


RESEARCH ARTICLE

Evaluating the patient-perceived impact of a neratinib special access program in an Australian community pharmacy

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Abstract

Background: In Australia, breast cancer is the most commonly diagnosed cancer in women, and improved survival rates have placed an increased burden on the healthcare system. To better utilise community pharmacists in anticancer therapy, a medicine management service for neratinib was initiated in an Australian community pharmacy for patients with breast cancer.

Aim: To explore the experience and satisfaction of Australian breast cancer patients who received a pharmacist medicine management service for their neratinib treatment through a community pharmacy.

Method: Patients enrolled in the neratinib special access program were invited to complete an electronic survey between February–September 2019. A mixed-methods approach was utilised in data analysis. Ethics approval was granted by the University of Canberra Human Research Ethics Committee (Project No: 20181648).

Results: Thirty-three individuals completed the survey. A majority of participants (94%) were either ‘very satisfied’ or ‘satisfied’ with the time the pharmacist spent with them. As part of the service, 88% of participants viewed the first pharmacist session as ‘absolutely’ worthwhile and 79% believed that the pharmacist interaction increased their understanding of neratinib therapy. Many participants supported the continued provision and expansion of the service (88%).

Conclusion: This pilot study provided valuable insights into participants’ experiences of a pharmacist medicine management service for neratinib therapy. The unique preferences and health information needs of patients were highlighted. Further investigation is needed to explore how community pharmacists may be best utilised to improve breast cancer care and support patient needs.

Keywords: community pharmacy service, patient satisfaction, patient experience, breast cancer, pharmacist consultation.

INTRODUCTION

In Australia, breast cancer is the most commonly diagnosed cancer in women and the second most common cause of cancer-related death.^{1,2} In 2018, 18 742 new cases were reported, and in 2020, 3110 women and 34 men died from the disease.² Despite increasing incidence, the number of deaths from breast cancer is decreasing due to advances in diagnosis and treatment, which have improved the 5-year relative survival rate to 92%.^{1,2} This positive improvement in patient outcomes has also resulted in an increased burden on the Australian healthcare system.³

Globally, the roles of pharmacists are evolving to meet the increasing healthcare needs of their populations. Pharmacists with specialised training have become valuable members of oncology health teams, providing

clinical services in both the hospital and community settings.^{4–6} Cancer medicines carry a high risk of toxicity and associated adverse drug reactions, making it imperative for patients to understand their medicine regimen and the supportive care measures for anticipated toxicities. An extensive body of literature supports the benefits of clinical pharmacy services provided to outpatients with cancer, such as medicine reviews, drug-specific patient education, treatment monitoring, telephone follow-ups or home visits, and counselling on supportive self-care measures to prevent and manage treatment-related side effects.^{5–8} Research has indicated that these pharmacist-led oncology services can lead to reduced drug-related issues, improved symptoms, and medication adherence, as well as improved patient understanding and satisfaction with pharmacists’ contributions.^{5–8} Despite support for the implementation of oncology pharmacy interventions, a major gap remains in the availability of medicine management services for cancer patients in Australian community pharmacies.

To better utilise community pharmacists in anticancer therapy, a medicine management service was initiated in

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an Australian community pharmacy for patients with breast cancer. In 2019, neratinib (Nerlynx) was approved for use in Australia for the extended adjuvant treatment of adult patients with early-stage human epidermal growth factor receptor 2 (HER2)-overexpressed/amplified breast cancer following adjuvant trastuzumab-based therapy.⁹ Neratinib is an irreversible tyrosine kinase inhibitor which blocks signal transduction through the epidermal growth factor receptors HER1, HER2, and HER4, thereby reducing the growth and spread of cancer cells and preventing early-stage cancer from progressing to metastatic cancer.⁹ Although not subsidised by the Australian Government, eligible patients may access neratinib through a special access program provided by the pharmaceutical company Specialised Therapeutics Australia.¹⁰ Medicines access programs are available in various formats and arrangements with pharmacies, providing a mechanism for patients with a clinical need to access medicines that may otherwise be inaccessible for financial reasons.¹¹ In this case, patients were enrolled in the program under the care of specialised medical oncologists. To facilitate the introductory phase, Specialised Therapeutics Australia arranged for and remunerated a community pharmacy, located in Canberra, to deliver a non-traditional service that included extended treatment support. The existing team of pharmacists received specialised training on neratinib, and to ensure a consistent service that could reach patients in rural and remote areas, the pharmacy utilised telecommunications and information technologies to provide the oncology medicine management service to all enrolled patients located across Australia. This service included the dispensing and supply of neratinib, telephone counselling on neratinib and side-effect management strategies, and regular telephone follow-up sessions (weekly for the first five weeks of treatment and monthly calls thereafter) for ongoing monitoring of medicine use and adverse effects. Patients could also phone a dedicated Nerlynx pharmacist support line or contact the pharmacist team with any questions via message or email.

