

**Il coinvolgimento del paziente
nella stesura di un protocollo di
ricerca: realtà o utopia?**

La Ricerca
clinica in
oncologia
spiegata ai
pazienti

Dr Stefano Giordani
Oncologia territoriale AUSL Bologna
Direttore Scientifico Ass. Onconauti
Segretario ROPI
Gruppo Lavoro Teleoncologia SIT

s.giordani@ausl.bologna.it

ASSOCIAZIONE ONCONAUTI (2011-2022)

LA RIABILITAZIONE INTEGRATA
ONCOLOGICA

IL PROGETTO
RETURN TO WORK



*An Italian, open access Model of
Integrative Oncology & Return To
Work*

Stefano Giordani

*Direttore Scientifico Ass. Onconauti
UO Oncologia Territoriale, Ausl Bologna - Area Ovest*

Silvia Ghenciu

Simona D'Amico

Fabrizio Fontana

Emanuele Rondina

Federica Badiali

Laura Patrucco

Team Ass. Onconauti

Fosco Foglietta

Marco Praticò

Mattia Pirani

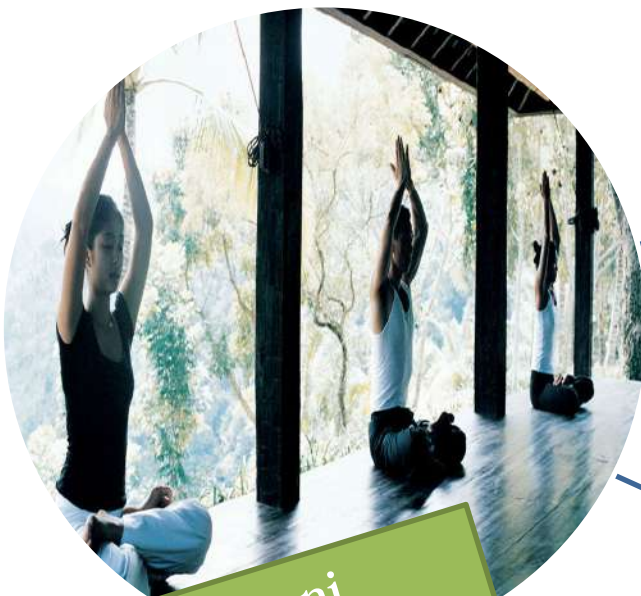
Progetto Return to Work

CHI SONO GLI ONCONAUTI?

3.609.000 (AIRTUM2021)

5,7% della popolazione = 1/17

+37% in 10 anni



Pazienti oncologici in follow up

Da 1 a 5 anni dalla diagnosi :

Sopravviv. 77-80%

Pazienti oncologici > 10 anni dalla diagnosi

(Guariti?)

-Paz. in trattamento adiuvante (PDTA)

-Paz. avanzati in remissione (cronicizzati)

-Paz con malattia a lenta evolutività, (es: prostata in sorveglianza attiva, LMC, ecc)

-(Famigliari/ Caregivers)
-Persone ad alto rischio (Mutaz. Ereditarie, stili di vita a rischio)

ALERT:

Anziani >75:

Sopravviv.

a 5 aa: 42%

Sopravvivenza a 5 anni
dal 39% nel 1990-1992
al 57% nel 2005-2007,
al 64% del 2019

IL PERCORSO DELLA GUARIGIONE IN ONCOLOGIA

Guarigione biologica: 1-10 anni

60% presenta sintomi/disabilità

Guarigione Psico-Soc

Worldwide advances in treatment and supportive care for children and adolescents with cancer have resulted in a increasing population of survivors growing into adulthood. Yet, this population is at very high risk of late occurring health problems, including significant morbidity and early mortality (The Lancet, April 16, 2022)

“Dati i progressi compiuti, i nostri sistemi sanitari e il nostro pensiero devono passare dal concetto di “sopravvivenza” a quello di “VITA DOPO IL CANCRO””

(THE LANCET, Cancer care: beyond survival

APRIL 16, 2022)

