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## The importance of interdisciplinary approach to cancer care

Hiroshi Osawa, Yoshie Takazawa, Tamayo Kameoka, Ryoko Yanai and Chie Hirosawa  
Edogawa Hospital, Tokyo, Japan

**Introduction:** Recently, the average life expectancy of many industrialized countries is extending. The metastatic colorectal cancer (mCRC) still has a highly mortality rate in the world and morbidity was over 60's. Accordingly, it is necessary to treat due to complications except cancer such as aging, dementia and mental disorders. We have experienced that struggle with adverse event management of mCRC chemotherapy due to complications.

**Aim:** We evaluate those complications with mCRC chemotherapy patients who had behaviors to use for interdisciplinary approach to cancer care in retrospective.

**Patients & Methods:** We extracted those complications from interview and medication content. This study enrolled 212 patients who consisted of male: 146, female: 66 and the median age of 64.5 years (28-88 years). All patients received anti-monoclonal antibody combined chemotherapy who had complications of ageing (over 80) of which 8 (3.6%) had plaques; 5 (2.4%) had dementia and 12 (5.7%) suffered mental disorders. We have reported that struggle with adverse event management of mCRC chemotherapy due to complications. Case1: The patient was a 72-year-old female who had multiple liver metastasis with sigmoid colon cancer. Family: Husband and Son, Key person: Niece, Chemotherapy: Cetuximab with FOLFIRI, Problem: skin disorders, Complication: Dementia. Case2: The patient was a 72-year-old female who had multiple lung metastasis with rectal colon cancer. Family: Sister and Brother, Key person: Brother, Chemotherapy: Bevacizumab with SOX, Problem: skin ulcer, Complication: panic disorder and hearing loss. Case3: The patient was a 74-year-old male who had multiple liver metastasis with ascending colon cancer. Family: Wife and Son, Key person: Wife, Chemotherapy: Bevacizumab with FOLFOX, Problem: skin eruption, Complication: Dementia.

**Results:** 1) The oncologist and outpatient's nurses do not only involve, but also cooperate chemotherapy nursing and wound ostomy and continence nursing. 2) Teaching the treatment method according to the condition. 3) Simplified treatment. 4) The oncologist and nurses regularly checked. 5) The principal realized the effect. 6) Must find relatives and helper in public. The self-care technology could acquire backwards and make use of it for future self-care support, even in the elderly, dementia and mental disorders with mCRC.

**Conclusions:** When we have been treating cancer patients with complications, it is the important of interdisciplinary approach to cancer care.

## Biography

Dr. Osawa Medicine Doctor (Ph.D.-medicine) now is a chairman of department of Oncology and Hematology in Edogawa Hospital Tokyo, Japan. I had graduated the Teikyo university school of medicine, Tokyo, Japan, 1990. I had got his Specialist in Oncology and Hematology, Medicine Doctor's degree (Ph.D.) at the Tokyo Jikei University, Tokyo. And I had learned clinical research, molecular biology and cancer cell signaling at Cancer Institute Hospital(four years), Tokyo, Japan and he researched resistance in TGF-beta 1 correlates with aberrant expression of TGF-beta receptor in human B-cell lymphoma cell line at National Institute on Aging(three and half years) as a research fellow, Baltimore, USA. Currently I have been focusing clinical studies and research on gastrointestinal tract field.

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