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KVALITETA ŽIVOTA BOLESNIKA TIJEKOM AKTIVNOG KEMOTERAPIJSKOG LIJEČENJA

NOVAK M.[1], Miličević J.[1]

[1] Klinički bolnički centar Zagreb
- *Klinika za onkologiju*

nova.mar3c@gmail.com

Napredak u liječenju malignih bolesti i programi ranog otkrivanja istih doprinijeli su produljenju života bolesnika oboljelih od malignih bolesti, te je tako karcinom postao kronična bolest koja zahtijeva dugotrajno liječenje. Glavni cilj liječenja karcinoma kao kronične bolesti je optimalno iskorištavanje mogućnosti za produženo preživljavanje uz maksimalno očuvanje kvalitete života.

Cilj ovog istraživanja bio je opisati kvalitetu života pacijenata oboljelih od raka i na različitim kemoterapijama. Studija je obuhvatila 156 pacijenata liječenih na Klinici za onkologiju. Podatci su prikupljeni putem standardnog upitnika EORTC QLQ-C30 za procjenu kvalitete života bolesnika oboljelih od malignih bolesti.

Rezultati istraživanja ukazuju da razina poteškoća tjelesnog funkcioniranja, poslovnog funkcioniranja, proljeva, boli, nuspojava u usnoj šupljini, nuspojava pri gutanju, opstipacije, emocionalnog i socijalnog funkcioniranja utječe na razinu kvalitete života tako da veća razina ovih poteškoća povećava poteškoće u kvaliteti života.

Medicinske sestre mogu utjecati na kvalitetu života pacijenta svakom interakcijom i intervencijom. Tijekom vremena dok procjenjujemo simptome naših pacijenata i ublažavamo nuspojave, nastojimo poboljšati kvalitetu života pacijenata.

QUALITY OF LIFE DURING CHEMOTHERAPY TREATMENT

NOVAK M.[1], Miličević J.[1]

[1] University Hospital Centre Zagreb
- *Department of Oncology*

nova.mar3c@gmail.com

Object: The advances made in the treatment of malignant diseases as well as programs for their early detection have contributed to prolonging the lives of patients with malignant diseases, thus making cancer a chronic disease which requires long-term treatment. The main goal of treating cancer as a chronic disease is to make optimal use of the possibilities of prolonged survival with maximum preservation of quality of life. The aim of this study was to describe the quality of life of cancer patients on various chemotherapy protocols.

Methods: The study included 156 patients treated at the Department of Oncology. The data were collected through a standard self-reported EORTC QLQ-C30 questionnaire to assess the quality of life of patients with malignant diseases.

Results: The results of the study indicate that the level of difficulties with physical and business functioning, diarrhea, pain, oral cavity and swallowing side effects, constipation, emotional and social functioning affect the level of quality of life, in a way that higher levels of these difficulties decrease the quality of life.

Conclusion: Nurses have the ability to affect patients' quality of life through every interaction and intervention. During the time we spend assessing our patients' symptoms and alleviating the side effects, we strive to improve patients' quality of life.

Key words: quality of life; oncology patients; chemotherapy

NAŠA ISKUSTVA SA IPILIMUMABOM KOD RAKA BUBREGA

KRALJ-ŠKOC V.[1], Zubatović Đunđenac I.[1]

[1] Klinički bolnički centar Zagreb
- *Klinika za onkologiju*

zubatovic.iva@gmail.com

Najčešći oblik raka bubrega je svjetlostanični rak s > 80%. Klinički je uglavnom asimptomatski, a samo se kod pojedinih bolesnika može očitovati hematurijom, pojavom boli sa jedne strane trbuha koja ne prolazi ili palpabilnom masom u trbuhu. Uglavnom se otkrije slučajno kod pregleda ili provođenja pretrage zbog nekog drugog razloga.

Dijagnostička obrada obuhvaća: UZV, MR/CT toraksa, abdomena i zdjelice, analiza krvi i urina. Pouzdanih tumorskih biljega za sada nema. Definitivna dijagnoza bolesti se postavlja biopsijom tumorske tvorbe, kako bi dobili patohistološki nalaz.

