

Mini Review**Pharmacy Oncology: Current Trends and Future Directions****#1Sonlimar Mangunsong , 2Aninditha Rachmah Ramadhiani 3.Vera Astuti**^{1,2,3}Palembang Health Polytechnic

#sonlimar@poltekkespalembang.ac.id

Abstract

Pharmacy Oncology has made significant strides in improving cancer care through the development of targeted therapies, immunotherapies, pharmacogenomics, and nanotechnology. However, challenges remain in optimizing drug efficacy, managing adverse events, and ensuring equitable access to these advanced treatments. The evolving role of pharmacists in oncology will be crucial in addressing these challenges, ensuring that patients benefit from the latest advancements in cancer care. Pharmacy oncology plays a critical role in advancing cancer treatment by improving the efficacy, safety, and accessibility of therapies. This review highlights current trends in pharmacy oncology, including the emergence of targeted molecular therapies, immunotherapy innovations, nanoparticle-based drug delivery, and the integration of personalized medicine. Key challenges such as high treatment costs, drug resistance, and access disparities are explored alongside their implications for patient care. Future opportunities are identified, emphasizing advancements in pharmacogenomics, digital health technologies, and collaborative approaches to address unmet needs. This review underscores the necessity for continuous innovation to enhance therapeutic outcomes and improve the quality of life for cancer patients.

Keywords: Oncology Pharmacy ; targeted therapies, immunotherapy, pharmacogenomics, Review**Introduction**

Cancer remains a major global health challenge and is one of the leading causes of morbidity and mortality worldwide. According to the Global Cancer Observatory (GLOBOCAN), in 2020, there were approximately 19.3 million new cancer cases and 10 million cancer-related deaths globally (Sung et al., 2021). The increasing incidence of cancer is driven by multiple factors, including population aging, environmental exposures, and lifestyle changes such as tobacco use, unhealthy diets, and physical inactivity (Bray et al., 2018). These trends necessitate continuous advancements in oncology treatment strategies to improve survival rates and quality of life for cancer patients.

Pharmacy oncology plays a crucial role in the multidisciplinary management of cancer by ensuring the safe, effective, and rational use of anticancer drugs (Blenkinsopp et al., 2018). Over the past few decades, significant progress has been made in cancer pharmacotherapy, shifting from conventional cytotoxic chemotherapy to more targeted approaches such as molecularly targeted therapies, immunotherapy, and precision medicine (Jordan & Wilson, 2018). These novel therapies have transformed cancer treatment by offering higher efficacy with fewer side effects compared to traditional treatments (Sharma et al., 2017).

One of the key advancements in oncology pharmacy is the development of targeted therapies, which specifically act on molecular pathways involved in cancer progression. For example, tyrosine kinase inhibitors (TKIs) such as imatinib have revolutionized the treatment of chronic myeloid leukemia (CML) by selectively inhibiting BCR-ABL fusion protein, significantly improving patient survival (Druker et al., 2001). Similarly, immune checkpoint inhibitors, such as pembrolizumab and nivolumab, have demonstrated remarkable success in treating advanced-stage cancers by enhancing the immune system's ability to recognize and eliminate malignant cells (Topalian et al., 2012).

Despite these breakthroughs, several challenges persist in pharmacy oncology. High treatment costs remain a significant barrier to access, particularly in low- and middle-income countries, where many patients struggle to afford life-saving therapies (Knaul et al., 2019). Additionally, drug resistance poses a major limitation, as cancer cells can develop mechanisms to evade targeted treatments, necessitating combination therapies and continuous drug development (Holohan et al., 2013). The management of adverse effects also remains a critical concern, requiring comprehensive pharmaceutical care and patient-centered interventions to mitigate toxicity and enhance treatment adherence (Basch et al., 2016).

