

Introduction

Supportive care has been developed in France over the past 20 years, and access is now a compulsory part of cancer care facilities. We need to take stock of the situation and assess the need for further development to strengthen care pathways.

Methods

A national quantitative prospective survey was carried out among healthcare professionals involved in cancer care from 02.10.2023 to 06.12.2023. A questionnaire was sent out in digital format by emailing and via various networks (associations, healthcare institutions, social-media). Data collection was performed on the LimeSurvey software platform. The study was ethics-approved.

Results

A total of 1259 healthcare professionals completed the questionnaire, including 275 oncologists (based on 544 physicians), 456 nurses (including 81 nurse practitioners) and 28 pharmacists. 13% reported no specific supportive care organization within their healthcare institution. The main supportive care services offered were psychological support (92%), nutritional support (91%), pain management (87%) and social support (85%), while 58% of facilities offered access to complementary activities (table 1). SCCs are systematically set up at the metastatic stage in 50% of cases, 45% in the event of toxicity and 20% in the post-treatment phase. Coordination with ambulatory care services is carried out in 66% of cases. Needs assessment is mainly done in recurrence situations (84%) or if toxicity occurs (83%) (table 2). The communication between patients and professionals outside of the consultation is primarily done by phone (86%). Digital platforms are used by 31% of professionals. Areas for improvement include more systematic needs assessments, accessibility to SCC provided outside of a hospital setting and information (table 3). The survey with patients' perspective is presented in the oral session patient's partners.

Conclusions

Needs assessment and implementation of SCCs must be more systematic, particularly in conjunction with SCC operators outside of a hospital setting, to improve cancer care pathways.

