

# ONS Guidelines™ to Support Patient Adherence to Oral Anticancer Medications

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**PURPOSE:** This evidence-based guideline intends to support patients, clinicians, and others regarding interventions and processes to support patient adherence to oral anticancer medications (OAMs).

**METHODOLOGIC APPROACH:** A panel of healthcare professionals and patient representatives developed a clinical practice guideline to support patients taking OAMs. GRADE (Grading of Recommendations Assessment, Development, and Evaluation) methodology and criteria for trustworthy guidelines were followed. Risk of bias was assessed using the Cochrane Risk of Bias 2 tool. A quantitative or narrative synthesis of the evidence was completed. Certainty of the evidence was assessed using GRADE.

**FINDINGS:** The panel agreed on recommendations and suggested an adherence risk assessment, education addressing adherence, ongoing assessment, proactive follow-up, coaching, and motivational interviewing in addition to usual care. The panel suggested the implementation of a structured OAM program.

**IMPLICATIONS FOR NURSING:** As cancer treatment shifts from clinic to home settings, interventions and programs to support patients on OAMs are needed.

**KEYWORDS** oral anticancer medication; oncology care; nursing; medication adherence; scoping review

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Oral anticancer medications (OAMs) have changed the oncology treatment landscape for patients and clinicians. OAM use is growing annually, accounting for 40%–50% of new cancer treatments in development (U.S. Food and Drug Administration, 2021). Shifting treatment from a controlled clinical setting to a patient's home has advantages paired with potential challenges for the patient and healthcare team. Medication adherence, the process by which patients take their medications as prescribed (Vrijens et al., 2012), is increasingly recognized as a critically important factor in the new OAM treatment paradigm. Vrijens et al. (2012) described the following as critical components of medication adherence: treatment initiation (when the patient takes the first prescribed dose), implementation of the dosing regimen (extent to which the dose taken aligns with the prescribed regimen), and discontinuation (the end of therapy).

Adherence to any medication has been identified as the single most important modifiable factor that affects treatment outcomes (World Health Organization, 2003). As more cancer treatments are being administered via pill, adherence has garnered increasing attention among interprofessional cancer care professionals. Nonadherence can occur when patients intentionally or unintentionally delay or do not start a prescribed medication, take less than the prescribed dose, or stop taking a prescribed medication (Vrijens et al., 2012). Although patient-related factors certainly influence adherence, factors beyond the patient's direct sphere of