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MEETING SUMMARY
GI CANCER NURSING HIGHLIGHTS
FROM ESMO 2022

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NUTRISCORE: NUTRITIONAL SCREENING IN COLORECTAL CANCER PATIENTS PREVIOUS TO CANCER-SPECIFIC TREATMENT

Legido R, et al. ESMO 2022. Abstract #CN13. Oral presentation

BACKGROUND AND METHODS

Background

- **Malnutrition affects patients with cancer throughout their illness**

  – More than half of patients lose >5% of their body weight following onset of disease[1]

- **Early nutritional intervention** to avoid irreversible cachexia and functional deterioration **requires nutritional screening**[2]

Methods

- **Patients with newly diagnosed colorectal cancer (CRC)** attending their first oncology nursing visit (April to November 2021) **were assessed with NUTRISCORE,**[3] **a nutritional screening tool** validated in patients with cancer

- **Patients with a score of ≥5 were referred to the clinical nutrition unit (CNU)** for a full nutritional assessment

NUTRISCORE

A. Have you lost weight involuntarily in the last 3 months?
- No   0
- I am not sure   2

If yes, how much weight (in kilograms) have you lost?
- 1-5   1
- 6-10   2
- 11-15   3
- ≥15   4
- Unsure   2

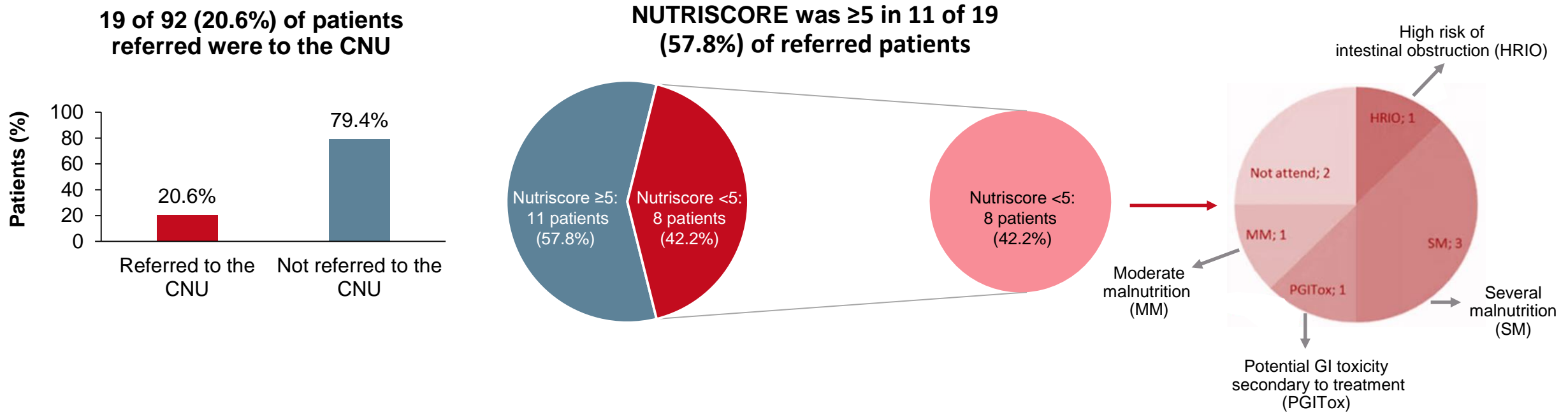**B. Have you been eating poorly in the last week because of decreased appetite?**
- No   0
- Yes   1

Location / Neoplasm		Nutritional risk	Score
Head and neck Upper GI tract: oesophagus, gastric, pancreas, intestines Lymphoma that compromised GI tract		High*	+2
Lung Abdominal and pelvis: liver, biliary tract, renal, ovaries, endometrial		Medium	+1
Breast Central nervous system Bladder, prostate Colorectal Leukaemia, other lymphomas Others		Low	+0
Treatment		**YES (+2)**	**No (+1)**
The patient is receiving concomitant chemoradiotherapy			
The patient is receiving hyper fractioned radiation therapy			
Haematopoietic stem cell transplantation			
		YES (+1)	**No (+0)**
The patient is receiving chemotherapy			
The patient is only receiving radiotherapy			
		YES (+0)	**No (+0)**
Other treatments or only symptomatic treatment			

