

# My day with Oncology Pharmacy - Algeria

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## 1. Introduction

In form of an ESOP survey in March and April 2022, professionals were asked about their working situation in preparation of ready-to-use cytotoxic drugs. All relevant daily working processes as activities in prescription and validation of cytotoxic drugs as also their clinical pharmaceutical support in patient care are addressed. This poster presents the specific evaluation in Algeria.

## 2. Material and method

The survey with 18 questions was performed nationally using a web based application. Different regions of the country were included in the study : center (Algiers, Blida and Tizi-Ouzou), East (Constantine, Batna), West (Tlemcen), South (Adrar).

Data was collected and analyzed using an Excel 2013 spreadsheet.

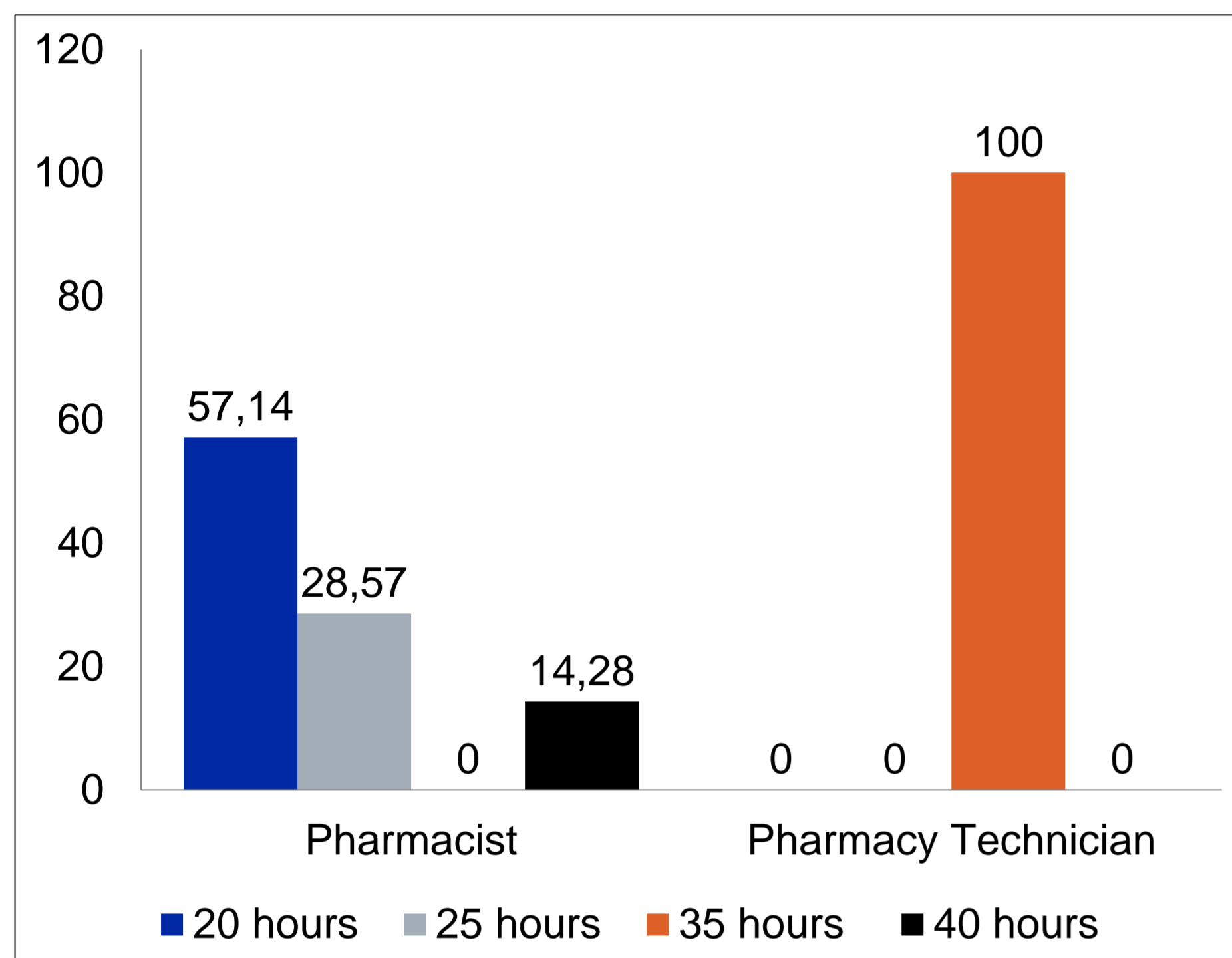


Fig.1: Time spent on oncology pharmacy activities during the working day on a weekly average

