

CLINICAL DECISION-MAKING IN FEBRILE NEUTROPENIA MANAGEMENT: CURRENT FINDINGS AND UNMET MEDICAL NEEDS

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BACKGROUND

Despite clinical practice guidelines and risk index scores in predicting adverse outcome of febrile neutropenia (FN), chemotherapy-induced FN remains a serious complication in oncology (10%–50% in solid tumors⁽¹⁾ and 80% in hematologic malignancies⁽²⁾). Moreover, FN compromises chemotherapy dose-intensity/efficacy and is associated with a mortality rate of almost 10%⁽³⁾. Another concern is the heterogeneity in clinical practice, underlying the need to improve existing tools for accurate patient's risk factor evaluation. **In this context, we aimed to identify clinicians' pain points (PP) and unmet needs, understand how & when is performed the FN risk assessment and describe the decision flow throughout the patient care journey.**

METHODS

We used the **Design Thinking methodology** which is an innovative approach to fully understand issues and pain points (PP) during FN assessment process and explore a wide range of possible solutions. We ran, from February to June 2023, 10 semi-structured interview series (1 to 1.5 hour) with a panel of **10 French onco-hematologists (4 Oncologists, 3 Hematologists, 1 Pulmonologist, 1 Gastroenterologist, 1 Geriatric-oncologist)** having a decision-maker role within a Multidisciplinary Tumor Board meeting across different types of clinical practices.

CONCLUSION

The FN risk assessment remains a challenging process that needs to be simplified and systematized. It could be performed throughout the patient care journey, before, during and after the Multidisciplinary Tumor Board meeting. A well-designed decision support solution could provide the ability to better capture, organize and present key and critical information, enabling more advanced analyzes and flow optimizations in assessing FN risks between healthcare professionals.

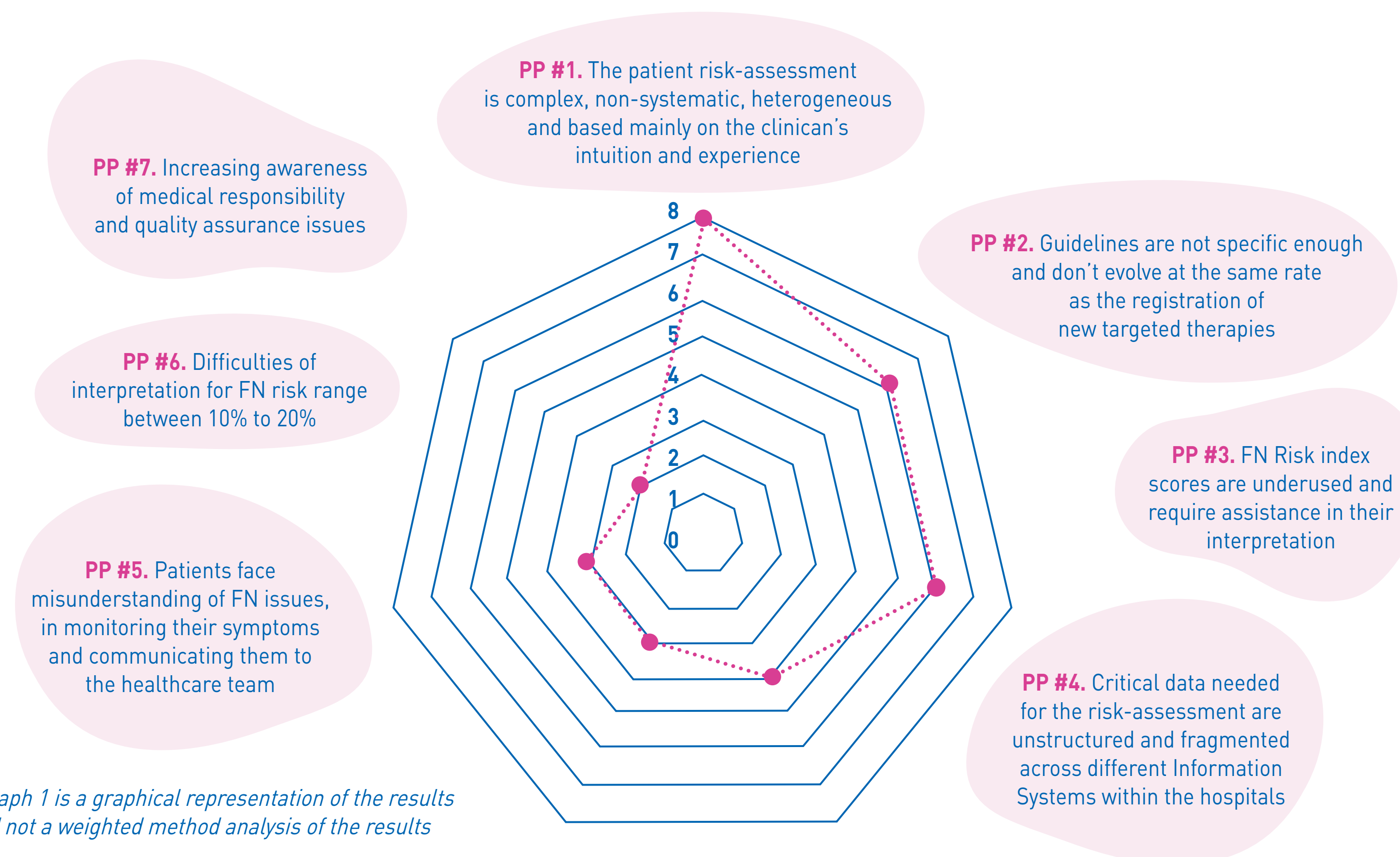
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RESULTS

Although panel's heterogeneity, 7 pain points were identified during the FN risk assessment process as shown on the radar graph 1 representing the number of HCP's quotation per pain point (PP) identified. **The FN risk assessment was perceived as a complex task requiring access to multiple variables fragmented within hospital information systems.** Moreover, existing tools like **guidelines and FN predictive scores were underused** due to gaps between existing and current needs. Finally, clinicians raised liability and communication issues with their patients when performing the FN risk-assessment.

RESULTS GRAPH 1*: Key findings identified around the FN assessment process



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