

What is considered compliance in 2020s?



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What is considered compliance in 2020s?

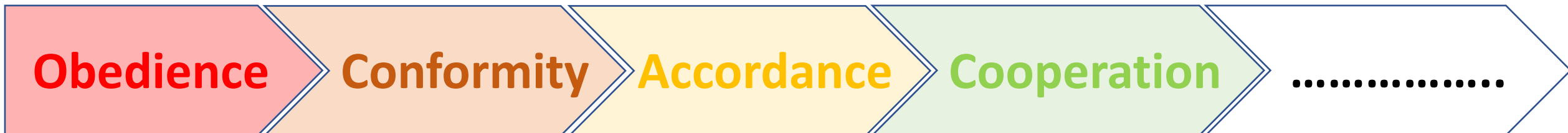
- Definition and background
- Conditioning Factors
- New Technologies
- Intervention strategies

What is considered compliance in 2020s?

- Definition and background
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Definition of compliance

- **In Physics:** a coefficient expressing the **responsiveness** of a mechanical system **to a periodic force**
- The act or process of doing what you have been asked or **ordered** to do
- **Adhering to a rule**, such as a policy, standard, specification, or law.
- The act of conforming, **acquiescing**, or yielding
- The ability **to meet halfway**



Metrics for Compliance

In Oncological Treatment

ADHERENCE to treatment

RT dose

n° of CT cycles

CT dose reduction

In Radiation Treatment

TIME

Days of interruptions

Treatments **delays**

Overall treatment **time**

ORIGINAL ARTICLE

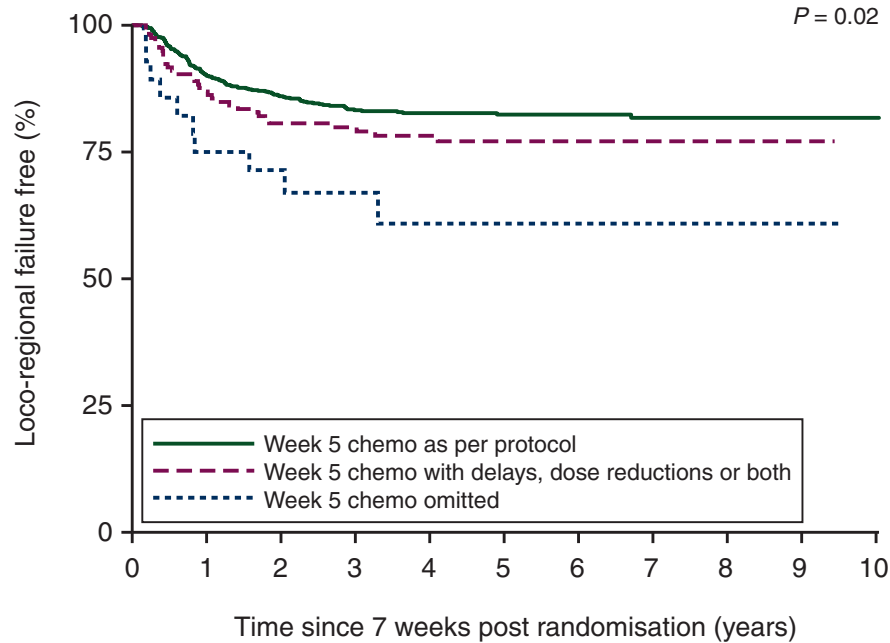
Impact of compliance to chemoradiation on long-term outcomes in squamous cell carcinoma of the anus: results of a *post hoc* analysis from the randomised phase III ACT II trial[☆]

R. Glynne-Jones^{1*}, H. M. Meadows², A. Lopes², R. Muirhead³, D. Sebag-Montefiore⁴ & R. Adams⁵, on behalf of the ACTII study group

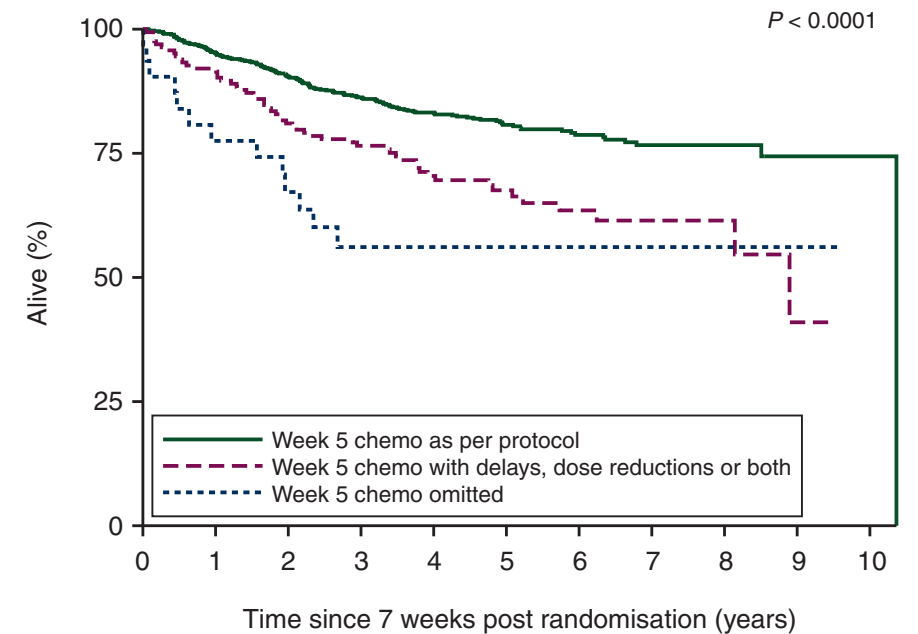
¹Mount Vernon Centre for Cancer Treatment, Mount Vernon Hospital, Northwood; ²Cancer Research UK & University College London Cancer Trials Centre, UCL, London; ³Oxford Cancer & Haematology Centre, Oxford University Hospitals, Oxford; ⁴University of Leeds, Leeds Cancer Centre, Leeds; ⁵School of Medicine, Cardiff University, Cardiff, UK

In Oncological Treatment

A



C



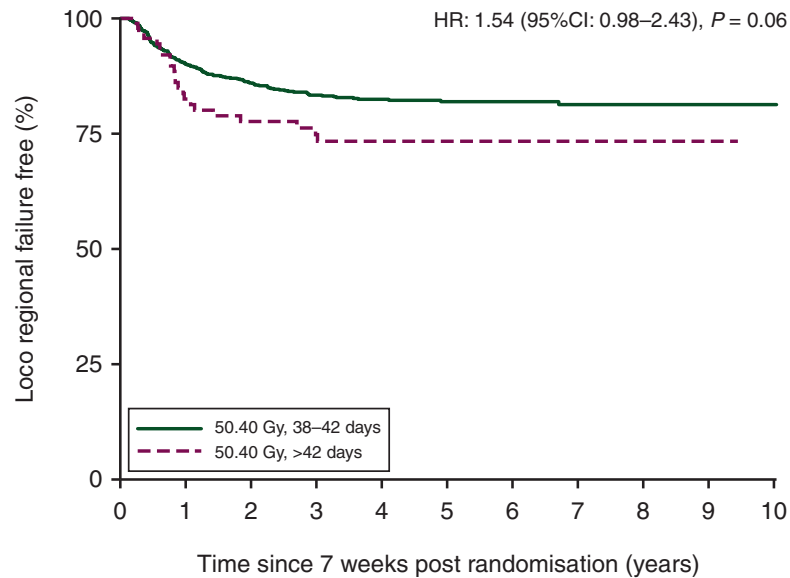
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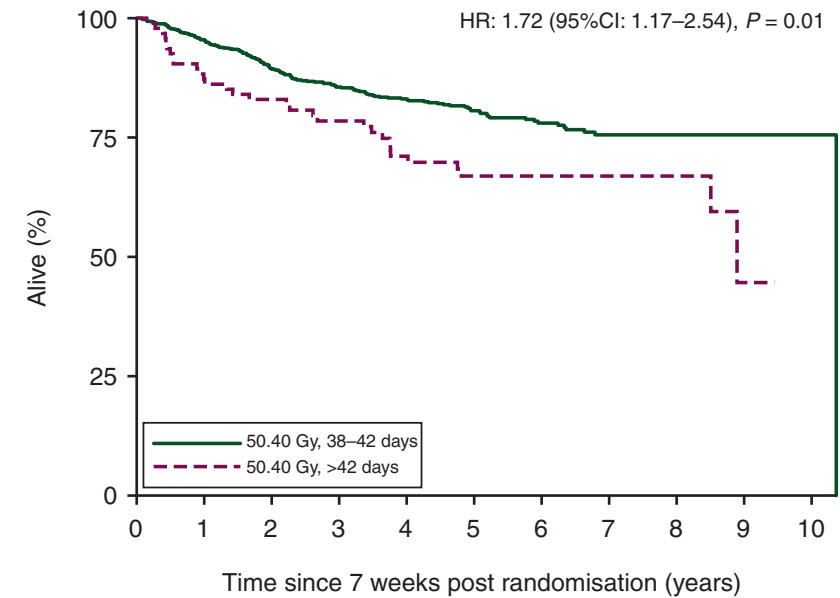
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A



