La gestione integrata del paziente

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La gestione integrata del paziente

La gestione multidisciplinare

La gestione integrata medico - infermiere

La gestione integrata del paziente

La gestione multidisciplinare

The multidisciplinary meeting: An indispensable aid to communication between different specialities

- Multidisciplinary team meetings **(MDT's) form part of the daily work** in most hospitals caring for cancer patients as a form of institutionalised communication.

Ruhstaller T, et al. Eur J Cancer. 2006 Oct;42(15):2459-62.

The multidisciplinary meeting: An indispensable aid to communication between different specialities

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- The degree of organisation and the type of communication in these MDTs has a **direct impact on the quality of patient care provided**.

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- The degree of organisation and the type of communication in these MDTs has a **direct impact on the quality of patient care provided**.

- One resulting decision from a **multidisciplinary discussion is more accurate and effective** than the sum of all individual opinions.

Ruhstaller T, et al. Eur J Cancer. 2006 Oct;42(15):2459-62.

The multidisciplinary meeting: An indispensable aid to communication between different specialities

- Other benefits include consistency in the standard of patient management offered, a **teaching element for junior doctors** and improvement in communication between different specialists.

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- Other benefits include consistency in the standard of patient management offered, a **teaching element for junior doctors** and improvement in communication between different specialists.
- **An MDT needs mature leadership to produce a democratic climate** allowing for open and constructive discussion. Controversies, which are inevitable within a team who are striving to reach decisions concerning complex situations, therefore require a variety of approaches for dealing with them when they occur.

Ruhstaller T, et al. Eur J Cancer. 2006 Oct;42(15):2459-62.

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- **An MDT needs mature leadership to produce a democratic climate** allowing for open and constructive discussion. Controversies, which are inevitable within a team who are striving to reach decisions concerning complex situations, therefore require a variety of approaches for dealing with them when they occur.
- As **MDT's are a key component in a professional's routine**, it is worthwhile spending time considering the organisations, targets, documentation and collaboration within the MDT.

Ruhstaller T, et al. Eur J Cancer. 2006 Oct;42(15):2459-62.

Che cosa si fa in Piemonte…

Courtesy of Gianmauro Numico, 2016

…e (meglio tardi che mai) in altre Regioni…

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sanità

Presentata la Rete oncologica campana

Di **redazione mn24** - 14 settembre 2018

."Attraverso percorsi diagnostico-terapeutici assistenziali (PDTA) predefiniti e team multidisciplinari di cure cui concorrono diverse figure professionali – *dice Sabino De Placido, Direttore del Centro Oncologico dell'Università Federico II di Napoli* – si assicura ai singoli pazienti una migliore qualità ed efficacia delle cure con farmaci innovativi ed una tempestivadisponibilità di tecnologie diagnostiche di alta complessità sempre più adeguate ai continui miglioramenti della ricerca."

original report

Global Practice and Efficiency of Multidisciplinary Tumor Boards: Results of an American Society of Clinical Oncology International Survey

abstract

Purpose Multidisciplinary tumor boards (MDTBs) are universally recommended, but recent literature has challenged their efficiency.

Methods The American Society of Clinical Oncology (ASCO) conducted a survey of a randomly selected cohort of international ASCO members. The survey was built on SurveyMonkey and was sent via e-mail to a sample of 5,357 members.

Results In all, 501 ASCO members practicing outside the United States responded, and 86% of them participated in MDTBs at their own institutions. Those who attended represented a variety of disciplines in 70% to 86% of all MDTBs. The majority of MDTBs held weekly specialty and/or general meetings. Eighty-nine percent of 409 respondents attended for advice on treatment decisions. Survey respondents reported changes of 1% to 25% in treatment plans for 44% to 49% of patients with breast cancer and in 47% to 50% of patients with colorectal cancer. They reported 25% to 50% changes in surgery type and/or treatment plans for 14% to 21% of patients with breast cancer and 12% to 18% of patients with colorectal cancer. Of the 430 respondents 96% said overall benefit to patients was worth the time and effort spent at MDTBs, and 96% said that MDTBs have teaching value. Mini tumor boards held with whatever types of specialists were available were considered valid. In all, 94.8% (425 of 448) said that MDTBs should be required in institutions in which patients with cancer are treated.

Conclusion MDTBs are commonplace worldwide. A majority of respondents attend them to obtain recommendations, and they report changes in patient management. Change occurred more frequently with nonmedical oncologists and with physicians who had less than 15 years in practice. MDTBs helped practitioners make management decisions. Mini tumor boards may improve time efficiency and are favored when the full team is not available. Suggestions for improving MDTBs included making them more efficient, better selection and preparation of cases, choosing an effective team leader, and improving how time is used, but more research is needed on ways to improve the efficiency of MDTBs.

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Raghid N. Charara
Firas Y. Kreidieh
Vanessa Eaton
Kate Litvin
Rania A. Farhat
Katia E. Khoury
Juliana Breidy
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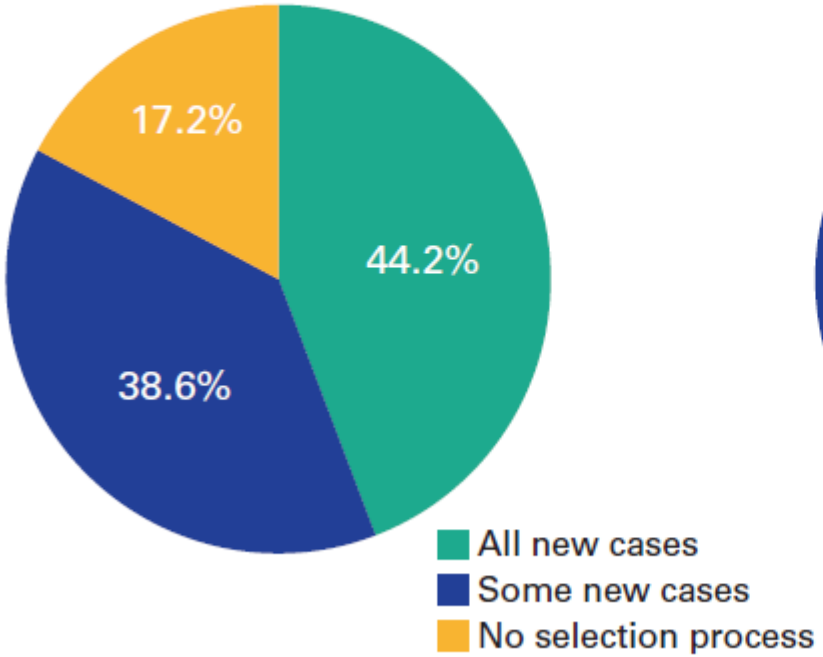
and Toufic A. Eid

