Modern oncology treatments, cancer screening and earlier diagnosis mean that cancer is becoming more of a chronic disease. Cancer was one of five priority long-term conditions in the previous government’s ‘NHS plan 2010–15: from good to great’. Drug treatments are increasingly available in oral form (including over one-third of 650 oncology agents in development) and are self-administered by patients at home. These advances have transformed the outlook for many patients, but new challenges come in their wake. Optimal outcomes from chronic treatments require a long-term commitment by patients to adhere to and persist with their medication regimens.

It is often assumed that adherence to oncology therapies will be unproblematic: surely patients will be only too keen to take their medicines, given the life-threatening nature of their condition? But numerous research studies indicate that adherence and persistence with long-term oncology therapies can be just as much of an issue as in other chronic disease treatments.

What do we mean by adherence and persistence? Adherence has been defined as “the extent to which the patient’s behaviour matches agreed recommendations from the prescriber”. Compliance is “the extent to which the patient’s behaviour matches the prescriber’s recommendations” — agreement does not feature. Persistence is the duration of time from initiation to discontinuation of therapy. There is a common view that adherence is just a politically correct term for compliance; indeed I was struck by how people I spoke to mentioned compliance then rapidly corrected themselves by saying “I mean adherence”. But adherence is a different concept, and new ways of approaching it may be necessary to promote evidence-based medicines use.

Recorded rates of adherence and persistence with oral cancer therapies range between 16 and 100 per cent in adults. Persistence declines over time, and one-fifth between 16 and 100 per cent in adults. Persistence declines over time, and one-fifth between 16 and 100 per cent in adults. Persistence declines over time, and one-fifth between 16 and 100 per cent in adults. Persistence declines over time, and one-fifth between 16 and 100 per cent in adults. One-fifth between 16 and 100 per cent in adults. Persistence declines over time, and one-fifth between 16 and 100 per cent in adults. One-fifth between 16 and 100 per cent in adults. One-fifth between 16 and 100 per cent in adults. One-fifth between 16 and 100 per cent in adults. One-fifth between 16 and 100 per cent in adults. One-fifth between 16 and 100 per cent in adults.

Although most oncology adherence interventions in the community are nurse-led, there is an opportunity for community pharmacists to offer such support, provided they receive training and are supported by specialist pharmacists, writes Eileen Neilson

Oncology patients need to know what to expect

London Cancer Network, prepared a report on oral chemotherapy for the NPSA which is due to be published later this year. Catherine Oakley and Jo Johnson, specialist oncology nurses, developed an oral chemotherapy diary that won a Health Service Journal/Nursing Times Better Safety in Medicines award. It provides a scheduling reminder, and automated text messaging: automated texts will remind patients when to take their chemotherapy and patients will be able to text their side effects to seek advice from the oncology team.

As more oncology medicines are used long-term outside hospitals, GPs and community pharmacists will become increasingly involved in prescribing and supplying them and advising on their use. Mr Ball has highlighted potential gaps in non-specialists’ knowledge and expertise which could leave patients without vital physiological monitoring and correct advice. Although most oncology adherence interventions in the community are nurse-led, there is an opportunity for community pharmacists to offer such support, but they will need additional training, and clinical supervision from specialist pharmacists, to take on this role.

Clinicians in all oncology disciplines need to be aware of the evidence on improving adherence and persistence with oncology therapy. Professional associations and networks, educators, regulators, researchers, specialist practitioners and patient organisations can play significant roles in raising awareness and thereby improving professional practice and treatment outcomes.

ACKNOWLEDGEMENT Thanks to Alison Blenkinsopp for her contribution.

Eileen Neilson, a former head of policy development at the Royal Pharmaceutical Society, is an independent consultant (e-mail eileen.neilson@goolemail.com). This article is based on a presentation given at a NextLevelPharma conference on Enhancing Sales & Marketing Performance for Oncology Therapeutics, Brussels, 15–16 March 2010

www.pjonline.com