Soins Oncologiques de Support

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VIRTUAL 2020 ESMO congress

Video consultations with older patients in the oncology nursing outpatient clinic

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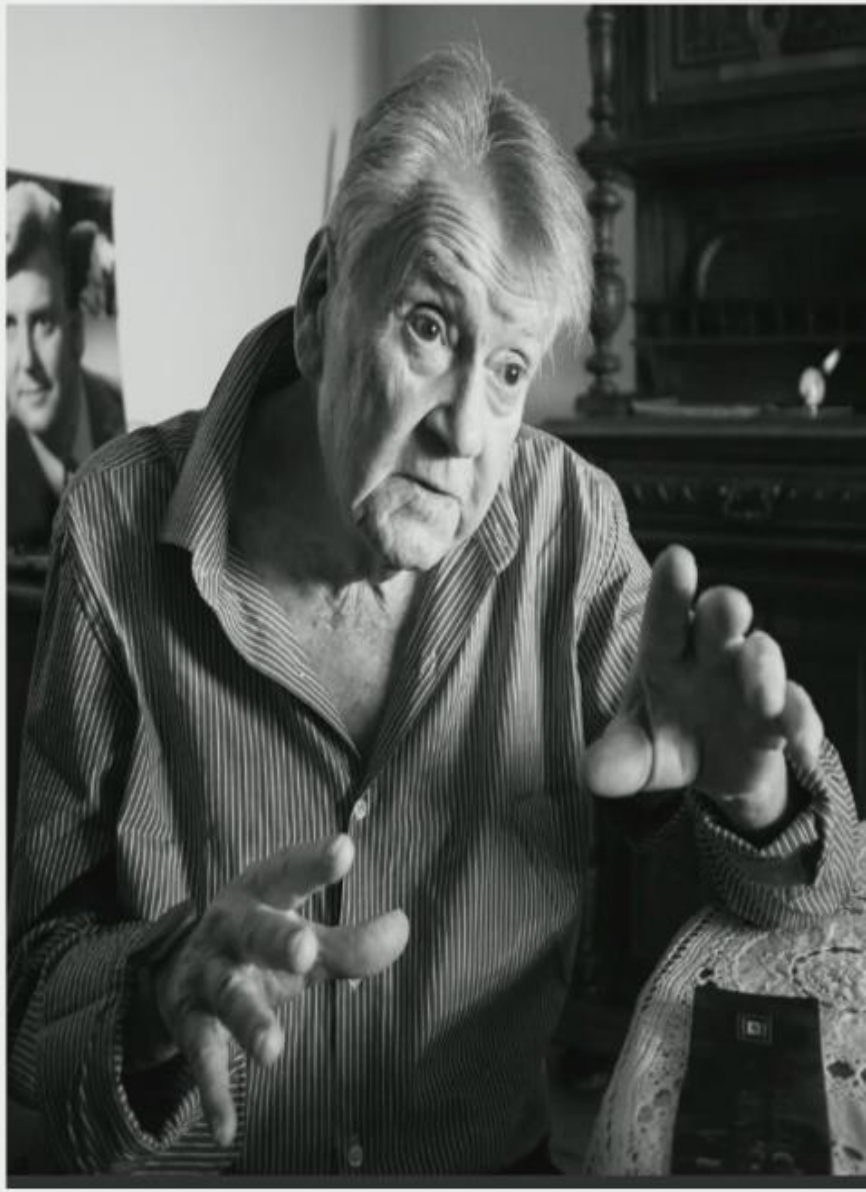
#3210;

SDU

AgeCare
Academy of Geriatric Cancer Research

2020

- Patients with gastrointestinal cancer meet for clinical evaluation by a nurse prior to the 2nd series of chemotherapy
- Challenges; long geographical distances to the hospital and demanding transport time the day before chemotherapy
- Caregivers' participation challenged due to work and family life, geographical distances and time of the visit



Data collected

Characteristics	N =85
Gender	
Male	59 (69.4 %)
Female	26 (30.6 %)
Agegroups	
40-49	4 (4.7%)
50-59	10 (11.8%)
60-69	38 (44.7%)
70-79	32 (37.6%)
missing	1 (1.2%)
Educational level	
Primary School	40 (47.0%)
Secondary school	29 (34.1%)
University degree or postgraduate	5 (5.9%) 7 (8.8%)
No education	

