

CANCER CARE: POLICIES AND PRACTICE

Increase in oral chemotherapy use will raise risk management and safety issues

The risks associated with oral chemotherapy was one of the topics discussed at the policies and practice cancer care session. Harriet Adcock reports the main themes

Systems that deal safely with oral chemotherapy in National Health Service hospitals need to be better developed, Tim Root, London specialist pharmacist, clinical governance and technical services, Chelsea and Westminster, told conference participants.

He explained that prescriptions for parenteral chemotherapy are guaranteed to be routed via specialist staff. "For oral chemotherapy there is a chance that an oncology pharmacist will not go near the prescription," he said.

The financial and clinical risks involved with administering oral chemotherapy need to be addressed since, in the next few years, tens of thousands of patients will be treated with oral anti-cancer drugs. Mr Root added that there is enforced reliance on patients in terms of administering oral chemotherapy. Oral therapy is no more or less safe than parenteral chemotherapy, he warned. "We need to rethink our systems of work," he said.

Mr Root went on to discuss issues surrounding clinical trials in cancer care and called for more specialist pharmacy involvement early in the planning of trials. "We could all reap the benefits if the right pharmacists had input to trial design," he said.

Risk management of unlicensed and off-label medicines use also needs to be tackled, Mr Root said. He cited the example of thalidomide, for which an "onerous" patient registration and monitoring scheme was about to be imposed.

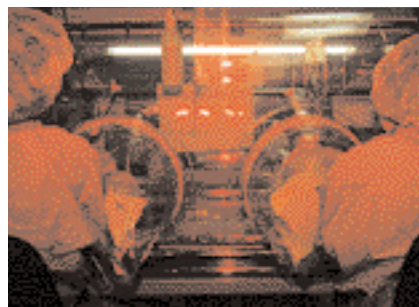
He warned that if more drugs required this sort of monitoring the system would find itself in difficulties. "The principle is perfectly sound, but there has been no pragmatic consideration of how the system should cope," he warned.

Another issue raised by Mr Root was the modernisation of National Health Service medicines manufacturing. He reminded participants that the £42m allocated by the Government was for "traditional manufacturing", not for compounding.

Part of the strategy in London is to show the Department of Health that the new manufacturing money has been spent wisely, he said, but that further monies would then be needed. He hoped these could be sought from a second phase of funding.

He added that there was an ongoing debate about the role of the pharmaceutical industry in specials manufacturing. Pharmacy services in the NHS would like to see industry take on the manufacturing of "big business" specials as fully licensed products. However, the industry seems more interested in taking on the whole specials markets and not just the relatively few high-volume products for which there is a real need but which may appear to them commercially uninteresting, he said.

Mr Root went on to discuss priorities for action for pharmacists working in cancer care. He called for better data collection on workforce and workload and improved liai-



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son with national cancer organisations. "We need to learn how to market pharmacy and pharmacists," he said.

Another priority was to look at the way in which chemotherapy doses are calculated. There could be a lot to be gained by all disciplines from rationalising how doses are calculated, he said. Use of body surface area to calculate doses was time-consuming and error-prone and there is no strong evidence that it is the best way to determine doses. The method originated with early animal studies and has simply been used ever since.

Dose rationalisation, by use of dose banding for instance, would give greater opportunities for prescribing and preparing chemotherapy in advance, a system that has been shown to help streamline the pharmacy workload and reduce patient waiting times.

Network pharmacists highlight pharmacy's role

The role of the "Network" pharmacist in cancer services was mapped out to conference participants by Dermot Ball, network lead pharmacist, Avon, Somerset and Wiltshire Cancer Services.

Primarily, the role of the Cancer Network is to oversee the local delivery of the Government's Cancer Plan. The network pharmacist is involved in those aspects which have an impact on, or are influenced by, the pharmacy services. "Although there is no standard job description for the role, the main priorities for network pharmacists involve the funding and prescribing of drug treatment, clinical trials and network pharmacy development," he said.

Network pharmacists work closely with both primary and secondary care to facilitate the funding and introduction of new oncology treatments in an equitable manner. Mr Ball said it was important that patients and clinicians could see how the network arrives

at decisions and that all treatments were available to everyone, irrespective of where they lived. With this in mind, Avon, Somerset and Wiltshire Cancer Services has made information about chemotherapy protocols and funding decisions available via its website (www.aswcs.nhs.uk/pharmacy).

The information helps commissioners, clinicians and patients understand what drugs are available and where they are used. "We are trying to use the web to improve efficiency," he said.

In terms of clinical trials, Mr Ball said that network pharmacists are becoming increasingly involved when trials are drawn up. "There have been instances when trial protocols have contained some pharmaceutical aspect that is completely unworkable," he added.

Other areas being looked at by network pharmacists are trial costings and expanding the role of technicians, beyond just prepar-

ing medicines for trials. He added that impending European legislation would have a significant, but currently unknown, impact on all clinical trials within the National Health Service, and work is under way to ensure that oncology trials can continue in the new climate.

Mr Ball explained that for network pharmacy development, good relationships are crucial. "The role of existing oncology pharmacists is key to maintaining and improving services. Network pharmacists don't have a formal management role but they have a professional responsibility to the oncology pharmacists in the trusts," he said.

Mr Ball concluded by saying that the contribution of pharmacy to cancer care had not always been adequately acknowledged in the past. "One significant thing network pharmacists do is to highlight this and make people realise that without pharmacy there wouldn't be any chemotherapy," he said.