

Review Article



Role of Pharmacovigilance in Enhancing Well-Being of Patients Receiving Chemotherapy: A Comprehensive Review

Dr Priyanka¹, Dr Anshu Gupta^{*2}, Dr Sonal Dogra³

1. PhD scholar, Department of Pharmacology, Maharishi Markandeshwar University, Mullana, Ambala Haryana, India.

2. Professor & Head of the Department of Pharmacology, Maharishi Markandeshwar University, Mullana, Ambala Haryana, India.

3. Senior Resident, Pt. Bhagwat Dayal Sharma, PGIMS Rohtak Haryana, India.

*Corresponding author's E-mail: anshudmc@gmail.com

Received: 08-04-2026; Revised: 23-06-2026; Accepted: 29-06-2026; Published online: 20-07-2026.

ABSTRACT

Chemotherapy remains a cornerstone in the management of cancer; however, it is frequently associated with a wide range of adverse drug reactions (ADRs) that significantly impact patient safety, treatment adherence, and overall quality of life. Pharmacovigilance, defined as the science and activities related to the detection, assessment, understanding, and prevention of adverse effects, plays a critical role in minimizing chemotherapy-related toxicity. This review aims to comprehensively evaluate the role of pharmacovigilance in improving patient well-being during chemotherapy. A narrative literature review was conducted using databases such as PubMed, Scopus, and Google Scholar. The findings suggest that effective pharmacovigilance systems enable early detection of ADRs, facilitate individualized therapy, reduce morbidity and mortality, and enhance patient-centred care. Despite its importance, challenges such as underreporting and lack of awareness hinder its optimal implementation. Strengthening pharmacovigilance systems is essential for improving clinical outcomes and quality of life in cancer patients.

Keywords: Pharmacovigilance, Chemotherapy, Adverse Drug Reactions, Oncology, Quality of Life, Patient Safety.

INTRODUCTION

Cancer continues to be a leading cause of morbidity and mortality worldwide, posing a significant burden on healthcare systems. Chemotherapy is widely used in cancer management, either alone or in combination with surgery and radiotherapy¹. However, the therapeutic benefits of chemotherapy are often accompanied by significant adverse drug reactions (ADRs), which arise due to the non-selective cytotoxic effects of these agents on rapidly dividing normal cells².

These ADRs range from mild symptoms such as nausea and fatigue to severe complications including myelosuppression, hepatotoxicity, nephrotoxicity, and neurotoxicity. Such toxicities not only compromise patient safety but also negatively affect treatment adherence and overall well-being. In many cases, ADRs necessitate dose modification or discontinuation of therapy, thereby impacting treatment outcomes³.

Pharmacovigilance, as defined by the World Health Organisation, plays a crucial role in addressing these challenges by ensuring the safe and rational use of drugs. In oncology, pharmacovigilance is particularly important due to the narrow therapeutic index of chemotherapeutic agents and the vulnerability of cancer patients⁴.

This review explores the role of pharmacovigilance in enhancing the well-being of patients receiving chemotherapy, with a focus on its impact on patient safety, treatment adherence, and quality of life.

METHODS

A narrative review methodology was adopted for this study. Literature was searched using:

- PubMed
- Scopus
- Google Scholar

Inclusion Criteria

- Studies on chemotherapy-induced ADRs
- Research on pharmacovigilance in oncology
- Articles addressing patient well-being and quality of life

Exclusion Criteria

- Non-English publications
- Non-peer-reviewed articles

Burden of Adverse Drug Reactions in Chemotherapy

Chemotherapy-induced adverse drug reactions (ADRs) are highly prevalent, affecting approximately 30–90% of cancer patients. This wide variability is influenced by factors such as the type and stage of cancer, the specific chemotherapy regimen used, individual patient characteristics (including age, comorbidities, and genetic factors), and the availability and effectiveness of supportive care measures⁵. Chemotherapy is associated with several types of adverse drug reactions that arise primarily due to its non-selective cytotoxic effects on rapidly dividing cells.



