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## Oral Chemotherapy: Issues of Convenience, Compliance, and Cost

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To cite this article: Patricia Spicer (2000) Oral Chemotherapy: Issues of Convenience, Compliance, and Cost, *Oncology Issues*, 15:6, 36-36, DOI: [10.1080/10463356.2000.11905177](https://doi.org/10.1080/10463356.2000.11905177)

To link to this article: <https://doi.org/10.1080/10463356.2000.11905177>



Published online: 17 Oct 2017.



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## Oral Chemotherapy: Issues of Convenience, Compliance, and Cost

by Patricia Spicer, C.S.W.

**O**ral chemotherapy appears to offer simple solutions to many problems encountered by cancer patients.

Oral agents are easy to administer and free patients and their families from the need to find transportation to appointments. For the most part, patients find that oral therapy takes less time away from other activities and is more easily accepted and tolerated than IV-based therapy. What's more, oral chemotherapy enables patients to feel more like active participants in their own care, leading to a greater sense of control over what may seem a chaotic situation.

Still, physicians must consider a number of issues before prescribing oral agents to their patients, particularly those who are older. Some older patients may believe that medication offered orally is not as effective as standard chemotherapy. This misperception should be clarified. In addition, some patients may be concerned that they are *not* being offered the most aggressive form of treatment. They may even view oral agents as evidence of abandonment by their physician or as an indication that nothing more can be done. Patients may also believe that direct contacts between doctor and patient will become less frequent. (Actually, oral regimens are often added onto existing infusion regimens rather than used as replacement regimens, resulting in more—not less—professional visits.)

Another issue to consider is

drug interactions. Many patients may take a variety of medications in addition to an oral cancer agent. Patients may forget to tell their physician what has been prescribed for illnesses or conditions other than cancer. The result can be dangerous interactions between competing medications. When I meet with patients in counseling sessions, I ask them to bring in all their medications. We discuss their daily schedule, which medications they are taking, and the reasons why they are taking them.

I remember one woman, Mrs. W, who was diagnosed with advanced breast cancer. When the physician at her HMO prescribed oral chemotherapy, he described how the medication was to be taken but neglected to review what other medications she was taking. Soon after, Mrs. W's older daughter noted that her mother seemed confused and unable to eat. An immediate appointment with the physician was arranged, and Mrs. W's daughter was advised to bring along her mother's other medications. The confusion was the result of an interaction between Mrs. W's blood pressure medication and her oral chemotherapy and was quickly corrected.

Some patients may have difficulty remembering a schedule, end up skipping doses, or simply give up taking the drugs because the schedule is too complex. Using pre-marked pill containers or calendars with highlighted dates can serve to reinforce a daily schedule.

Some patients (those with neuropathy, arthritis, or bone metastasis, for example) may have trouble opening the medicine container. I remind the patient to request non-childproof caps. Blister packs may be a better solution.

Poor communication between the patient and health care team is the most prevalent cause of non-compliance—and the easiest to fix. Patients may be hesitant to ask the physician to repeat instructions, while physicians may rush through their instructions. The result is miscommunication about how a drug should be taken. A few extra minutes spent reviewing the instructions with the patient and, if possible, a family member or friend can serve to improve compliance. Providing clearly written material (in large print for older patients) and follow-up phone calls can also help. Follow-up phone calls on a pre-scheduled basis allow the patient the opportunity to ask questions or discuss any side effects experienced since the last office visit.

Cost of oral agents is a major concern for many patients, regardless of their age. Insurance plans generally provide little or no coverage for oral cancer agents. Many insurance plans do not reimburse for chemotherapy if administered outside a hospital or doctor's office. In addition, as more insurance plans move to a tiered reimbursement formulary (in which co-pays vary based on the cost of the drug), even those people with comprehensive health insurance may find that their out-of-pocket expenses for oral chemotherapy agents are prohibitively high.

Oral chemotherapy has the potential to make treatment easier and more cost effective. Still, it is important not to lose sight of the most important factor that governs any treatment: the patient's needs. For any drug regimen to be successful, the patient must believe he or she is receiving the best care available and has the full support of the entire medical team. ☐

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