

NURSES connect

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MEETING SUMMARY
EONS12 at ESMO 2019, Barcelona, Spain

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NURSING PROGRAMME UPDATE

NURSES CONNECT has summarised the highlights from ESMO 2019 for you.

DISCLAIMER

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EONS12: TRANSLATING SCIENCE INTO CLINICAL PRACTICE AND BETTER SAFETY FOR ALL

- The European Oncology Nursing Society **EONS** (www.cancernurse.eu) is an **independent Scientific Society** dedicated to the professional support and development of **cancer nurses** across Europe and beyond
- A **joint congress of EONS and ESMO** emphasizes that both nurses and doctors are key in the multidisciplinary team
- The **EONS mission** is to ensure that:
 - all people affected by cancer benefit from the care of highly educated, well-informed and competent cancer nurses
 - cancer nursing will be recognised by the cancer community, national and European level policy makers, as a profession with specialised training and qualifications available across the continent



EONS12 FOCUS OF THE NURSES' SESSIONS

Occupational risks and safety in cancer care settings are an important issue for both patients and professionals



Safety is related to treatment and adequate supportive care measures and directly impacts the quality of life



Using the recommended personal protection and following the guidelines is vital for cancer patients, families and society in general

**THE COST OF SURVIVAL STUDY:
A MIXED METHODS EXPLORATION OF
QUALITY OF LIFE OUTCOMES IN
COLORECTAL CANCER SURVIVORSHIP**

Drury, et al. ESMO 2019 EONS12 Abstract #CN45

SURVIVORSHIP AND QUALITY OF LIFE IN COLORECTAL CANCER

- This **qualitative study** explored quality of life outcomes and symptom experiences of 304 colorectal cancer survivors in Ireland
 - Including patients' main worries and needs
- More than half of the patients were **dissatisfied with their quality of life**
- More than three-quarters of patients reported **≥1 physical, psychological or social survivorship issue**
 - Negative body image (74%), sexual dysfunction (66%) and fatigue (64%) were the most common issues
 - Less prevalent symptoms such as bowel dysfunction (28-57%) and peripheral neuropathy (47%) had the greatest potential to negatively impact social and psychological well-being
- Three **categories of issues** emerged from interviews
 1. The **fearful shadow** of colorectal cancer
 - "The cancer is always there"
 2. **Losing touch**: all those things that patients are not able to do anymore
 - "I can't drive any more and this I miss a lot"
 - "I need to always have a toilet close to me"
 3. Strategies to **continue with life**

**THE STOMIZED, CHEMO AND
RADIOTREATED PATIENT VS UNTREATED
PATIENT: COMPLICATIONS AND
COMPARISON WITH DATA LITERATURE**

Ferrero, et al. ESMO 2019 EONS12 Abstract #MDZ277

PATIENTS WITH AN OSTOMY TREATED WITH CHEMO-/RADIOTHERAPY

- This study aimed to
 - detect stomal complications early, in order to treat them early, improving quality of life
 - Complications were assessed with the SACS scale
 - demonstrate that these complications are more frequent in patients treated with chemo- and/or radiotherapy
- **60 cancer ostomy patients** were surgically treated for different types of gastrointestinal tumours
 - 68% had a colostomy, 8% an ileostomy, 19% a urostomy and 5% a nephrostomy
 - 49% received chemotherapy, 48% were in follow up and 3% received chemoradiation
- **Results**
 - 15 patients (**51%**) of patients treated with **chemotherapy** and both patients on **chemoradiation (100%)** showed **stomal complications**
 - 14 had SACS L1 skin alterations (redness without loss of substance)
 - 1 with SACS-L2 lesion (with loss of substance)
 - Patients in **follow-up** had **no stomal complications**
- **Conclusions**
 - There were **more complications** in ostomy patients treated with **chemo- and/or radiotherapy vs untreated patients**
 - That this problem occurs in over half of the population
 - Note the study limitations: small sample and short median follow-up (4 months)

WHAT DO PATIENTS KNOW ABOUT THEIR IMMUNOTHERAPY TREATMENT?

Arellano, et al. ESMO 2019 EONS12 Abstract #CN8

WHAT DO PATIENTS KNOW ABOUT THEIR IMMUNOTHERAPY?

- The **aim** of this **cross-sectional** study was to investigate how well patients receiving immunotherapy are informed
 - 85 patients with lung (74%), head-neck (7%), melanoma (6%), renal (4%) and double tumours (9%)
- **Results**
 - 92% of patients knew they were receiving immunotherapy, 3.5% were not aware and 5% described their treatment as chemotherapy + immunotherapy
 - Being asked to identify complications, diarrhoea was described most (25%), followed by skin problems (23%), and thyroid problems and fever (14%)
 - Only 2 patients were unable to identify any complications
 - Patients were informed by oncologist (64%) and by nurses (33%)
- **Conclusions**
 - There is **room to increase knowledge of patients** on immunotherapy, including what they can do to improve tolerability
 - It is important to **train nurses** to effectively inform and educate patients receiving immunotherapy

INTERESTING PRESENTATIONS

TALKING ABOUT SEXUALITY FOR CANCER PATIENTS

- Constantina Papadopoulou, Nurse Specialist from the UK, presented models and guidelines for professionals regarding talking about sexuality with cancer patients
- **Sexuality often is the elephant in the room**
 - How should nurses talk about / avoid sexuality when communicating with cancer patients?
 - Who start the conversation and when?
 - Which factors should be considered in the individual evaluation?
- **Conclusions**
 - Any member of the team has the responsibility to ask the patients about sexuality

“Just listening to the patient for 5 minutes can make all the difference”

- **Our patients are getting older**
- Cindy Kenis, Nurse Specialist from Belgium discussed concepts, challenges and practical aspects of the **care for older patients with cancer**
- Older patients can be **classified** into 3 groups:
 1. Fit
 2. Moderate or uncertain
 3. Unfit
- Patients in the moderate or uncertain group should be **screened individually** to adapt the treatment according to their level of fitness
 - Before treatment
 - To closely follow-up their condition, comorbidities and toxicities
- **Tools** to evaluate cancer patients are needed
- **Take-home message:** patients need to be personally assessed for their capacities
 - Not by their biological age but by their physical and psychological condition

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