



Improving simultaneous care in the network of “Rete Oncologica Campana (ROC)”

M09

Marilena Di Napoli(1), Attilio Bianchi(1), Rocco Saviano(1), Antonella Guida(2),
Tiziana Spinosa(3), Antonio Maddalena(3), Gennaro Volpe(3), Sandro Pignata(1)

1)Istituto Nazionale Tumori di Napoli – Coordinamento Rete Oncologica; 2)Regione Campania – Cabina di regia della Rete Oncologica; 3)ASL NA 1–Coordinamento per la ASL NA1 della Rete e Servizi di Assistenza Domiciliare.



Background

Most of the clinical activities in cancer patients are given in an outpatient setting. The concept of simultaneous care, consider concurrently in the need of a specific cancer therapy and treatment of all remaining patient needs. In particular pain management is not only related to the phase of the end of life, but must be followed all over the history of the disease adapting therapy dynamically, especially breakthrough pain, underestimated in the practice. Nutrition is also underestimated and requires continuous assessment. The link among cancer hospitals and the clinical services that manage cancer patient in their area of residence is not fully active in our region. One of the main goal of the ROC is to take care of the oncological needs both in the diagnostic phase and after the therapy is started giving the opportunity to the patients to satisfy all the needs that do not require direct management in the hospital in the services available in the local territorial system.

Methods

The aim of this project is to include in the electronic platform of the ROC a module able to promote the path of simultaneous care. The goal of the project is related to the activation of the territorial integrated assistance when the patient after being treated in the hospital go back home and local services are involved in the care. All the patients coming from the Medical Oncology of the NCI of Naples and resident in the area of the territorial services of ASL NA1 are included in the project. Electronically, all the information regarding the needs of the patient that is going to be sent home are reported to the local services close to its residence. A first assessment of nutrition and pain is done in the cancer center and this report is transmitted to the regional services to prepare the following actions required. Than the territorial pain services take care of the patients identifying through specific questionnaires the occurrence of pain and recording also episodes of breakthrough pain. The pilot experience is going to start in May 2018 and is planned to be extended to all patients treated in the ROC in September.

Conclusions

A web based procedure to guide the path of simultaneous care between cancer centers and the territorial assistance has been developed. Focus on cancer pain and breakthrough cancer pain will be give, in accordance to what is defined by the national law 38/2010 in the intent to move from the hospital without pain to the concept of the territory without pain.

Key-words

1. breakthrough cancer pain, 2. simultaneous care

Bibliography

1. De Andrea et al. Prevalence of undertreatment in cancer pain. A review of published literature. Ann Oncol, 2008; 19(12):1985-1991.
2. Webber K et al. Development and validation of the BTcP Assessment Tool in cancer patients. J. Pain Symptom Manage, 2014; 48:619-31.
3. Decreto n°19 Rete Oncologica Campana (ROC) Bollettino Regione Campania n°22 del 12 marzo 2018.