

Evaluation and optimization of home care and follow-up of patients treated with an oral anti-cancer therapy

Paulus G. ⁽¹⁾, Gaspard O. ⁽²⁾, Van Hees T. ⁽¹⁾, Duvivier F. ⁽²⁾

(1) Service de pharmacie clinique, CHU de Liège, Belgique (2) Service de pharmacie hospitalière, CHR de Verviers, Belgique



Introduction

Development of oral anticancer treatments presents many advantages, especially in terms of quality of life for the patient. However, there are also many factors of non-adherence to the treatment. Considering the emergence of these new drugs, optimal management seems essential.

Objectives

The main objective of this study was to evaluate the satisfaction of patients treated with oral cancer therapy, regarding their overall care and home follow-up by a team of hospital oncology nurses.

The secondary objectives were:

- to assess patients' knowledge of their anti-tumor treatment,
- to analyze the reported adverse effects in patients treated with oral cancer therapy,
- to measure the satisfaction of the medical and nursing staff.

Methods

The study ran from November 2016 to April 2017 in the East Belgium Regional Hospital Center, Verviers, Belgium.

Two interviews separated by 3 months were conducted by a hospital pharmacist to assess patient satisfaction.

Patients' knowledge of their anti-tumor treatment was evaluated during these interviews.

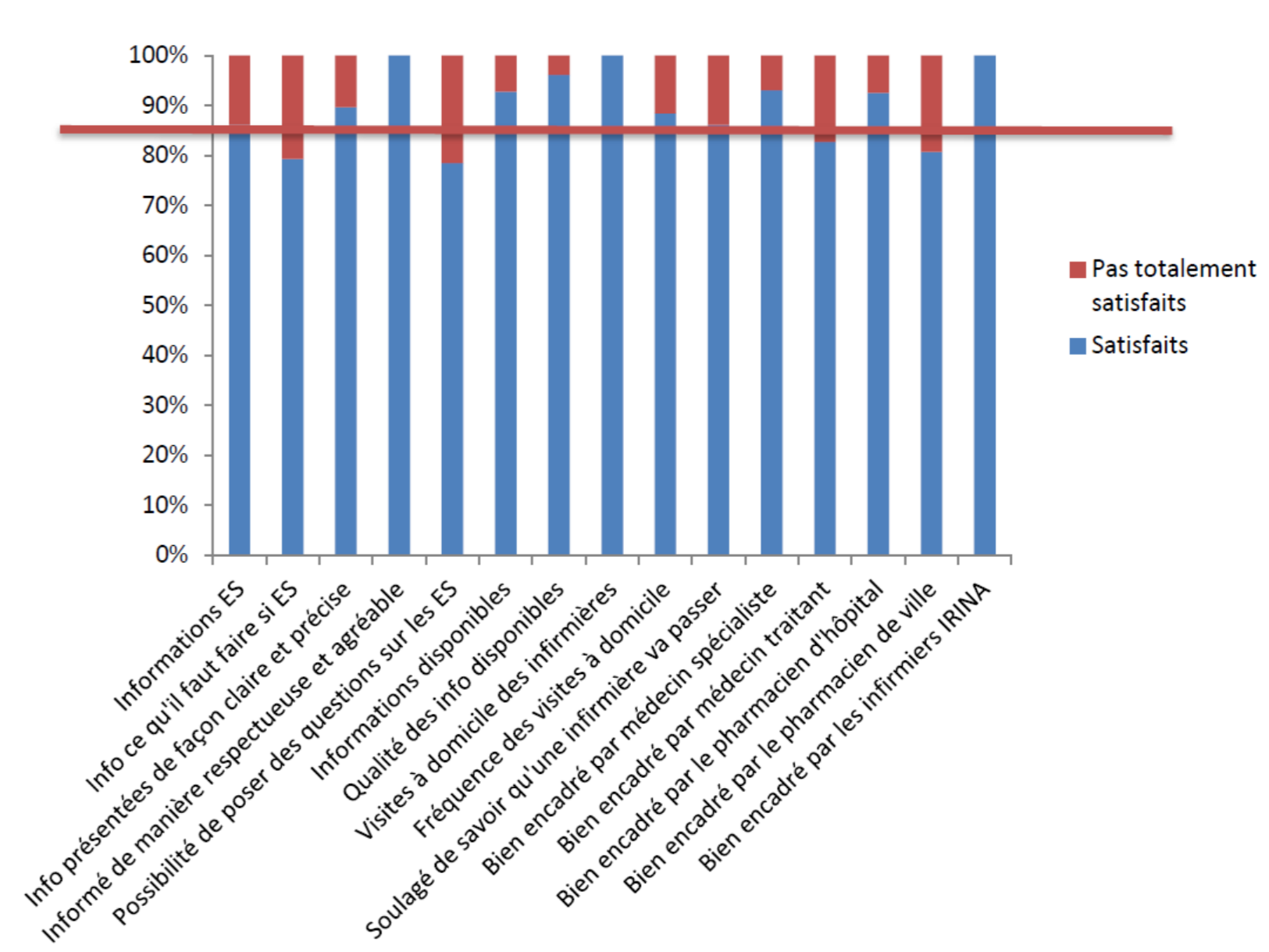
The pharmacist collected data for cancer treatment and adverse effects in the computerized medical records of patients followed (N=30) and patients not followed (N=50) at home by oncology nurses.

