



ACCEPTABILITY OF TELEMONTORING IN PATIENTS WITH HEAD AND NECK CANCER.

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Introduction

- In France, telemonitoring by internet, smartphone application or telephone follow-up of patients treated for cancer has been reimbursed since September 2023.
- It is only reserved for people undergoing medical treatment for cancer (chemotherapy, immunotherapy, targeted therapies, radiotherapy) from the start of treatment to 3 months after its end. Surgery is currently excluded.
- Five different applications were evaluated and we selected the Cureety solution.
- We have set up telemonitoring for patients with head and neck cancer, a population a priori not very inclined to such a modality.

Methods

- Secondary hospital with rural and urban population
 - IT implementation on November 2023
 - Work on the patient's path
 - coordination and response missions dedicated to nurses
 - Assessment of the acceptability and preference of this information-gathering method.
- => telemonitoring was offered to all eligible patients.

Results

- 34 patients undergoing treatment were eligible and were proposed telemonitoring between December 2023 and March 2024.
 - 24 agreed outright (70.6%), preferring to use the application (n=18, 52.9%) or a phone call from the coordinating nurse (n= 6, 17.6%). Their mean age was 61. Eight patients were older than 70 years-old (23.5%).
- Among the patients who accepted the telemonitoring, 6 had a localized cancer (17.6%), 17 a locally advanced cancer (50%) and 1 a metastatic cancer (2.9%) Figure 1 presents the treatments.
- 0.8 questionnaire/week/patient was answered
- 758 adverse events were reported (31,6/patient). Figure 2 presents the global clinical classification and Figure 3 the clinical classifications of the most common side-effects, Grade 3 and 4 meant a telephonic contact in less than 24hr. One direct hospitalization without going to the ER.
- Figure 4 represents the satisfaction of the patients who accepted telemonitoring
- 10 patients refused telemonitoring (29.4%), including 4 people at the end of life and 6 who were not comfortable with the internet, smartphone or telephone. Their mean age was 71. Nine patients were older than 70 years-old (90%).

