

XXXII CONGRESSO NAZIONALE AIRO  
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# AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

BOLOGNA, 25-27 NOVEMBRE  
PALAZZO DEI CONGRESSI

 Associazione Italiana  
Radioterapia e Oncologia clinica

  
Società Italiana di Radiobiologia

  
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e Oncologia  
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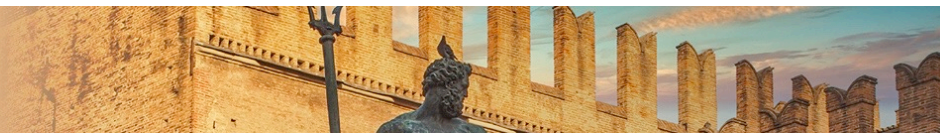
# AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

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## The impact of Humanity Assurance Protocol (HAPPY) on anxiety in gynecological cancer patients undergoing interventional radiotherapy

Valentina Lancellotta



## DICHIARAZIONE

Relatore: VALENTINA LANCELLOTTA

- Posizione di dipendente in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Consulenza ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Fondi per la ricerca da aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazione ad Advisory Board **(NIENTE DA DICHIARARE)**
- Titolarità di brevetti in compartecipazione ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazioni azionarie in aziende con interessi commerciali in campo sanitario **((NIENTE DA DICHIARARE))**
- Altro



Clinical Investigations

Original paper

## HAPPY – Humanity Assurance Protocol in interventional radiotherAPY (brachytherapy) – an AIRO Interventional Radiotherapy Study Group project

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Providing information in line with patients' needs is an important determinant for patient satisfaction and might also affect, distress, anxiety and depression levels of cancer survivors

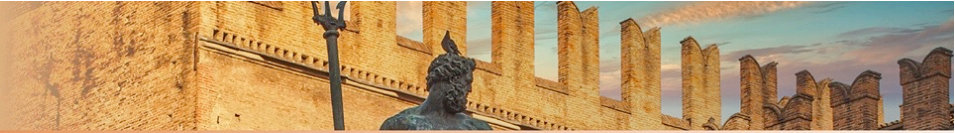
Humanity Assurance Protocol in interventional radiotherAPY (brachytherapy)- HAPPY- defined the needs of patients undergoing interventional radiotherapy (IRT, also called brachytherapy) for gynecological cancer. This work evaluated as these series of recommendations/interventions may improve the psychological well-being of the patient during IRT

PHASE	TEAM'S NAME	TEAM MEMBERS	TASK
1	Multiprofessional Task Group	1 interventional radiation oncologist  1 geriatric oncologist  1 nurse  1 psychologist  1 resident in radiation oncology  1 RT technician	Patient interview  Cluster needs definition
2	Expert Team	4 physicians from 4 different istitutions	MTG results evaluation
3	Multiprofessional Task Group + Expert Team	MTG members + ET members	Discussion on the patient's needs  Generation of a list of necessary interventions (HAPPY)
4	Master Team	Brachytherapy, Intervetional Radiotherapy and IORT Study Group Chair  AIRO Committee Member  Chief of AIRO Scientific Commission  AIRO President	Project independent check  Endorsement



	Bisogni dei pazienti	Raccomandazioni HAPPY
1	<b>Mancanza di informazioni e paura dell'ignoto</b>	Opuscolo di informazioni sulla procedura, se possibile con le FAQ, e condivisione della storia del paziente, da consegnare molti giorni prima della terapia . Migliorare la partecipazione del paziente alle scelte terapeutiche anche utilizzando strumenti di supporto alle decisioni e discutendo modelli predittivi
2	Ambiente confortevole e rilassante	Possibilità di ascoltare musica scelta dal paziente e/o di guardare video rilassanti
3	Capacità di ridurre l'ansia	Supporto psicologico nella sala interventistica e/o prescrizione di ansiolitici, se necessario
4	Paura della parola "Bunker"	Utilizzare parole alternative come "Sala interventistica" o "Sala di trattamento"
5	Uso della parola "Brachiterapia" spesso non conosciuta e sentita per la prima volta dal paziente	Utilizzare un termine più convenzionale come "radioterapia interventistica"
6	Imbarazzo per la depilazione dei genitali esterni (se necessaria) nella sala interventistica	Suggerimento di eseguire la depilazione dei genitali esterni a domicilio
7	Disagio dovuto al lungo mantenimento del catetere vescicale	Il catetere vescicale verrà posizionato nella sala interventistica poco prima della procedura
8	Senso di solitudine nella sala interventistica	Se possibile, un operatore tiene la mano del paziente durante il posizionamento dell'applicatore e pianifica l'ottimizzazione facendo percepire la vicinanza umana.





## LE PAZIENTI HANNO COMPILATO TRE QUESTIONARI DURANTE LA VISITA PRE-IRT (T0) E ALLA FINE DELL'IRT (T1)

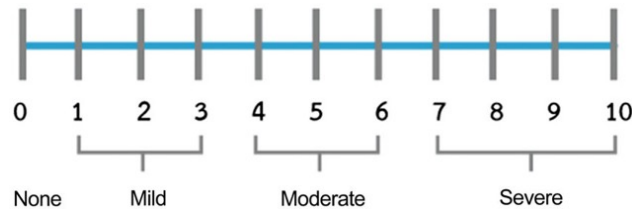
**INSTRUCTIONS:** First, please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.

