

# Supporting Adherence and Persistence to Oral Anticancer Medication: An Overview for HCPs



# Objectives



Learn about the rise in use of oral anticancer medication, trends in patient treatment adherence and persistence, and factors that influence medication adherence



Assess available strategies to promote medication adherence and persistence



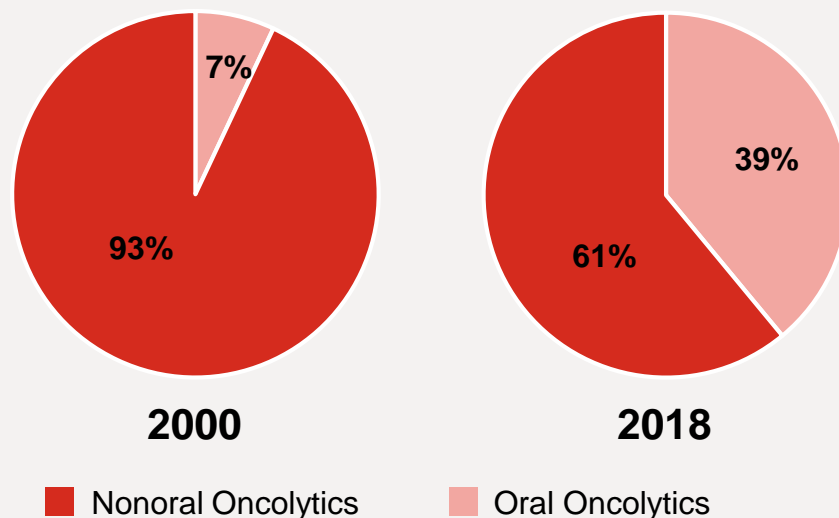
Formulate methods to promote oral anticancer medication adherence and persistence based on approved guidelines



# Oral Anticancer Medication Use Is on the Rise

◆ In the United States, the approval of oral anticancer medication has been on the rise<sup>1</sup>

Oral Anticancer Medication From 2000 to 2018<sup>1</sup>



**>25%** of the 400 anticancer agents in development in the United States are estimated to be oral medications<sup>2a</sup>

From 2000 to 2010, approximately **50%** of targeted molecules approved for cancer therapy in the European Union were only available as oral agents<sup>3</sup>

Advances in oral anticancer medication calls for an increased need to address challenges related to patient safety and medication adherence<sup>2</sup>

<sup>a</sup>Based on data from a 2008 NCCN Task Force Report

1. Russel C and Nubla J. The Increased Approval of Oral Oncolytics: 1995-2018. National Community Oncology Dispensing Association  
2. Weingart SN et al. *J Natl Compr Canc Netw* 2008;6 Suppl 3:S1-S14  
3. Colomer R et al. *Ann Oncol* 2010;21(2):195-198



