

# Providing Care During Cancer Drug Shortages

BETH FAIMAN, PhD, MSN, APRN-BC, AOCN®, BMTCN, FAAN, FAPO



**D**rug shortages have become a global phenomenon, reaching an all-time high and affecting nearly every therapeutic area of medicine. Even short-term drug shortages cause deleterious effects in critical populations such as our patients with cancer or blood disorders. The lack of available therapies leads to treatment delays and suboptimal regimens, and creates a strain on the health-care system (McBride et al., 2022). While cisplatin and carboplatin remain in short supply, hundreds of other drugs ranging from antibiotics to normal saline flushes and supportive medications are also running low, plaguing patients and clinicians.

## WHAT CAUSES DRUG SHORTAGES?

As one would expect, drug shortages occur for many reasons. Common reasons such as manufacturing and quality issues, supply chain delays, and drug discontinuations top the list of reasons why certain medicines are unavailable. Drug manufacturers are required to provide the US Food and Drug Administration (FDA) with information regarding shortages and why they are occurring. Often, the

FDA works with companies to prevent or lessen the impact of drug shortages on the health-care system. For an updated list of drugs in various therapeutic areas, visit the FDA website at [fda.gov/drugs/drug-safety-and-availability/drug-shortages](https://www.fda.gov/drugs/drug-safety-and-availability/drug-shortages) (FDA, 2023).

One of the most striking issues that has emerged in the past few months is the discovery of unsafe drug manufacturing conditions. In some countries, insight into the production of substandard or ineffective drugs has led to manufacturing plant closures. One plant owned by Intas pharmaceuticals, which provided the United States with many front-line chemotherapy drugs, was shut down immediately (Edney, 2023).

## RECOMMENDATIONS

Major organizations such as the American Society of Hematology, American Society of Clinical Oncology, and others have addressed the lack of certain drugs to treat cancer or blood conditions. In April 2023, the Society of Gynecologic Oncology provided specific recommendations for the use of platinum agents. Logical interventions included to minimize ordering of nonessential platinum, increase the interval between

chemotherapy cycles, and rounding down to the nearest vial size when ordering chemotherapy. For a full list of these recommendations, see [sgo.org/news/drugshortage](https://www.sgo.org/news/drugshortage) (SGO, 2023).

On June 7, 2023, both the National Comprehensive Cancer Network (NCCN) and the FDA published reports that highlight the incidence and impact of shortages on patients. The NCCN report showed that 93% of cancer centers are impacted by drug availability, and asked the entire oncology community to find solutions (NCCN, 2023; FDA, 2023).

As advanced practitioners, we influence patient care in many ways. Drug shortages, regardless of the reason, can lead to negative patient outcomes. Ways to intervene include communicating the lack of drug availability with colleagues and working closely with the health-care team to find a solution. There may be an opportunity to develop a taskforce to create guidelines on drug allocation and rationing. Advanced practitioners should provide patients with information on how the team addresses shortages, as well as have shared decision-making discussions regarding evidence-based alternative regimens. Finally, consider using your voice as an advanced practitioner to bring to light the devastation shortages can cause patients and your practice.

### IN THIS ISSUE

In this issue, read about responses to the COVID-19 vaccine in a population excluded from initial SARS-CoV-2 mRNA vaccine efficacy trials. Get insights on barriers to providers having end-of-life conversations and the importance of providing care consistent with patients' goals of care.

With some of our patients facing a cancer diagnosis while parenting children, this issue's Review article discusses the quality of life of parents with cancer and the unique needs of this population. Another Review article dives into the physiology behind why we treat polycythemia vera with phlebotomy, and poses the question of alternative clinical trial endpoints beyond hematocrit. Two articles address side effects and a detailed outline of how the clinicians determined the diagnosis and treated it. With many more oral anticancer treatments being used, this issue's Practice Matters article explores the mechanisms of drug interactions and types of interacting medications, along with recommendations. ●

### References

- Edney, A. (2023). More Problems Found at Indian Pharma Company Causing Cancer Drug Shortage. <https://www.bloomberg.com/news/articles/2023-06-15/quality-issues-grow-at-generic-drugmaker-causing-chemo-scarcity>
- McBride, A., Hudson-DiSalle, S., Pilz, J., Hamm, M., Boring, B., Buie, L. W., & DeRemer, D. L. (2022). National survey on the effect of oncology drug shortages in clinical practice: A Hematology Oncology Pharmacy Association Survey. *JCO Oncology Practice*, 18(8), e1289–e1296. <https://doi.org/10.1200/OP.21.00883>
- National Comprehensive Cancer Network. (2023). NCCN Best Practices Committee: Carboplatin & cisplatin shortage survey results. <https://www.nccn.org/docs/default-source/oncology-policy-program/NCCN-Drug-Shortage-Survey.pdf>
- Society of Gynecologic Oncology. (2023). SGO statement: Carboplatin and cisplatin shortages. <https://www.sgo.org/news/drugshortage>
- US Food and Drug Administration. (2022). Tenth annual report on drug shortages for calendar year 2022. <https://www.fda.gov/media/169302/download>
- US Food and Drug Administration. (2023). Drug shortages. <https://www.fda.gov/drugs/drug-safety-and-availability/drug-shortages>