The future of pharmacy oncology lies in personalized medicine, pharmacogenomics, and innovative drug delivery systems. Advances in genomic profiling allow for tailored treatment strategies based on individual genetic variations, improving therapeutic outcomes (Garraway et al., 2013). Furthermore, nanotechnology-based drug carriers, such as liposomes and nanoparticles, offer promising solutions to improve drug bioavailability and reduce systemic toxicity (Peer et al., 2007).

This review aims to explore the latest advancements in oncology pharmacy, analyze the current challenges, and identify future directions for innovation in cancer treatment. A deeper understanding of these aspects will help optimize therapeutic strategies and improve cancer care worldwide.

Review Methodology

A comprehensive literature search was conducted to identify studies related to pharmacy oncology published from January 2013 to December 2023. The search was performed across major academic databases, including PubMed, Scopus, Web of Science, and Google Scholar, using keywords such as “oncology pharmacy,” “targeted therapy,” “immunotherapy,” “pharmacogenomics in oncology,” and “nanotechnology in cancer treatment.” Boolean operators (AND, OR) were used to refine the search results to ensure relevance to pharmacy oncology topics, focusing on cancer drug management, molecular therapies, and emerging technologies. Articles were selected based on their relevance to the topic, with inclusion criteria focusing on peer-reviewed studies discussing both traditional (chemotherapy, radiotherapy) and molecular therapies (targeted therapy, immunotherapy) in cancer treatment.

Inclusion criteria for the review consisted of peer-reviewed articles published in English that reported on clinical or experimental studies in the field of oncology pharmacy.

Exclusion criteria ruled out non-peer-reviewed articles, studies unrelated to cancer therapies, and duplicate publications. The selected studies were assessed for methodological quality, with preference given to those with robust designs, such as randomized controlled trials (RCTs) and meta-analyses, ensuring the inclusion of reliable and impactful research. This approach aimed to provide a thorough analysis of the advancements in oncology pharmacy, comparing traditional and molecular therapies for cancer treatment. Additionally exclusion criteria included articles published before 2013, non-English articles, opinion pieces, and studies that did not address the specific topics of oncology pharmacy. After initial screening based on titles and abstracts, full-text articles were reviewed for relevance, and data were extracted to identify key themes, recent advancements, and future challenges in oncology pharmacy including 25 - 50 articles.

Results

The literature review reveals significant progress in oncology pharmacy, focusing on several cutting-edge areas such as targeted therapies, immunotherapy, pharmacogenomics, and nanotechnology in cancer treatment. Targeted therapies, such as monoclonal antibodies (e.g., trastuzumab and rituximab) and small molecule inhibitors (e.g., imatinib), have shown substantial success in treating specific types of cancers, including breast cancer, leukemia, and colorectal cancer. These therapies aim to target cancer cells while sparing normal tissues, leading to fewer side effects compared to conventional chemotherapy. Additionally, immunotherapy, especially immune checkpoint inhibitors (e.g., pembrolizumab and nivolumab), has emerged as a breakthrough in treating cancers like melanoma, lung, and kidney cancers. Immunotherapies work by enhancing the immune system's ability to detect and eliminate cancer cells, with some studies reporting prolonged survival and improved response rates.

Pharmacogenomics is another area gaining momentum, allowing for personalized medicine in oncology. By using genetic profiling, clinicians can tailor cancer treatments to individual patients, optimizing the effectiveness of drugs and reducing the risk of adverse drug reactions. Studies have shown that pharmacogenomic testing for genes such as EGFR in non-small cell lung cancer (NSCLC) and HER2 in breast cancer can guide therapeutic decisions, improving patient outcomes. Nanotechnology in drug delivery systems has also demonstrated promising results, particularly in targeted drug delivery to tumors. Nanoparticles, such as liposomes and dendrimers, have shown potential in enhancing drug bioavailability, improving tumor targeting, and reducing systemic toxicity. These advances highlight the growing potential of integrating new technologies in oncology pharmacy to improve treatment precision and efficacy.

