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Oncology

Editorial

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Abstract

Oncology Pharmacy provides evidence-based, patient-centred medication therapy management and direct patient care for individuals with cancer, including treatment assessment and monitoring for potential adverse drug reactions and interactions. Although oncology pharmacists have been involved in the care of cancer patients for over 50 years, the role of the oncology pharmacist continues to expand.

Editorial Note

Initially, pharmacists were primarily based within either an inpatient or outpatient pharmacy setting and their work focused on providing the necessary safety checks to

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dispense cancer-related medications. With technology freeing up pharmacists from dispensing functions and advanced training in direct patient care (e.g., oncology residency, oncology fellowship), the oncology pharmacist was able to provide direct patient care at the bedside or within the clinic where treatment decisions are made by the healthcare team. In fact, they have become integral members of the healthcare team. With their training and expertise, they can assist with providing evidence-based care to the patient with cancer. Some of their daily responsibilities include educating patients and caregivers about their therapies, improving medication adherence, and educating other members of the healthcare team on medications used in cancer care. Because of their clinical knowledge, literature evaluation skills, and understanding of the complexity of cancer care, they often are involved in the development of guidelines, policies, standards, and clinical pathways both at the institutional level but also at regional, national, and international levels.

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A shortage of oncology physicians exists globally, and is expected to continue for several years. Oncology pharmacists are well poised to assist with preventing a reduction in cancer patient visits. In fact, in this Issue of *Pharmacy*, Knapp and Ignoffo have shown that board certified oncology pharmacists (BCOPs) could contribute to outpatient oncology patient visits, thereby preventing the potential of a shortfall of providers available to care for patients with cancer. With the overlap of clinical activities of BCOPs and APPs, BCOPs may also be able to assist with preventing burnout that often occurs in the oncology healthcare team. Thus, this study demonstrates that improved efficiency and effectiveness of the oncology healthcare team can occur with the expanding role of the oncology pharmacist on care teams.

Oncology pharmacists are an integral part of the cancer care team. They are critical in expanding and enhancing patient care. Their value has been documented in several studies and is highlighted in this Issue. We encourage the profession to continue to document their value so that one day each patient can have an oncology pharmacist as part of their cancer care team.