

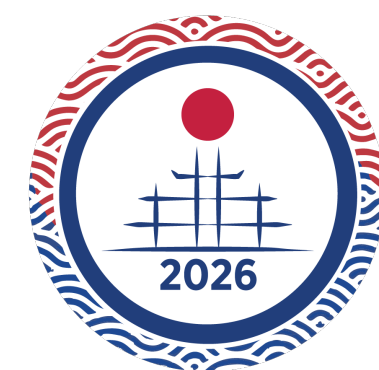


Control #422: Pharmacy-Led Integration of Local Therapy for Metastatic NSCLC in a Rural Kenyan Setting: A Retrospective Study

Dr. Robert Kimathi¹

¹Pharmacy Department, Hola County Referral Hospital Cancer Centre, Tana River County, Kenya

Correspondence: kimathirobert@gmail.com



IASLC 2026 World
Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

THE CHALLENGE

Metastatic non-small cell lung cancer (NSCLC) often requires coordinated systemic and local treatment. In rural Kenya, access to radiotherapy can depend on referral across long distances and distance becomes part of the treatment journey.

>70% of patients travelled **>300 km** for radiotherapy
Long-distance referral can add transport costs, medication access challenges, and inter-facility coordination barriers.

STUDY OBJECTIVE

To evaluate the real-world use of local therapies alongside systemic treatment, and to assess pharmacy-led strategies to improve treatment continuity in a rural Kenyan setting.

METHODS

Design: Retrospective observational study
Setting: Hola County Referral Hospital, Tana River County, Kenya
Study period: January 2022 – December 2024

34 patients- with metastatic NSCLC
Eligibility: Patients with metastatic NSCLC who received systemic treatment and/or local therapy during the study period.

Data sources:

- ❖ Pharmacy dispensing records
- ❖ Multidisciplinary tumour board minutes
- ❖ Medical charts
- ❖ Radiotherapy referral documentation

Primary endpoint: Treatment interruption rate

Secondary measures:

- Type and intent of local therapy
- Pharmacist interventions
- Documented symptom outcomes

DISCUSSION AND CONCLUSION

KEY CONCLUSION

- In this rural Kenyan cohort, integration of local therapy for metastatic NSCLC was feasible but constrained by geographic and socioeconomic barriers. Pharmacy-led coordination was associated with a reduction in treatment interruptions from **29% to 18%** — an 11-percentage-point observed reduction.

The retrospective design supports an association, not a causal conclusion.

TAKE-HOME MESSAGE

- **When distance disrupts cancer care, pharmacy can help connect the journey.**

Treatment + Medicines + Access + Coordination + Follow-up = Continuity of Care

FUTURE DIRECTION FOR RESEARCH

- Prospective, multi-site evaluation of pharmacy-led coordination models is needed to confirm impact on treatment continuity and to guide scale-up across other resource-limited cancer referral networks.

REFERENCES & ACKNOWLEDGEMENTS

. References

Source: Study cohort, Hola County Referral Hospital Cancer Centre, January 2022–December 2024.

- 1. Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med*. 2010;363(8):733-742. doi:10.1056/NEJMoa1000678.
- 2. Brach C, ed. AHRQ Health Literacy Universal Precautions Toolkit. 3rd ed. Rockville (MD): Agency for Healthcare Research and Quality; 2024. AHRQ Publication No. 23-0075.
- 3. Gomez DR, Tang C, Zhang J, Blumenschein GR Jr, Hernandez M, Lee JJ, et al. Local consolidative therapy versus maintenance therapy or observation for patients with oligometastatic non-small-cell lung cancer: long-term results of a multi-institutional, phase II, randomized study. *J Clin Oncol*. 2019;37(18):1558-1565. doi:10.1200/JCO.19.00201.
- 4. Iyengar P, Ali S, Berry MF, Boike TP, Bradfield L, Dingemans AMC, et al. Treatment of oligometastatic non-small cell lung cancer: an ASTRO/ESTRO clinical practice guideline. *Pract Radiat Oncol*. 2023;13(5):393-412. doi:10.1016/j.prro.2023.04.004.
- 5. Kroeber ES, König T, Stöter O, Liu B, Amulen PM, Borok M, et al. Patient- and caregiver-reported barriers to radiotherapy for cancer in sub-Saharan Africa: a survey of population-based registries. *Int J Cancer*. 2026;159(3):595-608. doi:10.1002/ijc.70390.

Artificial Intelligence (AI) Use Disclaimer

AI Disclosure: ChatGPT was used for language editing and structural refinement of the submitted abstract. Claude (Anthropic) was used to assist with poster content structuring and layout based on the author's original data and analysis. All scientific content, data, and interpretation are original and reviewed by the author(s).

RESULTS

In this cohort of **34 patients** with metastatic NSCLC, local therapy was integrated alongside systemic treatment according to clinical need (see chart).

- Pharmacy-led interventions included renal dose adjustment of platinum chemotherapy, standardized corticosteroid protocols for brain metastases receiving irradiation, supportive radiotherapy travel kits, and telephone toxicity monitoring with synchronized medication supply.
- Treatment interruptions occurred in **29%** of cases before pharmacy-led strategies were implemented, decreasing to **18%** in the final study year (see chart).
- Barriers to continuity included medication stock-outs, transport costs, and inter-facility coordination gaps.

