

# Compliance Programs Partner in the Management of Oral Cancer Therapies

A roundtable conversation with:



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## Introduction

Oral chemotherapy products are on the rise—whether a newly approved drug or a new formulation of an older agent—patients are increasingly given the choice of cancer treatment they can take at home. Yet with new opportunities comes new challenges. Studies have found that few of the safeguards present for traditional chemotherapy are in place for at-home treatment. Compliance is often an issue because it is difficult to be certain that patients are taking their medicine or that they are taking them correctly.

For many oral cancer drugs, compliance programs—whether maintained by a pharmaceutical company or a specialty pharmacy—have been established to fill the gap created by patients taking treatment at home. These programs are ancillary services staffed by trained healthcare professionals and offer additional support to patients with cancer who are taking their treatment at home. The programs are tailored according to treatment; for example, the Bayer-sponsored patient-support service NexConnect™ is a compliance program only for patients taking Nexavar®. The main goal of these programs is to assist patients with their care in order to help ensure optimal treatment outcomes.

Features of compliance programs may include:

- Education and support that is complementary to that received at the physician's office
- Access to trained oncology nurse counselors who reinforce information provided by the oncologist
- Frequent communication about therapy, emphasizing the importance of adhering to the treatment regimen, tips for staying active, and emotional support tools
- Voluntary enrollment by patients once a particular medication has been prescribed
- Periodic outreach calls during first weeks of therapy
- Refill reminder calls
- Printed information sent by mail at critical time points
- A toll-free help-line service available 24 hours  
7 days/week

In a roundtable discussion, OBR spoke with four experts representing various perspectives on patient care, about oral chemotherapy and the role of compliance programs in optimizing treatment. The conversation also included a look at the results of the NexConnect study, which analyzed the role of an industry-sponsored compliance program in the care of patients with renal cell carcinoma (RCC) and hepatocellular carcinoma (HCC) who were being treated with Nexavar. Following is an excerpt of that discussion.

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## Compliance Programs Partner in the Management of Oral Cancer Therapies

**OBR:** *As oral chemotherapy becomes increasingly available, do you find that patients prefer this form of at-home treatment? Is there an advantage to oral chemotherapy?*

**VALGUS:** When an oral formulation is an option, it is generally preferable for the patient. Pills that can be taken at home are much more convenient and are often better tolerated than traditional intravenous agents. From the professional standpoint, if patients taking therapy at home are receiving equivalent care to those being treated at the clinic, then yes, we would prefer the oral formulation.

**SRINIVAS:** Oral cancer drugs are great. The oncology infrastructure, whether in an academic or community setting, needs to adjust to handle them better. But as a prescriber, if I have a choice between an oral formulation and an intravenous formulation for the same agent, I am more inclined to choose the oral drug.

**CREEL:** I spoke with a group of patients, many of whom had been taking oral therapy for a year or more, about whether they would prefer to come to the clinic for an infusion or take their medicine at home. The entire group preferred oral therapy. They felt it offered a better quality of life, and that the trade-off—taking on more responsibilities for their own care—was worth it.

**OBR:** *What concerns do you have about at-home cancer treatment?*

**MUSCATO:** From the patient's perspective, cost is a major issue because not all patients can afford oral chemotherapy. Compliance is also an issue. We need to be sure not only that patients are taking their medication, but also that they are taking it as prescribed. Chemotherapy regimens can be complicated and when pills are taken at home, patients can become easily confused.

Recently, a patient of mine mistakenly took three tablets of methotrexate instead of three tablets of leucovorin. Fortunately she realized her mistake immediately, but another patient might not. It is difficult to determine which patients are more or less likely to have trouble. There are no defining characteristics, and usually one doesn't know for sure until after the patient has begun treatment.

Oral chemotherapy can take a toll on the oncology office. Nurses and office administrators spend extensive amounts of time counseling patients over the phone and obtaining financial help through patient assistance pro-

grams. Insurance companies do not reimburse us for this work.

Another issue is that we are often not sure exactly what day treatment begins because prescriptions for oral medicines can take up to a week to reach the patient, especially when they are filled by a mail-order pharmacy. Concerns such as these can make oral chemotherapy complicated and confusing for patients and their caregivers.

**VALGUS:** When chemotherapy is ordered at an infusion center, the prescription is checked by two nurses and two pharmacists before it's given to the patient. That safety measure is not necessarily in place for drugs taken at home. Drug-drug and food-drug interactions are also a concern when cancer medications are taken at home.