RISCHIO
RECIDIVA

DISTURBI
MENTALI

DISTURBI
FISICI

PROBLEMI SOCIALI E FINANZIARI

K Robin Yabroff, PhD, MBA, et al: , Association of Medical Financial Hardship and Mortality Among Cancer Survivors in the United States, *JNCI: Journal of the National Cancer Institute*, 2022;; djac044, <https://doi.org/10.1093/jnci/djac04>

ALERT:
Donne Operate al seno: Difficoltà nel reinserimento lavorativo
42%

Zheng Z, et al.: **Associations of Parental Cancer** With School Absenteeism, Medical Care Unaffordability, Health Care Use, and Mental Health Among Children. *JAMA Pediatr.* Published online April 11, 2022. doi:10.1001/jamapediatrics.2022.0494

Conclusioni

Le difficoltà finanziarie sono associate con **un maggior rischio di mortalità** tra i “Cancer Survivors” negli USA



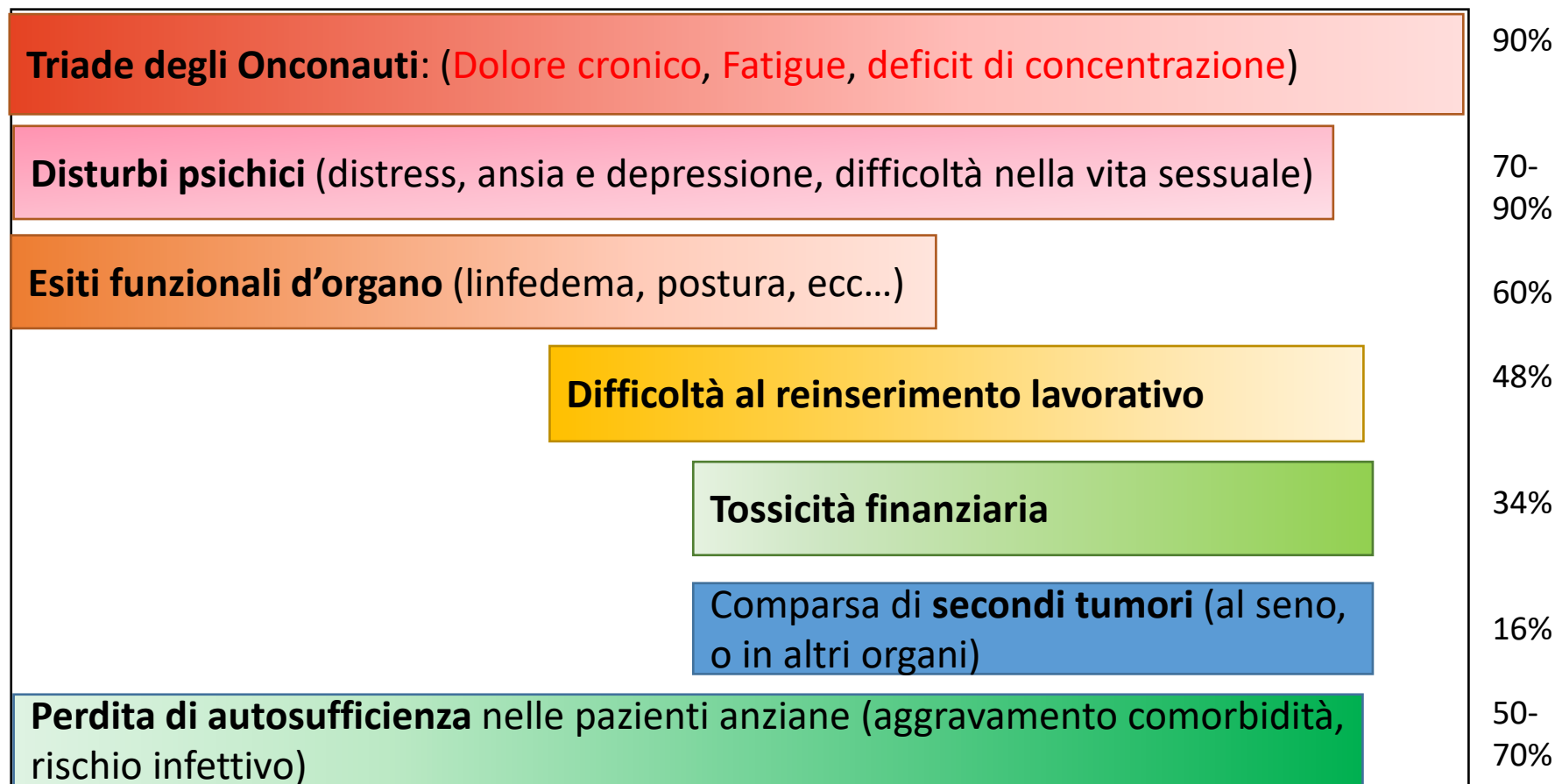
IL PARADIGMA DELLE DONNE OPERATE AL SENO

