My day with Oncology Pharmacy – Mexico

Sandra Palacios[1,3] ; Co-Authors: Jennifer Bringas [2,3] ; Rodrigo Gama [3] ; Lizeth Jimenez [3,4] ; Maricruz Ríos [3,5] , Roberto Sánchez [3,5]

1:Oncology Pharmacy Consultant ; 2: Hospital CAMI, 3: AMeFOH´s board of directors; 4: Oncare Cancer Center; 5: Hospital Regional de Alta Especialidad del Bajío

1. Introduction

In form of an ESOP survey, during May trough July of 2024, professionals were asked about their working situation respect to the Oncology Pharmacy services. 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 country specific evaluation.

2. Material and method

The survey with 16 questions was translated into different languages and performed nationally using a web based application.

3. Results and discussion

The survey were answered by 24 Pharmacists and 2 Oncology nurses, representing about 42% part of AMeFOH´s members, they are from 16 different cities of Mexico. 70% works in hospitals, and 23% on compounding parenteral pharmacies (Admixture centers) and the rest on pharmacies or consultant activities. The most frequent place of work is the hospital, not all are exclusively oncology centers. Some hospitals made their own admixture center, but others get the oncological treatments from independent admixture centers. About 70% of the respondants work in centers where the treatments are made. 76% of the respondants tell that they provide the parenteral oncology treatments. The main pharmacist activities is prescriptions´reviewed, secondly release (after inspection) the prepared solutions. The way for obtain the prescription is mainly written in paper.
30% of the professionals have contact with oncology patients, and 26% provide personal consultation(n=23) but no very often. 27% of the pharmacist dispensing oral chemotherapy only, they obtain the oral chemo from a wholesaler in a 90% and only 10% direct by manufacturer. Continue below…

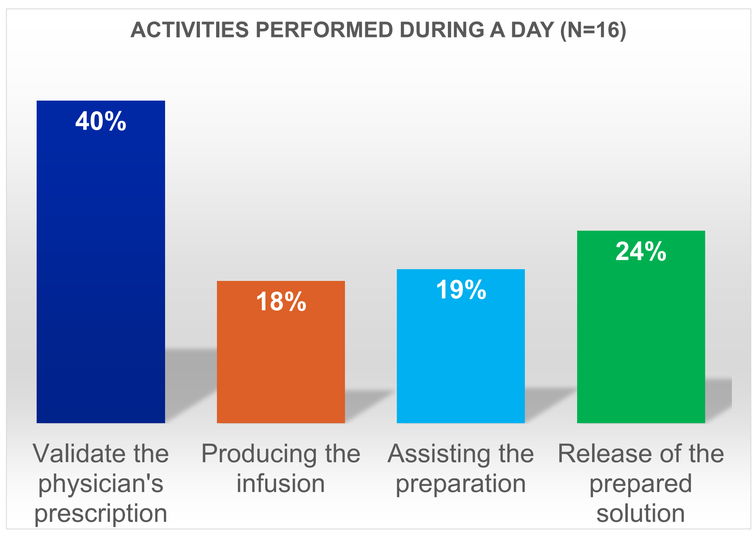

Fig.1: For the practitioners who developed activities in hospitals or compounding pharmacies and dispense parenteral chemo treatments, perform heterogeneous functions depending on the team to whom they belong (Quality assurance, pharmacotherapy or production),

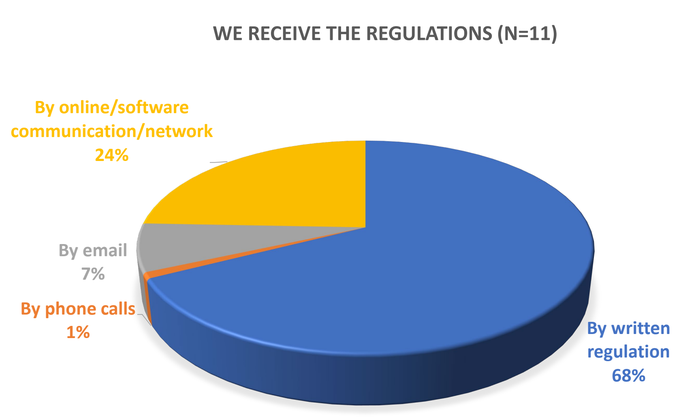

Fig.2: For those who responded to this question about the way of getting the medical prescriptions, there is a lot of heterogeneity in the institutions. The most frequent way is by written, Second is the use of applications or software