Haematological toxicities are among the most common and dose-limiting, including neutropenia, anaemia, and thrombocytopenia, which increase the risk of infections, fatigue, and bleeding complications⁶. Gastrointestinal toxicities such as nausea, vomiting, diarrhoea, and mucositis frequently occur and significantly affect patients' nutritional status and treatment tolerance. Hepatotoxicity, manifested as elevated liver enzymes, and nephrotoxicity leading to renal impairment are also frequently observed, particularly with specific agents like platinum compounds. Neurotoxicity, especially peripheral neuropathy, and cardiotoxicity, notably associated with anthracyclines, represent serious organ-specific toxicities that may cause long-term morbidity⁷.

Role of Pharmacovigilance in Oncology

Pharmacovigilance, defined as the science and activities related to the detection, assessment, understanding, and prevention of adverse effects or any other drug-related problems, plays a central role in the safe and effective management of chemotherapy⁸.

Early Detection of Adverse Drug Reactions

Systematic pharmacovigilance enables early identification of adverse drug reactions (ADRs), allowing timely clinical intervention and preventing progression to severe toxicity. For instance, early detection of chemotherapy-induced neutropenia facilitates prompt administration of granulocyte colony-stimulating factors, thereby reducing the risk of life-threatening infections⁹.

Individualization of Therapy

Pharmacovigilance data contribute to personalized treatment approaches by identifying patient-specific risk factors such as age, comorbidities, organ function, and genetic variability. This supports optimization of chemotherapy regimens and dose adjustments, improving both safety and efficacy¹⁰.

Improvement in Treatment Adherence: Effective monitoring and management of ADRs reduce treatment-related discomfort and anxiety, thereby enhancing patient confidence and adherence to chemotherapy protocols.

Reduction in Morbidity and Mortality: By enabling early detection and prevention of severe ADRs, pharmacovigilance significantly reduces hospitalisation rates and treatment-related mortality among cancer patients.

Enhancement of Quality of Life: Appropriate management of chemotherapy-induced side effects improves patients' physical comfort and psychological well-being, leading to a better overall quality of life during treatment.

Promotion of Rational Drug Use: Pharmacovigilance supports evidence-based prescribing practices by providing real-world safety data, minimising unnecessary or harmful drug use, and ensuring optimal therapeutic outcomes¹¹.

DISCUSSION

The present review underscores the critical importance of pharmacovigilance in oncology, particularly in chemotherapy, where ADRs are highly prevalent and often severe. The findings demonstrate that pharmacovigilance significantly improves patient outcomes by enabling early detection and management of adverse effects.

One of the key observations is the high incidence of ADRs associated with chemotherapy. This aligns with existing literature, which identifies hematological and gastrointestinal toxicities as the most common complications. These toxicities often limit the therapeutic potential of chemotherapy and necessitate dose modifications, thereby compromising treatment efficacy¹².

Pharmacovigilance addresses these challenges by facilitating early detection and timely intervention. For instance, proactive monitoring of blood counts can prevent severe neutropenia and its complications. Similarly, early management of gastrointestinal symptoms improves patient comfort and adherence¹³.

Another important aspect is the role of pharmacovigilance in personalized medicine. Cancer patients exhibit significant variability in drug response due to genetic and environmental factors. Pharmacovigilance data provide valuable insights that enable clinicians to tailor treatment strategies, thereby improving efficacy and safety^{14, 15}. Furthermore, pharmacovigilance has a direct impact on treatment adherence. ADRs are a major cause of non-adherence, and their effective management reduces treatment discontinuation. This is particularly important in long-term chemotherapy regimens¹³.

The economic implications of pharmacovigilance are also noteworthy. By reducing hospital admissions and complications, pharmacovigilance can significantly lower healthcare costs. This is especially relevant in resource-limited settings¹⁶. Despite its benefits, pharmacovigilance faces challenges such as underreporting, lack of awareness, and inadequate infrastructure. Addressing these issues requires a multi-faceted approach involving education, policy support, and technological integration¹⁷. Advancements in digital health technologies, including artificial intelligence and big data analytics, offer promising opportunities for enhancing pharmacovigilance. These tools can facilitate real-time monitoring and improve data analysis¹⁶⁻¹⁸.

