

# My Day with Oncology Pharmacy - Ireland

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## 1. Introduction

The role of pharmacists in the delivery of cancer care has changed significantly in recent years. Treatments are more complex, with increased use of systemic anti-cancer therapy across ageing populations (1). Rapid evolution in the therapeutic management of cancer, including developments in immunotherapy and oral anticancer medicines, has led to new adverse event profiles and patient counselling requirements (2). Consequently, the day-to-day work of pharmacists involved in the delivery of cancer care has changed (3).

## 2. Material and method

<b>Description</b> - Web-based questionnaire - Circulated by ESOP Global - May 2024 - 17 questions	<b>Subject Matter</b> - Demographics - Daily tasks in oncology pharmacy settings - Daily workload - Patient contact	<b>Target Audience</b> Distributed to: - Irish members of ESOP Global - Pharmacists working in haematology-oncology and aseptic services in Ireland
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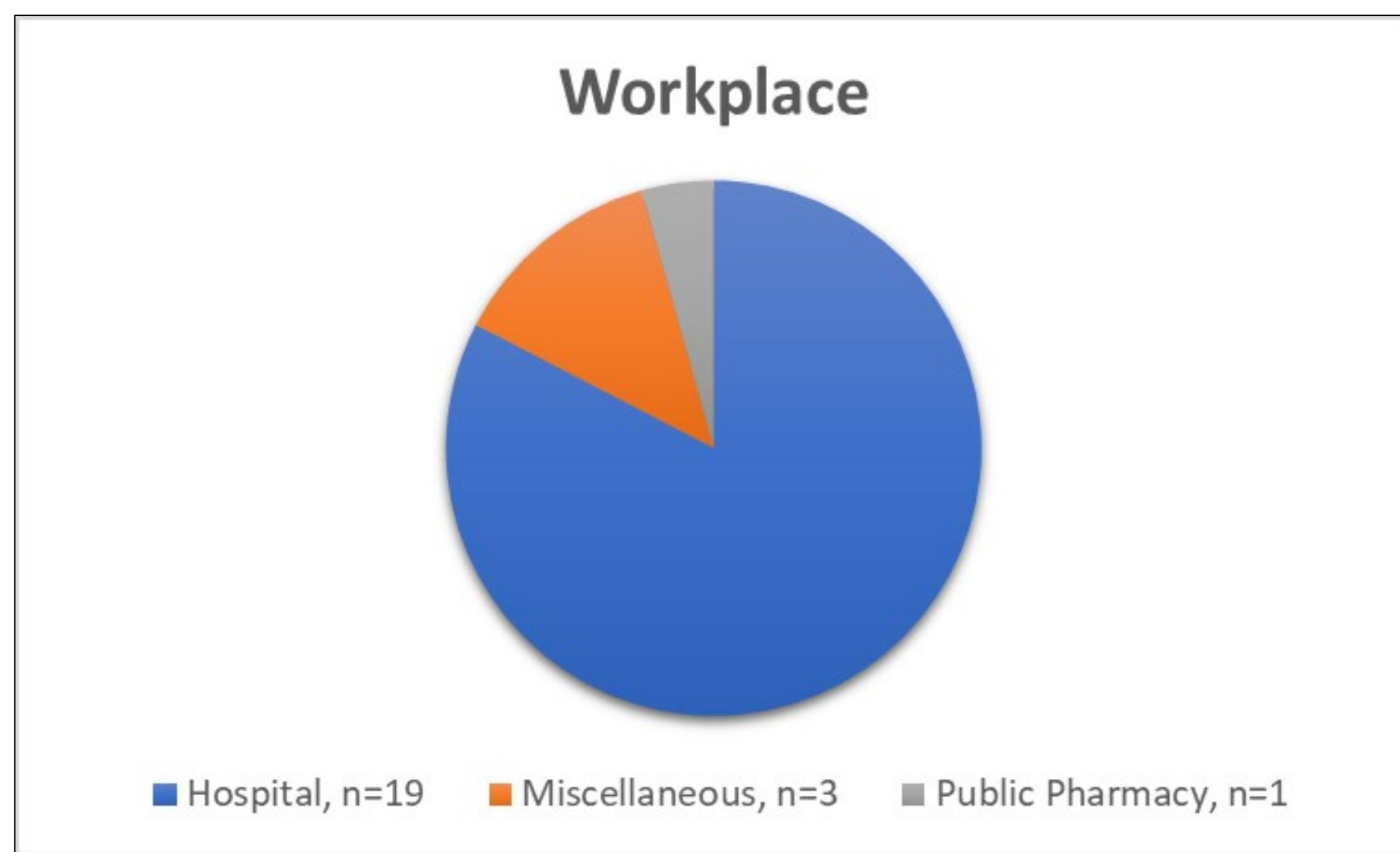


Fig.1: What sectors do the survey respondents (n=23) work in?

