

Introduction

The Department of Medical Oncology at Foch Hospital strives to meet two key objectives in the patient care pathway:

- Integrating personalized supportive care from the onset of the disease.
- Providing access to innovative treatments, particularly through clinical trials

In France, the offer of supportive care is still limited and poorly organized, making the patient journey often complex with multiple uncoordinated stakeholders.

The Institut “Line Renaud - Maison de soins de support” at Foch Hospital provides the necessary supportive care to patients and their families, including medical consultations, coordination nurses, dietitian, physiotherapist, psychologist, sexologist, and > 20 of other complementary techniques.

After an evaluation of the support care needs via a self-questionnaire by the coordinating nurse, a day hospital is carried out to develop a personalized care plan. The care is provided weekly with day hospital evaluations every month to adjust the plan for 6 months renewables.

Method

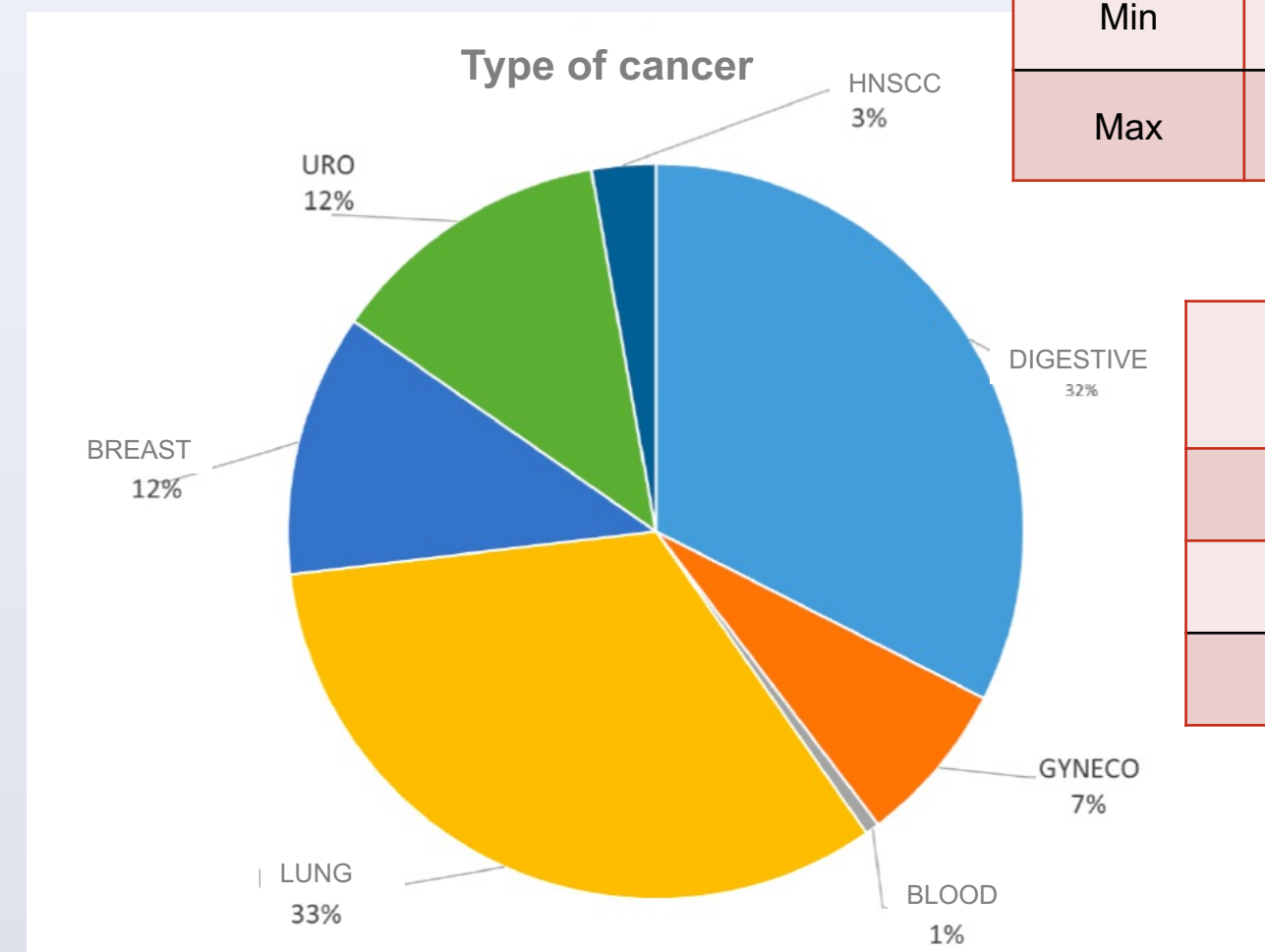
Retrospective and descriptive analysis of the journey of each patient included in the facility.

Results

From 28/11/2022 to 31/11/2023, 324 patients were included, 1262 day hospitals, 1782 medical consultations, 3678 paramedical consultations, 1164 individual sessions and 277 group sessions were carried out. Median of 3 [1-11] day hospitals and 5 [0-87] sessions per patient. Metastatic 50%, adjuvant 50%. Time of inclusion: announcement 21%, ongoing treatment 65%, post-cancer 14%.

Age	
Median	65
Min	27
Max	89

	Day hospital number per patient	Supportive Care activities per patient
Median	3	5
Min	1	0
Max	11	87



Sexe	Number of patients	%
Men	124	38
Women	200	62
Total	324	

At Foch Hospital, our primary focus lies in treating patients with lung cancer, gastrointestinal (GI) cancer, and urological cancer. Interestingly, despite these specificities, we observe a notable gender disparity in our patient demographics. A majority of the individuals accessing the supportive care center are women, comprising 62% of the patient population. Conversely, 72% of participants in our clinical trials are men.

Discussion

This discrepancy could be attributed to several factors, including potential differences in healthcare-seeking behaviors, societal roles, and disease perception between genders.

Women might be more proactive in seeking supportive care services, possibly due to a greater emphasis on holistic health and well-being in societal norms, as well as a higher prevalence of health-seeking behavior among women. Additionally, supportive care services are often more widely established and accessible for cancers predominantly affecting women, such as breast cancer. This established infrastructure and targeted communication might create an environment where women feel more comfortable and encouraged to seek supportive care.

On the other hand, men might be more inclined to participate in clinical trials, possibly due to a perception that these trials offer more advanced treatment options and the potential for better outcomes. Men might also be influenced by societal expectations to be more stoic and self-reliant, leading them to seek out cutting-edge treatments rather than supportive care, which may be perceived as secondary or ancillary. Moreover, the existing supportive care services, being more female-oriented, might inadvertently create a barrier for men, who may feel that these services do not address their specific needs or concerns.

Perspectives

Future studies could explore tailored communication and intervention strategies to address these disparities, ensuring equitable access and participation for all patients, regardless of gender.

Key Words

Supportive Care, Gender Disparity, Healthcare-Seeking Behavior, Health Equity