Global initiatives by organisations such as the World Health Organisation and national programs like the Pharmacovigilance Programme of India, along with databases such as VigiBase, play a vital role in strengthening pharmacovigilance systems. Pharmacovigilance plays a crucial role in ensuring drug safety in India through the structured activities of the Pharmacovigilance Programme of India, which was launched by the Ministry of Health and Family Welfare to monitor adverse drug reactions (ADRs) across the country¹⁹. Coordinated by the Indian Pharmacopoeia Commission, this program collects,



analyzes, and reports ADR data from healthcare professionals and patients, contributing to safer use of medicines. Pharmacovigilance in India facilitates early detection of drug-related risks, supports regulatory decision-making by the Central Drugs Standard Control Organization, and helps in updating drug safety information, issuing alerts, or restricting unsafe medications^{20,21}. It also promotes rational drug use and improves patient safety by reducing morbidity and mortality associated with adverse drug reactions. Furthermore, the program aligns India with global drug safety monitoring systems, particularly through collaboration with the World Health Organization Programme for International Drug Monitoring.

Overall, pharmacovigilance is essential for bridging the gap between clinical trials and real-world practice, ensuring that chemotherapy remains both effective and safe.

CONCLUSION

Pharmacovigilance plays a critical role in improving the safety and effectiveness of chemotherapy by enabling early detection, monitoring, and management of adverse drug reactions associated with anticancer therapy. Effective pharmacovigilance practices help reduce treatment-related complications, enhance patient compliance, and improve overall therapeutic outcomes. Continuous monitoring of drug safety also supports evidence-based clinical decision-making and the rational use of anticancer agents.

Strengthening pharmacovigilance systems through healthcare professional training, patient awareness, technological advancements, and supportive regulatory policies is essential for optimizing oncology care. Furthermore, adopting a patient-centred approach to pharmacovigilance can significantly enhance the quality of life of cancer patients by minimising treatment-related morbidity and ensuring safer chemotherapy practices. Therefore, robust pharmacovigilance should remain an integral part of comprehensive cancer management and healthcare delivery.

Acknowledgment

The authors acknowledge institutional support from Maharishi Markandeshwar University, Mullana,

Source of Support: The author(s) received no financial support for the research, authorship, and/or publication of this article