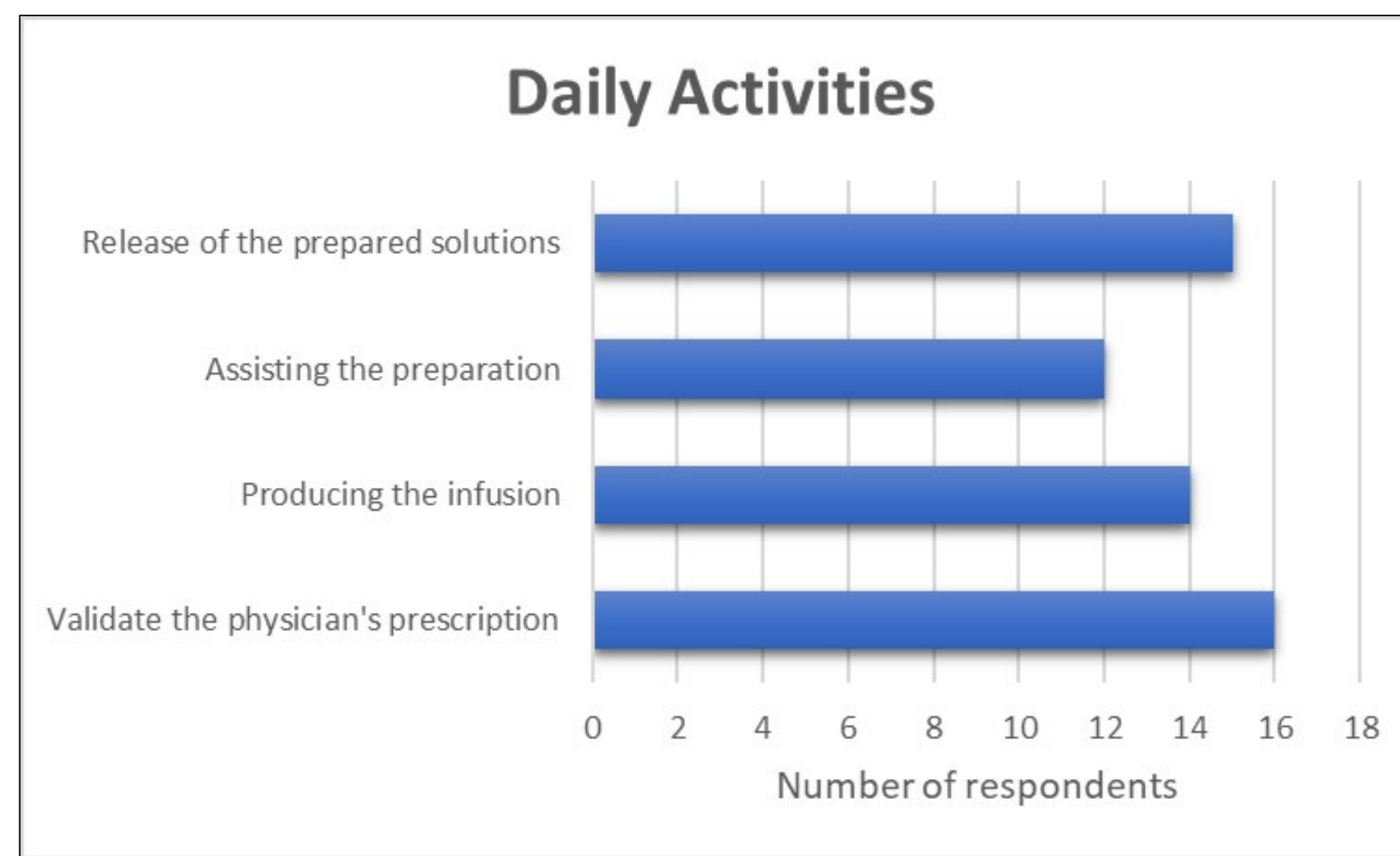


Fig.2: Daily activities completed by survey respondents. 16 survey respondents answered this question.