- 85 patients participated in video consultation
- 15 semi-structured interviews with patients
- One focus group interview with nurses

Conclusion

- Vulnerable patients experience more freedom and energy
- Family involvement increased
- Socio-economically a gain
- Testing of the patient's equipment, technical competencies and skills are important in order to make an optimal clinical assessment
- To be digitally competent in nursing is an educational need

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Relationship between Sarcopenia and Anthracycline Related Cardiotoxicity in Patients with Cancer

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2020

PATIENTS and METHODS

- ✓ Patients with cancer who received anthracycline-based chemotherapy at Hacettepe University Oncology Hospital between 2014 and 2018.
- ✓ Patients with a baseline abdominal CT and baseline plus ≥1 follow up echocardiography

Definition of sarcopenia with CT

Skeletal muscle area (SMA) measurements: Total SMA at L3 and L4 vertebra levels, and psoas SMA at L3 vertebra level

Skeletal muscle index (SMI): Cross sectional area / Height^2

	MALE	FEMALE
L3-SMI*	< 45,4 cm^2/m^2	< 34,4 cm^2/m^2
L4-SMI*	< 41,3 cm^2/m^2	< 34,2 cm^2/m^2
PMI+	< 6,36 cm^2/m^2	< 3,92 cm^2/m^2

* Derstine BA, Holcombe SA, Ross BE, et al. Skeletal muscle cutoff values for sarcopenia diagnosis using T10 to L5 measurements in a healthy US population. *Sci Rep* 2018
+ Hamaguchi Y, Kaido T, Okumura S, et al. Proposal for new diagnostic criteria for low skeletal muscle mass based on computed tomography imaging in Asian adults. *Nutrition (Burbank, Los Angeles County, Calif)* 2016

RESULTS

Patient characteristics (n=166)

	All Patients (n=166)
Age (Median[IQR])	48 (18-74)
Male	75 (45 %)
Female	91 (55 %)
Lymphoma	82 (49 %)
Breast cancer	50 (30 %)
Others*	34 (21 %)
Body mass index (kg/m^2)	26
Cardiovascular disease	26 (16 %)
Hypertension	22 (13 %)
Diabetes	14 (8 %)

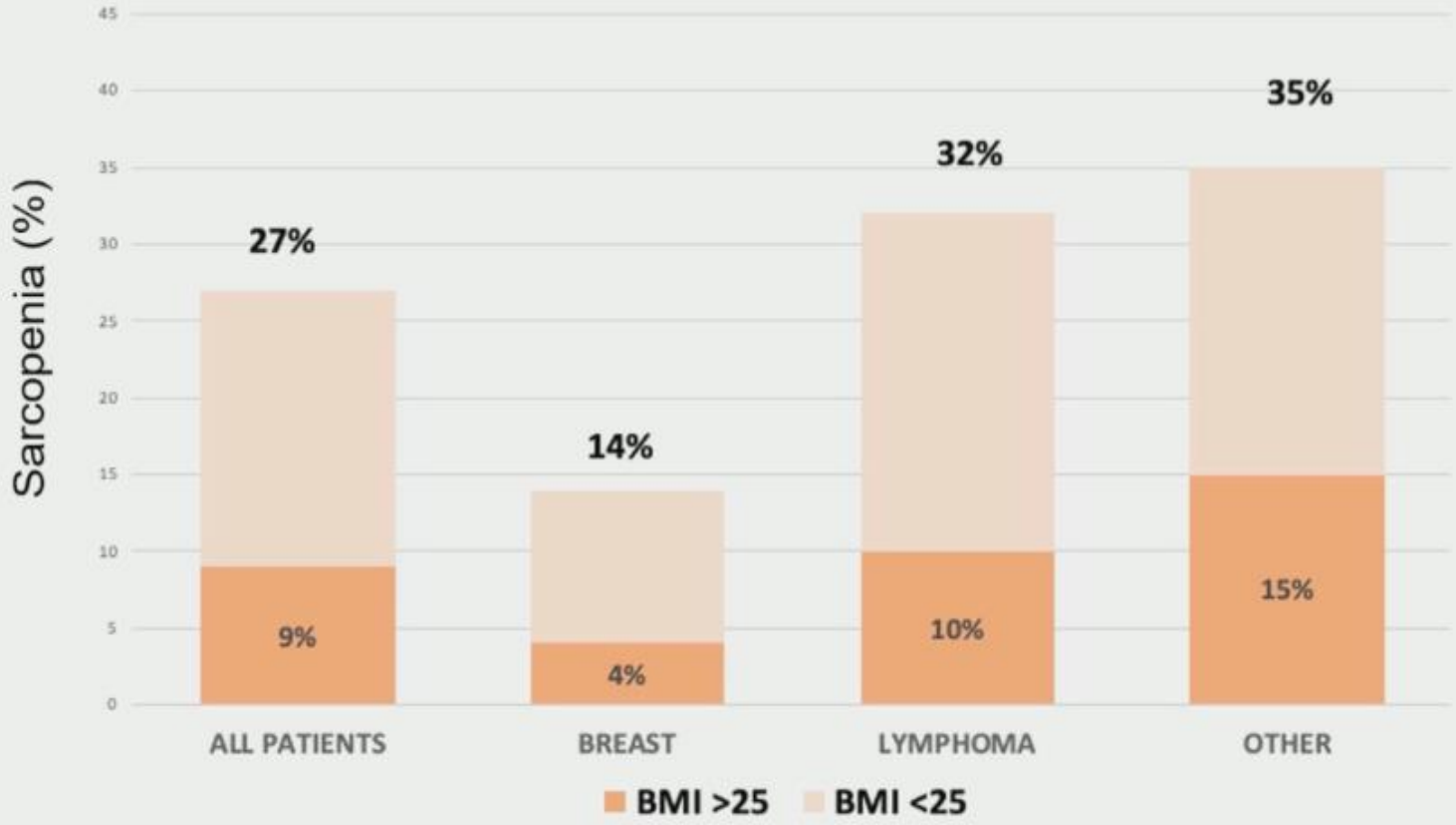
	All Patients (n=166)
Anthracycline dosage† (med[IQR]) (mg/m^2)	238 (195-295)
Trastuzumab	
Yes	9 (5.4 %)
No	157 (94.6 %)
Chest radiotherapy	
Yes	47 (28.3 %)
No	119 (71.7%)