(S.Giordani, P.Pandolfi et al: Perceived work ability at return to work in women treated for breast cancer: A questionnaire-based study. Med. Lav. 2018, 109, 407–419.)

Diagnosi e Trattamento

Follow Up

Vita post-cancro



visto su facciabuco.com

COME GESTIRLI ?

INTERVENTI SULLO STILE DI VITA NEI LUNGOSOPRAVVIVENTI



Trends in Obesity Prevalence in Adults With a History of Cancer: Results From the US National Health Interview Survey, 1997 to 2014

Heather Greenlee, Zaixing Shi, Christine L. Sardo Molmenti, Andrew Rundle, and Wei Yann Tsai

Il Paradosso del Follow up Oncologico



Physical Activity and Cancer Prognosis: Survival and Recurrence

- Cancer survivors are significantly less physically active after breast cancer diagnosis.
- Reduced risk of death was associated with higher levels of activity in three studies.
- There is a greater decrease in sports activity among women treated with radiation and chemotherapy (50% decrease) than women treated with surgery alone (24% decrease) or those treated with radiation alone (23% decrease).



Stile di vita: Riduzione del 30-50% del rischio di morte in pazienti trattati per le neoplasie di: Mammella, Colon prostata

ASCO

• [Chongya Niu](#) Lifestyle Behaviors in Elderly Cancer Survivors: A Comparison With Middle-Age Cancer Survivors. Journal of Oncology Practice, 2018

TRATTAMENTI INTEGRATI NEI LUNGOSOPRAVVIVENTI



PRATICHE MENTE-CORPO: ANTICHI SAPERI RIVALUTATI CON METODO SCIENTIFICO (Come la Dieta Mediterranea)

TUTTE LE PRATICHE MENTE-CORPO HANNO MECCANISMI DI AZIONE COMUNI



Integrative Therapies During and After Breast Cancer Treatment: ASCO Endorsement of the SIO Clinical Practice Guideline

Anxiety and Stress Reduction

- Meditation is recommended for reducing anxiety. (Grade A)
- Music therapy is recommended for reducing anxiety. (Grade B)
- Stress management is recommended for reducing anxiety during treatment, but longer group programs are likely better than self-administered home programs or shorter programs. (Grade B)
- Yoga is recommended for reducing anxiety. (Grade B)
- Acupuncture, massage, and relaxation can be considered for reducing anxiety. (Grade C)

Chemotherapy-Induced Nausea and Vomiting

- Acupressure can be considered as an addition to antiemetic drugs to control nausea and vomiting during chemotherapy. (Grade B)
- Electroacupuncture can be considered as an addition to antiemetic drugs to control vomiting during chemotherapy. (Grade B)
- Ginger and relaxation can be considered as additions to antiemetic drugs to control nausea and vomiting during chemotherapy. (Grade C)

