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**MEETING SUMMARY**  
**ESMO 2020, VIRTUAL MEETING**

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**HIGHLIGHTS FROM GI NURSES CONNECT**  
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**SARS-CoV-2 AND THE PERSPECTIVES OF  
PEOPLE LIVING WITH CANCER:  
THE AIIAO SURVEY ON THE ITALIAN LOCKDOWN**

**Biagioli V, et al.**

**ESMO 2020. Abstract #CN29. Oral presentation**

## Background

- The **Italian lockdown** against SARS-CoV-2, which began on 9 March 2020, was **particularly relevant to cancer patients**, who were considered **at higher risk of infection**<sup>1</sup>
- **Patients faced** the combined **psychosocial burden** of mass quarantine<sup>2</sup> **and the challenges of receiving safe cancer care**<sup>1</sup>

## Methods<sup>3</sup>

- The **Italian Association of Cancer Nurses, AIIAO**, conducted an **online survey** between 29 March and 3 May 2020 (**“Phase One” of the Italian COVID-19 emergency plan**)
- Self-isolated people living with cancer were invited to complete the survey, which covered
  - Socio-demographic and clinical characteristics
  - Opinion on the impact of SARS-CoV-2
  - Access to cancer care
  - Behavioural measures implemented
  - Perception of being isolated (ISOLA scale, 1-5, in which 5 indicates greater effect or agreement)<sup>4</sup>

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AIIAO, Associazione Italiana degli Infermieri di Area Oncologica; COVID-19, coronavirus disease 2019; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2

# RESULTS

- **The survey was completed by 195 adults living with cancer**
  - Female, 76%; mean age 50.3 ± 11.2 years; and self isolating >4 weeks, 70.8%
  - Haematological malignancy, 51.3%
- **Most respondents implemented infection control measures (Figure 1)**
- **Around half believed themselves to be at higher risk of SARS-CoV-2 infection (54%) or severe complications (51%)**
- **Most (62%) reported having reduced access or no access to cancer care (Figure 2)**
  - 29% were afraid that their cancer was not under control

Figure 1: Infection control measures

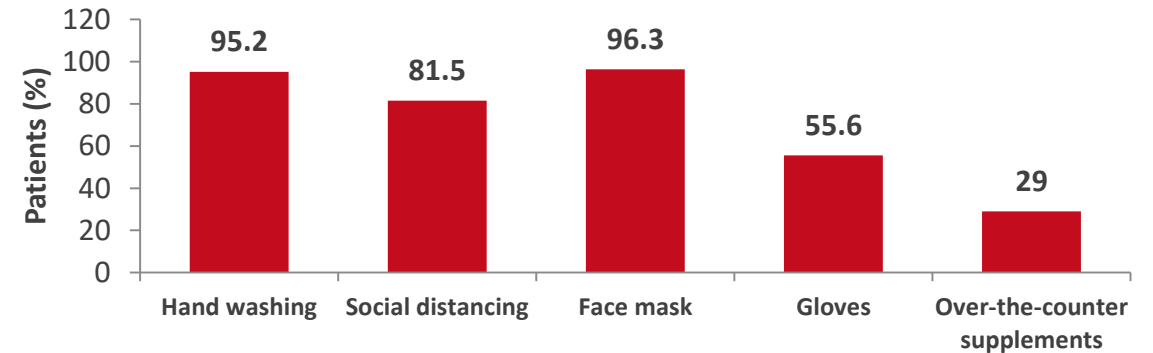
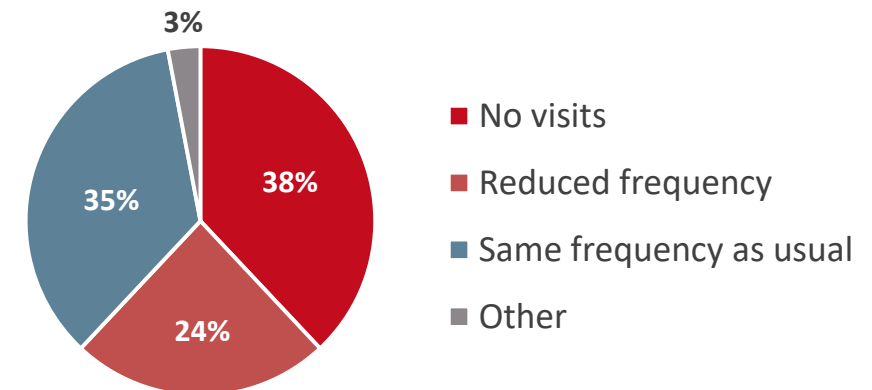