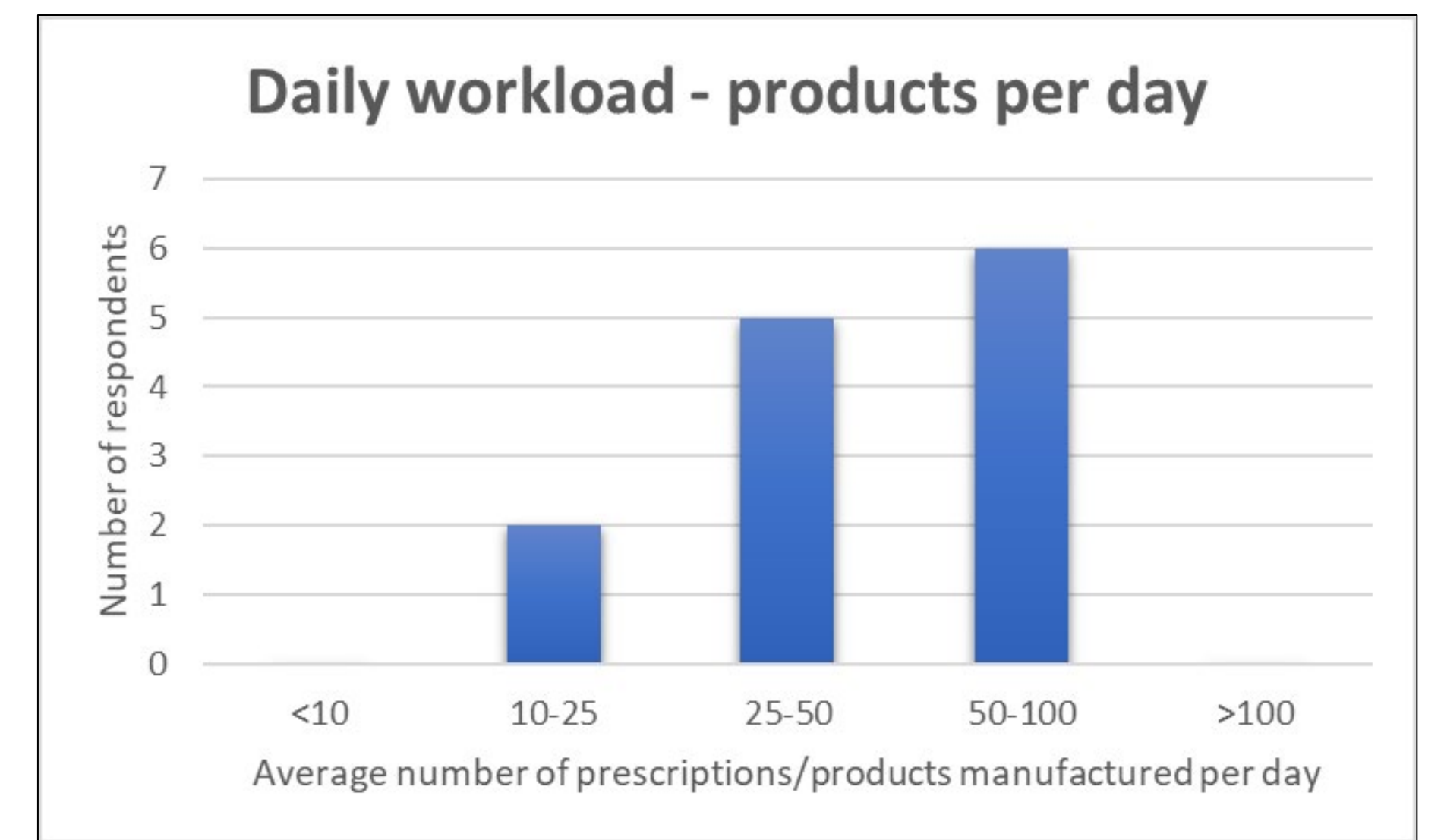


Fig.3: What is the average number of prescriptions/products manufactured per day? 13 survey respondents answered this question.