Nagi S. El Saghir, Raghid N. Charara, Firas Y. Kreidieh, Rania A. Farhat, Juliana Breidy, Hani Tamim, and Toufic A. Eid, American University of Beirut Medical

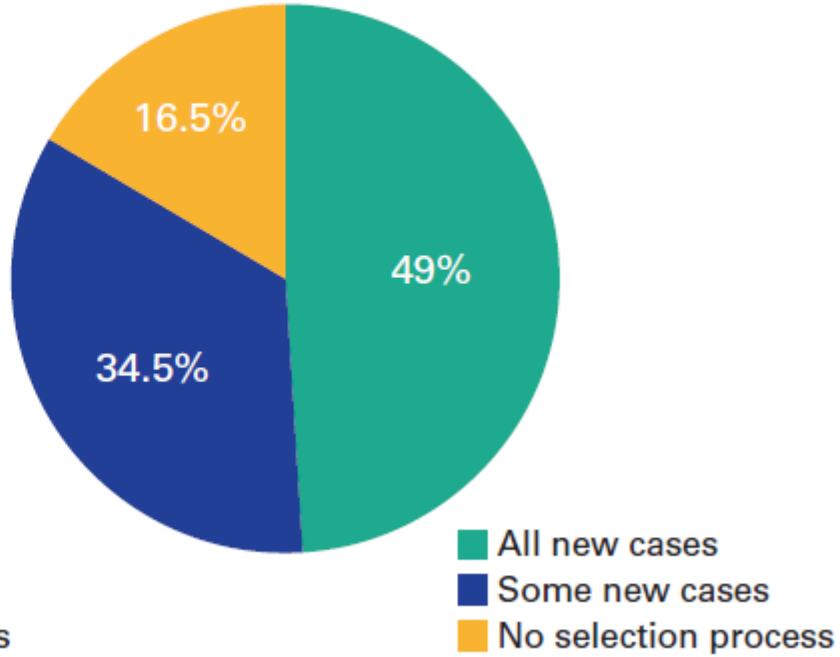
J Glob Oncol 1:57-64.

How patients are selected for discussion at tumor boards?

How are cases with GI cancer selected for discussion at your tumor boards?



How are early breast cancer cases selected for discussion at your tumor boards?



El Saghir NS, et al. J Glob Oncol. 2015 Oct 28;1(2):57-64.

How patients are selected for discussion at tumor boards?

Most respondents (48.3%) reported that only a few patients with breast cancer who had disease progression or recurrence were presented, 31.6% of respondents reported that the majority of patients with progression or recurrence were reported, and 20.1% of respondents presented that all of the patients with progression or recurrence were presented.

El Saghir NS, et al. J Glob Oncol. 2015 Oct 28;1(2):57-64.

Changes made to diagnosis and treatment plan as a result of tumor board discussion

Table 1 – Frequency of Changes Made to Diagnosis and Treatment Plans for Patients With Breast Cancer and CRC as a Result of the MDTB Discussion, Based on the Experience of the Respondents

Change Made to Diagnosis or Treatment Plan for Patient	Frequency of Change (%)					Average Rating
	0	1-25	26-50	51-75	76-100	
Pathology changed						
Breast cancer	16.37	46.85	3.53	1.26	0.25	1.01
CRC	24.31	41.10	2.26	1.00	0.50	1.03
Stage changed						
Breast cancer	11.97	48.63	6.23	3.49	0.50	1.03
CRC	10.61	51.01	6.31	2.53	1.01	1.06
Treatment plan changed						
Breast cancer	0.73	44.15	21.71	4.88	2.20	1.12
CRC	1.74	47.89	18.61	2.73	2.73	1.15
Type of surgery changed						
Breast cancer	3.72	49.63	14.64	2.73	0.74	1.04
CRC	3.53	50.63	12.34	2.27	1.26	1.07

Abbreviations: CRC, colorectal cancer; MDTB, multidisciplinary tumor board.

El Saghir NS, et al. J Glob Oncol. 2015 Oct 28;1(2):57-64.

Changes made to diagnosis and treatment plan according to specialty or experience of presenter

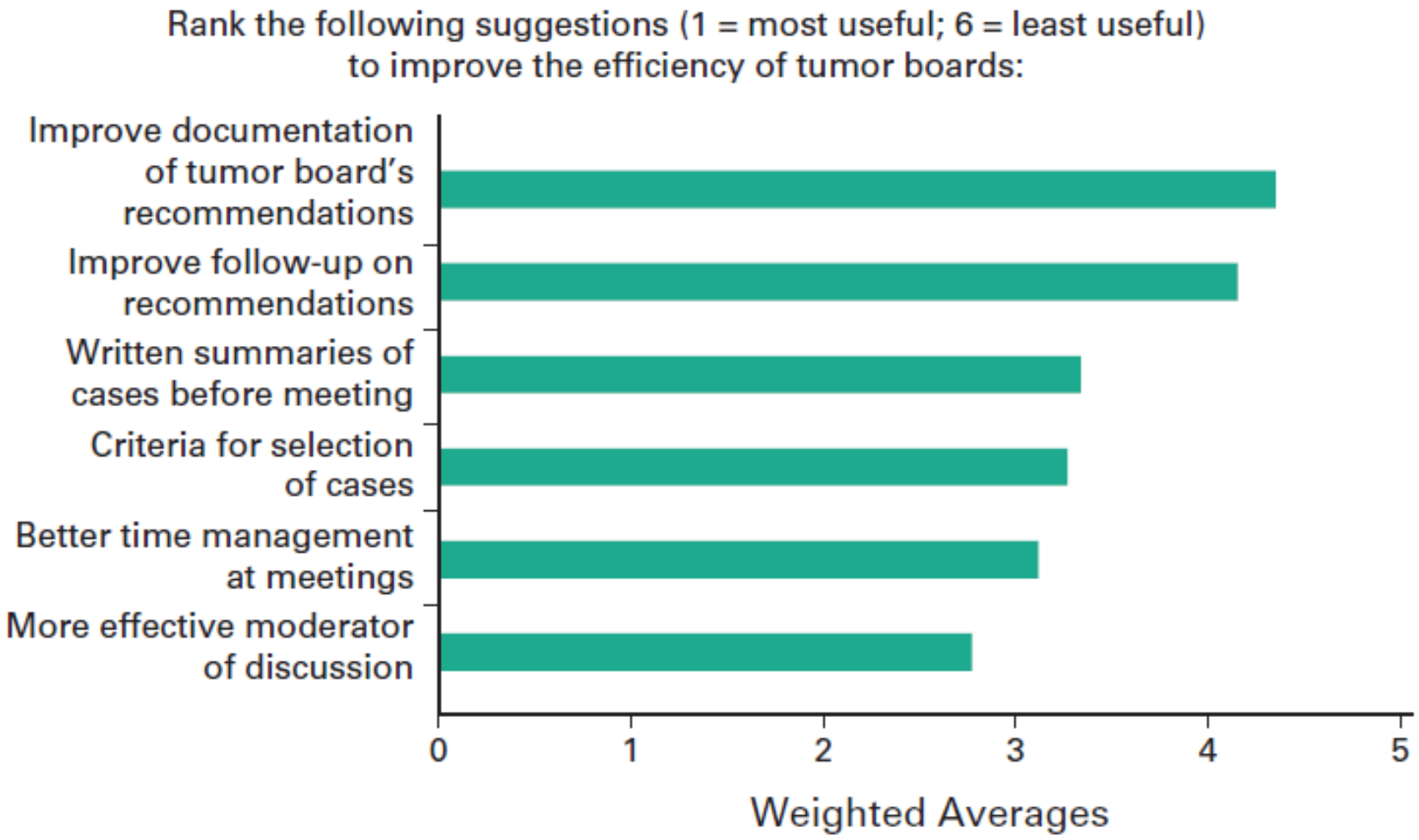
Table 2 – Multinomial Logistic Regression Analysis of Changes Made at MDTBs