* Please repeat the screening every week for those patients at high risk

GI, gastrointestinal

1. Hébuterne X, et al. JPEN J Parenter Enteral Nutr. 2014;38:196-204; 2. Fearon K, et al. Lancet Oncol. 2011;12:489-95; 3. Arribas L, et al. Nutrition. 2017;33:297-303

RESULTS

- 92 patients were registered: mean age was 68.6 years, 70.6% were male

- NUTRISCORE was ≥5 in 11 of 19 (57.8%) referred patients
  - Remaining patients were referred based on nursing clinical criteria

19 of 92 (20.6%) of patients referred were to the CNU

NUTRISCORE was ≥5 in 11 of 19 (57.8%) of referred patients

Referred to the CNU: 20.6%
Not referred to the CNU: 79.4%

Nutriscore ≥5: 11 patients (57.8%)
Nutriscore <5: 8 patients (42.2%)

Nutriscore <5: 8 patients (42.2%)

High risk of intestinal obstruction (HRIO)
HRIO; 1
Not attend; 2
MM; 1
SM; 3
PGITox; 1
Moderate malnutrition (MM)
Several malnutrition (SM)
Potential GI toxicity secondary to treatment (PGITox)

CNU, clinical nutrition unit; GI, gastrointestinal

CONCLUSIONS

- The use of **nursing clinical criteria** together with **NUTRISCORE allows us to more effectively detect patients with newly diagnosed CRC who may be at risk for malnutrition**

- **NUTRISCORE allows us to anticipate the nutritional needs of patients with CRC before starting cancer-specific treatment**
  - Continued monitoring during treatment should also be implemented for patients not showing pre-treatment malnutrition[1]

CRC, colorectal cancer

1. Raventos L, et al. Ann Oncol. 2022;33 suppl 7:S812-4

WORKPLACE VIOLENCE AGAINST CANCER NURSES DURING THE COVID-19 PANDEMIC: A CORRELATIONAL-PREDICTIVE STUDY

Catania G, et al. ESMO 2022. Abstract #CN35. Poster presentation

BACKGROUND AND METHODS

Background

- **Workplace violence (WPV) negatively impacts** both **healthcare** workers and organisations

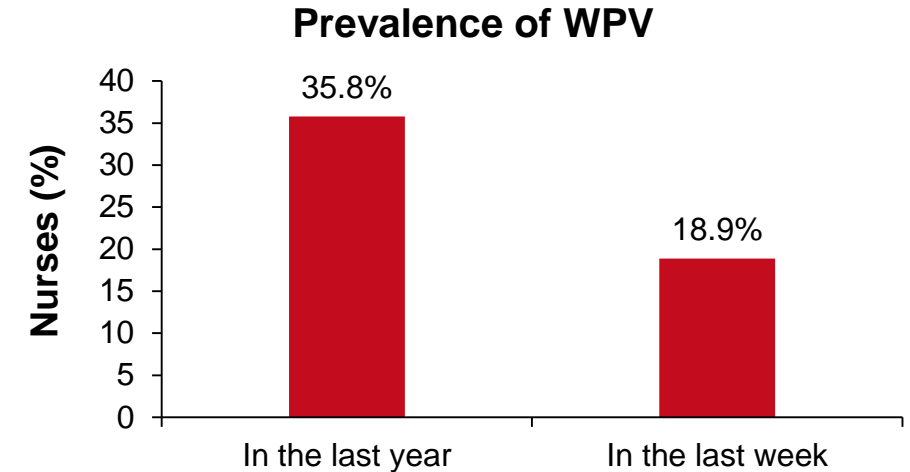- **Nurses are** the **most exposed** healthcare workers **to WPV**