Assessing the value of the neratinib service provided to patients in an Australian community pharmacy setting is essential for quality care. Australian pharmacists' roles are evolving, and breast cancer diagnosis and survival rate are rising, necessitating a framework for community pharmacists to respond to increasing demands.^{3,12} Patient satisfaction surveys in oncology care settings can provide valuable insight into patient behaviour, as well as guidance for service benchmarks.¹³ Research has shown that patient satisfaction is related to quality of service and survival outcomes.^{14–17} Satisfied patients are more likely to follow treatment plans, seek medical advice, and continue relationships with healthcare providers, all of which influences disease outcomes.^{13–15,17} Gaining insights into patients'

perceptions and experiences is essential for ensuring ongoing improvements to meet their health needs.

Currently, limited information is known about how patients perceive the impact of oncology medicine management services delivered by community pharmacists in Australia. Therefore, this pilot study aimed to explore the experience and satisfaction of Australian breast cancer patients who received a pharmacist medicine management service for their neratinib treatment through a community pharmacy.

METHOD

This was an observational study where an electronic survey was conducted from February–September 2019. Ethics approval was granted by the University of Canberra Human Research Ethics Committee (Project No: 20181648). The survey was based on patient satisfaction tools published by McKee et al. and Crespo et al. which assessed clinical pharmacy services in oncology settings.^{13,15} As part of the survey development process, questions were adapted to assess service delivery by community pharmacists in the Australian healthcare context. The survey questions were reviewed by three Australian registered pharmacists with current community pharmacy experience, and feedback was incorporated to refine the questions.

The 21-item survey included six Likert-scaled questions (1 = very satisfied to 5 = very dissatisfied) assessing satisfaction with the time, respectfulness, knowledge of neratinib, side-effect management, and follow-up support provided by the pharmacist. A Likert-scale was used in four questions assessing the benefits of the pharmacist interaction at both the initial and follow-up sessions (1 = yes, absolutely to 5 = definitely not). A further three yes/no/unsure questions assessed whether participants' interactions with the pharmacist increased their understanding of neratinib therapy, whether they learnt something new by talking to the pharmacist, and whether they would recommend such a pharmacy service to other patients on anticancer medicine — with additional open-ended questions allowing for elaboration by participants. Basic demographic information was collected, and two final open-ended questions allowed participants to provide additional comments about the elements of the service they valued most and provide suggestions for service improvements. A copy of the survey is included in Appendix 1.

Study Population and Data Collection

Australian breast cancer patients enrolled in the neratinib special access program were invited to complete the

electronic survey. The survey was administered using Qualtrics (Qualtrics, Provo, Utah, USA) software. The inclusion criteria were an age of 18 years old or over, enrolment in the neratinib program during recruitment period, and fluency in English. To ensure collected data reflected both participants' initial and follow-up sessions with the community pharmacists, eligible participants were recruited one month after receiving their first medicine management service. The community pharmacy was provided with paper copies of participant information forms and recruitment flyers. These documents were included in the postal package which the pharmacists used to deliver dispensed neratinib medicine to patients across Australia. Patients who wished to participate in the study accessed the electronic survey online via the provided weblink. Participants completed a consent form before they were permitted to proceed through the online survey questions. It was made clear that answers collected would remain anonymous and participation, or lack thereof, would not affect the care received. Participants who completed all survey questions were compensated with a \$20 electronic gift card.