Depression and Mood Disturbance

- Meditation, particularly mindfulness-based stress reduction, is recommended for treating mood disturbance and depressive symptoms. (Grade A)
- Relaxation is recommended for improving mood disturbance and depressive symptoms. (Grade A)
- Yoga is recommended for improving mood disturbance and depressive symptoms. (Grade B)
- Massage is recommended for improving mood disturbance. (Grade B)
- Music therapy is recommended for improving mood disturbance. (Grade B)
- Acupuncture, healing touch, and stress management can be considered for improving mood disturbance and depressive symptoms. (Grade C)

Pain

- Acupuncture, healing touch, hypnosis, and music therapy can be considered for the management of pain. (Grade C)

Quality of Life

- Meditation is recommended for improving quality of life. (Grade A)
- Yoga is recommended for improving quality of life. (Grade B)
- Acupuncture, mistletoe, qigong, reflexology, and stress management can be considered for improving quality of life. (Grade C)

Fatigue

- Hypnosis and ginseng can be considered for improving fatigue during treatment. (Grade C)
- Acupuncture and yoga can be considered for improving post-treatment fatigue. (Grade C)

Sleep Disturbance

- Gentle yoga can be considered for improving sleep. (Grade C)

Vasomotor/Hot Flashes

- Acupuncture can be considered for improving hot flashes. (Grade C)