Nakon dobivenih nalaza donosi se odluka o liječenju na temelju kliničke procjene stadija bolesti i prognostičkih čimbenika. Liječenje može uključiti: kirurški zahvat, zračenje (najčešće SBRT), ciljanu terapiju kao što su monoklonska protutijela, tirozin-kinazni inhibitori, mTOR inhibitore, te imunoterapiju.

Uključivanje imunoterapije kod liječenja mnogih vrsta solidnih tumora pokazala je pozitivne rezultate liječenja i ukupnog preživljenja bolesnika. Susrećemo se sa nuspojavama koje su bitno različite po vremenu nastanka i načinu liječenja u odnosu na nuspojave uzrokovane citostaticima.

Najčešće se javljaju nuspojave vezane za kožu i probavni sustav, a mogu biti povezane i sa endokrinološkim sustavom, te plućima. Pravovremeno otkrivanje nuspojava je od velike važnosti kako bi ih se na vrijeme počelo zbrinjavati. Ukoliko se nuspojave otkriju u ranoj fazi terapija se može nastaviti uz pojačan nadzor bolesnika. Ako se otkriju u uznapredovaloj fazi, tada dolazi do privremene ili trajne pauze u liječenju uz uvođenje kortikosteroida, kao prve linije liječenja nuspojava, često uz hospitalizaciju.

Na KBC Zagreb trenutno imamo 6 bolesnika koji primaju kombiniranu terapiju ipilimumab i nivolumab u liječenju metastaskog svjetlostaničnog raka bubrega. Do sada imamo bolesnike koji dobro podnose terapiju, dok pojedini imaju nuspojave zbog kojih se moralo zaustaviti liječenje imunoterapijom i uvesti terapija kortikosteroidima (3,50%), te mikofenolat mofentilom i infliksimabom.

OUR EXPERIENCE WITH IPILIMUMAB THERAPY IN KIDNEY CANCER

KRALJ-ŠKOC V.[1], Zubatović Đunđenac I.[1]

[1] University Hospital Centre Zagreb
- *Department of Oncology*

zubatovic.iva@gmail.com

The most common type of kidney cancer is clear cell renal cell cancer comprising more than 80 % of cases. It is often asymptomatic, and fewer patients present with hematuria, flank pain or palpable mass. It is usually incidentaly detected.

Standard workup includes: US, MRI or CT scan of the thorax, abdomen and pelvis,standard laboratory blood tests and urinalysis. There are no predictive tumour markers for this disease. The diagnosis is established based on pathological report after surgery, and sometimes a needle biopsy can be considered.

Clinical stage and prognostic factors are important in making treatment decisions. Treatment options include: surgery, radiation therapy of metastatic lesions (SBRT), systemic therapy with monoclonal antiobides, tyrosine kinase inhibitors, mTOR inhibitors and immuotherapy.

Immunotherapy has shown positive results in various solid tumours with improvement in overall survival. Immune-relates adverse events differ from those seen with cytotoxic chemotherapy and are treated in a different way.

The most common adverse events are skin and gastrointestinal toxicity, pneumonitis and endocrine disorders. Early detection and treatment of immune-related adverse events is very improtant. If adverse events are detectes and managed on time immunotherapy can be continued with close monitoring of patients. If more severe adverse event occur, therapy needs to be temporarily or permanently discontinued, coritcosteroid therapy is initiated and patients often require hospitalization.

There are 6 patients with metastatic renal cell cancer treated with ipilimumab/nivolumab combination therapy in UHC Zagreb. Some patients tolerate the therapy well but others experienced adverse events requiring immunotherapy disconitunation, treatment with corticosteroids (3,50 %) and other immunosupressants like mycophenolate mophetyl and infliximab.