Figure 2: Frequency of hospital visits



# RESULTS AND CONCLUSIONS

## RESULTS

- Respondents had **significant concerns** about the effects of **infection (Figure 1)**
- Isolation-related **suffering was at high levels (Figure 2)**
  - Perceived **suffering**, on many measures, **was greater** than that of patients in hospital-based **isolation for transplantation**
- **Greater social isolation** was reported by **older patients**, those with a **lower education level**, and those **living without children**

## CONCLUSIONS

- **Nurses** should help **prioritise patients' cancer care** and take on an **increased support** role through **remote communication**

Figure 1: I believe because of my cancer, I will suffer from severe consequences in case of infection

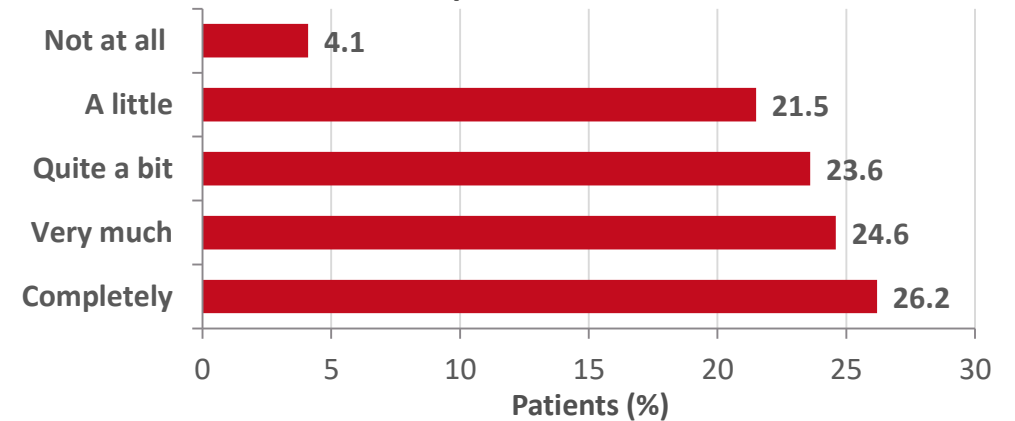
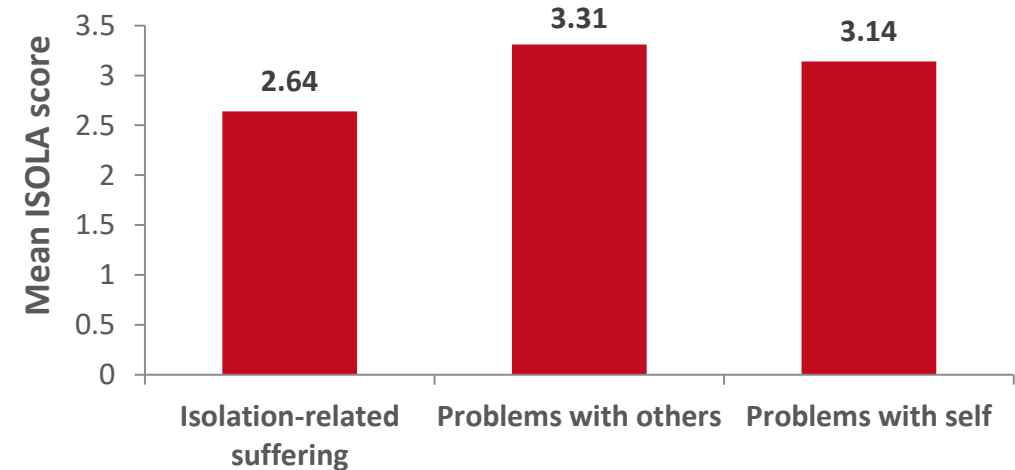


Figure 2: Perception of isolation



# **MANAGEMENT OF IMMUNOTHERAPY TOXICITIES: A NEW CHALLENGE**

**Bascuñana Sanchez L, et al.**

**ESMO 2020. Abstract #CN34. Oral presentation**



## Background

- **Immunotherapy** is now a **main treatment option** for many tumours<sup>1</sup>
  - **AEs** differ from those of cytotoxic chemotherapy and are **driven by immune-system activity**<sup>1</sup>
- As part of an interdisciplinary team **expert nurses can provide** specific care for the **control and management of AE symptoms** and provide thorough **follow-up**<sup>3</sup>

