

Domains of Structured Oral Anticancer Medication Programs: A Scoping Review

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PROBLEM IDENTIFICATION: An interprofessional approach is necessary to support the multifactorial process of patient adherence to oral anticancer medications (OAMs). This scoping review aims to identify structured OAM programs in published literature, identify components within studies, and propose a framework for institutions developing or maintaining OAM programs.

LITERATURE SEARCH: Embase®, PubMed®, and CINAHL® databases were searched for studies published between January 2000 and April 2021.

DATA EVALUATION: Two reviewers screened studies and extracted data. Characteristics and specific domains of the OAM programs were captured. Key components of the programs were identified, and a framework was created to guide program development.

SYNTHESIS: Components identified among the 21 studies were education; counseling; follow-up; dedicated clinician contact; adverse event and toxicity monitoring; adherence monitoring; drug procurement, delivery, and supply; patient- and system-level cost reduction; information technology; and risk assessment.

IMPLICATIONS FOR RESEARCH: Based on the findings, a framework for building and evaluating OAM adherence programs is proposed. Future studies should evaluate the reliability and validity of this framework because further testing may lead to the development of additional components.

KEYWORDS oral anticancer medication; oncology care; nursing; medication adherence; scoping review
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With increased use of oral anticancer medications (OAMs) (Bedell, 2003), oncology programs need to adapt their processes to support patients who are self-administering oral cancer treatment at home instead of delivery via IV at an infusion center. Patients who are taking OAMs at home must obtain and correctly schedule and dose their medications, monitor for toxicity, and know what to do when questions or issues arise. Clinical sites need processes to support patients in these efforts, which may include prescribing and obtaining medications, educating, and monitoring for OAM adherence and side effects (Tipton, 2015). Safety standards and practice guidelines (Mackler et al., 2018; Neuss et al., 2013) have helped to address these new challenges, but continued work is needed. Medication adherence, defined as the process of taking one's medications as prescribed, is complex and includes the following phases that are interrelated yet distinct: initiation (taking the first prescribed dose), implementation (the extent to which actual dosing corresponds to the prescribed regimen), discontinuation (cessation of taking the prescribed medication, for whatever reason), and persistence (the time between initiation and discontinuation) (De Geest et al., 2018; Vrijens et al., 2012). The association between OAM adherence and patient outcomes has been documented (Gupta et al., 2018; Jacobs et al., 2019; Jiang et al., 2020). Because of the complexity of OAM adherence and connectedness to patient outcomes, it is critical to use an interprofessional, multifactorial approach to support patients and improve OAM adherence throughout the treatment trajectory.

Studies have reported OAM programs and their benefits to patients; however, these programs each vary regarding roles and responsibilities of clinicians involved, as well as what interventions are included in