*Bone/soft tissue sarcoma, thymic cancer, uterine cancer, multiple myeloma, HCC, CLL

† All patients received doxorubicin

RESULTS

Prevalence of sarcopenia: 27% (all group, according to PMI)



RESULTS

Median follow up: 23 months

Incidence of cardiotoxicity: 16%

Cardiotoxicity (+)
27 of 166 patients
(16%)

- Systolic dysfunction
  17 pts (63%)
- Diastolic dysfunction
  9 pts (33%)
- Both
  1 pt (4%)

RESULTS

Cardiotoxicity rate in sarcopenia

		Cardiotoxicity (+)		p	Sensitivity
		N	(%)		
Psoas SMI	Sarcopenic	14 / 45	31%	0.002	52%
	Not sarcopenic	13 / 121	11%		
L3-SMI	Sarcopenic	11 / 33	33%	0.004	41%
	Not sarcopenic	16 / 133	12%		
L4-SMI	Sarcopenic	6 / 17	35%	0.032	22%
	Not sarcopenic	21 / 149	14%		

SMI: Skeletal muscle index

RESULTS

		Univariate Analysis		Multivariate analysis	
		HR (95% CI)	p	HR (95% CI)	p
Age (range)	<65 (ref.)		0.80		
	≥65	1.15 (0.39-3.34)			
Gender	Female (ref.)		0.45		
	Male	1.38 (0.60-3.15)			
Cardiovascular Disease	No (ref.)		0.12		
	Yes	2.21 (0.82-5.93)			
Doxorubicin Dosage (mg/m^2)	< median (ref.)		0.80		
	≥ median	0.90 (0.38-2.10)			
Body Mass Index (kg/m^2)	≥25 (ref.)		0.13		
	<25	0.52 (0.23-1.20)			
Sarcopenia per PMI	**No (ref.)**		**0.002**		**0.001**
	Yes	**3.75 (1.60-8.81)**		**4.39 (1.81-10.65)***	
Sarcopenia per L3-SMI	**No (ref.)**		**0.004**		**0.002**
	Yes	**3.66 (1.50-8.93)**		**4.14 (1.66-10.31)***	
Sarcopenia per L4-SMI	**No (ref.)**		**0.032**		**0.022**
	Yes	**3.32 (1.11-9.95)**		**3.65 (1.21-11.0)***	