Data Analysis

This study used a mixed-methods approach incorporating both quantitative and qualitative analysis. Quantitative data were compiled and entered into a Microsoft Excel (Microsoft Corporation, Redmond, Washington, USA) spreadsheet. Descriptive statistics were used to summarise quantitative variables for each survey item. Qualitative analysis was used to evaluate responses from open-text questions. Two researchers (JZ and LC) independently conducted thematic analysis using the six steps proposed by Braun and Clarke.¹⁸ This involved (1) familiarisation with data, (2) generation of initial codes, (3) search for themes, (4) review of themes, (5) naming of themes, and (6) producing the report.¹⁸ Themes were identified using an inductive approach, and discrepancies were discussed by the research team members and resolved through negotiated consensus.

RESULTS

Of the 151 breast cancer patients enrolled in the neratinib program during the study recruitment period, 33 completed the survey. All participants were female, with a mean age of 50 years (range 20–72 years). Participants were spread across Australia, residing in New South Wales ($n = 13$, 39%) Queensland ($n = 8$, 24%), Australian Capital Territory ($n = 4$, 12.12%), Victoria ($n = 4$, 12.12%), Western Australia ($n = 3$, 9.09%), and Tasmania

($n = 1$, 3.03%). Most participants reported a higher level of education (postgraduate degree [$n = 13$, 39%], undergraduate degree [$n = 5$, 15%], certificate or diploma [$n = 10$, 30%], secondary school [$n = 4$, 12.12%], and primary school [$n = 1$, 3.03%]).

Overall, the study results indicated a very high level of satisfaction with various aspects of the pharmacy service provided (Table 1). Of the 33 participants, a high proportion were either 'very satisfied' or 'satisfied' with the time the pharmacists spent talking with them ($n = 31$, 94%), as well as the respectfulness shown by the pharmacists ($n = 31$, 94%). In addition, 91% of participants ($n = 30$) were either 'very satisfied' or 'satisfied' with the pharmacists' ability to answer questions and the information provided by the pharmacists about neratinib therapy and its side-effect management. The majority of participants ($n = 28$, 90%) were 'very satisfied' or 'satisfied' with the pharmacists' weekly follow-up calls.

Table 2 shows the patient-perceived impact of their pharmacist interactions. The first session with the pharmacist was perceived by 88% of participants ($n = 28$) to be 'absolutely' worthwhile, and 68% of participants ($n = 19$) viewed the weekly follow-up sessions with the pharmacist as 'absolutely' worthwhile. A majority reported that it was important for patients starting neratinib therapy to consult with a pharmacist, with 85% indicating it was 'absolutely' important ($n = 28$) and 12% viewing it as 'somewhat' important ($n = 4$). Almost all participants (97%, $n = 32$) reported that they now 'absolutely' understood how to correctly take their neratinib medication.

Seventy-nine percent of participants ($n = 26$) believed that the pharmacist interaction increased their understanding of the neratinib therapy regimen, while 18% ($n = 6$) believed that this interaction did not increase their understanding. Common reasons provided by participants as to why the pharmacist increased their understanding included the following: pharmacists clarified and filled in medicine information gaps, provided information about side effects and how they might be managed, evaluated and provided advice regarding interactions with other medicines, and were very accessible and available to answer patient questions. Where participants reported that the pharmacists did not increase their understanding of neratinib therapy, the main reasons were that they had conducted their own prior research or they had already been provided with comprehensive information by their oncologist. A sample of participants' comments on how the pharmacists affected their understanding of neratinib is presented in Table 3.

As a result of speaking with the service pharmacist, 26 out of 33 participants (79%) learnt something new,

Table 1 Patient satisfaction with provided pharmacist service

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Time the pharmacist spent talking to me (<i>n</i> = 33)	76% (25)	18% (6)	3% (1)	3% (1)	0
Respectfulness of pharmacist (<i>n</i> = 33)	88% (29)	6% (2)	6% (2)	0	0
Pharmacist's ability to answer questions (<i>n</i> = 33)	61% (20)	30% (10)	9% (3)	0	0
Information provided by pharmacist about neratinib therapy (<i>n</i> = 33)	61% (20)	30% (10)	9% (3)	0	0
Information provided by pharmacist about side-effect management (<i>n</i> = 33)	61% (20)	30% (10)	9% (3)	0	0
Weekly follow-up phone calls with pharmacist (<i>n</i> = 31)	58% (18)	32% (10)	6% (2)	3% (1)	0