**SRINIVAS:** Another important point concerning compliance is that a patient may try to ration their medications in order to make the prescription last longer due to high co-pays and the Medicare "donut hole." With regard to oncology offices, oral chemotherapies really represent an entirely new situation, and there is no system in place for handling the necessary procedures. Refilling a prescription for an oral cancer drug is very different from what we are used to with other at-home medications, such as antihypertensives.

**CREEL:** At our cancer center, we have a well-established approach for patient education, including one-on-one time with a nurse and an opportunity to speak with a pharmacist. With oral therapy, there is no firm mechanism for ensuring that patients receive equivalent education. For patients receiving prescriptions through the mail, there may never be any interaction with a pharmacist.

**OBR:** *Do your patients taking oral cancer drugs receive assistance from healthcare professionals outside of your clinic?*

**SRINIVAS:** Patients tell me that they have been in contact with a separate healthcare professional who is advising them about the drug. These individuals do not make important clinical decisions, but they help the patient manage their at-home therapy. However, it's not completely clear to me where the support is coming from or how it is supposed to be integrated into our care of the patient.

**VALGUS:** Different specialty pharmacies offer different levels of third-party assistance to patients. We have had good

success with an oncology specialty pharmacy that employs pharmacists trained in teaching patients about oral chemotherapeutic agents. Before the medication reaches the patient, he or she is called by the pharmacy and the details of the conversation are documented in their database.

This mechanism is much better than a system that relies on a patient calling a toll-free support line, which is the only service offered by some specialty pharmacies. But confusion can arise when an outside pharmacy service offers services or information that was not covered in the clinic. For example, some pharmacies that handle tamoxifen have offered patients receiving this therapy genotyping information, which might not have been discussed with the oncologist. Thus the streamlined communication present with infusion therapy can break down when it comes to oral formulations.

**OBR:** *Could automatic enrollment in a compliance program help alleviate some of the concerns of at-home cancer treatment discussed?*

**CREEL:** To some degree, the issues regarding compliance programs are product-specific. Some programs have a very strict format for what they will and won't say to the patient. For example, some guidelines stipulate that no medical advice is to be given to the patient by the telephone counselor. Rather, the counselor is there as a sounding board, and to reinforce whatever information and instructions were given by the oncologist. The counselor asks the patient about what their provider told them about side effects, for example. They ask if printed information was given and offer to go over it together by phone.

Importantly, some patients are reluctant to call their provider's office. They may not want to trouble their provider, or they may have had trouble getting through. Alternatively, they may not want to discuss side effects for fear that their dose will be lowered or interrupted. One of our patients called into a service with certain complaints and the counselor determined she was severely dehydrated. The counselor could not call an ambulance, but gave very clear instructions about what to do and called back 45 minutes later to make sure that the patient had reached a healthcare provider and that plans were in place.

For me, these programs offer patients a very effective middle ground for questions or concerns they may have. And, appropriately, they encourage patients to contact their provider's office to discuss their therapy. Based on

experiences I've had with compliance programs, I think they are wonderful. I'd like all patients to have access to them.

**MUSCATO:** And yet, I recently asked my nurse if any of our patients on oral therapy were enrolled in any compliance programs that contact patients automatically and she noted that she'd never heard of anybody being called. Was the counselor who helped the dehydrated patient with a program associated with a specific drug?

**CREEL:** Yes, this compliance program was one that is paid for and maintained by the pharmaceutical company that manufactured the drug she was taking. Once patients voluntarily enroll, they receive a call from a counselor to discuss the medicine, potential side effects, potential interactions with concomitant medications, and any other issues. Patients are then sent additional information by mail, all of which contains labeling that is FDA approved. The patient also receives follow-up calls at intervals during their treatment.

**SRINIVAS:** If patients are receiving additional and useful support from these programs, then that is a good thing. It depends on the kind of support patients are receiving. These services are important for helping patients avoid potentially dangerous drug-drug and drug-food interactions. They also help patients take their medicine properly—at the right time of day, in the correct amounts, etc. However, the purview of these outside counselors should be limited.

**MUSCATO:** If these outside services are going to be involved in the care of patients on oral chemotherapy, then communication must be improved. I have had pharmacy counselors offer conflicting advice—for example, telling a patient to take more medication when I had just deliberately lowered the dose due to toxicity—which is, at most, very dangerous and, at the least, simply confusing for a patient.