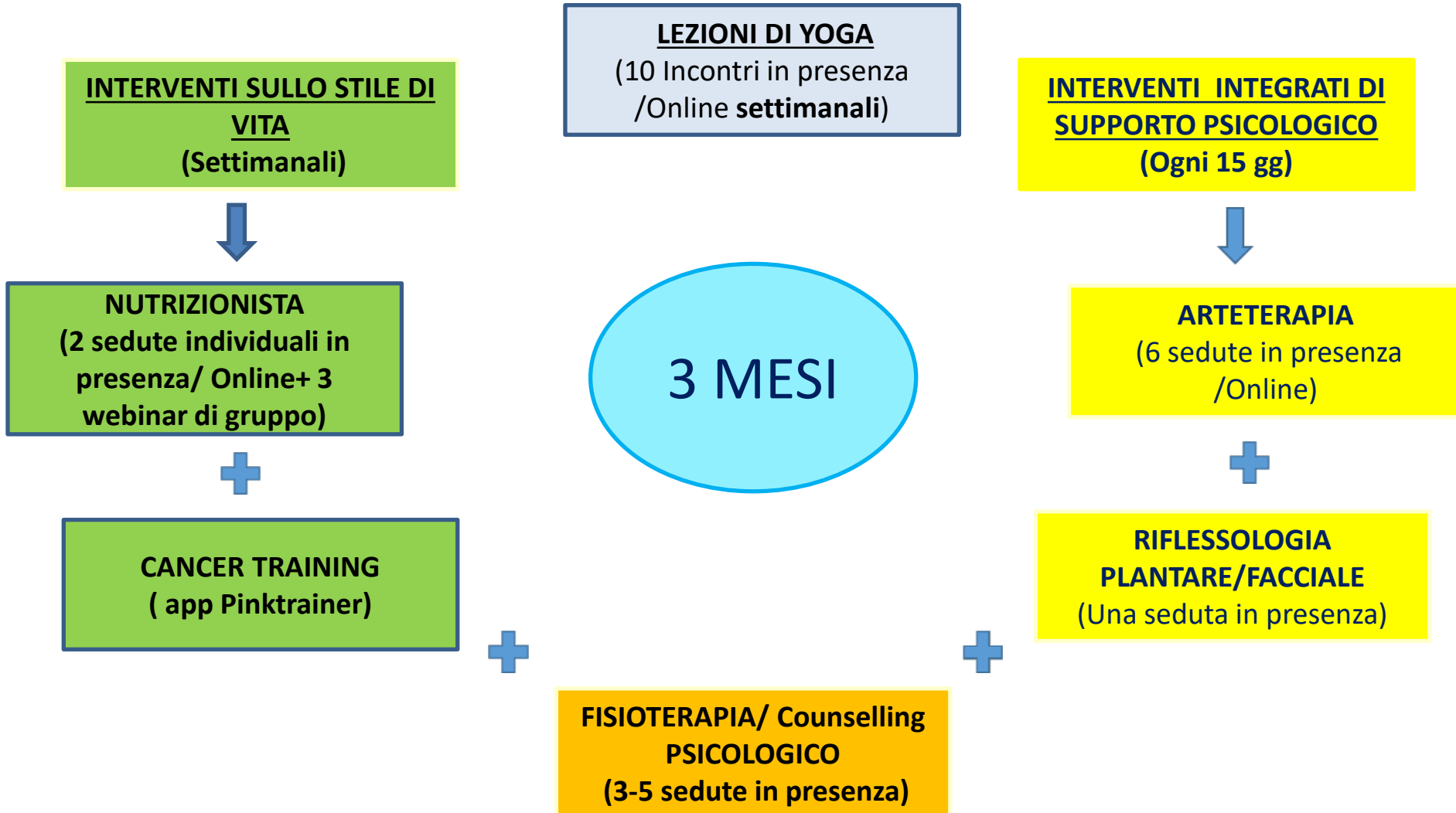
IL METODO DI RIABILITAZIONE INTEGRATA DELL'ASSOCIAZIONE ONCONAUTI





PERCORSO DI RIABILITAZIONE INTEGRATA ASSOCIAZIONE ONCONAUTI

(COMBINAZIONE DI INTERVENTI IN PRESENZA/DIGITALE)



Convegno AIOM 2016



PROMOTING HEALTHY LIFESTYLES. ADDITIONAL RESULTS OF AN EXPERIMENTAL STUDY ABOUT THE BENEFIT OF MIND-BODY PRACTICE FOR CANCER SURVIVORS.

S. Giordani,^{*} C. Teneggi,^{**} S. D'Amico,^{**} G. Nicoletti,^{**} P. Pandolfi^{***}, M.A. Musti^{***}, A. Ardizzoni^{****}

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^{*}Territorial Oncology, Dept. Primary Care AUSL Bologna, ^{**}Gli Onconauti Association, ^{***}Dept. Hygiene and Health Promotion AUSL Bologna, ^{****}Polyclinic Medical Oncology Center S.Orsola

Introduction

A diagnosis of cancer, treatment side effects and consecutive follow up cause negative emotional responses including anxiety, depression, fatigue, fear and insomnia that affect the healing process. Hence, for a fruitful cancer care, it is logical to put emphasis on both physical and emotional well-being. Scientific evidence supports the utilization of integrative mind-body interventions in rehabilitation programs and encourage the promotion of a whole-person approach to health. Specifically, meditation and yoga programs have applicability in areas of decreasing anxiety and mood disorders. Taking account of international and national guidelines, we designed a program of integrative rehabilitation based on 3 months yoga lessons and nutritional counselling. The purpose of this study is to prove the efficacy of yoga training (breathing exercises, gentle yoga poses and relaxation techniques) in the area of supportive cancer care.



Fig. 1- Yoga class of cancer patients (Onconauti)

Materials

A group of 70 cancer survivors that, in the follow-up phase, suffered from psycho-physic symptoms not curable by a pharmacological approach. Average Age: 61 (range:36-83); 77% of patients presented comorbidities.

TYPES OF CANCER	%	THERAPY DONE	%
Breast	49.28	Chemo	27.54
Colorectal	13.05	Radio	18.84
Prostate	7.25	Hormone treatment	33.33
Ovarian Uterus	7.25		
Renal	4.35		
Other	20.3		

Tab. 1 e 2 - Patients characteristic and therapies

Methods

Administration of Profile of Moods States (POMS). A rapid method of assessing transient, fluctuating active mood state. It is an ideal instrument for measuring and monitoring treatment change in clinical, medical, and addiction counselling centres. POMS was administered at beginning (TEST) and at the end (RETEST) of the 3 month rehabilitation program. Wilcoxon-Signed Rank Sum Test is used to compare POMS scores before and after the mind-body program.

