**Sample Abstract Guidelines:**

1. Abstract Content should be in English
2. The maximum word count should be 250-300 words
3. If your title includes scientific notation, Greek letters, bold, italics, or other special characters/symbols, do make sure they appear correctly.
4. Corresponding details of corresponding author should be correct which will be used for further communication.
5. Abstracts should highlight the major points of your research and should not include tables, figures and references.

**Format**

**Presentation title:Comprehensive Strategy for Precise And Whole-process Management of Chemotherapy-Induced Nausea and Vomiting (CINV) in Lung Cancer Patients**

**Corresponding Author name:Shiqi Tao**

**Affiliation:** West China Hosipital Sichuan University

**Ph. No: +86 15328090744**

**Email ID’s: peachgetup@outlook.com**

**WhatsApp No: +86 15328090744**

**Any alternative number:+86 15328090744

Twitter: -**

**LinkedIn: -

Facebook: -**

**Other Authors if any:**

**Presentation type:**Oral presentation

**Abstract (250-300 words):**

Background: Patients with lung cancer undergoing platinum-based combination chemotherapy regimens often experience nausea and vomiting, with an incidence rate exceeding 90%, which have a negative impact on the quality of life of patients and can affect the continuation of treatment.

Objective: This study aims to evaluate the effectiveness of full-cycle precise management of CINV in lung cancer patients undergoing chemotherapy.

Methods: We assigned 120 lung cancer patients who received chemotherapy from February to May 2023 to the control group and received standard routine management. In parallel, 120 lung cancer patients undergoing chemotherapy from June to September 2023 formed the observation group and received precision management throughout the entire process, including individualized CINV risk assessment, risk-based precision multi-disciplinary intervention, and continuous management relying on information technology platforms. The occurrence of CINV, CINV risk assessment rate, and patient compliance with follow-up outside the hospital were compared between the two groups.

Results: The intervention group had significantly lower acute-phase nausea severity scores (4.15±1.13) compared to the control group (5.08±1.27) (p＜0.05). The intervention group also had lower delayed vomiting (18.3%) and nausea (46.7%) incidences, as well as lower nausea severity scores (4.22±0.80), compared to the control group (vomiting 36.7%, nausea 65.0%, nausea severity score 4.72±1.06) (p＜0.05). The intervention group achieved a 100% compliance rate in CINV risk factor assessments, while the control group had a compliance rate of 39%(p＜0.05). The intervention group's outpatient follow-up compliance rate was 80%, compared to 33% in the control group(p＜0.05).

Conclusion: The adoption of comprehensive strategies and the implementation of multidisciplinary intervention plans significantly improve the occurrence of CINV in patients.

Significance: The impact and reach of this approach are not limited to the hospital setting but extend to the broader community, ultimately enhancing the overall quality of patient care.

**Biography (150-200 words):**

As an oncology nurse, Shiqi Tao is dedicated to the management of symptoms in cancer patients, especially the continue management of chemotherapy-induced nausea and vomiting in cancer patients. She is well aware that chemotherapy is a powerful treatment, but the side effects that come with it often cause significant distress to patients. Therefore, She is committed to providing personalized, ongoing care to patients, alleviating their suffering through precise risk assessment and multi-disciplinary collaboration. She believes that through interdisciplinary cooperation and the application of technology, we can better support cancer patients and improve their quality of life. She looks forward to collaborating with more healthcare providers and experts to provide more comprehensive and personalized nursing care services for cancer patients.