Methods

- Secondary **analysis of medical cancer inpatient units** from a large national Italian study (January to April 2021) **assessing WPV against nurses and its predictive factors**

- **Data were collected through the Practice Environment Scale of the Nursing Work Index (PES-NWI)** and the adapted **Violence in Emergency Nursing and Triage (VENT) questionnaire**

- Descriptive and logistic regression analyses were conducted

DEMOGRAPHICS AND OUTCOMES

- 201 cancer nurses: 84.6% were female, mean age (SD) was 41.2 (10.8) years

- **Many reported WPV in the last week or year (Figure)**

- The **number of patients** was **higher for nurses experiencing WPV nurses** (MD: 3.7; p=0.004)

- WPV increases:
  - When the number of patients is higher (OR [95% CI]: 1.07 [1.01-1.14]; p=0.021)
  - When nurses perceive WPV as part of their normal work environment (OR [95% CI] 2.95 [1.17-7.42]; p=0.021)

- **WPV worsens the work environment and the physician–nurse relationship** (MD: −0.2; p=0.039 and MD: −0.2; p=0.0039, respectively)

Prevalence of WPV

CI, confidence interval; MD, mean difference; OR, odds ratio; SD, standard deviation; WPV, workplace violence

RESULTS AND CONCLUSIONS

Results

- **Nurses who perceive patient and/or caregivers' cultural aspects as predictors are more likely to experience WPV** (OR [95% CI] 3.53 [1.19-10.44]; p=0.023)

- **Nurses who perceive patient and/or caregivers' alcohol abuse as a predictor are less likely to experience WPV** (OR [95% CI] 0.19 [0.05-0.72]; p=0.015)

- **Prevention procedures the lower risk of WPV** (OR [95% CI]: 0.23 [0.09-0.62]; p=0.004)

Conclusions

- **WPV against nurses was present during the COVID-19 pandemic**

- **Public healthcare services can reduce the likelihood of nurses experiencing WPV by investing in improvements to the working environment**

- **Integrated, multimodal programmes focused on prevention and management are of value in reducing the likelihood of nurses experiencing WPV**

CI, confidence interval; OR, odds ratio; WPV, workplace violence

INDIVIDUAL FACTORS LEADING TO DELAY IN DIAGNOSIS IN PATIENTS WITH COLORECTAL CANCER AND THEIR ILLNESS PERCEPTIONS

Ege Tanrikulu Ü, et al. ESMO 2022. Abstract #CN15. Oral presentation

BACKGROUND AND METHODS

Background

- **Any delay** between experiencing the first symptoms of CRC and seeking medical help **can affect patient outcomes**[1]

- **Understanding** factors that contribute to **disease perception and a delay in seeking medical help in** patients with signs and symptoms of **CRC may improve treatment outcomes**
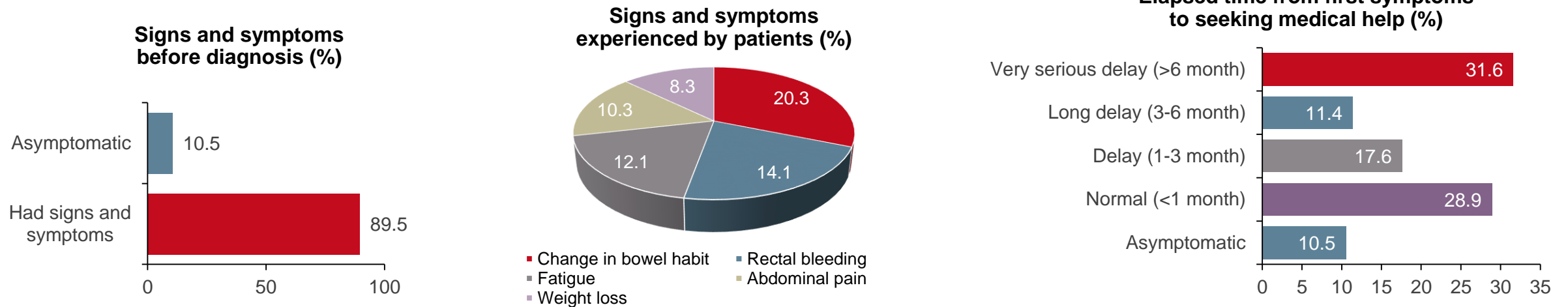
Methods