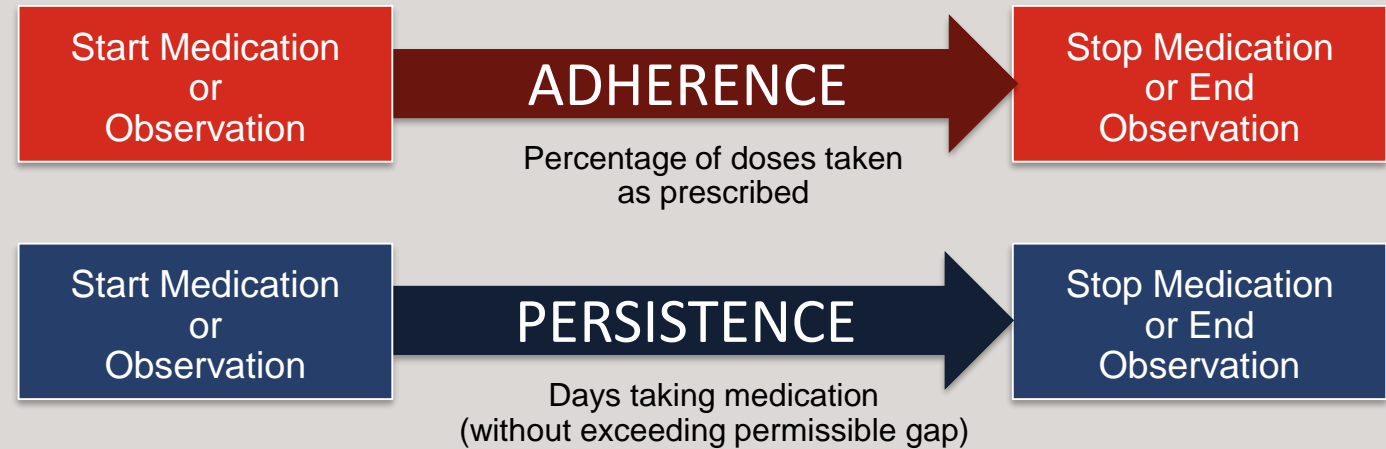
# Medication Adherence and Persistence

## Medication adherence<sup>1</sup>

the extent to which a patient acts in accordance with the prescribed interval, and dose of a dosing regimen

## Medication persistence<sup>1</sup>

the duration of time from initiation to discontinuation of therapy



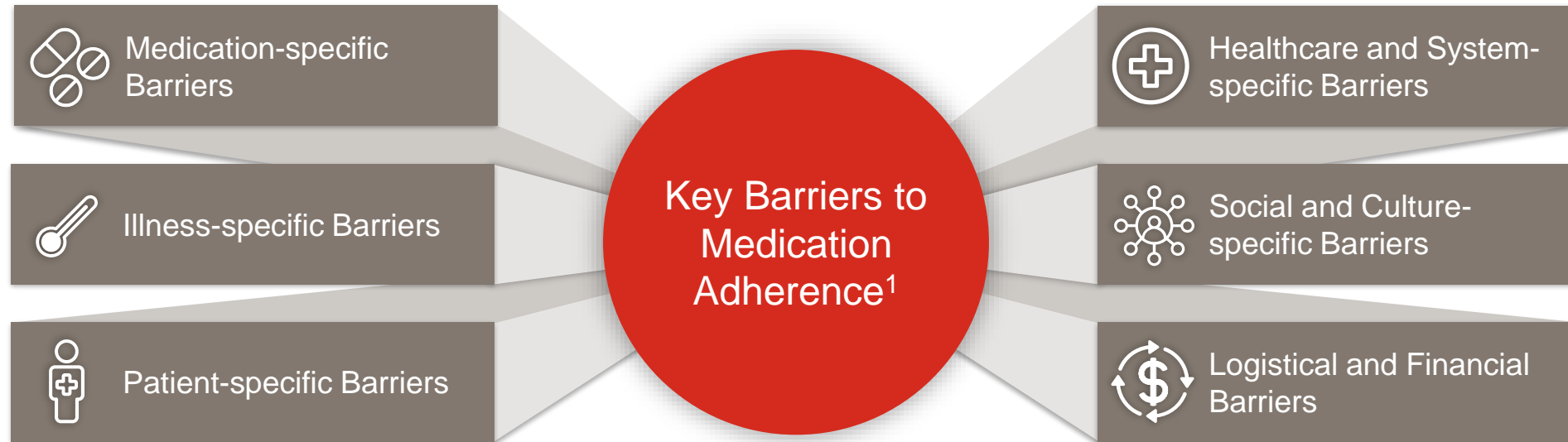
### ◆ Patients can exhibit<sup>2</sup>



- **Intentional nonadherence:** an active process where the patient decides to forego the prescribed therapy, or
- **Unintentional nonadherence:** a passive process where the patients does not adhere to their treatment due to forgetfulness, carelessness, or circumstances out of their control

