MOATT

MASCC TEACHING TOOL FOR PATIENTS RECEIVING ORAL AGENTS FOR CANCER - MOATT®

This teaching tool has been prepared to assist healthcare providers in the assessment and education of patients receiving oral agents as treatment for their cancer. The goal is to ensure that patients know and understand their treatment and the importance of taking the pills or tablets as prescribed. Family members and other healthcare providers can be involved in this process.

Any of the following can affect adherence to treatment with oral agents (pills or tablets) for cancer.

- PATIENT CHARACTERISTICS
- DRUGS (PILLS OR TABLETS)
- DISEASE CHARACTERISTICS
- TREATMENT PLAN

Key Assessment Questions assess the patient’s knowledge of the treatment plan, current medications, and ability to obtain and take an oral agent for cancer.

Patient Education applies to all oral agents for cancer and includes such topics as storage, handling, disposal, identifying a system for remembering to take the drug, and what to do in various situations, such as a missed dose.

Drug-Specific Information for the patient reviews questions such as dose and schedule, side effects, and potential interactions.

Evaluation contains questions to ask the patient to ascertain understanding of the information provided.

The following information contains resources for more information about specific medications.

* Refer to drug-specific information to educate the patient on his/her pills or tablets.

Resources
- Product package insert or prescribing information
- Drugs.com
- MedlinePlus
- AHFS Drug Information
- FDA Index to Drug-Specific Information
- Micromedex
- Natural Medicines Comprehensive Database
- Add other appropriate resources.

Drugs.com
MedlinePlus
AHFS Drug Information
FDA Index to Drug-Specific Information
Micromedex
Natural Medicines Comprehensive Database

Use of the MOATT requires written approval from MASCC. For more information on the MOATT or obtaining permission, visit the MASCC website. http://www.mascc.org/MOATT

© Multinational Association of Supportive Care in Cancer

DRUG-SPECIFIC EDUCATION

Date:

Drug name (generic and trade):

What does the drug look like?

Dose & Schedule: How many different pills? How many times a day? For how long?

Where the drug should be stored? *Be specific, for example, away from heat (not in the kitchen), humidity (not in the bathroom), and sun (not on the window sill).

What are potential side effects & how can they be managed? *Include lab evaluations or any medical tests that will be used for drug monitoring.

Are there any precautions?

Are there any drug or food interactions?

When and whom should one call with questions?

Give names and phone numbers here.

* Include lab evaluations or any medical tests that will be used for drug monitoring.

Cut along this dotted line and give to the patient.
Discuss the following items with the patient, family members, and caregiver:

**Special considerations when assessing patients receiving oral agents for cancer:**

When teaching the patient, you may need to adapt your teaching to accommodate special considerations, such as age, the presence of a feeding tube, vision problems including color blindness, dietary issues, or mental health problems (dementia, depression, cognitive impairments).

*Recommended information to assess is noted in italics.*

### Key Assessment Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you been told about this treatment plan with oral medications?</td>
<td><em>Inform any other doctors, dentists, and healthcare providers</em></td>
</tr>
<tr>
<td>2. What other medications or pills do you take by mouth?</td>
<td><em>Verify that the patient knows these oral medications and that they understand the purpose of each.</em></td>
</tr>
<tr>
<td>3. Are you able to swallow pills or tablets?</td>
<td><em>Assign a pill to the patient, and ask him/her to swallow it.</em></td>
</tr>
<tr>
<td>4. Are you able to open your medicine bottles or packages?</td>
<td><em>At the patient’s request, give the patient some ideas, such as using a timer, clock, or calendar.</em></td>
</tr>
<tr>
<td>5. Have you taken other pills for your cancer?</td>
<td><em>Ask the patient and/or caregiver to answer the following questions to ensure that they understand the information you have given them.</em></td>
</tr>
<tr>
<td>6. Are you able to read the drug label and provided information?</td>
<td><em>Make sure you have directions about what to do if you miss a dose.</em></td>
</tr>
<tr>
<td>7. When will you take your cancer pills or tablets?</td>
<td><em>If you accidentally take too many pills, if someone else takes your pills or tablets, contact your doctor or nurse immediately.</em></td>
</tr>
<tr>
<td>8. Where do you plan to keep your pills or tablets?</td>
<td><em>Let us know if you have a problem with getting your pills or medications.</em></td>
</tr>
<tr>
<td>9. What are the names of your cancer pills or tablets?</td>
<td><em>If you are unable to read the drug label and provided information, assign a pill to the patient and ask him/her to swallow it.</em></td>
</tr>
<tr>
<td>10. When will you take your cancer pills or tablets?</td>
<td><em>If you do not like to swallow the pill or tablet, assign it to the patient and ask him/her to swallow it.</em></td>
</tr>
<tr>
<td>11. How will you refill your prescription?</td>
<td><em>Deny the patient access to the original container unless otherwise directed.</em></td>
</tr>
<tr>
<td>12. Do you have any questions about your cancer treatment?</td>
<td><em>Keep all medications that you are taking in view of the patient.</em></td>
</tr>
<tr>
<td>13. Do you have any other concerns about your cancer treatment?</td>
<td><em>Verify that the patient knows these oral agents are for cancer and are taken by mouth.</em></td>
</tr>
<tr>
<td>14. Are you able to swallow pills or tablets?</td>
<td><em>If you do not like to swallow the pill or tablet, assign it to the patient and ask him/her to swallow it.</em></td>
</tr>
<tr>
<td>15. Are you able to open your medicine bottles or packages?</td>
<td><em>If you do not like to swallow the pill or tablet, assign it to the patient and ask him/her to swallow it.</em></td>
</tr>
<tr>
<td>16. Are you able to read the drug label and provided information?</td>
<td><em>At the patient’s request, give the patient some ideas, such as using a timer, clock, or calendar.</em></td>
</tr>
<tr>
<td>17. When will you take your cancer pills or tablets?</td>
<td><em>If you accidentally take too many pills, if someone else takes your pills or tablets, contact your doctor or nurse immediately.</em></td>
</tr>
<tr>
<td>18. Where do you plan to keep your pills or tablets?</td>
<td><em>If you do not like to swallow the pill or tablet, assign it to the patient and ask him/her to swallow it.</em></td>
</tr>
<tr>
<td>19. What are the names of your cancer pills or tablets?</td>
<td><em>At the patient’s request, give the patient some ideas, such as using a timer, clock, or calendar.</em></td>
</tr>
<tr>
<td>20. When will you take your cancer pills or tablets?</td>
<td><em>If you accidentally take too many pills, if someone else takes your pills or tablets, contact your doctor or nurse immediately.</em></td>
</tr>
</tbody>
</table>

### When is Your Next Appointment?

- 1. **PATIENT EDUCATION**
- 2. **EVALUATION**
- 3. **KEY ASSESSMENT QUESTIONS**
- 4. **GENERAL EDUCATION FOR ALL ORAL DRUGS**

---

*The patient can be asked to bring unused pills or tablets back to the next visit.*

---

© Multinational Association of Supportive Care in Cancer