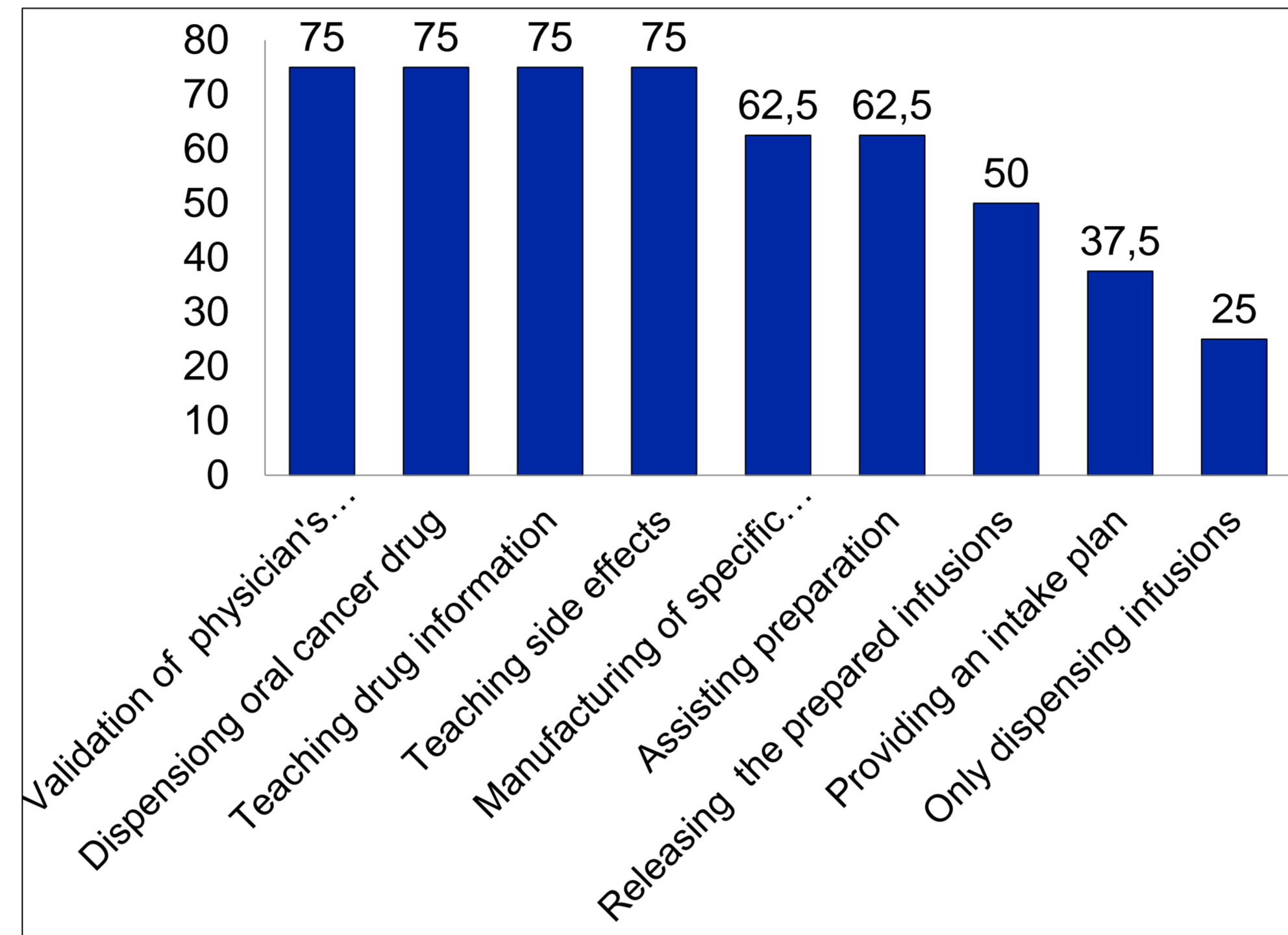


Fig.2: Frequency in percentage related to the different oncology pharmacy activities

