



Late-Breaking Abstracts for MASCC/AFSOS/ISOO Annual Meeting 2024

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DIGIT-LB-01

ONCOLOGY NURSES' EXPERIENCES OF USING HIS IN THE DELIVERY OF CANCER CARE IN A RANGE OF CARE SETTINGS: A SYSTEMATIC INTEGRATIVE REVIEW

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Introduction

Health services are increasingly moving to digital systems for better care delivery. Nursing care is framed by the nursing process, however, little is known about how cancer nurses use HIS within the nursing process and its impact on person-centred care (PCC). This systematic review aimed to identify oncology nurses' experiences of using HIS in the delivery of cancer care.

Methods

The electronic databases searched included: CINAHL, MEDLINE (EBSCO host), SCOPUS, Web of Science Core Collection, Google scholar, OVID, ProQuest Central (using advanced search strategy) and hand searching of reference lists of the included articles and relevant systematic reviews. Studies published in English language were examined.

Results

26 studies were included. Three themes emerged: 1) the transparency and application of the nursing process within HIS, 2) HIS enhancing and facilitating communication between nurses and patients, 3) the impact of HIS on the elements of person-centred care (PCC). Nurses' experiences with HIS were overall positive. However, digital systems do not fully capture all elements of the nursing processes, and this has been confirmed in this review. Most studies report that HIS is used for symptom reporting and monitoring within non-inpatient settings, are largely bio-medically focused and lack insight into person-centredness and holistic care.

Conclusions

Health information systems can improve health related quality of life, symptom burden including self-reporting of symptoms among patients. However, there is a need for ongoing high-quality research and clearer reporting than is evident in the current 26 studies, to fully understand

the impact of HIS within the nursing processes and patient outcomes across all speciality cancer fields.

EXERC-LB-01

INTEGRATION OF A SUPPORT CARE HOUSE INTO THE PATIENT JOURNEY OF CANCER PATIENTS IN A FRENCH GENERAL HOSPITAL

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HOPITAL FOCH

Introduction

The Institut "Line Renaud - Maison de soins de support" provides the necessary supportive care to patients and their families, including medical consultations, coordination nurses, dietitian, physiotherapist, psychologist, sexologist, auriculotherapy, acupuncture, hypnosis, fertility preservation, speech therapist, occupational therapist, adapted physical activity, sophrology, socio-aesthetician, professional coaching, yoga, reflexology, art therapy, music therapy, massages.

Following the announcement or evaluation consultation by the oncologist, the Coordination Nurse proposes an evaluation of the need for supportive care via a self-questionnaire. A day hospital is carried out to develop a personalized care plan, in coordination of the patient's treatments and evaluations. The care is provided weekly with day hospital evaluations every 4 to 6 weeks to adjust the plan for 6 months renewable once, followed by a handover to city professionals.

Methods

Retrospective analysis of the journey of each patient included in the facility.

Results

From 28/11/2022 to 31/11/2023, 324 patients were included, 1262 day hospitals, 1782 medical consultations, 3678 paramedical consultations, 1164 individual sessions and 277 group sessions were carried out. Median of 3 [1-11] day hospitals and 5 [0-87] sessions per patient. Median age 65 [27-89] years. Women 62%, men 38%. Bronchopulmonary cancer 33%, digestive 32%, breast 12%, urological 12%, gynecological 7%, VADS 3%, hematological 1%. Metastatic 50%, adjuvant 50%. Time of inclusion: announcement 21%, ongoing treatment 65%, post-cancer 14%. Outcome at analysis: continuation of the program 66%, stop 34%. Reason for stopping: no adherence 51%, end of established course 27%, mobile palliative care team 19%, death 3%.

Conclusions

The number of patients followed and the number of sessions carried out demonstrate good patient adherence. Different types of courses are set up: toxicity monitoring, post-cancer rehabilitation, sequela management, return to work. A clinical study begins with the objectives of studying the quality of life and the medical-economic impact (number of sick leaves, number of unplanned care).

