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MEETING SUMMARY
GU CANCER NURSING HIGHLIGHTS FROM EONS15 AT ESMO 2022

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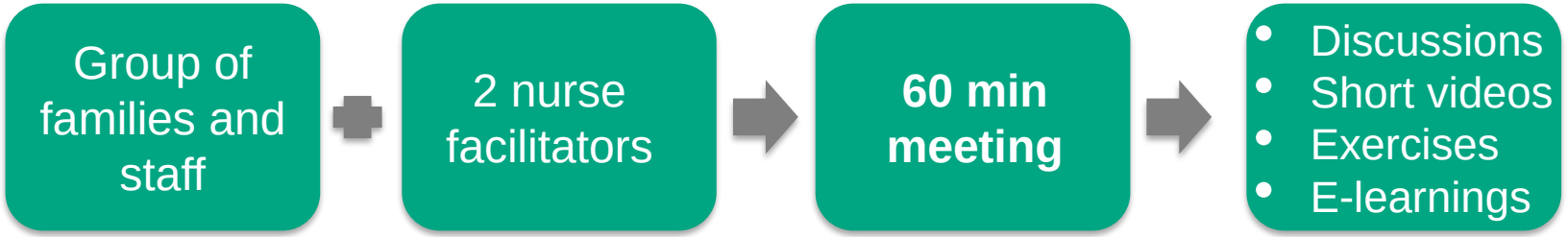
DEVELOPMENT AND IMPLEMENTATION OF VIRTUAL PRE-CHEMOTHERAPY CONSULTATIONS

Oakley C, et al. EONS15 at ESMO 2022. Oral presentation

BACKGROUND AND DESIGN

- **Objective:**
  - To develop a group intervention that will educate patients and their families on anti-cancer therapies and side effects and enhance patient safety and emotional wellbeing through improved communication
- **Data Collection:**
  - 4 treatment clinics (medical/nursing)
  - 2 focus groups with patients and partners
  - 2 focus groups with chemotherapy nurses
  - 4 telephone interviews with patients
  - 5 interviews with health professionals



Oakley C, et al. EONS15 at ESMO 2022. Oral presentation

FINDINGS

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- Group intervention **reduces repetition** from the informed consent process
- **Families feel more supported** during the process of starting a new anti-cancer therapy
- **More individual needs are covered** for patient, their family and supporting staff
- **Patients have increased confidence** when starting their new treatment
- **Greater awareness** of support services available for patients
- Allows patients to take a **virtual tour of treatment facilities** treatment routine

KEY MESSAGES:

- **There are new ways of using the available digital tools and platforms to improve patient preparation for treatment**
- **Interventions can help patients manage the side effects of treatment, and reduce the anxiety that comes with visiting a day treatment unit for the first time**

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THREE STAGE CAPACITY: THE CONSENT PROCESS FOR SYSTEMIC ANTI-CANCER THERAPIES

Barret F. EONS15 at ESMO 2022. Abstract #1141. Oral presentation

BACKGROUND

- **Core components of consent:**
  - Understanding cancer
  - Understanding treatments options
  - Pros vs Cons of each option
  - Ability to reach a decision
- **Challenges in the informed consent process:**
  - Fast paced environment that reduce staff time/availability
  - Possible cognitive difficulties of the patients or communication barriers
  - Patient educational/literacy level
  - Overload of information during the process
- **Aim:**
  - To develop a simple 3 stage consent process to improve the informed consent experience for patients, partners/family and caregivers

