

A MODEL OF CARE USING PATIENT-REPORTED OUTCOMES FOR REMOTELY MANAGING SYMPTOMS OF CANCER PATIENTS TREATED WITH IMMUNE CHECKPOINT INHIBITORS

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Background and Objective:

Patients treated with immune checkpoint inhibitors (ICI) experience a complex range of symptomatic treatment toxicities (1). Close follow-up, timely intervention and self-management support are key to preventing and mitigating severe symptoms, yet intervals between patient visits can be as long as three weeks. Interventions leveraging patient-reported outcomes (PRO) to monitor and manage symptoms remotely in patients treated with chemotherapy have shown promise by facilitating timely treatment, and improving symptom control, patient quality of life, and overall survival (2,3). Patients treated with ICI may thus benefit from similar interventions. We report on the development of a PRO-based model of care to facilitate remote symptom monitoring, management and self-management support for patients treated with ICI, in two Swiss university hospitals.

Methods

A theoretical framework to guide the development of the model of care was identified through literature review. Communication flow, barriers, facilitators, clinical roles and resources involved in remote symptom monitoring, patient management and self-management support were defined through multiple internal discussions with the oncology team. A PRO measure was developed through an expert Delphi, and iteratively integrated within an electronic mobile platform. Telephone triage tools were identified in the literature to standardize patient management and define the workflow between triage nurses and physicians.

Results

The model of care is grounded on the eHealth-enhanced Chronic Care Model (4). Patients self-declare symptoms through a weekly PRO-CTCAE™-based questionnaire in the electronic application (5,6). Active symptoms are assessed daily. New or worsening symptoms are assessed over the phone by nurses using the United Kingdom Oncology Nursing Society 24 hour Triage Tool (7). Comprehensive triage reports are included in the electronic health record. Physicians are contacted via e-mail or telephone to address non-urgent or urgent symptoms respectively.

Conclusion

This PRO-based model adheres to recent guidelines for integrating PRO in routine practice, describing their use in the flow of care across patients, triage nurses and the broader oncology hospital team. By including standardized tools to assess and manage symptoms, it aims to facilitate the timely detection and prevention of severe symptoms, and enhance self-management support.