| Number at risk | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|----|---|----|
| 40 Gy, 38–42 days | 756 | 640 | 580 | 492 | 386 | 261 | 173 | 108 | 46 | 9 | 1 |
| 50.40 Gy, >42 days | 94 | 68 | 59 | 52 | 45 | 38 | 24 | 16 | 10 | 2 | 0 |

C



| Number at risk | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|----|----|----|
| 50.40 Gy, 38–42 days | 756 | 715 | 653 | 554 | 435 | 296 | 188 | 117 | 19 | 10 | 2 |
| 50.40 Gy, >42 days | 94 | 82 | 75 | 68 | 56 | 45 | 30 | 20 | 11 | 2 | 0 |

In Radiation Treatment

Time and outcomes

TUMOR
DOSE
VOLUME
TIME

$$\text{EQD2} = D \left(\frac{d + \alpha/\beta}{2 + \alpha/\beta} \right) - D_{\text{prolif}} (T - T_k)$$

T_k Day (from start) when proliferation begins

T Days, overall treatment time

D_{prolif} EQD2 per day lost to proliferation.
Only if $T \geq T_k$, otherwise zero

D_{prolif} reduces effective dose

ESTRO 2021

Reminder:

D_{prolif}



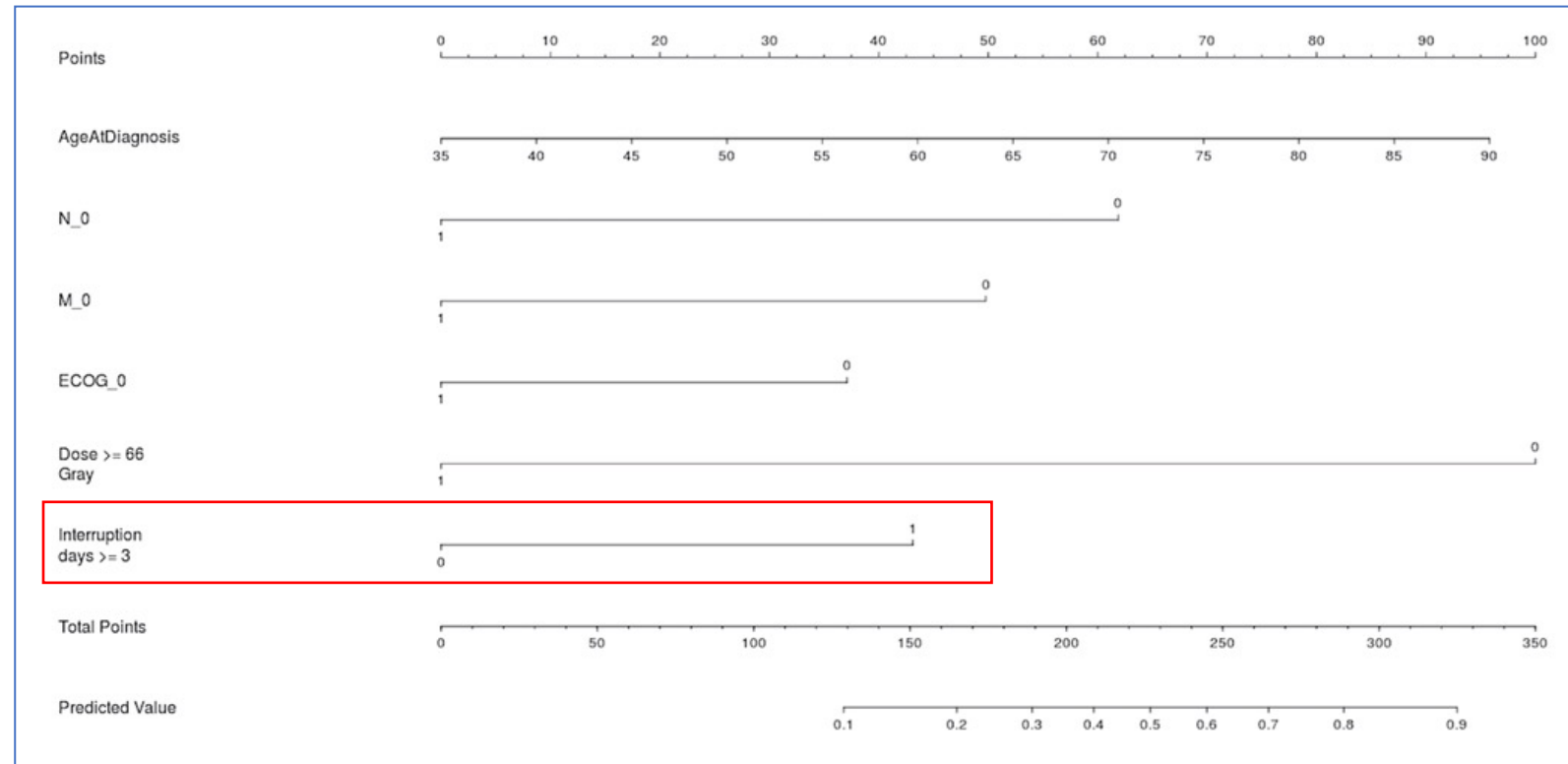
Michael JOINER

The role of TIME in outcomes prediction

The development of overall survival in oropharyngeal cancer:

PRO.ME.THEO 2 years OS nomogram

AGE
DOSE
PS
TIME
COMPLIANCE



174 (79.8%) were analyzed.
interruption were considered
PMs were developed and represented by
nomograms

The role of TIME in outcomes prediction

Risk Categories

| AgeAtDiagnosis | N_0 | ECOG_0 | Dose >= 66 Gray | Interruption days >= 3 | death_risk_2y (%) |
|----------------|-----|--------|-----------------|------------------------|-------------------|
| 65 N- | Si | Si | No | No | 2 |
| 65 N- | No | No | No | No | 3 |
| 75 N- | Si | Si | No | No | 3 |
| 65 N- | No | Si | No | No | 4 |
| 65 N- | Si | Si | Si | Si | 5 |
| 75 N- | No | Si | No | No | 6 |
| 65 N+ | Si | Si | No | No | 7 |
| 75 N- | Si | Si | Si | Si | 7 |
| 65 N- | No | Si | Si | Si | 11 |
| 75 N+ | Si | Si | No | No | 11 |
| 75 N- | No | Si | Si | Si | 15 |
| 65 N+ | No | Si | No | No | 16 |
| 65 N- | Si | No | No | No | 16 |
| 65 N+ | Si | Si | Si | Si | 17 |
| 75 N+ | No | Si | No | No | 21 |
| 75 N- | Si | No | No | No | 22 |
| 75 N+ | Si | Si | Si | Si | 24 |
| 65 N+ | No | Si | Si | Si | 33 |
| 65 N- | Si | No | Si | Si | 33 |
| 75 N- | No | No | No | No | 39 |
| 75 N+ | No | Si | Si | Si | 42 |
| 75 N- | Si | No | Si | Si | 42 |
| 65 N+ | Si | No | No | No | 43 |
| 65 N- | No | No | Si | Si | 53 |
| 75 N+ | Si | No | No | No | 53 |
| 65 N+ | No | No | No | No | 63 |
| 75 N- | No | No | Si | Si | 63 |
| 65 N+ | Si | No | Si | Si | 66 |
| 75 N+ | No | No | No | No | 72 |
| 75 N+ | Si | No | Si | Si | 74 |
| 65 N+ | No | No | Si | Si | 82 |
| 75 N+ | No | No | Si | Si | 87 |

Very Good
OSS > 90 % at 2 y

Good
OSS > 75-85 % at 2 y

Bad
OSS > 50-70 % at 2 y

Very Bad
OSS > 15-40 % at 2 y

What is considered compliance in 2020?

