

# Standards for the Pharmaceutical Oncology Service in Europe through the eyes of patients

## *What a Patient expects from his Pharmacist*

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Chair PAC ECCO

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# The burden of cancer

Threatens 1 out of 3 Europeans  
and causes death in 1 out of 4.

The figures            3.200.000 new cases  
                                 1.730.000 deaths  
± 8 million survivors

These figures will increase despite all  
progress and may double by 2020.

# What happens if a patient goes to the internet?

- Hits from typing cancer sites into Google
  - breast 76.400.000
  - lung 36.700.000
  - prostate 26.000.000
  - bowel 7.080.000
  - pancreas 5.850.000
- How can patients make sense of all this?

# The lost patient

Tsunami information  
(Professionals, media, friends)

Outcome results  
Statistics

The medical  
labyrinth



Loss of personality

EBM Guidelines  
Nomograms

# The different Phases of a Patient's life

Acute Phase: A cancer diagnosis.

After treatment: Remission, surveillance, periodic tests, psycho-social balance, facing outcome.

Long term survivor: Facing sequellae as chronic disease, reintegration in society, facing cure, control or death.

# Quality control of cancer treatment

40% of all cancer patients receive wrong or incomplete treatment

# Achieve Peace of Mind after a Cancer Diagnosis

1. Do your homework: Study your cancer.
2. Accept support from others. Your doctor and your loved ones.
3. Acknowledge your diagnosis and deal with your feelings.
4. Become empowered and take charge of your care.

# Actions of patient groups

Provide information to patients & family

Optimize flyers, websites

Facilitate the news of the diagnosis

Follow-up in the different phases of the disease

Psychological, social and financial support

Improve communication on all channels

Support government and legal help

# Definition of a patient support group

Patient groups provide members with information and support on how to cope with their disease.

They can be advocates to represent their views and campaign for change that improve patients' and carers' lives.

They are no substitute but complement medical treatment by stimulating patient centered care.

# EU Health Ministers adopt Council Conclusions reducing the burden of cancer (EPSCO)

1. Patient-centered, comprehensive and interdisciplinary approach to cancer control.
2. Decrease inequalities within and between member states.
3. Importance of cancer registries and cancer control strategies.

# Stakeholders Social Health Care

Health Authority

Industry

Pharma

Technology

Insurance Public

Private

Professionals

Practice

Research

Hospitals

Universities

General

Cancer Leagues

Consumers

Patients

# Cancer Management

## 1. Optimal Medical Treatment

Provided by professionals.

Aim: Excellence – Updated – Balanced

## 2. Patient Centered Care

We want to be involved ‘Nothing about us, without us’.

Aim: Holistic – Equality - QoL

# The 2008 Partnerships Europa Uomo

|                          |            |
|--------------------------|------------|
| ECCO PAC committee       | 03.2008    |
| ESMO 7th Patient Seminar | 09.2008    |
| OECI PAC committee       | 15.10.2008 |

Principle: Professional groups provide information/education on evidence based treatment. Divulged with professional support (ESO, Cancerworld) and implemented on the national/regional level). Industry adapts PAC experience.

# Primary Treatment according to Specialist Consult (N-85.088)

| Specialty                              | RP % | XRT % | Hormones % | A.S. % |
|--|------|-------|------------|--------|
| Urology (N = 42,309)                   |      |       |            |        |
| 65-69 (N = 12,248)                     | 70   | 5     | 7          | 18     |
| 70-74 (N = 10,751)                     | 40   | 8     | 17         | 31     |
| 75+ (N = 19,310)                       | 5    | 4     | 45         | 46     |
| Urology / Medical Oncology (N = 2,329) |      |       |            |        |
| 65-69 (N = 601)                        | 53   | 17    | 14         | 16     |
| 70-74 (N = 657)                        | 38   | 22    | 17         | 23     |
| 75+ (N = 1,071)                        | 5    | 15    | 46         | 34     |

