

# Essentials of Oral Oncolytics: Developing a Nursing Reference

Jennifer Matthews, RN, MSN, NP, OCN®, and Patricia Holland Caprera, RN, BSN, MBA, OCN®



© Kali Nine LLC/iStockphoto

A convenience sample of oncology clinicians from 17 practices throughout the northeastern United States participated in roundtable discussions. Discussions about oral adherence were initiated in multiple practices, and attendees were asked to describe what resources they currently use and what resources are lacking. A need for a new tool for oral adherence in oncology was identified during roundtable discussions. Essential information about oral oncolytics in a user-friendly format that is rapidly accessible and organized would be an ideal nursing resource. Review of the literature demonstrated a lack of usable tools, with one exception that was outdated. Desire for an oral oncolytic resource was consistently mentioned. Additional suggestions for the resource included severe drug reactions, initial dosing and dosing adjustments, and how the drug should be taken. The clinicians wanted the information to be organized in a condensed chart that remains current as approvals continue. A condensed resource, the Essentials of Oral Oncolytics Guide (EOOG), was developed to address this need and includes guidelines for starting oral oncolytics, scheduling of patient monitoring, and pertinent need-to-know aspects of each oral oncolytic. The EOOG includes newly approved oral oncolytics and new indications as of December 2013.

Jennifer Matthews, RN, MSN, NP, OCN®, is a clinical nurse consultant at Celgene Corporation in Summit, NJ, and Patricia Holland Caprera, RN, BSN, MBA, OCN®, is a director of Oncology Services at Day Kimball Hospital in Putnam, CT. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Clinical Journal of Oncology Nursing* or the Oncology Nursing Society. Matthews can be reached at jennrsed1@comcast.net, with copy to editor at CJONEditor@ons.org. (Submitted July 2013. Revision submitted January 2014. Accepted for publication January 12, 2014.)

Key words: oral oncolytics; oral adherence; patient monitoring; nursing resource

Digital Object Identifier: 10.1188/14.CJON.E88-E92

**R**ecognition of the increase in the amount of approved oral oncolytics has led to concerns for oncology nurses. Oncology nurses are challenged with the increased number of new oral drugs and the need for additional education to acquire drug knowledge.

A sense of noninclusion with physician-to-patient communication may omit traditional nurse chemotherapy teaching. This frequently occurs in settings where oral oncolytics are not afforded the same procedures as infusion drugs, such as written informed consent and chemotherapy teaching by an experienced oncology clinician. Oral chemotherapy requires a significant amount of nursing time for patient education and counseling, particularly at initiation (Moody & Jackowski, 2010). Providing and reinforcing accurate, detailed patient education about oral chemotherapy, using terms appropriate for the patient's understanding, may promote patient safety, optimal dosing, and adherence to the treatment plan (Hartigan,

2003). The authors of the current article assembled a resource of condensed information that is most critical to the oncology nurse (e.g., drug indications, dosing, dose modifications, common adverse events, warnings, necessary tests). The tool could be quickly accessed and reviewed by nurses prior to engaging in patient education, and it could reinforce and improve clinical knowledge related to a specific oncolytic. For comprehensive drug information, the nurse must still turn to the complete prescribing information.

The current literature has identified multiple barriers to patients and their caregivers in being willing and adhering to self-administration of their treatment (Griffin, 2003; Moore, 2007). Strategies to overcome these barriers must be developed at the initiation of oral agents to accomplish treatment goals, which include receiving maximum benefit of the oral oncolytic (Lester, 2012). The nursing education aspect in the prescribing of oral oncolytics may begin establishment of communication