- Definition and background
- **Conditioning Factors**
- New Technologies
- Intervention strategies

Factors affecting compliance

1. TREATMENTS
2. COMORBIDITIES
3. SOCIO-ECONOMICS
4. PERSONAL Sphere

1. Treatment Intensity

oxaliplatin randomized trials

| Neoadjuvant oxaliplatin | Number of patients | pCR | DFS | |
|-------------------------|--------------------|-----|---------------------|------|
| | | | diff | p |
| ACCORD 12 | 584 | X | 4.3% | 0.25 |
| NSABP R04 | 1284 | X | 5% | 0.34 |
| STAR 01 | 739 | X | 3.6% | 0.37 |
| CAO-ARO-AIO 04 | 1236 | ↑ | 4.7% | 0.03 |
| CHINESE | 206 | X | 10.6% | 0.08 |
| PETACC-6 | 1094 | X | Full paper pending | |
| FORWARK | 475 | ↑ | Follow-up continues | |

1. Treatment Intensity

oxaliplatin randomized trials

| Neoadjuvant oxaliplatin | Number of patients | pCR | DFS | | Acute toxicity | compliance |
|-------------------------|--------------------|-----|---------------------|------|----------------|------------|
| | | | diff | p | | |
| ACCORD 12 | 584 | X | 4.3% | 0.25 | ↑ | ↓ |
| NSABP R04 | 1284 | X | 5% | 0.34 | ↑ | ↓ |
| STAR 01 | 739 | X | 3.6% | 0.37 | ↑ | ↓ |
| CAO-ARO-AIO 04 | 1236 | ↑ | 4.7% | 0.03 | = | =* |
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| FORWARK | 475 | ↑ | Follow-up continues | | ↑ | = |

*% of Adherence to RT

% of Adherence to standard RTCT (only 5FU)

Lower oxaliplatin dose/cycles compared to other trials

1. Radiotherapy Quality

TROG 02.02 RCT
RT + CIS vs RT CIS + TPZ

Treatment plan were reviewed **QARC**
Correlation of Compliance to Quality to oncological outcomes

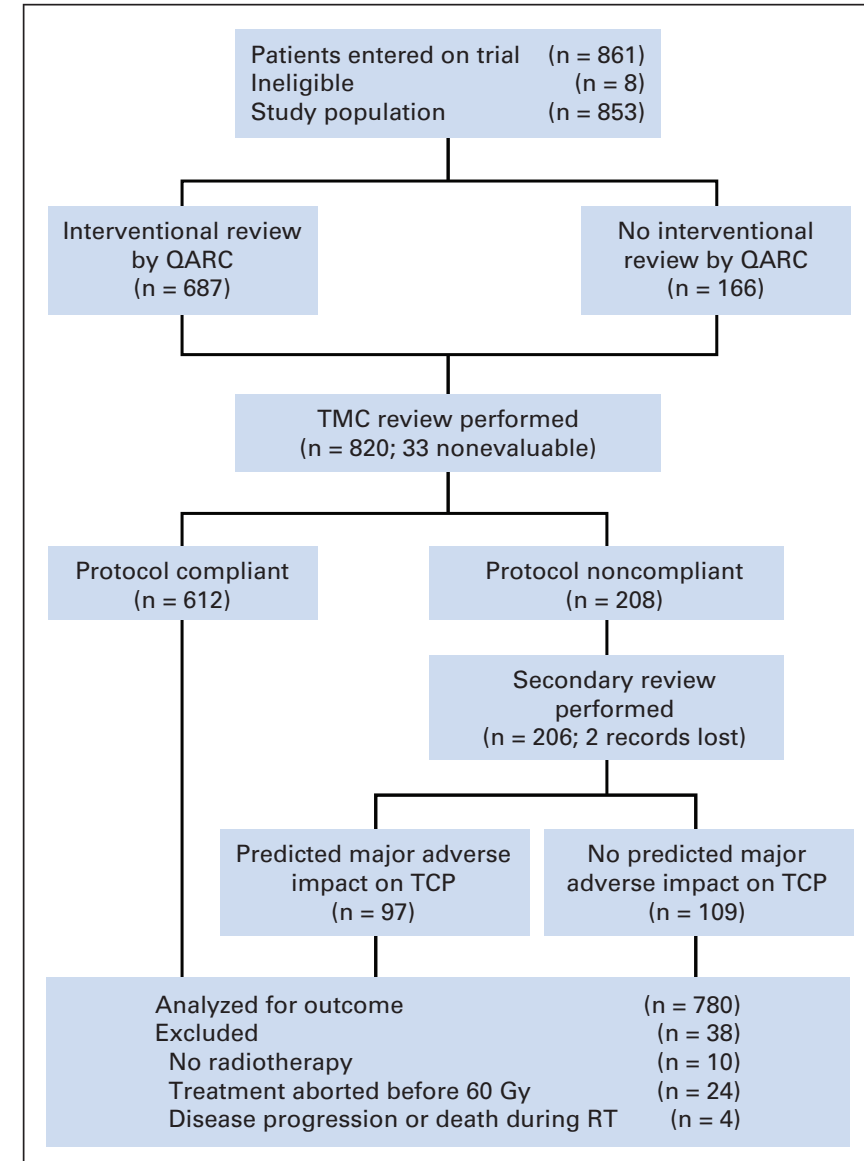


Fig 1. CONSORT flow chart showing sequence of reviews and analyses. QARC, Quality Assurance Review Center; TMC, Trial Management Committee; TCP, tumor control probability; RT, radiotherapy.

1. Radiotherapy Quality

RT quality compliance

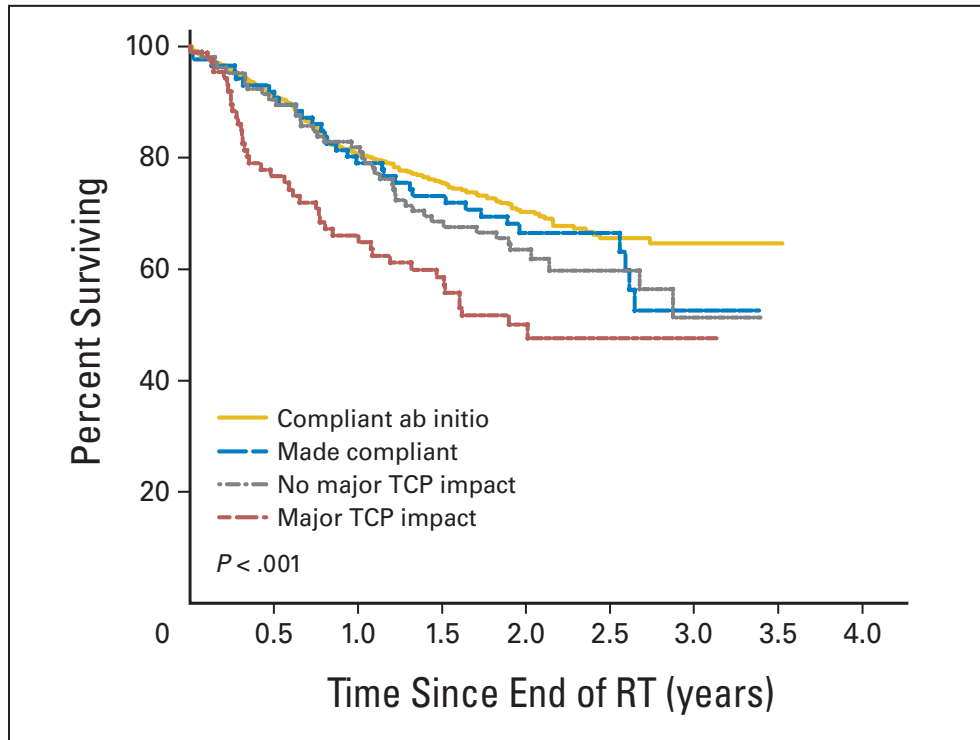


Fig 2. Overall survival by deviation status:

- 20% in 2y OS

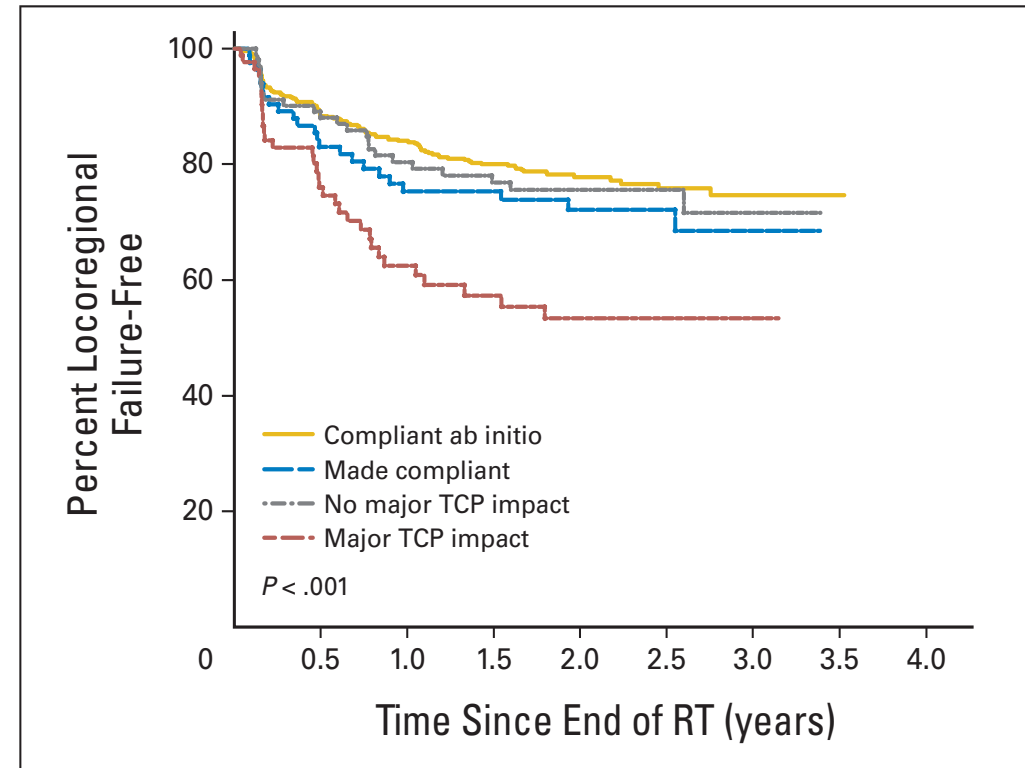


Fig 3. Time to locoregional failure by deviation status. T

- 24% in 2y LRFF

2. Comorbidities

40 BC patients

SIB-IMRT (50 Gy WB, 60 Gy TB)

Age \geq 70 years, pT1-2 pN0-1, M0, no neo-CT

Charlson comorbidity index.

Table 2 Correlation with RT acute side effect (G2 skin toxicity)

| Parameters | No. of cases | <i>p</i> |
|------------------------|--------------|-----------------|
| Age < 75 | 4 | <i>p</i> = NS |
| Age \geq 75 | 6 | |
| CCI 0 | 1 | <i>p</i> = 0.01 |
| CCI \geq 1 | 9 | |
| Breast volume < 700 cc | 2 | <i>p</i> = 0.04 |
| > 700 cc | 8 | |
| Chemotherapy | 4 | <i>p</i> = NS |
| No chemotherapy | 6 | |

CCI Charlton comorbidity index, *NS* no significant

Comorbidities:

CCI 1 9 pts (22.5%), two patients a

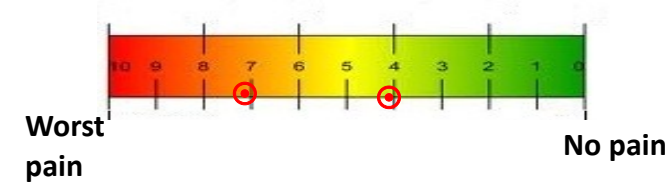
CCI 2 2 pts (5%), a CCI 3 2 pts (5%)

Most common comorbidities:

diabetes, ulcer disease, chronic pulmonary disease, and connective tissue disease.

2. Medications

- 74 years old
- ECOG 2
- BONE METASTASIS (prostate cancer)
- Moderate Pain (NRS max 7/10) at sacral level



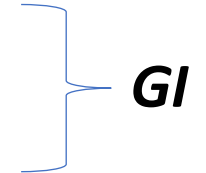
Multimorbidity:

Metabolic syndrome /Diabetes -Type II/ COPD/ Hiatal hernia/BPH /Depression

2. Medications

Polipharmacy

Lansoprazole
Pancrelipase



GI

Canbesartan
Bisoprolol fumarate
Barnidipine hydrochloride
Baby aspirin
Ezetimibe



***Hypertension
Cardiovascular
risk management***

Finasteride
Tamsulosine



BPH

beclometasone formoterol
glycopyrronium



COPD

Mirtazapin
Lorazepam



Depression

aspart insulin
detemir insulin



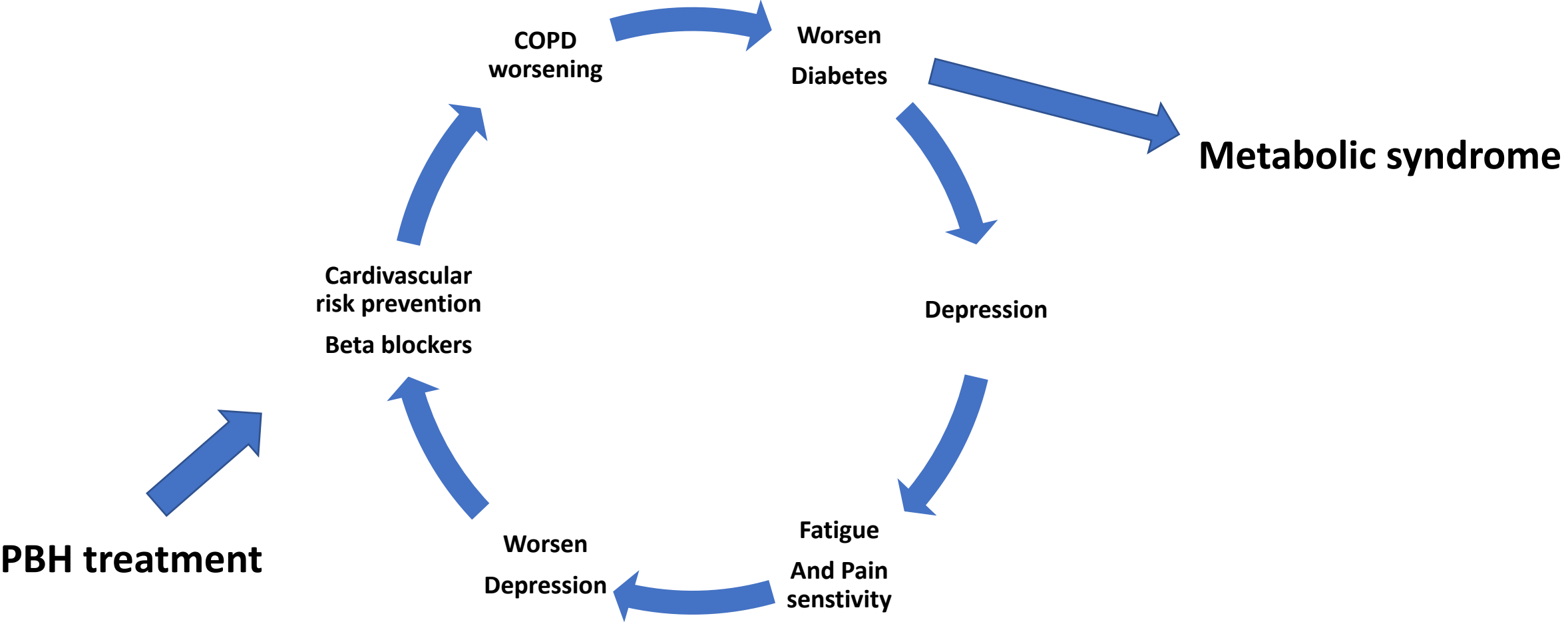
Type II Diabetes

Oxycodon/naloxon



Pain

2. Medications



Onco-geriatric evaluation of the patient

3. Socio-economics Factors

120 patients with cervical cancer
 Definitive CRT
 Questionnaires

Household size

Poverty status

Type of dwelling

Table 1
 Socio-demographic characteristics of patients

| Socio-demographic characteristics of patients | Total (n=120) | Compliant patients (n=84) | Non-compliant patients (n=36) | P-value |
|---|---------------|---------------------------|-------------------------------|---------|
| Mean age (SD) | 51 (11.9) | 52 (12.3) | 48 (10.4) | 0.078 |
| <i>Education level</i> | | | | |
| Never gone to school | 8 | 6 (75%) | 2 (25%) | 0.885 |
| Up to primary school (incomplete/complete) | 83 | 57 (69%) | 26 (31%) | |
| Secondary/Tertiary (incomplete/complete) | 29 | 21 (72%) | 8 (28%) | |
| <i>Marital status</i> | | | | |
| Married | 65 | 45 (69%) | 20 (31%) | 0.970 |
| Single | 11 | 8 (73%) | 3 (27%) | |
| Widow/Divorced | 44 | 31 (71%) | 13 (29%) | |
| <i>Household size</i> | | | | |
| 1-2 | 34 | 27 (79%) | 7 (21%) | 0.008 |
| 3-5 | 63 | 47 (75%) | 16 (25%) | |
| 6-12 | 23 | 10 (44%) | 13 (57%) | |
| <i>Position within household</i> | | | | |
| Head | 42 | 27 (64%) | 15 (36%) | 0.490 |
| Wife | 63 | 45 (71%) | 18 (29%) | |
| Other | 15 | 12 (80%) | 3 (20%) | |
| <i>Poverty status</i> | | | | |
| Non-poor | 66 | 52 (79%) | 14 (21%) | 0.020 |
| Poor | 54 | 32 (59%) | 22 (41%) | |
| <i>Type of dwelling</i> | | | | |
| Adequate | 85 | 65 (77%) | 20 (24%) | 0.016 |
| Inadequate | 35 | 19 (54%) | 16 (46%) | |
| <i>Type of occupation of patient</i> | | | | |
| Employed without social protection | 45 | 29 (64%) | 16 (36%) | 0.532 |
| Unemployed | 16 | 11 (69%) | 5 (31%) | |
| Inactive | 59 | 44 (75%) | 15 (25%) | |
| <i>Health coverage</i> | | | | |
| No | 91 | 61 (67%) | 30 (33%) | 0.209 |
| Yes | 29 | 23 (79%) | 6 (21%) | |
| <i>Stage^a</i> | | | | |
| I | 11 | 9 (82%) | 2 (18%) | 0.538 |
| II | 68 | 45 (66%) | 23 (34%) | |
| III-IV | 39 | 28 (72%) | 11 (28%) | |

^a Missing data for 2 cases.

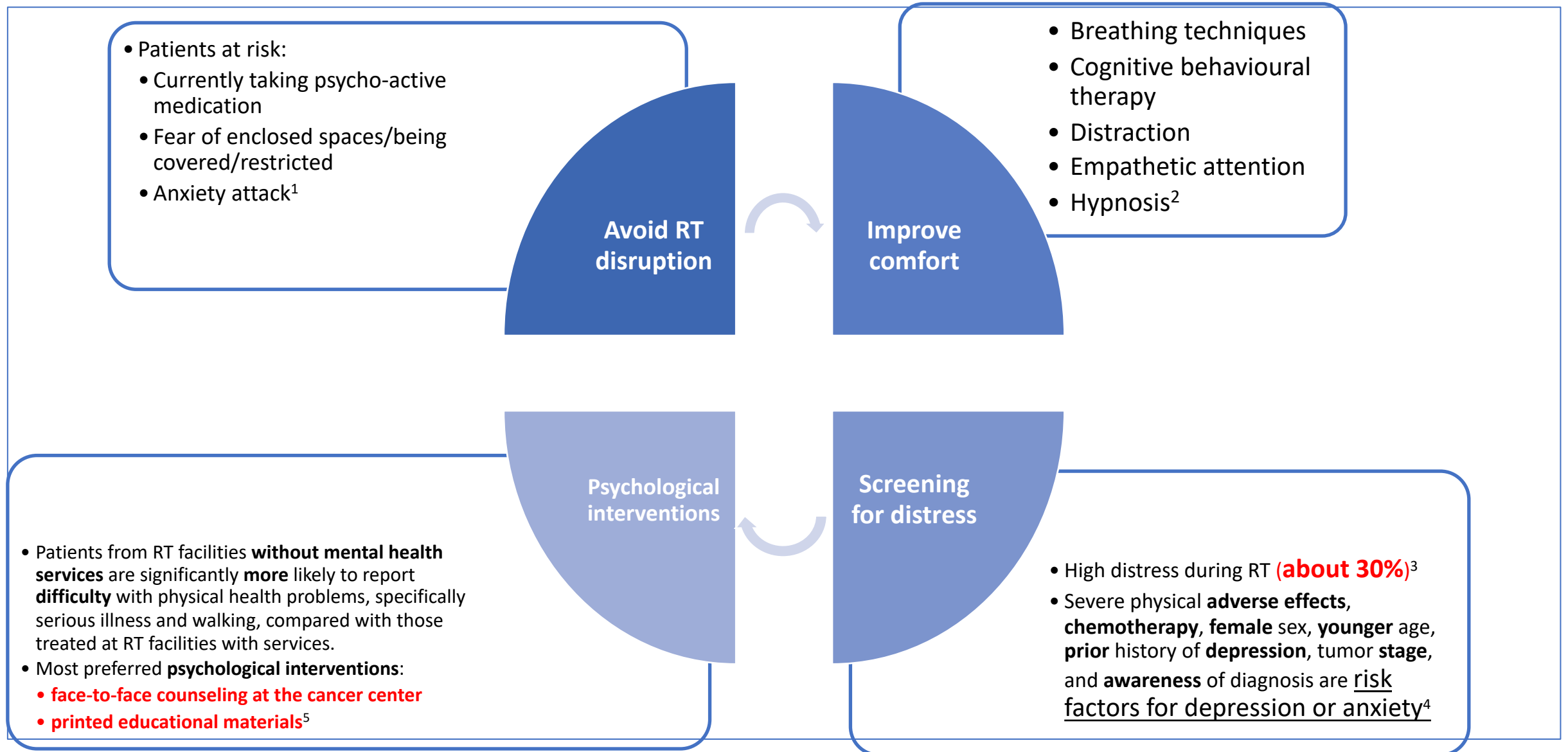
3. Socio-economics Factors

120 patients with cervical cancer
 Definitive CRT
 Questionnaires

Table 3
 Univariate and multivariate associations between socio-economic impacts and non-compliance

| Impact on patient's household | Univariate analysis | | | Multivariate analysis | | |
|--|---------------------|---------|---------|-----------------------|---------|---------|
| | OR | 95% CI | P-value | OR | 95% CI | P-value |
| Work interruption | | | | | | |
| Work interruption | | | | | | |
| No | 1.0 | | | | | |
| Yes | 3.5 | 1.5–8.2 | 0.003 | | | |
| Reduction in hours worked | | | | | | |
| No | 1.0 | | 0.202 | | | |
| Yes | 0.6 | 0.3–1.3 | | | | |
| Starting paid work | | | | | | |
| No | 1.0 | | 0.282 | | | |
| Yes | 1.8 | 0.6–5.1 | | | | |
| Increase in hours worked | | | | | | |
| No | 1.0 | | 0.556 | | | |
| Yes | 0.7 | 0.2–2.6 | | | | |
| Loss of family income | | | | | | |
| Loss of family income | | | | | | |
| No | 1.0 | | | 1.0 | | |
| Yes | 3.1 | 1.4–7.0 | 0.006 | 3.8 | 1.5–9.5 | 0.003 |
| Problems in paying for education | | | | | | |
| No | 1.0 | | 0.367 | | | |
| Yes | 1.5 | 0.6–3.7 | | | | |
| Absence from school | | | | | | |
| Absences from school | | | | | | |
| No | 1.0 | | | 1.0 | | |
| Yes | 4.3 | 1.8–9.9 | 0.001 | 3.6 | 1.4–9.1 | 0.005 |
| Reduction in daily consumption of food | | | | | | |
| No | 1.0 | | 0.158 | | | |
| Yes | 1.8 | 0.8–3.9 | | | | |
| Delays in payments | | | | | | |
| No | 1.0 | | 0.079 | | | |
| Yes | 2.0 | 0.9–4.5 | | | | |
| Sale of property/Use of savings | | | | | | |
| No | 1.0 | | 0.743 | | | |
| Yes | 0.9 | 0.4–1.9 | | | | |
| Change of child care organization | | | | | | |
| No | 1.0 | | 0.203 | | | |
| Yes | 2.0 | 0.7–5.9 | | | | |

4. PERSONAL sphere: PSYCHOLOGICAL STAPLES FOR AN OPTIMAL RT DELIVERY



What is considered compliance in 2020s?