Type of MDTB	Likelihood of Change in Treatment Plan of More Than 50% in MDTBs According to Specialty or Years of Practice of Presenter		
	Specialty	Likelihood of Change	*P*
Breast tumor	Nonmedical oncologists	2.5 times more likely than medical oncologist	.03
	Physicians with < 15 years of practice	1.21 times more likely than those with > 15 years of practice	.64
CRC tumor	Nonmedical oncologists	3.2 times more likely than medical oncologist	.04
	Physicians with < 15 years of practice	1.75 more likely than those with > 15 years of practice	.28

Abbreviation: MDTB, multidisciplinary tumor board.

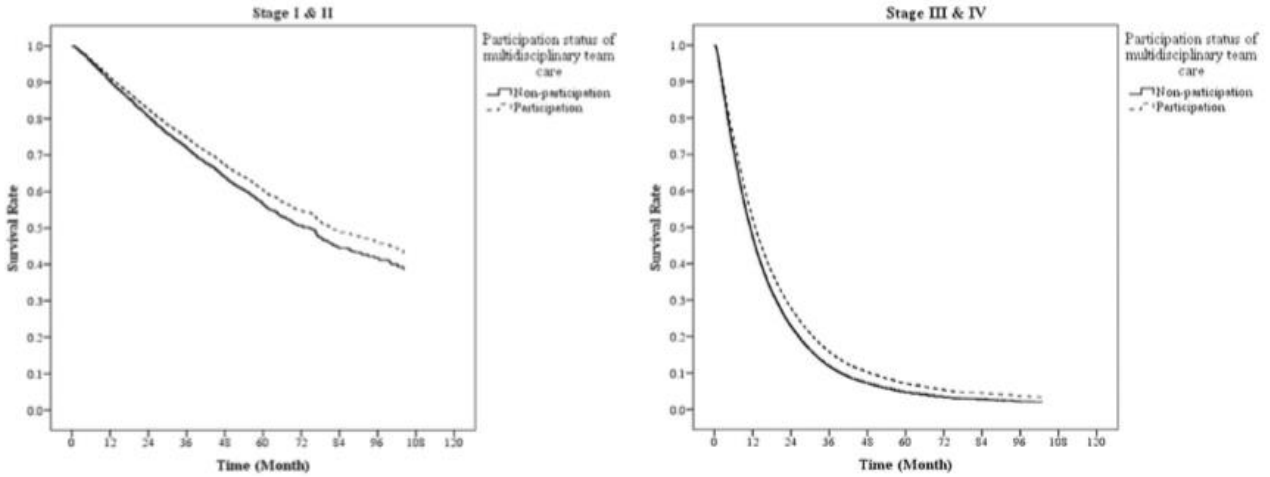
El Saghir NS, et al. J Glob Oncol. 2015 Oct 28;1(2):57-64.

Suggestions to improve the efficiency of tumor boards



El Saghir NS, et al. J Glob Oncol. 2015 Oct 28;1(2):57-64.

Effects of multidisciplinary team care on the survival of patients with different stages of NSCLC: a national cohort study



- **In stage I&II, there was no statistical significance in the survival rates** between MDT participants and MDT non-participants (adjusted HR=0.89, 95%CI:0.78–1.01).In **stage III&IV, the survival rates of MDT participants were significantly higher** than those of MDT non-participants (adjustedHR=0.87,95%CI:0.84–0.90).
- This study revealed that **MDT care are significantly associated with higher survival rate of patients with stage III and IV** NSCLC, and thus MDT cares should be used in the treatment of these patients.

Pan CC, et al. PLoS One. 2015 May 12;10(5):e0126547.

Cancer Treatment Reviews 42 (2016) 56–72

Contents lists available at ScienceDirect

Cancer Treatment Reviews

journal homepage: www.elsevierhealth.com/journals/ctrv

Systematic or Meta-analysis Studies

The impact of multidisciplinary team meetings on patient assessment, management and outcomes in oncology settings: A systematic review of the literature

Brindha Pillay [a,*], Addie C. Wootten [a,b,c], Helen Crowe [a,b], Niall Corcoran [a,b], Ben Tran [d], Patrick Bowden [e], Jane Crowe [a], Anthony J. Costello [a,b,c]

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[e] Radiation Oncology, Epworth Healthcare, Richmond, Victoria, Australia

Pillay B, et al. Cancer Treat Rev. 2016 Jan;42:56-72.

Impact of MDT meetings on patient assessment, management and outcome

- 27 articles met inclusion criteria.
- There was limited evidence for improved survival outcomes of patients discussed at MDT meetings.

- Between 4% and 45% of patients discussed at MDT meetings experienced **changes in diagnostic reports** following the meeting.

- Patients discussed at MDT meetings were more likely to receive **more accurate and complete pre-operative staging**, and **neoadjuvant / adjuvant treatment**.

Pillay B, et al. Cancer Treat Rev. 2016 Jan;42:56-72.