A satisfaction survey was sent to physician and nurses specialized in oncology.

Results

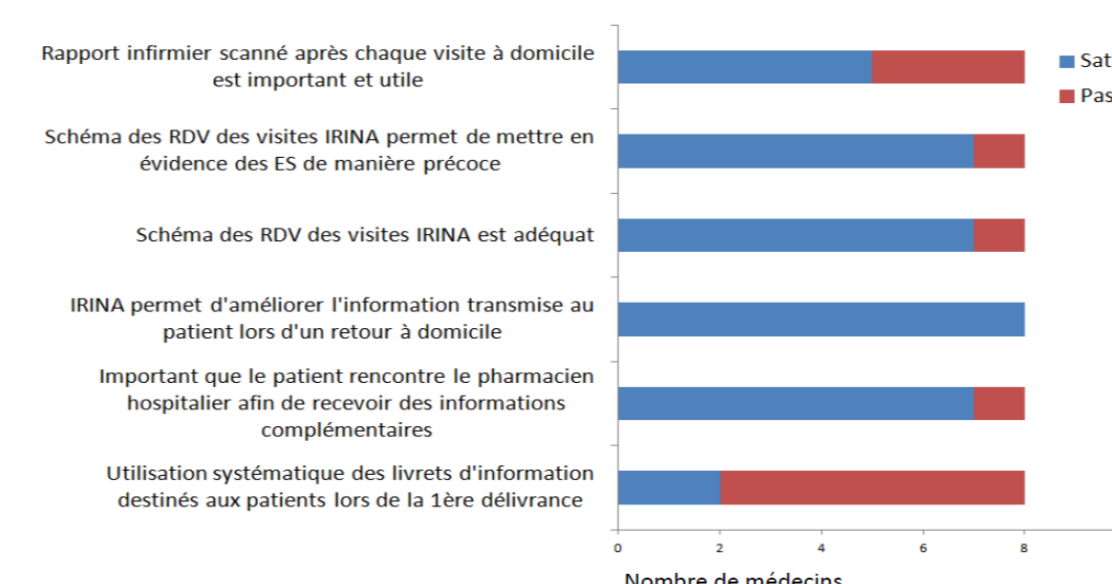
Patients were satisfied with the management they were offered.