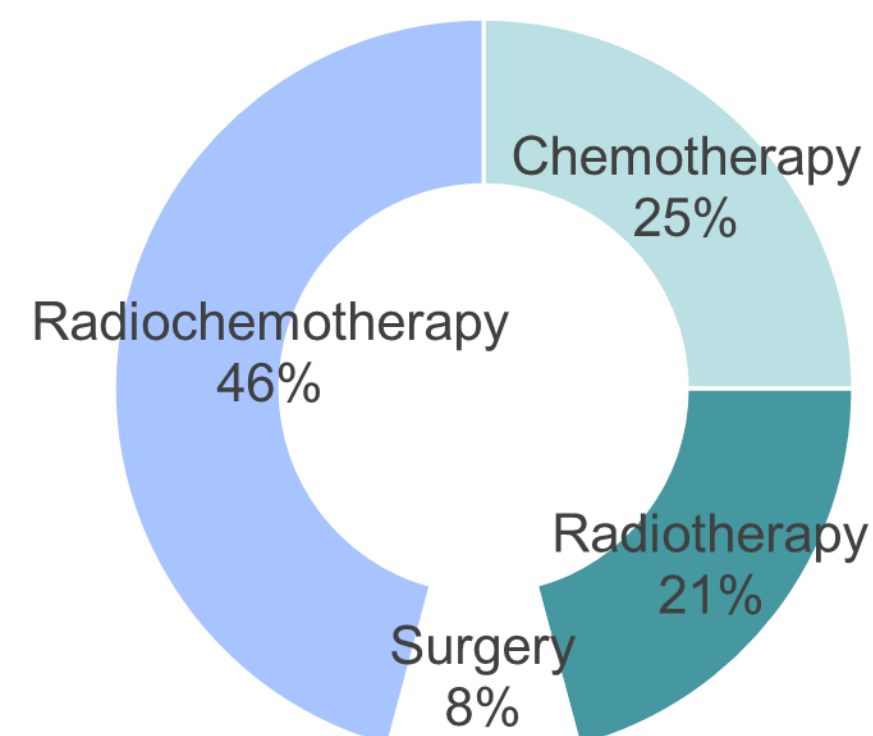


Figure 1: treatments of patients who accepted telemonitoring

Figure 2: global clinical classification of patients who accepted telemonitoring

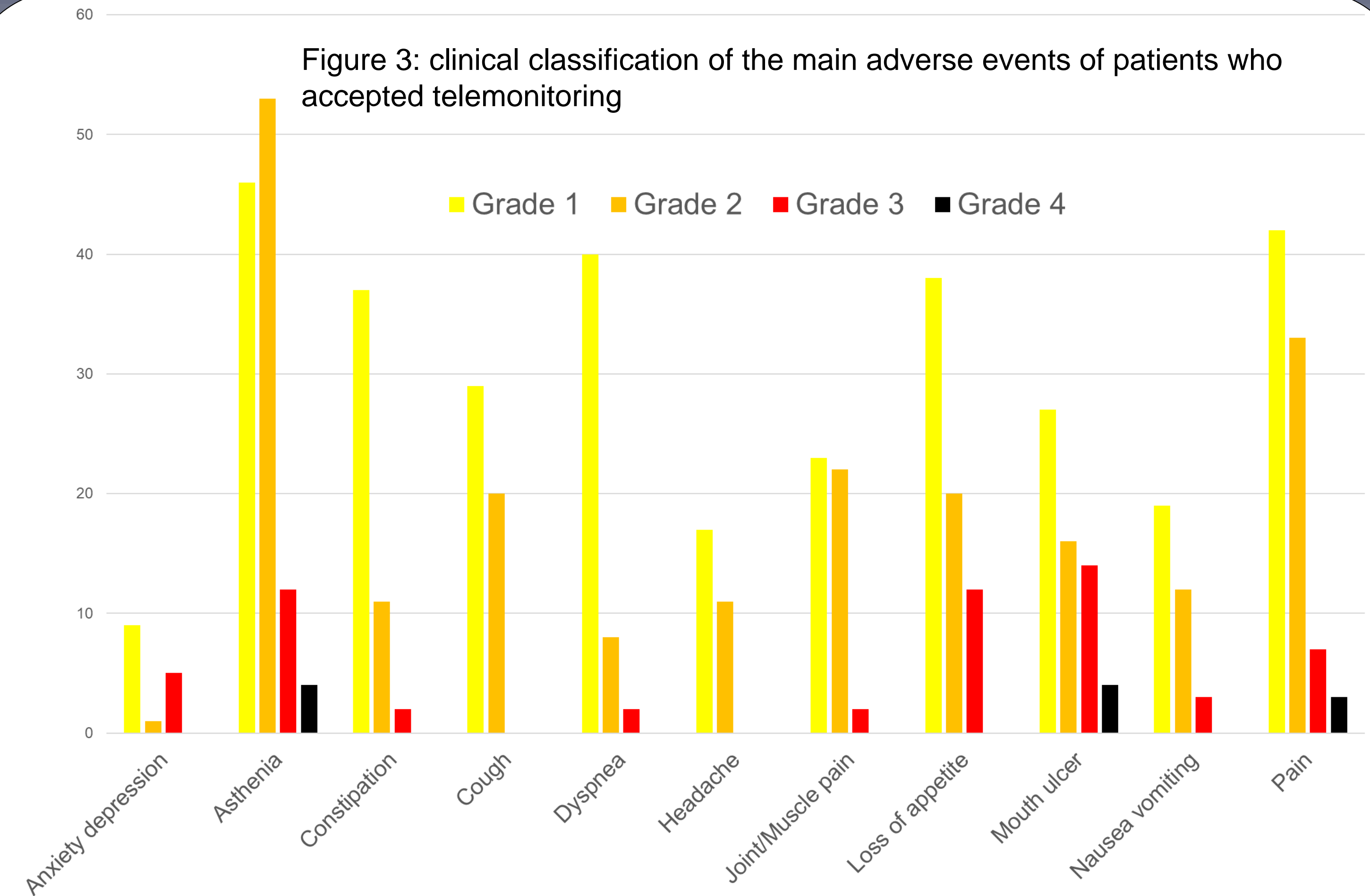
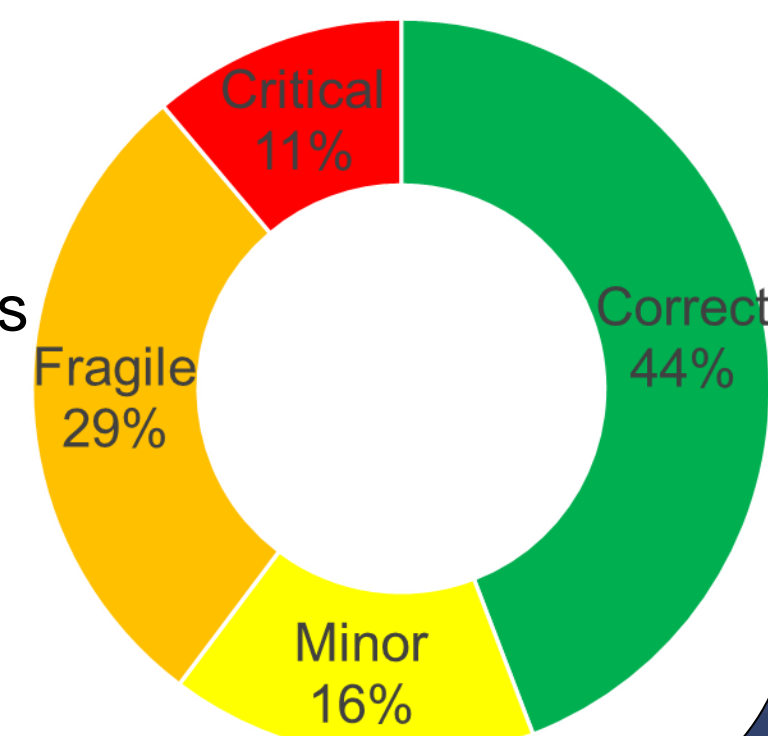
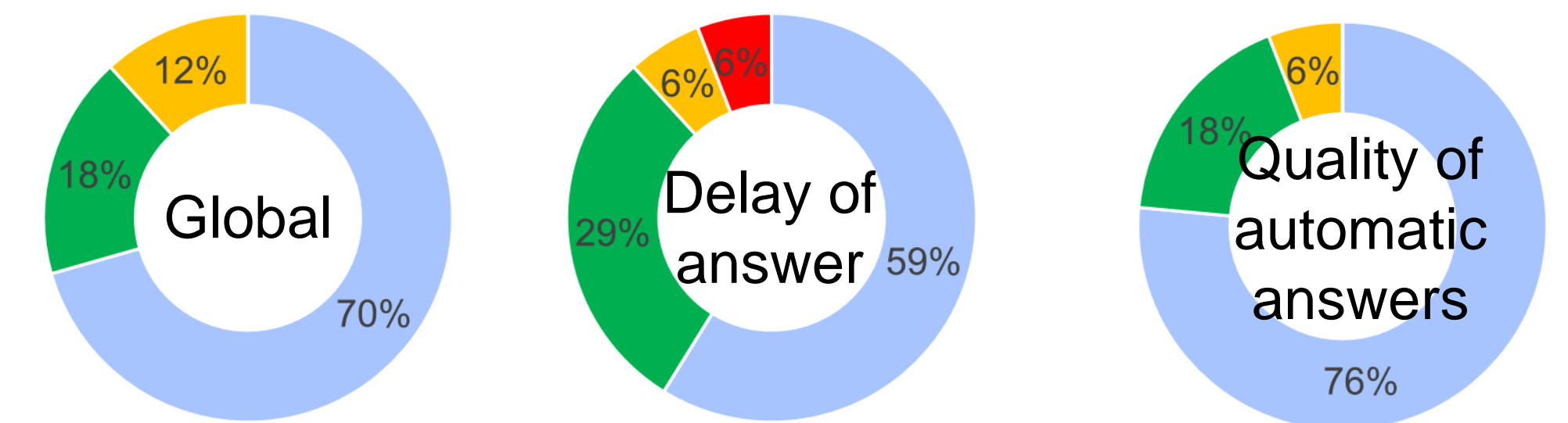


Figure 4: Satisfaction:

- Very satisfied
- Satisfied
- Moderately satisfied
- Not satisfied



Conclusions

- Telemonitoring was **accepted** by the majority of head and neck cancer patients. Patients who accepted answered very regularly to the questionnaires. Many adverse events were reported (**31,6/patient**), **more frequently serious** (grade 3 and 4) than for other cancers. Their satisfaction was very high.
- 29.4% of patients refused telemonitoring (older)
- Head and neck cancer patients should therefore not be excluded a priori.