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Phagophobia in Oral Anticancer Medication Management: Utilizing NCODA Resources in Irish Oncology Clinical Practice

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BACKGROUND & AIM

A female patient presented to the medical oncology clinic for consideration of adjuvant Systemic Anticancer Therapy (SACT) post complete resection of cholangiocarcinoma with oral capecitabine as per the BILCAP study[1]. This patient had significant phagophobia (fear of swallowing tablets) and exhibited a reluctance to engage with oral therapy. The patient also had a heterozygous DPYD deficiency, requiring and upfront dose reduction and additional counselling for toxicity risk.

LEARNING OBJECTIVES

1. **Optimise curative treatment options** for patient with phagophobia.
2. **Reassure patient** of non-conventional methods of administration.
3. **Educate patient and family** in relation to alternative methods of administration.

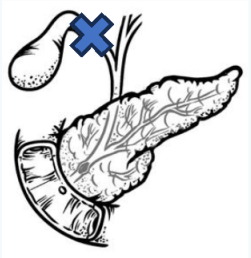


Figure 1: Cholangiocarcinoma is cancer of the bile duct. It can present intrahepatic or extrahepatic and is an aggressive form of cancer.

METHODS

Alternative options assessed included:
(i) multiples of smaller tablet strengths,
(ii) crushing capecitabine tablets, and
(iii) parenteral SACT.

Product literature was consulted to assess tablet strength size. The Network for Collaborative Oncology Development and Advancement (NCODA) Oral Oncolytic Crush/Suspension Tool was consulted for crushing capecitabine tablets[2]. The Irish National Cancer Control Programme SACT regimen database was consulted for potential alternative parenteral SACT regimens in the adjuvant cholangiocarcinoma setting.

RESULTS: PATIENT CENTERED CARE

The options were discussed with the patient and her primary caregiver (daughter).

The patient and her daughter were counselled and educated on crushing tablets using the instructions contained within the NCODA crushing database.

This information was shared with the oral anticancer medication clinic, the patient's community pharmacy and their primary care physician to ensure appropriate dissemination of material.

CONCLUSION

NCODA resources can be invaluable in overcoming clinical challenges in outpatient oncology clinics in Irish clinical practice, including phagophobia. These resources provide pharmacists with the tools to navigate these challenges optimize patient care, educate patients and caregivers and ensure reliable information dissemination between tertiary and primary care in relation to high-risk medication use in community settings.

Oral Oncolytic Crush/Suspension Directory

A 10 mg/mL oral solution may be made with tablets.• Place four 500 mg tablets in approximatley 200 mL lukewarm water and stir for approximatley 15 minutes until tablets dissolve.• Administer immediately after preparation (30 minutes after a meal), then rinse glass with a half glass of water and administer the rinse solution to ensure delivery of the entire dose.• May flavor with fruit juice (do NOT use grapefruit juice) or squash to mask bitter taste.• May also administer solution via nasogastric or other enteral feeding tube; flush feeding tube well with a minimum of 30 mL warm water. Capecitabine tablets are water soluble. Lexicomp.

Figure 2: NCODA Oral Oncolytic Crush/Suspension Directory data on making an extemporaneous capecitabine oral suspension

References:

1. *Primrose JN, Fox RP, Palmer DH, Malik HZ etalJ; BILCAP study group. Capecitabine compared with observation in resected biliary tract cancer (BILCAP): a randomised, controlled, multicentre, phase 3 study. Lancet Oncol. 2019 May;20(5):663-673. doi: 10.1016/S1470-2045(18)30915-X. Epub 2019 Mar 25. Erratum in: Lancet Oncol. 2019 May;20(5):e242. doi: 10.1016/S1470-2045(19)30216-5. PMID: 30922733.*
2. *Oral Oncolytic Crush/Suspension Directory. NCODA. Published June 8, 2026. Accessed June 8, 2026. https://ncoda.org/crush-directory/*