Patient satisfaction during the first interview

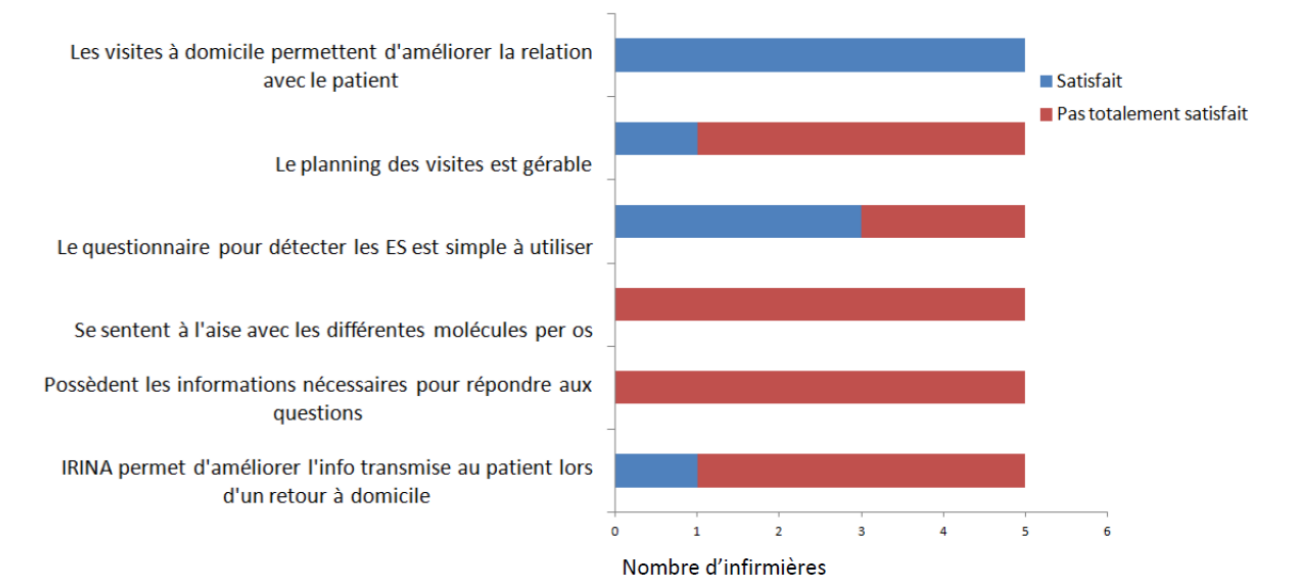


The introduction of home follow-up has been well received by both patients and physicians.

Physicians satisfaction



Nurses satisfaction



Follow-up at home led to a greater number of reported side effects and early management.

	Avant IRINA (N1=50)	Suivi IRINA (N2=30)	p-valeur
Nombre total de notifications d'EI les 3 premiers mois	207	274	<0,0001
Moment de la mise en évidence de l'EI			<0,0001
0-2 semaines	17% (n=35)	34% (n=93)	
2-4 semaines	30% (n=62)	22% (n=59)	
1-3 mois	53% (n=110)	45% (n=122)	
Rapporteur de l'EI			<0,0001
Le patient	9% (n=19)	8% (n=21)	
L'infirmière IRINA	0	50% (n=137)	
Le médecin spécialiste	85% (n=176)	35% (n=96)	
Le médecin traitant	3% (n=7)	2% (n=5)	
Le pharmacien	0	5% (n=14)	
Autre	4% (n=8)	0,004% (n=1)	
Lieu de la mise en évidence de l'EI			<0,0001
Par téléphone	0	6% (n=17)	
A domicile (IRINA)	1% (n=2)	48% (n=131)	
En consultation médicale	90% (n=187)	40% (n=109)	
A la pharmacie hospitalière	0	4% (n=12)	
Autre	9% (n=18)	2% (n=5)	
Nombre d'intervention (prise en charge des ES)	68% (n=141)	63% (n=172)	0,4675
Type d'intervention			0,745
Diminution des doses	16% (n=23)	13% (n=22)	
Suspension du traitement	11% (n=16)	14% (n=24)	
Arrêt définitif du traitement	10% (n=17)	10% (n=18)	
Adjonction d'une médication ou augmentation des doses	30% (n=42)	30% (n=51)	
Autre	31% (n=44)	34% (n=58)	
Initiateur de l'intervention			<0,0001
L'infirmière IRINA	0	5% (n=8)	
Le médecin spécialiste	78% (n=110)	68% (n=117)	
Le médecin traitant	3% (n=4)	7% (n=12)	
Le pharmacien	0	11% (n=19)	
Le patient	6% (n=8)	5% (n=9)	
Autre	9% (n=12)	3% (n=6)	

Regarding the patient's knowledge of their anticancer treatment, the average score during the first interview was 2.6/4.

Conclusion

Patient satisfaction with the proposed management is confirmed. Follow-up at home helps support the patient at the beginning of their oral cancer treatment, highlighting and managing more quickly treatment-related side effects. Having a pharmacist on the team seems essential.