PRIKAZ RADA ONKOLOŠKOG SAVJETOVALIŠTA U OPĆOJ BOLNICI PULA

KOPIĆ B.[1], Dembić M.[1]

[1] Opća bolnica Pula
• *Odjel za internističku onkologiju s hematologijom*
boris.kopi57@gmail.com

Onkološko savjetovalište u Općoj bolnici Pula počinje s radom 2017. godine pod inicijativom i entuzijazmom nadležne onkologice te medicinkih sestara i tehničara Dnevne bolnice. Prvotni cilj bio je pripremiti odnosno educirati svakog novooboljelog pacijenta te članove njihove obitelji kako bi lakše podnosili sve nedaće na koje mogu nailaziti za vrijeme liječenja od zloćudne bolesti. Pacijent u savjetovalištu dobiva sve upute o liječenju kemoterapijom, objašnjavaju mu se moguće nuspojave te što činiti ukoliko se iste manifestiraju, prava koja može ostvariti i slično. Također dobiva i pisana uputstva o svemu što se gvoorilo za vrijeme edukacije a koja prosječno traje oko 1 sat. Edukaciju provodi medicinska sestra/tehničar prvostupnik/magistar. Prilikom razgovora s pacijentom izračunava se nutritivni status pomoću „tanita" vage, procjenjuje se socijalni status pomoću skale te se također procjenjue rizik za bol te rizik za pojavu tjskobe također pomoću skala za to predviđenih. Rastom savjetovališta dolazi do novih ideja te se savjetovalište razvija iz dana u dan. Tako od ove godine med. sestra/tehničar ima osebnu prostoriju za edukaciju, sve informacije koje se dobiju od pacijenta unose se u nalaz (BIS) kojega napiše sestra/tehničar. Edukacija pacijenta prije primjene kemoterapije pokazala se kao izrazito veliki benefit ne samo za pacijenta i njegovu obitelj nego i za sve sudionike u procesu liječenja.U sklopu savjetovališta djeluju i psiholog te psihoonkolog.Educirani pacijent smanjuje vrijeme boravka kod specijalista onkologije, pacijent se lakše suoči s bolešću, upozna se s osobljem i prostorom te sam proces liječenja za sve biva kvalitetniji.

Ključne riječi: onkologija, edukacija, medicinska sestra/tehničar

OVERVIEW OF WORK MANAGEMENT OF THE ONCOLOGY COUNSELLING CENTER IN THE GENERAL HOSPITAL PULA

KOPIĆ B.[1], Dembić M.[1]

[1] General Hospital Pula
• *Department of Medical Oncology and Hemathology*
boris.kopi57@gmail.com

The oncology counselling center at the Pula General Hospital was start operating in 2017. under the initiative and enthusiasm of the competent oncologist and nurses and technicians of the Daily hospital. The original goal was to prepare or educate each new ill patient and their family members in order to more easily endure all the hardships they may encounter during treatment for a malignant disease. The patient in the counselling center receives all the instructions for chemotherapy treatment, explains the possible side effects and what to do if they manifest themselves, the rights he get from other institutions etc. They also receives written instructions on everything that was said during the training, which lasts about 1 hour on average. The education is conducted by a nurse / bachelor technician / master. When talking to the patient, the nutritional status is calculated using a "tanita" scale, the social status is assessed using a scale, and the risk of pain and the risk of anxiety are also assessed using the scales provided for this purpose. With the growth of counselling, new ideas come to light and counselling develops day by day. So from this year the nurse / technician has a personal room for education, all the information received from the patient is entered in the finding (BIS) written by the nurse / technician. Educating the patient before the application of chemotherapy has proven to be a great benefit not only for the patient and his family but also for all participants in the treatment process.

