**BACKGROUND**

Oral chemotherapy is increasingly used in Oncology. It has important advantages but it also brings new challenges which did not exist with the iv therapy.

Some of these drugs have interactions with food, leading to changes in their bioavailability. As they have narrow therapeutic margin, this can lead to alterations in their efficacy and/or toxicity.

**PURPOSE**

A. Assessing the level of knowledge on the administration of oral cytostatics that present restrictions with meals (drugs that have to be taken with/without food) among the outpatients of a third level hospital.

B. Minimizing the incorrect administration and the risk of food-drug interactions, providing patients with information as to how and when drugs have to be administered.

**MATERIAL AND METHODS**

Patients were asked about the information they had received from the doctor and the way they were taking the medication. We provided those who were taking the drug incorrectly with the right information. In the following visit, it was confirmed if the patients that had been previously taking the cytostatic incorrectly, were taking them in a correct way (intervention accepted/not accepted).

**RESULTS**

![Sex Distribution](image)

- **Women**: 54%
- **Men**: 46%

![Method of administration](image)

- **Correct**: 60%
- **Incorrect**: 40%

![Acceptance of interventions](image)

- **Accepted**: 95%
- **Non accepted**: 5%

![Drug Distribution](image)

- **Abraxane**: 90%
- **Capecitabine**: 80%
- **Erlotinib**: 70%
- **Lapatinib**: 60%
- **Pazopanib**: 50%
- **Temozolomide**: 40%

**CONCLUSIONS**

- ✔ The data obtained suggest the need to reinforce the information that the patient receives.
- ✔ It is important to make sure that the patient understands how and when the oral cytostatic should be administered.