Title: Preferences for toxicity monitoring of patients on abiraterone acetate plus prednisone

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Preferences for toxicity monitoring of patients on abiraterone acetate plus prednisone


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Madam - Abiraterone acetate in combination with prednisone or prednisolone (AA+P) is one of several novel oral hormone therapies that is effective in treating prostate cancer and is well-tolerated. [1] Common adverse reactions include peripheral oedema, hypokalaemia and hypertension which are easily treated but require careful monitoring. [2][3] At University College London Hospital (UCLH) this involves additional hospital visits, twice every two weeks for the first 3 months and thereafter twice every 4 weeks in addition to routine clinic appointments for prostate-specific antigen checks and consultations.

As these extra appointments may be difficult for patients who do not live near the hospital or have other commitments, we conducted a survey to explore the preferences of patients and their carers for alternative methods of toxicity monitoring (blood testing, weight, blood pressure) and tablet collection in various settings (UCLH, GP surgery, community pharmacy) with diverse healthcare professionals.

For patients with experience of AA+P this was a service evaluation and, for those with no experience of AA+P, it was a hypothetical exploration of their preferences.

82 surveys were completed (62 patients; 20 carers). Preferences varied, indicating an individualised approach may be required. A greater percentage of carers compared to patients opted for monitoring closer to home [Table 1]. (Fisher’s Exact Test 6.931, p=0.025).

Table 1 Preference for checks: Home or UCLH

<table>
<thead>
<tr>
<th></th>
<th>Patient</th>
<th>Carer</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Carried out near home</td>
<td>19</td>
<td>35</td>
<td>13</td>
</tr>
<tr>
<td>Carried out at UCLH</td>
<td>26</td>
<td>48</td>
<td>4</td>
</tr>
<tr>
<td>No real preference</td>
<td>9</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL*</td>
<td>54</td>
<td>100</td>
<td>18</td>
</tr>
</tbody>
</table>

(*excluding missing data)

Those who lived further away or had other responsibilities were in favour of monitoring closer to home with the proviso that results would be communicated to UCLH. Those who had experience of AA+P monitoring at UCLH were satisfied/very satisfied with the service. However, alternative models including nurse specialists and telephone monitoring were acceptable alternatives for some. Many patients were prepared to monitor their weight and blood pressure and enter these into an app. Collection of tablets from local community pharmacies was strongly preferred. Alternative models would require a full evaluation.
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References


Declarations of interest

Heather Payne has attended and received honoraria for advisory boards, travel expenses to medical meetings and served as a consultant for AstraZeneca, Astellas, Janssen, Sanofi Aventis, Takeda, Amgen, Ipsen, Ferring, Sandoz, Roche and Novartis.

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