- Definition and background
- Conditioning Factors
- **New Technologies**
- Intervention strategies

RT improvements in the past 30 years

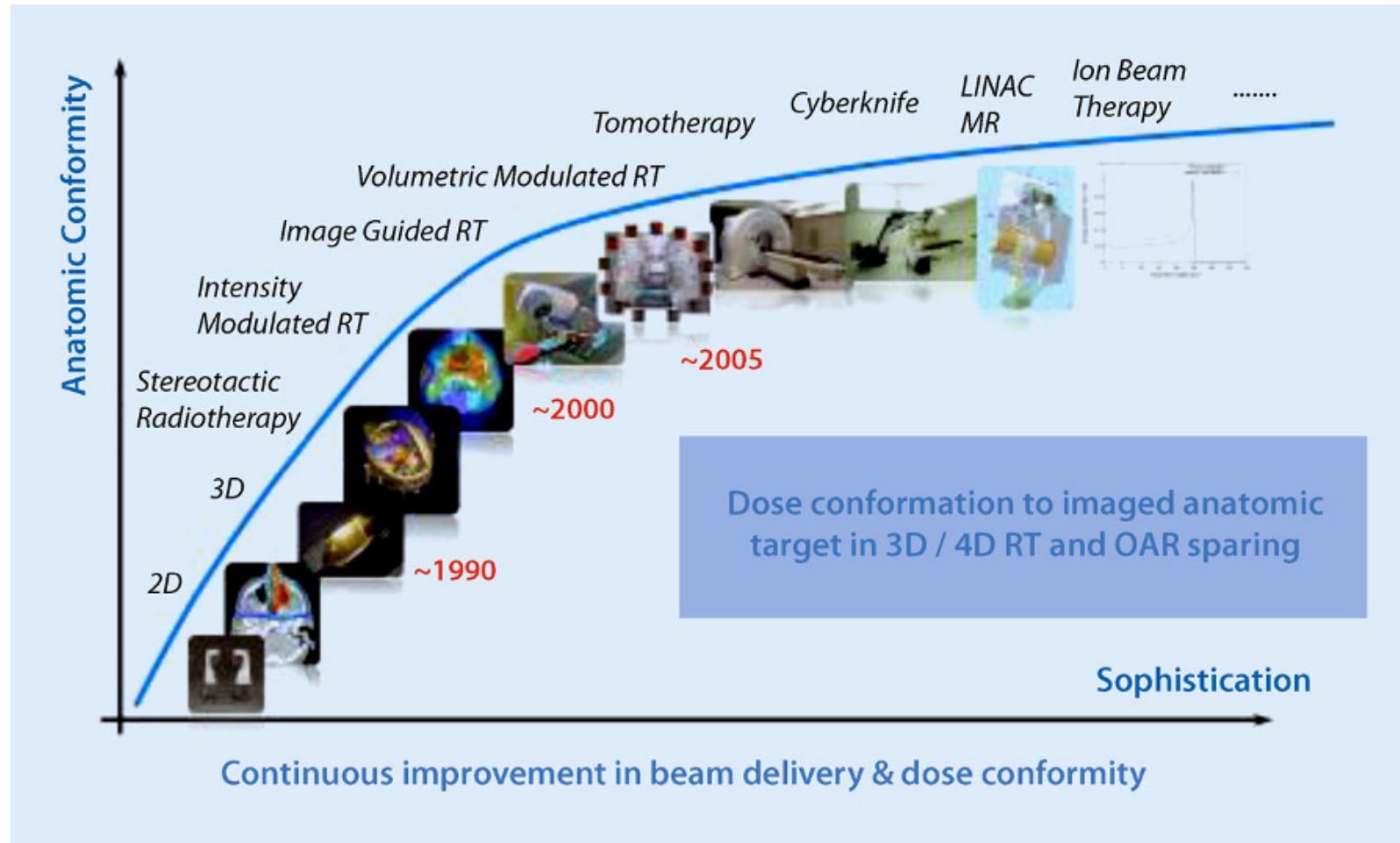
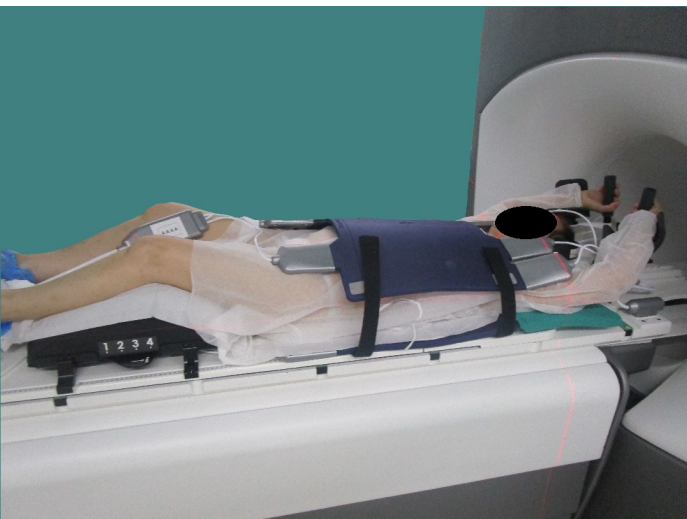
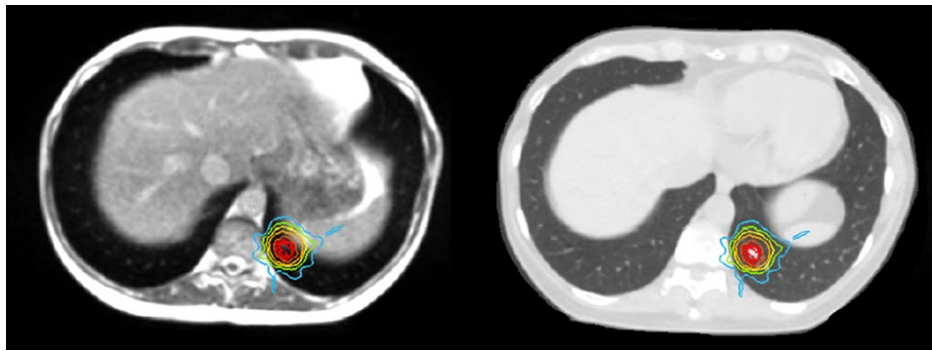
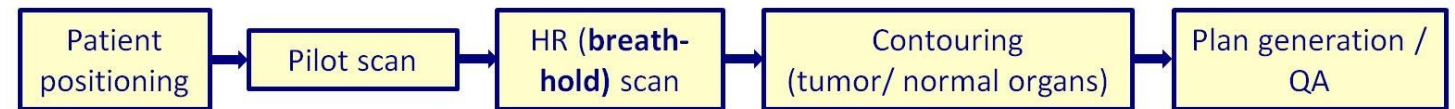


Fig. 1 ▲ Improvement in radiotherapy (RT) during the past three decades. *MR* magnetic resonance, *OAR* organ at risk

