

Adherence to anticancer medication: Considerations for clinical practice

Important information on intended use

This presentation is intended for use with advanced practice providers, nurses (eg, navigators, infusion, clinic), pharmacists, and other patient care team members.

It provides unbranded information on medication adherence relevant to patients with cancer and their care teams and is not intended to imply, directly or indirectly, that medication adherence alone will impact individual patient outcomes.

Users are encouraged to review the full study methodology, results, and limitations for each study referenced in this presentation.

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Objectives



Review the importance of promoting adherence



Identify common barriers and actionable interventions

- Provider-related
- Patient-related
- Access/cost
- Clinical



Bring best practices to life using case studies

- Mr. S, a patient with prostate cancer
- Mr. B, a patient with prostate cancer
- Mrs. G, a patient with multiple myeloma
- Ms. L, a patient with lung cancer



Share resources for providers, patients, and caregivers

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Importance of promoting adherence

Adherence is a broad concept that covers multiple stages of the treatment regimen

Defined as the extent to which a patient's behaviors correspond with healthcare professional treatment recommendations¹





Consistency²

Extent to which received treatment aligns with prescribed treatment



Persistence²

Total amount of time patient is on medication

Commitment to all the components of adherence is necessary to achieve optimal adherence rates





Adherence is measured in multiple ways

Means of measurement include¹:

- direct pill counts
- patient self-report
- electronic monitoring systems
- biological assays
- pharmacy claims calculations

Medication possession ratio (MPR):

- MPR is a common measurement used in studies of adherence²
- Calculated by dividing the number of days a patient has access to their medication by the number of days they should have access³
- A patient is usually considered adherent if they have an MPR greater than or equal to 0.80⁴



What does your clinic focus on in terms of adherence?

References: 1. Lin ID, Shotts MB, Al-Hader A, et al. Examining adherence to oral anticancer medications through a human factors engineering framework: Protocol for a scoping review. *PLoS One*. 2022;17(9):e0274963. Published 2022 Sep 22. doi:10.1371/journal.pone.0274963 2. Anghel LA, Farcas AM, Oprean RN. An overview of the common methods used to measure treatment adherence. *Med Pharm Rep*. 2019;92(2):117-122. doi:10.15386/mpr-1201 3. Shah KK, Touchette DR, Marrs JC. Research and scholarly methods: Measuring medication adherence. *J Am Coll Clin Pharm*. 2023;6:416-426. doi: 10.1002/jac5.1771 4. Klobusicky JJ, Aryasomayajula A, Marko N. Evolving patient compliance trends: Integrating clinical, insurance, and extrapolated socioeconomic data. *AMIA Annu Symp Proc*. 2015;2015:766-774. Published 2015 Nov 5.







Adherence rates for patients differ between clinical and real-world studies

Adherence rates in clinical trials are usually high:

while

Real-world adherence rates are often lower:

>95%

52%

adherence rate reported in some clinical trials¹

adherence rate in a 2022 retrospective cohort study of patients on treatment for cancer (N>37,000)²

Many patients need support starting and staying on medication



