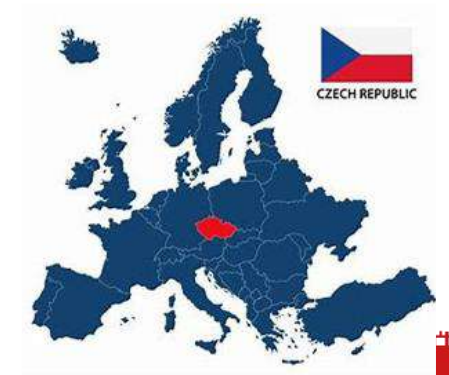




16-18 OCTOBER MEGARON
2022 ATHENS
GREECE

Indications for venous access in oncology - recommendations of national professional societies and the current state in the Czech Republic

Maňásek V, Charvát J, Chovanec V, Sirotek L, Linke Z, Tuček Š, Šenkyřík M., Michálek P, Polák M, Fricová J, Daniš L, Šeflová L, Lisová K, Douglas M. Oncology Center Agel Hospital, Nový Jičín
Czech Republic, Europe



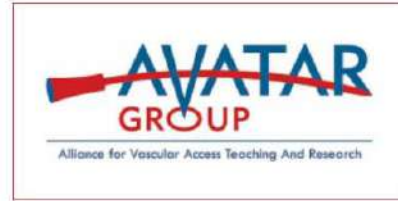
Argentina



Australia



Australia



Belgium



Canada



China



Czech Republic



France



Italy



Netherlands



New Zealand



Portugal



Spain



United Kingdom



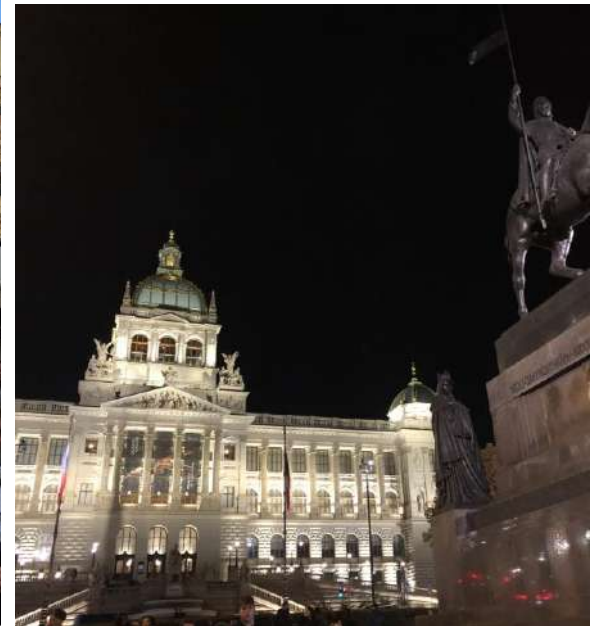
USA



USA



Prague





And night Prague 😊

Indications for long term venous access in oncology - the reasons

- The anticancer treatment is usually not a short process
- The venous system of the patient is used frequently
- The risk of severe complications in case of extravasation
- We prefer patient friendly strategy...lege artis treatment (EBM)....up to date approach = I want to treat a patient in the same way I would treat my family and friends

Why is the oncologist „a dangerous physician“ for the venous system of oncology patient?

- Indicates aggressive anticancer strategy
- Indicates irritants and vesicants, dangerous in case of extravasation
- The venous access device (VAD) choice is not the main topic of his interest (not always)
- Oncology is non-invasive medical field - it is sometimes difficult to indicate appropriate VAD in case I have not enough informations (or I do not care...)

Necrosis after doxorubicin extravasation





ESMO congress (European Society for Medical Oncology) 2019



- 3,904 abstracts admitted
- Thousands of attendees

The number of abstracts concerning venous access topic?

1. 10%?.... 390 abstracts?
2. 1%?..... 39 abstracts?
3. 0,1%?... 4 abstracts?



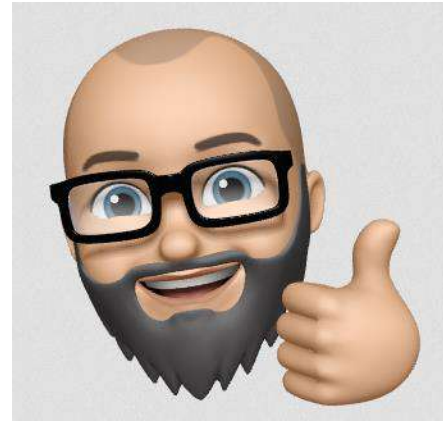
No answer is right 😊:

0,02%.....1 abstract.



Venous access topic in ESMO

There was (at least) one oncologist interested in venous access topic



However....

- ESMO 2022 – no abstracts concerning this topic



PARIS FRANCE
9-13 SEPTEMBER 2022

The aim of our study

- To find out who indicates venous access for oncology patients
- To map if indications meet the current recommendations for venous access in oncology
- To recognize the opinions of national and international societies

Methods

- The survey results obtained from a national questionnaire of 24 oncology centers in the country
- The data concerning the number of patients and the criteria for indications of venous access were evaluated
- Compare the current oncological practice in CZ with EBM recommendations

Results – number of patients

- At each center surveyed in CZ, an average of 210 permanent VADs were introduced (2020)
- Only a half of centers introduced more than 100 ports per year
- Only one third of centers introduced more than 100 PICCs per year
- 4 centers introduced a total of 1600 ports annually

- But – 83 % of respondents (oncologists) rated the availability of VADs as sufficient

Results – indications

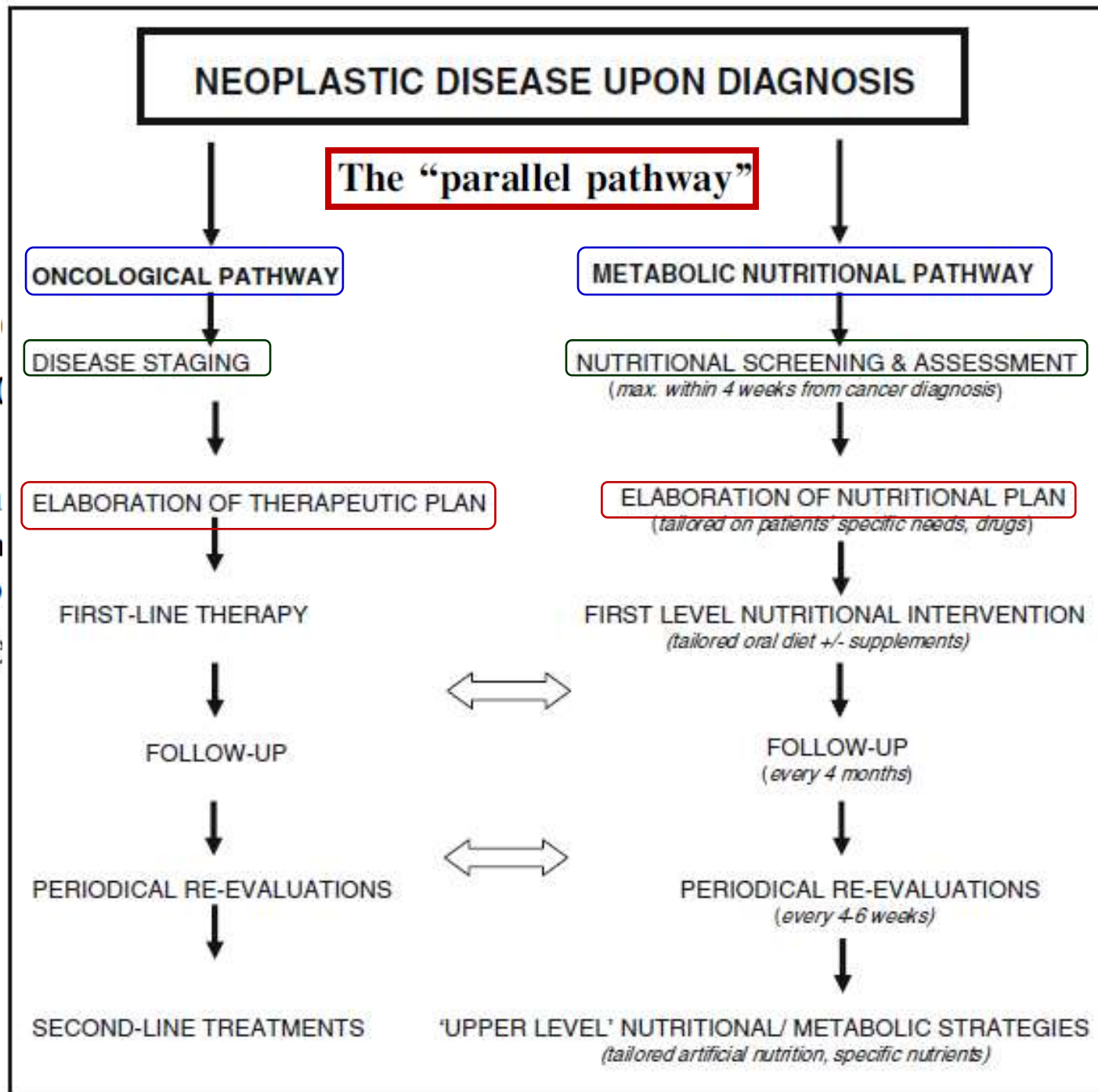
- In all centers, the decision for the type of venous access was **made by an oncologist**
- The most procedures were **performed by a physician of different medical field** (surgeon, radiologist, anaesthesiologist...)
- More than a half of the indications for VAD placement resulted from poor peripheral venous system, not from comprehensive assessment prior to the initiation of the therapy
- Venous access team available only in 25 % of centers
- Oncologists still prefer ports dominantly regardless the dwell time (the needed duration of the therapy)
- 50 % of centers take into account the length of treatment (up to 6 months PICC, over 6 months port)

