

**THE ROLE OF CLINICAL PHARMACY
IN THE KINGDOM OF MOROCCO**
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Introduction. Cancer is a global public health issue, affecting all categories of the world's population regardless of age, gender, or socioeconomic status. In 2020, 18.1 million new cases of cancer were reported and 9.6 million people died. In Morocco, cancer is a major public health problem. According to data from the Cancer Registry of the Greater Casablanca Region (CRCR), the annual national incidence of cancer is estimated at 101.7 new cases per 100,000 inhabitants, corresponding to 30,500 new cases of cancer each year.

Drug management of patients with cancer is complex because it integrates numerous agents (chemotherapy, supportive care, and medications for comorbidities). Furthermore, many anticancer drugs enter the market that are characterized by a great potential for drug-drug interactions (DDI) and atypical side-effects. Consequently, clinical pharmacists have an important role in ensuring the safe use of all these drugs by providing comprehensive medication reviews and information for the medical staff and patients (clinical pharmacy services). Increasingly, pharmacists are taking up important roles in managing such supportive care, including issues such as nutrition support, pain, infection control, hematology, and anticoagulation.

Aim of the study. The aim of this study is to document and evaluate the role of clinical pharmacy services in oncology department.

Materials and methods. Published data from clinical trials in the field of oncology were used. A prospective, descriptive, observational study was carried out from 2019 through 2020 at the Department of Medical Oncology at the National Institute of Oncology, Morocco. Medication reviews concerning hospitalized adult cancer patients were performed every day by the clinical pharmacist assigned to the department.

Results and discussion. A total of 3542 prescriptions of 526 adult cancer patients were analyzed. The pharmacist identified 450 drug-related problems (12.7% of the prescriptions) primarily related to the analgesics (31.5%). Medication problems included mostly untreated indications (31.3%), overdosing (17.1%), drug-drug interactions (12.4%), underdosing (11.1%), administration omissions (6.7%), drug not indicated (6.0%), and contraindication (5.3%). Interventions (n=450) led to drug additions (30.7%), drug dosing adjustments (27.1%), treatment discontinuations (20.0%), recall of the treatment (6.2%), replacement of a drug with another one (5.1%), administration optimization (4.0%), therapeutic drug monitoring (3.1%), alternate routes of administration (2.5%), and extension of treatment duration (1.3%). Most (98%) of the interventions were accepted and implemented by the medical staff – 172 (38.2%) having a significant clinical impact on the patient, 88 (19.6%) as having a very significant clinical impact, and 71(15.8%) as having a potential vital impact.

Conclusions. This work highlights the positive clinical relevance of pharmacists' interventions in oncology and the importance of medicopharmaceutical collaboration to prevent medication error.