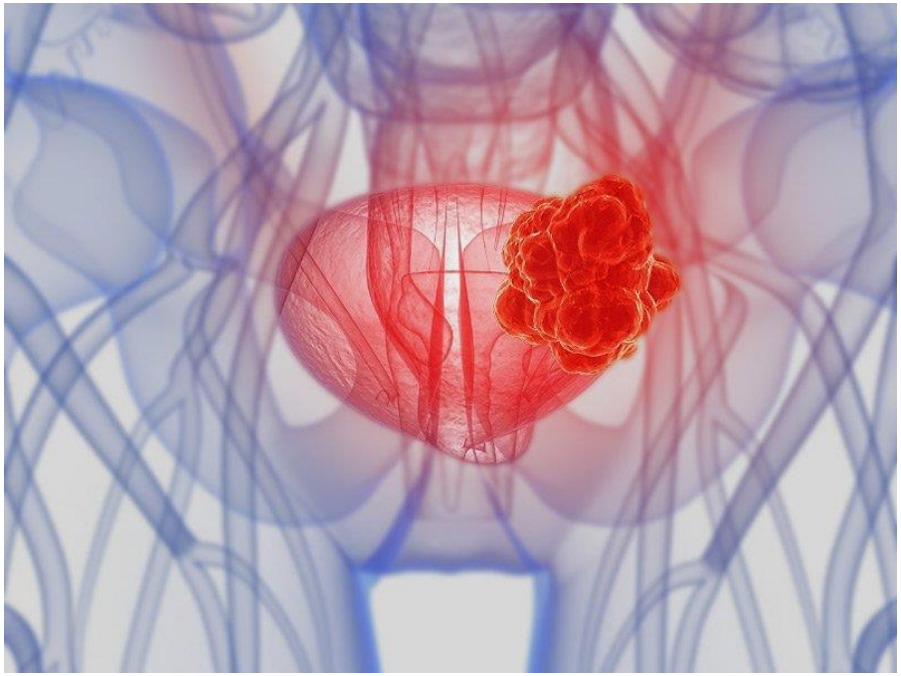
Associazione Italiana di Oncologia Medica

Linee guida

TUMORI dell'UROTELIO

Edizione 2017

Aggiornamento 27 ottobre 2017



Qualità dell'evidenza SIGN	Raccomandazione clinica	Forza della raccomandazione clinica
A	Nei pazienti con malattia infiltrante (cT2-T4, N0, M0), ECOG PS 0-1, clearance della creatinina > 60 mg/ml/min e assenza di comorbidità che controindichino un trattamento chemio-terapico, andrebbe preso in considerazione in prima intenzione un trattamento polichemioterapico neoadiuvante comprendente cisplatino	**Positiva Forte**

Associazione Italiana di Oncologia Medica

Linee guida

NEOPLASIE DELLO STOMACO E DELLA GIUNZIONE ESOFAGO-GASTRICA

Edizione 2017

Aggiornamento 27 ottobre 2017

Qualità globale dell'evidenza	Raccomandazione clinica	Forza della raccomandazione
Moderata	La chemioterapia peri-operatoria dovrebbe essere presa in considerazione come opzione terapeutica di prima intenzione nel trattamento dell'adenocarcinoma della giunzione gastro-esofagea uT3/N+	Positiva forte

La gestione integrata del paziente

La gestione integrata medico - infermiere

Association between patient reporting (any severity) and physician reporting (any grade) – 1090 patients

		Anorexia	Nausea	Vomiting	Constipation	Diarrhea	Hair loss
Toxicity reported by:							
Patient: NO Physician: NO		35.1%	30.8%	64.2%	46.1%	59.1%	47.8%
Patient: NO Physician: YES		2.6%	9.2%	9.8%	2.9%	5.2%	1.4%
Patient: YES Physician: NO		46.3%	9.8%	12.3%	35.3%	18.1%	33.1%
Patient: YES Physician: YES		16.0%	2.9%	13.7%	15.6%	17.6%	17.7%
Under-reporting by physicians		**74.4%**	**40.7%**	**47.3%**	**69.3%**	**50.8%**	**65.2%**

Di Maio M et al, J Clin Oncol 2015 Mar 10;33(8):910-5.

original article

Annals of Oncology 20: 1929–1935, 2009
doi:10.1093/annonc/mdp287
Published online 17 July 2009

Clinician versus nurse symptom reporting using the National Cancer Institute—Common Terminology Criteria for Adverse Events during chemotherapy: results of a comparison based on patient's self-reported questionnaire

M. Cirillo[1], M. Venturini[1]*, L. Ciccarelli[1], F. Coati[1], O. Bortolami[2] & G. Verlato[2]

[1]*Department of Medical Oncology, Ospedale 'Sacro Cuore - Don Calabria' Negrar (Verona) and* [2]*Unit of Epidemiology and Medical Statistics, Department of Medicine and public Health, University of Verona, Italy*

Received 30 November 2008; revised 15 April 2009; accepted 20 April 2009

Background: Monitoring adverse events during chemotherapy by clinicians is a standard practice but clinicians may report fewer side-effects or lower symptom severity than patients. Our aim was to compare symptoms self-reported by patients with symptoms registered by clinicians and nurses, to assess validity of a nurse reporting.

Methods: From April to August 2007, a double-blind questionnaire with 13 common items graduated according to the National Cancer Institute's Common Terminology Criteria for Adverse Events was completed by clinicians and nurses for outpatients undergoing chemotherapy at our Medical Oncology Day Hospital Unit. Patients completed a modified questionnaire with simplified terms. They were requested to specify seriousness of symptoms with a subjective scale varying from 1 to 4. Every patient–nurse–clinician questionnaire was registered for the statistical analysis. Agreement was evaluated by Cohen's kappa coefficient.

Results: Eighty-five paired questionnaires were completed. Patients, nurses and clinicians agreed on most

Cirillo M et al, Ann Oncol 2009;20(12):1929-35.

Table 1. Form of patient self-reported questionnaire

Name ————————

Date of submission ——— Date of collection ————

Dear Mr/Mrs, you are kindly requested to complete this dairy of side-effects from chemotherapy. This form will be collected from nurses before next chemotherapic infusion.

Fatigue	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable
Respiratory distress	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable
Fever	From day —/—/—	To day —/—/—	Maximum of fever (°C) ——
Conjunctivitis	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable
Mucositis	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable
Nausea	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable
Vomiting	From day —/—/—	To day —/—/—	How many times each day?
Diarrhoea	From day —/—/—	To day —/—/—	How many times each day?
Stipsis	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable
Muscular pain	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable
Tingling of hands/feet	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable
Skin alterations	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable
Pain	From day —/—/—	To day —/—/—	Mild/moderate/severe/intolerable

Cirillo M et al, Ann Oncol 2009;20(12):1929-35.

