Improving Adherence to Oral Therapy for Cancer: The Role of the HCP

May 3, 2016

Held in conjunction with the AOSW Annual Conference
Tampa, Florida

Welcome and Introductions

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Disclosures

Lisa Nodzon, PhD, ARNP, AOCNP® is on the Speakers Bureau for Ariad, Gilead, Novartis, and Pfizer. She is also a Consultant for Ariad & Gilead.

Jennifer Powers, PharmD does not have any relevant financial relationships with any commercial interests to disclose.

Cara Kondaki, LCSW, CBPN-IC, OSW-C does not have any relevant financial relationships with any commercial interests to disclose.
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Oral Adherence for Optimal CML Management

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Decline in Deaths Related to Ph+ CML Since the Utilization of TKIs

Number of new cases and deaths related to CML: 1-11

Poor Overall Survival for CML Patients that Progress to Blast Crisis Despite TKI Therapy

Even with Imatinib Treatment
Median OS in Blast Crisis ~9 mos.

BC, blast crisis; OS, overall survival; TKI, tyrosine kinase inhibitor.

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Long-term Adherence to Imatinib is Critical for Achieving Molecular Response

- Adherence to Imatinib monitored for 3 mos in 87 consecutive CML patients with CCyR using microelectronic monitoring devices

Adherence Rates and Dosing Frequency

- Several meta-analyses have suggested that less frequent dosing was associated with greater adherence.4

Adapted from Saniti, et al.1

In the bar graph above, study populations comprised adult patients with chronic diseases taking oral medications for various disease conditions: hypertension, dyslipidemia, type 2 diabetes mellitus, asthma, seizure disorder, congestive heart failure, migraine headaches, and stable angina.


Specific Factors Affecting Patient Adherence With Oral Oncology Therapies

Disease
- Chronic conditions
- Severity of symptoms
- Asymptomatic disease

Patient
- Knowledge of disease/treatment
- Perceived benefit of treatment
- Fear of side effects
- Psychological impairment
- Motivation

Socioeconomic
- Low health literacy
- Lack of family/social support
- Access to pharmacy/facilities
- Medication cost
- Lack of healthcare insurance

Healthcare System
- Poor HCP-patient relationship
- Poor HCP communication skills
- Lack of positive reinforcement
- Lack of knowledge on adherence

HCP=healthcare practitioner.

Predictors of Poor Adherence

<table>
<thead>
<tr>
<th>Patient’s lack of insight into the illness</th>
<th>Poor provider-patient relationship</th>
<th>Presence of barriers to care or medications</th>
<th>Missed appointments</th>
<th>Complexity of treatment</th>
<th>Cost of medication, copayment, or both</th>
</tr>
</thead>
</table>

Major Predictors of Poor Adherence

<table>
<thead>
<tr>
<th>Patient’s lack of belief in benefit of treatment</th>
<th>Side effects of medication</th>
<th>Inadequate follow-up or discharge planning</th>
<th>Treatment of asymptomatic disease</th>
<th>Presence of cognitive impairment</th>
<th>Presence of psychological problems, particularly depression</th>
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Financial Toxicity and Adherence Barriers

Jennifer Powers, PharmD
Senior Manager, Oncology Disease State
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Navigation Through Insurance is Complex

Insurance Challenges

- Commercially insured
  - Requires multiple prior authorizations
- Medicare / Medicaid
  - Continued follow-up
  - Appeals & off-label use

Defining Financial Toxicity

Objective
- Direct costs associated with treatment

Subjective
- Financial concerns resulting from high treatment costs

De Souza J, The ASCO Post. 2015, 6
Financial Toxicity has Multiple Impacts to Patient Outcomes

Financial Toxicity

A Correlation Between Bankruptcy in the Cancer Patient and Mortality

Data suggests cancer patients are 2.5 times more likely to become bankrupt than people without cancer.

The adjusted hazard ratio for mortality in cancer patients who become bankrupt is 1.79 (95% CL {1.64 - 1.96}; P < .001).

Associations persisted even after excluding patients with distant-stage disease at diagnosis.

Financial Toxicity in Insured Patients with Multiple Myeloma

100 Multiple Myeloma Patients

- At least minor financial burden: 71
- Borrowed money to pay for medication: 21
- Utilized savings to pay for treatment: 46
- Applied for financial assistance: 36
- Higher than expected costs for tx: 59

Huntington S, et al. The Lancet Haematology. 2015;2

Discussing Financial Toxicity with Cancer Patients

- The time is now, especially with oral cancer treatments routinely over $10K per month
- Consider financial toxicity’s impact on patients’ health-related quality of life and not simply on costs associated with treatment
- Patients must be given the tools and resources to discuss the side effects of financial toxicity as they would other side effects related to cancer treatment

Psychosocial Factors Affecting Adherence to Oral Cancer Therapies

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Department of Oncology
Cleveland Clinic Florida
Weston, FL

- Cost-co-pays, not on formulary, lack of insurance
- Taking multiple medications
- Multiple chronic conditions
Psychosocial Factors Affecting Adherence to Oral Cancer Therapies

- Education and Literacy
- Cultural Differences
- Belief Systems
- Side effects and Quality of Life Issues

“Because patients with cancer self-administer oral chemotherapy, they typically do not receive the same amount of teaching and monitoring as patients receiving IV chemotherapy.

Patient education is vital to promote patient safety, optimal dosing, and adherence to the treatment plan.”


Psychosocial Factors Affecting Adherence to Oral Cancer Therapies

- Depression and anxiety
- Substance abuse/smoking
- Lack of access to mental health support
- Support system or lack of
Strategies that May Be Effective for Long-term Adherence

National Comprehensive Cancer Network® (NCCN®): Strategies to Improve Adherence

- Careful explanation of the importance of adherence
- Direct questioning of patients during office visits
- Follow-up appointments to review side effects
- Adequate and appropriate side effect management

Cochrane literature review of over 69 RCTs suggests strategies that may be effective

RCT=randomized controlled trials.

2. NCCN Clinical Practice Guidelines in Oncology®: Chronic Myelogenous Leukemia V.2.2013.

Myeloma Oral Adherence Information & Resources:

www.LLS.org/MyelomaOralDrugs
The Leukemia & Lymphoma Society (LLS) offers:

Patient education programs: [www.LLS.org/programs](http://www.LLS.org/programs)

Patient videos: [www.LLS.org/educationvideos](http://www.LLS.org/educationvideos)

Free education materials: [www.LLS.org/publications](http://www.LLS.org/publications)

- Information Resource Center: Speak with an Information Specialist who can assist patients and HCPs through cancer treatment, including clinical trial searches, and financial and social challenges.
  - EMAIL: infocenter@LLS.org
  - TOLL-FREE PHONE: (800) 955-4572

- Live, Online Chats moderated by oncology SWs provide forum for patients to share experiences: [www.LLS.org/chat](http://www.LLS.org/chat)

- What to ask: Lists of questions for patients to ask the healthcare team. Share question guides with your patients: [www.LLS.org/whattoask](http://www.LLS.org/whattoask)

- LLS Online Social Network for HCPs and patients to seek answers and share information: [CommunityView.LLS.org](http://CommunityView.LLS.org)
The Leukemia & Lymphoma Society (LLS) offers:
Continuing education programs and videos - offer free continuing education credit: www.LLS.org/professionaled