- **Descriptive, cross-sectional, single-centre study conducted in 114 patients** from a medical oncology outpatient clinic of **University Hospital Ankara**

- **Data extracted using 36-item questionnaire** assessing:

  – Demographics and clinical features

  – Knowledge, experience, and perception of CRC symptoms + Bristol stool scale

  – Time taken to seek medical attention

  – Brief illness perception questionnaire[2,3]

CRC, colorectal cancer

1. Biagi JJ, et al. JAMA. 2011;305:2335-42; 2. Broadbent E, et al. J Psychosom Res. 2006;60:631-7; 3. Karataş T, et al. Asia Pac J Oncol Nurs. 2017;4:77-83

RESULTS

DEMOGRAPHICS AND OUTCOMES

- Mean (SD) age 65.7 (11.1) years; middle income (59.6%); university educated (46.5%)

- Mean (SD) duration of CRC: 25.6 (31.7) months; stage ≥ III at diagnosis: 65.0%; family history of CRC: 28.1%

- **83.3% had not been screened for CRC; 76.3% were unaware of the symptoms of CRC**

- **Lack of university education was associated with delay in time to seek medical attention** (χ^2=7.9; p<0.05)

- **Change in bowel habit was associated with delay** in seeking medical attention (χ^2=7.8; p<0.05) while **rectal bleeding was not** (χ^2=1.6; p=0.204)

Signs and symptoms before diagnosis (%)

Asymptomatic 10.5

Had signs and symptoms 89.5

Signs and symptoms experienced by patients (%)

20.3
14.1
12.1
10.3
8.3

- ■ Change in bowel habit   ■ Rectal bleeding
- ■ Fatigue   ■ Abdominal pain
- ■ Weight loss

Elapsed time from first symptoms to seeking medical help (%)

Very serious delay (>6 month) 31.6
Long delay (3-6 month) 11.4
Delay (1-3 month) 17.6
Normal (<1 month) 28.9
Asymptomatic 10.5

CRC, colorectal cancer; SD, standard deviation

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CONCLUSIONS

- **Despite** the presence of **symptoms** associated with CRC, **there is considerable delay in** the time to patients **seeking medical help due to lack of awareness** surrounding the symptoms of CRC

- **Targeted and tailored interventions** that consider the sociocultural context **are needed**

UNDERSTANDING THE TREATMENT EXPERIENCES OF ADULTS DIAGNOSED WITH EARLY-ONSET COLORECTAL CANCER: A QUALITATIVE STUDY

Hamilton A, et al. ESMO 2022. Abstract #1434P. Poster presentation

BACKGROUND AND METHODS

Background

- The incidence of **early-onset CRC** (defined as CRC in adults age under 50 years) **is increasing**

- Diagnosis and treatment of early-onset CRC presents unique challenges; **there is a need for a better understanding of patient needs**

Methods

- **Individuals diagnosed with and treated for early-onset CRC** in the UK in the last 5 years **were recruited from social media**

- **Virtual, semi-structured interviews were held** with participants from August 2021 to March 2022; these were recorded and transcribed verbatim

- **Data were analysed using thematic analysis**

CRC, colorectal cancer; UK, United Kingdom

RESULTS

- 21 individuals with stage I-IV disease participated in the interviews (female: n=16; male: n=5)

Theme 1	Theme 2	Theme 3	Theme 4	Theme 5
The impact of treatment on an individual's health and wellbeing	**Interaction with healthcare throughout the patient journey**	**Support during cancer treatment**	**Unmet needs during the treatment phase of the patient journey**	**The impact of COVID-19 on treatment experiences**