1. Cramer JA et al. *Value Health* 2008;11(1):44-47  
2. Gadkari AS et al. *BMC Health Serv Res* 2012;12:98

# Many Barriers Have Been Identified to Affect Medication Adherence



Whereas some factors are **not modifiable**, such as **demographic or system-related factors**, psychosocial factors that are **modifiable**, such as **patient-physician relationships and positive perception on medication**, can be potential targets for improving adherence<sup>2</sup>

1. Kvanström K et al. *Pharmaceutics* 2021;13(7):1100  
2. Lin C et al. *Breast Cancer Res Treat* 2017;165(2):247-260



# Adherence and Persistence to Oral Medication in Breast Cancer

# Barriers That Influence Patient Adherence to Oral Endocrine Therapy (OET) Are Multidimensional<sup>1-3</sup>



## Patient- and Physician-Reported Barriers to OET Adherence

### Patient-Reported Barriers

#### Socio-Demographic Factors

- ◆ Age
- ◆ Marital status
- ◆ Insurance
- ◆ Income
- ◆ Education
- ◆ Employment
- ◆ Transportation

#### General Psychosocial Factors

- ◆ Patient-provider communication
- ◆ Perceived self-efficacy
- ◆ Social support
- ◆ Depressive symptoms
- ◆ Lack of fear of recurrence

#### Factors Specific to OET

- ◆ Side effects
- ◆ Medication beliefs
- ◆ Negative emotions
- ◆ Behavioral regulation
- ◆ Memory
- ◆ Environment stressors

### Physician-Reported Barriers

- ◆ Side effects
- ◆ Age
- ◆ Radiotherapy
- ◆ Adjuvant chemotherapy
- ◆ Sequential endocrine therapy
- ◆ Time and resource constraints
- ◆ Difficulty in identifying OET-related side effects
- ◆ Lack of knowledge of alternative treatments
- ◆ Discomfort among primary care providers in management of OET-related side effects

1. Paranjpe R et al. *Breast Cancer Res Treat* 2019;174(2):297-305
2. Lin, C et al. *Breast Cancer Res Treat.* 2017;165, 247–260
3. Puts MTE, et al. *Ann Oncol.* 2014;25(3):564-577



# Methods to Promote Oral Medication Adherence



# The Effectiveness of Interventions to Promote Medication Adherence Is Uncertain



- ◆ HCPs utilize many methods and guidelines to support patients on oral medication regimens and promote patient medication adherence<sup>1-4</sup>
- ◆ However, most clinics do not have established protocols for documenting patient adherence, medication education, and managing AEs, and research on the most effective method to promote patient oral medication adherence is ongoing<sup>5,6</sup>

1. Atreja A et al. *MedGenMed* 2005;7(1):4
2. Belcher SM et al. *ONF*. 2022;49(4):1-17
3. Oncology Nursing Society. Accessed May 23, 2022.  
[https://www.ons.org/sites/default/files/ONS\\_Toolkit\\_ONLINE.pdf](https://www.ons.org/sites/default/files/ONS_Toolkit_ONLINE.pdf)
4. Mackler E et al. *J Oncol Pract* 2019;15(4):e346-e355
5. Greer JA et al. *Oncologist* 2016;21(3):354-376
6. Waseem H, et al. *ONF*. 2022;49(4):1-13

# The Effectiveness of Interventions to Promote Medication Adherence Is Uncertain (Cont'd)



A review on the efficacy of adherence interventions for patients taking oral anticancer medications found that compared with usual care

- Risk assessment, periodic assessment of adherence, proactive follow-up, motivational interviewing, and structured programs may improve adherence
- Education programs and coaching interventions may improve or have little to no effect on adherence
- Technological interventions may improve adherence, but interactive compared with noninteractive technology may have little to no effect

Interventions to promote adherence to oral medications identified in this study had a low or very low “**certainty of evidence**”