# Primary Treatment according to Specialist Consult (N-85.088)

| Specialty   | RP % | XRT % | Hormones % | A.S. % |
|---|------|-------|------------|--------|
| Urology / Radiation Oncology (N = 37,540)         |      |       |            |        |
| 65-69 (N = 10,604)                                | 15   | 78    | 3          | 4      |
| 70-74 (N = 14,058)                                | 7    | 85    | 4          | 4      |
| 75+ (N = 12,878)                                  | 2    | 85    | 7          | 6      |
| Urology, Radiation & Medical Oncology (N = 2,910) |      |       |            |        |
| 65-69 (N = 890)                                   | 19   | 70    | 6          | 5      |
| 70-74 (N = 1,037)                                 | 8    | 80    | 7          | 5      |
| 75+ (N = 983)                                     | 2    | 79    | 12         | 7      |

# D.G.P. PCa patient, 62 years, UK

**Diethylstilbestrol** tablets 1mg

Take one tablet each day - 28 tablets

**Isosorbide mononitrate** tablets 10 mg

Take one twice daily – 56 tablets

**Bisoprolol** tablets 5 mg

Take one each morning – 28 tablets

**Aspirin** tablets 75 mg

Take one daily – 28 tablets

**Simvastatin** tablets 20 mg

Take one at night – 28 tablets

**Gaviscon** sugar free liquid (aniseed)

2 x 5ml spoon as required

**Paracetamol** tablets 500mg

Take two every 4 to 6 hrs – 100 tabl.

**Morphine sulphate** tablets 10mg

continus Take two every 12 hrs.

**Oramorph** oral solution 10mg/5ml

Take 2.5ml to 5ml every 2 to 4 hrs as required – 300 ml

**Movicol** 13.8g sachet Lemon & Lime

Take one or two daily – 30 sachets

**Folic acid** tablets 5 mg

Take two once a week – 10 tablets

On the day after taking Methotrexate

**Methotrexate** tablets 2.5 mg

Take eight once a week ) 40 tablets

# Priority off-label medication BPS

Finasteride, Dutasteride

Vit.D3

Ketokonazol

Celecoxib

Mitoxantrone

Bevacizumab

Satraplatin

# Co-morbidity and CAM products

## CAM: A five billion industry (USD)

Multivitamin/multimineral 13%

Single nutrients supplements

Herbal products 36%

## Co-morbidity: Medications consumed

NSAIDS (57%), antihypertension (49%),  
lipid lowering (27%), aspirin (64%)

# Mistakes in prescriptions

1. Poor choice of drug
2. Over- & underdosage
3. Treatment side-effects / rather than drug replacement
4. Non acceptance / non compliance
5. Interactions drug / drug
6. Interactions drug / food

# Pharmaceutical Care

## MEDICATION MANAGEMENT

The responsible provision of drug therapy for the purpose of achieving definite outcomes which improve patients quality of life aims to minimize pain & side-effects while maximizing the patients' well being.

# Basics for pharmaceutical care

1. Use of structured patient files
2. Collaboration other health providers
3. Communication pharmacist / patient
4. Stimulate therapeutic concordance
5. Stimulate pharmacist concordance
6. Management drug related problems.
7. Management pharmaceutical files
8. Remuneration

# Hospital Pharmacist

Passing medical information from extra to intramuros lacks correct interpretation (up to 40%)

Medication counts for half of this figure (20%). An electronic control plan lowers the mistakes to 3%.

# Community Pharmacist

Patient-centered interest and advice

Medication counseling

Lifestyle modifications

Prevention side-effects / drug interactions

Documentation for patients' needs and care

Cooperation health care providers

Registration and accountability

Educational opportunities

# Europa Uomo: Strategy 2008-2009

1. Receive objective, updated evidence based information on prostate diseases and general oncology through partnership with professional organisations.
2. Distribute information, education to membership and public with our partnership European School of Oncology – Cancerworld.
3. Collaborate with patient organisations for unisono advocacy for cancer patients.

# Partnerships Europa Uomo

EPPOSI

OECE

ESU

ESOP – ESMO

EAU – EONS – ECCO

**Europa Uomo - ESO**

ECPC

Eurocan+Plus

Europa Donna

PROCABIO

WWPCC

TRANSMARK

# Europa Uomo Recommendations

1. Employ patient expertise to ensure policies and trials are patient centered.
2. Go for a comprehensive strategy and united actors.
3. Develop coherent European measures that complement national policies.
4. Expertise without arrogance.

# Close uncertainty-communication problems

**Knowledge**

**Reality**

**Prevention**

**Treatment**

**Rich**

**Poor**

**Collaboration**

**Olympic stand**

**Transparant**

**Obscure**

Thank you for your  
attention.

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