PALIJATIVNA SKRB

ČOP I.[1], Perković A.[1], Ormanec T.[1], Žderić I.[1], Jonjić D.[1]

[1] Klinički bolnički centar Zagreb
- *Klinika za onkologiju*

ive.cop@gmail.com

Palijativna skrb je pristup u ublažavanju simptoma i znakova u zadnjem stadiju bolesti. Primjenjuje se već i po dijagnosticiranju bolesti s lošom prognozom. SZO palijativnu skrb definira kao pristup koji poboljšava kvalitetu života bolesnika, i njihovih obitelji, a vezano uz neizlječivu ili po život opasnu bolest. Prema međunarodnim preporukama za primjenu palijativne medicine, ona je jedno od osnovnih ljudskih prava na zdravstvenu zaštitu; mora biti uključena u zdravstvenu politiku država, mora biti temeljena na načelima dostupnosti i jednakosti, bez obzira na rasu, etničku pripadnost, spol, socijalni status i sposobnost plaćanja usluga. Pristup palijativnom bolesniku temelji se na načelima dostupnosti, kontinuitetu u pružanju skrbi, pružanju psihosocijalne utjehe, te stalnu prisutnost pacijentu. Primjena tih načela podrazumijeva multi profesionalni interdisciplinarni pristup. U provođenju palijativne skrbi sudjeluje palijativni tim koji uključuje liječnike, medicinske sestre, socijalne radnike, fizioterapeute, duhovnik, volonteri. Medicinske sestre imaju ključnu ulogu u skrbi za palijativnog bolesnika.

Ključne riječi: palijativna skrb, palijativni bolesnik, interdisciplinarni pristup

PALLIATIVE CARE

ČOP I.[1], Perković A.[1], Ormanec T.[1], Žderić I.[1], Jonjić D.[1]

[1] University Hospital Centre Zagreb
- *Department of Oncology*

ive.cop@gmail.com

Palliative care is an approach in alleviating the symptoms and signs in the last stage of the disease. It is used even after diagnosing diseases with a poor prognosis. The WHO defines palliative care as an approach that improves the quality of life of patients, and their families, in relation to an incurable or life-threatening disease. According to international recommendations for the application of palliative medicine, it is one of the basic human rights to health care; it must be included in the country health policy, it must be based on the principles of accessibility and equality, regardless of race, ethnicity, gender, social status and ability to pay for services. The approach to the palliative patient is based on the principles of accessibility, continuity in the provision of care, the provision of psychosocial comfort, and constant presence to the patient. The application of these principles implies a multi-professional interdisciplinary approach. The implementation of palliative care involves a palliative team that includes doctors, nurses, social workers, physiotherapists, clergy, volunteers. Nurses play a key role in caring for a palliative patient.

Key words: palliative care, palliative patient, interdisciplinary approach

FIZIOTERAPIJA BOLESNIKA NAKON KIRURŠKOG LIJEČENJA OSTEO I HONDROSARKOMA

HORVAT M.[1], Margitić B.[1]

[1] Klinički bolnički centar Zagreb
- *Klinika za onkologiju*

mhorvat13@gmail.com

Osteosarkom je najčešći maligni tumor kostiju. Lokaliziran je u područjima brze koštane izmjene, najčešće u distalnom dijelu bedrene kosti i proksimalnom dijelu goljenične kosti, pretežno u mladih osoba, kada kosti intenzivno rastu. Tumor može biti lokalni ili metastatski. Simptomi su bol, oteklina,ograničena pokretljivost, prijelom, slabost, umor. Suvremeno liječenje se sastoji od neoadjuvantne terapije, kompletne kirurške resekcije i adjuvantne terapije, sa sveukupnim petogodišnjim preživljenjem od 60%. Primjena imunoterapije i ciljane terapije poboljšala je rezultate liječenja kod bolesnika s lokaliziranom bolesti na preko 70%. Hondrosarkomi su heterogena skupina malignih tumora kostiju kojima je zajednička proizvodnja hondroidnog (hrskavičnog) matriksa. Hondrosarkomi su treći po učestalosti primarni maligni tumor kostiju nakon mijeloma i osteosarkoma.

