Implementing Integrated Proactive Supportive Care Pathways in Oncology –Results from the PROACT-PRO.GNO.SIS prospective cohort study.

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BACKGROUND

Early assessment of risk factors and patient needs iscentral to providing efficient, patient-tailored supportive care. We have developed an integrated, coordinated supportive care pathway (PROGNOSIS) that combines a self-assessment of the patient's symptoms and tailored supportive care shortly after diagnosis aiming at preventing treatment related burden. In this abstract we present preliminary results of an implementation study focused on this pathway. The primary objective of this study is to evaluate the impact of the PROGNOSIS pathway on patients' distress and unmet needs after 12 weeks of intervention.

METHODS

As part of standard evaluation all patients aged ≥ 18 years 2) with histological confirmation of cancer received a self assesssment screener for supportive care needs (figure 1) . Patients with more than 2 needs were refered for a comphrehensive supportive care assessement including dietology/nutrition , psychology, kinesitherapy, social assistance and addictology. The patient pathway is shown on *figure 1*. Patients in this pathway were invited to participate in this implementation prospective cohort and provided written informed consent for the PROACT study.. Patients are evaluated at baseline, 12, 24 weeks. According to the sample size requirements for pilot studies proposed by Teare et al, pilot evaluations with a minimum of 70 patients will be recruited. By Nov 2025, predetermined by funding agency an interim efficacy analyses focused on quality of life assessed by the EQ-5D-5L-VAS (rated out of 100, 0: worst quality of life and 100 : perfect quality of life). Participant characteristics were reported as numbers and percentages for categorical variables and as mean, standard deviation, median , quartiles , minimum and maximum for continuous variables.

PATIENT DEMOGRAPHICS

Recrutement started by the 11th of january 2024 and is currently on pause for research expert intermediate evaluation. An interim efficacy analysis was performed on 82 patients with a F/M ratio : 58.5%/41.5% and of a mean age of 59.8 ±12.3 (figure 2).
The most common cancer types were GI, ENT, Thoracic/Lung and Gynecology cancer
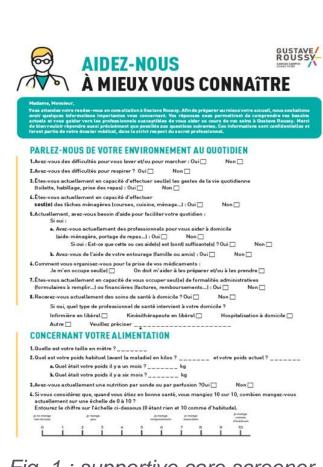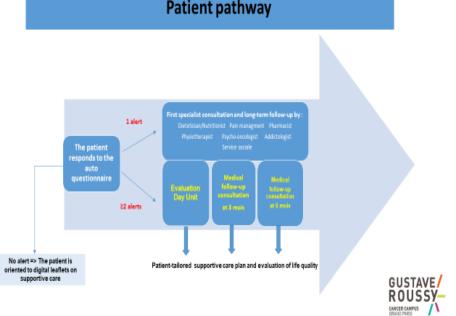

Fig. 1 : supportive care screener

Figure 2 : Patient pathway

Gender	n : 82
	Female : 48(58.5%)
	Male : 34(41.5 %)
Age at inclusion	Mean (sd) : 59.8 ± 12.3
Cancer type	GI track : 33 (40.2 %)
	ENT : 17 (20.7 %)
	Thoracic/Lung : 14 (17.1 %)
	Gynecology : 8 (9.8 %)
	Endocrinology : 4 (4.9%)
	Breast cancer : 3 (3.7 %)
	Urology : 1 (1.2%)
	Neuro-oncology : 1 (1.2 %)
	Early drug devellopment : 1 (1.2%)

Fig. 3 :Patient demographics

RESULTS

For patients with sufficient follow-up to have several quality of life measurements, we observed a stability of the score between M0 and M3 , M3 and M6 (score stability on average) and a slight decrease non statistically significant between M3 and M6 (figures 4 and 5) .

Variable			p-value
Evolution of the Visual Analogue Scale of Quality of Life (between M3 and M0 (ref)) (positive score: improvement in QoL / negative score: deterioration in QoL)	n (m.d.)	57 (24)	0.0045
	Mean (sd)	3.1 (20.6)	
	Median (Q1 ; Q3)	0.0 (-10.0 ; 10.0)	
	Min ; Max	-50.0 ; 55.0	
Evolution of the Visual Analogue Scale of Quality of Life (between M6 and M0 (ref)) (positive score: improvement in QoL / negative score: deterioration in QoL)	n (m.d.)	31 (50)	0.4084
	Mean (sd)	-1.5 (23.6)	
	Median (Q1 ; Q3)	0.0 (-20.0 ; 15.0)	
	Min ; Max	-40.0 ; 65.0	
Evolution of the Visual Analogue Scale of Quality of Life (between M6 and M3 (ref)) (positive score: improvement in QoL / negative score: deterioration in QoL)	n (m.d.)	31 (50)	0.0643
	Mean (sd)	1.6 (19.2)	
	Median (Q1 ; Q3)	0.0 (-10.0 ; 15.0)	
	Min ; Max	-35.0 ; 40.0	

Fig 4. Evolution of the visual analogic scale

Figure 5.Boxplot of quality of life (EQ5D-VAS) at M0, M3, M6

CONCLUSION

This analysis suggests that a pathway including early assessment and adressal of supportive care needs may contribute to maintenance of Quality of life at short-term evaluation with potential decrease of desease burden . In the teams view, the above highlight the need for supportive care team as early as the moment of diagnosis.