Results

The statistical assessment shows a significant improvement in each mood dimension and in the total mood disturbance ($p < 0.05$), although there is much variability within group. Surprisingly, pain perception disappears in 25% of cancer patients that felt it. Moreover, the patient satisfaction questionnaires suggest that several symptoms improved with yoga (enhancement in the quality of sleep and strength of body, decrease in symptoms of anxiety, ecc).

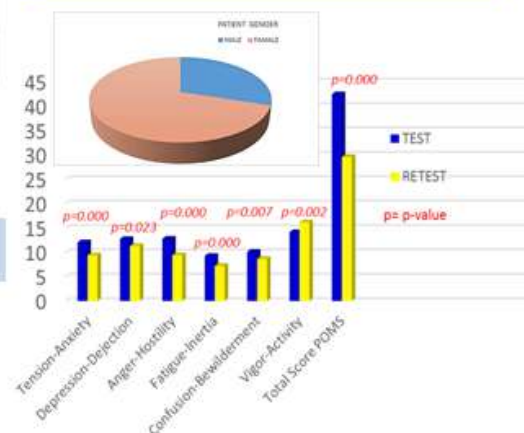


Fig. 2 - Patient Gender and Average of POMS Score reporting p-value for a one-way ANOVA.

Conclusions

Our study confirm that yoga practice can enhance physical and emotional well-being of cancer survivors. We hope that such type of integrative intervention, quite inexpensive and with international scientific evidence of efficacy, will soon become a standard for oncological follow up. In the area of oncology rehabilitation as in Palliative Care, the integration between Public Health Service and No Profit Organization could become a sustainable and cost effective model of intervention.

WE PROVE THE EFFICACY OF OUR INTEGRATIVE REHABILITATION PROGRAM IN THE TREATMENT OF MOOD DISTURBANCE.

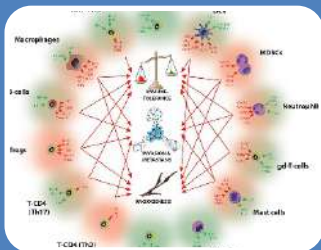
Bibliography

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- Chandwani KD et al, JCO, 2014, Apr (1): 1040-1049.
- Bower EG et al, JCO, ASCO 2014 (32): 1840-1850
- V Libro Bianco AIOM, 2012
- S. Giordani et al., SUMAI 2015 (1): 14-17
- POMS, McNair et al. 1981

UNA PROPOSTA DI INNOVAZIONE DEL FOLLOW UP ONCOLOGICO: IL RECUPERO DELLA SALUTE SESSUALE PASSA PER IL BENESSERE



Presenza in carico di prossimità: (Oncologia territoriale), anche grazie alla Telemedicina (PRO), monitoraggio e Riabilitazione Integrata Interdisciplinare



Personalizzazione: Appropriately dei controlli (Screening Personalizzato in base al rischio) e interventi di precisione sullo stile di vita (Analisi microbiota e biomarcatori genetici)



Ricerca: su Test non solo Predittivi (Risposta alle terapie) ma anche Prognostici (Dichiarazione di guarigione precoce)

#nonchiamiamolipiùisopravvissuti



Intersection of Digital Health and Oncology

Reshaping cancer treatment and care using Digital Health (DH)

Current challenges of cancer treatment

Pace of clinical trials \neq genomic and immunotherapeutic discoveries

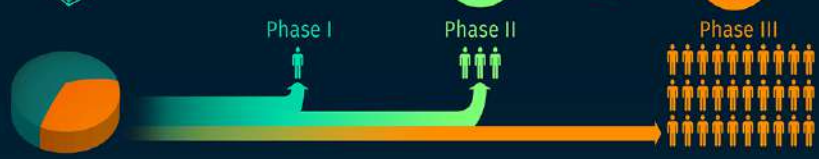
+ - Value of data (Interpretation, endpoints and outcomes)

Median time for development: **7.3 Years**

Regulatory environment

High development cost of new drugs: **\$648 M to \$2.7 B**

Validation (Data and ecosystem)



Only **35%** of drugs proceed to Phase III trials

100 patients

So how will DH technologies help?