# In Shared Decision Making (SDM), HCPs and Patients Work Together to Identify the Optimal Treatment Plan<sup>1</sup>



SDM involves a **bilateral flow of information**<sup>1</sup>

The HCP provides all relevant disease-related information, and the patient provides his or her thoughts and values<sup>1</sup>



SDM is linked to **care quality**<sup>2</sup>

SDM has been shown to increase patient satisfaction and their perception of risk and reduce malpractice claims<sup>2</sup>



An international survey assessing the knowledge, attitude, and application of SDM among HCPs in treating patients with breast cancer found<sup>2</sup>

- The majority of HCPs were aware of SDM and were in favor of its implementation
- HCPs cited patient satisfaction and increased commitment to treatment as major advantages of SDM
- A desire for additional resources to assist in the implementation of SDM in practice

1. Schragger S et al. *Fam Pract Manag* 2017;24(3):5-10

2. Maes-Carballo M et al. *Int J Environ Res Public Health* 2021;18(4):2128

# Implementation of SDM in the Clinical Setting Involves a 3-Step Process



## Choice Talk

Inform patients that options exist

- Includes:
  - Step back
  - Offer choice
  - Justify choice (emphasize the importance of personal preferences and uncertainty of the medication)
  - Check patient reaction
  - Defer closure

## Option Talk

Provide more detailed information about treatment options

- Includes:
  - Check knowledge
  - List options
  - Describe options (and associated harms and benefits)
  - Provide patient decision support
  - Summarize

## Decision Talk

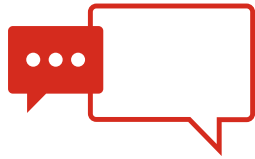
Consider patient preferences and decide how to move forward

- Includes:
  - Focus on preferences
  - Elicit a preference
  - Moving to a decision
  - Offer review

# Motivational Interviewing (MI) to Stimulate a Patient's Own Internal Motivation for Behavior Change<sup>1</sup>



- ◆ MI sessions have been shown to be an effective method to increase drug adherence<sup>1-3</sup>



Sessions are **patient-centered**, **nonjudgmental**, and **empathic**<sup>1</sup>



**In a study on the perception of nurse-led telephone-based MI consultations for women with breast cancer, patients reported<sup>4</sup>**

- Feeling supportive of present and future adjuvant ET experience
- Receiving key information for self-management
- A person-centered experience
- Increased sense of empowerment

1. Salvo MC and Cannon-Breland ML. *J Am Pharm Assoc* 2003;2015;55(4):e354-e363
2. Palacio A et al. *J Gen Intern Med* 2016;31(8):929-940
3. Spoelstra SL et al. *J Clin Nurs* 2015;24(9-10):1163-1173
4. Gagné M et al. *Support Care Cancer* 2022; 30(6),4759-4768



# 10 Strategies to Implement MI in Practice

1

**Ask a question that will prompt change talk as an answer**

“What are some things you can do to make sure you take your medication regularly?”

2

**Ask for the pros and cons of both changing and staying the same**

“How will taking your medication lower your risk of hospital readmission?”

3

**Ask about the positives and negatives of the target behavior**

“How will taking your medication improve your condition?”

4

**When the patient expresses change talk theme emerges, ask for more details**

“In what ways?”

5

**Ask about a time before the patient enrolled in care management**

“How were things different before your care management program?”



# 10 Strategies to Implement MI in Practice (Cont'd)

6

**Ask what may happen if the patient makes the changes according to their care management plan**

“How do you see your health five years from now?”

7

**Ask about extreme outcomes**

“What are the worst things that might happen if you don't follow your care management plan?”

8

**Offer ways to clearly measure the impact of care management**

“What do you think you can do to get closer to a 10?”