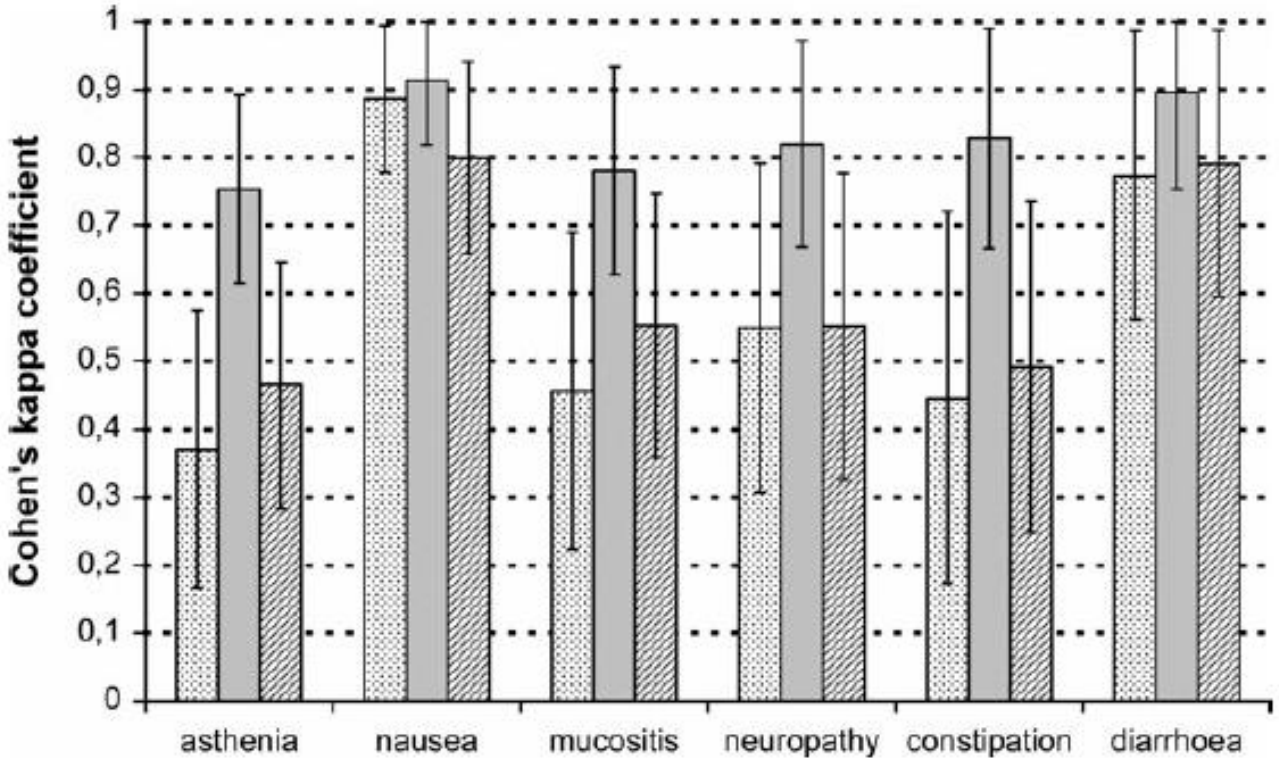
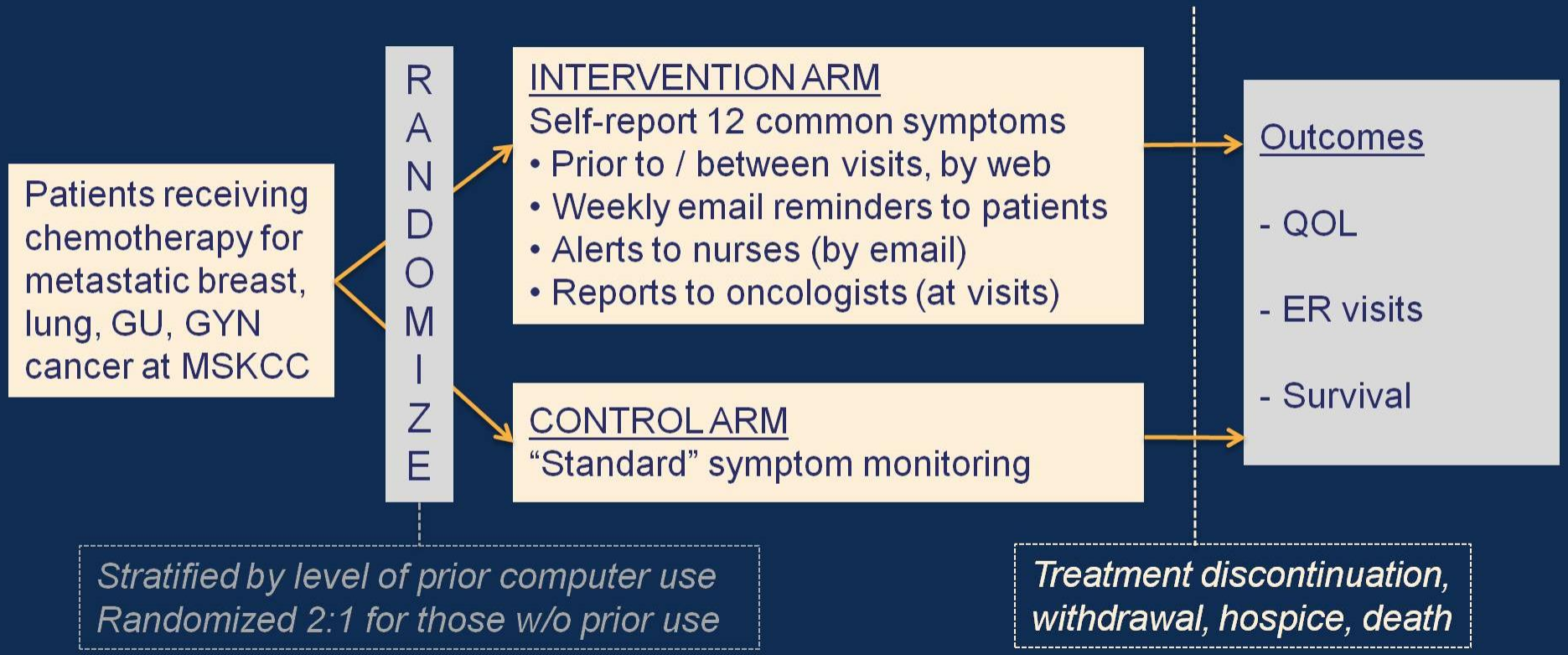


Figure 1. Cohen's kappa coefficient of agreement for the six most common adverse events between patient and physician (dotted columns), patient and nurse (grey columns) and physician and nurse (dashed columns). Columns are kappas; bars are 95% confidence intervals.

Cirillo M et al, Ann Oncol 2009;20(12):1929-35.