Theme 1 — The impact of treatment on an individual's health and wellbeing

Physical
- The physical implications of treatment are challenging
- Patients are often ill-prepared

Psychological
- Complicated psychological issues are common
- Going through cancer treatment is lonely/isolating
- Participants described fear, anxiety, depression, loss of control, and altered body image

Social
- Most managed financially with lower stress than anticipated

> "It's only a 10 minute walk away…and I felt like an old man walking down the street, you know, just struggling with with every step"

> "I'm a very positive person normally, but I have to say my physical health was in the gutter and my mental health was in the gutter"

Theme 2 — Interaction with healthcare throughout the patient journey

Healthcare professionals (HCPs)
- Interaction and care from HCPs is fundamental to coping
- Participants value honesty, consistency, and good communication
- Involvement of multiple HCPs can complicate care

Treatment plan
- Patients defer to doctors for care decisions
- Many feel a lack of autonomy

Healthcare system
- No prior experience of the NHS is common among participants
- Participants feel their care is of a high level
- Pressure on NHS evident; NHS is perceived to be fragmented

> "It felt like high-quality treatment, and I felt like I could trust my surgeon and everyone I spoke to…the system as a whole doesn't feel like it works together"

Theme 3 — Support during cancer treatment

Family and friends
- Great practical and emotional support from family and friends
- Guilt associated with being a burden on their loved ones
- Instinct to protect people close to them

Online
- Used the internet to connect with other patients with early-onset CRC and for information
- Negatives to being online, such as misinformation or distress

> "Everybody comes out from everywhere when you get diagnosed with something and you're going through a hard time, and you don't realise how loved you are, when you get so much support. So it's definitely brought everybody a lot closer, I think. There's some goodness in it"

Theme 4 — Unmet needs during the treatment phase of the patient journey

Information
- Multiple sources of information, which were often conflicting or lacking
- Strong desire to be well informed about their care

Holistic care
- HCPs were focused on physical issues during treatment
- Sources of support were often informal, and services for younger patients were lacking
- Support and guidance in the area of sex and intimacy was inadequate

> "A big worry for me because so much had changed, and so much of your image has changed, and you don't feel sexy anymore because you have a scar, you have a bag hanging from you"

Theme 5 — The impact of COVID-19 on treatment experiences

Negative
- Participants often struggled with attending appointments alone
- Plans for treatment could change rapidly, creating uncertainty
- Less support available to patients – both in the NHS and in their wider network

Positive
- Restrictions on visitors to hospital wards was perceived as beneficial
- Lockdown was helpful as patients did not feel like they were missing out, and were able to continue to work and socialise virtually

> "There just wasn't anybody there, there was nobody in offices, there was nobody manning the phones, so in terms of that, I felt very alone in that"

CRC, colorectal cancer

CONCLUSIONS

- **Cancer treatment has a negative effect** on health and wellbeing; some of these negative effects may have long-term impact

- **The treatment journey is complex and uncertain,** with a high volume of information and difficult decisions to be made; **HCPs play a key role in how patients are managed**

- **Patients are grateful for** support and motivation from **family and friends**
  - **Many also found support online**

- The **COVID-19** pandemic **exacerbated struggles** during treatment, but there were some positives

- **Unmet needs included a lack of consolidated information and a lack of holistic care**

HCP, healthcare professionals

SUMMARY

Closing thoughts from Paola Belardi

- NUTRISCORE can help nurses detect a potential nutritional problem before starting treatment, aiding both treatment outcomes and patient wellbeing

- Tackling WPV requires investment in prevention strategies with substantial involvement of cancer nurses

- Patient education with a focus on symptom recognition is key to promoting earlier diagnosis and improving therapeutic outcomes in CRC

- Targeted care for patients with early-onset CRC is lacking; more holistic care focused on mental health issues and fertility counselling is required