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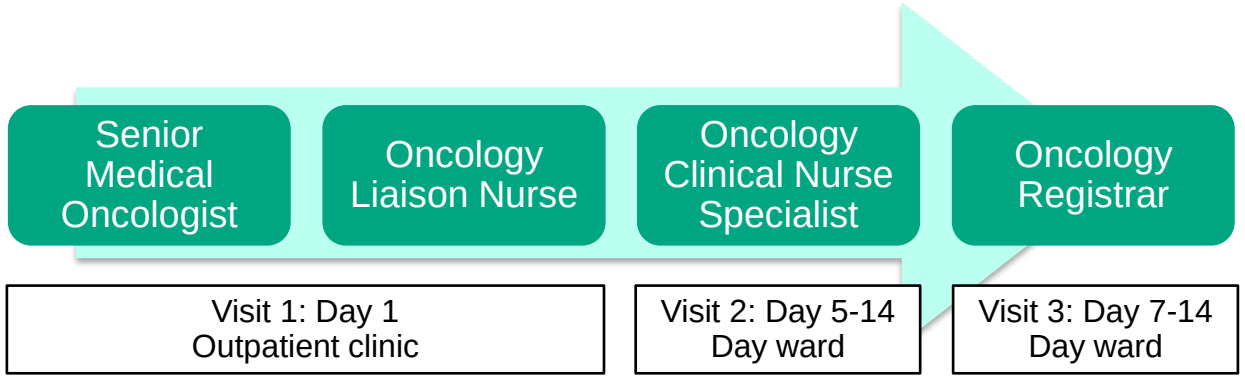
3 STAGE CONSENT PROCESS



- Defined as 3 separate visits at which consent for systemic anti-cancer therapy can be discussed
- Questions asked by patient and family
- We hypothesised that a '3 stage consent process' may:
  - be feasible in oncology (Aim 1)
  - help to mitigate challenges in the consent process (Aim 2)

Study design

- Prospective observational study
- Proof of principle of feasibility of the process
- Pilot study in an ambulatory care centre
- Tertiary referral hospital

Study population

- Patient due to initiate systemic anti-cancer therapy in 2-3 weeks
- Patient aged ≥18 years old
- Patient diagnosed with a solid tumour malignancy

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RESULTS

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PATIENT DEMOGRAPHY

Patient features	
Total, n (%)	126 (100%)
Gender, n (%)	
Female	26 (37%)
Male	100 (63%)
Median age (range) in years	65 yrs (20-89 yrs)
Types of therapies, n (%)	
Cytotoxic chemotherapy	69 (55%)
Immunotherapy	40 (32%)
Concurrent chemo-radiation	17 (13%)
Line of therapy, n (%)	
First line	110 (87%)
Prior SACT	16 (13%)
Staging, n (%)	
Metastatic	53 (42%)
Non-metastatic	73 (58%)

DISEASE FEATURES

Patient features	
Disease types	
Lung	30 (24%)
Melanoma	20 (16%)
Oesophageal	18 (14%)
Colorectal	14 (11%)
Breast	10 (8%)
Head and neck	10 (8%)
Renal	5 (4%)
Bladder	4 (3%)
Pancreatic	3 (2%)
Cancer of unknown primary	2 (1.6%)
Neuro	2 (1.6%)
Prostate	2 (1.6%)
Seminoma	2 (1.6%)
Other	4 (3%)

SACT, systemic antic-cancer therapy

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SUMMARY

- Consent is a complex medical, legal and ethical issue
- The process of obtaining consent should be allowed adequate time, and is dependent on a patient's capability to understand the requirements of informed consent
- A three stage process gives the patient and the staff sufficient time to:
  - understand their options
  - consent to their proposed treatment
- This pilot shows how a more comprehensive approach is possible; the team intend to expand it to all their patients

KEY MESSAGES:

- **Informed consent is one of the most important elements of a patient's treatment**
- **We should find a way to ensure that our patients understand the documents that they sign before starting their treatment, enabling them to make a decision that is based on an informed evaluation of all the pros, cons and options available**