Study Design



Presented By Ethan Basch at 2017 ASCO Annual Meeting
Basch E et al, JAMA 2017 June 4

“Descrizione dell’impatto sulla qualità della vita dei pazienti oncologici della rilevazione infermieristica sistematica delle tossicità dei trattamenti”

“Description of the impact of sistematic nursing evaluation of treatment toxicity of cancer patient’s quality of life”

Obiettivo primario:

Descrivere l’associazione tra la rilevazione sistematica delle tossicità associate alla somministrazione di terapie anti-neoplastiche e le modifiche nella qualità di vita del paziente, attraverso il confronto tra due gruppi di pazienti consecutivi nel tempo (prima e dopo l’introduzione nella pratica clinica della rilevazione sistematica).

Scheda di valutazione dei sintomi ed effetti collaterali / 1

Azienda Ospedaliera Ordine Mauriziano di Torino
Rep. 3A DH – ONCOLOGIA

VALUTAZIONE SINTOMI ED EFFETTI COLLATERALI

Nome e Cognome…… **Data…….**

Dopo la precedente terapia del giorno…..……, quali disturbi ha avuto?

(Risponda mettendo una crocetta sul riquadro che meglio specifica l'INTENSITA' del sintomo)

	• Ha avuto **disturbi alla bocca**? (Secchezza, piaghe, screpolature agli angoli, modifiche o difficoltà a sentire il sapore o gusto del cibo/bevande, altri.) Se SI, indichi quali……	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **nausea?**	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **vomito**?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **difficoltà a respirare**? (Tosse, mancanza di fiato, respiro sibilante, altri.) Se SI, indichi quali……	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **stitichezza** ?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **diarrea**?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha notato **cambiamenti** della **pelle**? (**Pelle**: irritazioni, variazioni di colore, secchezza, altri.) Se SI, indichi quali……..	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○

Scheda di valutazione dei sintomi ed effetti collaterali / 2

	• Ha notato **cambiamenti** delle **unghie**? (**Unghie**: solchi, ispessimenti, variazione colore, caduta, altri.) Se SI, indichi quali…….	Per nulla	Un po'	Abbastanza	Molto	Moltissimo
	• Ha avuto **prurito**?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **problemi** alle **mani e/o ai piedi**? (edema, desquamazione, intorpidimento e/o alterazioni della sensibilità alle mani e/o ai piedi)	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Si è sentito **stanco**? (Senso di fatica, mancanza di energie, debolezza)	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **dolore?** Se SI, con quale ***intensità***?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	(In un punteggio da 0-10, metta una crocetta sulla linea nel punto che esprime meglio ***l'intensità*** del Suo dolore) 0 1 2 3 4 5 6 7 8 9 10					
	Se SI, dove……...					
	• Ha accusato **disturbi di altro genere**?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• OGGI, i disturbi sono ancora presenti?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	Se SI, quali?…… ……					

Gennaio,2018


Fondazione CRT
Adozione della scheda di valutazione
2017
2018

Fondazione CRT

Adozione della scheda di valutazione

2017

2018

EORTC QLQ-C30 (version 3)

EORTC QLQ-C30 (version 3)

Fondazione CRT

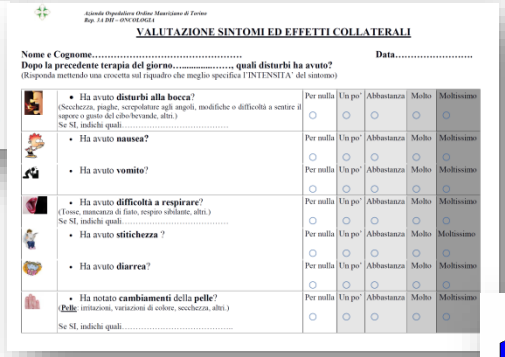
Adozione della scheda di valutazione

2017

2018

EORTC QLQ-C30 (version 3)

EORTC QLQ-C30 (version 3)



Azienda Ospedaliera Ordine Mauriziano di Torino
Rep. 1A DH - ONCOLOGIA

VALUTAZIONE SINTOMI ED EFFETTI COLLATERALI

Nome e Cognome…… **Data**……

Dopo la precedente terapia del giorno……, **quali disturbi ha avuto?**
(Risponda mettendo una crocetta sul riquadro che meglio specifica l'INTENSITA' del sintomo)

	• Ha avuto **disturbi alla bocca**? (Secchezza, piaghe, screpolature agli angoli, modifiche o difficoltà a sentire il sapore o gusto del cibo/bevande, altri.) Se SI, indichi quali……	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **nausea**?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **vomito**?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **difficoltà a respirare**? (Tosse, mancanza di fiato, respiro sibilante, altri.) Se SI, indichi quali……	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **stitichezza** ?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha avuto **diarrea**?	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○
	• Ha notato **cambiamenti** della **pelle**? (Pelle: irritazioni, variazioni di colore, secchezza, altri.) Se SI, indichi quali……	Per nulla ○	Un po' ○	Abbastanza ○	Molto ○	Moltissimo ○

EORTC QLQ-C30 (version 3)

EORTC QLQ-C30 (version 3)

