Real-world Deployment of Patient Monitoring in Oncology Care Centers in France: a Full Retrospective Analysis (ARGOS)

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Rationale and design

Remote monitoring of cancer patients is known to improve survival by allowing early reporting and management of adverse events[1,2]. Based on substantial evidence of their clinical benefits, recent ESMO guidelines recommend the use of digital tools collecting adverse events (AEs) for remote patient monitoring (RPM) in oncology. There is however limited data on the feasibility of digital RPM in real-world settings.
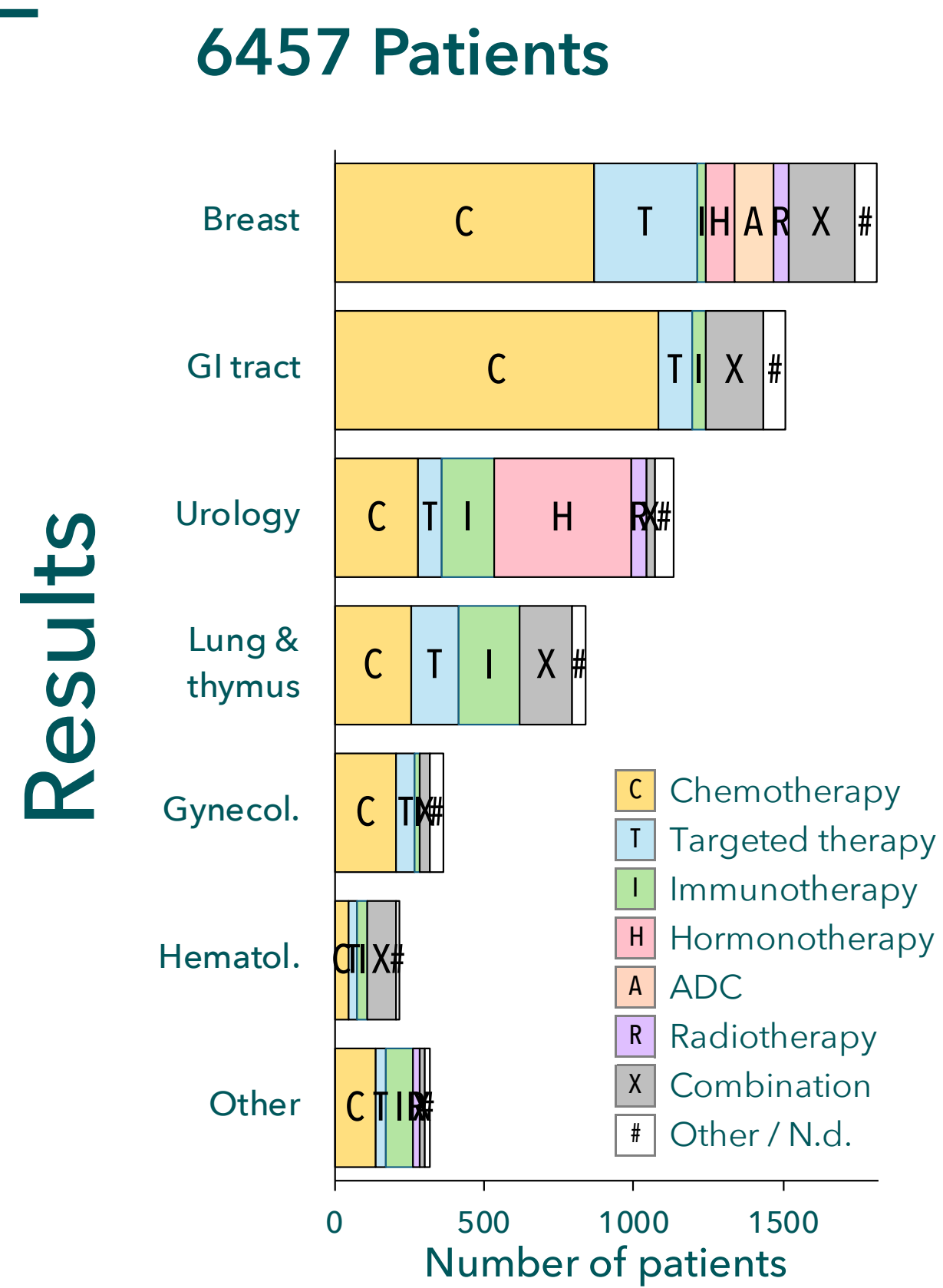
The digital RPM solution Cureety[3] has been deployed in French hospitals since 2019. Monitored patients are prompted to complete a weekly PRO questionnaire personalized to their treatment and disease. Based on the adverse events, the Cureety TechCare algorithm computes a «clinical classification» with 4 levels, red, orange, yellow, green (most to least at-risk). The medical team can then prioritize red and orange patients, and provide targeted care if needed.

