Case Report

The Important Role of the Oncology Pharmacist in Brazil

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Introduction

Medicament interactions are very frequent in oncology and many of them are clinically relevant. It is important to note that these interactions can cause severe toxicity or decrease of the antineoplastic effect. Moreover the disease can therefore proceed. They can be intentional (useful in increasing the therapeutic effect or decreasing some toxicity) and they also be negative or vulnerable when the antineoplastic effects decrease or when the toxicity increases. Medicament interaction is set as the modulation of the pharmacological activity of a given drug through prior administration or concomitant administration of another. When there is interaction, the pharmacological properties of an individual drug (or both drugs) may increase or decrease.

Pharmacist Clinical Activities

In the last decades, hospital pharmacists have greatly innovated matters concerning assistance provided to oncological patients, according to the Brazilian Society of Pharmacists in Oncology (SOBRAFO), in the first consensus about Practices of the Pharmaceutical Activity in Oncology. In the mid 1980s, there were few services that designated pharmacists for the oncology area and those pharmacists who did, started their activities through the control of product provisions, but no clinical activity. The evolution and mainly approval of the services brought the improvement of the pharmacist work: currently part of the multiprofessional team, acting in a clinical manner. Still according to SOBRAFO, the pharmacists attributions in the oncology area permeate the whole cycle of pharmaceutical assistance: permeate the selection of appropriate oncological drugs and others for the post-use; permeate the clinical research; permeate teaching; perform pharmaceutical evaluation of medical prescription with analysis of all pharmacological aspects (purpose, posology, route of administration, frequency, time of administration, compatibility, possible adverse reactions). The pharmacist is mainly responsible for the verification of drug/nutrient and drug/drug interactions – the most important topic here pointed out, particularly for the onco-hematological patients submitted to bone marrow transplantation. The pharmaceutical professional always appears as fundamental person in providing information that brings the best treatment to the patient. After the creation of RDC 640/2017, the Federal Pharmacy Council (CFF) ordered that the pharmacist in Brazil - working in Oncology - must possess titles, to further consolidate the professional's qualification, acting in a such important and complex area as Oncology. A study conducted by FERRACINI, F. et al shows that between Sep/2006 and Apr/2007 in a large bone marrow transplant unit, 22 interviews were performed with pre-transplant patients (bone marrow transplantation) and 31 conditioning prescriptions were analyzed. Among these 31 prescriptions analyzed after the interview, more than 83% required pharmaceutical intervention, resulting in 100% medical acceptance of the guidelines and suggestions made by the pharmacist. The 3 main reasons for interventions were: chemotherapy protocol adjustment (50% of interventions), prescribed dose (46.1% of interventions) and dilution (3.84% of interventions).

Conclusion

The pharmacist participation in clinics and hospitals that treat cancer patients is a fundamental step in improving the therapeutic process. In addition, the pharmacist is responsible for the medicament preparation conditions and the pharmacist becomes extremely important as multidisciplinary team member in the assessment of medical prescriptions and improving the treatment of patients with cancer.

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