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Taking Pills for Cancer Treatment: Tips for Staying on Your Plan

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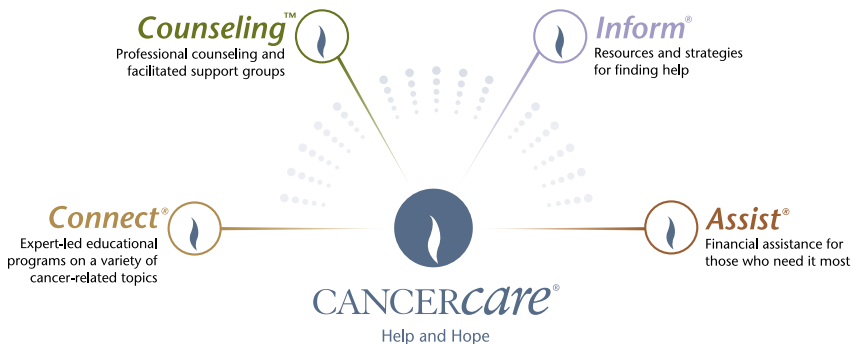
- The importance of taking your pills on schedule
- Practical tips for sticking to a treatment plan
- Communicating with your health care team
- The importance of a support network



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For effective treatment, it's important to stick with the prescribed routine for taking your pills.

Currently, only five percent of cancer treatments are taken at home, in pill form. The rest are usually available only in a hospital or clinic, where they are given **intravenously** (through a vein). But that is changing dramatically. Most of the newest drugs being developed to treat cancer are **targeted treatments**, which are often available in pill form. Targeted treatments zero in on the cell mechanisms that supply blood to tumors and promote their growth and division. Rather than killing both healthy and unhealthy cells, as chemotherapy does, targeted treatments attack just the cancer cells, sparing healthy tissues and causing less severe side effects.

For people taking oral cancer treatments at home, sticking to, or “adhering,” to their treatment plan is a top priority. (Sometimes this is referred to as “compliance.”)

Generally, oral drugs taken for the long term are used to keep cancer growth in check or to reduce the chances of tumors returning. In some cases, people taking these drugs feel healthy, without any cancer symptoms, which can make it challenging to stick with the treatment plan.

As with other anti-cancer medications, oral drugs do help relieve symptoms and ensure the best long-term result. A tumor can begin growing again if a person with cancer stops taking his or her medication, say, because cancer symptoms have gone away. Over the long run, not sticking with your doctor's instructions for taking a drug can make treatment

less effective than it would have been if the medication had been taken as prescribed. That is why it is so important for doctors and nurses to communicate openly and regularly with patients and for patients to stay in touch with their health care team.

Examples of Cancer Drugs Available in Pill Form

More and more anti-cancer drugs can be taken at home, in pill form. Some of these pills include:

Hormone treatments:

- tamoxifen (Nolvadex and others)
- raloxifene (Evista)
- letrozole (Femara)
- anastrozole (Arimidex)
- exemestane (Aromasin)
- flutamide (Eulexin and others)
- bicalutamide (Casodex)
- nilutamide (Nilandron)

Chemotherapy treatments:

- capecitabine (Xeloda)
- cyclophosphamide (Cytoxan and others)
- etoposide (Vepesid)

Targeted treatments:

- imatinib (Gleevec)
- erlotinib (Tarceva)
- gefitinib (Iressa)
- lapatinib (Tykerb)
- sunitinib (Sutent)
- sorafenib (Nexavar)



Challenges With Sticking to a Treatment Plan

We all know how hard it can be to stick with a new eating or exercise plan, even when it's important to our health. But for many people, it's also difficult to stay on a daily pill schedule. In fact, studies have shown that only 40 percent to 50 percent of people whose doctors prescribe pills for them, to control high blood pressure or other chronic conditions, for example, actually take their medicines regularly.

Yet many doctors assume that patients take their medications as prescribed, partly because the medical system doesn't have procedures in place to confirm that people are in fact taking their pills at home.

What are some of the reasons people with cancer might not take pills as prescribed? Possible challenges include:

- **Lack of doctor-patient “face time”** When cancer treatments are designed to be taken at home instead of at a hospital or clinic, there are fewer chances for patients to talk with their doctors and nurses face to face. There are also fewer opportunities for people to get the support and information they might need to help them continue taking their pills at home.
- **Burnout** It's one thing to take pills for a week or so for a short-term problem like an infection. But it's quite another to take pills every day for five or 10 years or more, especially when the person taking the pills doesn't feel sick. Some data show that people get tired of taking pills day in and day out for years.



