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## P12.05

## Current State and Challenges of Lung Cancer Treatment in Georgia



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**Introduction:** Despite being an easily preventable disease, lung cancer has been the leading cause of cancer death worldwide since 1987. Especially in developing countries, the incidence is rising drastically due to the increased use of tobacco products. In recent years there have been several publications addressing pretreatment and treatment specifics of lung cancer worldwide, but none concerning Georgian population. We conducted the first study in Georgia that aims both evaluating current lung cancer challenges and indicating the future strategies for improved cancer care in the country. The aim of the present study was to provide an overview of the availability of diagnostics and treatment of Lung cancer in the country. **Methods:** Being a descriptive study, we first retrieved the National Center for Disease Control and public health (NCDC) statistics which started the nationwide cancer registry from 2015. Further, we analyzed the smoking patterns of our society and the role of governmental tobacco control plan on the reduction of smokers in the country. It was unanimously decided that the meeting objective should be addressed through a survey administered in two steps: in the first step, information about the radiology investigation, molecular diagnosis and treatment procedures were collected and reflected the current situation in each of the represented hospitals. Finally, we identified other challenging issues in pretreatment and treatment aspects in lung cancer emphasizing on the reimbursement issue and public health sector policies. **Results:** In 2018, there were 1217 new cases with the male to female ratio 5.9:1. The median age at diagnosis was 63.3 years (range, 20 to 86 years). Almost 90% of lung cancer patients were stages III and IV. Although there are laws prohibiting smoking in work or public places and the prices for tobacco products has been increased, in 2013, the estimated age-standardized prevalence (ASP) of tobacco use was 58.5% for males, which is one of the highest values in the European region (average, 38.5%). In contrast, ASP in Georgian females was only 5.8% – lower than the average for the European Region (20.7%). There is no national screening program. While radiologic imaging is readily available, functional imaging is still rare and underutilized, similarly to genetic testing. The percentage of surgical patients remains very low because of late diagnosis and the vast majority of patients are treated with radiotherapy and/or drug therapy. The availability and reimbursement of certain treatment modalities still remains an issue. **Conclusion:** Additional measures focusing on smoking cessation are required. There is also great need to introduce LC screening program in high risk groups, as the number of active smokers doesn't seem to cease. Improvement in access to modern treatment modalities and standardization of national diagnostic and treatment protocols are also urgently needed. **Keywords:** LC Georgia, Lung cancer Georgia, Georgia

## P13 HEALTH SERVICES RESEARCH/HEALTH ECONOMICS - MISC. TOPICS

## P13.01

## Analysis of the Effect of Personalized Nursing in Patients Undergoing Thoracoscopic Surgery for NSCLC



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**Introduction:** To analyze the effect of personalized nursing in patients with NSCLC undergoing thoracoscopic surgery. **Methods:** NSCLC of 158 patients who underwent thoracoscopy were randomly divided into control group and observation group, with 79 cases in each group. Patients in the control group received routine nursing measures, and patients in the observation group received personalized nursing measures. The two groups of patients were compared for extubation time, hospitalization, the occurrence of complications, and nursing satisfaction. **Results:** The time of extubation ( $38.3 \pm 4.7$ )h and hospital stay ( $3.8 \pm 2.3$ )d in the observation group were shorter than those in the control group ( $51.4 \pm 6.1$ )h and ( $4.9 \pm 3.7$ )d, and the incidence of complications was 3.79% low. In the control group, the difference was statistically significant (15.18%) ( $P < 0.05$ ). The nursing satisfaction of patients in the observation group was 97.46% higher than that in the control group, which was 81.01%, and the difference was statistically significant ( $P < 0.05$ ).

**Table 1.** Comparison of extubation time, hospitalization time and complications between the two groups after nursing (n(%),  $\bar{x} \pm s$ ) \* $P < 0.05$

Group	Case	Complications	Extubation time(h)	hospitalization time (d)
observation group	79	3(3.79)*	38.3±4.7*	3.8±2.3*
Control group	79	12(15.18)	51.4±6.1	4.9±3.7

\* $P < 0.05$ .

**Table 2.** Comparison of nursing satisfaction between the two groups after nursing (n(%), %)

Group	Case	Satisfied	generally satisfied	dissatisfied	Nursing satisfaction
observation group	79	54(68.35)*	23(29.11)*	2(2.54)*	97.46*
Control group	79	42(53.16)	22(27.85)	15(18.99)	81.01

**Conclusion:** The application of personalized nursing measures in thoracoscopic NSCLC surgery can shorten the intubation time of patients, improve the quality of nursing care, reduce complications such as retention of sputum, atelectasis and pneumonia, and also can effectively reduce the length of hospitalization of patients, which is worthy of clinical promotion. **Keywords:** Personalized nursing, Thoracoscopic surgery, NSCLC

