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## Impact of Pharmacist Intervention on the Incidence of Hand-Foot Syndrome of Patients Taking Capecitabine

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**Purpose:** Pharmacists should play a critical role in optimizing pharmaceutical care outcomes. Increasing number of orally administered chemotherapeutic agents necessitates more careful management by clinical pharmacists than before. The purpose of this study was to examine the impact of pharmacists' intervention on incidence and severity of hand-foot syndrome (HFS) in the patients taking capecitabine.

Methods: Patients receiving capecitabine 1250 mg/m<sup>2</sup> orally twice daily for 2 weeks followed by 1 week of drug holiday were enrolled and educated about how to evaluate and self-manage HFS. On the last day of each cycle, patients were called by a pharmacist to assess medication adherence, and evaluate incidence and severity of HFS and patients' self-management skills. If patients did not hold capecitabine even though they experienced greater than grade 2 HFS, the pharmacist recommended interrupting the medication until the HFS was resolved.

**Results:** Among 51 patients whose capecitabine treatment was managed by a clinical pharmacist, 42 patients experienced at least one episode of HFS(82.3%). Pharmacist-assessed severity of HFS was relatively low with no serious HFS episode; 52.9% (27/51) had grade 1, 29,4% (15/51) had grade 2, and no grade 3 event were found. Most of patients experienced the first HFS episode during the first three cycles (36/42, 85.7%). The incidence of HFS significantly higher the patients with in prevolus capecitabine was administration compared to the counterparts (116/165 cycles vs 58/98 cycles). Conclusion: The clinical pharmacist's management of capecitabine -induced

**Conclusion:** The clinical pharmacist's management of capecitabine -induced HFS appeared to improve quality of life by decreasing severity levels of HFS in the patients who are both capecitabine naive and previous exposed.