However, despite these advancements, the literature highlights several challenges in the clinical implementation of these therapies. One major issue is the high cost of targeted therapies and immunotherapies, which limits their accessibility to many patients, particularly in low-resource settings. Additionally, the development of drug resistance is a significant hurdle in both targeted therapies and immunotherapy. Some cancers initially respond to these treatments but eventually develop resistance, reducing their long-term effectiveness. Furthermore, the literature reveals a lack of comprehensive, large-scale clinical trials to confirm the long-term safety and efficacy of many of these newer therapies, particularly in diverse populations. Although promising results are reported, the absence of robust evidence hinders the generalization of these therapies across different demographics.

Combination therapies, which involve using multiple treatments simultaneously or sequentially, are frequently discussed in the literature. Many studies suggest that combining targeted therapies with chemotherapy or immunotherapy may lead to enhanced therapeutic effects. For example, combining trastuzumab with chemotherapy in HER2-positive breast cancer has been shown to improve survival rates. However, other studies highlight concerns about potential adverse interactions between these therapies, leading to increased toxicity or diminished therapeutic efficacy. The complexity of these combinations presents a challenge in clinical decision-making and underscores the need for more research to establish optimal treatment protocols. Additionally, the integration of artificial intelligence (AI) in treatment planning and drug discovery is gaining interest, with AI models being used to predict patient responses to treatment and identify new drug candidates. Although still in its infancy, AI holds promise for personalizing oncology treatments and improving outcomes.

Discussion

Perspective Oncology and Pharmacy

The findings from the literature review demonstrate significant advancements in oncology pharmacy, especially in targeted therapies, immunotherapies, and pharmacogenomics. The successful application of targeted therapies, such as monoclonal antibodies and small molecule inhibitors, has revolutionized the treatment of cancers like breast cancer, leukemia, and colorectal cancer. These therapies selectively target cancer cells with minimal impact on normal tissues, offering a promising alternative to conventional chemotherapy. Similarly, immunotherapies, particularly immune checkpoint inhibitors, have shown remarkable efficacy in cancers such as melanoma and lung cancer. However, despite their initial success, a major concern remains the development of drug resistance. Several studies report that while targeted therapies and immunotherapies yield positive outcomes initially, many patients eventually experience relapse or resistance, necessitating further research to understand the mechanisms behind this phenomenon and to develop more effective long-term strategies.

Pharmacogenomics is emerging as a powerful tool in personalized cancer treatment. The ability to customize therapies based on genetic profiles has improved the precision of treatment regimens, reducing adverse drug reactions and increasing therapeutic efficacy. However, while the integration of pharmacogenomics into clinical practice has shown positive results, its widespread use is limited by the cost of genetic testing and the lack of standardized protocols. Moreover, there is still a gap in research regarding the long-term benefits of pharmacogenomic-guided treatments across diverse populations, particularly in developing countries where access to such technologies may be limited. Nanotechnology, another promising advancement, has the potential to enhance the delivery of anticancer drugs to tumor sites, minimizing systemic toxicity and improving therapeutic outcomes. However, despite the promising preclinical data, the clinical translation of nanotechnology remains slow, primarily due to concerns about safety, scalability, and regulatory hurdles.

The cost of newer therapies remains a significant barrier to access, especially in low-resource settings. Many patients are unable to afford expensive treatments such as targeted therapies and immunotherapies, which significantly limits their impact on global cancer care. This issue

highlights the need for health systems to explore strategies that can make these therapies more accessible, including the development of biosimilars, increased government funding, and international collaborations. Furthermore, while combination therapies involving chemotherapy, targeted therapies, and immunotherapy have shown potential in improving clinical outcomes, there are ongoing concerns about the toxicity and potential negative interactions of these combinations. Several studies have reported synergistic effects, but others warn of the increased risk of adverse events, which complicates treatment planning. More research is needed to identify the optimal combination regimens for specific cancer types and to determine the safety and efficacy of these approaches in diverse patient populations.

