Tumori, 99: 35-38, 2013

Impact of use of oral anticancer drugs on activity of Italian oncology practices: results of a survey conducted by the Italian Society of Medical Oncology (AIOM)

Stefania Gori[1], Massimo Di Maio[2], Carmine Pinto[3], Oscar Alabiso[4], Editta Baldini[5], Enrico Barbato[6], Giordano Domenico Beretta[7], Stefano Bravi[8], Orazio Caffo[9], Luciano Canobbio[10], Francesco Carrozza[11], Saverio Cinieri[12], Giorgio Cruciani[13], Angelo Dinota[14], Vittorio Gebbia[15], Lucio Giustini[16], Claudio Graiff[17], Annamaria Molino[18], Antonio Muggiano[19], Giuliano Pandoli[20], Fabio Puglisi[21], Pierosandro Tagliaferri[22], Silverio Tomao[23], Gianluigi Lunardi[24], and Marco Venturini[24†], on behalf of the AIOM Working Group "Interaction with Regional Sections" (2009-2011)

[1]Medical Oncology, SM della Misericordia Hospital, Azienda Ospedaliera, Perugia; [2]Clinical Trials Unit, National Cancer Institute, G Pascale Foundation, Naples; [3]Medical Oncology Unit, S Orsola-Malpighi Hospital, Bologna; [4]Azienda Ospedaliero-Universitaria "Maggiore della Carità", Università degli Studi del Piemonte Orientale "A Avogadro", Novara; [5]Medical Oncology, Campo di Marte Hospital, Lucca; [6]Ospedale "SG Moscati", ASL CE - UOSD Oncologia, Aversa (CE); [7]Medical Oncology, Istituto Clinico Humanitas Gavazzeni, Bergamo; [8]UO di Oncologia, Asl 1, Città di Castello (PG); [9]Medical Oncology Department, S Chiara Hospital, Trento; [10]Medical Oncology, PA Micone Hospital, Asl 3 Genovese, Sestri Ponente (GE); [11]Medical Oncology, A Cardarelli Hospital, Campobasso; [12]Medical Oncology and Breast Unit, PO Senatore Antonio Perrino, Asl Brindisi, Brindisi, and Medical Department, Istituto Europeo di Oncologia (IRCCS), Milan; [13]Medical Oncology, Umberto I Hospital, Lugo di Romagna (RA); [14]Medical Oncology, Azienda Ospedaliera S Carlo, Potenza; [15]Medical Oncology, La Maddalena, Palermo; [16]Medical Oncology, Zona Territoriale 11, Fermo; [17]Medical Oncology, Central Hospital ASDAA/SABES, Bolzano; [18]Oncologia, Ospedale Civile Maggiore, Azienda Ospedaliera Universitaria Integrata, Verona; [19]Oncology Department, A Businco Hospital, Asl 8, Cagliari; [20]UO di Oncologia, Asl di Pescara, Pescara; [21]Department of Clinical Oncology, University Hospital, Udine; [22]Medical Oncology Unit, Tommaso Campanella Cancer Center and Magna Graecia University, Catanzaro; [23]Dipartimento di Scienze e Biotecnologie Medico-Chirurgiche, Università degli Studi di Roma "Sapienza", Rome; [24]Medical Oncology, Ospedale Classificato Sacro Cuore Don Calabria, Negrar, Verona, Italy

ABSTRACT

Aims and background. In recent years, the number of oral anticancer drugs used in clinical practice has rapidly increased. The Italian Society of Medical Oncology (AIOM) conducted a survey to describe the impact of the use of oral anticancer drugs on the daily activity of Italian oncology practices.

Methods and study design. A survey questionnaire was distributed to the coordinators of the regional sections of AIOM. A 6-month period was considered, from January 1, 2010 to June 30, 2010. The survey addressed (1) quantitative aspects of the use of oral anticancer drugs; (2) practical aspects in the management of patients treated with these drugs; (3) issues related to treatment costs and reimbursement procedures.

Results. Thirty-six questionnaires were received from institutions distributed throughout the Italian territory. Oral anticancer drugs (both chemotherapy and molecularly targeted agents) accounted for a significant proportion (17%) of prescribed treatments. Among the responding institutions, there were different dispensation procedures of oral drugs to patients: drugs were dispensed by the pharmacist (57%) or directly by the medical oncologist (23%) or nurse (20%). The medical oncologist played a major role in the communication with patients (73% alone and a further 24% in cooperation with other professional figures) and was the point of reference in the event of side effects in 97% of cases. In most cases, the reimbursement of drug costs was separated ("File F"

Key words: oral anticancer drugs, drug dispensation, reimbursement.

Acknowledgments: We thank the following persons and centers for contributing to the survey: M Aglietta, Istituto per la Ricerca e la Cura del Cancro, Candiolo; G Bernardo, Fondazione S Maugeri, Pavia; R Bordonaro, Garibaldi-Nesima Hospital, Catania; F Bruder, A Businco Hospital, Cagliari; P Carlini, Regina Elena Institute, Rome; G Condemi, Ospedale Civile Locri-Siderno; A Contu, Ospedale Civile SS Annunziata, Sassari; A Farris, University of Sassari; M Giusto and P Giovanis, S Martino Hospital, Belluno; C Iacono, M Paternò Arezzo Hospital, Ragusa; MT Ionta, University Hospital, Cagliari; P Marchetti, S Andrea Hospital, Rome; C Mulas, Sirai Hospital, Carbonia; G Numico, U Parini Hospital, Aosta; A Piga, A Businco Hospital, Cagliari; T Sedda, S Martino Hospital, Oristano, Italy.

Conflict of interest: The authors declare they have no conflict of interest relevant to this work.

Correspondence to: Dr Stefania Gori, Oncologia Medica, Ospedale Santa Maria della Misericordia, Azienda Ospedaliera di Perugia, Via Dottori 1, 06122 Perugia, Italy.
Tel +39-075-5784212;
fax +39-075-5279082;
email stefania.gori@tin.it

Received April 11, 2012;
accepted September 10, 2012.

procedure) from the flat fare received by the hospital for outpatient visits or day-hospital access.

Conclusions. Optimal organization of oral anticancer treatment warrants the cooperation and integration of multiple professional figures. At least three figures are involved in patient management in the hospital: the medical oncologist, the nurse, and the hospital pharmacist. Oral anticancer treatments are associated with specific reimbursement issues: in the majority of cases, the cost of the drug is reimbursed separately from the cost of patient access.