Extreme distress

No distress

**DISTRESS THERMOMETER (DT)**

### SCALA DI VALUTAZIONE NUMERICA (NRS) PER IL DISTRESS DA PROCEDURA IRT



Tick the box beside the reply that is closest to how you have been feeling in the past week. Don't take too long over your replies: your immediate is best.

A		D	A
3	I feel tense or 'wound up':	3	I feel as if I am slowed down:
3	Most of the time	3	Nearly all the time
2	A lot of the time	2	Very often
1	From time to time, occasionally	1	Sometimes
0	Not at all	0	Not at all
	I still enjoy the things I used to enjoy:		I get a sort of frightened feeling like 'butterflies' in the stomach:
	Definitely as much	0	Not at all
	Not quite so much	1	Occasionally
	Only a little	2	Quite Often
	Hardly at all	3	Very Often
	I get a sort of frightened feeling as if something awful is about to happen:		I have lost interest in my appearance:
3	Very definitely and quite badly	3	Definitely
2	Yes, but not too badly	2	I don't take as much care as I should
1	A little, but it doesn't worry me	1	I may not take quite as much care
0	Not at all	0	I take just as much care as ever
	I can laugh and see the funny side of things:		I feel restless as I have to be on the move:
	As much as I always could	3	Very much indeed
	Not quite so much now	2	Quite a lot
	Definitely not so much now	1	Not very much
	Not at all	0	Not at all
	Worrying thoughts go through my mind:		I look forward with enjoyment to things:
3	A great deal of the time	0	As much as I ever did
2	A lot of the time	1	Rather less than I used to
1	From time to time, but not too often	2	Definitely less than I used to
0	Only occasionally	3	Hardly at all
	I feel cheerful:		I get sudden feelings of panic:
	Not at all	3	Very often indeed
	Not often	2	Quite often
	Sometimes	1	Not very often
	Most of the time	0	Not at all
	I can sit at ease and feel relaxed:		I can enjoy a good book or radio or TV program:
0	Definitely	0	Often
1	Usually	1	Sometimes
2	Not Often	2	Not often
3	Not at all	3	Not at all

**HOSPITAL ANXIETY AND DEPRESSION SCALE (HADS)**



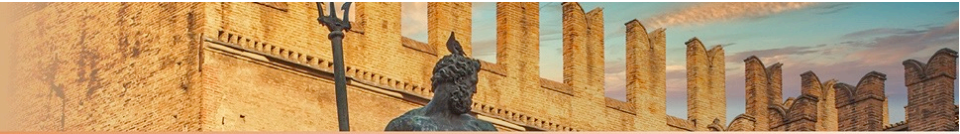
<b>SEDE</b>	Endometrio 52 (94.6%) Cervice 3 (5.4%)
<b>ISTOLOGIA</b>	Adenocarcinoma 45 (81.8%) Squamoso 1 (1.9%) Altro 9 (16.3%)
<b>GRADING</b>	G1 12 (21.8%) G2 26 (47.3%) G3 17 (30.9%)
<b>STADIO (FIGO 2009)</b>	IA 5 (9.6%) IB 32 (61.5%) II 3 (5.7%) IIB 1 (1.9%) IIIC1 6 (11.3%) IIIC2 2 (3.6%) IVA 2 (3.6%) IVB 2 (3.85%)
<b>CT ADIUVANTE</b>	Si: 17 (30%) No: 38 (70%)
<b>IRT</b>	Dopo chir: 34 (61.8%) Dopo chir+EBRT: 21 (38.2%)

Fifty-five patients affected by gynecological cancer (42 endometrial, 13 cervix) and treated with high-dose-rate (HDR)-IRT were selected from January to May 2022

The median age was 64 (range, 35-84) years. According to the International Federation of Gynecology and Obstetrics the most of patients have Stage I for endometrial cancer (29/42) and for cervix cancer all patients presented locally advanced stage (IB-IVA)

Most of patients have high education (51 patients, 92.7%) and are married or living with partner (38 patients, 69%). Only 14 patients (25.45%) are currently working. The HADS, DT and NRS average before IRT were 13.14, 4.58 and 5, respectively. The HADS, DT and NRS average after IRT were 12.31, 3.87 and 3.25, respectively

A Wilcoxon signed rank test analysis comparing T0 vs T1 scores showed a significant improvement in NRS ( $p < 0.00001$ ) and HADS ( $p = 0.034$ )



Interventional radiotherapy can be perceived as a stressful experience causing anxiety and distress for most women. Following clear interventions/recommendations, which are effective and inexpensive adjuncts, with the cooperation of an integrated, interdisciplinary team can improve the emotional state of patients undergoing IRT and be positive predictors for psychological outcome