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# The role of European oncology pharmacists in patient education in CML treatment

— Professor Alain Astier

Drug treatment is constantly being refined and new challenges are posed to pharmacists. How well do we respond to them?

**E**SOP considers dissemination of professional information a significant aspect of oncology pharmacy practice. The aim of this survey was to gain a better understanding of the role of European oncology pharmacists in patient education in chronic myeloid leukaemia (CML) treatment.

The survey was conducted by means of a printed and online survey between January and July 2008. Eleven countries (Poland (21), France (13), Czech Republic (12), Germany (10), Switzerland (5), Hungary (4), Spain (3), Denmark (2), Slovenia (2), Austria (1), UK (1)) replied with a total of 74 valid survey responses. This equals 38% of countries approached but only a small number of total responders, unequally distributed between the different countries. There was a representative balance of age, gender and experience among the responders however.

Fifty-three respondents (76% of valid responses) did not have a specialist qualification in oncology pharmacy, whereas 24% did. Twenty-nine per cent of those who answered had obtained a pharmacy degree, 28% had a masters degree, and 16% a doctorate. Fifteen per cent of the total number of respondents had titles of Doctors and Professors. Sixty per cent were pharmacists and 28% Chief Pharmacists. Twenty-five respondents were members of their hospital's Formulary/Pharmacy and Therapeutics Committee.

Concerning inpatient malignancies, respondents came into contact most often with patients with colorectal cancer (18% of total responses), then breast cancer (16%), leukaemia (including CML, CLL, AML - 11%), lung cancer (10%) and lymphomas (8%).

Most pharmacists (58% first prescription, 74% further prescriptions) had less than five minutes with a patient, while 51% commented that the amount of time was not related to the form of drug. The point of the survey is that the treatments for CML are oral and therefore adherence of the patient to the treatment becomes a factor and education is important.

Thirty-eight per cent agreed with the statement 'I have a limited role in educating patients about managing side effects'. Fifteen per cent disagreed, while for 26% the statement did not apply. Thirty-three per cent rated their role in the clinical team as 'pivotal' while 27% did not and 22% found the term did not apply. There was a similar spread of responses to questions about communication skills and training. To educate patients in management of their cancer, 30% used printed materials from pharmacy companies, 25% used materials from NGOs and government, 16% produced printed material internally and 11% downloaded materials from the Internet.

## CML treatments and guidelines

Surveyed on their familiarity with oral treatments in CML, about a quarter claimed a good knowledge of imatinib (Glivec), while familiarity with dasatinib (Sprycel) and nilotinib (Tasigna) was lower. As many as 56% of the respondents had no knowledge of Tasigna. Of course each drug is not available in every country. Only 6% of respondents were aware of the existence of guidelines for the evaluation of clinical response with CML treatment. The understanding of the main causes of clinical failure with CML treatments scored low as well, with 60% of 66 respondents not knowing what these causes could be. The hospitals of 82% of respondents do not develop guidelines for CML treatment.

Oncology pharmacist involvement with the therapeutic decision process in CML treatment was low. Thirty-six per cent of 61 respondents offered advice on dosage adjustments when they were asked about organ dysfunction, drug interactions or side effects. However only 5% could offer advice about blood levels of imatinib. For Glivec, 56% of 57 respondents were not aware of any guidelines on possible drug interactions. Most (76–80%) hospital oncology pharmacists were not involved in advising on CML treatment.

## Comment

This survey shows the difficulty of achieving a uniform level of knowledge and hence treatment for a relatively rare condition. Glivec received marketing authorisation from the EMEA in November 2001 and the new treatment was well publicised. Underlying this is a lack of appreciation of the value of good education for patients. Good material is available in English from Cancerbackup [1] and in English and Spanish from the American Society of Clinical Oncology [2].

An important concern, increasingly underlined by patient advocates, remains the underestimated problem of poor adherence to anticancer treatments, particularly with oral drugs such as tyrosine kinase inhibitors taken for a long period. Pharmacists should improve compliance by carefully managing the side effects: these are made worse by inappropriate food–drug interactions or poor timing of taking the drug. Suitable patient counselling may be helpful.

There is much for ESOP to do in promoting the development of treatment guidelines, continuing education of pharmacists and the role of pharmacists in the management of cancer.

## References

1. [www.cancerbackup.org.uk/Cancertype/Leukaemiachronicmyeloid](http://www.cancerbackup.org.uk/Cancertype/Leukaemiachronicmyeloid)
2. [www.asco.org/patient/Cancer+Types/Leukemia+-+Chronic+Myeloid+-+CML](http://www.asco.org/patient/Cancer+Types/Leukemia+-+Chronic+Myeloid+-+CML)