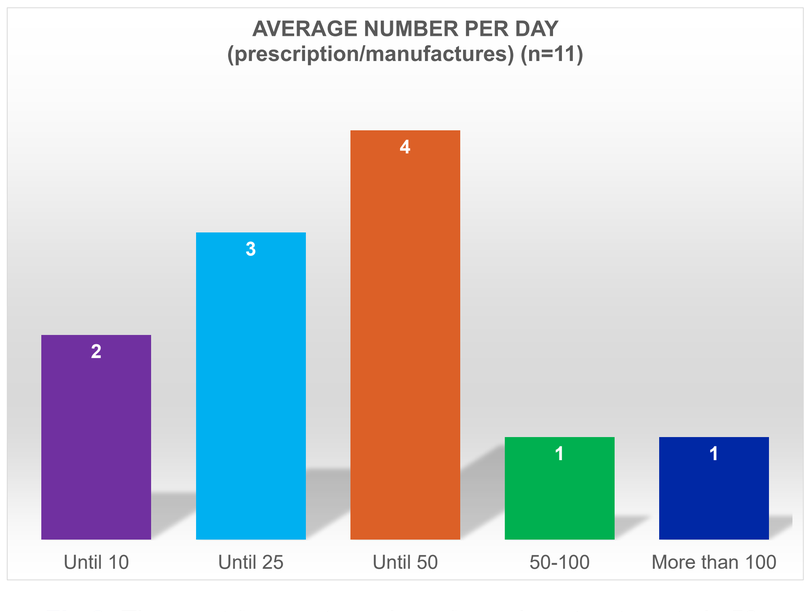

Fig.3: The most frequent number of oncology treatments is 50 per day, and for them who are more than 100, have a CPOE (Prescription order entry) in an online software.

3. Results and discussion (Continuation)

Regarding to the question about if they provide patientes with instructions about how to handle the cytotoxic drugs, 52% (n=23) they do this activity, and the most frequent topic is about side effects. The time that the profesionals spent in average with oncology pharmacy issues in the working day is 6,5 h per day (n=23). Not all the pharmacists provide oral chemotherapy nor advice the patients about it (Only 23% do) . The pharmacists from hospital with their own production, try to divide their time between manufacturing and provide patient care. So, the team of pharmacy on these settings, divide into different activities according to the law to provide the best services as they can… By the other hand, the pharmacist from admixture centers spent the main time on manufacturing the treatments. In Mexico is mandatory to accomplish with 249 NOM[1] (Mexican Oficial Normative) for centers that provide parenteral drugs, with high standards for manufacture and this is the main reason that not all the hospitals have their own admixture center and contract external facilities for making the oncology treatments.

Fig.4 and 5:
Aspects of the preparation process on admixture centers where most of the pharmacists work, into hospitals or external facilities.

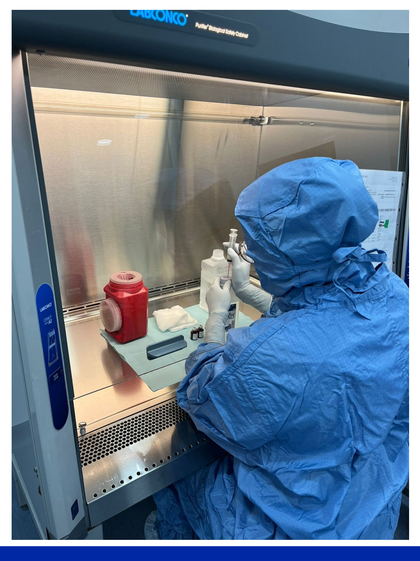

Fig.6:.
Here we can see an oncology pharmacist (she completed a master´s degree on Oncology Pharmacy from a Spanish University) providing education to a group of cancer pediatric patients

Conclusions

We have different realities to conduce the oncology pharmacy in Mexico. Our normative is strictly regarding to manufacture for sterile products, its general and not focused on the oncology process nor to the clinical issues on oncology pharmacy. We must move to get the entire oncology care from pharmacists, since the production of the oncology medications to the oncology pharmacovigilance and pharmacotherapy issues (Protocol design, clinical decisions…), working in a multidisciplinary team with the other professionals. We have a gap on the tech adoption, integrating a CPOE to the entire pharmacotherapy process. And finally, in Mexico there isn´t an oncology Pharmacy Specialty, but the knowledge on this field has been developed step by step with the help of the AMeFOH´s monthly conferences, and independent trainings by experts.

Contact

Sandra Palacios
Asociación Mexicana de Farmacéuticos en Oncología y Hematología (AMeFOH)

References

1. NOM 249-SSA1-2010 Mezclas estériles, nutricionales y medicamentosas e instalaciones para su preparación.