Table1: Main supportive care services offered in institutions

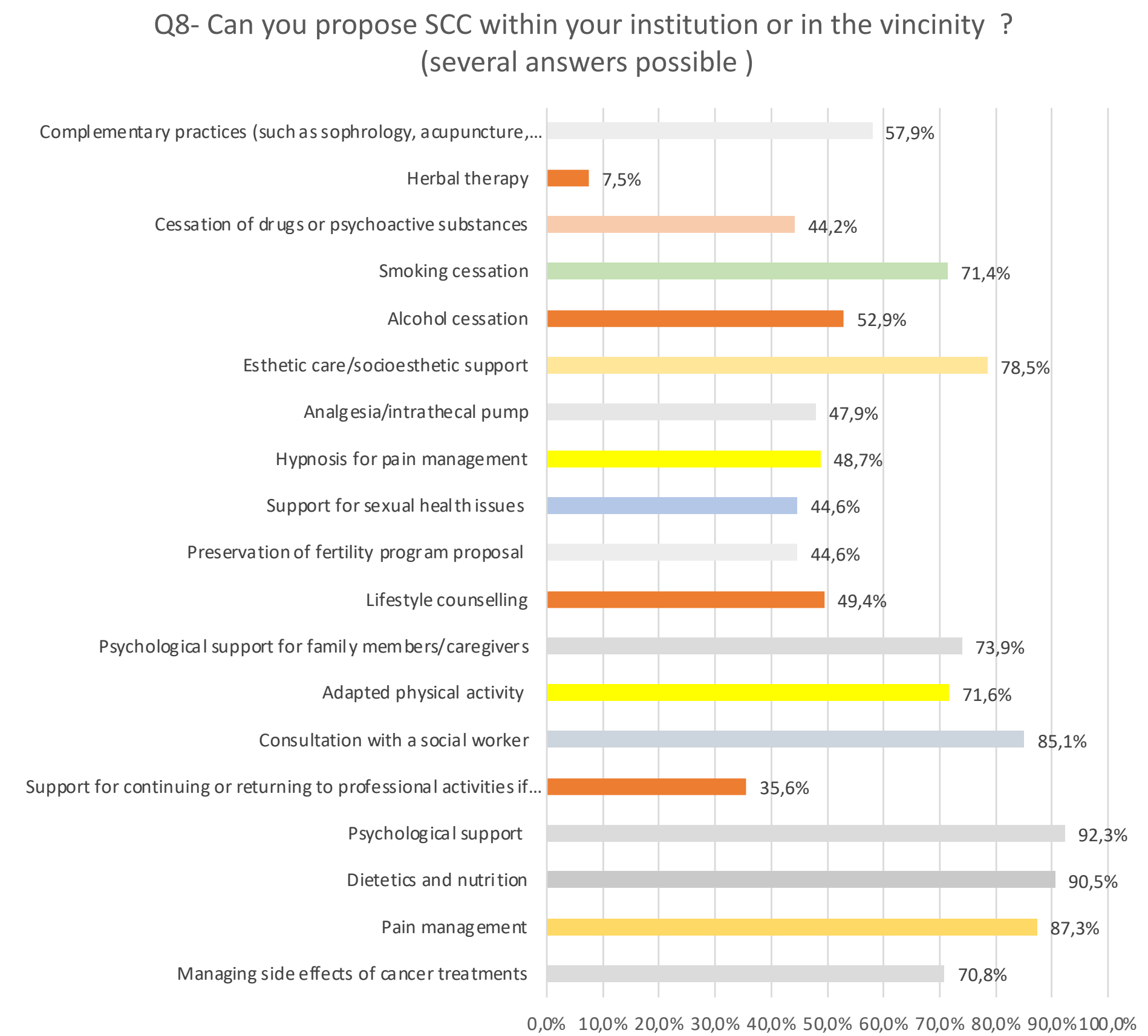


Table 2: Time of needs assessment