U današnje doba javlja se sve veća potreba za fizioterapijom i rehabilitacijom onkoloških bolesnika, kako bi pacijenti ostvarili što veću kvalitetu života. Uspješna rehabilitacija je složen i dugotrajan proces u kojem su rezultati usko povezani s opsegom sudjelovanja bolesnika i obitelji u programu rehabilitacije. Fizioterapijska intervencija se najčešće nastavlja dugo nakon operativnog zahvata i adjuvantne kemoterapije kako bi se ispunili životni ciljevi bolesnika i optimizirao povratak u društvo.

PHYSIOTHERAPY OF PATIENTS AFTER SURGICAL TREATMENT OF OSTEO AND HONDROSARCOMA

HORVAT M.[1], Margitić B.[1]

[1] University Hospital Centre Zagreb
- *Department of Oncology*

mhorvat13@gmail.com

Osteosarcoma is the most common malignant bone tumor. It is localized in areas of rapid bone turnover, most commonly in the distal femur and proximal tibia, predominantly in young individuals, when the bones grow intensively. The tumor may be local or metastatic. Symptoms include pain, swelling, limited mobility, fracture, weakness, fatigue. Modern treatment consists of neoadjuvant therapy, complete surgical resection and adjuvant therapy, with an overall five-year survival of 60%. The use of immunotherapy and targeted therapy has improved treatment outcomes in patients with localized disease to over 70%. Chondrosarcomas are a heterogeneous group of malignant bone tumors that share the production of the chondroid (cartilage) matrix. Chondrosarcomas are the third most common primary malignant bone tumor after myeloma and osteosarcoma.

Nowadays, there is a growing need for physiotherapy and rehabilitation of cancer patients, in order for patients to achieve the highest possible quality of life. Successful rehabilitation is a complex and time-consuming process in which the results are closely related to the extent of patient and family participation in the rehabilitation program. Physiotherapy intervention is most often continued long after surgery and adjuvant chemotherapy to meet the patient's life goals and optimize return to society.

Key words: osteosarcoma, chondrosarcoma, surgical treatment, physiotherapy

ANKSIOZNOST I DEPRESIVNOST KOD ONKOLOŠKIH BOLESNIKA

POLJAK I.[1]

[1] Klinički bolnički centar Zagreb
- *Klinika za onkologiju*
ipoljak2@yahoo.com

Emocionalna prilagodba na dijagnozu maligne bolesti može poticati razvoj brojnih psiholoških reakcija kod oboljelih, najčešće se javljaju anksioznost i depresivnost. Brojnim je istraživanjima pokazano kako su u procesu liječenja od maligne bolesti, teškoće emocionalne prirode rijetko prepoznate i tretirane na vrijeme.

Jedan od ciljeva istraživanja bio je utvrđivanje razine anksioznosti i depresivnosti u bolesnica s karcinomom dojke i njihove povezanost s dobi i psihosocijalnim varijablama sa svojim kliničkim implikacijama za tretman psihološkog zbrinjavanja onkoloških bolesnika. Osobni i podaci o bolesti, razina depresivnosti (BDI) i anksioznosti (BAI) prikupljeni su tijekom redovitog posjeta bolesnica Klinici za onkologiju KBC Zagreb na prvu primjenu kemoterapije.

U istraživanju je sudjelovalo 40 sudionica oboljelih od karcinoma dojke prosječne dobi 51,35 ± 11,051 godina. Većina njih bila je udana (75%), imala djecu (78%) i srednjoškolski obrazovana (52,5%). Samo su dvije sudionice bile u ranijem psihološkom tretmanu.

Od ukupnog uzorka, 65% imalo je povišene simptome anksioznosti, a 35% imalo je povišene simptome depresivnosti. Od toga je blaga i umjerena razina anksioznosti zabilježena kod 57,5% sudionica, dok je klinički značajna razina bila prisutna kod 7,5% oboljelih. Umjerena je razina depresivnosti zabilježena kod 10% sudionica, dok klinički značajna depresivnost nije nađena u odabranom uzorku.

