Scuola universitaria professionale della Svizzera italiana
Dipartimento economia aziendale, sanità e sociale

SUPSI

Effetti collaterali: gestione e presa in carico interprofessionale

«Tumori gastro-intestinali: attualità e aspetti pratici»

Gioti – Gruppo d'Interesse Oncologia Ticino

Cadempino, 26 novembre 2019

Onkologiepflege Schweiz
Soins en Oncologie Suisse
Cure Oncologiche Svizzera

Dr. med. Simonetta Mauri, Istituto Oncologico della Svizzera Italiana

MScN Carla Pedrazzani, docente ricercatrice DEASS SUPSI

I temi

- Sintomi ed effetti collaterali nei tumori gastro-intestinali
  - Dati dalla letteratura
  - Dati in Ticino e situazione clinica esemplificativa

- Presa in carico della sintomatologia
  - Cosa dice la letteratura
  - Approccio integrato

- Presa in carico interprofessionale

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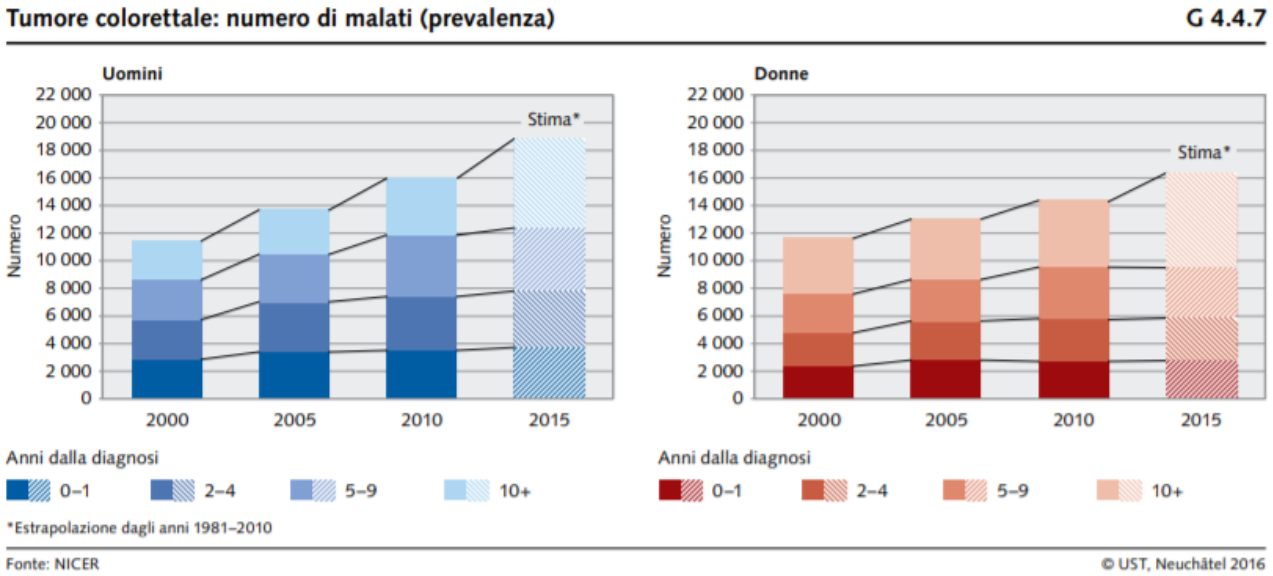
Alcuni dati epidemiologici



- Aumento del numero di nuovi casi
- Aumento del numero di pazienti guariti

↑ Impatto di sintomi ed effetti collaterali

Principali sintomi ed effetti collaterali

"Symptom is an unwanted and often painful result of cancer or cancer treatment (side effect) "

"Compared with other types of cancer, GIT cancer patients experience more physiological (eg, loss of appetite, insomnia) and psychological symptoms (eg, anxiety), secondary to gastrointestinal dysfunction or obstruction as the result of progressive tumor or peritoneal invasion".

