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Thérapie

PHARMACOEPIDEMIOLOGY

Non-cancer drug consumption during the early trajectory of lymphoma survivorship

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Summary
Purpose. — This study explored the use of non-cancer drugs in lymphoma survivors during the early trajectory (0 to 2 years) of cancer survivorship and determined the factors that influenced this consumption.
Methods. — Between January and March 2014, a cross-sectional survey was conducted to assess drug consumption in adult lymphoma survivors at the Toulouse University Hospital. This study was based on a questionnaire consisting of ten open questions related to medical prescription and/or self-medication occurring within the last 3 months.
Results. — A total of 83/103 lymphoma survivors returned the questionnaire. This study showed that 91.6% of patients were drug consumers (about twice more than the general French population). Twenty percent of patients were treated with ≥ 5 drugs. Overall drug consumption mainly concerned analgesics, anti-inflammatory drugs and psychotropics. The presence of comorbidity,

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urban residence and female gender were associated with overall drug consumption. Moreover, half of survivors required at least one self-medication. Finally, only seven survivors (8.4%) reported no use of any medication. **Conclusion**   This study shows that, at least during the early trajectory of cancer survivorship, lymphoma patients are heavily treated with non-cancer drug therapy. This drug consumption profile may have serious implications in terms of safety, overall benefit and health economics.

Abbreviations

aaIPI	age adjusted international prognostic index
ABVD	doxorubicine, bleomycine, vinblastine, dacarbazine
ACVBP	doxorubicin, cyclophosphamide, vindesine, bleomycin, prednisone
AMA-AC	ambulatory medical assistance after cancer procedure
ATC	anatomical therapeutic chemical
BEACOPP	bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone
CHOP	cyclophosphamide, doxorubicine, vincristine, predisone
CHVP	cyclophosphamide, doxorubicin, etoposide, prednisone
DLBCL	diffuse large B-cell lymphoma
FL	follicular lymphoma
FLIPI	follicular lymphoma prognostic index
HADS	hospital anxiety and depression scale
HIV	human immunodeficiency virus
HL	Hodgkin lymphoma
IPS	Hasenclever international prognostic score
NHANES	national health and nutrition examination survey
OR/ORa	odds ratio/adjusted odds ratio
PTSD	post-traumatic stress disorder
R	rituximab
SD	standard deviation

Introduction

In cancer care, advances in diagnosis and treatment have dramatically increased over time, including for haematological malignancies, which have strongly benefited from the most recent chemotherapy regimens. Today, nearly 14 million people in the United States are cancer survivors. Along with the aging of the population and the resulting increase in the incidence of cancer, this number is expected to keep growing over the next decade. However, long-term cancer-related complications weaken physical and psychological health and impair quality of life, and the ongoing effects of cancer and its treatment may also lead to long-term psychological morbidity in cancer survivors [1]. Previous studies described that lymphoma survivors experienced psychological disorders such as anxiety or post-traumatic stress disorder (PTSD) and a decrease in their quality of life.

Beside these psychological complications, the development of cardiovascular diseases and second cancer has been also reported. These long-term cancer-related complications could directly impact health care consumption of cancer survivors with, potentially, higher related drug consumption. It is well described that patients with active anticancer treatment are significantly more likely than healthy subjects to use health care, emergency and medical inpatient departments, and medication [2]. However, very little is known about drug consumption in lymphoma patients who have been successfully treated by chemotherapy. Whereas, the number of lymphoma survivors is increasing due to major therapeutic progress, very little is known about drug consumption in lymphoma patients who have been successfully treated by chemotherapy. However, distinct drug consumption profiles in lymphomas survivors compared to the general population could directly reflect long-term complications of both the cancer and its treatment. This study explored the use of non-cancer drugs in lymphoma survivors during the early trajectory (0 to 2 years) of cancer survivorship and determined the factors associated with this consumption.

Methods

Study design

Between January and March 2014, a cross-sectional survey was conducted to assess drug consumption in adult lymphoma survivors. All patients were in complete response following chemotherapy and were being monitored in the ambulatory medical assistance after cancer (AMA-AC) programme at the Toulouse university hospital. After their first line treatment, lymphoma patients in complete remission can join the AMA-AC programme based on the collaboration of a nurse coordinator and a general practitioner on the recommendation of their oncologist. This programme permits the surveillance of lymphomas survivors during the two first years after treatment [3].

Patient population

Lymphoma survivors were defined as those with complete response according to the Cheson criteria [4]. They all received their last anticancer treatment cycle between 6 and 24 months before the survey. Patients under 18 years of age at diagnosis, or who were physically and/or mentally unable to participate in the programme were not included.