



Telehealth in Cancer Research in the COVID-19 scenario in Brazil: The role of Research Nurse

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Introdução

In the begging the COVID-19 pandemic the recomendation was to stayt at home and made innumerous people postpone their health appointments. ALICE trial (NCT3366051) is a prospective, randomized non-inferiority study The quality of life (QoL) and morbidity of sentinel lymph node (SLN) mapping with or without systematic lymphadenectomy in endometrial cancer has benn evaluated. In this pandemic scenario, researchers has needed to review how to develop new approaches with the least possible impact on their patients, professionals and researchs

Casuística e Métodos

Descriptive and prospective study. In this study, women with endometrial cancer were evaluated to assess the incidence of surgical morbidity, treatment complications and quality of life. The follow-up was evaluated in the preoperative, 1 month, 6 and 12 months with the application of QoL by the EORTC QLQ30e Cx24. The Lower Limb Lymphedema(LLL) will be evaluated by circumference measurement. In the period between May and June 2020, appointment follow-up of patients belonging to the research project, who were delayed due to the inability to attend the hospital in person were replaced by the Telehealth by the research nurses for the application of the QoL Questionnaire through the European Organization for Research and Treatment of Cancer (EORTC) and screening for complications of surgical treatment. Followup consultations were screened and those that were late or had no scheduled date, nursing consultations were made for application of EORTC QoL and the reports of signs and symptoms about complications of surgical treatment. This questionnaire was done by phone. LLL was assessed using a symptoms 'script on the evaluation of LLL by nurses

Resultados

Twenty three women were attended by telehealth to follow up the

research moments. Patients' follow up absence was classified as patients who did not return for postoperative follow-up at hospital in the postoperative period. The median age was 58 years, and the Endometrial Cancer stage was 5 (21.7%) in high risk and 18 (78.3%) in low risk. The postoperative follow-up time were done in 1, 6 and 12 months for 3 (13%), 11(47.8%), and 9 (39.1%) patients, respectively. Although analyzing only a single contact, we found higher compliance rates for telemonitoring compared to overall (88.5% standard 58%). visits VS. The way to use a telehealth was a phone contact in 22 cases (95.7%). In one case texting was used to. In the failed cases 3 (13%), 3 times in different hours was tried out. In a single case (4.3%) that the patient had answered by the call she described a discomfort in informing her clinical data over the phone. The difficulty with this method was the inability to measure the circumference to identify the limb volume. However, the Patient Reported Outcomes (PRO) and a LLL assessment script have been used. Telephone check was reported by the women in the study as an opportunity to answer questions about pandemic problems and also about their medical

Conclusões

The Telehealth optimizes research evaluation, and it is an effective way to maintain the safety of patients and nurse coordinators of studies during the COVID-19 pandemic. 23 patients would be without follow-up assessment about tracking the research objectives. The PRO was an effective to access the cancer treatment. We believe that this methodology can be used for the follow-up of study patients in their usual follow-up design and improve the reduction of loss rates and the and symptoms can be better characterized

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