Prema ovim podacima, pokazalo se da je na početku liječenja emocionalna dobrobit umanjena kod većine žena oboljelih od karcinoma dojke i češće se prezentira simptomima napetosti, zabrinutosti i tjeskobe, u odnosu na depresivne simptome. S obzirom na dobivene rezultate, u predavanju će se prikazati načini prepoznavanja anksioznosti i depresivnosti te intervencije psihologa u pokušaju povećanja emocionalne dobrobiti onkoloških bolesnika.

Ključne riječi: psihosocijalne intervencije, psihoonkologija, anksioznost, depresivnost

ANXIETY AND DEPRESSION IN CANCER PATIENTS

POLJAK I.[1]

[1] University Hospital Centre Zagreb
- *Department of Oncology*
ipoljak2@yahoo.com

Emotional adjustment to the diagnosis of malignant disease can cause the development of numerous psychological reactions in patients, the most common being anxiety and depression. Numerous studies have shown that in the process of treatment of malignant disease, difficulties of an emotional nature are rarely recognized and treated in time.

The purpose of this study was to determine the levels of anxiety and depression in female patients with breast cancer and their association with their age and psychosocial variables, and their clinical implications for the treatment of psychological care of cancer patients. Personal and medical data, the level of depression (BDI) and anxiety (BAI) were collected during the regular visit of patients to the Oncology Clinic of the University Hospital Center Zagreb for the first application of chemotherapy.

In the total sample (N = 40) participants' age was 51,35 ± 11.051 years. Majority of them were married (75%), had children (78%) and were of high school education (52.5%). Only two participants underwent earlier psychological treatment.

Of the total sample, 65% had elevated symptoms of anxiety and 35% had elevated symptoms of depression. Of these, mild and moderate levels of anxiety were observed in 57,5% of participants, while clinically significant levels were present in 7,5% of patients. Moderate levels of depression were observed in 10% of participants, while clinically significant depression was not found in the selected sample.

According to these data, at the beginning of treatment, emotional well-being was shown to be diminished in most women with breast cancer and more often presented with symptoms of tension, worrying and anxiety in comparison to depressive symptoms. Given the obtained results, there will be shown how to recognize anxiety and depression in cancer patients. Also, the most frequent psychological inteventions in an attempt to increase the emotional well-being of cancer patients will be presented.

Keywords: psychosocial interventions, psychooncology, anxiety, depression

UČINKOVITA KOMUNIKACIJA: KLJUČAN ASPEKT U MULTIDICIPLINARNOM PRISTUPU ONKOLOŠKIH BOLESNIK

KARABATIĆ S.[1], Šajnić A.[1]

[1] Klinički bolnički centar Zagreb
- *Klinika za plućne bolesti Jordanovac*
udruga.jedra@gmail.com

Uvod: Koncept rada multidisciplinarnog tima je prihvaćen kao "zlatni standard" pružanja onkološke skrbi u cijelom svijetu. Prema definiciji WHO-a tim ne smije biti fragmentiran i nepovezan već dobro kordiniran voditeljem tima. Ne zaboravimo da nam pacijent nije pasivni promatrač, već aktivni sudionik u procesu donošenja odluka i upravljanja popratnim pojavama specifičnog onkološkog liječenja.

Cilj: Utvrditi kako pacijenti vide onkološku zdravstvenu skrb kroz komunikaciju sa svojim onkološkim timom.

Metode: u svrhu istraživanja izrađen je i korišten on-line upitnik o ishodima onkološkog liječenja i skrbi (eng. Patient relevant outcomes of cancer care survery) u periodu od studenog 2018. do veljače 2019. godine. Sudjelovalo je 12 država (N=16 458). U RH podaci su prikupljani on line upitnikom koji je bio na hrvatskom jeziku, sastavljen od 69 pitanja s ponuđenim odgovorima, sudjelovalo je 2 460 ispitanika.