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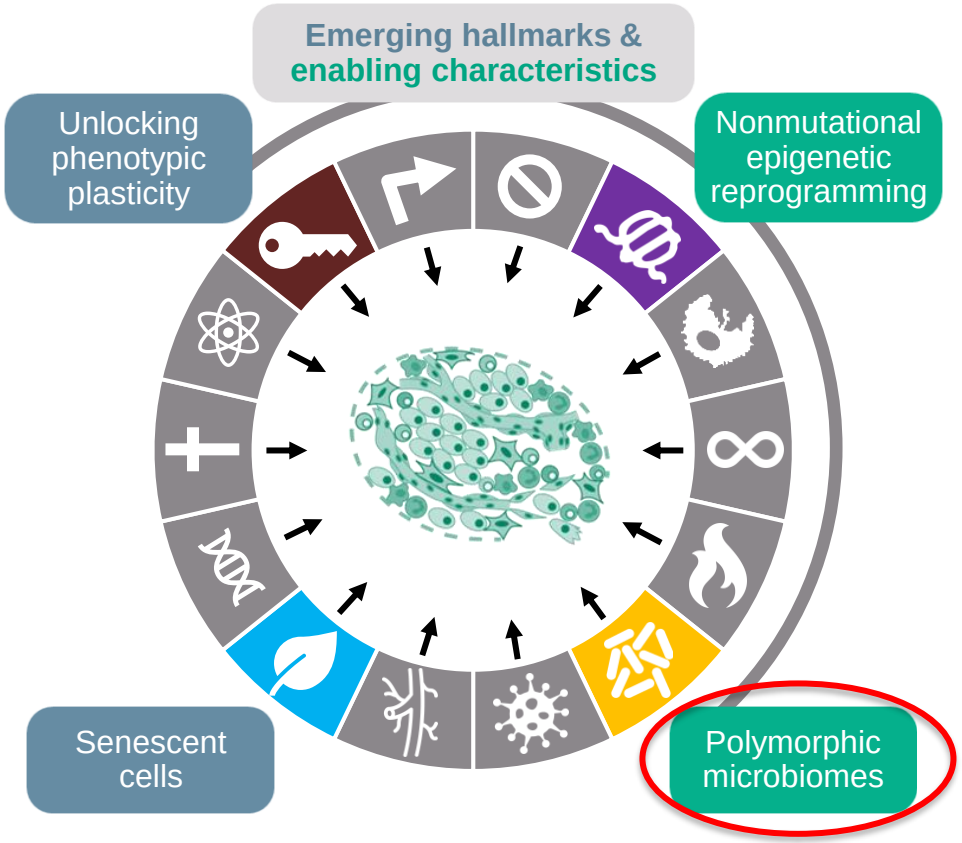
IMPACT OF DIET ON IMMUNE CHECKPOINT BLOCKADE; NURSE-DIRECTED DIETARY INTERVENTION

Malo J. EONS15 at ESMO 2022. Abstract #3222. Oral presentation

BACKGROUND

THE MICROBIOME PLAYS A KEY ROLE IN IMMUNOTHERAPY EFFICACY



Microbiota, influenced by:

- Antibiotics
- Exercise
- Age
- Diet

- These alterations can lead to a chronic inflammation via dysbiosis, which can disrupt the immune response

- The microbiome plays a key role in immunotherapy efficacy; it is important to know how to:
  - 'Balance' the microbiome (via probiotics etc.)
  - Use the microbiome as an adjuvant to ICB treatment

ICB, immune checkpoint blockade

Adapted from Hanahan, D. Cancer Discov. 2022;12:31-46; Derosa L, et al. Annals of Oncology 2018

METHODOLOGY

Objective:

- To identify the different nutritional habits of the patient and the intake of certain foods
- To obtain a global vision of diet and lifestyle

Study Population:

- Advanced NSCLC patients
- At initiation of ICB
- N=105 patients

Food Frequency Questionnaire:

- 1-hour interview with a research nurse
- 47 questions
- 30 different nutrients analysed
- Developed by oncologists, nurses and nutritionists

The following questions are about certain types of food and drinks that you may have consumed in a typical week during the last month. Don't worry if some of them are not listed.

1. Please check the frequency with which you eat at least ONE serving of the following foods and beverages: (one serving includes: a handful of grapes, an orange, a portion of carrots, a side salad, a slice of bread, a glass of soda).