Table 2 Patient perceived benefits of pharmacist interaction

	Yes, absolutely	Somewhat	Neutral	Not really	Definitely not
Time with pharmacist at the first session was worthwhile (<i>n</i> = 32)	88% (28)	9% (3)	0	3% (1)	0
Time with pharmacist at weekly follow-up sessions were worthwhile (<i>n</i> = 28)	68% (19)	28.5% (8)	0	3.5% (1)	0
It is important for patients starting neratinib therapy to consult with a pharmacist (<i>n</i> = 33)	85% (28)	12% (4)	3% (1)	0	0
I understand how to correctly take my neratinib medication (<i>n</i> = 33)	97% (32)	3% (1)	0	0	0

whereas four participants (12%) did not learn anything from the interaction, and three (9%) were unsure whether they learnt anything. The most commonly acquired knowledge was about side effects and their management, interactions of the neratinib medicine with other medicines and managing those interactions, and insights into experiences of other patients when on the medicine therapy regime.

The survey responses demonstrate that the service was valued by the majority of the participants; 29 of 33 participants (88%) would recommend a similar pharmacy service to other patients on similar medicines. The aspects of the service most valued by participants were the accessibility of the pharmacists and timeliness of advice, the ongoing support and monitoring provided by the service, the specialised knowledge of the pharmacists involved in the service, and the simplicity and user-friendliness of the service. Table 4 details examples of comments by participants as to their favourite aspect of the service. When prompted for suggestions for service improvement, most participants had no suggestions as they were satisfied. However, some participants suggested increasing the duration of their interaction with the pharmacist, holding more frequent follow-up sessions, providing more information regarding their medicine, and establishing consistency in terms of interacting with the same individual pharmacist rather than a different member of the pharmacist team. It was also

suggested that the service be expanded, so that all cancer patients could access a similar service.

Where participants were asked to provide additional comments, the majority of the comments were positive, supporting participant satisfaction with the service. One participant noted that, although the information provided by the pharmacist was the same as that given by their oncologist, the consistency was reassuring. These comments demonstrated that participants valued the additional support provided by the pharmacy service.

DISCUSSION

The overall positive results of the program suggest that an oncology medicine management service provided by community pharmacists in Australia can positively impact the experience and satisfaction of patients receiving neratinib treatment for breast cancer. Participants reported that their interactions with the pharmacists increased their understanding of the therapy regimen and they valued their pharmacists' input to help with managing side effects and drug interactions. There was a high level of satisfaction with the service and participants recognised the importance of their time spent with the pharmacist. Participants supported the continued provision and expansion of the service, especially for oncology patients commencing new therapy.

Table 3 Impact of pharmacist interaction on patient understanding of neratinib	
Survey question: Please explain how the pharmacist increased your understanding of Nerlynx (neratinib) therapy	
Themes for pharmacist contribution	Examples of patient comments
Clarification and filling in information gaps from doctor/oncologist	'The pharmacist filled in some gaps in my understanding after I had talked about it with the oncologist.'
Information about taking medicine	'The pharmacist reaffirmed the information I received from my oncologist and answered the questions I had.'
	'I was given important information relating to when and how to take the drug.'
Information about potential side effects and their management	'Explanation of the drug dosage, how to take it, interactions with other drugs and food to avoid.'
	'The pharmacist explained in detail the pharmacodynamics and pharmacokinetics of the drug so that I better understood the metabolism of neratinib.'
	'Told me what to look for and explained what the drug did.'
Advice about interactions with other medicines	'I was unsure if to take with food or not, and the pharmacist addressed this.'
	'...I was also given ideas of how to deal with side effects.'
Accessibility to answer questions	'The pharmacist was very thorough with explaining the side effects and answered all my questions which I constantly asked.'
	'...I was given information to help with understanding the side effects.'
	'The pharmacist checked what other medications I was taking.'
	'The pharmacist explained the interactions with other medications I was taking. Most notably, that taking [another medication] reduced the effectiveness of Nerlynx...My oncologist did not tell me that.'
	'They answered all my questions and I called them many times to ask questions when queries arose.'
	'Questions could be answered by the pharmacist when I wasn't due to see my oncologist.'
Survey question: Please explain why your interaction with the pharmacist did not increase your understanding of Nerlynx (neratinib) therapy	
Pharmacist contribution	Examples of patient comments
Sufficient information already provided by oncologist	'My oncologist explained it in detail and provided the documents about the regimen.'
Prior experience with medicine Own research	'...my fabulous oncologist had fully informed me.'
	'I had already been on Nerlynx previously.'
	'Had a good knowledge from my own research.'
	'I accessed the information online prior to taking Nerlynx.'
	'I had done a lot of research about neratinib.'

