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Debate/Roundtable - Evolution of pharmaceutical care in clinical oncology pharmacy

The care pathway for cancer patients has become more complex in recent years with the diversification of treatments.

Injectable chemotherapy is increasingly associated, in combination or alternately, to many new treatments: oral targeted therapy, immunotherapy and, most recently, CAR-T cells. Clinical trials are increasingly integrated in treatment. Also, more and more patients are being managed on an outpatient basis, with ever shorter hospital stay and alternating hospital and community care.

These new care modalities put pharmacists in a central position in securing cancer treatment, prevention and the management of drug-related problems: side-effects, interactions and adherence. They are developing new methods of patient interviews and optimized drug assessment, and are training in new e-health tools such as digital follow-up applications. They are learning to work with partners, patients and caregivers and community health professionals (pharmacists and GPs).

Experience in clinical oncologic pharmacy is as yet insufficiently assessed and reported. It varies widely between European countries and even between centers within a given country. To continue to progress and ensure equitable care, it is essential to assess experience in randomized studies, to share it in publications and to define guidelines which can be referred to in all countries so as to harmonize practices and reduce inequalities of access to care and therapeutic innovations.

Evolution of pharmaceutical care in clinical oncology pharmacy

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Since imatinib was approved in 2001 for treating Chronic Myeloid Leukemia and Erlotinib was approved in 2004 for treating locally advanced or Metastatic Non Small Cell Lung Cancer, several new oral anticancer drugs are now available for treating the most of oncohematological diseases with different toxicity profiles. These new treatments lead to a better survival and increase prevalence in out-patients Pharmacy Hospital Services and its assistential pressure on it. The most important thing is patient's treatment knowledge, and Clinical Oncological Pharmacists have to resolve their answers and doubts by patient education. Their follow-up is also important to educate when changes in their regimen are introduced, to detect potential major or moderate interactions, toxicity and adherence. Electronic prescription/validation systems could help us to detect some drug related-problems and try to resolve it. Nowadays these drugs are used to different type of patients but with the same drug dose and maybe in future pharmacokinetic monitorization could help us to change from precision therapies to individualized treatments, leading to less toxicity. Could be combination of Immunotherapy with oral anticancer treatment a new step?

In the last ten years, the paradigm of oncological pharmaceutical treatments has evolved with the introduction of immune checkpoint inhibitors. Data on drug use certify a rapid growth and consolidate the central role of immune checkpoint inhibitors in clinical practice. Trend of use is destined to increase, considering further extensions of indications, combinations, routes of administration and potential histology-agnostic approach. This rapid therapeutic change has generated new questions on the potential management of the chronic patient, on the long-term safety of therapies or on the correct use/safety of combination therapies. The parallel evolution of the oncological pharmacy enhances the pharmacist in his clinical role. Immune checkpoint inhibitors represent a challenge for clinical oncology pharmacists for the development of new models of pharmaceutical care that aims to improve therapeutic results and ensure accessibility and sustainability. The management and monitoring of therapies, through the use of informatic systems for the collection of clinical data, are the concrete opportunity to provide the best patient care and increase clinical knowledge in a rapidly changing scenario such as the oncological one with the arrival of immune checkpoint inhibitors. Possible horizons are examined.