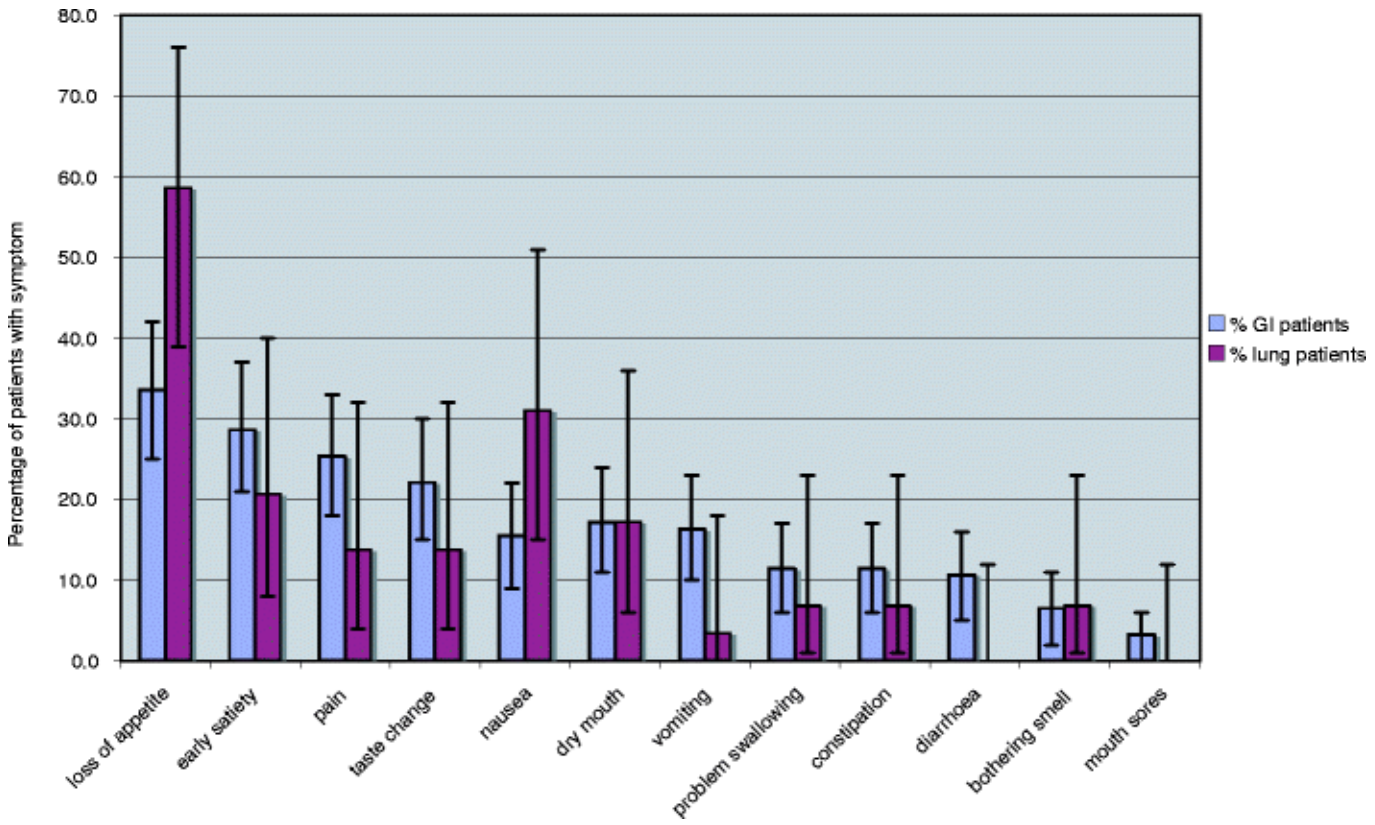
(Zhang et al., 2019)

Principali sintomi ed effetti collaterali

Xerostomia	68-74%
Stitichezza	36-54%
Sazietà precoce	50%
Nausea	36-42%
Disgeusia	28%
Vomito	23-32%
Disfagia	18-43%

(Bonadonna, 2003)

All’esordio della patologia



(Khalid et al., 2007)

Principali sintomi ed effetti collaterali

Durante i trattamenti ambulatoriali

Table 2 • Symptom Prevalence and Symptom Distress

	Symptom Prevalence		Symptom Frequency		Symptom Severity		Symptom Distress	
Name of Symptom	*n*	%	*M*	SD	*M*	SD	*M*	SD
Fatigue	92	63.0	2.39	0.95	2.05	0.80	1.82	0.89
Pain	62	42.1	1.93	0.83	1.80	0.84	1.69	0.92
Weight loss	61	41.8	NA		1.98	0.88	1.70	0.78
Dry mouth	56	38.4	1.77	0.89	1.66	0.84	1.50	0.77
Lack of appetite	52	35.6	2.02	0.98	1.79	0.91	1.67	0.87
Sweats	49	33.6	1.88	0.83	1.67	0.83	1.54	0.90
Dizziness	43	29.5	1.60	0.79	1.37	0.62	1.20	0.51
Insomnia	36	24.7	NA		2.06	0.79	2.06	0.79
Diarrhea	28	19.2	1.89	1.07	1.61	0.92	1.68	1.09
Itching	27	18.5	1.81	0.88	1.70	0.91	1.73	0.94
Nausea	25	17.1	2.00	1.04	1.80	0.91	1.50	0.86
Shortness of breath	23	15.8	2.04	1.02	1.87	0.92	1.79	1.03
Cough	23	15.8	1.83	0.87	1.75	0.68	1.71	0.90
Constipation	22	15.1	NA		1.86	0.83	1.62	0.86
Feeling drowsy	20	13.7	1.86	0.85	1.71	0.78	1.47	0.77
Change in the way food tastes	17	11.6	NA		2.29	0.85	1.93	0.80
Hair loss	17	11.6	NA		2.06	0.90	1.92	0.95
Vomiting	16	11.0	2.06	0.93	1.88	0.89	1.60	0.74

*NA indicates not applicable.

(Yan et al., 2004)

Principali sintomi ed effetti collaterali

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(Yan et al., 2004)

Esperienza complessa: teorie e modelli

- ✓ Il sintomo é un <u>fenomeno soggettivo</u>, che solo il paziente ci può riferire
- ✓ Comporta una <u>risposta emotiva</u> che coinvolge la persona globalmente
- ✓ E' generalmente una <u>esperienza multidimensionale</u>
- ✓ E' spesso associato ad <u>altri sintomi concomitanti</u>

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Symptoms Experience: A Concept Analysis

Terri S. Armstrong, MS, APRN, BC

Purpose/Objectives: To provide a clearly constructed definition of the concept of symptoms experience.

Data Sources: Articles and book chapters.

Data Synthesis: Symptoms experience has not been explored previously. Several approaches to the concept of symptoms have been addressed, including symptom occurrence, symptom distress, and unpleasant symptoms. Limitations of these approaches may include the lack of focus on symptoms as occurring concurrently or in clusters or the multiplicative nature of symptoms. In addition, situational and existential meaning often is not explored.