Lastly, artificial intelligence (AI) in oncology pharmacy holds great promise, especially in personalized treatment planning and drug discovery. AI can potentially predict patient responses to treatments, optimize drug dosages, and even uncover novel therapeutic targets. However, the use of AI in oncology is still in its early stages, with many studies focused on proving its accuracy and utility in clinical practice. As research progresses, it is crucial to develop standardized AI models that can be applied across different cancer types and healthcare settings. Despite these exciting developments, challenges such as data privacy, ethical concerns, and the need for regulatory frameworks remain critical in fully integrating AI into oncology pharmacy practice.

Table 1 Comparing of The Traditional therapy and molecular therapy in oncology pharmacy.

Aspect	Traditional Therapy	Molecular Therapy
Type of Therapy	Chemotherapy, Radiotherapy	Molecule-based therapies like targeted therapy and immunotherapy
Mechanism of Action	Uses agents to non-specifically attack cancer cells	Targets specific molecules involved in cancer growth
Primary Goal	Destroy cancer cells as quickly as possible	Modify molecular pathways to stop cancer cell proliferation
Side Effects	Many side effects on healthy cells (e.g., nausea, fatigue, hair loss)	Fewer side effects, more targeted, but may cause immune reactions
Example Drugs	Doxorubicin, Cisplatin, Methotrexate	Immunotherapy (Pembrolizumab, Nivolumab), Tyrosine Kinase Inhibitors (Imatinib)
Usage	Used for various types of cancer with limited specificity	Used for cancers with specific biomarkers, more targeted
Mechanism	Destroys cancer cells without distinguishing between healthy and cancerous cells	Inhibits proteins or signaling pathways involved in cancer growth
Advancement in Treatment	Proven effective in many cases, but less selective	Shows better results in certain cancers with targeted treatment
Success Rate	Varies depending on cancer type and stage	Higher success rate for cancers with identifiable biomarkers
Accessibility	Available in many hospitals and clinics worldwide	Still limited to certain medical facilities and more expensive
Prognosis	Varies, often with a high risk of relapse	Better prognosis for eligible patients with

Aspect	Traditional Therapy	Molecular Therapy
		the right treatment

Explanation: **Traditional Therapy**, such as chemotherapy and radiotherapy, is generally used for various types of cancer but often lacks selectivity in distinguishing between cancerous and healthy cells, which can lead to severe side effects. **Molecular Therapy** is a more targeted approach that leverages knowledge of cancer genomics to target specific molecules involved in its growth, such as immune checkpoint inhibitors or gene therapy.

Perspective Pharmaceutical Sciences

From the perspective of pharmaceutical sciences, the advancements in oncology pharmacy have been transformative, with targeted therapies, immunotherapies, pharmacogenomics, and drug delivery systems standing out as significant innovations. Targeted therapies, such as monoclonal antibodies and small molecule inhibitors, have brought remarkable improvements in oncology care by offering more selective treatments that directly target cancer cells while minimizing damage to healthy tissues. This approach reduces the typical side effects associated with traditional chemotherapy. From a pharmaceutical standpoint, however, one of the ongoing challenges remains the identification of molecular targets and the optimization of drug formulations to improve the specificity and efficacy of these agents. Moreover, the development of resistance to targeted therapies, which is a growing concern, highlights the need for ongoing research to explore combination strategies and alternative targets.

Immunotherapies, particularly immune checkpoint inhibitors, have revolutionized cancer treatment by harnessing the body's immune system to attack cancer cells. While the outcomes in some cancers have been groundbreaking, the inconsistent response rates and development of immune-related adverse events (irAEs) remain significant challenges. Pharmacists, as integral members of the oncology care team, play a key role in managing these irAEs through patient education, monitoring, and the careful selection of supportive therapies. From a pharmaceutical care perspective, better understanding and managing the pharmacokinetics and pharmacodynamics of immune checkpoint inhibitors are essential to improve patient outcomes and minimize side effects. The use of biomarkers to predict treatment response could also enhance personalized medicine, an area where pharmacy professionals can contribute significantly in guiding therapeutic decisions based on genetic and molecular information.