9

**Ask about the patient's main health goals**

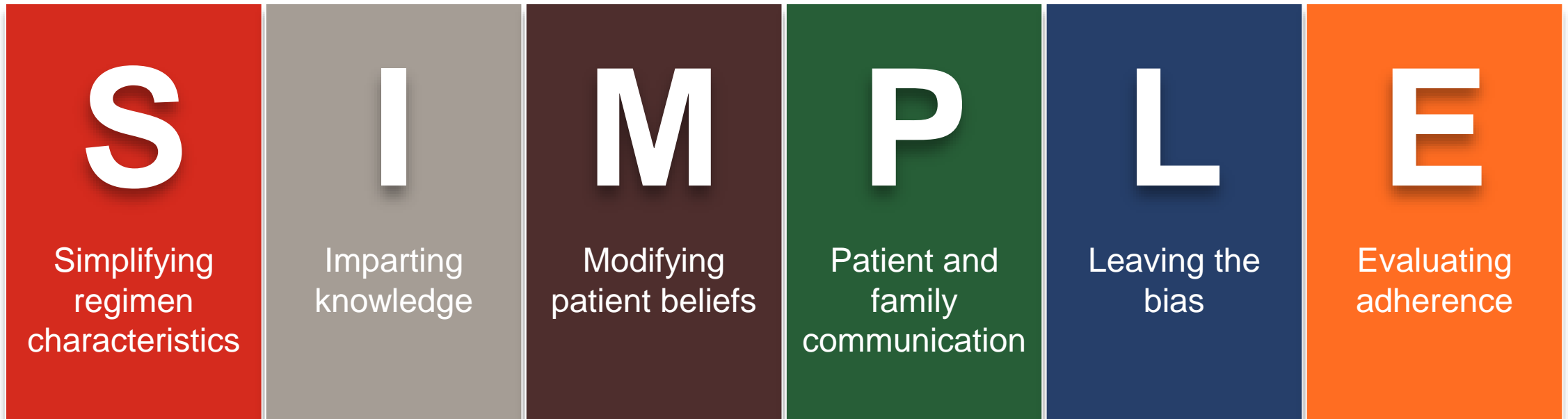
“Do you want to be healthy enough to travel this summer?”

10

**Think like the patient and reframe any barriers into a positive strategy**

“Taking your medication every night before bed is a hassle. How about taking it in the morning instead?”

# “SIMPLE” Strategy to Improve Medication Adherence







# Methods & Guidelines to Promote Adherence in Breast Cancer

# For Patients With Breast Cancer, Adherence Barriers Should Be Assessed



- ◆ Guided by a social ecological model (SEM), 5 barriers and facilitators to CDK4 & 6 inhibitor adherence in patients with MBC were identified:

SEM Domain	Example Theme <sup>a</sup>
<b>Intrapersonal</b>	Adherence is high when patients understand the treatment rationale and believe that the treatment is efficacious
<b>Interpersonal</b>	Family and friends often provide support for and motivation to take medication
<b>Organizational</b>	Available specialties and services can support adherence to CDK4 & 6 inhibitors
<b>Community</b>	Patients and providers consider the safety and security of their communities in relation to medication adherence
<b>Policy</b>	Cost of CDK4 & 6 inhibitor is a considerable barrier

- ◆ Authors noted interventions that aim to increase drug adherence should include:
  - **Patient education** in treatment rationale and AE management
  - Promotion of **reminder tools**, effective **patient–HCP communication**, **social support**, and **supportive specialties**
  - Assistance to **reduce medication costs**

<sup>a</sup>Please refer to publication for full list of Themes and Codes.  
Conley CC et al. *Breast Cancer Res Treat* 2022;192(2):385-399

# Oncology Nursing Society (ONS) Guidelines™ to Support Patient Adherence to OAMs



## ONS Guidelines to Support Patient Adherence to OAM Regimens

Recommendation	Strength of Recommendation	Quality of Evidence
In patients starting a new OAM, the ONS Guidelines panel suggests an adherence risk assessment in addition to usual care rather than usual care alone	Conditional	Very low
In patients taking OAMs, the ONS Guidelines panel suggests education addressing adherence in addition to standard education rather than standard education alone	Conditional	Very low
In patients taking OAMs, the ONS Guidelines panel suggests ongoing assessment of adherence in addition to usual care rather than usual care alone	Conditional	Very low
In patients with additional risk factors for nonadherence taking OAMs, the ONS Guidelines panel suggests proactive follow-up addressing adherence in addition to usual care rather than usual care alone	Conditional	Very low