	Rarely or never	Less than once a week	Once a week	1-2 times per week	2-3 times per week	3-4 times per week	4-5 times per week	6+ times per week
Three meals per day	✓	☐	☐	☐	☐	☐	☐	☐
Fasting	☐	✓	☐	☐	☐	☐	☐	☐
Fruit (fresh/ canned)	☐	☐	☐	✓	☐	☐	☐	☐
Fruit juice	☐	✓	☐	☐	☐	☐	☐	☐
Salad (lettuce, spinach, kale, etc.)	☐	✓	☐	☐	☐	☐	☐	☐
Vegetables (fresh / canned)	☐	✓	☐	☐	☐	☐	☐	☐
Potato	☐	☐	☐	✓	☐	☐	☐	☐
Chips / French fries	☐	☐	✓	☐	☐	☐	☐	☐
Egg (including any egg-based recipe)	☐	☐	☐	✓	☐	☐	☐	☐
Beans or legumes (baked beans, chickpeas, etc.)	☐	✓	☐	☐	☐	☐	☐	☐
Nuts and seeds	☐	☐	✓	☐	☐	☐	☐	☐
High-fiber breakfast cereals (all-bran type)	☐	☐	☐	✓	☐	☐	☐	☐
Oatmeal	☐	☐	✓	☐	☐	☐	☐	☐
Whole wheat bread	☐	☐	☐	✓	☐	☐	☐	☐
Other bread (bagel, English muffin etc.)	☐	✓	☐	☐	☐	☐	☐	☐
Rice	☐	☐	☐	☐	☐	✓	☐	☐

ICB, immune checkpoint blockade; NSCLC, non-small cell lung cancer

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CLINICAL FEATURES

Characteristics	ICB (N=105)
Age at 1st treatment, years (SD)	67.5 (8.38)
Sex, n (%)	
Female	54 (51.4)
Male	51 (48.6)
BMI, (SD)	25.57 (4.57)
Smoking habit, n (%)	
Current	24 (22.9)
Former	73 (69.5)
Never	3 (2.8)
NA	5 (4.8)
ECOG PS score, n (%)	
0	38 (36.2)
1	55 (52.4)
2	10 (9.5)
3	2 (1.9)
Histology, n (%)	
Adenocarcinoma	87 (82.9)
Squamous	13 (12.4)
Others NSCLC	5 (4.7)

Characteristics	ICB (N=105)
PDL1 IHC expression, n (%)	
<1%	26 (24.76)
1-49%	27 (25.71)
>50%	47 (44.76)
NA	5 (4.8)
Stage, n (%)	
4	82 (78.1)
Treatment line, n (%)	
Adjuvant	1 (1.0)
Neoadjuvant	2 (1.9)
First	83 (79.0)
Second or higher	19 (18.1)
Treatment, n (%)	
ICB	55 (52.2)
ICB + chemo	41 (39.1)
Combination of ICB	9 (8.7)
Antibiotics, n (%)	
No	93 (88.6)
Yes	12 (11.4)

BMI, body mass index; ECOG PS, Eastern Clinical Oncology Group performance status; ICB, immune checkpoint blockade; IHC, immunohistochemistry; NA, not available; NSCLC, non-small cell lung cancer; PDL1, programmed death ligand 1

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RESULTS

- Overall, patients showed a homogenous and poor diet that was lacking variety of bran cereal, grain and/or gruel. Majority of patients consume coffee
- **Foods associated with a positive response:**
  - Other grains
  - Fruits
  - Rice
  - Beans
  - Eggs
  - Coffee
- **Foods associated with a negative response:**
  - Protein drink
  - White breaded fish
  - Other breads
  - Tea
- **High fibre** diet is **not correlated** with clinical outcome
- Oral intake of **saturated fats is correlated** with clinical outcome

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SUMMARY

- Further study is needed to fully understand the potential of the microbiota as an adjuvant in ICB treatment
- It is important not only to focus on the treatment options for our patients, but also on their food and lifestyle, as these can affect the outcomes of their treatment

KEY MESSAGES:

- **Providing dietary recommendations and educational tools for nurses is an important strategy to optimise ICB efficacy**