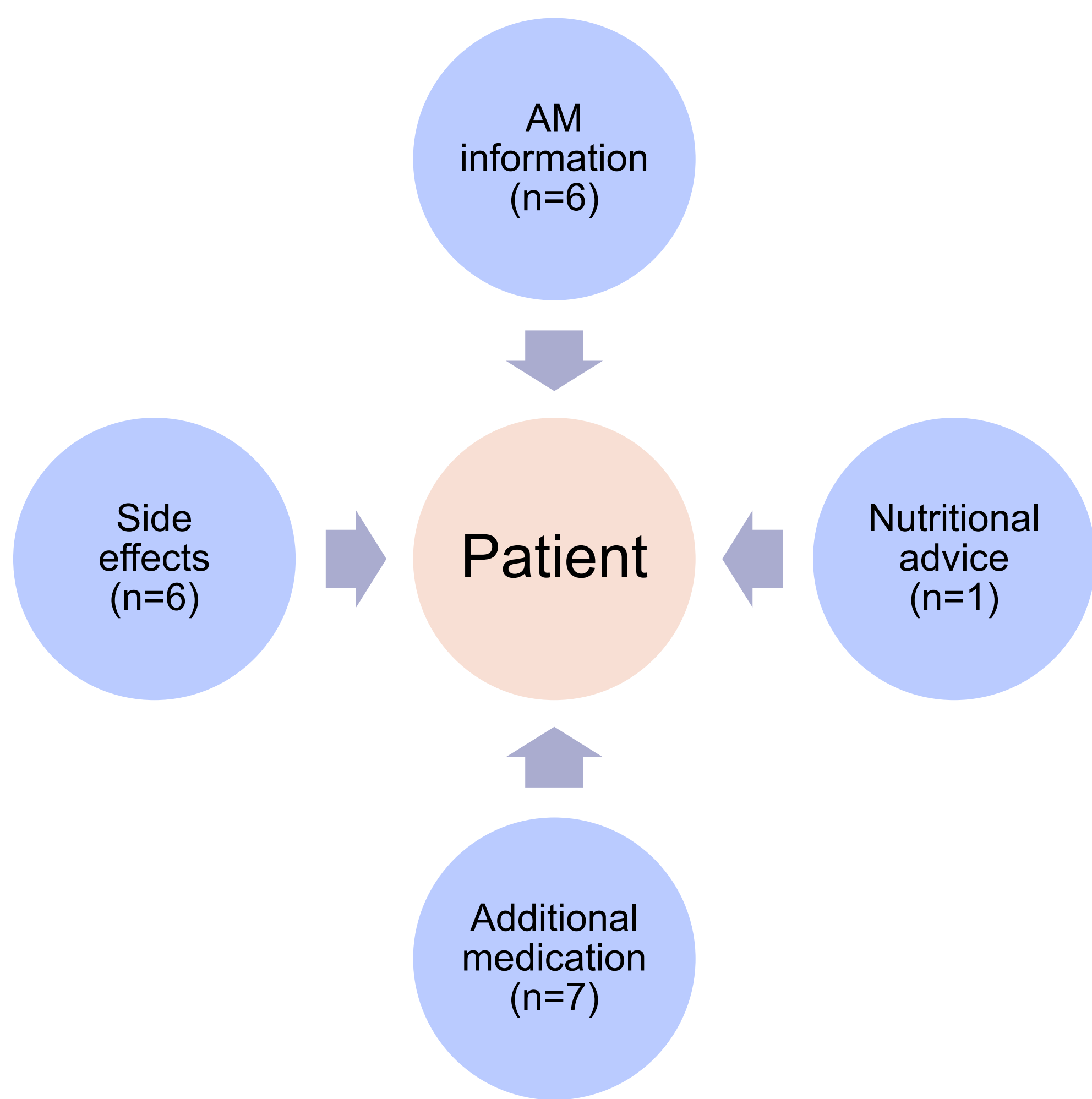


Fig.4: What advice is provided to the patient? 8 survey respondents answered this question.

## 3. Results and discussion

Questionnaires were completed by 23 respondents for Ireland, all of whom were pharmacists. The majority of respondents worked in hospitals (n=19, 83%), of which most prepared patient-specific infusions (n=16). The average number of products prepared varied, but most fell within 25-100 products per day. The average amount of time spent with oncology pharmacy per working day was 6.6 hours (range 4-8 hours).

The survey respondents who prepared patient-specific infusions reported similar activities in relation to this work. All respondents validated the physician's prescription (n=16), with 5 respondents stating that this accounts for 20-40% of their daily work. The majority reported having a role to play in the production (n=14) and release (n=15) of products.

Of the respondents (n=11) who described the receipt of the prescription, almost all reported using some form of electronic communication, with only two respondents stating that 100% of prescriptions were in written format. Eight respondents (35%) reported having contact with oncology patients with six providing personal consultation.

## Conclusion

Clinical oncology pharmacy is a rapidly evolving discipline but suffers from a lack of robust and well-constructed studies (4). This short survey gave a snapshot of daily working practices in oncology pharmacy in Ireland, which alongside data from other countries, will aim to give a global picture. In relation to Irish data specifically, it was unknown whether some survey respondents were based in the same hospital(s), which places some limitations on the broader applicability of the results. It was noted that several of the survey respondents worked in non-hospital settings (17%) and the majority of questions were not applicable to this cohort. Future questionnaires exploring the role of oncology pharmacists could include questions on daily work practice in non-hospital settings to gain a broader perspective.

## Contact

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## References

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4. Sourisseau A, Fronteau C, Bonsergent M, Peyrilles E, Huon JF. Practicing and evaluating clinical pharmacy in oncology: Where are we now? A scoping review. Res Social Adm Pharm. 2023 May;19(5):699-706.