Adapting services to the age of oral therapies

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The increasing use of oral cancer drugs is contributing to a change in the way cancer services are organised, leading to many more patients receiving care in an ambulatory setting.

Cancer patients are certainly benefiting from this change. Many oral targeted therapies hold the disease in check and, if taken continuously, can keep patients alive for years. Reductions in hospital stays make a big difference to their ability to get on with their lives. Unlike conventional chemotherapy, side-effects associated with oral targeted therapies are mostly mild, reversible and tend to get better over time. Avoiding needles and the need to keep accessing central veins is also a big plus, not to mention protecting their veins from the damage inflicted by vesicant chemotherapy agents.

Yet oral drugs come with their own challenges, many of which are under-recognised and poorly tackled. While the side-effects of oral targeted therapies are generally mild, they are nonetheless a burden, and all the harder to bear because of the long-term nature of the therapy. Some oral therapies also have complex administration schedules, which can be awkward for patients to incorporate into their everyday life. Consequently, patients' persistence with oral treatments tends to drop off over time, which can have a significant impact on their outcome.

As treatment is no longer delivered in hospital, there are fewer opportunities for health professionals to address all these issues and help educate patients about adherence to treatment, managing side-effects and avoiding dangerous interactions with other drugs or herbal therapies.

Cancer services need to adapt to make sure that patients on oral therapies do not receive inferior care because of a lack of interaction with health professionals. In many countries, it is becoming apparent that health services also need to remove unhelpful and unjustifiable obstacles to or biases against oral cancer therapies.

In some health systems, for instance, oral cancer drugs are reimbursed at a lower rate than IV chemotherapy, with the result that some patients have no choice but to take IV therapy, even if the overall cost of treatment is more expensive. The UK Parliament, meanwhile, is currently debating a proposal that will make it harder for cancer patients to access a new type of welfare benefit if they are on oral rather than IV therapy.

There appears to have been limited health service planning to address the many challenges posed by the introduction of oral therapies in cancer. Ambulatory cancer services need to be developed to ensure that patients' educational and support needs are met, treatment-related side-effects are managed effectively and patients are helped to stick with the treatment in the long term. Reimbursement and benefit difficulties also need to be addressed, so that services using oral therapies are not compromised by lack of funds, and patients are not denied beneficial oral treatments because of financial penalties.