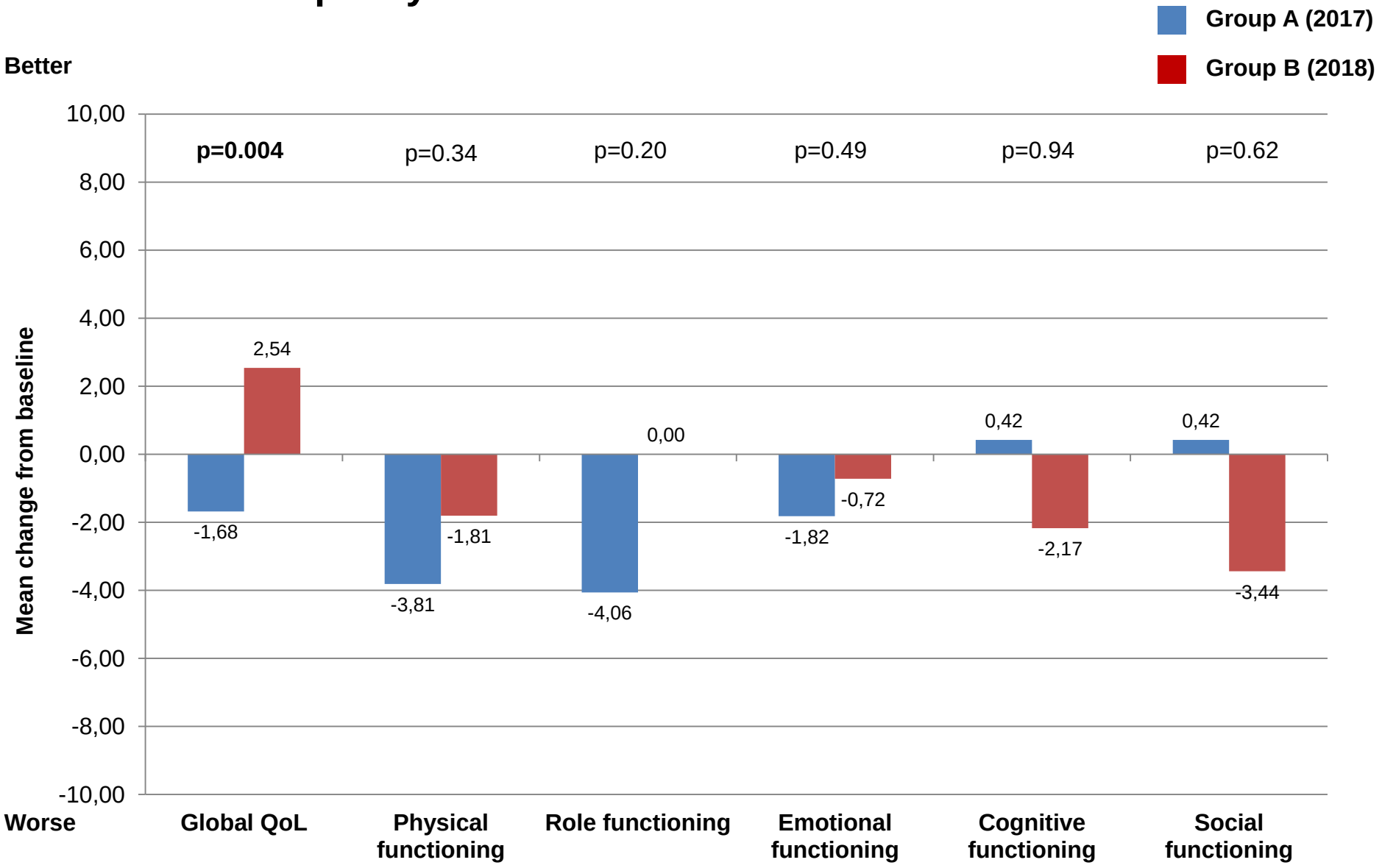
Comparison between 2 groups

	Group A	Group B	All patients
Number of patients	119	92	211
Gender			
Males	70 (58.8%)	53 (57.6%)	123 (58.3%)
Females	49 (41.2%)	39 (42.4%)	88 (41.7%)
Age			
Median (range)	67 (27-84)	68 (35-82)	67 (27-84)
Type of tumor			
Colorectal cancer	42 (35.3%)	27 (29.3%)	69 (32.7%)
Lung cancer	25 (21.0%)	17 (18.5%)	42 (19.9%)
Pancreatic cancer	14 (11.8%)	17 (18.5%)	31 (14.7%)
Genitourinary cancer	12 (10.1%)	8 (8.7%)	20 (9.5%)
Head & neck cancer	5 (4.2%)	9 (9.8%)	14 (6.6%)
Liver / biliary cancer	6 (5.0%)	5 (5.4%)	11 (5.2%)
Gastric cancer	6 (5.0%)	3 (3.3%)	9 (4.3%)
Mesothelioma	6 (5.0%)	2 (2.2%)	8 (3.8%)
Breast cancer	3 (2.5%)	2 (2.2%)	5 (2.4%)
Unknown primary	-	2 (2.2%)	2 (0.9%)