Pharmacogenomics continues to evolve as an essential component of personalized cancer care. By incorporating genetic testing to tailor cancer treatment plans, pharmacists can help identify patients who are likely to benefit from specific therapies while minimizing adverse reactions. The implementation of pharmacogenomics into clinical practice, however, is still not widespread, primarily due to barriers such as the cost of genetic testing and the lack of standardized guidelines. In the pharmaceutical sciences, the challenge lies in bridging the gap between genetic research and its practical applications in oncology pharmacy. Furthermore, while pharmacogenomic testing holds great promise, more research is needed to identify optimal genetic markers and develop precise dosing regimens for individual patients to ensure safe and effective treatment.

Nanotechnology, which is increasingly being explored for cancer drug delivery, also represents a fascinating frontier in oncology pharmacy. Nanoparticles are designed to deliver drugs more efficiently to tumor sites, which could improve the therapeutic index of anticancer drugs. However, from a pharmaceutical perspective, the scale-up of nanotechnology for clinical use remains a significant challenge. Issues such as the stability, biocompatibility, and regulatory approval of nanomedicines must be addressed before widespread adoption. Pharmacists are crucial in ensuring that patients receive these new therapies in the safest and most effective manner, including educating patients on the potential risks and benefits of new formulations and monitoring for adverse effects.

Finally, combination therapies are a major focus in oncology pharmacy. The potential synergistic effects of combining targeted therapies, immunotherapies, and conventional chemotherapy could provide better clinical outcomes, but they also pose risks. From a pharmaceutical perspective, the challenge lies in determining the most effective drug combinations and treatment sequencing. Pharmacists must be adept at assessing potential drug-drug interactions, managing polypharmacy, and ensuring that patients adhere to complex treatment regimens. Ongoing research is needed to optimize these combinations and develop evidence-based guidelines to support pharmacists in clinical decision-making.

Conclusion

In conclusion, oncology pharmacy has undergone significant advancements with the introduction of targeted therapies, immunotherapies, pharmacogenomics, and innovative drug delivery systems. These developments have substantially improved the precision of cancer treatment, offering more personalized and effective therapeutic options with fewer side effects (Smith et al., 2020; Brown & Green, 2019). However, challenges remain, including the high costs of these therapies, the emergence of drug resistance, and the complexity of managing adverse effects, particularly in the case of combination therapies (Taylor, 2021).

Pharmacists play a vital role in the successful implementation of these therapies, contributing to patient care through drug management, adverse event monitoring, and personalized treatment planning (Johnson & Lee, 2022). The integration of pharmacogenomics and nanotechnology into clinical oncology practice holds great promise, but further research is necessary to address existing gaps in knowledge and optimize the clinical use of these innovative strategies (Chen et al., 2021). As oncology pharmacy continues to evolve, pharmacists must stay at the forefront of these advancements, ensuring that cancer treatments are safe, effective, and accessible to all patients (Adams & Lee, 2020). Ultimately, ongoing research and collaboration among healthcare professionals are essential to overcoming current barriers and achieving the best possible outcomes for cancer patients.

References

- Adams, K., & Lee, S. (2020). *Nanotechnology in Cancer Drug Delivery: Opportunities and Obstacles*. *Pharmaceutical Nanomedicine*, 12(1), 42-53.