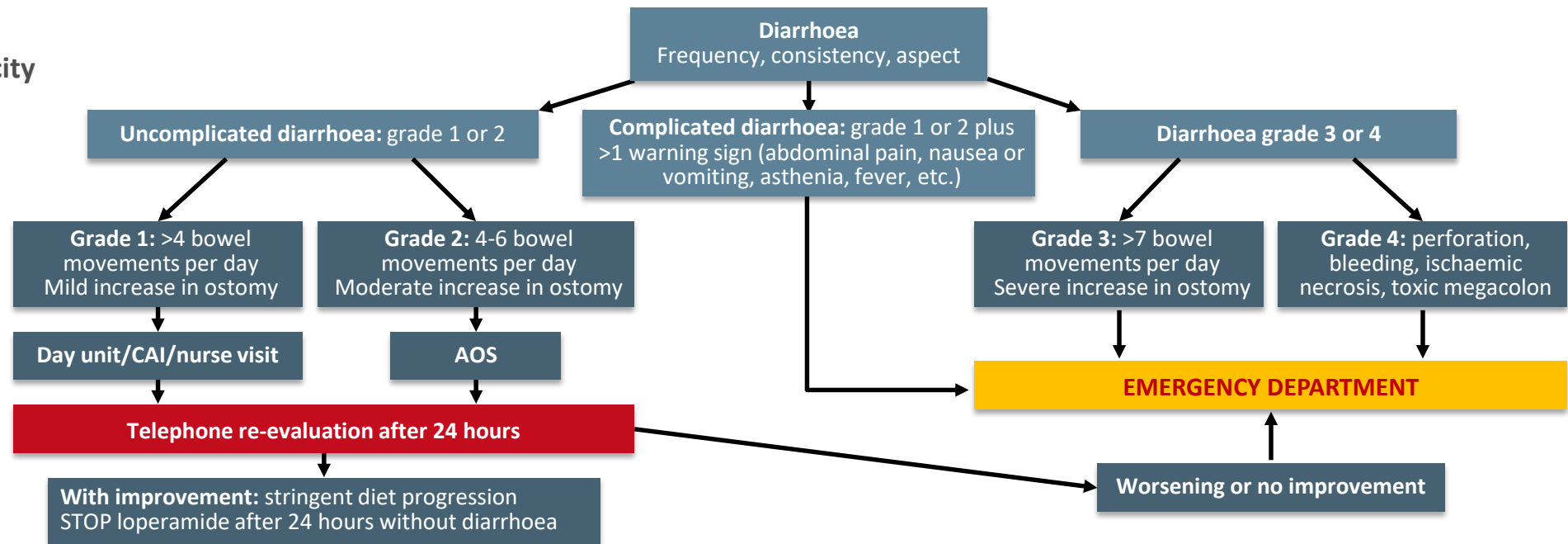
## Methods<sup>3</sup>

- Literature review: PubMed, CINAHL, Cochrane Library, JBI EBP database, and Scopus
  - Key words: cancer treatment, immunotherapy, oncology, nursing care, immunotherapy-related adverse events, toxicities
- Results discussed by an **interdisciplinary working group** of **oncologists, internists, and nurses**