*HR of the multivariate analysis which included only the corresponding skeletal muscle index and all the remaining covariates

CONCLUSION

- ✓ Sarcopenia can simply be evaluated at routine CT scans obtained before initiation of chemotherapy.
- ✓ CT-defined sarcopenia is significantly and independently associated with increased risk of cardiotoxicity in patients treated with anthracyclines.
- ✓ Among the 3 indices, psoas muscle index has the highest sensitivity for prediction of cardiotoxicity.
- ✓ Sarcopenic patients scheduled to receive anthracyclines might be considered for closer follow-up and cardioprotective treatment.

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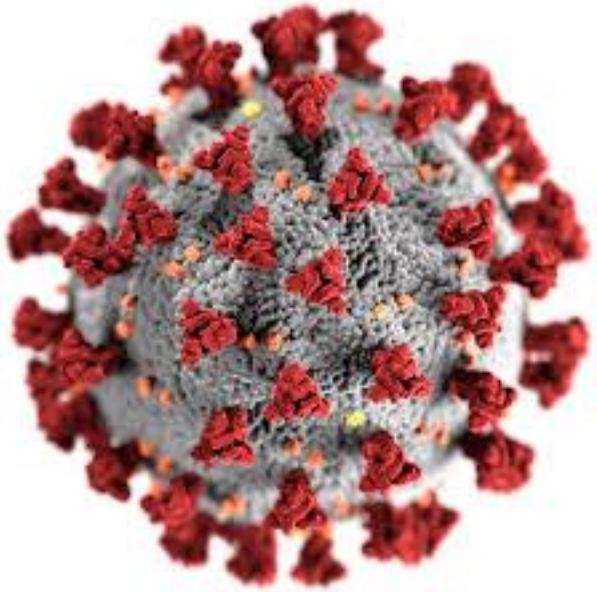
COVID-19 PANDEMIC



- Impact chez les Professionnels impliqués en cancérologie
- Impact chez les Patients

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The Impact of COVID-19 on Oncology Professionals: Initial Results of the ESMO Resilience Task Force Survey Collaboration

Susana Banerjee,[1] Jonathan Lim,[2] Konstantinos Kamposioras ,[3] Krithika Murali,[4] Christoph Oing,[5] Kevin Punie,[6] Miriam O'Connor,[7] Bharti Devnani,[8] Matteo Lambertini,[9] C. Benedikt Westphalen,[10] Pilar Garrido,[11] Teresa Amaral,[12] Eleanor Thorne,[13] Gil Morgan,[14] John Haanen,[15] Claire Hardy.[16]

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2020

The COVID-19 Pandemic and Wellbeing

- Over 25 million confirmed cases[1]
- Over 843,000 deaths[1]
- Led to changes[2]:
  - Management of cancer patients
  - Delivery of cancer care
  - Working practice
  - Personal life
- The impact of the COVID-19 pandemic on wellbeing has the potential for serious negative consequences on work, home life and patient care

ESMO Resilience Task Force

- Created based on the impact of the ESMO Young Oncologists' Burnout Survey[3]
- Launched in 2020:
  - Evaluate burnout, resilience and wellbeing
  - Understand oncology professionals support needs
  - Develop measures and interventions
  - Identify how individual and organisational solutions can be combined to reduce burnout and improve wellbeing

1 https://covid19.who.int/ accessed 31st Aug 2020. 2. Curigliano, Banerjee et al Ann Oncol. 2020; S0923-7534(20)39948-8. 3. Banerjee, Califano et al Ann Oncol 2017; 28: 1590–1596