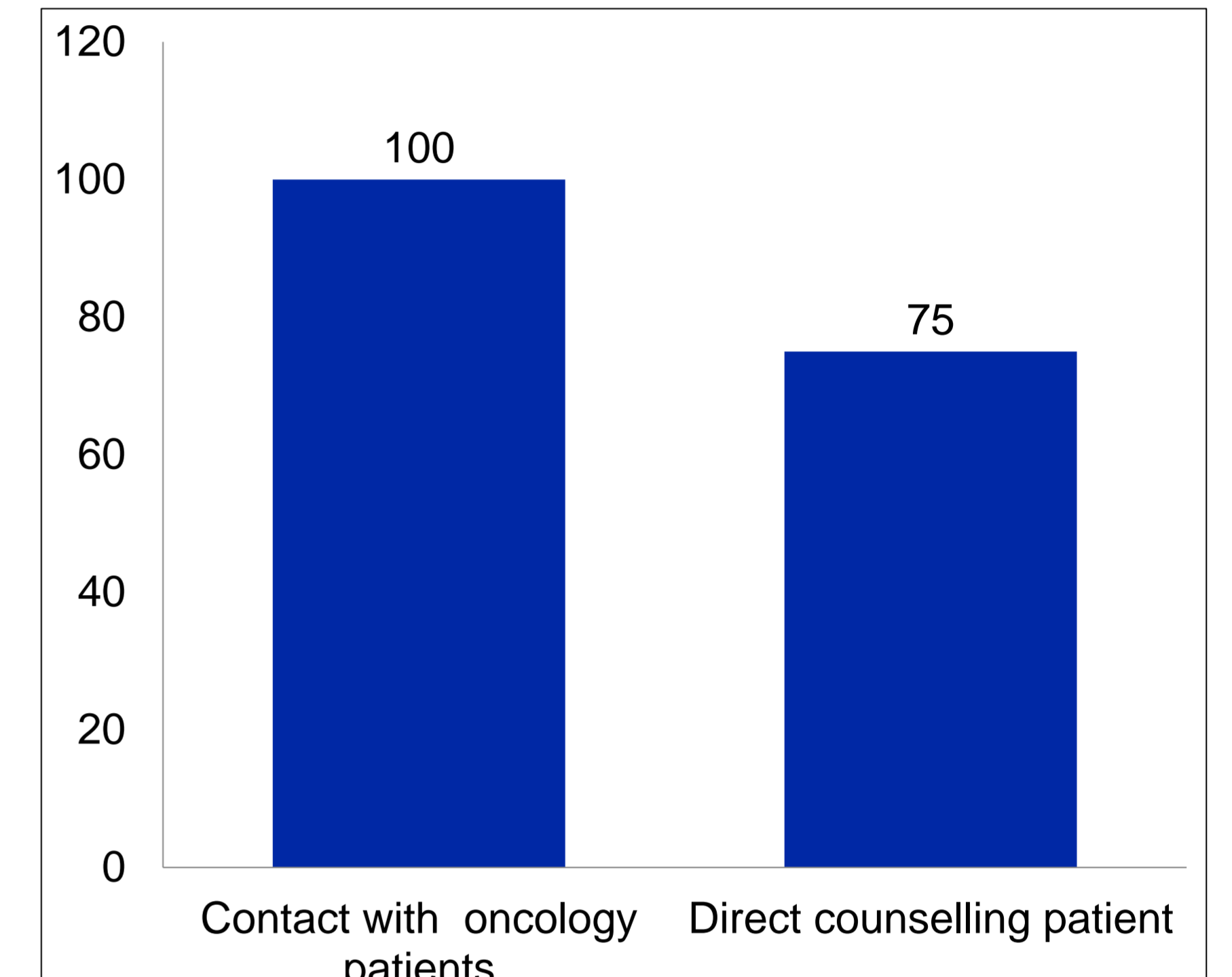


Fig.3: Pharmacist -oncology patient relationship

## 3. Results and discussion

Different health professionals, in particular the pharmacist and the pharmacy technician, are involved in the preparation of ready-to-use cytotoxic drugs. It should be noted that the pharmacy technician as well as the pharmacist practicing in the hospital spend 35 to 40 hours of their time weekly to the various oncology pharmacy activities. However, there is the status of hospital-university pharmacists who only provide 20 to 25 hours of oncological activity per week. The preparation of specific infusions is a practice that is becoming more and more frequent in Algeria (62.5%) compared to a simple dispensation (25%). An average of 65 preparations per day was noted. However, the release of these preparations by a pharmacist is not fully guaranteed (50% only). Pharmacists also ensure the validation of medical prescriptions (75%), which are presented only in paper form and the dispensing of oral cancer drugs (75%) to oncology patients which is done exclusively in hospitals with an average of 90 dispensations per week. In 75% of cases, patients are informed about the mode of administration of the drug, its conservation, the elimination of its waste and also the cleaning of surfaces having been in contact with these cytotoxic drugs. Posters designed for each molecule were been used for this aim. These posters also provide information on precautions for use, drug and food interactions as well as recommended monitoring. In addition, patients are warned of the occurrence of probable side effects and practical solutions are offered to them in order to better manage them. Moreover, providing an intake plan is ensured by only 37.5% of pharmacists, this practice makes it possible to adapt the rhythm of drug administration according to any school, professional and socio-cultural activity (exp: Ramadhan) thus improving patient compliance with its treatment.