Conclusions: Symptoms experience is the perception of the frequency, intensity, distress, and meaning of symptoms as they are produced and expressed. Symptoms are multiplicative in nature and may act as catalysts for the occurrence of other symptoms. Antecedents to

Key Points . . .

- Current evidence suggests that symptoms may occur in clusters, be multiplicative in nature, and act as catalysts for other symptoms.
- The meaning that the symptoms experience has to patients may influence the symptom occurrence or perceived distress that patients experience.
- Current methods to evaluate symptoms are limited by measuring symptom occurrence and distress individually and often do not consider the meaning or importance of symptoms to patients.

"Symptoms experience is the perception of the frequency, intensity, distress, and meaning of symptoms as they are produced and espressed (…)

Symptoms are multiplicative in nature and may act as catalysts for the occurrence of other symptoms."

"Consequences include the impact on mood state, psychological status, functional status, quality of life, disease progression, and survival.»

The Elusive Concept of the Symptom Cluster

Andrea M. Barsevick, PhD, AOCN®

Purpose/Objectives: To provide an integration and synthesis of literature on the definition and importance of the symptom cluster, theoretical frameworks to explain it, analysis strategies to identify it, interventions to alleviate it, and suggestions for future research.

Data Sources: A literature review from 1995–2007 was conducted using MEDLINE®. Clinical guidelines, descriptive research, intervention studies of multiple symptoms, and theoretical and conceptual articles

Key Points . . .

- Because patients with cancer often have multiple symptoms, the possibility that symptoms cluster together in a systematic way cannot be ignored.
- Fatigue, insomnia, pain, and depression are the most prevalent

"Gruppo costante di due o più sintomi tra loro correlati e indipendenti da altri sintomi o gruppo di sintomi."

(Kim et al., 2005)

Covarianza

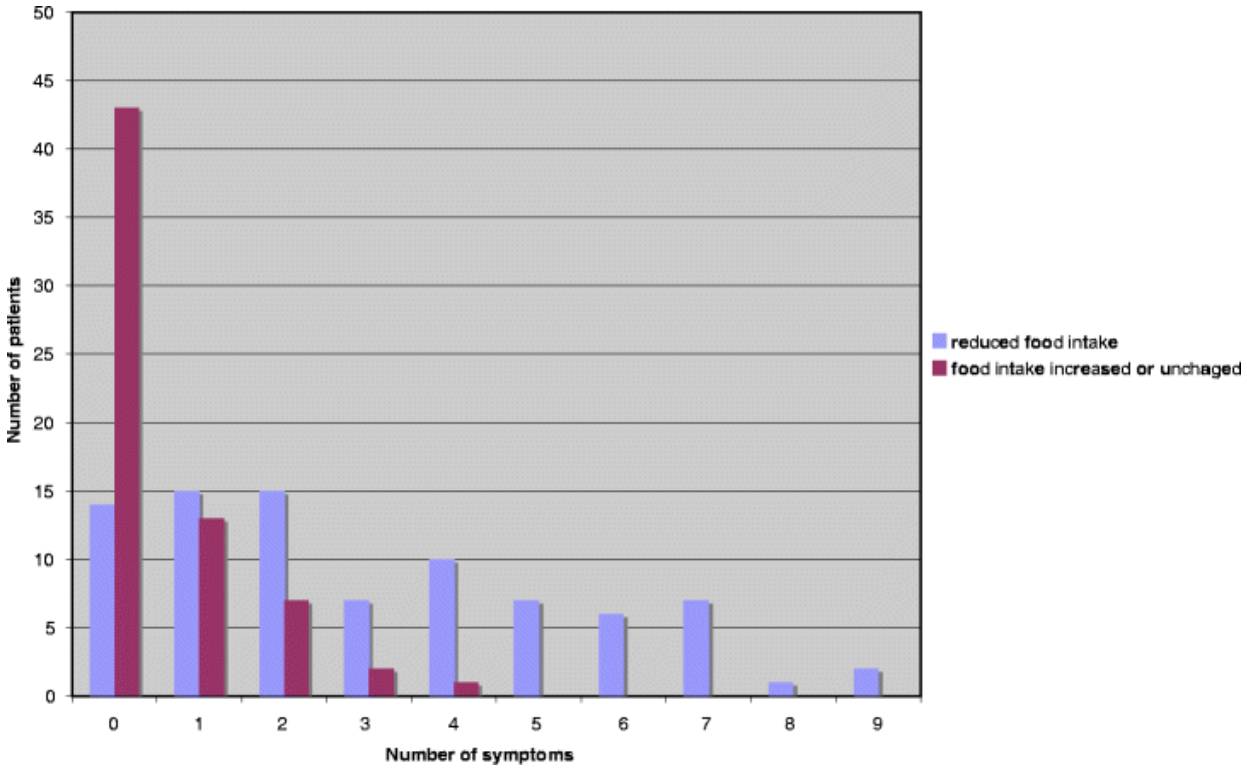
Eziologia comune

Influsso comune sugli outcome del paziente

“A symptom cluster can cause more negative effects than an individual symptom and is related to the patients’ prognosis, functional status, and quality of life”.