## P13.02

## Role of Management Checklist in the Prevention and Control of NCP in Oncology Ward



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**Introduction:** Objective to summarize the work flow list during epidemic period, and to discuss and summarize the process management and prevention and control methods of each link in Tumor area during epidemic period of novel coronavirus pneumonia (NCP), in order to achieve the orderly completion of radiotherapy and chemotherapy for tumor patients, and prevent a tumor patient from contracting novel coronavirus pneumonia. **Methods:** According to the characteristics of the transmission of NCP and the relevant documents

of the National Health Commission, the list of management work was carded out, to establish various prevention and control processes in tumor wards, control key population, establish correct infection control measures, scientifically protect key personnel and effectively manage protective materials. **Results:** During the epidemic period of NCP, the tumor inpatients could complete the radiotherapy and chemotherapy in time and effectively, and the infection of NCP was avoided. The ability and knowledge of prevention and control of hospital infection of new pneumonia were improved. **Conclusion:** The nursing managers adopt and implement correct measures to prevent and control NCP infection

Management work list

- 1 To establish a novel coronavirus pneumonia prevention and control management group
- 2 Collection of infection prevention and control policies
- 3 Carry out training for all staff (medical staff and service staff)
- 4 According to the actual situation of the ward, establish the correct infection control process in the ward
- 4.1 Emergency plan for novel coronavirus pneumonia inXX ward.
- 4.2 Accompany / visit system in XX ward;
- 4.3 XX ward management system;
- 4.4 The transport process of novel coronavirus pneumonia patients in XX ward.
- 4.5 Disinfection process and scheme of specific places for suspected/confirmed patients in XX ward;
- 4.6 Scheme and process of patients in XX ward;
- 4.7 XX ward inpatient and escort screening process;
- 4.8 XX ward access management process;
- 4.9 Scheme of district management in XX ward;
- 4.10 Distribution and management process of accompanying Certificate in xx ward;
- 4.11 Hand hygiene program in XX ward.
- 4.12 Transportation process of special specimens in XX ward
- 5 Environmental zoning, material list and air disinfection process in the ward
- 6 Management process of medical protective materials
- 6.1Management process of epidemic prevention materials in XX ward;
- 7 Use system of personal protective equipment (PPE)
- 7.1 Guidelines for the use of protective equipment for medical staff in XX ward;
- 8 Establish the treatment process of special medical waste
- 8.1 Transport process of special infectious substances in XX ward

through the management work list system, which can effectively ensure the safety of tumor patients and the occupational safety of medical workers. The purpose of this study is to provide practical experience for the establishment of infectious emergency nursing management system in common disease areas. **Keywords:** List of management, Oncology ward, coronavirus pneumonia

P13.03

The Role of Nurse Practitioners Within Thoracic Radiation Oncology and the Benefit to Patients, Physicians and the Healthcare System



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**Introduction:** The role of NPs within thoracic radiation oncology has evolved over time. At our National Cancer Institute (NCI) comprehensive center we instituted a nurse practitioner (NP)lead survivorship care model for thoracic radiation oncology in order to standardize follow-up. **Methods:** We designed a model to optimize MD availability to see new patients and allow NPs to focus on follow up care. After radiation treatment was completed, patients would transition follow-up care to the thoracic NP, with the thoracic NP clinic occurring simultaneously with the Attending rad onc physician. NP was involved in patient care while on radiation treatment to manage treatment related side effects and other issues. Patients were scheduled for first follow-up to occur about 4-6 weeks after radiation was complete. Surveillance imaging consisting of chest CT w/IV contrast was performed every 3-6 months and other imaging, including PET CT as clinically indicated. All imaging studies were reviewed by Attending physician. If new cancer recurrence was suspected, the patient was scheduled for re-evaluation with Attending. Afterwards patients transitioned to NP led survivorship clinic. Patients were follows for 5 years or until progression that necessitated active treatment.

Surveillance Protocol:

Disease	Surveillance
Stage I non-small cell lung cancer—medically inoperable	12 weeks post tx CT chest, with CT chest q 4 to 6 months thereafter.
Stage III non-small cell lung cancer treated with chemo-RT followed by immunotherapy	Med onc visit within 2 weeks after completion of radiation. Rad Onc visit q 6 months with CT chest for 5 years or until disease progression.
Limited stage small cell lung cancer	12 weeks post tx CT chest, with CT chest q 3 to 6 months thereafter. MRI brain 4 weeks post chemoradiation to assess for prophylactic cranial irradiation.
Brain mets treated with SRS	MRI brain with and without contrast q 3 months for 1 year, then q 6 months.
Palliative radiation treatment	6 weeks post-treatment follow-up to assess for symptom resolution. Imaging as needed.

**Results:** Over a 2-year period 245 new thoracic consults were seen by thoracic lead team radiation oncology. Lead thoracic NP saw 395 thoracic follow-ups. Attending saw 232 thoracic return visit evaluations. Patient satisfaction with NP led clinic = between 93-100 % per Press Ganey patient surveys. **Conclusion:** This NP lead survivorship care model optimizes MD availability for newly diagnosed patients and allows NPs to fully engage in follow-up care for thoracic patients. This model is feasible within a NCI comprehensive cancer center. This survivorship paradigm creates a supportive environment for follow up care that leads to high levels of patient satisfaction. **Keywords:** Advanced practitioner role

P13.04

Should We Offer Germline Testing to All Patients With Lung Cancer? An Ethical Point of View



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**Introduction:** Previous works show that germline mutations explain a minority of Lung Cancer (LC) cases, some features are: young patients (pts), pts with double primary tumor, and cancer family history (CFH). Nonetheless, guidelines for genetic counseling (GC) or genetic testing