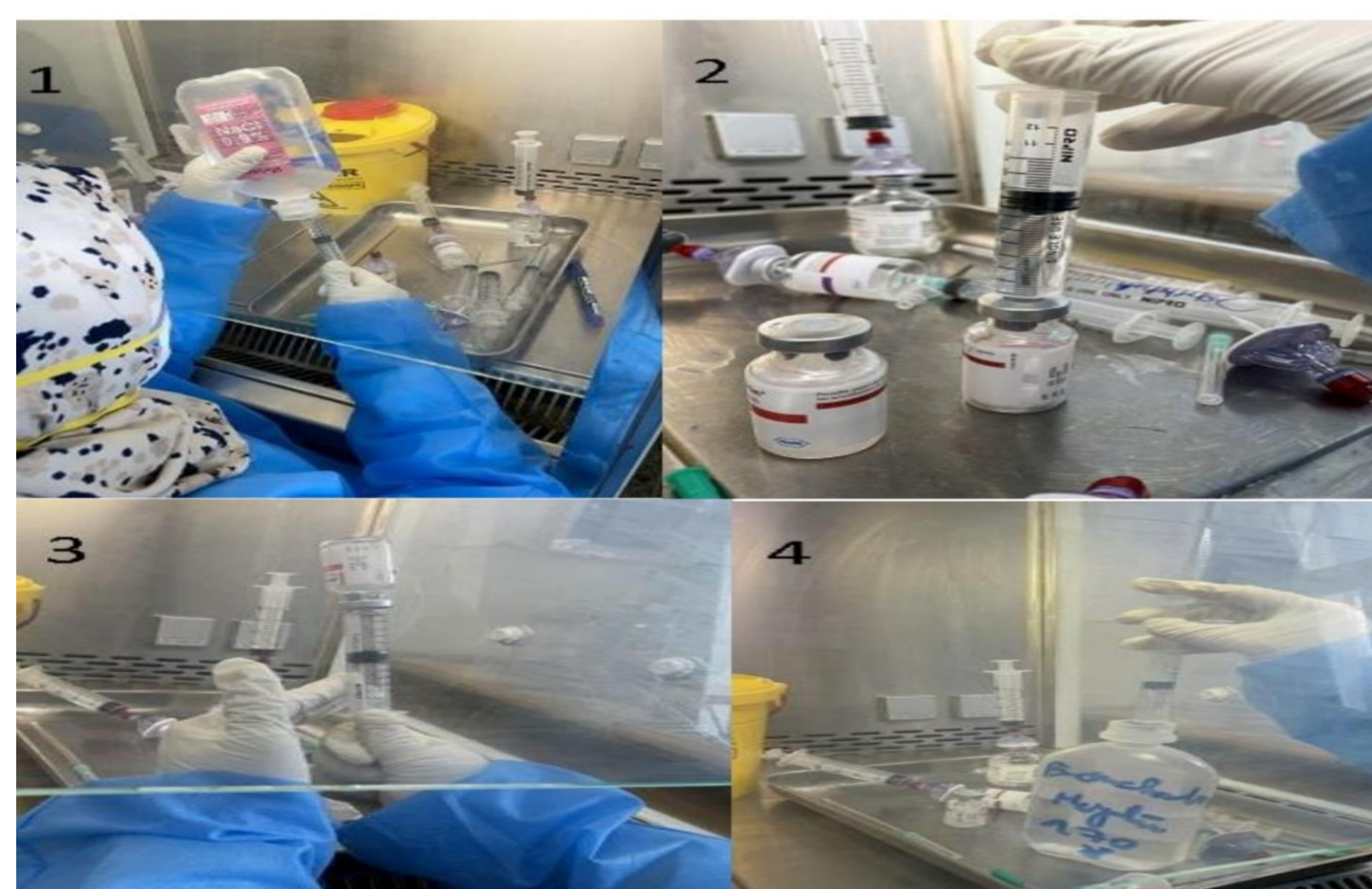


Fig.4: Herceptin ® (Trastuzumab) reconstitution steps.



Fig.5: Documentation of the drugs to be prepared and conservation of the remainders.

## Conclusion

In Algeria, the role of the hospital pharmacist in the validation of prescriptions, the preparation of cytotoxic drugs and the therapeutic education of oncology patients remains timid and is limited to the initiatives of voluntary individuals or teams concerned with improving pharmaceutical practice in oncology. The absence of regulations governing these activities and imposing good use of drugs explains the lack of involvement of health establishments in Algeria to implement the conditions necessary for good pharmaceutical practices. Also, the ageing of these establishments and the lack of infrastructures that house a centralized reconstitution are an obstacle on the development of these essential missions of the hospital pharmacist.

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