Participants from this study were spread across Australia, with most residing in different states and territories to the community pharmacy providing the service. They received a telehealth service where consultations were conducted primarily via telephone, and their neratinib medicine was delivered to their home through post. Despite the remote nature of the service, this study's results were consistent with international studies that explored patient satisfaction with face-to-face pharmacy services in oncology settings.^{13,15,19} Participants in the study had no concerns with the use of telephone as the service delivery medium; they responded very positively to the service. Prior research reviewing clinical pharmacy telemedicine interventions showed an overall positive impact on outcomes related to disease management, patient adherence with

medicine, and self-management of chronic diseases.²⁰ The positive results from this study further support the utilisation of telehealth interventions to extend the reach of pharmacy services, particularly when frequent follow-ups are required for patient monitoring.

A range of benefits have been observed from the delivery of this oncology medicine management service. The accessibility of the pharmacist and timeliness of their advice were commonly reported by participants as benefits of the service. Participants felt reassured with the ongoing support and follow-up sessions and appreciated the specialised knowledge of the pharmacist regarding their neratinib therapy. Participants reported that their interactions with the pharmacists helped bridge information gaps between themselves and their oncologists and facilitated the development of their own

Table 4 Patient-perceived benefits from pharmacy service

Survey question: What do you like best about this oncology pharmacy service?

Themes for benefit	Example(s) of patient comments
Accessibility of the pharmacists and timeliness of advice	'Very helpful and personable staff... quick to answer any questions and returned all my calls in a timely manner.'
Patient centred and personalised care	'The ability to ring and speak to a pharmacist almost immediately.'
	'Knowing they are just a phone call away if I need questions answered.'
	'It is extremely beneficial to my well-being to have a supportive and informative person available at almost all times on the phone. It gives me the confidence to continue.'
	'I feel like they know me and are careful to take my wishes and needs into account.'
	'They were friendly, helpful and reassuring. I get anxious when starting new medication but they put me at ease and answered any queries I had.'
Simplicity and user-friendliness of the service	'Regular calls and checking the patient's condition and informing when is the next delivery of the medicine.'
	'Just knowing that you have support 24/7 and that they understand what you are going through.'
	'Friendly and supportive staff, not feeling alone in my first few weeks when things were tough... I really needed this when I was feeling unwell and negative.'
Specialised knowledge of the pharmacists	'It was very simple and easy to use'
	'It was very easy'
	'...that you can talk frankly to someone about the effects of the drug and they understand and have the expertise to advise you.'
	'I like that I feel confident that the pharmacist I am dealing with is absolutely knowledgeable about neratinib especially since it is such a new drug... I feel that I get specialised information and care from this pharmacy that I cannot get from anywhere else... I feel confident that the pharmacist will give me correct information and up to date information.'
	'I spoke to a very knowledgeable pharmacist who advised me of the drug interactions with Nerlynx and management of diarrhoea.'

understanding of neratinib therapy. They valued learning more about how to take their medicine, potential side effects and their management, and the advice they received about interactions with other medicines. Though it is widely known that meeting the information needs of cancer patients has beneficial effects, unmet information needs are still being reported and continue to be a challenge in current care.^{14,21,22} The positive patient feedback received in this study suggests a potential strategy in bridging these information gaps for patients surrounding oncology medicines.

When prompted, some participants made various suggestions for service improvements. These reflected the varying needs of individual patients and highlighted the importance of tailoring information provision to each specific patient. Though most participants expressed a high level of satisfaction and recommended that no changes be made to the provided service, a few participants had specific suggestions to help meet their personal preferences and health needs. These included longer duration of consultation with the pharmacist, more frequent follow-up contact from the pharmacist, more in-depth information about specific aspects of their medicine, and a preference to interact with the same

pharmacist at every encounter rather than a different member of the pharmacist team. To achieve optimal oncology medicine education, it is important to consider the individual needs of patients and how this may change over the course of their treatment.^{14,22}

Since the delivery of this service, various standards and guidelines have been updated and published to guide medicine management in cancer services.^{23–25} To meet patients' increasing needs, future emerging pharmacy services may build on our current model to include additional services, such as medication reconciliation, clinical verification, and collaboration with hospital pharmacists for both inpatient and outpatient support care. With health professionals already under pressure from the increasing burden of breast cancer and improved prognoses of those affected,¹ it is vital to ensure that future delivery models be sustainable and effective to support patients.