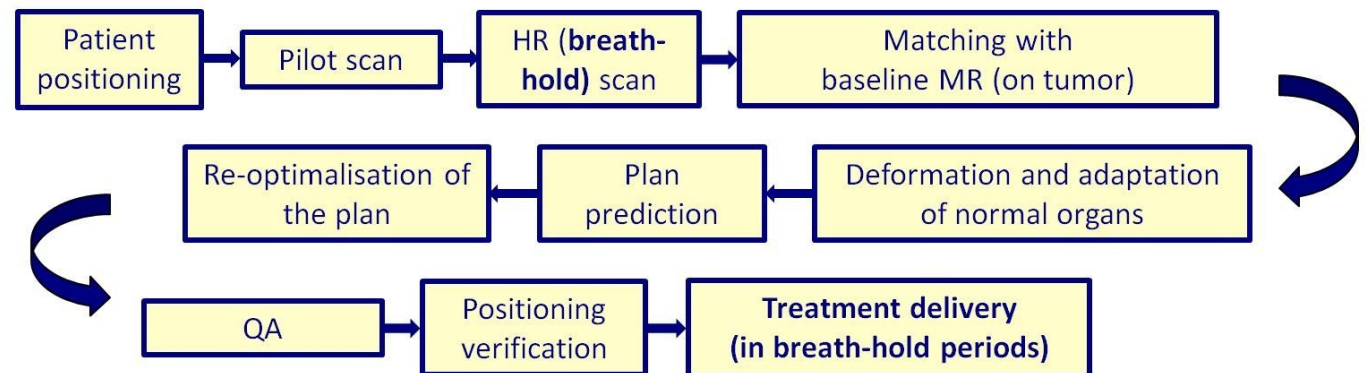
MRgRT work-flow



Simulation:



For each fraction:



MRgRT TIME for treatment delivery

Table 2. Baseline characteristics of the sample.

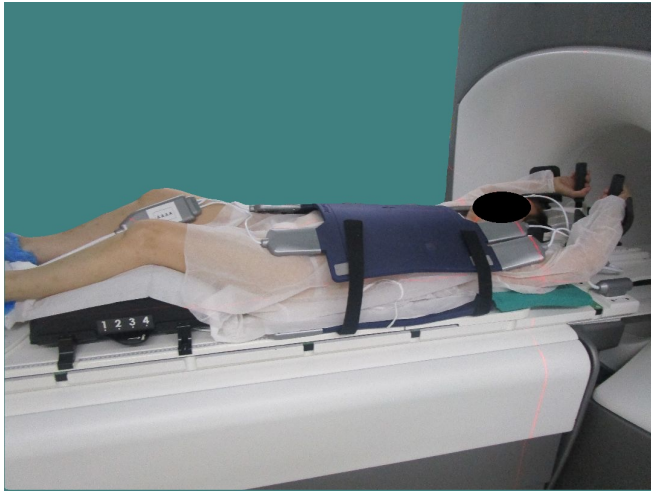
| | Overall (n = 30) | Palliative (n = 4) | No CGA (n = 13) | CGA (n = 13) | p Value or χ^2 test (CGA vs no CGA) | SBRT | IMRT | p Value (SBRT vs IMRT) |
|--|---------------------|-----------------------|--------------------|--------------------|--|------------------------|-------------------------|------------------------------|
| Age, y | 81.4 ± 3.4 | 81.0 ± 3.7 | 81.7 ± 3.7 | 81.2 ± 3.3 | 0.73 | 81.6 ± 3.4 | 80.9 ± 3.7 | 0.6 |
| Women | 10 (33.3) | 2 (50.0) | 5 (38.5) | 3 (23.1) | — | 4 (33.3) | 6 (35.3) | — |
| Wheelchair | 3 (10.0) | 0 (0.0) | 2 (15.4) | 1 (7.7) | — | 2 (16.7) | 1 (6) | — |
| Cognitive impairment | 2 (6.7) | 0 (0.0) | 0 (0.0) | 2 (15.4) | — | 4 (33.3) | — | — |
| Number of fractions | | | 11.1 ± 9.3 | 7.5 ± 2.9 | | 1 (8.3) 5.4 ± 1.4 | 1 (6) 3.9 ± 2.7 | — <0.001 |
| Beam on time,^a min | | | 9.6 ± 7.0 | 14.8 ± 9.3 | | 7.3 ± 2.8 0.4 ± 0.1 | 12.5 ± 6.0 0.3 ± 0.1 | 0.002 0.06 |
| Beam on time^a/ effective time,^b min | | | 35.0 ± 12.6 | 43.0 ± 13.0 | | | | |

^aEffective time: treatment duration considering also the time during which target volume is out of the delivery position using a gating approach.

MRgRT PATIENTS complaints

| | Yes | Considerable |
|------------------------------|--------------|---------------------|
| Noise | 60% (N = 90) | 17% (N=26) |
| Cold | 29% (N = 44) | 10% (N = 15) |
| Paresthesia | 28% (N = 42) | 6% (N = 9) |
| Dizziness | 11% (N = 16) | 1% (N = 2) |
| Local heat sensations | 9% (N = 13) | 1% (N = 2) |
| Metallic taste | 2% (N = 3) | - |
| Light flashes | 2% (N = 3) | - |

MRgRT patients SELECTION



Patients should be divided in:

- **physically not compatible** (i.e. pace maker carriers);
- **clinically not compatible** (i.e. major psychiatric disorder, severe claustrophobia);
- **border line compatible** (i.e. mild claustrophobia);
- **fully compatible**

Appropriate intervention should be considered in **border line compatible** patients (e.g. psychological intervention or patients support techniques such as music or aromatherapy).

Patients evaluated as **not compatible** or **refusing** hybrid treatment should be directly addressed to **standard RT delivery units**.

MRgRT Patient SELECTION

MASTER score

MRI-Guided Radiotherapy Selection Elderly

Dedicated MR compatibility

scoring systems are useful

to avoid *a priori* choice based

on clinical or age related

variables

Table 3. MASTER score items and corresponding values.

| Condition | MASTER score value |
|--------------------------------------|--------------------|
| MRI incompatibility (i.e. pacemaker) | 4 |
| Major cognitive impairment | 4 |
| Severe claustrophobia | 4 |
| ECOG PS value ≥ 3 | 3 |
| ECOG PS value ≥ 2 | 2 |
| Mild cognitive impairment | 1 |
| Frailty | 1 |
| Essential tremor | 1 |
| Visual deficit | 1 |
| Deafness | 1 |
| Gated treatment foreseen | 1 |
| Urinary or fecal incontinence | 1 |

ECOG PS: Eastern Cooperative Oncology Group Performance Status;
MRI: magnetic resonance imaging.

What is considered compliance in 2020?

- Definition and background
- Influencing Factors
- New Technologies
- **Intervention strategies**

DISTRACTIVE therapies

Distraction as a Complementary Therapy for Cancer

What is distraction?

Distraction draws a person into a highly interesting activity to take his or her mind off pain or discomfort.

Can distraction help people with cancer?

Distraction has been found to help when people are experiencing anxiety, nausea, or pain. It does not cure cancer. But it has been shown that distracting a person's mind from unpleasant thoughts, procedures, or pain may help them feel better.

How does distraction work?

Many different types of activities and therapies can provide distraction. Some of them have other therapeutic benefits, too. These activities and therapies include:

How does distraction work?

Many different types of activities and therapies can provide distraction. Some of them have other therapeutic benefits, too. These activities and therapies include:

- Art therapy
- Music therapy
- Dance therapy
- Imagery
- Stories
- Relaxation therapy
- Virtual reality and computer games

Distractive therapies in children

PEDIATRICS

Movie making as a cognitive distraction for paediatric patients receiving radiotherapy treatment: qualitative interview study

Movie-Making Program (MMP)

children produce a short creative video describing each patient's journey in their own words

ARTICLE SUMMARY

Article focus

- Independent analysis of a programme where children with cancer make a movie about their radiation therapy experience.
- Qualitative description of semistructured interviews with parents of programme participants.

Key messages

- A range of benefits were attributed to making a movie including reductions in the child's anxiety and increased willingness to receive treatment.
- Further benefits were attributed to sharing the movie including maintaining social engagement and aiding school reintegration.
- The family and others in the child's social network also benefited.