OTHER-LB-01

INFUSION REACTIONS TO SYSTEMIC CHEMOTHERAPY: DO WE KNOW EVERYTHING?

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Introduction

Despite today's advances, chemotherapy remains a backbone in a majority of oncological settings. Infusion reactions to systemic chemotherapy (IRs) have emerged as a serious complication and could have a negative impact in patient outcome. The majority of guidelines are recommending the use of steroids and antihistamines with low level of evidence. We aimed to describe a cohort of patients (pts) with IRs as a result to systemic chemotherapy treated in our institution

Methods

We reviewed electronic files of pts treated between 2011-2021 in our Day Unit presenting an IRs secondary to Carboplatin or Paclitaxel administration. Variables related to IRs as the grade, clinical manifestations, type of premedication, histamine and tryptase dosage, Body Mass Index (BMI) and cancer type were collected.

Primary objective was to describe the severity of IRs, the relation between premedication and cumulative dose. **The secondary** endpoint was to assess the relation between other the variables and IRs.

Results

A total of 163 pts with IRs were included: 119 with paclitaxel and 44 with carboplatin. 90% were female, median age 58 (IQR: 56-60, range 26-87), 67% were metastatic. The most common cancer type were breast (n=57,35%) and ovarian (n=49,30%). Most common clinical manifestations: skin (n=106,65%) and respiratory (n=70,47%). Premedication with steroids was given in 90%(n= 145) and antihistamines in 52%(n=85). Grade 1-2 IRs were the most frequent (n=118,72.5%), only 4pts (n=3%) had grade 4. For the majority (n=153,83%) the resolution of IRs was within 5 minutes. No relation between premedication with steroids /antihistamines and IRs (p=0.2 and 0.09) was seen. In multivariate analysis, grade 3-4 IRs was associated with a median dose of paclitaxel ≤ 150 milligrammes and with first and second administration (p=0,01), while for carboplatin no relation was seen (p=0.2). The severity of IRs was not associated with age (p=0.3), BMI (p=0.2), cancer type (p=0.4).

Conclusions

Premedication with steroids and antihistamines had no significant impact on the severity of IRs.

QUALI-LB-01

GAPS AND CHALLENGES OF CANCER CARE IN A MULTI-ETHNIC POPULATION IN SARAWAK, BORNEO

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Introduction

The state of Sarawak on the island of Borneo, East Malaysia, in working towards developing and strengthening cancer services must focus on the comprehensive needs of cancer patients by taking into account the psycho-social, cultural and spiritual aspects of Sarawak's multi-ethnic, multi-cultural population.

Methods

A 39-item survey questionnaire was developed and validated with 393 patients. The perceived importance of information provided and level of patient satisfaction were assessed with a 5-point Likert scale in 10 domains (Diagnosis, Surgery, Radiotherapy, Systemic therapy, Clinical trials, Pain management, Treatment monitoring, Psychosocial support, Sexual care and fertility issues, and Financial support). A Pearson's correlation test was applied to determine the correlation between response in both item and domain for importance and satisfaction.

Results

Overall, patients were more satisfied with information related to treatment, surgery and diagnosis but less satisfied with information pertaining to sexual aspects of care and family planning, psycho-social support and financial support. The majority of patients were satisfied with the level of treatment-related information received but preferred the information to be delivered in more comprehensible formats. Sexual aspects of care and family planning, psychosocial support and treatment monitoring post-discharge were perceived as important but seldom addressed by health care professionals due to lack of professional counselors, social workers and clinical nurse specialists. Many patients face financial toxicity following a cancer diagnosis, particularly when diagnosed with advanced cancer requiring complex multi-modality treatment.

Conclusions

Cancer patients in Sarawak have various unmet information needs. Written information and educational videos in local indigenous languages may be more suitable for them. Sexual aspects of care and family planning is an essential topic to discuss, in particular due to the high prevalence rates of breast and cervical cancer amongst the young women. Financial assessment and support services offered by government and non-government organizations should be provided to patients.

