

## **Patient monitoring and follow up during the use of oral Antineoplastic Agents**

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**BACKGROUND:** Adherence to treatment, and patients' attitudes and behavior towards it, can be determining factors for the success of oral antineoplastic therapy. The lack of monitoring can lead to potential problems such as dose or schedule error, dose suppression, interaction with other drugs and food, lack of control of adverse effects, nonadherence to treatment and reduced access to medicines. In order to ensure greater adherence during treatment, since May 2015, we began to monitor the entire process, from prescription and drug authorization from the payers, until the supply and drug delivery to the patient, as well as the follow up of the treatment and adverse reactions.

**METHODS:** We identified the patients in use of oral antineoplastic agents by performing a review of the charts of all patients in treatment in our institution from May to December 2015. After the identification of these patients we performed a questionnaire with the objective of detecting the patients' adherence to treatment and side effects related to these treatments. The questionnaire was performed after the payer authorized drug supply and at every 30 days, at the moment of drug supply. It consisted of 5 questions based on Morisky Green adherence questionnaire covering points such as presence and degree of adverse effects, when was the very last and next appointment, drug taking time, and forgetting or dose delay and failed to take any dose to be feeling well. Side effects were graded according to the scale of the Com Toxicity Criteria. Each patient reported hair event, the doctor was contacted to decide the best course. Results are presented in a descriptive way.

**RESULTS:** During this time period, 89 patients in use of oral antineoplastic were treated in the oncology day clinic, with an average of 40 patients on treatment each month. Among them 11% had some type of adverse reactions such as diarrhea, fatigue, nausea, peripheral neuropathy and thrombocytopenia, requiring medical intervention and in some cases dose adjustment.

**CONCLUSIONS:** Overall patients were very satisfied and have demonstrated to feel safer to have a professional from the oncology day-clinic supervising the oral antineoplastic treatment process. Some specific positive points raised were the medication supply at the correct day, avoiding problems with payers and the avoidance of treatment interruptions. Finally, this process ensured that these patients were followed closely for the resolution of adverse reactions, maintaining adherence to treatment.