

## عنوان مقاله:

Supportive care and symptoms management in Pisa medical oncology

## محل انتشار:

یازدهمین کنگره بین المللی سرطان پستان (سال: 1394)

تعداد صفحات اصل مقاله: 2

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## خلاصه مقاله:

**Introduction:** Oncologic patients often need supportive care for cancer treatment related toxicities and their comorbidities. **Objectives:** To present the supportive care model of Pisa medical oncology. **Methods:** We reported our experience in symptoms management and supportive care in cancer patients undergoing anticancer therapies starting on late 2012. **Results:** We applied a model of integrated and early supportive care activity for cancer patients. The day hospital outpatients care was improved with a new visit room; this activity, held by two physicians (one faculty and one post-doctoral) and one dedicated nurse is provided to manage chemotherapy and targeted therapy toxicities (classical adverse events such diarrhea, nausea and vomiting, mucositis, etc.. and new as cutaneous rash, hypertension, etc.). Mainly patients with relevant unplanned clinical problems can contact the supportive care team calling the medical oncology reception or the emergency mobile phone number (daily from 8.30 to 13.30 a.m.). When feasible, toxicities, comorbidities and others symptoms (e.g. pain) are handled directly by phone; at the contrary and if it is necessary, the patient can directly access to the supportive care room for visiting, collection of blood samples, intravenous administration of fluids and drugs, blood cells transfusions. Moreover, there are institutional linked activities with other specialists to solve clinical acute relevant problems (e.g. anesthesiologist for severe drug-related adverse event like allergy). In addition, psychologist and chaplain give their service daily inside the day hospital for all patients that need. Every day, the team does make about 7 planned visits for bone metastasis therapies (denosumab and biphosphonates) and 10-15 unplanned clinical visits and receive a median of 20 (range 2-32) calls. At today, the supportive care's team activity is well established as routine inside the department of medical oncology. **Conclusions:** This is a global care offer for all patients during active oncological treatments and make the possibilities to reduce their hospital admissions. Furthermore, we started a prospective database to better describe the reasons of unplanned visits to medical oncology and to improve early supportive care integrated with anticancer therapies.

## کلمات کلیدی:

