Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/project-oncology/nsclc-adherence-toxicity-monitoring-care/49131/

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Improving Adherence and Toxicity Monitoring in NSCLC Care

Announcer:
You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Raghava Induru, who's a medical oncologist specializing in thoracic oncology at the Atrium Health Levine Cancer Institute in North Carolina. He'll be sharing strategies for improving adherence and monitoring toxicity in patients with non-small cell lung cancer. Here's Dr. Induru now.

Dr. Induru:
How do we make sure—because these patients take this treatment for a long time—that they're adhering to the treatment? And how are we monitoring for toxicities: both the short-term and long-term toxicities?

So, in my view, this is still a challenge. At this point of time, we do follow some simple methods, like at the time of initiation of this treatment, we identify if there are any barriers for oral therapy and adherence. So if we do identify these barriers at the time of starting, in fact, what we do is we incorporate identification of these barriers in our initial note template, so all our teams can see that. And addressing these barriers at the right time is really the key and is the first step of making sure that our patients adhere to these treatments.

And in addition to this, I believe in these following ways that we want to use, but we are not robustly yet utilizing them. One is technology-based tools like electronic pill bottles, smart apps, or digital diaries, or using those smart phones and things like that.

The second is proactive education support. That means we have to better educate the patient, and provide them and support them with resources like clearly written instructions and what symptoms to watch for. And explaining why it's important, too, for them to call us when they're experiencing any symptoms is very critical.

The third point I want to make is choosing the treatment, as well, when most of these treatments have relatively similar toxicity profiles and effectiveness. How do we choose? Is a single-day regimen better than a twice-a-day regimen? This is especially true for certain patients; if my patient is working a second shift from 2:00 PM to 11:00 PM, is this a patient in whom the right treatment to give twice-a-day dosing, or is this a patient where once-a-day dosing would make them better compliant?

And last but not the least, pharmacist involvement is really, really, really critical. Who can track the refill rates? They are counseling the patients and also, in some ways, having access to the patient-related outcomes. While we have these tools, how do we monitor for any toxicities? We monitor them through nurse-related phone calls, scheduled follow-up visits, labs, and targeted education about individual treatment to that individual patient depending on the barriers they have that we recognize.

Announcer:
That was Dr. Raghava Induru talking about how to care for non-small cell lung cancer patients on long-term treatment. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!