**SRINIVAS:** A good communication loop is essential. Compliance programs can be very useful if there is regular and detailed communication with the physician's office. We should be part of the same care team; and communication between the patient and the third-party caregiver should not happen without the oncologist being kept abreast in an appropriate fashion.

## What is the NexConnect™ Program?

NexConnect is a free, patient-support program available for patients who are receiving Nexavar® therapy. The program is not a substitute for professional medical advice nor is it intended to provide professional medical advice. It is designed to complement a physician's care by reinforcing the importance of adherence, staying active in the treatment plan, and lending emotional support to patients. If patients have questions about their medical condition or treatment while taking Nexavar they are instructed by the NexConnect counselor, who is a trained oncology nurse with real-world Nexavar experience, to contact their physician or healthcare team.

NexConnect is sponsored by Bayer Pharmaceuticals Inc. and Onyx Pharmaceuticals Inc. and is a voluntary program that, once-enrolled, patients can opt-out at any time. The program is intended to help patients get through the first 30 days of therapy, when side effects may be experienced—an occurrence often associated with noncompliance—and beyond.

When enrolled, patients receive a comprehensive welcome kit by mail. The kits includes:

- A *Your Therapy With Nexavar* brochure
- Topical lotion to moisturize skin
- Therapeutic cotton socks
- A business reply card to receive a *100 Questions & Answers* book about kidney or liver cancer

Patients will also be followed up with periodic outreach calls from a NexConnect nurse. Calls are timed to reach patients during critical points in their therapy (Fig. 1). Furthermore, patients receive refill reminders and comprehensive educational materials mailed at four different critical time points, and access to the 24/7 toll-free help line.

When asked about NexConnect in a recent patient assessment survey, 83.6% of respondents said they were “very satisfied” or “extremely satisfied” with the benefits of the program. Many found that the materials sent to them helped to

facilitate dialogue with their health care provider.

## A Retrospective Analysis: Results on Compliance

In 2008, a retrospective analysis was conducted to track patient compliance. A total of 9,568 patients were analyzed: 3,522 in the NexConnect arm vs. 6,046 in the not-enrolled arm. Patients were followed for a maximum of 12 months. According to the analysis, enrollment in NexConnect was associated with a 28% increase in the number of refill bottles per 1,000 patients across all tumor types (Fig. 2).

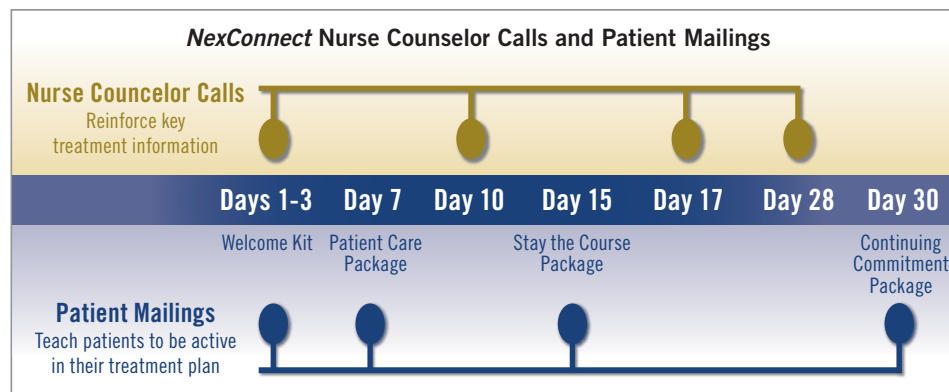


Figure 1. Source: Bayer. Data on file, Bayer Healthcare Pharmaceuticals, 2009.