# RESULTS

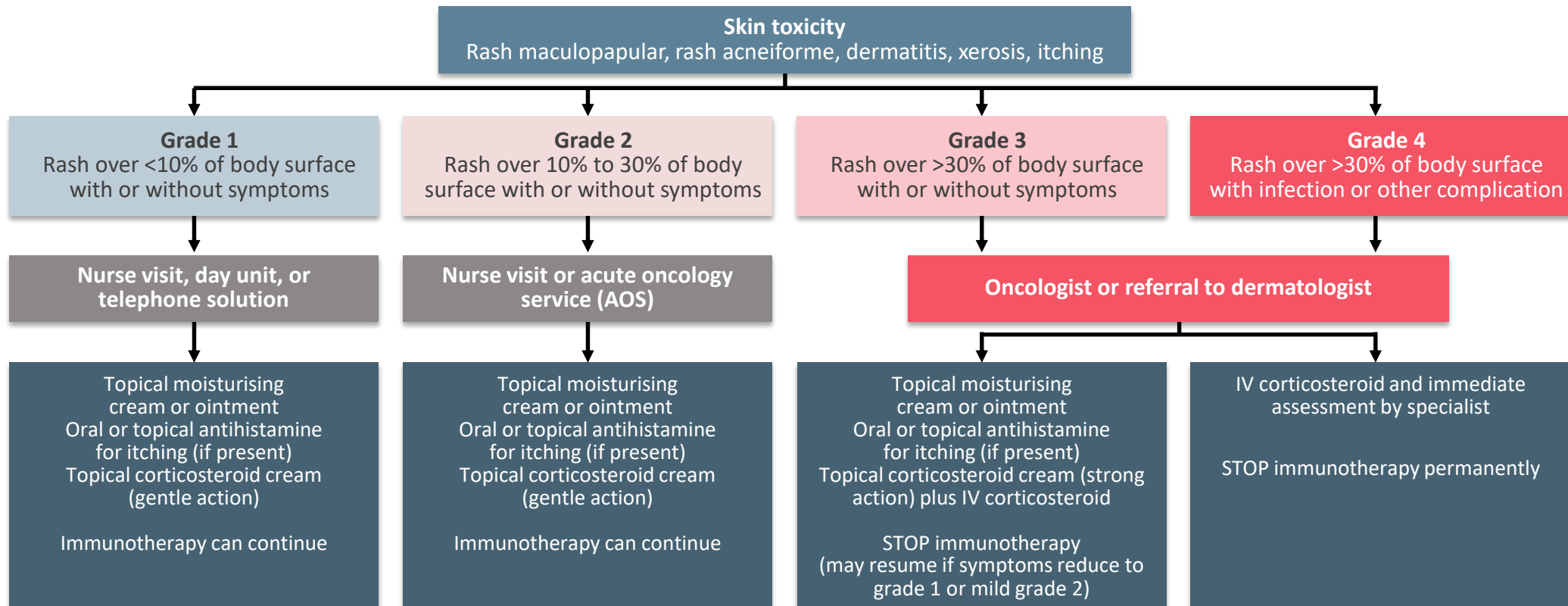
- The interdisciplinary team created an **algorithm for each category of toxicity**
  - The algorithm can **guide nurses in prescribing and management**
- Support in **grading the condition** is followed by **well defined management procedures** supporting **independent care by nurses**, as appropriate

Immune-related  
gastrointestinal toxicity



AOS, acute oncology service.

- The algorithms support **nurse-led care of grade 1 or 2 toxicity**



# CONCLUSIONS

- **Multidisciplinary action algorithms** can **improve** the treatment approach at **different stages of the oncological process**
- Toxicity algorithms have the potential to
  - **Improve the assessment, detection, and treatment of toxicity** according to defined criteria
  - **Optimise time and resources** and improve quality of care, patient satisfaction, and safety
  - **Promote independent, nurse-led treatment** and its value

# **GENDER DIFFERENCES IN CANCER CARE**

**Domenech-Climent N**

**ESMO 2020. Abstract #CN47. Poster presentation**

## Background

- **Gender has an influence on epidemiology, gene expression, treatment response, side-effects, and even survival** in some types of cancer<sup>1,2</sup>

## Methods<sup>3</sup>

- **Literature search** of English-language systematic reviews that included an **analysis of gender differences**
- This study was carried out using PubMed and Scopus and the following key words
  - **Gender bias, gender differences, gender roles, sex differences, and cancer or neoplasm**

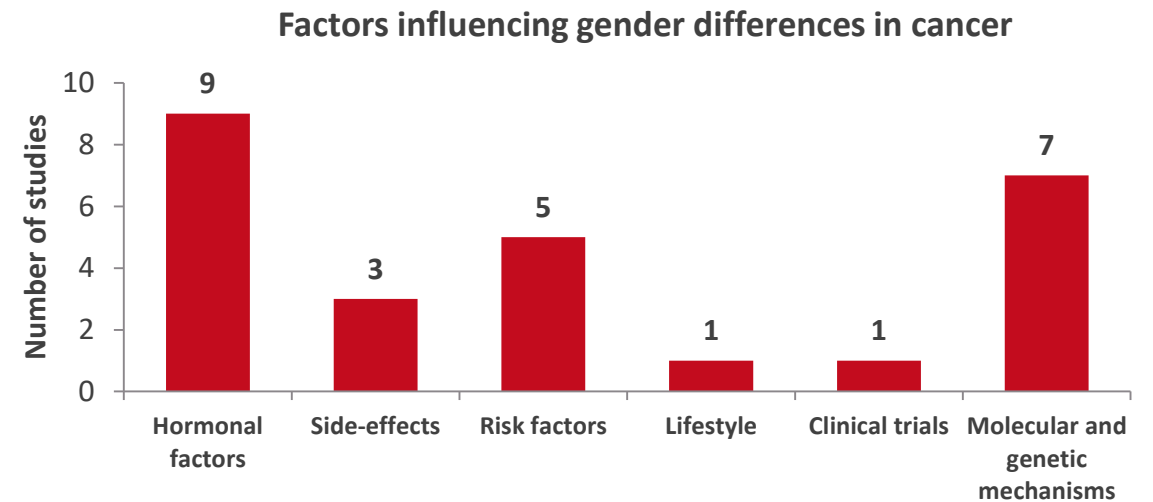
# RESULTS AND CONCLUSIONS

## RESULTS

- **24 articles analysed gender** as a variable
  - **9 considered sex hormones (Figure)**
  - **Only 1 article** took into account **lifestyle and sociocultural factors (Figure)**
- **Fewer women than men were included in clinical trials**