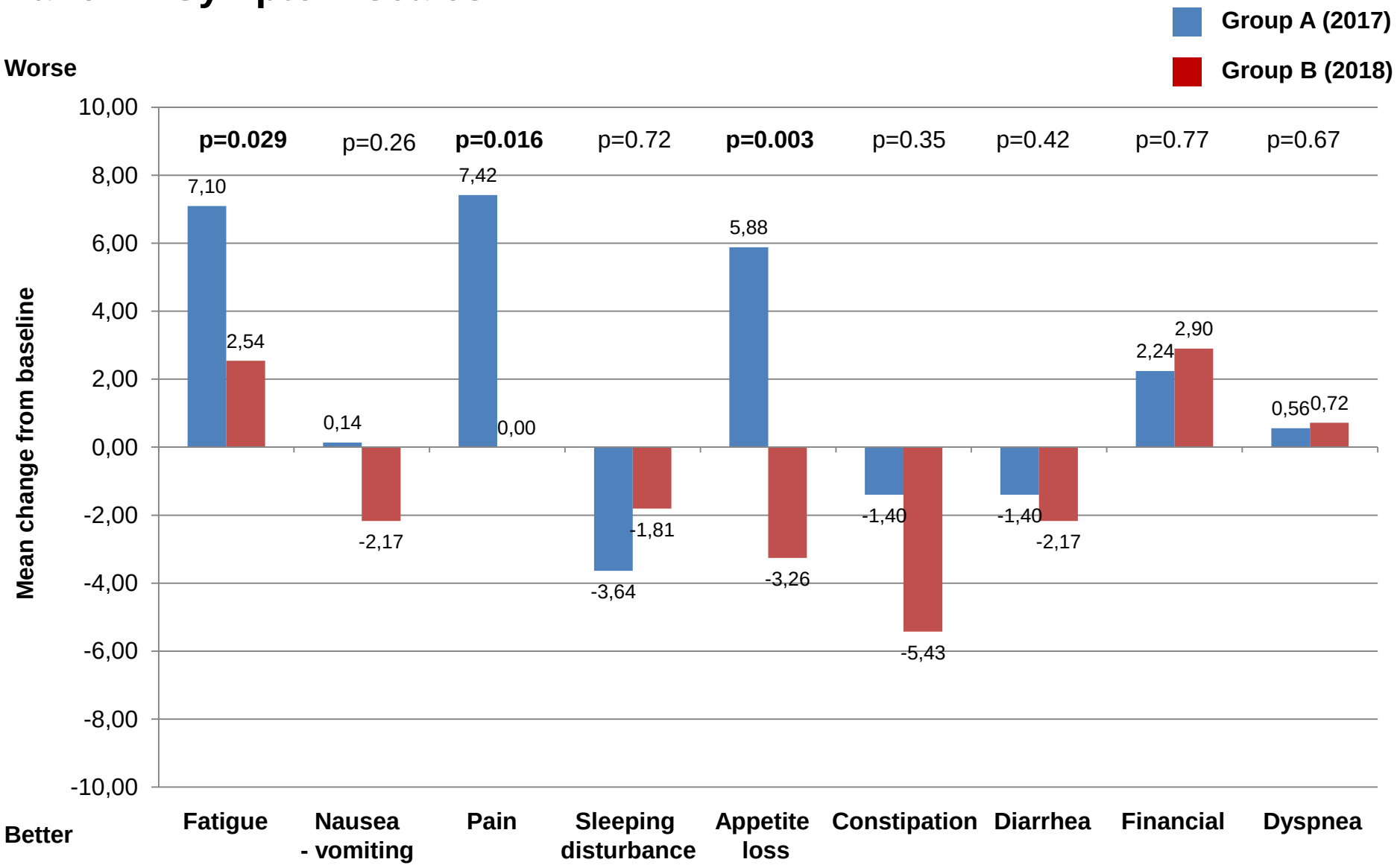
Comparison between 2 groups

	Group A	Group B	All patients
Number of patients	119	92	211
Type of treatment			
Cisplatin-based	27 (22.7%)	22 (23.9%)	49 (23.2%)
Oxali- or irinotecan-based	43 (36.1%)	26 (28.3%)	69 (32.7%)
Carboplatin-based	5 (4.2%)	3 (3.3%)	8 (3.8%)
Other cytotoxic agents	33 (27.7%)	32 (34.8%)	65 (30.8%)
Immunotherapy	7 (5.9%)	8 (8.7%)	15 (7.1%)
Other agents	4 (3.4%)	1 (1.1%)	5 (2.4%)
Setting			
Adjuvant treatment	18 (15.1%)	20 (21.7%)	38 (18.0%)
First-line treatment*	70 (58.8%)	62 (67.4%)	132 (62.6%)
Second-line treatment	24 (20.2%)	8 (8.7%)	32 (15.2%)
Third- or fourth-line treatment	7 (5.9%)	1 (1.1%)	8 (3.8%)

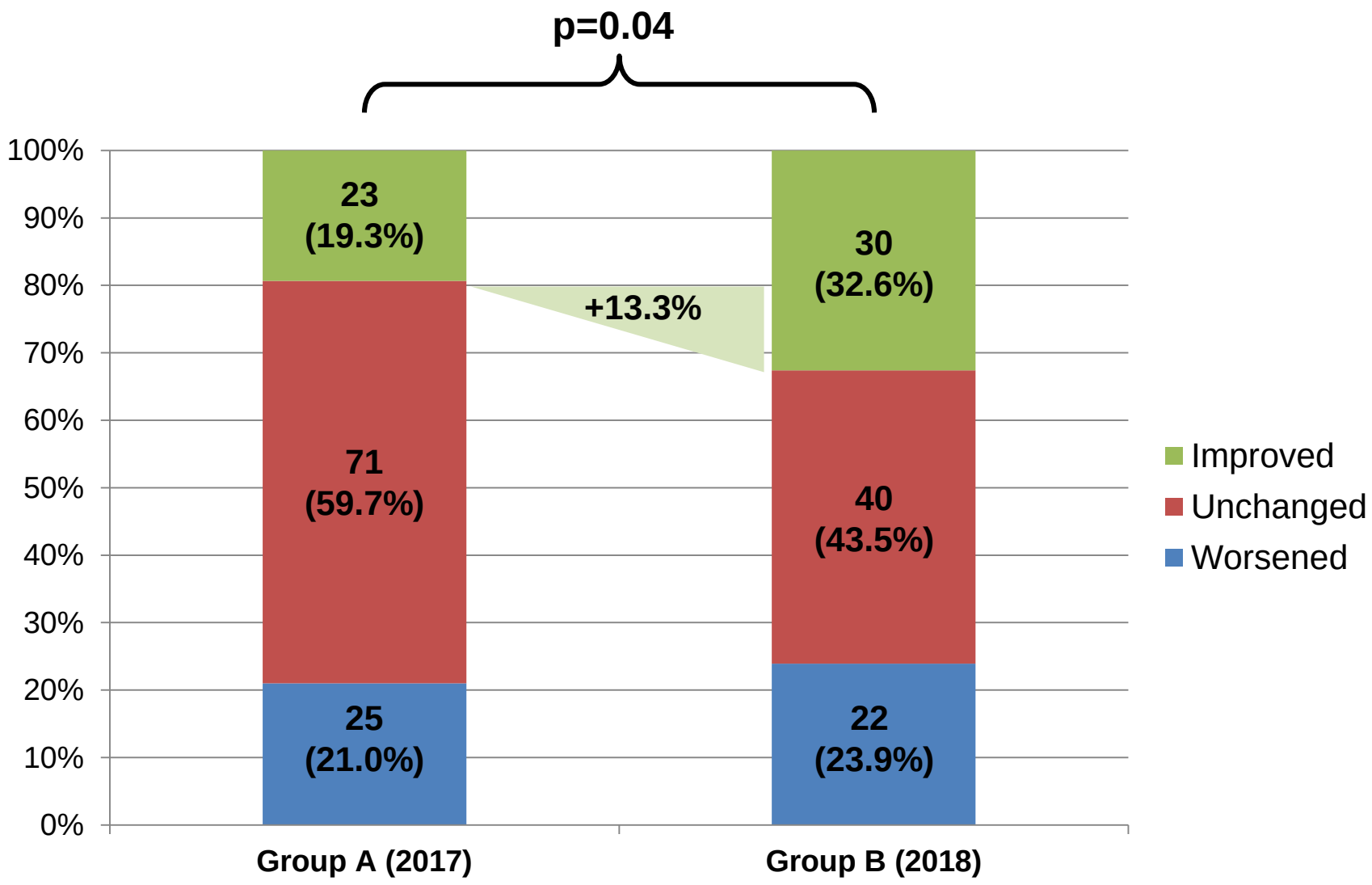
Panel A. Global quality of life and functional scales



Panel B. Symptom scales



Global QoL response



Questionario di gradimento

Azienda Ospedaliera Ordine Mauriziano di Torino
Rep. 3A DH – ONCOLOGIA

Data.....

Questionario di gradimento dello strumento clinico
"Scheda di Valutazione dei sintomi ed effetti collaterali"

1) Lei ha ritenuto la *scheda di valutazione degli effetti collaterali* chiara e comprensibile?

Si X No o **92%**

2) Lei ha ritenuto la *scheda di valutazione degli effetti collaterali* utile per la segnalazione dei sintomi ed effetti collaterali?

Si X No o **93%**

3) Lei ritiene che la compilazione della *scheda di valutazione degli effetti collaterali* abbia facilitato il suo colloquio con il medico?

Si X No o **88%**

4) Cosa migliorerebbe/cambierebbe, ha dei suggerimenti?

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.....
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Grazie ai pazienti
e al team di medici e infermieri!

La gestione integrata del paziente

Massimo Di Maio

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