- **Tired of feeling like a “patient”** Understandably, after chemotherapy, radiation, and surgery, many people with cancer just don’t want to feel like a patient anymore. They want to start to feel like themselves again and not have to continue taking medication.
- **Difficulty remembering to take pills** It can be easy to forget to take medicine every day or to get prescriptions refilled regularly.
- **Rigorous dosing schedule** If a drug has to be taken more than once a day, it can be inconvenient or difficult to remember to take.
- **Side effects** If a medication causes uncomfortable side effects, such as hot flashes or skin rash, a person may stop taking it.
- **Cost** If insurance doesn’t cover the cost of a drug, a person may not be able to afford it. Even people who are insured may have trouble covering the cost of co-payments. And if a patient’s insurance company changes its rules for what it will cover, that can create difficulties.
- **Health beliefs** Some people don’t believe in taking medications. Or they may feel that the drugs don’t help or that they don’t need them.
- **Logistics** Someone who doesn’t drive may not be able to get to a pharmacy to pick up a needed medication.
- **Poor doctor-patient communication** If patients don’t understand their health care provider’s directions for taking a drug, or if the pros and cons haven’t been discussed thoroughly, they may not take their medication. Or, for example, if they haven’t developed a trust in their doctor, they may not believe that a drug he or she prescribed will help.
- **Personal factors** There are many personal reasons why some people may not stick to a drug treatment plan. If

someone has untreated depression, for example, he or she may not be motivated to take a medication. Or, a person may find that taking pills serves as a daily reminder that cancer can return.

Practical Tips for Sticking to a Drug Treatment Plan

Although taking medication over the long term can be difficult, there are a number of things you and your doctor can do to make it easier:

- **Get it in writing** When you start a treatment plan, have your doctor provide written instructions that you can take home and review. Be sure the instructions explain the size and appearance of the pill, how often to take it, the dose per pill, and whether to take it on an empty stomach or with food.
- **Consider the cost** Some medications are expensive and not covered by insurance plans. If that is an issue for you, tell your doctor. Many drug companies will provide medications for free or at a lower cost if your doctor gives them a referral for you. In addition, some organizations offer financial grants to help with drug costs.
- **Get to know your pharmacist** Pharmacists are excellent resources on all things related to taking your medications, from the side effects you can expect to what to do if you miss a dose.
- **Understand why you're taking the medication** As discussed, some drugs designed to prevent cancer recurrence must be taken for years to be effective. Be sure your doctor



explains how the medication will benefit you.

- **Know what to expect** Find out what side effects to expect so you're not taken by surprise. For example, about a third of women who take tamoxifen experience hot flashes, but usually not until about four to six weeks after taking the first pill.
- **Incorporate the drug into your usual routine** For example, depending on your doctor's instructions, you might choose to take a daily pill when you brush your teeth in the morning or every night with dinner. If you only take a medication once each week, choose a day and mark it on your calendar. Use pill-sorting boxes (available at drug stores) to sort an entire week's worth of medications. Some sorters even come with alarms.
- **Know what to do if you miss a dose** For instance, if you forget to take a pill in the morning, ask if you should take it later in the day or wait until the following day.
- **Plan for travel** If you're leaving town for work or pleasure, be sure to take along plenty of your medication in its original container (particularly important for plane travel). Avoid packing pills in your checked luggage that will be stored in cargo, in case the luggage is lost. Some patients take an extra prescription with them when they travel just in case they lose their bags. You may also want to get a note from your doctor stating that you have been prescribed the pills.
- **Keep a drug diary** Record each dose you take (see pages 8 and 9) and whether you felt that it caused any side effects. Bring the diary to follow-up visits with your doctor to help you discuss any difficulties you may be having.



Creating a Drug Diary

A drug diary is an important tool that can help you stick with a medication plan by keeping track of the pills you take each day. It's also useful to have on hand for doctor visits and in case of an emergency.

Whenever you see your doctor or nurse, bring the diary with you. Attach a pen or pencil to the diary with a string or clip and keep it wherever you store your medications. If you have difficulty with your vision, be sure to use large print for all your diary entries.