(Zhang et al., 2019)

All’esordio della patologia



(Khalid et al., 2007)

Durante il trattamento chemioterapico

"Most common symptom clusters in patients with GIT cancer undergoing chemotherapy:

- psychological symptom cluster (distress, sadness, sleep disturbance)
- gastrointestinal symptom cluster (nausea, vomiting, lack of appetite)
- energy deficiency symptom cluster (fatigue, drowsiness)"

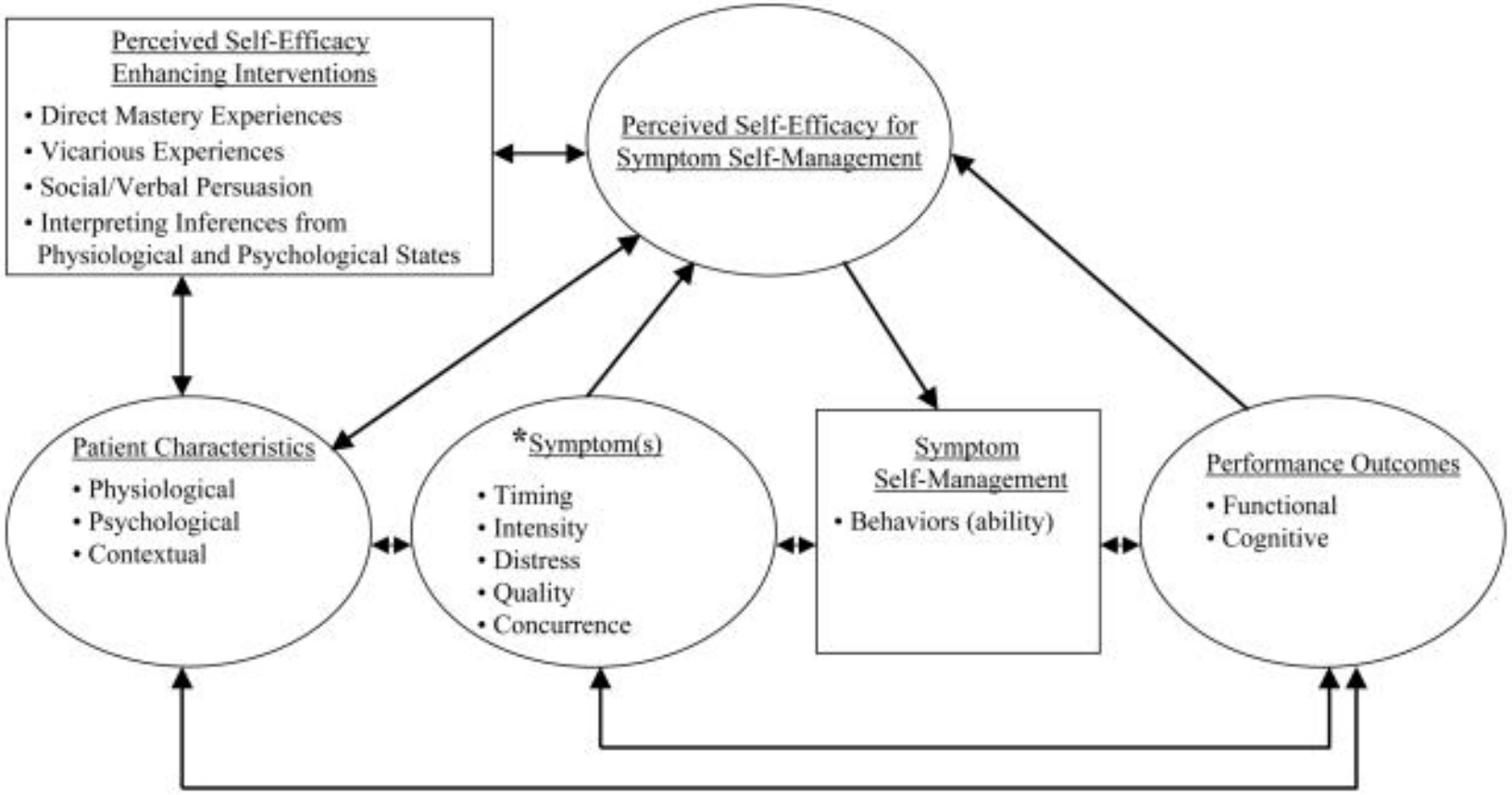
(Zhang et al., 2019)

Self-management

- Cronicizzazione della malattia oncologica
- ↑ Trattamenti ambulatoriali e domiciliari
- Nuove responsabilità e nuovi bisogni assistenziali per pazienti e familiari
- ↑ Autogestione dei sintomi ed effetti collaterali
- Nuovi ruoli assistenziali per promuovere l'autocura → Educazione terapeutica

(McCorkle et al., 2011)

