Factors Relevant to Pharmacy

The paper covers the point in the section headed ‘Factors relevant to the NHS,’ that clinical staff time in terms of dispensing is expected to be unchanged whether a patient is prescribed tamoxifen or an aromatase inhibitor. We would agree with that assumption.

However, it is our opinion that the side effect profile of the two classes of drug are different and therefore, the discussion between the patient and the clinician is likely to require more detail on specific benefits and risks to enable the patient to make an informed choice.

Discussions regarding this topic at local levels have frequently concluded that there is a requirement for a form of ‘shared care’ agreement between primary and secondary care. Particularly since after the first prescription, the General Practitioners will be taking on the prescribing of these drugs and much of the on-going management of the patient. This agreement would be expected to outline the requirement for the prescription of an aromatase inhibitor in this indication, the commonly encountered side-effects and details of the surveillance required to minimise harm to the patient. This should include details of the necessary baseline and follow up bone density monitoring.

We would like to thank NICE for giving us the opportunity to comment on this HTA.

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On behalf of the British Oncology Pharmacists Association & Cancer Network Pharmacists Forum
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