In the retrospective study presented here, we analyzed the real-world use of Cureety in French hospitals over a 4-year period.

(1) Basch *et al.* Jama 318(2):197-198, 2017; (2) Basch *et al.* Cancer Med. 9(21):7797-7799, 2020; (3) Meghiref *et al.* JMIR Cancer 8(1), 2022
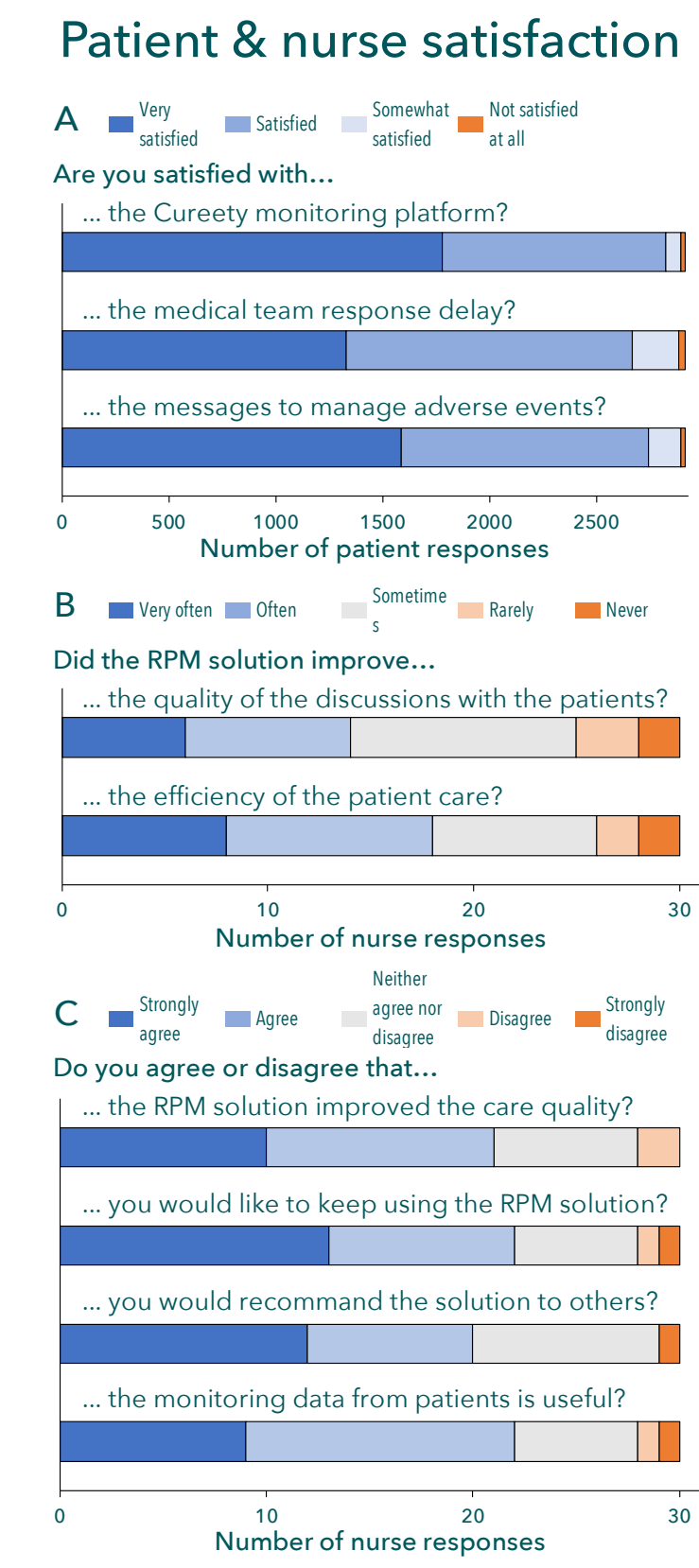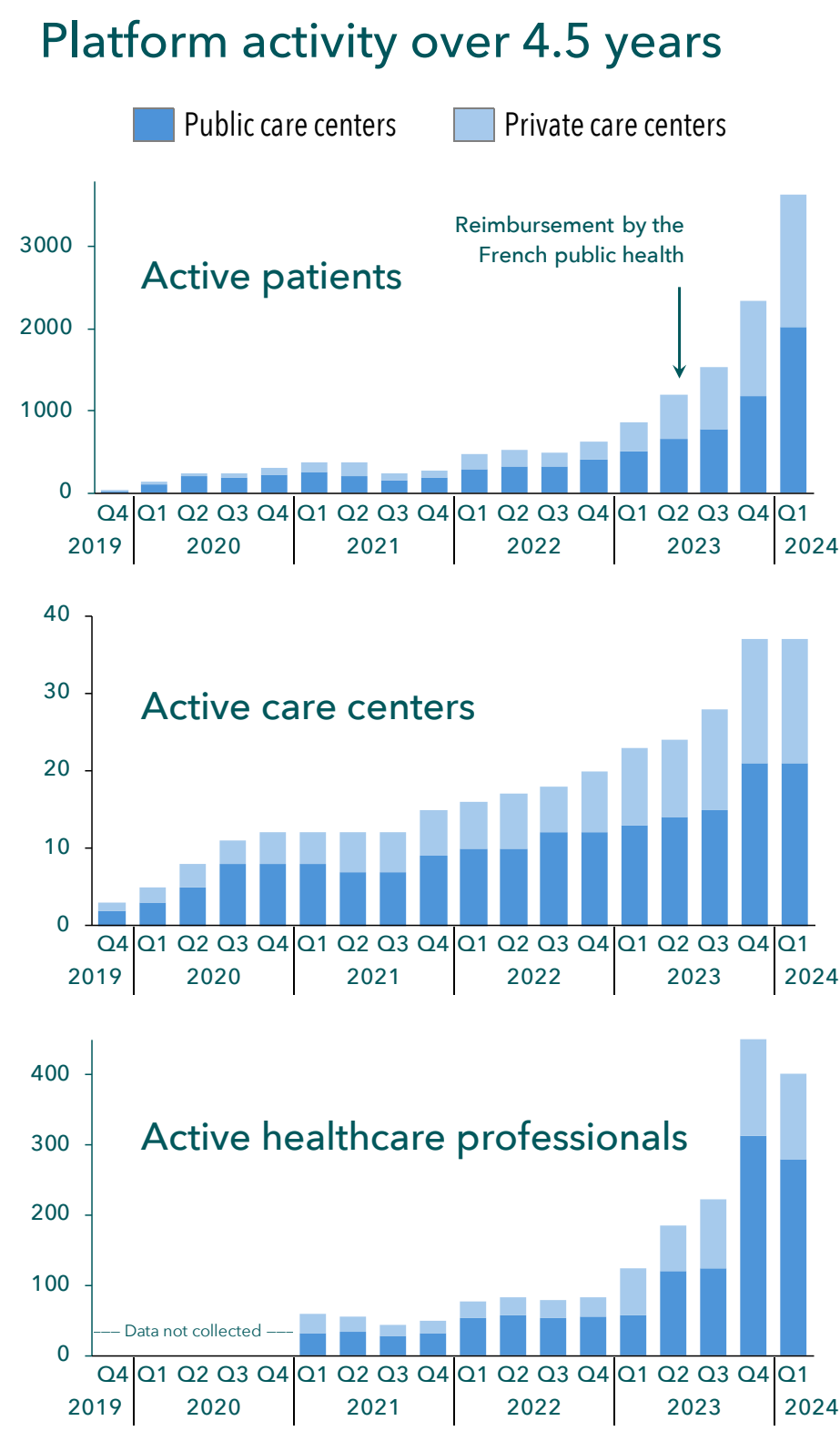
Remote monitoring of cancer patients with Cureety