ICB, immune checkpoint blockade

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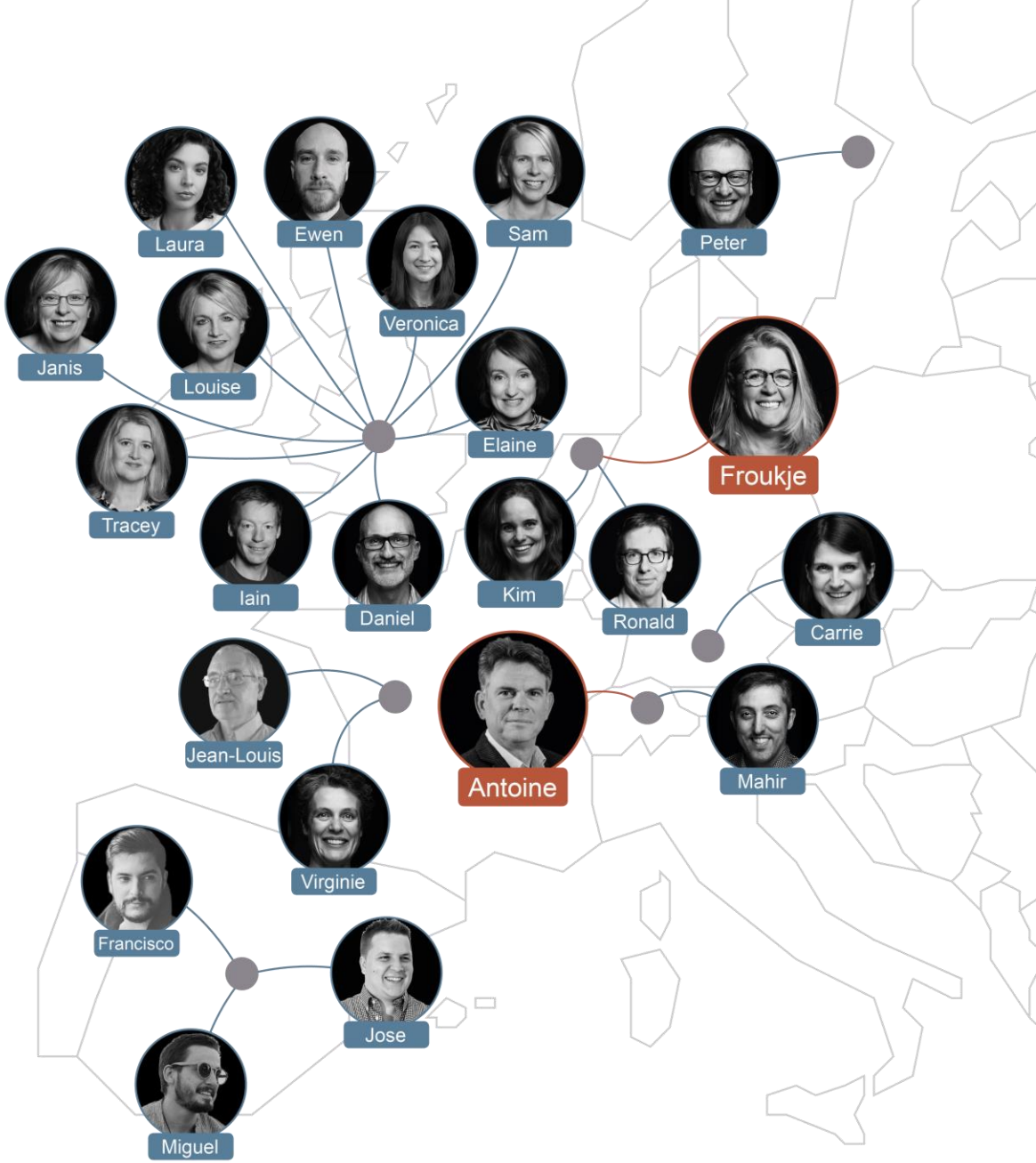

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