**Malignant diseases case studies**

Mr AP, a 56-year-old former coal miner, presents to your hospital pharmacy from the oncology outpatients department with a prescription for the following medications:

■ ondansetron 4 mg p.o. b.d. for 5 days

■ dexamethasone 2 mg p.o. b.d. for 5 days

■ ranitidine 150 mg p.o. b.d. for 2 weeks.

On questioning the patient, you discover that he suffers from the ‘more com-mon’ type of lung cancer and is undergoing ‘irradiation’ treatment currently. At this point you also notice that his right index and middle fingers as well as his teeth are stained yellow.

1 What are the main types of lung cancer?

2a What are the risk factors associated with the development of lung cancer?

2b Is it possible that Mr AP has any of the risk factors for developing lung cancer?

3 Briefly describe the class of drugs that ondansetron, dexamethasone and ranitidine belong to and: (a) how ondansetron and dexamethasone work in the management of nausea and vomiting; (b) how ranitidine works in the management of dyspepsia; and (c) the rationale for co-prescribing ranitidine and dexamethasone.

4a Mr AP states that he readily suffers from bouts of constipation and is concerned that these new tablets may worsen this. What would you advise?

4b What are the other typical side-effects of the drugs prescribed for Mr AP?

5 Mr AP also states that due to the large tumour ‘pressing on my food pipe’, he is currently having difficulty swallowing tablets. What alternative formulations could you suggest in order to facilitate medication compliance in this case?

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