SAFETY OF INTRAVENOUS TREATMENT OF BREAST CANCER: INTERACTION WITH CHRONIC MEDICINES
Pharmacy Department. Universitary Hospital “Miguel Servet”, Zaragoza SPAIN

BACKGROUND
Pharmacists may play an important role in the prevention of potential drug interactions (PDIs).

PURPOSE
To analyze PDIs among intravenous cytotoxic drugs and medications for comorbid illnesses in breast cancer patients, according to the interaction mechanism, its clinical significance and published literature.

METHODS
Treatments for breast cancer patients were analyzed in a retrospective study during a month. Data were collected from a Pharmacy Oncology Software (Oncowin®) and the Primary care Prescription Data-Base (OMI-AP). Interactions were checked with Lexi-Comp Online™.

RESULTS
73 women were treated with intravenous cytotoxic drugs in November 2011. Mean age was 57±13 years. Only 40 women were registered in the Primary Care prescription database, and 3 of them did not receive concomitant therapy during that month. Comorbid chronic diseases, were treated with 89 different drugs; antihypertensives, NSAIDs, benzodiazepines and antimicrobials were the most widely used drugs.

In one patient 2 PDIs were observed: cyclophosphamide/paroxetine and docetaxel/trazodone. All the detected PDIs were pharmacokinetic interactions. None of the detected PDIs had clinical relevance according to the scientific literature.

CONCLUSIONS
PDIs may happen among drugs for chronic diseases and chemotherapy in breast cancer patients. These data are consistent with previous reports in which PDIs were observed in 19% of cancer patients. Most relevant interactions described were paclitaxel with antiepileptics, docetaxel with ketoconazole or cyclophosphamide with benzodiazepines. No clinically relevant interactions were found in our patients. Patients with comorbidities on multiple drug therapy (in addition to the drugs used for cancer treatment) would most benefit from pharmaceutical care.