Conflict of Interest: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

REFERENCES

- Bray F, Laversanne M, Sung H, Ferlay J, Siegel RL, Soerjomataram I, et al. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin*. 2024;74(3):229–63. doi:10.3322/caac.21834 PubMed PMID: 38572751.
- Wahlang JB, Laishram PD, Brahma DK, Sarkar C, Lahon J, Nongkynrih BS. Adverse drug reactions due to cancer chemotherapy in a tertiary care teaching hospital. *Therapeutic advances in drug safety*. 2017 Feb;8(2):61-6
- Shrmeka MS, Semman MF, Moges BT, Dereja FN, Garedo AW. Chemotherapy-related adverse drug reaction and associated factors among adult cancer patient attending Jimma medical center oncology unit, Southwest Ethiopia. *PLoS One*. 2025 May 16;20(5):e0321785.
- Pitts PJ, Le Louet H, Moride Y, Conti RM. 21st century pharmacovigilance: efforts, roles, and responsibilities. *The Lancet Oncology*. 2016 Nov 1;17(11):e486-92.
- Niraula S, Seruga B, Ocana A, Shao T, Goldstein R, Tannock IF, Amir E. The price we pay for progress: a meta-analysis of harms of newly approved anticancer drugs. *Journal of Clinical Oncology*. 2012 Aug 20;30(24):3012-9.
- Niraula S, Seruga B, Ocana A, Shao T, Goldstein R, Tannock IF, Amir E. The price we pay for progress: a meta-analysis of harms of newly approved anticancer drugs. *Journal of Clinical Oncology*. 2012 Aug 20;30(24):3012-9
- Belachew SA, Erku DA, Mekuria AB, Gebresillassie BM. Pattern of chemotherapy-related adverse effects among adult cancer patients treated at Gondar University Referral Hospital, Ethiopia: a cross-sectional study. *Drug, healthcare and patient safety*. 2016 Dec 8:83-90.
- Naumovska Z, Grozdanova A, Netkovska KA. Pharmacovigilance of Biological Medicines. In: *Springer Handbook of Medical Biotechnology* 2025 Nov 28 (pp. 281-300). Cham: Springer Nature Switzerland
- Dinan MA, Hirsch BR, Lyman GH. Management of chemotherapy-induced neutropenia: measuring quality, cost, and value. *Journal of the National Comprehensive Cancer Network*. 2015 Jan 1;13(1):e1-7.
- Spahn C, Toda N, Groat B, Aimer O, Rogers S, Oni-Orisan A, et al. Transforming Pharmacovigilance With Pharmacogenomics: Toward Personalized Risk Management. *Clin Pharmacol Ther*. 2025 Oct 27;118(6):1286–96. doi:10.1002/cpt.70095 PubMed PMID: 41146533; PubMed Central PMCID: PMC12598900.
- Spahn C, Toda N, Groat B, Aimer O, Rogers S, Oni-Orisan A, Monte A, Hakooz N, Pharmacogenomics Global Research Network (PGRN) Publications Committee. Transforming pharmacovigilance with pharmacogenomics: toward personalized risk management. *Clinical Pharmacology & Therapeutics*. 2025 Dec;118(6):1286-96
- Shrmeka MS, Semman MF, Moges BT, Dereja FN, Garedo AW. Chemotherapy-related adverse drug reaction and associated factors among adult cancer patient attending Jimma medical center oncology unit, Southwest Ethiopia. *PLoS One*. 2025 May 16;20(5):e0321785
- Occurrence of adverse drug reactions in chemotherapy patients: A cross-sectional study - Zuha Shyma, Suha Zulekha, Sumithra Devadiga, Sajan Francis P, Nishitha Shetty, 2026. Available from: <https://journals.sagepub.com/doi/10.1177/10781552261416087>
- Hosen SM. Studies on Pharmacovigilance in Bangladesh: Safety Issues. *Int J Pharm Teach Pract*. 2013 Jun 6.



15. Aneesh TP, Sekhar S, Jose A, Chandran L, Zachariah SM. Pharmacogenomics: the right drug to the right person. Journal of clinical medicine research. 2009 Oct 16;1(4):191.
16. Sultana J, Cutroneo P, Trifirò G. Clinical and economic burden of adverse drug reactions. J Pharmacol Pharmacother. 2013 Dec;4(Suppl1):S73–7. doi:10.4103/0976-500X.120957 PubMed PMID: 24347988; PubMed Central PMCID: PMC3853675.
17. Sultana J, Cutroneo P, Trifirò G. Clinical and economic burden of adverse drug reactions. Journal of Pharmacology and Pharmacotherapeutics. 2013 Dec;4(1_suppl):S73-7.
18. Biswas P. Pharmacovigilance in Asia. J Pharmacol Pharmacother. 2013 Dec 1;4:S7–19. doi:10.4103/0976-500X.120941
19. Suke SG, Kosta P, Negi H. Role of Pharmacovigilance in India: An overview. Online J Public Health Inform. 2015 Jul 1;7(2):e223. doi:10.5210/ojphi.v7i2.5595 PubMed PMID: 26392851; PubMed Central PMCID: PMC4576445.
20. Biswas P, Biswas A. Setting standards for proactive pharmacovigilance in India: The Way Forward. Indian J Pharmacol ISSN 0253-7613 Vol 39 Num 3. 2007 May 1;39. doi:10.4103/0253-7613.33431
21. Bray F, Laversanne M, Sung H, Ferlay J, Siegel RL, Soerjomataram I, Jemal A. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: a cancer journal for clinicians. 2024 May;74(3):229-63.

For any questions related to this article, please reach us at: globalresearchonline@rediffmail.com

New manuscripts for publication can be submitted at: submit@globalresearchonline.net and submit_ijpsrr@rediffmail.com

