Medication adherence is a complex and multifactorial problem that can influence the outcome of treatment in many conditions. The therapeutic outcome of cancer treatment for patients taking oral agents for cancer (OACs) depends heavily on adherence to the regimen (Bestvina et al., 2014; Soria et al., 2011). Reviews of OAC studies show that adherence rates are less than 80% (Puts et al., 2013; Spoelstra & Given, 2011), which may be inadequate for treating the cancer. It has been shown that 10% of patients with cancer taking OACs are not refilling their prescriptions (Streeter, Schwartzberg, Husain, & Johnsrud, 2011). The limited evidence available suggests that adherence to OACs is a significant clinical problem that may have a substantial impact on OAC treatment outcomes (Bozic et al., 2013; Gebbia, Bellavia, Ferrarù, & Valerio, 2012). Therefore, as part of the Oncology Nursing Society (ONS) Putting Evidence Into Practice (PEP) initiative, this article synthesizes the current literature to identify effective interventions for the promotion, treatment, and management of adherence to oral medications. Because of the very limited evidence for interventions in patients with cancer, evidence for interventions aimed at improving adherence includes research done in patients with multiple chronic diseases. The weight of evidence is determined across all types of evidence, and, where possible, specific findings for patients with cancer taking OACs are discussed.

State of the Science

The International Society for Pharmacoeconomics and Outcomes Research defined medication adherence as the degree or the extent of conformity to recommendations about day-to-day treatment by the provider with respect to the timing, dosage, and frequency for the duration of time from the initiation of the medication (Ruddy, Mayer, & Partridge, 2009). Clinicians commonly describe medication adherence in terms of a rate,