The limitations of this study include the small sample size and potential recall bias due to the delay between the initial interaction with the pharmacist and the time of survey completion. It is also unclear if non-response bias impacted the results presented. It is important to note that this was a pilot study based on a single

medicine and indication, and further evaluations are warranted. Future studies should explore the efficacy of this pharmacy service model by expanding it to include more patient groups, discuss various oral anticancer medicines that address a broader range of indications, and determine its sustainability in supporting cancer patients over time.

CONCLUSION

This study adds valuable insights into the experience and satisfaction of Australian breast cancer patients who received a pharmacist medicine management service for their neratinib treatment through a community pharmacy. Overall, this service improved patients' understanding of their therapy regimen and resulted in a high level of patient satisfaction. Participants valued their time spent with the pharmacists and supported the continued provision and expansion of the service. It highlighted the potential of pharmacy telehealth services and the unique preferences and health information needs of patients. These findings provide a valuable starting point at which to further investigate how community pharmacists may be best utilised to improve cancer care and support patient needs.

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CONFLICTS OF INTEREST STATEMENT

The authors report no conflicts of interest.

AUTHORSHIP STATEMENT

All listed authors comply with the *Journal's* authorship policy.

ETHICS STATEMENT

Ethics approval was granted by the University of Canberra Human Research Ethics Committee (Project No: 20181648).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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APPENDIX 1 SURVEY

Consent statement: I have read and understood the information about the research. I am not aware of any condition that would prevent my participation, and I agree to participate in this project. I have had the opportunity to ask questions about my participation in the research. All questions I have asked have been answered to my satisfaction.

I consent to participate in this research, begin the survey.

- Yes

Q1. What is your gender?

- Male
- Female
- Other, please specify _____

Q2. What is your age? _____

Q3. Where do you live?

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

Q4. What is the highest level of education you have completed?

- Primary School
- Secondary School
- Certificate or Diploma
- Undergraduate Degree
- Postgraduate Degree

Q5. The following questions assess your satisfaction with the oncology pharmacy services provided by [details omitted]. For each statement, please select the box corresponding with the best answer. (Likert scale: Very satisfied, satisfied, neutral, dissatisfied, very dissatisfied)

- Time the pharmacist(s) spent talking to me
- Respectfulness of the pharmacist
- Pharmacist's ability to answer my questions
- Information provided by the pharmacist(s) about Nerlynx (neratinib) therapy
- Information provided by the pharmacist(s) about side-effect management (e.g. diarrhoea)
- Weekly follow-up phone calls with the pharmacist(s)

Q6. The following questions assess benefits of the pharmacist interaction at both initial and follow-up sessions. For each statement, please select the box corresponding with the best answer. (Likert scale: Yes

absolutely, somewhat, neutral, not really, definitely not)

- My time with the pharmacist at the first session was worthwhile
- My time with the pharmacist at the weekly follow-up sessions were worthwhile
- It is important for patient starting Nerlynx (neratinib) therapy to consult with a pharmacist
- I understand how to correctly take my Nerlynx (neratinib) medication

Q7. Did your interaction with the pharmacist(s) increase your understanding of the Nerlynx (neratinib) therapy regimen?

- Yes
- No
- Unsure

If Yes to Q7

Q7a. For the above question 7, please explain how the pharmacist increased your understanding of Nerlynx (neratinib) therapy.

If No to Q7

Q7b. For the above question 7. Please explain why your interaction with the pharmacist did not increase your understanding of Nerlynx (neratinib) therapy.

Q8. Did you learn something new by talking with the pharmacist(s) from [details omitted]?

- Yes, please specify what you learnt

- No
- Unsure

Q9. Would you recommend such oncology pharmacy service to other patients on medications related to cancer?

- Yes
- No
- Unsure

Q10. What do you like best about this oncology pharmacy service?

Q11. What would you change or improve about this oncology pharmacy service?

Q12. Please provide any additional comments about your experience with this oncology pharmacy service.

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