On the first page of the diary, write down:

- your name
- your doctor's name and contact information
- your pharmacy's name and contact information
- name and contact information of any phone buddies or caregivers you've partnered with to help stick to your pill schedule
- name, dose, and purpose of all the prescription medications you take
- name, dose, and purpose of all the over-the-counter drugs you take
- name, dose, and purpose of all the vitamin/mineral supplements you take
- name, dose, and purpose of all the herbal supplements you take

On the second page, paste a photocopy of the written instructions you received from your doctor. The instructions should detail the size and appearance of each prescribed pill, how often to take it, the dose per pill, whether to take it on an empty stomach or with food, and how to handle missed doses.

On the next page, start a weekly chart like the one below, which has columns running up and down for each day of the week and rows running across the page for each drug listed. (You may want to use different colored highlighters to color code the chart. That may help you distinguish between different drugs with complex names.)

Sample Daily Pill Tracker

Name of drug	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Drug 1	✓						
Drug 2 - 1 st dose	✓						
Drug 2 - 2 nd dose	✓						
Drug 3	✓						
Drug 4	✓						
Side effects or other concerns to discuss with my health care team:							

Fill in the chart as follows:

- Place a check mark in the appropriate column when you take your medication.
- If you take more than one dose of a drug each day, split the row into two or more rows (see example of second drug on chart) and place a check mark in each row each time you take a dose.
- Use the space at the bottom of the chart to note any side effects or other issues you experience during the week.
- If you have a caregiver or phone buddy, go over your chart with that person to be sure everything is clear.

- **Know who to call with questions** Know the name and number of the health care professional you should call if problems or questions arise. If the cost of the medication is an issue, ask for help. Many clinics have experts who can help with insurance coverage and information about other options for covering the cost of drugs.
- **Buddy up** Team up with a friend or family member who can take turns picking up your prescriptions from the pharmacy. If you live alone, find a phone buddy who understands your drug routine. Check in with that person regularly to let him or her know you've taken your medication.
- **Get the emotional support you need** For some people, taking pills long after they have finished their initial cancer treatments poses emotional challenges. Some people may feel as though they will never stop being "cancer patients," while others may find that taking pills is a daily reminder of cancer. Joining a support group or speaking with a counselor often helps people cope better.

Working With Your Support Team

When you are being treated for cancer, you're faced with a series of new questions and choices that will have a major effect on your life, and maybe you're not sure where to turn. It's perfectly normal to feel sad, angry, or frustrated about having to stick with an oral medication routine for months or even years. But help is available.

Your most important resources are your health care team, family members, and friends. It's essential to develop good communication with them. In addition to your health



care team and loved ones, you can turn to these resources:

Oncology social workers and nurse practitioners are specially trained to help you get the best care possible. Often, when people are coping with cancer, they need someone to talk with who can help them and their families sort through the complex emotions and issues that arise. These health care professionals can provide emotional support, help you cope with treatment and its side effects, and guide you to resources. CancerCare® offers free counseling from professional oncology social workers on staff.



Support groups Many support groups are available for people coping with cancer. Support groups can reduce the feeling that you are going through cancer alone. These groups provide reassurance, suggestions, insight—a safe haven where you can share similar concerns with your peers in a supportive environment. At CancerCare, people with cancer, their loved ones, and caregivers can take part in support groups in person, online, or on the telephone.

Financial help is offered by a number of organizations, including CancerCare, to help cover the cost of some medications and other treatment-related needs. CancerCare can also refer you to other resources in your community that can provide assistance.

The CancerCare Connect® booklet *Coping With Cancer: Tools to Help You Live* provides more information on the medical, emotional, and practical concerns faced by people with cancer. You can request a copy of this booklet by calling CancerCare at 1-800-813-HOPE (4673).

Frequently Asked Questions

Q I just started treatment with oral medications for breast cancer. I'm wondering if the vitamin supplements, over-the-counter drugs, and herbal medicines I already take could interfere with the treatment plan prescribed by my doctor.

A A major issue for people with cancer is the possibility that one drug may interact with another in a way that might alter the effectiveness of both. This is an issue called **drug-drug interaction**. Many people with cancer take medications for other chronic illnesses, such as heart disease and diabetes. When a cancer drug is taken along with another drug, one drug might decrease the effectiveness of the other, for example, by interfering with the body's ability to absorb it. Or, one drug may increase the effects of the other. Drug-drug interactions can be complex, so it is important to tell your doctor what medications you already take and in what dose so that your cancer treatment can be planned accordingly.