## CONCLUSIONS

- There is a **bias towards biological vs lifestyle or social drivers** of gender differences
- **Gender bias** remains an issue in **clinical trial recruitment**



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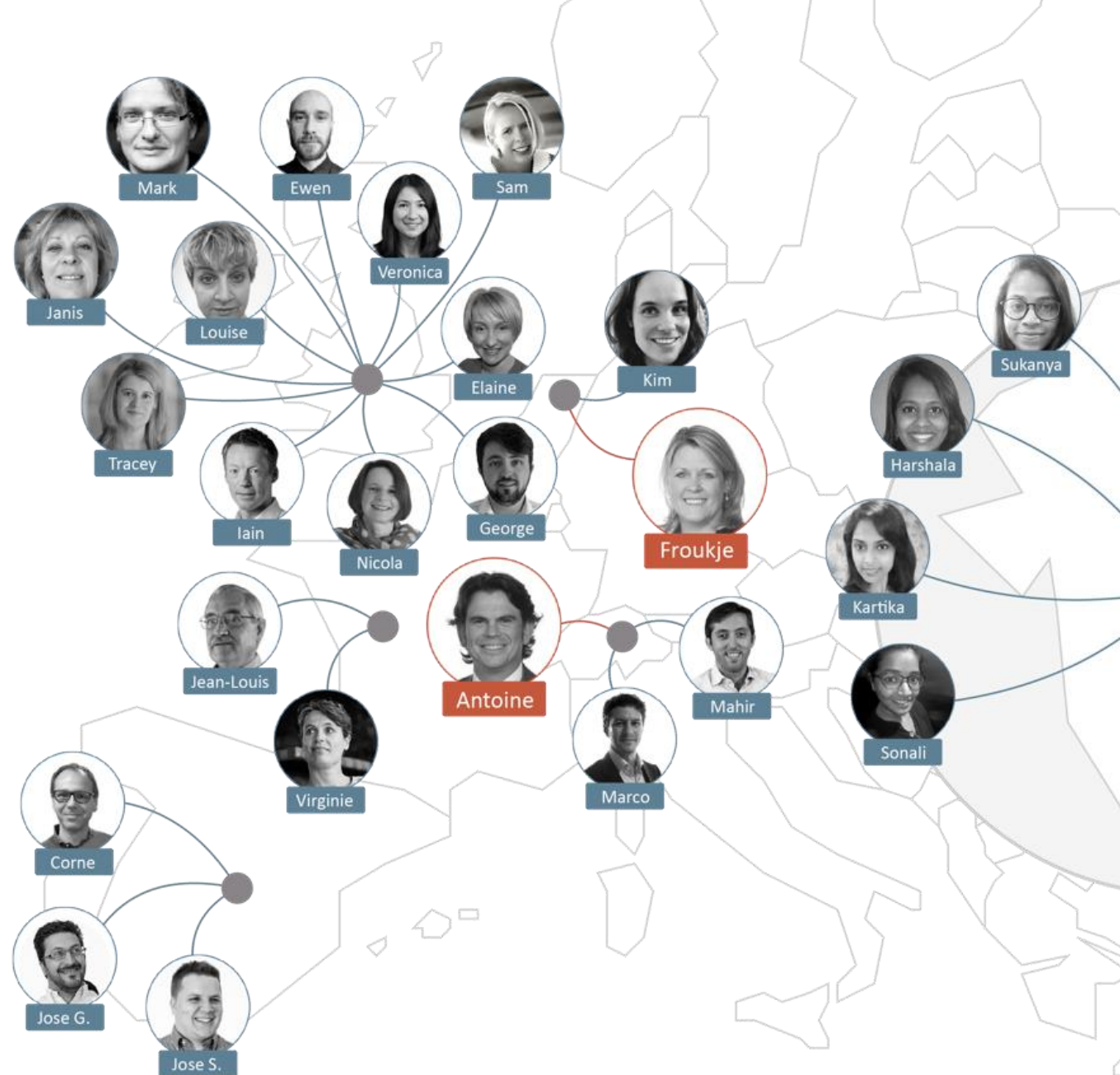
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