

Oncology

Elsevier Editorial System(tm) for Clinical

Manuscript Draft

Manuscript Number:

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

Article Type: Correspondence

Keywords: Abiraterone acetate; cancer; clinical oncology; prostate cancer; prednisone; metastatic castration-resistant; toxicity monitoring.

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Manuscript Region of Origin: UNITED KINGDOM

Preferences for toxicity monitoring of patients on abiraterone acetate plus prednisone

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1 Madam - Abiraterone acetate in combination with prednisone or prednisolone (AA+P) is one
 2 of several novel oral hormone therapies that is effective in treating prostate cancer and is well-
 3 tolerated. [1] Common adverse reactions include peripheral oedema, hypokalaemia and
 4 hypertension which are easily treated but require careful monitoring. [2][3] At University College
 5 London Hospital (UCLH) this involves additional hospital visits, twice every two weeks for the first 3
 6 months and thereafter twice every 4 weeks in addition to routine clinic appointments for prostate-
 7 specific antigen checks and consultations.
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 12 As these extra appointments may be difficult for patients who do not live near the hospital
 13 or have other commitments, we conducted a survey to explore the preferences of patients and their
 14 carers for alternative methods of toxicity monitoring (blood testing, weight, blood pressure) and
 15 tablet collection in various settings (UCLH, GP surgery, community pharmacy) with diverse
 16 healthcare professionals.
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21 For patients with experience of AA+P this was a service evaluation and, for those with no
 22 experience of AA+P, it was a hypothetical exploration of their preferences
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25 82 surveys were completed (62 patients; 20 carers). Preferences varied, indicating an
 26 individualised approach may be required. A greater percentage of carers compared to patients
 27 opted for monitoring closer to home [Table 1]. (Fisher's Exact Test 6.931, p=0.025).
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31 **Table 1 Preference for checks: Home or UCLH**

	Patient		Carer		Total
	n	%	n	%	
Carried out near home	19	35	13	72	32 (44%)
Carried out at UCLH	26	48	4	22	30 (42%)
No real preference	9	17	1	6	10 (14%)
TOTAL*	54	100	18	100	72

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

8 The SELECT project group is a Joint Working Initiative between University College London
9 Hospitals NHS Foundation Trust, UCLH Cancer Collaborative, and Janssen-Cilag Ltd.

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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.

Pinkie Chambers, Ian Wong, Heather Payne and Mark Prentice have received an educational grant from Janssen unrelated to this project.

Ian Wong and Pinkie Chambers have received funding from the pharmaceutical industry for research projects unrelated to this project.

Anne O'Connor was sponsored by Tessaro October 2017 to attend the British Oncology Pharmacists Association Conference.