Theory of Symptom Self-Management

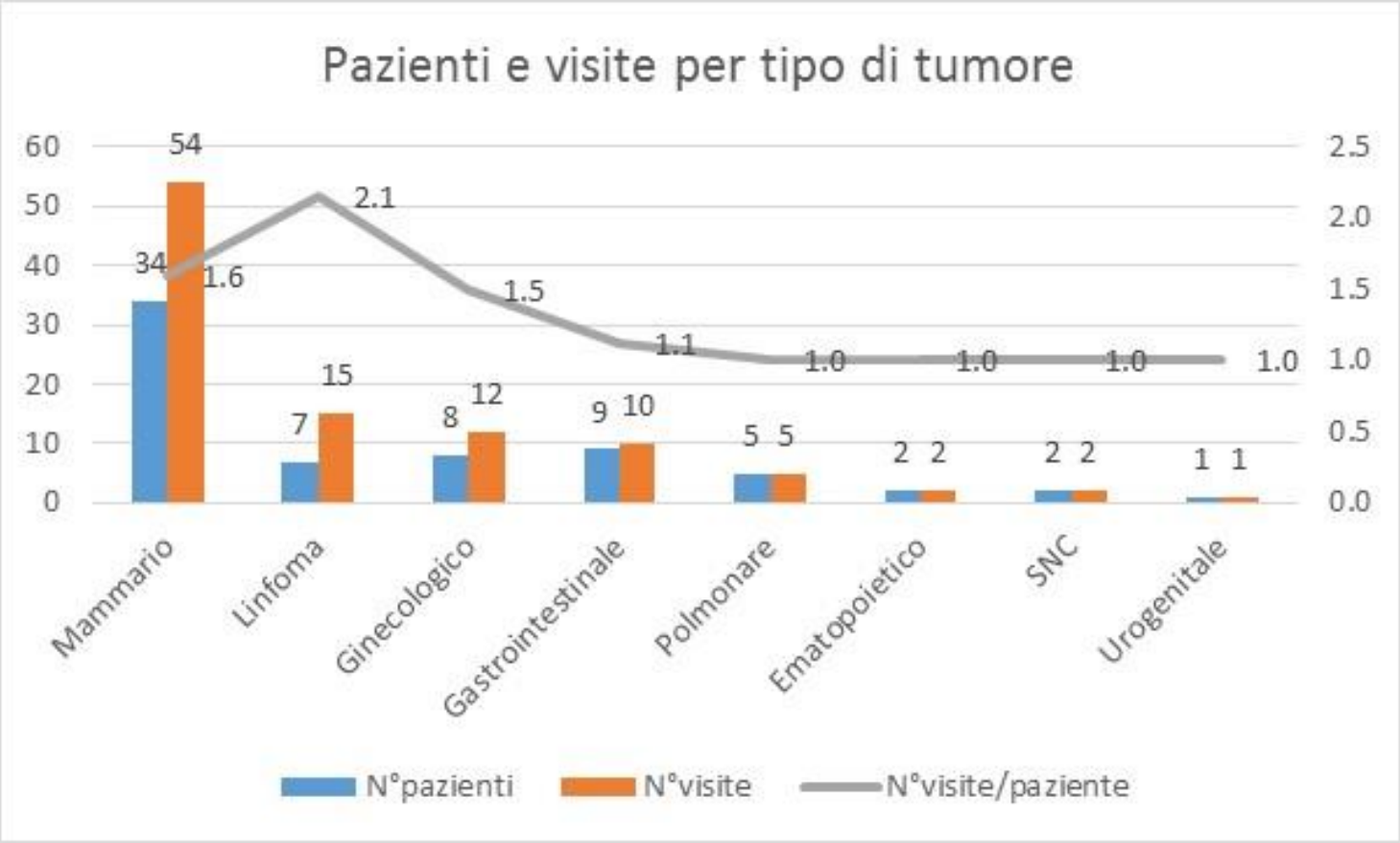


(Hoffman, 2013)