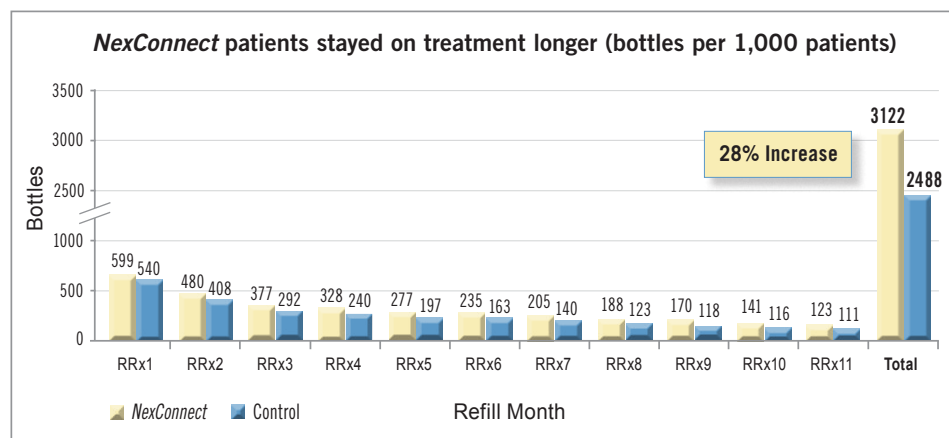


Figure 2. Source: Bayer. Data on file, Bayer Healthcare Pharmaceuticals, 2009.

**OBR:** *Looking at the data from the NexConnect study, what do the results say about the benefits of patients on oral chemotherapy enrolling in compliance programs?*

**MUSCATO:** Based on these data, it is obvious that this program has an impact on the level of compliance that patients maintain with their Nexavar therapy. Clearly, patients who were enrolled in NexConnect while taking Nexavar received more pills, perhaps indicating that they were more compliant with their treatment regimen. It would be interesting to see a study such as this extended for a longer period of time, to see if enrollment in the compliance program extended progression-free survival, for example.

**SRINIVAS:** The data indicate that enrollment in the program was most beneficial in the first month or so. The differences between the enrolled versus the non-enrolled group appear minimal during refills four through eight. The data do not indicate why refills may have stopped at any point, such as due to disease progression.

**MUSCATO:** Theoretically, one would not want any differences in the disease characteristics of the two study groups (those who enrolled in NexConnect vs. those who did not enroll). However, there may be an inherent difference in terms of motivation to comply, considering that enrollment in the program was voluntary and the study was conducted retrospectively. But even if that bias is inherent to this study, there is still a clear difference in terms of compliance between the groups.

**OBR:** *In your experience, does improved adherence appear to relate to better outcomes? If so, does that indicate a potentially vital role for programs like NexConnect that assist with adherence?*

**MUSCATO:** Certainly one would think that more treatment generally leads to better outcomes, and clearly patients who enrolled in the compliance program received more medication—although it is important to note that this study does not indicate whether or not patients took more pills, only that they received more refills.

**OBR:** *Based on the NexConnect study and your own experience, what do you see as the potential role for compliance programs in the care of patients on oral chemotherapy?*

**CREEL:** Compliance programs cannot replace office visits or communication with the oncologist's office. But they have great value for patients who may need someone to talk to, someone to confer with periodically during their treatment if they are hesitant to contact their doctor's office. These programs also offer patients a way to obtain use-

ful information, even if it's something they might have already heard at the doctor's office, but which, in the stress of dealing with a diagnosis and treatment plan, they have forgotten.

**VALGUS:** I think that these programs offer many benefits. They assist with education, and the refill reminders are very useful. When communication channels are open, it's possible to obtain more information from patients about their status. Also, many of these programs assist patients with financial issues, help to find charitable organizations and other patient assistance programs, and reduce the cost barrier that many patients face. If these programs are going to thrive, there must be reliable communication among everyone involved in the patient's care. Healthcare providers need to know exactly what a patient is being told.

**SRINIVAS:** Oral chemotherapy is here to stay, and it's going to become more complicated. Therefore, this is certainly an area for systems to assist with compliance, and fine-tuning them now would be the best place for us to start.

**OBR:** *Are there any patient subgroups that you think might benefit the most from compliance programs?*

**CREEL:** Elderly patients may find these programs to be incredibly useful, as might non-English speaking patients. Also, if family members who want to learn more about the medication a patient is taking or who want to verify information could contact these services that would be an excellent addition.

**MUSCATO:** Our clinic is in a rural setting, and often patients visit the office only every six weeks once therapy is solidly underway. A compliance program could help identify any challenges a patient is experiencing. However, this service would be beneficial only if reliable contact is made with the physician's office after speaking with a patient. Doctors could also benefit. Every time a new drug is approved, there is a learning curve for oncologists. We have to familiarize ourselves with the agent and become comfortable with how it works and the associated side effects. So there may even be times when counselors at these programs know more about a drug than we as physicians do, particularly just after the drug has been approved. When this is the case, it may be that we can receive from the associated compliance programs additional education about to handle toxicities. Such education may provide us with alternative solutions, instead of always lowering the dose when side effects occur. **OBR**