CORRESPONDENCE

Interprofessional Medication Management in Patients With Multiple Morbidities—A Cluster-randomized Trial (the WestGem Study)

by Prof. Dr. rer. medic. Juliane Köberlein-Neu, Prof. Dr. phil. Hugo Mennemann, Stefanie Hamacher, Isabel Waltering, Pharm.D, Prof. Dr. rer. nat. Ulrich Jaehde, Corinna Schaffert, and Olaf Rose, Pharm.D. in issue 44/2016

Avoiding Errors in Chemotherapy

We welcome this article because interdisciplinary cooperation between physicians and pharmacists is of the utmost importance in intensive medication regimens of a complex nature (1). Another example of such successful collaboration is our chemotherapy (CTx) management system at the University Medical Center and Comprehensive Cancer Center Freiburg, in which we, as a center of excellence within the German Cancer Aid, organize the ordering of chemotherapeutic substances and the actual administration of CTx in an extremely safe way for our patients (2).

Our Clinical Cancer Research Group consists of three pharmacists and one medical technician and has a central role in CTx management. An extensive collection of CTx protocols was created in close collaboration with the responsible attending physicians and the hospital pharmacy (3), which is made available to others in hard copy form and as a database. This serves as a basis for safe CTx ordering and administration for different disciplines and all those with an interest in CTx.

Each order (approx. 11 000/year in the hematology and oncology department of the University Medical Center Freiburg) is checked in detail by our Clinical Cancer Research Group and hospital pharmacy prior to CTx administation (4). Because of the triple check by physician, Clinical Cancer Research Group, and pharmacy, 99.9% of all CTx related errors are eliminated effectively before they reach the patient. This CTx management system has proved extremely effective making an expansion of the system to other departments that administer CTx at the University Medical Center very easy to implement.

Our collaboration of physicians and pharmacists has won multiple awards (e.g. Lohfert award; poster awards at the German, Swiss and Austrian Society for Hematology and Oncology (DGHO)and at the German Society of Hospital Pharmacists (ADKA) annual conferences; Golden Helix Award finalist). This supports and complements the subject taken up by *Deutsches Ärzteblatt* and shows that collaborations between physicians and pharmacists are worthwhile and can usefully be integrated into hospitals' clinical routines.

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Stefanie Ajayi
Dip. Pharm. Pract. Heike Reinhardt
Magdalena Szymaniak-Vits
Prof. Dr. med Monika Engelhardt
Klinik Innere Medizin I
Universitätsklinik Freiburg
Hämatologie, Onkologie & Stammzelltransplantation und
Comprehensive Cancer Center Freiburg
monika.engelhardt@uniklinik-freiburg.de

Conflict of interest statement
The authors declare that no conflict of interest exists.

In Reply:

In clinical practice in Germany, first approaches of interprofessional collaboration between physicians and pharmacists are promising. Such collaborations are usually restricted to special indications or certain activities. Wolf et al. improved medication safety and the quality of therapy in inpatient psychiatric treatment (1). In our experience, such projects work well in daily practice—especially in the inpatient setting—in spite of their novelty. The WestGem Study provided proof of efficacy for a comprehensive outpatient medication management and the transferability of international results to the German healthcare system (2).

We feel that the time has come to finally implement medication management in Germany and take it off the project stage.

Unfortunately, no consensus has been reached so far in this setting. Some medical policy makers focus on certain interests and thus prevent patients from benefiting from these innovative approaches. Furthermore, the legal basis needs to be clarified, while health insurances demonstrate good will.

No responsible healthcare professional who is familiar with current study data will doubt that medication management can realize its full potential only by interprofessional cooperation between physicians, pharmacists, and ideally further healthcare professions. Internationally, long term results have been presented (3). It hence is regrettable that—for example in some projects of the Federal Joint Committee's innovation

fund—other approaches are being preferred, and that projects are dominated by single professions.

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Olaf Rose PharmD
Pharmazeutisches Institut
Klinische Pharmazie
Rheinische Friedrich-Wilhelms-Universität Bonn

Prof. Dr. rer. medic. Juliane Köberlein-Neu
Bergisches Kompetenzzentrum für Gesundheitsökonomik
und Versorgungsforschung
Fakultät für Wirtschaftswissenschaft
Bergische Universität Wuppertal
koeberlein@wiwi.uni-wuppertal.de

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CLINICAL SNAPSHOT

A Right Atrial Mass in a Woman With Newly Diagnosed Breast Cancer

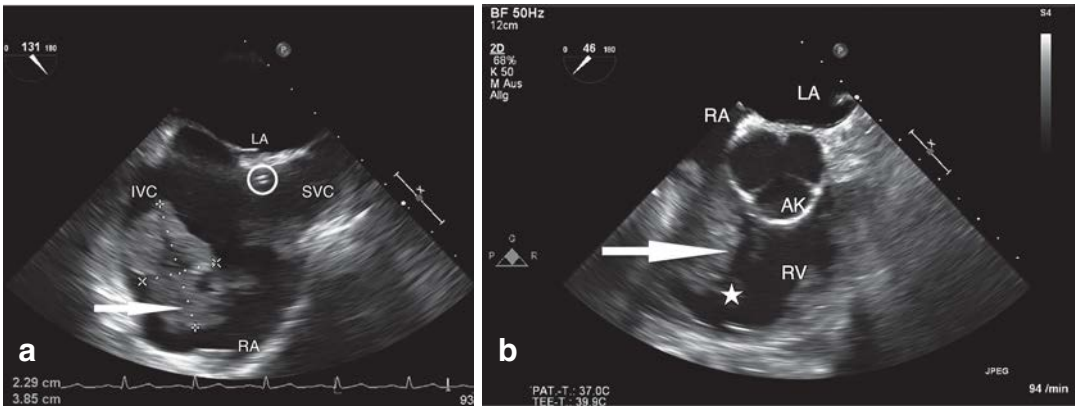

Figure. Transesophageal echocardiography reveals an inhomogeneous structure measuring 39 × 23 mm attached to the lateral wall of the right atrium below the ostium of the inferior vena cava. a) white circle: port system; b) arrow: intracardiac mass; LA, left atrium; IVC, inferior vena cava; SVC superior vena cava; RA, right atrium; AV, aortic valve; RV, right ventricle; star, tricuspid valve.

The patient, a 66-year-old woman, underwent routine cardiological assessment before chemotherapy for newly diagnosed breast cancer and was found to have a mass in the right atrium. She was entirely asymptomatic. A port had been implanted two weeks earlier. Transesophageal echocardiography *(Figures a and b)* and cardiac MRI and CT scans revealed a mass, 39 x 23 mm in size, on the lateral wall of the right atrium below the ostium of the inferior vena cava. Contact to the tricuspid valve and the port system could not be excluded. A number of possible diagnoses were considered, including a thrombus associated with the port system, a primary tumor, and a metastasis; each of these would have called for a different clinical management. Surgical resection was recommended as the next step by interdisciplinary consensus. Histological examination revealed an atrial myxoma with regressive changes.

Dr. med. Katharina Klee, Prof. Dr. med. Meinrad Gawaz, Prof. Dr. med. Christine Meyer-Zürn
Medizinische Klinik III, Kardiologie und Kreislauferkrankungen, Deutsches Herzkompetenz Zentrum Tübingen, Universitätsklinikum Tübingen
katharina.klee@med.uni-tuebingen.de

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