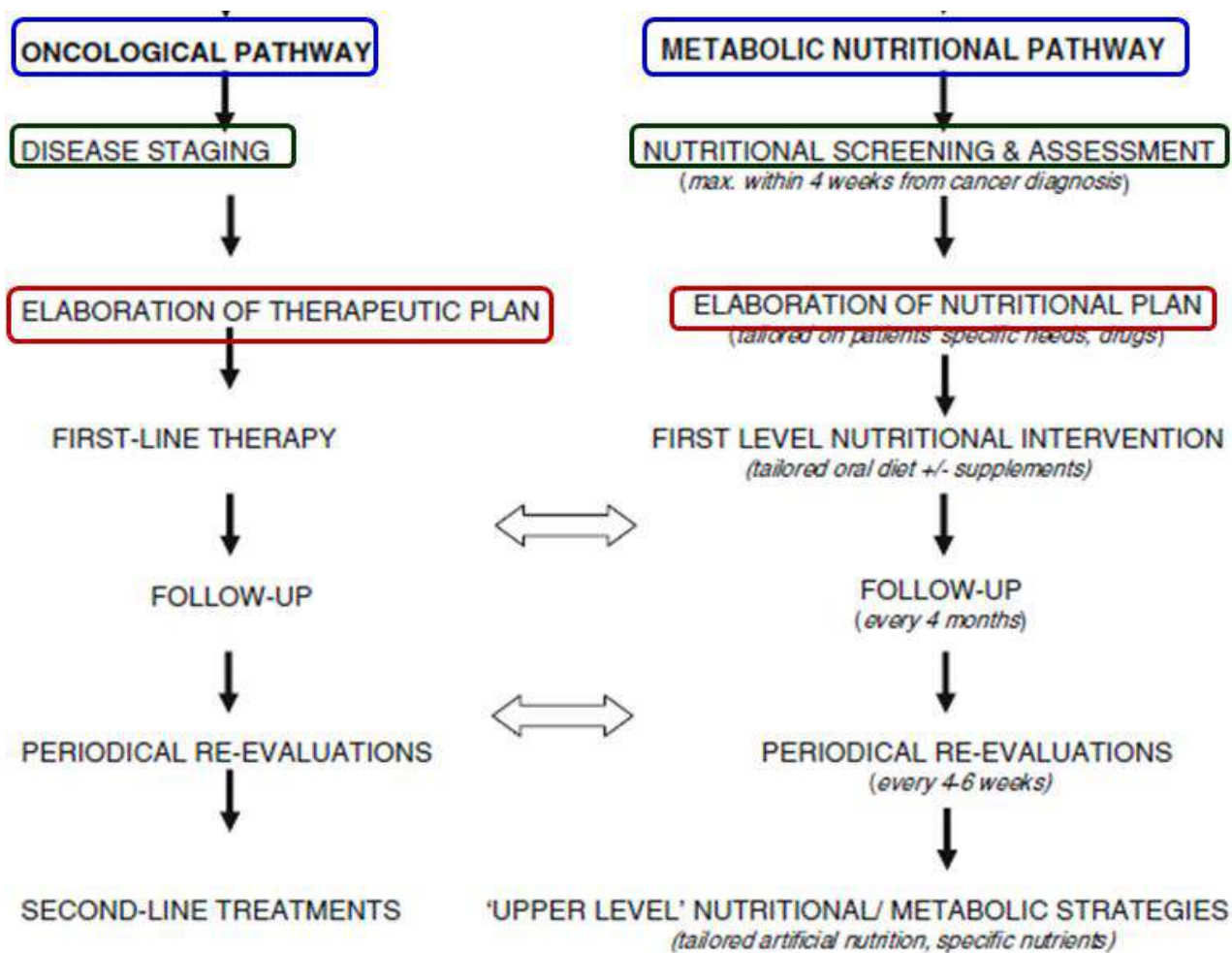
Conclusions

- The number of introduced VADs remains insufficient to meet the needs of the Czech Republic (10 %) ... *but we are working on it (in the last 5 years, the number of PICCs inserted in Czech and Slovak Rep. has multiplied sixfold)*
- It is a mistake of the Czech oncology system to treat patients (quite) often via peripheral veins
- We need more education (oncologists indicate) to respect recommendations *(and SPPK do that)*
- We need more venous access teams in hospitals
- DIVA should not be the only criterion
- There is still unjustified awareness of PICCs because of DVT
- We have provided recommendations for VAD use with regard to type of cancer, treatment duration and patient's condition



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- VAD indication
- The choice of VAD
- Venous assesment, procedure
- VAD maintenace
- Change of VAD/extraction

Thank You...enjoy the congress 😊