Enrollment by caregiver

↓

Questionnaire at home

↓

Classification algorithm

◎ **Critical**
◎ **To be monitored**
◎ **Compromised**
◎ **Correct**

Results

6457 Patients

Chemotherapy (C)
Targeted therapy (T)
Immunotherapy (I)
Hormonotherapy (H)
ADC (A)
Radiotherapy (R)
Combination (X)
Other / N.d. (#)

772 Healthcare professionals in 40 Care centers

Characteristic	N	%
All care centers	40	100.0
Public care centers	22	55.0
Private care centers	18	45.0
Size *(Number of active HCPs)*		
≤ 15	20	50.0
16-30	16	40.0
> 30	4	10.0

Platform activity over 4.5 years

Patient & nurse satisfaction

335,130 Adverse events

Grade distribution by treatment type

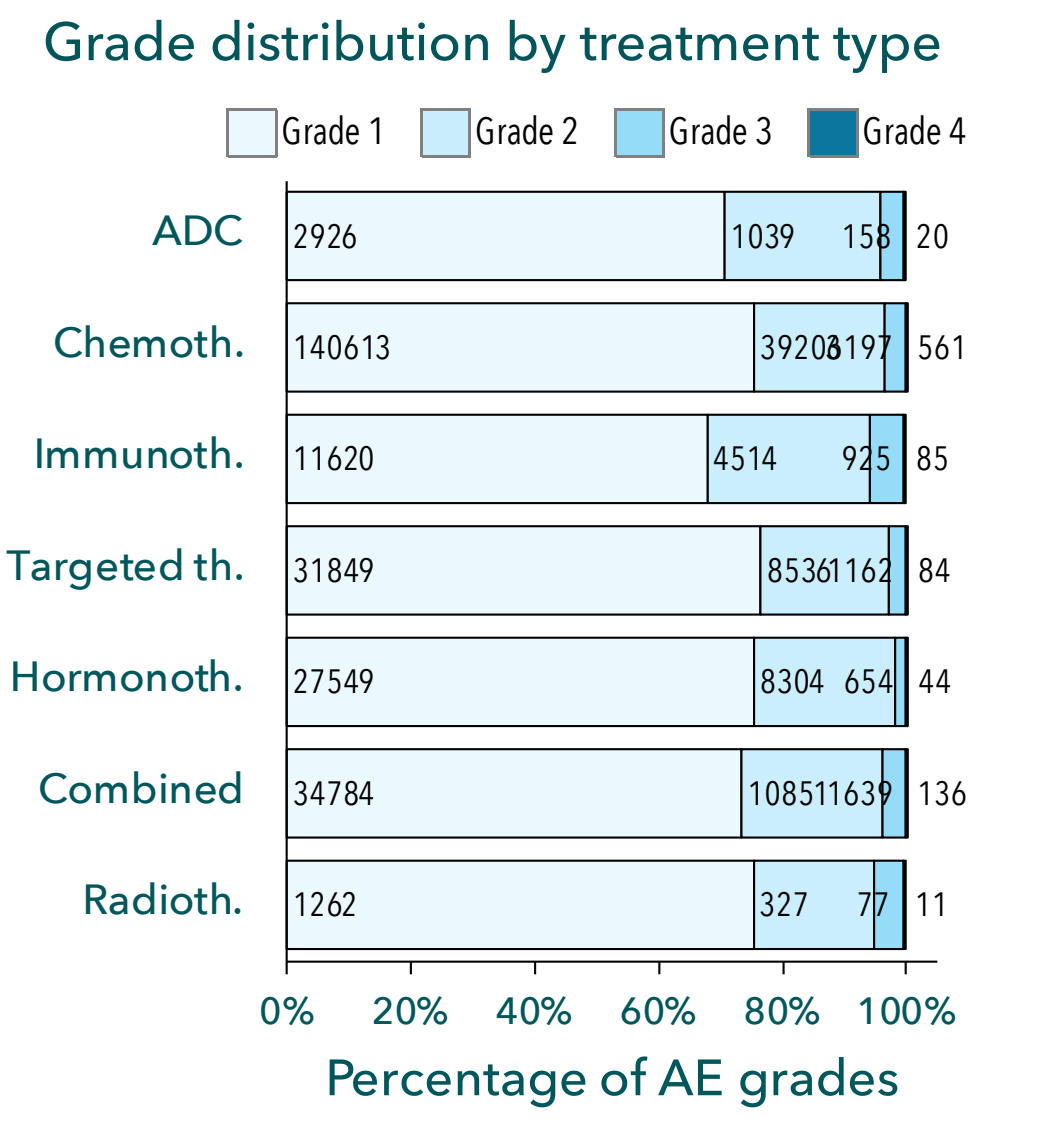### 113,692 Questionnaires

Classifications by treatment type

Conclusions

- Good representativity of cancer types and treatments
- Good representativity of care centers in France
- High patient and HCP satisfaction
- Algorithm classifications consistent with treatment types
- Adoption increased by French reimbursement program