Strengths and limitations of this study

- Independent analysis by a team experienced in healthcare evaluation.
- Open-ended questions yielded rich information.
- Only the perspectives of parents were analysed, not those of the children themselves.
- Only parents of children with favourable treatment outcomes were interviewed.

Distractive therapies in Interventional Radiotherapy

Clinical Investigations

Original paper

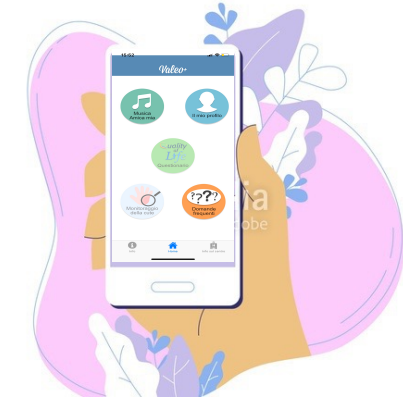
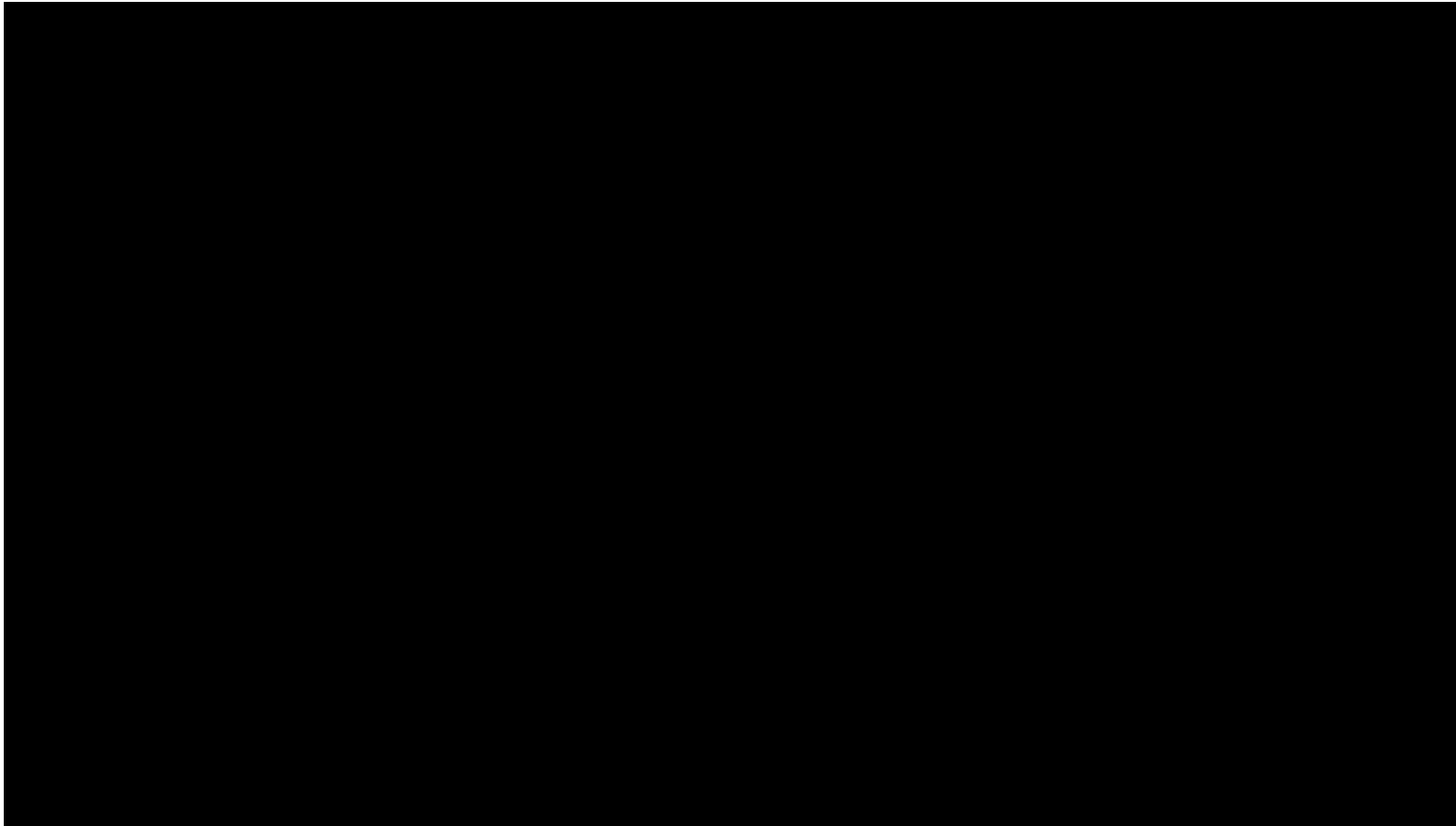
HAPPY – Humanity Assurance Protocol in interventional radiotherapy (brachytherapy) – an AIRO Interventional Radiotherapy Study Group project

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| | Patient's needs/issues general clusters | HAPPY interventions/recommendations |
|---|---|---|
| 1 | Lack of information and the fear of "unknown" | Procedure information booklet, possibly with FAQs, and sharing patient story, to be delivered many days before the therapy Improving the patient's participation in therapeutic choices also using decision support tools and discussing predictive models |
| 2 | Comfortable and relaxing environment | Possibility of hearing music chosen by the patient and/or watching relaxing videos |
| 3 | Ability to reduce anxiety | Psychological support in the interventional room and/or prescription of anxiolytics if necessary |
| 4 | Fear of the word "Bunker" | Use alternative words like "Interventional Room" or "Treatment Room" |
| 5 | Use of the word "Brachytherapy" often not known and heard for the first time by the patient | Use a more conventional term such as "interventional radiotherapy" |
| 6 | Embarrassment over external genital depilation (if necessary) in the interventional room | Suggestion to perform external genital depilation at home |
| 7 | Discomfort due to the long maintenance of the bladder catheter | The bladder catheter will be placed in the interventional room just before the procedure |
| 8 | Sense of loneliness in the room | If possible, an operator holds the patient's hand during the applicator positioning and plans optimization making human proximity perceived |



Patient's compliance in Interventional Radiotherapy



MISSION

MultISenSory Integrated system for patient cOmpliaNce improvement



Patient's compliance: the Art 4 ART project

Comfortable and relaxing environment

Sensorial experience during patient disease journey

Patient Profiling

Relating pt ART_PATH with exams/tox/interruption

Proactive action proposals

What is considered compliance in 2020s?



Innovative treatments and patients compliance

31° RESIDENTIAL COURSE

12 NOVEMBER 2021 *virtual*

22-23 NOVEMBER 2021 *onsite and virtual*

26 NOVEMBER 2021 *virtual*

Scientific Coordinators: *Vincenzo Valentini
Maria Antonietta Gambacorta, Luca Indovina*

Honorary Presidents: *C.A. Perez, N. Cellini*

Opening lecture (recorded)

Moderators: *A.G. Morganti, G. Macchia*

Omics sciences and compliance to radiotherapy: is there a link?

C.N. Andreassen

Keynote lectures

Image guided radiotherapy technologies and treatment compliance

Compliance between innovation and clinical experience: health economics perspective

What is considered innovation in 20's radiotherapy?

Compliance to treatments using stereotactic technologies

FLASH therapy and compliance: a new era?

Immunotherapy and radiotherapy: efficacy, innovative fractionations and compliance

Particle therapy and patient compliance

What is considered compliance in 2020s?

TOPICS

Metrics: Which compliance to be measured?

Metrics: Which compliance is important for the patient undergoing radiotherapy?

Actions: Will innovation change compliance in radiotherapy treatments?

Actions: Big Data and AI: which contribution to compliance?

Actions: Does drug innovation change compliance in combined treatments?

Focus on: Prostate cancer innovation and compliance

Focus on: H&N cancer innovation and compliance

Focus on: Combined radio-chemotherapy treatments in third stage lung cancer

Focus on: Lung cancer innovation and compliance

Focus on: Breast cancer innovation and compliance

Focus on: Anal cancer innovation and compliance

What is considered compliance in 2020s?

Compliance **SAVES**

Obedience

Conformity

Accordance

Cooperation

Resilience

Resilience **CURES**