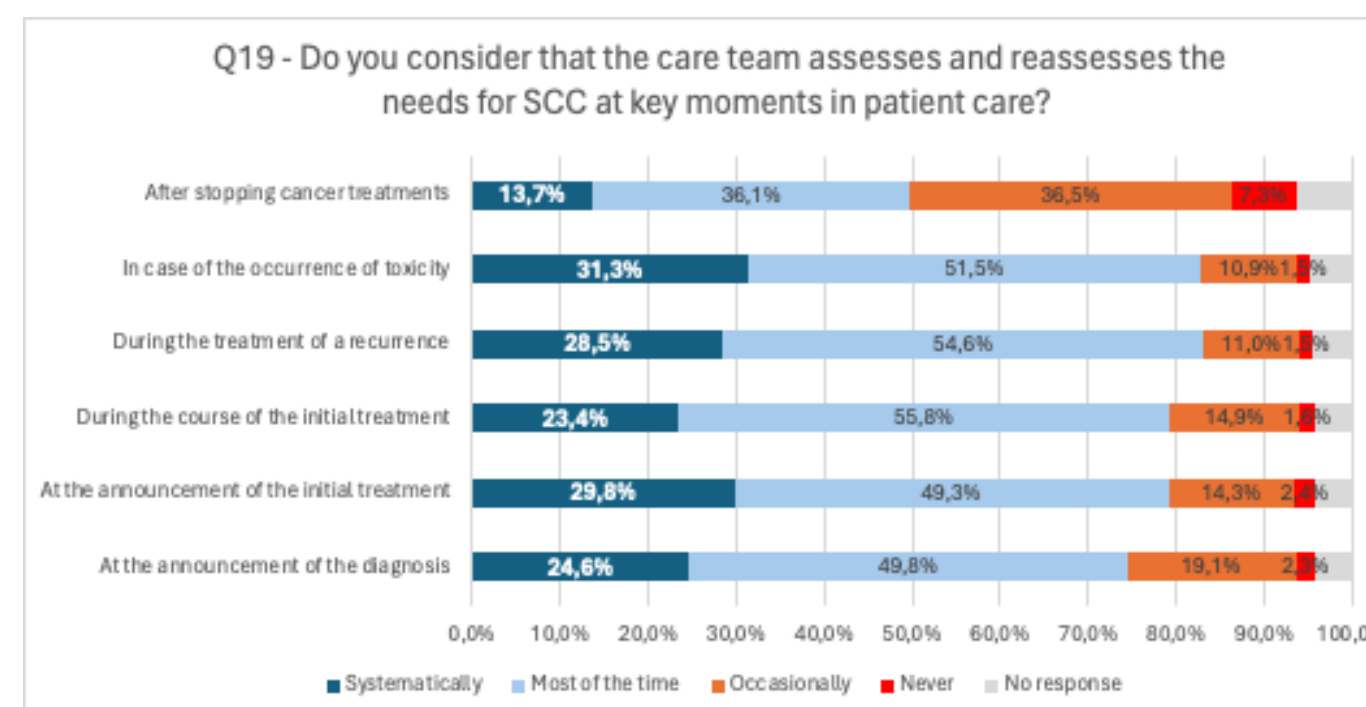
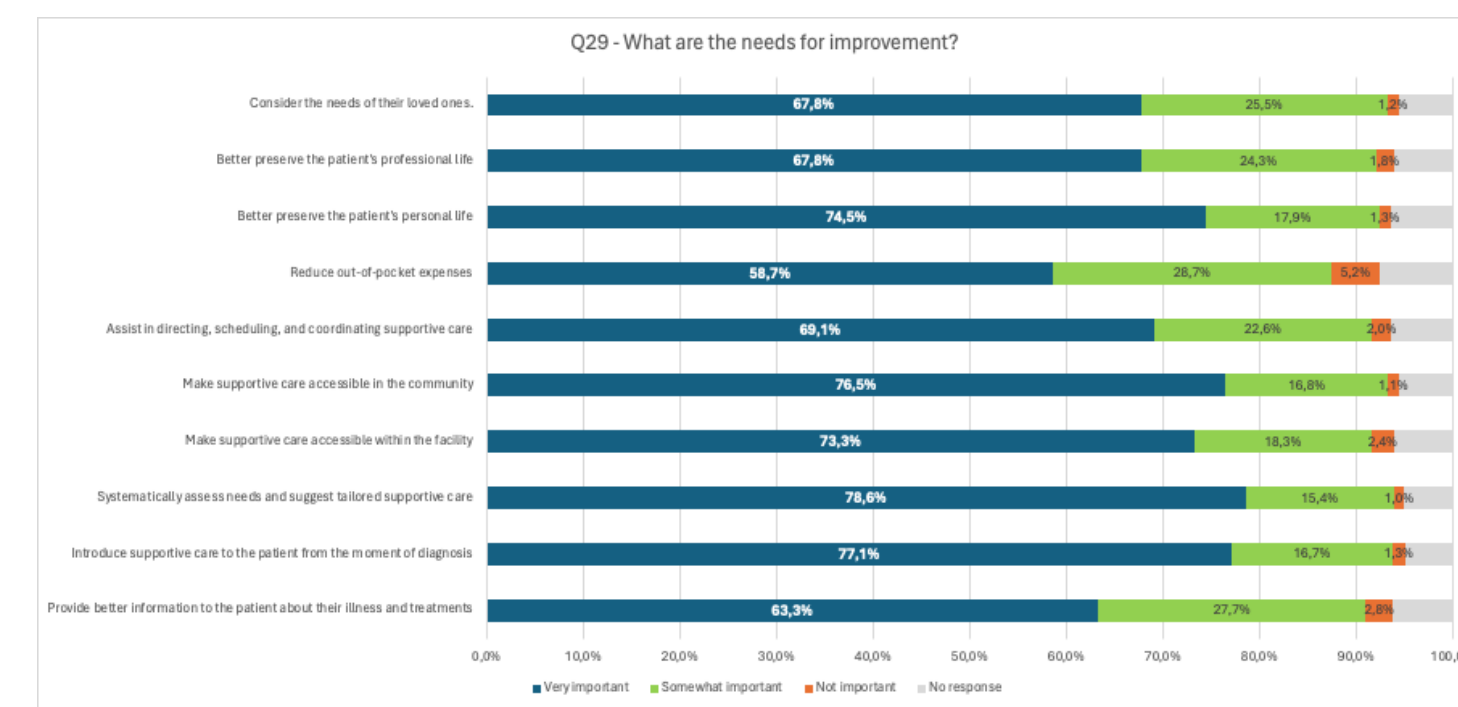


Table 3: SCC improvement proposals



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