Methods

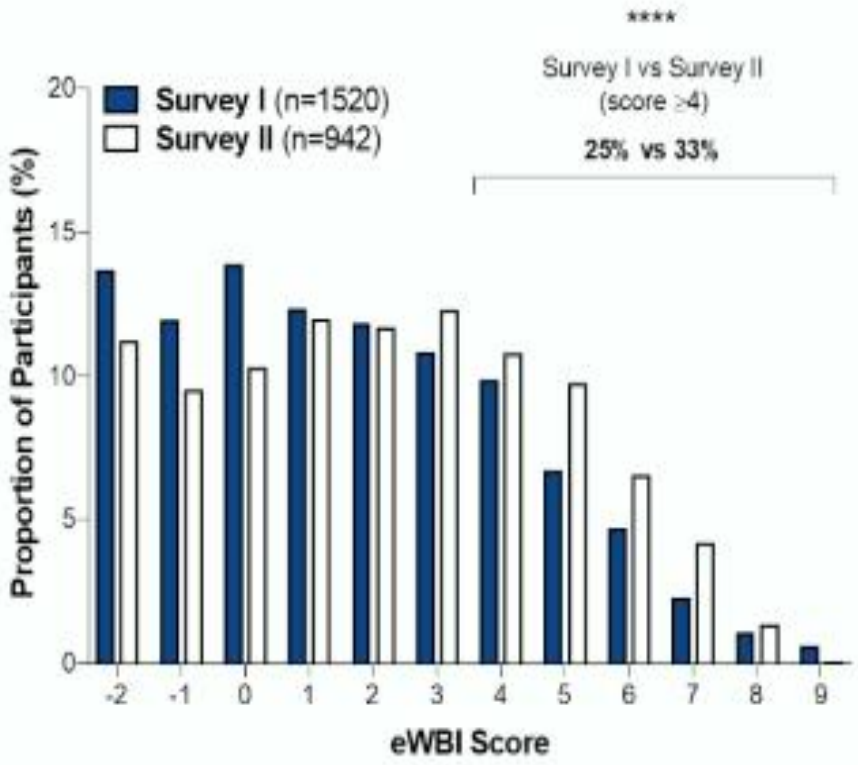
Aim: To investigate wellbeing since COVID-19 in oncology professionals

- Collaboration of key ESMO groups and OncoAlert Network
  - Young Oncologists', Women for Oncology and Leaders Generation Programme Alumni
- Online anonymous survey series disseminated via email and social media
- **Survey I**: 16th April to 3rd May 2020
- **Survey II**: 16th July to 5th August 2020
- Key outcomes of interest:
  - i) wellbeing/risk of distress (9-item Wellbeing Index (eWBI))*
  - ii) burnout (single item)
  - iii) COVID-19 job performance (standard of care and job delivery compared to pre-COVID-19)

*Well-Being Index developed by Mayo Clinic team

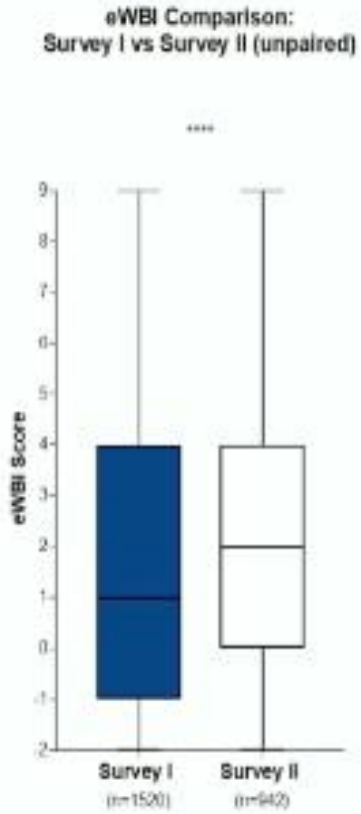
Wellbeing

eWBI scores higher in Survey II:
Higher risk of distress (worse wellbeing) over time



p<0.0001

Expanded well-being index (eWBI)



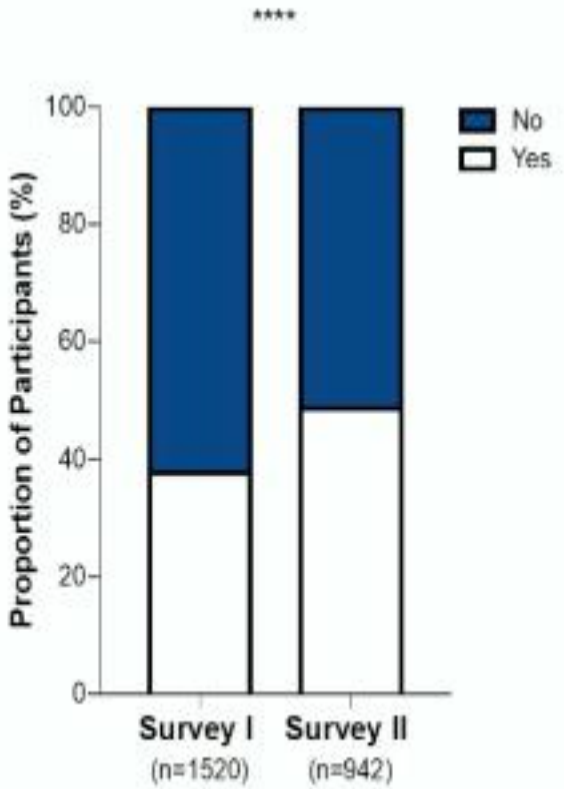
Median
1 (IQR: -1;4)
vs
2 (IQR: 0;4)