Integration of DH into health care screening, monitoring, management, follow-up, and support of cancer patients

Reduce cancer care inefficiencies

- Improving clinical research quality
- Scaling personalized health care
- Continuous health care support
- Bridging health disparities
- Collaboration beyond clinical settings

Types & Benefits of DH

eHealth & mHealth

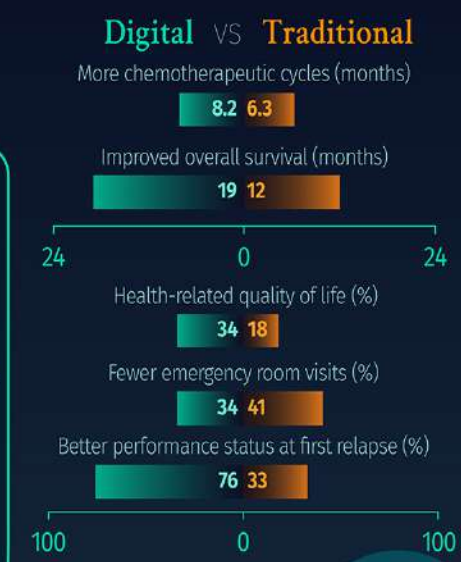
- Increased sample size
- Better data analysis
- Accurate data collection
- Faster health care support

Telehealth and wearable devices

- Faster diagnosis and treatment
- Remote health monitoring

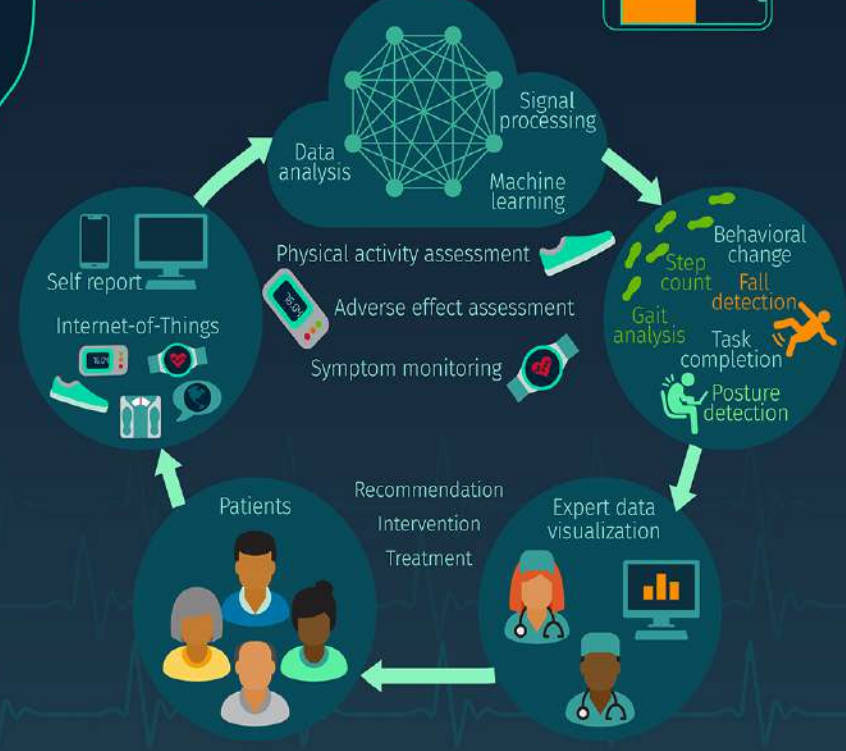
Health information technology

- Real-time patient-reported outcomes (PRO)
- Remote health monitoring
- High-risk symptoms alerts



Society is ready for digital

More than **two thirds** of adults aged ≥ 65 years use the Internet, with more than **one-half** owning smartphones



- ### Revolutionizing cancer care with DH
- Improved PRO monitoring via smartphone sensors
 - Continued follow-up beyond clinical settings via mHealth and telehealth
 - Expedited drug development via better assessment of treatment outcomes
 - Better geriatric care via remote monitoring
 - Better adolescent and young adult health care via multiple digital modalities