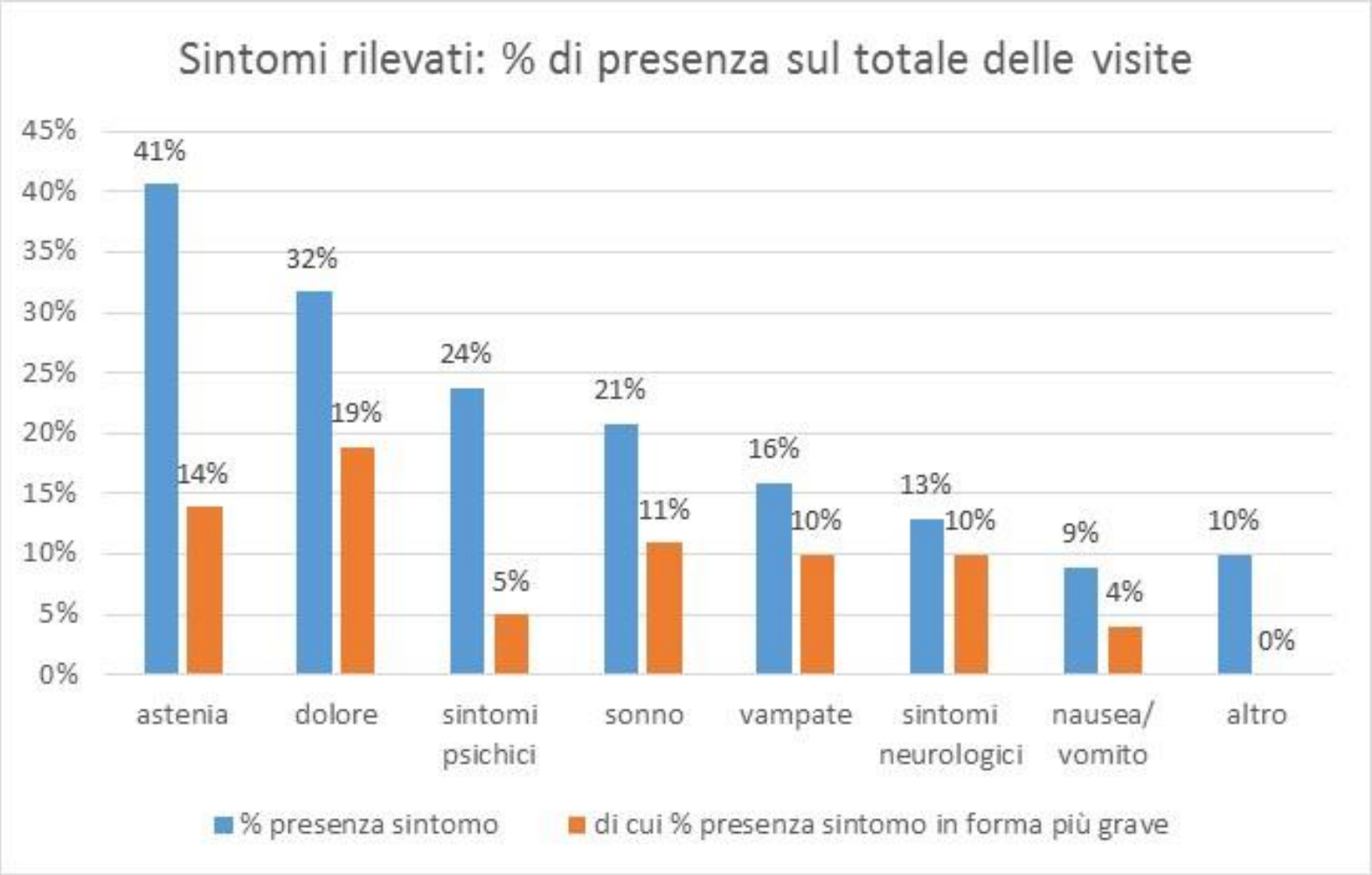
Dati in Ticino

Ottobre 2017- settembre 2018:

- 101 visite, 68 pazienti
- 54 donne



Sintomi ed effetti collaterali



Situazione caso

Uomo, 43 anni

- Adenocarcinoma del retto prossimale intraperitoneale, stadio pT4a pN1a (1/21) M0, V1, Pn0, budding 53 x 10 HPF; diagnosi 12.03.2018.

- Resezione anteriore del retto laparoscopica, R0; 12.3.2018 Oxaliplatino e Capecitabina adiuvante, 8 cicli, 16.04-16.10.2018.

26.4.18, 1°consulto

- Appuntamento richiesto dalla moglie, vuole che inizi omeopatia
- Sintomi lamentati:

  Astenia G1

  Nausea G1

  Alvo irregolare

  Disestesie ai polpastrelli delle dita fino a 2 giorni dopo la chemio

Proposte?

19.12.18, 2°consulto

- Appuntamento chiesto dal paziente
- Sintomi:

  Parestesie e diminuzione sensibilità a mani e piedi: non riesce ad allacciarsi i bottoni, ha la sensazione di indossare calza, inciampa

  Ansia per rientro al lavoro

  Astenia G1

Proposte?

I temi

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- Presa in carico interprofessionale

Agreement Between Patient and Physician Reporting of Toxicities

Table 2. Per-Patient Analysis of Association Between Patient (any severity) and Physician Reporting (any grade) of Toxicity

Toxicity	No. of Evaluable Patients*	Toxicity Reported by Neither Patient Nor Physician		Toxicity Reported by Physician but Not Patient		Toxicity Reported by Patient but Not Physician		Toxicity Reported by Both Patient and Physician		Cohen's κ	95% CI
		No.	%	No.	%	No.	%	No.	%		
Anorexia	1,090	383	35.1	28	2.6	505	46.3	174	16.0	0.15	0.12 to 0.19
Nausea	1,089	335	30.8	100	9.2	266	24.4	388	35.6	0.34	0.29 to 0.39
Vomiting	1,090	700	64.2	107	9.8	134	12.3	149	13.7	0.41	0.34 to 0.47
Constipation	1,087	501	46.1	32	2.9	384	35.3	170	15.6	0.24	0.20 to 0.29
Diarrhea	1,088	643	59.1	57	5.2	197	18.1	191	17.6	0.45	0.39 to 0.50
Hair loss	1,086	519	47.8	15	1.4	360	33.1	192	17.7	0.32	0.27 to 0.36

*No. of evaluable patients may be slightly different among toxicities, because some patients did not complete all items of quality-of-life questionnaire.

(Di Maio et al., 2015)

Valutazione iniziale e continua

Screening → **Accertamento**

Strumenti autovalutativi unidimensionali

- Verbal Descriptor Scale (VDS)
- Numerical Rating Scale (NRS)
- Visual Analog Scale (VAS)

Strumenti autovalutativi multidimensionali

- Intensità
- Caratteristiche temporali
  - Durata
  - Frequenza
- Caratteristiche qualitative
- Il grado di distress che comporta
- Il significato che il paziente attribuisce a quel sintomo e alla sua esperienza
- Le interazioni con gli altri sintomi

Rhodes Index of Nausea, Vomiting and Retching

1. In the last ( ) hours, I threw up ○○ times.	7 or more (4)	5–6 (3)	3–4 (2)	1–2 (1)	I did not throw up (0)
2. In the last ( ) hours, from retching and dry heaves, I have felt ○○ distress.	No (0)	Mild (1)	Moderate (2)	Great (3)	Severe (4)
3. In the last ( ) hours, from vomiting or throwing up, I have felt ○○ distress.	Severe (4)	Great (3)	Moderate (2)	Mild (1)	No (0)
4. In the last ( ) hours, I have felt nauseated or sick to my stomach.	Not at all (0)	1 hour or less (1)	2–3 hours (2)	4–6 hours (3)	More than 6 hours (4)
5. In the last ( ) hours, from nausea/ sickness to my stomach, I have felt ○○ distress.	No (0)	Mild (1)	Moderate (2)	Great (3)	Severe (4)
6. In the last ( ) hours, each time I threw up, I produced a ○○ amount.	Very large (3 cups or more) (4)	Large (2–3 cups) (3)	Moderate (1/2–2 cups) (2)	Small (up to 1/2 cups) (1)	I did not throw up (0)
7. In the last ( ) hours, I have felt nauseated or sick to my stomach ○○ times.	7 or more (4)	5–6 (3)	3–4 (2)	1–2 (1)	No (0)
8. In the last ( ) hours, I have had periods of retching or dry heaves without bringing anything up ○○ times.	No (0)	1–2 (1)	3–4 (2)	5–6 (3)	7 or more (4)