# Oncology Nursing Society (ONS) Guidelines™ to Support Patient Adherence to OAMs (Cont'd)



## ONS Guidelines to Support Patient Adherence to OAM Regimens

Recommendation	Strength of Recommendation	Quality of Evidence
In patients taking OAMs, the ONS Guidelines panel suggests coaching in addition to usual care rather than usual care alone	Conditional	Very low
In patients taking OAMs, the ONS Guidelines panel suggests motivational interviewing in addition to usual care rather than usual care alone	Conditional	Low
The ONS Guidelines panel makes no recommendation for the use of technology, either interactive or noninteractive, based on a knowledge gap	No recommendation; knowledge gap	-
The ONS Guidelines panel suggests implementation of a structured OAM program rather than no structured OAM program	Conditional	Very low

# Hematology/Oncology Pharmacist Association (HOPA)



## Best Practices for Pharmacists in the Management of Oral Oncolytic Therapy<sup>a</sup>

Prescribing	Education	Dispensing and Distribution	Monitoring and Follow-up	Practice Management
<ul style="list-style-type: none"><li>• Obtain patient consent and provide a comprehensive review of new oral oncolytic drugs</li><li>• Individualize drug prescriptions</li></ul>	<ul style="list-style-type: none"><li>• Development or endorsement of standardized education materials</li><li>• Perform an education visit to reiterate prescribing information</li></ul>	<ul style="list-style-type: none"><li>• Provide prospective screening and financial support by a medication assistance team (nonpharmacist)</li><li>• Have a dedicated liaison for the clinic</li></ul>	<ul style="list-style-type: none"><li>• Utilize a consistent process for monitoring and follow-up</li><li>• Be involved in the creation of monitoring and follow-up materials</li></ul>	<ul style="list-style-type: none"><li>• Provide an oral oncolytic program with pharmacist involvement</li><li>• Assess pre- and postfinancial clinical quality measures</li></ul>

<sup>a</sup>Select examples for each management practice listed  
Mackler E et al. *J Oncol Prac* 2019;1a5:4, e346-e355

# Key Takeaways



- ✓ The use of, and preference for, oral anticancer therapies is on the rise<sup>1-2</sup>
- ✓ Despite the clinical benefits of oral anticancer medications in treating patients with breast cancer, managing and monitoring drug adherence and persistence remains a clinical challenge<sup>3,4</sup>
- ✓ Factors that influence drug adherence and persistence are multidimensional<sup>3</sup>
- ✓ Interventions and guidelines to help promote adherence in patients taking oral medications include the “SIMPLE” Strategy, side-effect management, and ONS Guidelines™ to Support Patient Adherence to OAMs<sup>5-7</sup>

1. Eek D et al. *Patient Prefer Adherence* 2016;10:1609-1621
2. Russel C and Nubla J. The Increased Approval of Oral Oncolytics: 1995-2018. National Community Oncology Dispensing Association. <https://www.ncoda.org/wp-content/uploads/2020/03/The-increased-approval-of-oral-oncolytics-Poster-Chris-R.pdf>
3. Paranjpe R et al. *Breast Cancer Res Treat* 2019;174(2):297-305

4. Greer JA et al. *Oncologist* 2016;21(3):354-376
5. Atreja A et al. *MedGenMed* 2005;7(1):4
6. Franzoi MA et al. *Lancet Oncol* 2021;22(7):e303-e313
7. Belcher SM et al, *ONF* 2022;49(4):1-17

The Oncology Nursing Society Guidelines mentioned is the trademark of its respective owner.