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XXII CONGRESSO NAZIONALE AIOM 2020



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PER PRENDERSI CURA DEI NOSTRI PAZIENTI E DEL SSN

Research, Accessibility, Management: 3 cornerstones to take care of our patients and SSN

30-31 Ottobre & 1 Novembre 2020 | VIRTUAL MEETING



with doctors and nurses. Due to the epidemic's course, the second survey could not yet be performed and data will be available by June.

D14

TECHNOLOGY-MEDIATED COMMUNICATION WITH PATIENTS IS A CHALLENGE FOR ONCOLOGISTS IN THE DIGITAL AND PANDEMIC ERA. . . AND THE WINNER IS WHATSAPP!

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Background: Since December 2019, coronavirus disease 2019 (COVID-19) has spread to every Country taking on pandemic proportions in few months. Physicians were asked to redefine ordinary Hospital organization reprogramming clinically differentiable activities.

Materials and Methods: During COVID pandemia our Institution was supported by a call-center (CC, named TOPS s.r.l.) to make a triage for cancer patients (pts) scheduled for follow up in our outpatient clinics: C1 (dedicated to female tumors), C2 (for gastrointestinal, urogenital and thoracic tumors) and D1 (for tumors in over 5 years follow up). We report preliminary data referred to the period 7th April - 24th May 2020. The activity was divided into two phases (F): April (F1) and May (F2). In F2 pts were interviewed about their preferred visit modality. Physical examination was not postpone in case of clinical needs and first visits. Moreover, CC asked about programmed radiological examinations and collected patient's feedbacks about the service.

Results: A total of 587 pts have been contacted: 341 during F1, and 246 in F2. 317/341 (93%) of the contacts in F1 were successful. A gender-stratified analysis showed a majority of female (72.4%). The CC was able to get in touch with 42.8% C1 pts, 34.6% C2 pts and 22.6% D1 pts. During F2 246 pts (96.5%) of 255 planned were efficiently contacted; female maintained the predominance (74.5%). 170 pts (69.1%) were scheduled in C1, 53 pts (21.5%) in C2 and 23 pts (9.4%) in D1. During F2, among the options provided 97 pts (39.4%) selected the phone call, 142 pts (57.7%) decided for video chat (whatsapp) and 2 (0.8%) for video conference with a dedicated platform (google.meet). Only 5 pts (2.1%) expressed their intention to come to the Hospital for examination. In 69.1% of cases (170 pts) the programmed radiological examinations were confirmed during the pandemic. According to some favorable reports, the service was helpful in preserving continuum of care and preventing cancer pts of being left aside in the emergence.

Conclusions: This study show that cancer patients do appreciate technology-mediated follow up visits mainly including video chat (whatsapp) and therefore we should take this into consideration. Furthermore, a dedicated CC may be helpful to organize follow-up activities during COVID-19 and to strengthen doctor-patient relationship in such a critical moment.

D15

DEVELOPMENT AND VALIDATION OF TELEMATIC FOLLOW-UP FOR CANCER PATIENTS DURING THE COVID-19 OUTBREAK AT THE MEDICAL ONCOLOGY UNIT OF SANT'ANDREA AND SAN BARTOLOMEO HOSPITALS, LA SPEZIA

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Background: The reorganization of patient management was essential to maintain an adequate oncologic care and contain patient exposure during SARS-CoV-2 pandemic. Follow-up in particular was a major area for remodulation with large volume of patients involved, generally at low oncologic risk. **Materials and methods:** Pts scheduled for follow-up oncologic visits during the lockdown period (March 9th - May 4th 2020) were included in a program of telematic follow-up (TFU) developed at the Medical Oncology Unit of Sant'Andrea and San Bartolomeo Hospital in La Spezia, Italy. Eligibility for TFU was determined through a pre-screening of medical charts based on tumor type, risk of relapse, geographic accessibility and DFS. Pre-calls were made by skilled nurses to assess pts' availability for next-day phone call and to assess availability of laboratory test and imaging results. A TFU form was conceived to collect pts' clinical history, symptoms, body weight, ongoing medical therapies, DFS, blood tests and imaging results (from Hospital imaging repository or acquired in the pre-call). Pts without signs/symptoms of relapse were scheduled for the next follow-up visit and the filled-in TFU form was attached to the clinical chart. When a suspected disease relapse was found, an ambulatory visit was performed.

Results: There were 547 pts previously scheduled for in-hospital follow-up visit between March 9th and May 4th, 2020. 82 of 547 pts (15%) were considered not eligible for TFU according to the pre-screening assessment. 465 pts out of 547 (85%) were included in the TFU program. All these pts accepted calls with a compliance rate of 100%. The median age was 73 years (34-95); 152 male (33%) and 313 female (67%). The distribution by tumor type was: 179 breast cancer (38%), 86 colorectal (18%), 55 urinary