QUALI-LB-02

IMPACT OF THE REAL-LIFE MULTIDISCIPLINARY CITY-HOSPITAL ONCORAL PROGRAM

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Introduction

Cancer patients treated by oral anticancer therapies (OAT) are faced with Drug-Related Problems (DRP), drug-drug interactions (DDI), or even non adherence in a remote ambulatory setting. The real-life multidisciplinary city-hospital ONCORAL program was created to ensure safety of ambulatory patients. ONCORAL is one of the pilot pathways assessed in the French government program Article 51 OncoLink. The present study aims to assess the impact of Oncoral during the first cycle of oral therapy

Methods

Ambulatory patients starting OAT and benefiting from the Oncoral city-hospital follow-up at Lyon Sud Hospital (Hospices Civils de Lyon, Lyon, France) were enrolled from October 1, 2021 to October 1, 2022.

Oncoral is based on face-to-face and phone interviews with a hospital pharmacist and a nurse in addition to interviews with the hospital oncologist, and a city-hospital link to manage DRP. The program include a comprehensive medication reconciliation and pharmaceutical greenlights.

Results

209 patients were included in the analysis, 52% of them with hematologic malignancy. Mean age was 69 ± 14 years.

In addition to scheduled interviews to educate each individual patient, 562 Nurse-Pharmacist Interventions (NPI) were performed, concerning mostly patients (87.1%), with a mean number of 3.1 ± 2.2 NPI /patient.

346 NPI were related to drugs, among them pharmaceutical greenlights (24,7%), DDI (13%) between OAT, concomitant drugs and and phytotherapy, and problems (6,9%) related to adherence. In addition, 138 (24,6%) interventions were related to *symptoms* or adverse effects reported by patients and 78 (13,9%) to the coordination of the patient's care pathway.

Conclusions

The large proportion of patients requiring NPI and the mean number of NPIs per patient show how useful this follow-up is. The complementary

contributions of the oncologists, pharmacists and nurses, is highlighted. Multidisciplinary city-hospital follow-up is beneficial for cancer patients but is time-consuming and requires human resources, to be assessed in future studies

SURVI-LB-01

ENHANCING HEALTH PROMOTION THROUGH NURSING SUPPORT FOR FEMALE BREAST CANCER SURVIVORS

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Introduction

Female breast cancer survivors (BCS) frequently encounter vulnerability post-cancer treatment, experiencing insecurity due to a perceived lack of support from healthcare providers. The survivorship phase is crucial for female BCSs to redefine goals, initiate positive changes, and adopt a healthier lifestyle. Recognizing that nurses possess essential knowledge and skills in health education, counselling, and guidance, they are well-positioned to contribute to the health improvement of BCSs. However, tailored health promotion interventions for female BCSs are limited due to nurses' unfamiliarity with these interventions in cancer survivorship care. To address this gap, we conducted a scoping review mapping health-promoting nursing interventions for female BCSs in the available studies. The e-Poster Presentation will share the results of this scoping review, describing the approaches and characteristics of these interventions.

Methods

The review was conducted following the most recent Joanna Briggs Institute methodological framework. We systematically searched five electronic databases (Embase, PsycINFO, PubMed, CINAHL, and Web of Science) to find eligible studies. Two reviewers independently screened the abstract, title, and full text of identified evidence for inclusion in the review and extracted the data using a predetermined extraction table.

Results

Twenty-two articles were included in the review. The results indicate that a significant number of studies were conducted in specialized care centers. Nurses predominantly utilize educational approaches, employing diverse digital health tools to deliver health education, assess survivors' needs, and assist them in monitoring their behaviors.

Conclusions

The review emphasizes that nurses can employ various approaches and interventions with different characteristics to enhance the health of BCSs. The review also highlights gaps in research regarding health promotion programs for survivors in primary care settings. Furthermore, it suggests that future research should prioritize investigating psychosocial determinants of health and addressing the holistic well-being of BCSs.

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