

EARLY SUPPORTIVE CARE INTEGRATION IMPROVES INITIAL SYMPTOMS IN ELECTRONIC PATIENT REPORTED OUTCOMES (ePRO) FOR PATIENTS STARTING PALLIATIVE THERAPY





Razvan Andrei Popescu MD FRCP FESMO¹, Jane V Lyle PhD², Gabriela Popescu MD MSc¹, Andreas Jakob MD¹, Konstantinos Tyriakidis¹, Veronika Blum MD¹,

Claudia Leuenberger SPO SGPO¹, Clarissa Märtz RN CAS¹, Franziska Weber RN CAS¹, Claudia Stein RN¹, Christos Kolotas MD¹, Julia Rigal MA³, Matthew Hickey BHScMRT², Idamaria Lehtinen B Soc Sci³

Tumor Zentrum Aargau, Switzerland ² Health Value Alliance & Systems Ltd, UK ³ Elekta Oy, Finland

INTRODUCTION

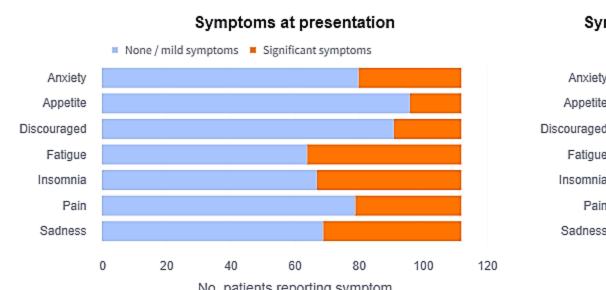
- Many advanced cancer patients suffer from significant general symptoms at presentation. General symptoms associated with deteriorating health are predominant rather than local / cancer-specific symptoms 1, 2.
- The use of patient-reported outcomes (PROs) is associated with improvement in health-related quality of life at 12 weeks³, but data on the effect of early supportive care on symptom evolution are scarce⁴, including the limited application of electronic PROs (ePROs) to assess symptom baseline and evolution.
- In Tumor Zentrum Aarau (TZA), all German-speaking advanced cancer patients are offered **ePRO monitoring at presentation and during treatment** using ePRO questionnaires distributed by KAIKU Health, and over 90% participate.
- TZA staff screen responses to enable targeted intervention, including specialist palliative care multiprofessional consultations, nurse-led clinics, psycho-oncology, nutritional advice, physiotherapy etc.
- We have previously observed a substantial improvement in symptom burden over the initial 12-week period of first line palliative chemotherapy / immunotherapy for those patients reporting moderate to very severe general symptoms (pain, fatigue, insomnia, anxiety, sadness, discouragement, loss of appetite) at presentation.

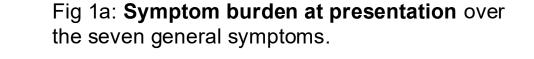
METHODS

- We retrospectively analysed ePRO data for 143 advanced cancer patients (87 female, 100 aged 60+ years, 18,252 symptom responses) who commenced first line palliative chemotherapy / immunotherapy between January 2021 and September 2024. Patient responses were followed for 12 weeks from baseline.
- Seven general symptoms (anxiety, decreased appetite, discouragement, fatigue, insomnia, pain, sadness) were assessed. For each symptom, those patients reporting significant (moderate, severe or very severe) symptom presence at presentation were assessed for symptom evolution during first line palliative therapy.

RESULTS

- 112 patients provided weekly responses for the first 6 weeks. Across the seven general symptoms, between 14% (decreased appetite) and 43% (fatigue) of patients reported significant symptoms at presentation (Fig 1a). At 6 weeks, between 51% (insomnia and sadness) and 81% (decreased appetite and discouragement) of the patients initially reporting significant symptoms had improved to no or mild symptoms (Fig 1b).
- The symptom evolution for those patients reporting significant symptoms at presentation is shown below (Fig 2). Symptom improvement was typically rapid (1-2 weeks) and sustained through the 12-week period.





