MASCC/AFSOS/ISOO ANNUAL MEETING FRANCE JUNE 27-29 SUPPORTIVE CARE IN CANCER

SNOEZELEN study in the context of cancer treatment

INTRODUCTION

Lille 2024

The Snoezelen approach was developed in the 1970s in Holland. It is a multisensory method, used in patients treated for cancer at ICANS. It aims to awaken the 4 senses: hearing, sight, smell and touch. The objective is to reduce stress, reduce anxiety, as well as pain, improve appetite and sleep. This activity allows patients to regain a feeling of well-being.

This study was carried out in hospitalized patients (day hospitalization in hematology, oncology and supportive care as well as in conventional hospitalization), benefiting from invasive care (insertion of the Huber needle, transfusion, parenteral nutrition, complex dressing and various punctures).

METHODOLOGY



Arm B

Arm B

SNOEZELEN session

Patient registration in care unit Proposition of the study

Signed informed consent

Randomisation

Evaluation at registration N°1

Care N°1

Evaluation after care N°1

Evaluation at registration N°2

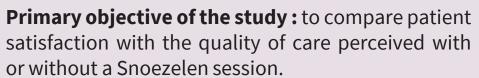
Care N°2

Evaluation after care N°2

Arm A

SNOEZELEN session

Arm A



Secondary objective of the study : to evaluate the reduction in stress, anxiety and pain related to care. Number of subjects: 60 patients included to obtain at least 36 analyzable.

Inclusion criteria : adult patients, without psychiatric pathology, WHO score \leq 3.

The study was randomized, cross-over, monocentric and open-label. The patients were followed on two invasive treatments repeated consecutively within 8 weeks.

Duration	of the study	: 24 weeks	were plann	ed but lasted
15 month	ns (related to th	ne unavailab	ility of train	ed staff).

VISIT	INCLUSION	VISIT 1		VISIT 2		
Timepoint		At registration*	After care	At registration*	After care	
Informed consent	х					
Eligibility (inclusion/exclusion criteria)	х					
Vital signs (Blood pressure, Heart rate and SatO2)		x	x	x	х	
Patient questionnaire: anxiety/depression (HADS)		x		x		
Pain evaluation by the patient (Numeric scale)		x	x	x	x	
Anxiety evaluation by the patient (Numeric scale)		x	x	x	x	
Patient questionnaire: quality of care perception			x		x	
Satisfaction evaluation by the caregiver (Numeric scale)			x		х	

Vari

S

Va

Pai Analo

Anxie Analo

Anxi

Dep

⇒ No significant difference between the two groups at inclusion.

Study hypothesis : The main criterion was the difference in patient satisfaction after care with the "Perception of quality of care" questionnaire, modified Visual Analogue Scales. A preliminary study using Snoezelen showed us that the satisfaction score was 8.35 (+-0.86). A score increase of 1 point is expected when the Snoezelen **method is used.** We estimate the average score without Snoezelen at 7.35 (+- 0.86). If we consider 18 patients per arm, then we can expect a power of 90%. We will add 20% of patients to each group in order to anticipate the high risk of death before the end of the study in these cancer patients.

RESULTS

Demographic data:

iable	A: Snoezelen then standard	B: standard then Snoezelen	p-Value		
	N=19	N = 21			
ex	Men: 6 (28.57%)	Men: 7 (36.84%)	0,738		
	Women: 15 (71.43%)	Women: 12 (63.16%)			
lge	60.6 (±15.1)	59.1 (±20.1)	0.914		
.20	Range: (21.0 ; 86.0)	Range: (21.0 ; 84.0)			

Initial data at inclusion (arm A vs arm B):

	A: Snoezelen then	B: standard then			
ariable	standard	Snoezelen	p-Value		
	N=19	N = 21			
in (Visual	0.2 (±0.6)	Men: 7 (36.84%)	0,116		
ogue Scale)	Range: (0.0 ; 2.0)	Women: 12 (63.16%)			
ety (Visual	1.7 (±2.8)	59.1 (±20.1)	0.082		
ogue Scale)	Range: (0.0 ; 2.0)	Range: (21.0 ; 84.0)			
	8.42 (±3.42)	8.62 (±3.84)	0.865		
ety (HADS)	95% CI: [6.77 ; 10.07]	95% CI: [5.07 ; 10.37]			
	Range: (4.0 ; 16.0)	Range: (3.0 ; 16.0)			
nression	5.68 (±2.67)	6.9 (±4.02)	0.271		
pression (HADS)	95% CI: [4.4 ; 6.97]	95% CI: [5.07 ; 8.74]			
	Range: (1.0 ; 10.0)	Range: (1.0 ; 17.0)			

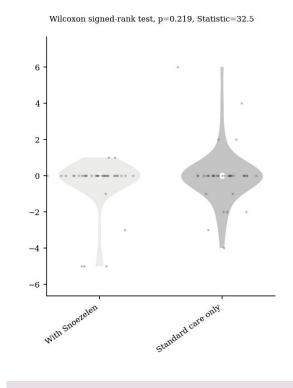
Main objective on patient satisfaction (with vs without Snoezelen:

1.	Compared	to n	ny expe	ectations,	the	experience	had	to

MUCH							
WORSE THAN	0	1	2	3	4	5	6

⇒ Satisfaction has indeed increased by 1 point as in our hypothesis, but the variability of the responses does not allow a statistically significant conclusion to be drawn.

Secondary objectives on anxiety, pain and stress (with vs without Snoezelen):



⇒ No significant difference

⇒ Focus on pain

CONCLUSION & PROSPECT

The study did not reveal any significant difference in the patient's perception of the quality of care, nor in anxiety, pain or stress. On the other hand, the sessions had a positive impact on the satisfaction experienced by all patients when using the multisensory method proposed at ICANS, in addition to the specific management of anticancer treatments.

It would be necessary to continue the study with a larger number of subjects to be able to demonstrate the positive impact on feelings, quality of life and pain with more targeted questionnaires. This could help determine whether the Snoezelen method can be integrated more systematically into cancer treatment to improve patient care.