Rezultati: više od polovice ispitanika (55.28%) smatra da bi bilo dobro da multidisplinarni tim kordinira jedna osoba, dok 21.46% ispitanika smatra da treba poboljšati način na koji se priočavaju loše vijesti; 10.08% ispitanika nije imalo niti jedan razgovor s nadležnim liječnikom (onkologom); 35.20% ispitanika se izjasnilo da im nisu u potpunosti objašnjene terapijske opcije prije onkološkog liječenja, dok 19.19% ispitanika nije dobilo informaciju; 31.22% ispitanika nije bilo uključeno u proces donošenja odluke o onkološkom liječenju iako su željeli; 57.48% ispitanika je odgovorilo da im zdravstveni radnici nisu dali informacije kome se mogu obratiti ukoliko su zabrinuti za svoje zdravstveno stanje ili liječenje nakon odlaska iz bolnice; 30.85% ispitanika se izjasnilo da su bili povremeno u situacijama u kojima su liječnici i medicinske sestre pričali o njihovom zdrastvenom stanju ne obraćajući pozornost na njih.

Zaključak: Mnogobrojna istraživanja ukazuju na to da učinkovita komunikacija ima pozitivan utjecaj ne samo na emocionalno zdravlje pacijenta, već i na rješavanje simptoma, funkcionalni i fiziološki status i dobru kontrolu boli. Treba potaknuti sve članove multidiciplinarnog tima da krenu prema zajedničkom razumijevanju učinkovite komunikacije. Učinkovita komunikacija unutar tima je neophodna za dobru koordinaciju pri pružanju onkološke skrbi usmjerene na pacijenta.

EFFECTIVE COMMUNICATION: A KEY ASPECT OF A MULTIDISCIPLINARY APPROACH IN CANCER PATIENTS

KARABATIĆ S.[1], Šajnić A.[1]

[1] University Hospital Centre Zagreb
- *Department of Pulmology Jordanovac*
udruga.jedra@gmail.com

Introduction: Teamwork is a method that enables people with a common goal to make the best use of their abilities by complementing their knowledge, skills and experiences. According to the definition of the World Health Organization, this work must not be fragmented and unrelated but well-coordinated by the team leader.

The patient is not a passive observer but an active participant in the decision-making process of treatment and management of side effects of specific oncological treatment.

Aim: The topics covered in this research are: (i) suggestions from cancer patients; (ii) informative conversations with an oncologist before starting treatment; (iii) treatment options; (iv) side effects; (v) the decision-making process in oncology treatment; (vi) obtaining counseling information; (vii) patients experiences within the health system.

Method: for the purpose of this research, an online questionnaire was designed to investigate outcomes of oncological treatment and care (Patient relevant outcomes of cancer care survey) and it was performed in the period from November 2018 to February 2019. Respondents were oncological patients from 12 countries (n=16 458). In the Republic of Croatia, 2,460 respondents fulfilled the survey, the questionnaire was translated on Croatian language, composed of 69 questions with open ended questions.

Results: (i) more than half respondents (55.28%) suggest that it would be better that multidisciplinary team is coordinated by one persona, while 21.46% respondents suggest improvements in delivering bad news; (ii) 44.35% respondents had only one conversation with their oncologist before starting with oncological treatment, there is a need to highlight that 10.08% respondents didn't have not one conversation with their oncologist before starting with oncological treatment; (iii) 35.20% responded that to some extent treatment options were explained before cancer treatment started, while 19.19% respondent didn't get any information about treatment options; (iv) 23.70% responded that the possible side effects of oncological treatment were not explained in a way they could understand; (v) 31.22% responded they were not involved as much they wanted to be in decisions about their care and treatment; (vi) 57.48% responded that they were not given information to whom they can contact if they were worried about their condition or treatment after leaving the hospital; (vii) 30.85% responded that sometimes doctors and nurses talk in front of them as if they weren't there.

Conclusion: Effective communication can improve treatment outcomes. Numerous studies suggest that effective communication has a positive impact not only on a patient's emotional health, but also on symptom resolution, functional and physiological status, and good pain control. All members of the multidisciplinary team should be encouraged to move towards a common understanding of effective communication that can be the basis for further education and research.