Constipation Assessment Scale

Directions: Circle the appropriate number to indicate whether *during the past three days* you have had NO PROBLEM, SOME PROBLEM or a SEVERE PROBLEM with each of the items listed

ITEM	*NO PROBLEM*	*SOME PROBLEM*	*SEVERE PROBLEM*
1. Abdominal distention or bloating	0	1	2
2. Change in amount of gas passed rectally	0	1	2
3. Less frequent bowel movements	0	1	2
4. Oozing liquid stool	0	1	2
5. Rectal fullness or pressure	0	1	2
6. Rectal pain with bowel movement	0	1	2
7. Smaller stool size	0	1	2
8. Urge but inability to pass stool	0	1	2

Patient name → **Date**

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La gestione dei sintomi

✓Caratteristiche del sintomo
✓Stato clinico del paziente
✓Preferenze del paziente

Valutazione

- Pianificazione degli interventi di cura

- Linee guida nazionali e internazionali basate sulle evidenze

NCCN National Comprehensive Cancer Network®

ONS Oncology Nursing Society

EUROPEAN ONCOLOGY NURSING SOCIETY

Evidence Based Practice

http://www.ebbp.org/ebbp.html

✓ Oncology Nursing Society

https://www.ons.org/explore-resources?topic=351&source=1506&display=results

✓ Cancer Care Ontario

https://www.cancercareontario.ca/en/symptom-management

✓ NCCN

https://www.nccn.org/professionals/physician_gls/default.aspx

✓ European Oncology Nursing Society

https://www.cancernurse.eu/education/guidelines-recommendations.html

Clinical Practice Guidelines on the Evidence-Based Use of Integrative Therapies During and After Breast Cancer Treatment

Heather Greenlee, ND, PhD, MPH[1,2]; Melissa J. DuPont-Reyes, MPH, MPhil[3]; Lynda G. Balneaves, RN, PhD[4]; Linda E. Carlson, PhD[5]; Misha R. Cohen, OMD, LAc[6,7]; Gary Deng, MD, PhD[8]; Jillian A. Johnson, PhD[9]; Matthew Mumber, MD[10]; Dugald Seely, ND, MSc[11,12]; Suzanna M. Zick, ND, MPH[13,14]; Lindsay M. Boyce, MLIS[15]; Debu Tripathy, MD[16]

CME CNE

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Abstract: Patients with breast cancer commonly use complementary and integrative therapies as supportive care during cancer treatment and to manage treatment-related side effects. However, evidence supporting the use of such therapies in the oncology setting is limited. This report provides updated clinical practice guidelines from the Society for Integrative Oncology on the use of integrative therapies for specific clinical indications during and after breast cancer treatment, including anxiety/stress, depression/mood disorders, fatigue, quality of life/physical functioning, chemotherapy-induced nausea and vomiting, lymphedema, chemotherapy-induced peripheral neuropathy, pain, and sleep disturbance. Clinical practice guidelines are based on a systematic literature review from 1990 through 2015. Music therapy, meditation, stress management, and yoga are recommended for anxiety/stress reduction. Meditation, relaxation, yoga, massage, and music therapy are recommended for depression/mood disorders. Meditation and yoga are recommended to improve quality of life. Acupressure and acupuncture are recommended for reducing chemotherapy-induced nausea and vomiting. Acetyl-L-carnitine is not recommended to prevent chemotherapy-induced peripheral neuropathy due to a possibility of harm. No strong evidence supports the use of ingested dietary supplements to manage breast cancer treatment-related side effects. In summary, there is a growing body of evidence supporting the use of integrative therapies, especially mind-body therapies, as effective supportive care strategies during breast cancer

Proposte 1° consulto

Sintomi:

- Astenia G1:

attività fisica, camminate, poi bici e nuoto

- Nausea G1:

Antiemetici, zenzero

- Alvo irregolare:

Consulto nutrizione oncologica

- Disestesie ai polpastrelli delle dita fino a 2 giorni dopo la chemio:

Agopuntura, esercizi

Proposte 2° consulto

Sintomi:

- Parestesie e diminuzione sensibilità a mani e piedi:

Lyrica (mal tollerato), agopuntura, ciotola lenticchie, guanti

- Ansia per rientro al lavoro:

Psicologa (non vuole), esercizi di rilassamento (autoipnosi)

- Astenia G1:

Fisioterapia, acqugym e ginnastica terapeutica (LTC)