Over-the-counter products, including vitamins and herbs, may also profoundly affect the way a cancer drug works. Be sure to tell your doctor about them so any potential problems can be flagged and addressed.

Q A friend of mine told me not to eat foods with soy in them while I'm taking tamoxifen. Is that advice correct?

A Some research conducted in animals has shown that large amounts of **genistein**—a substance found in soy—can counter the effects of tamoxifen (Nolvadex and others). Tamoxifen is a drug used to treat breast tumors that depend

on the female hormone estrogen to grow. It is also used to prevent breast cancer in women who are at high risk of developing the disease. More research is needed to fully understand how genistein might interfere with tamoxifen. In the meantime, it is important to let your doctor know if you eat soy-based foods regularly or take soy supplements. Ask him or her whether these foods or supplements might affect your treatment plan.

Q Why do I have to take my pills at the same time every day?

A Using this technique can help you stick to your drug treatment plan. If you tie taking your medication into your daily routine, you're less likely to forget and more likely to make it a habit.

In addition, drugs designed to be taken daily are formulated to be absorbed and to work actively in the body for a certain time period. Their ability to be used by the body is tested in clinical trials. To make sure such drugs are working at peak performance, it's best to take them at approximately the same time every day. But it's important to find out how sensitive your particular pills are to timing. Medications that are designed to be taken over the course of years usually take time to wash out of the body. If you miss a dose, it probably will not have a meaningful impact on the effect of the drug, because the drug remains in the body for some time. But if you miss doses frequently, or miss many doses in a row, it would affect the drug's ability to work. For other drugs taken for shorter periods, timing may be more critical. Before starting a drug treatment plan, be sure to discuss this with your doctor.

Q What would happen if I forget to take my pills one day?

A That depends on a number of factors, including the drug itself, the dose of the drug, and the reason you are taking it. If you miss a dose of some drugs, it may be best to wait until the next day to take the next dose. For others, it may be better to take the missed dose as soon as you remember that you needed to take the pill. The important thing is that you prepare for this possibility by asking your doctor how to handle the situation before it arises.

Q My doctor told me not to let Arimidex dissolve in my mouth. Why is that?

A Anastrozole (Arimidex) is a type of drug called an **aromatase inhibitor** that prevents the female hormone estrogen from forming. It is intended for treatment of breast cancer in postmenopausal women. The coating on the pill is designed to protect it until it reaches the stomach. Once there, stomach acids start breaking it down and absorbing it. The idea is to allow the drug to get to the stomach intact, where most of it can be absorbed. If it starts dissolving in the mouth, the body will not absorb maximum amounts of it. Part of adhering to a drug treatment plan is knowing the correct way to take your pills, and in this case the correct method is to swallow—and not chew or suck on—the medicine.

Glossary

aromatase inhibitor A drug that blocks the female hormone estrogen at its source by interfering with the production of estrogen in postmenopausal women. An effective treatment for breast tumors that are stimulated by estrogen.

drug-drug interaction The effect two different drugs have on one another when taken at the same time.

genistein A substance found in soy. Some research suggests that genistein can counter the effects of the breast cancer drug tamoxifen.

intravenously Delivered through a vein.

targeted treatments Treatments that zero in on the cell mechanisms that supply blood to tumors and promote their growth and division. Rather than killing both healthy and unhealthy cells, as chemotherapy does, targeted treatments attack just cancer cells, sparing healthy tissues and causing less severe side effects.

Resources

CancerCare

Services: 1-800-813-HOPE (4673)
www.cancercares.org

American Cancer Society

1-800-227-2345
www.cancer.org

People Living With Cancer

(Patient website of the American Society of Clinical Oncology)
www.plwc.org

National Coalition for Cancer Survivorship

1-877-622-7937
www.canceradvocacy.org

National Cancer Institute

Cancer Information Service
1-800-422-6237
www.cancer.gov

The Wellness Community

1-888-793-9355
www.thewellnesscommunity.org



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The information presented in this patient booklet is provided for your general information only. It is not intended as medical advice and should not be relied upon as a substitute for consultations with qualified health professionals who are aware of your specific situation. We encourage you to take information and questions back to your individual health care provider as a way of creating a dialogue and partnership about your cancer and your treatment.

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