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Impact of a nurse educational program and accessibility in the management of patients with hepatocellular carcinoma under systemic treatment

Neus Llarch¹, Gemma Iserte¹, Víctor Sapena¹, Alvaro Diaz-Gonzalez¹, Marco Sanduzzi Zamparelli¹, Leonardo Gomes da Fonseca¹, Cassia Regina G Leal¹, Jordi Bruix¹, Maria Reig¹

¹Barcelona, BCLC Group. Liver Unit. Hospital Clínic of Barcelona. University of Barcelona. IDIBAPS. CIBERehd, Barcelona, Spain

Email: nllarch@clinic.cat

Background and aims: Management of sorafenib therapy in hepatocellular carcinoma patients (HCC) requires dose modifications due to adverse events (AE) and multiple visits until reaching the tolerated dose for each patient. Thus, a multidisciplinary approach including expert nurses for patient education and counseling is key to improving treatment compliance.

Our study evaluates the impact of expert nurses in handling unscheduled phone-call visits regarding doubts and symptom-management at the start of treatment. (≤ 60 days).

Method: A descriptive retrospective study based on prospective data of the nurse educational program and its impact during systemic therapy. The program includes an on-site educational appointment before starting sorafenib, on-site visits every month and unscheduled phone-call visits. We collected the number, causes, type of issues raised by patients and the resolution of the unscheduled phone-call visits.

Results: From Jan/2015 to Sept/2018 101 patients started sorafenib at BCLC. 93 of them made 357 unscheduled phone-call visits. 163 calls were excluded because of their administrative nature or lack of information. The remaining 194 unscheduled phone-call visits from 76 (75.25%) of the 101 patients were analyzed.

The median number of issues for each unscheduled phone-call visit was 1 (range; 1-4) and 424 types of issues were the cause of consultation. 52.5% (n = 137) of the issues were solved only by nurses and 47.5% (n = 124) needed physician intervention. The issues solved by nurses were classified as sorafenib-related AEs (43%), non-sorafenib related AEs (53%) and cirrhotic decompensations (4%). The most frequent treatment-related-AEs solved by nurses were hypertension 13.9% (n = 19) and deposition alterations 12.4% (n = 17). Nurse interventions were care counseling (50 %), educational intervention (28 %) and resource management (22 %).

5% of the patients were referred to the emergency department due to fever, hemorrhage, ascites and pain and 60% of them were admitted to the hospital.

Conclusion: The nurse educational program and the follow-up monitoring registered the use of unscheduled phone-call visits by 92% of sorafenib-treated patients. More than 50% of the issues were solved only by the expert nurse. Thus, this program reduces on-site visits, optimizes health resources and secures patient compliance to treatment. Therefore, our results demonstrate the key role of the expert nurse in the optimal management of patients under systemic treatment.