Burnout

- Since the COVID-19 outbreak, have you felt burnout from your work?

(single item from eWBI)

Higher burnout rates over time



38% vs 49%

p<0.0001

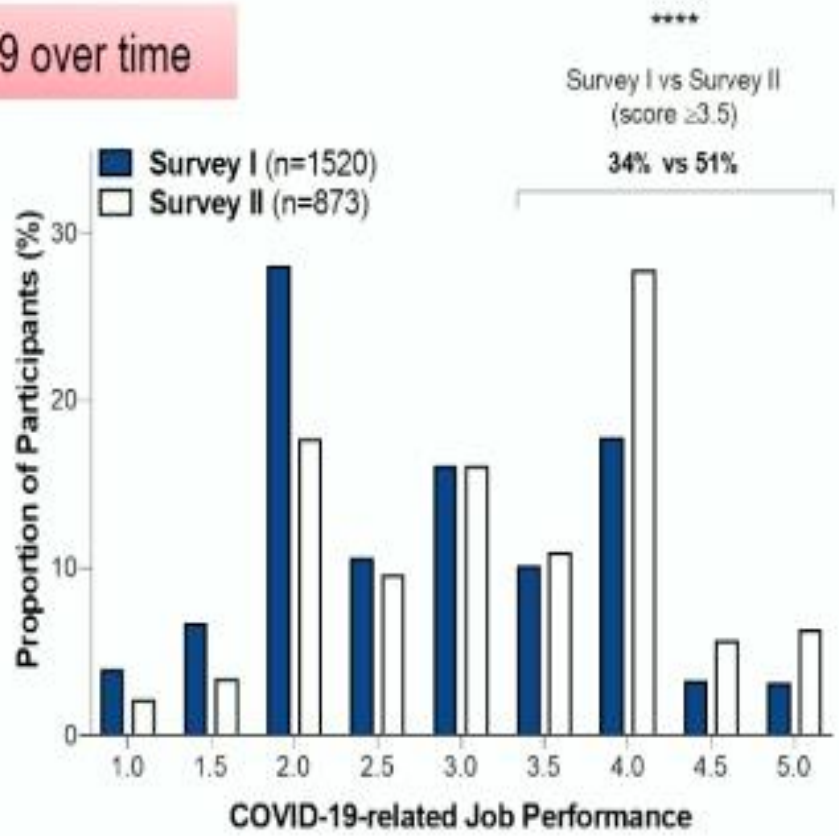
COVID-19 Job Performance

Improved Job Performance since COVID-19 over time

Mean score of:

1. Compared to pre-COVID-19 outbreak, I am still able to do my job to the same standard.
2. I currently feel able to deliver the same standard of care to my patients as before the COVID-19 outbreak.

5-point Likert scale
(1 – 5; strongly disagree to strongly agree)



p<0.0001

Conclusions

- To date, this is the largest COVID-19 survey series in oncology professionals
- Limitations- number of participants in individual countries, exploratory analyses
- Wellbeing and job performance varied between countries and was related to COVID-19 mortality rate
- COVID-19 is impacting on wellbeing and job performance
- The main predictors of wellbeing, burnout and COVID-19 job performance were:
  - resilience and change to work hours
- Risk of distress and burnout increased during the COVID-19 pandemic, whilst job performance has improved
- Further analyses including details of gender and age responses are underway
- Urgent measures to address wellbeing and improve resilience are essential

Changement des pratiques ?

- Prévention et Anticipation dans la gestion des toxicités des traitements spécifiques par une approche pluridisciplinaire

- **Une pandémie a changé le monde et donc nos pratiques en Oncologie**

- Démarche participative renforcée depuis la COVID 19 devant risque de dégradation de la Qol et au travail

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