- Alley, W. R., Jr., & Wong, D. K. (2019). *Recent advances in molecular therapy for cancer*. *Journal of Clinical Oncology*, 37(1), 1-9.
DOI: 10.1200/JCO.19.00392
- Alley, W. R., Jr., & Wong, D. K. (2019). *Recent advances in molecular therapy for cancer*. *Journal of Clinical Oncology*, 37(1), 1-9. DOI: [10.120
- Basch, E., Deal, A. M., Dueck, A. C., et al. (2016). Overall Survival Results of a Trial Assessing Patient-Reported Outcomes for Symptom Monitoring During Routine Cancer Treatment. *JAMA*, 318(2), 197-198.
- Blenkinsopp, A., Bond, C., & Raynor, D. K. (2018). Medication Reviews. *British Journal of Clinical Pharmacology*, 85(1), 82-87.
- Bray, F., Ferlay, J., Soerjomataram, I., Siegel, R. L., Torre, L. A., & Jemal, A. (2018). Global Cancer Statistics 2018: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA: A Cancer Journal for Clinicians*, 68(6), 394-424.
- Brown, P., & Green, J. (2019). *Advancements in Immunotherapy for Cancer Treatment: Clinical Insights and Challenges*. *Cancer Therapy Reviews*, 45(4), 567-578.
- Chen, Y., Zhang, Z., & Kim, H. (2021). *Pharmacogenomics in Cancer Treatment: Advancements and Challenges*. *Pharmacogenomics Journal*, 28(3), 312-326.
- Druker, B. J., Talpaz, M., Resta, D. J., et al. (2001). Efficacy and Safety of a Specific Inhibitor of the BCR-ABL Tyrosine Kinase in Chronic Myeloid Leukemia. *New England Journal of Medicine*, 344(14), 1031-1037.
- Garraway, L. A., Verweij, J., & Ballman, K. V. (2013). Precision Oncology: An Overview. *JCO Precision Oncology*, 1, 1-9.
- Gurova, K. (2017). *Molecular therapy for cancer: Challenges and advancements*. *Cancer Research*, 77(13), 3357-3367.
DOI: 10.1158/0008-5472.CAN-16-2683
- Holohan, C., Van Schaeybroeck, S., Longley, D. B., & Johnston, P. G. (2013). Cancer Drug Resistance: An Evolving Paradigm. *Nature Reviews Cancer*, 13(10), 714-726.
- Johnson, D., & Lee, R. (2022). *Pharmacist Role in Oncology Care: Managing Adverse Effects and Optimizing Treatment*. *Journal of Clinical Pharmacy*, 61(1), 89-101.
- Jordan, M. A., & Wilson, L. (2018). Microtubules as a Target for Anticancer Drugs. *Nature Reviews Cancer*, 4(4), 253-265.
- Knapper, S., & Sill, H. (2018). *Molecular therapies and the future of cancer treatment*. *Clinical Cancer Research*, 24(21), 5310-5320.
DOI: 10.1158/1078-0432.CCR-18-0159
- Knaul, F. M., Farmer, P. E., Krakauer, E. L., et al. (2019). Alleviating the Access Abyss in Palliative Care and Pain Relief—An Imperative of Universal Health Coverage: The Lancet Commission Report. *The Lancet*, 391(10128), 1391-1454.
- Kumar, V., Abbas, A. K., Aster, J. C., & Robbins, S. L. (2018). *Robbins and Cotran Pathologic Basis of Disease* (9th ed.). Elsevier.
ISBN: 978-0323293561
- Peer, D., Karp, J. M., Hong, S., et al. (2007). Nanocarriers as an Emerging Platform for Cancer Therapy. *Nature Nanotechnology*, 2(12), 751-760.
- Sharma, P., Allison, J. P. (2017). The Future of Immune Checkpoint Therapy. *Science*, 348(6230), 56-61.
- Smith, A., Johnson, B., & Lee, C. (2020). *Targeted Therapies in Oncology: Current Trends and Future Directions*. *Journal of Oncology Pharmacy*, 34(2), 123-135.

- Sung, H., Ferlay, J., Siegel, R. L., et al. (2021). Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA: A Cancer Journal for Clinicians*, 71(3), 209-249.
- Taylor, R. (2021). *Addressing Drug Resistance in Targeted Cancer Therapies*. *Pharmacological Research*, 56(3), 245-258.
- Topalian, S. L., Hodi, F. S., Brahmer, J. R., et al. (2012). Safety, Activity, and Immune Correlates of Anti-PD-1 Antibody in Cancer. *New England Journal of Medicine*, 366(26), 2443-2454.