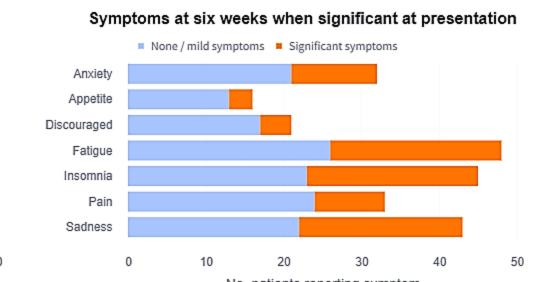
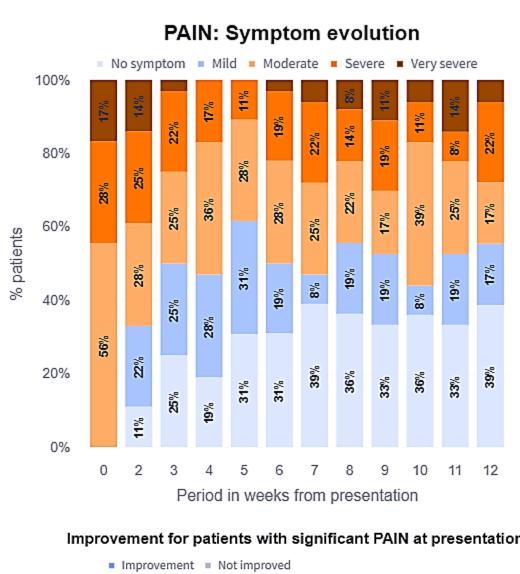
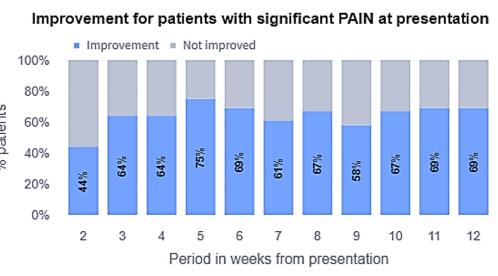
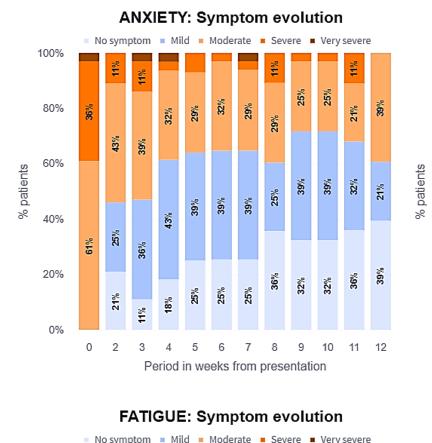
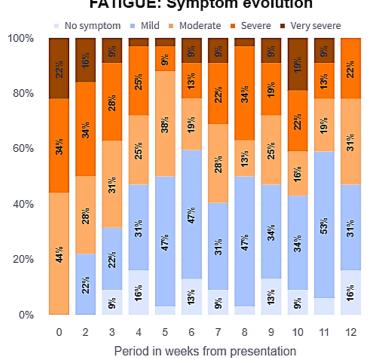


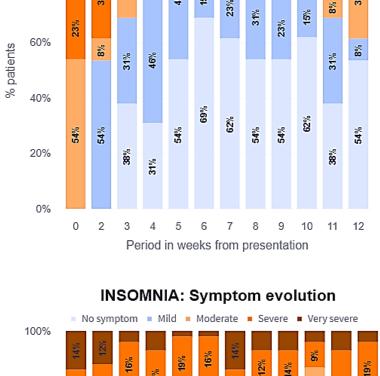
Fig 1b: **Symptom burden at 6 weeks** for those who initially reported significant symptoms.



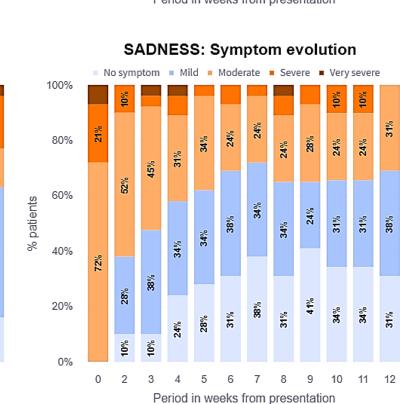


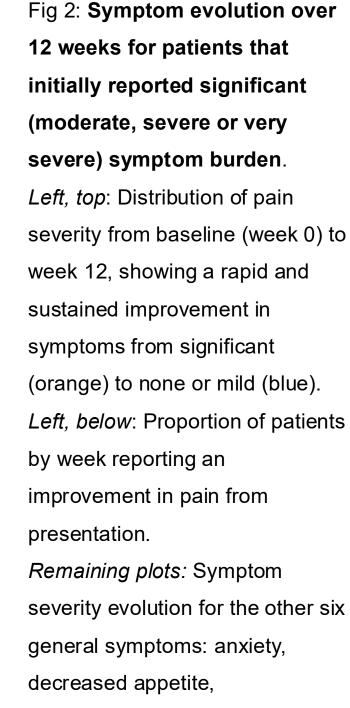






Period in weeks from presentation





discouragement, fatigue,

insomnia, sadness.

CONCLUSIONS

- Screening for symptoms using standard ePROs and appropriate intervention can rapidly improve general symptom burden and reduce suffering in advanced cancer patients starting palliative therapies.
- Further studies to assess the evolution of symptoms in patients reporting no or mild symptoms at presentation and the timing and type of intervention(s) provided would be valuable to address currently sparse data on the effect of early supportive care.

REFERENCES

1.doi.org/10.1200/JCO.2024.42.16_suppl.11108 2.doi.org/10.21873/anticanres.13107 3.doi.org/ 10.1001/jamanetworkopen.2024.24793 4.doi.org/10.1001/jama.2022.9265