CRC, colorectal cancer; WPV, workplace violence

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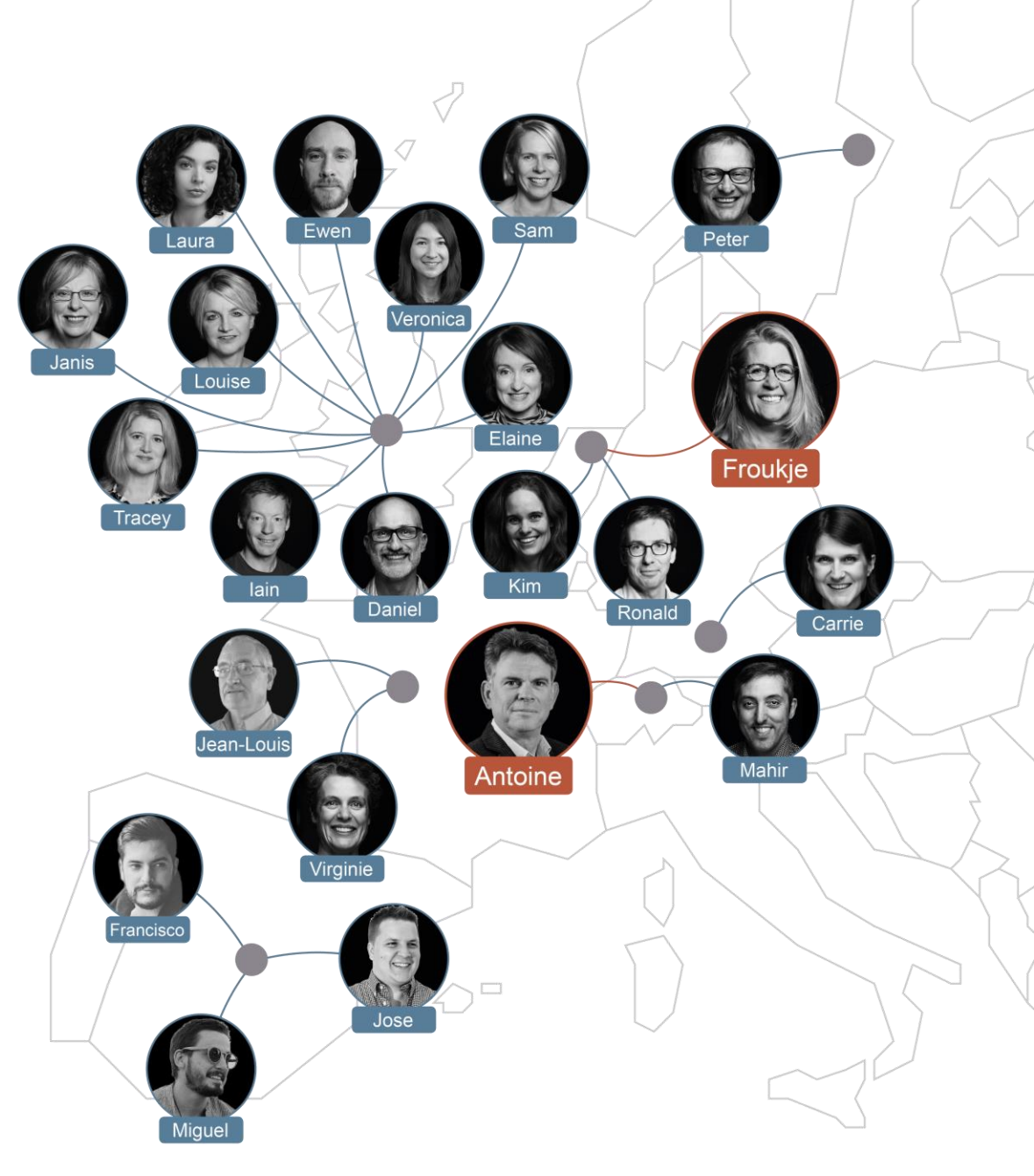
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