncology drugs is growing. Almost

half of the 300 medications in phase II and III clinical trials are oral medications (Weber, 2012). An improved understanding of genetics, genomics, and molecular changes has led to the development and use of more targeted oral agents (Geynisman & Wickersham, 2013). Recent changes in Medicare Part D, and state-level legislation mandating the coverage of oral agents similar to traditional IV therapy, have had a positive effect on promoting additional OAC development (Weingart et al., 2008).

This shift in chemotherapy delivery will have an increasing impact on oncology practices and infusion centers. In the past, patients with cancer primarily have received intermittent IV therapy, administered by oncology nurses, and been observed in a safe, structured, and controlled setting. These patients also had frequent office visits and opportunities for interaction with the healthcare team. As more OACs are prescribed, the processes for obtaining the medication, educating patients, and monitoring for adherence and side effects will be ongoing challenges (Banna et al., 2010; Barton, 2011; Given, Spoelstra, & Grant, 2011). Increased use of OACs likely will result in changes in workflow,