28.2.19: sta benissimo, 2.3.19 riprende lavoro al 30%

I temi

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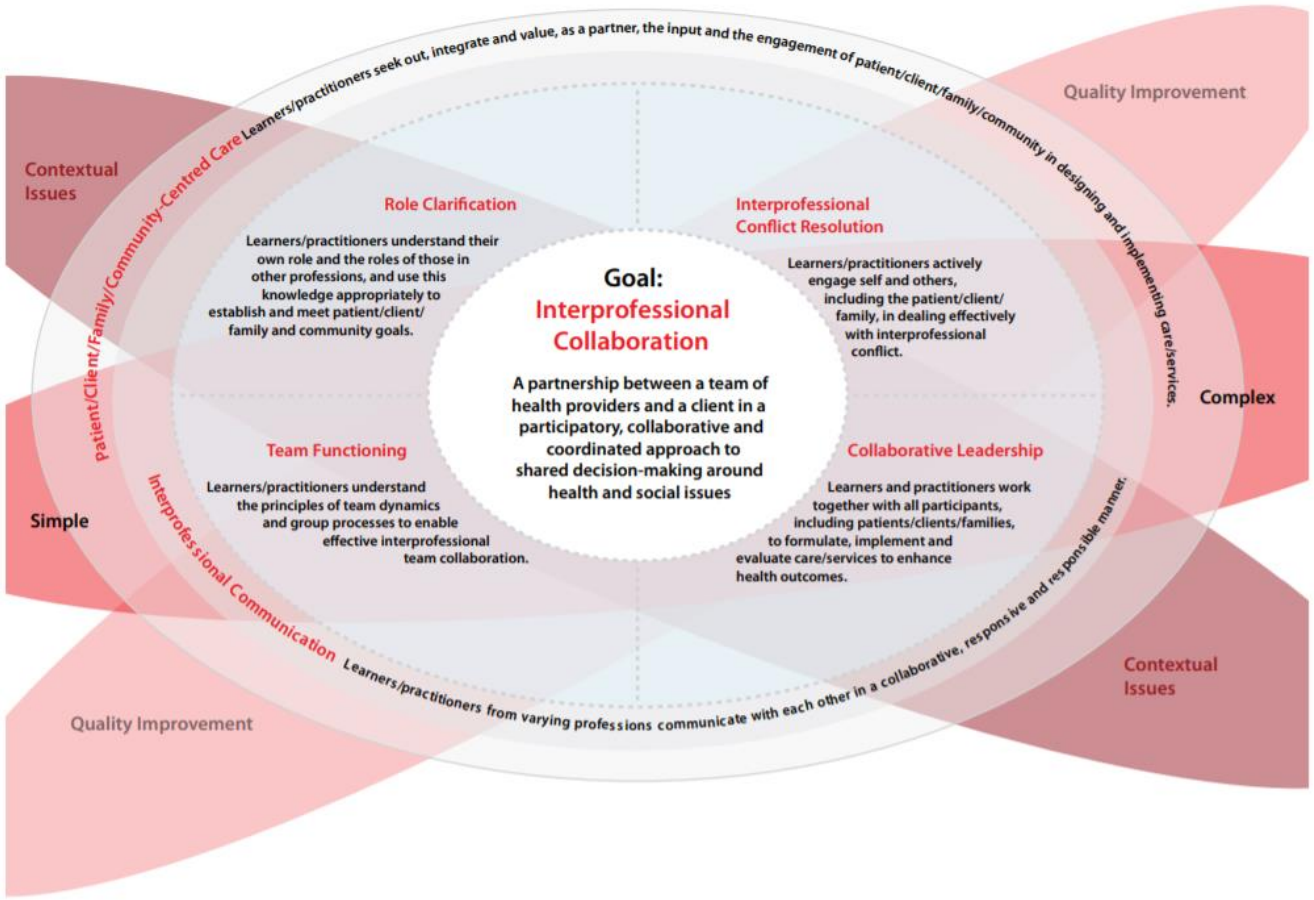
Modelli di presa in carico interprofessionale

Figure 1: The National Competency Framework



A National Interprofessional Competency Framework

(Canadian Interprofessional Health Collaborative, 2010)

Modelli di presa in carico interprofessionale

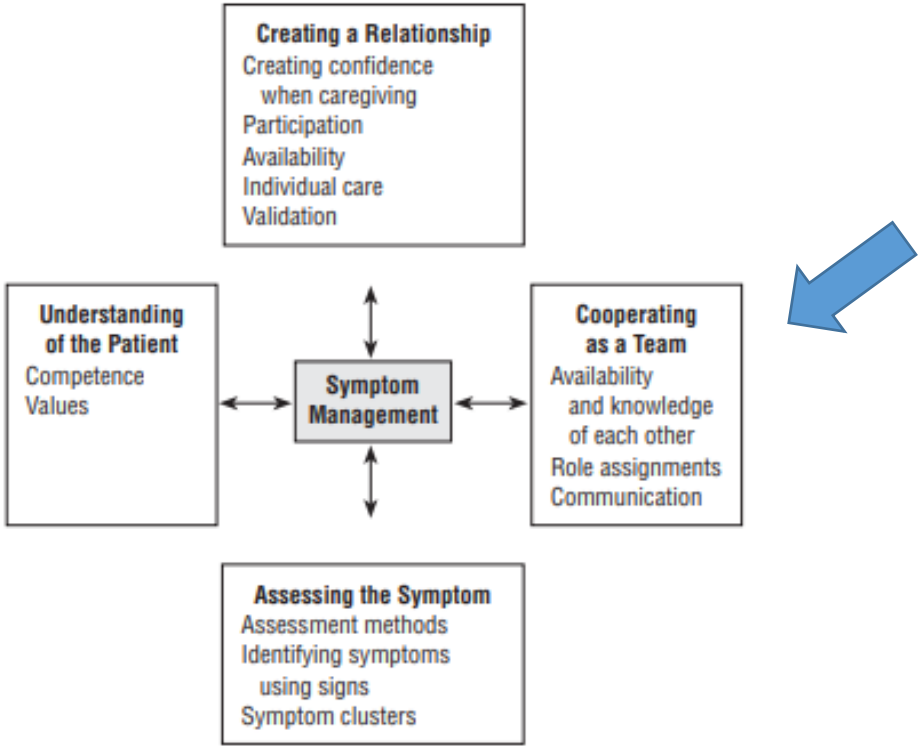


Figure 2. Components That Influence Symptom Management

(Jakobsson et al., 2008)

Grazie!

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