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How can we effectively address medication compliance and adherence in the outpatient setting to oral medicines that we use in myeloma?

Welcome to *Managing Myeloma*. My name is Dr. Paul Richardson and I am the clinical program leader and director of clinical research at the Jerome Lipper Multiple Myeloma Center, Dana-Farber Cancer Institute in Boston, Massachusetts. I am frequently asked, “How can we effectively address medication compliance and adherence in the outpatient setting to oral medicines that we use in myeloma?” I think there are a number of aspects to this that are important. First and foremost, most of our patients, in fact I would argue almost all, appreciate the importance of taking their treatment in order to best manage their disease. Oral therapies, such as the immunomodulatory agents, have become mainstays of treatment in the management of myeloma and in that context patients have always appreciated the importance of subscribing to their medication and taking their pills as they should. Having said that, there are obviously situations in which alternate day dosing may be beneficial and indeed with some of the newer drugs that we have, such as for example panobinostat, medication is taken three times a week, and most recently with the approval of ixazomib we have a weekly drug being taken in which it becomes increasingly important to remember the dose and schedule that should be observed. Finally, the use of concomitant oral steroids obviously requires some knowledge and understanding of the importance of both the dose and schedule of taking these medications together. I would emphasize that when you have a daily administration of a drug such as lenalidomide, an occasional missed dose is neither here nor there one might argue. But obviously, sustained breaks from therapy are not good and should be discouraged. Certainly in this regard, patient diaries can be very helpful. I think this becomes very, very important also in the context of drugs like panobinostat where dose and schedule may really matter. Now I think in terms of the new oral agents that we have, an important thing to remember is that they are making a real difference, not only are they highly effective new drugs, such as for example ixazomib used in combination with lenalidomide and dexamethasone, but also in agents such as panobinostat. While clearly they are able to capture resistant disease and bring it under control with additional combinatorial strategies, it is also important to remember that the dose and schedule impacts upon side effects. Putting this all together, it is very important that we carefully educate our patients on the dose and schedule of all their oral medications, and when and how they should be optimally taken in order to ensure best patient outcome. Thank you for viewing this activity. For additional resources, please view the other educational activities on *ManagingMyeloma.com*.