P1730 IMPLEMENTATION OF PRO-CTCAE QUESTIONNAIRE IN PROM PROGRAM COLLECTS DIFFERENT ADVERSE EVENTS PROFILE THAN PHYSICIANS AND REDUCE UNSCHEDULED HEALTHCARE IN PATIENTS WITH LYMPHOMA RECEIVING IV THERAPY

Topic: 35. Quality of life, palliative care, ethics and health economics

SERGIO RAMOS, EVA CASTILLO, NATALIA BARRERAS, MIRIAM RIESCO, ANTONIO HERRERO, ADRIANA PASCUAL, ALBERTO LOPEZ, MARIA ANGELES PEREZ, DANIEL MORILLO, ELHAM ASKARI, ELENA PRIETO, PILAR LLAMAS, JAVIER BECARES, CARLA BARRIOCANAL, MARTA DEL OLMO, JORGE SHORT, JAVIER ARCOS, RAUL CORDOBA.

Background:

PROMs have been included in cancer clinical trials, but it is yet to come in daily clinical practice. Different PROMs exist for assessing patients’ quality of life (QoL), physical functioning and symptom burden. Integrating PROMs in the healthcare of patients with cancer has the potential to improve their care delivery and outcomes.

Aims:

We hypothesize that patients subscribed to a PROMs program may benefit from a better self-perception of health status and might require fewer hospital admissions and emergency room visits, which might also allow a reduction in the costs of treatment.

Methods:

Patients (pts) with diagnosis of any type of lymphoma in the need of starting therapy in our hospital were included in our study between 1st Jan 2019 and 31st Dec 2020. Inclusion in “E-Res Salud”, the value-based healthcare program using PROMs was offered to patient starting intravenous treatment since 2020. Pts who started treatment in 2019 and those who refused to participate in 2020 were considered the control arm of our study. The principal endpoint was to compare physician and patient-reported adverse events through a standardized questionnaire such as PRO-CTCAE. Secondary endpoints included association between inclusion in PROMs program and reduction of hospital admissions and emergency room visits. Here, we present the preliminary results from answers given at the beginning of treatment.

Results:

A total of 142 pts were included in our study; 76 of them (53.5%) reported outcome in the PROMs program. There were no differences in pts characteristics with regards of age or sex. Most frequent diagnoses were diffuse large B-cell, follicular and Hodgkin lymphoma. Adverse events (AEs) most frequently reported by physicians were hematological (76.1%), general (73.9%) and gastrointestinal symptoms (59.9%) and infections (43.7%). When patients were asked to report AEs of higher intensity the most frequently reported were general (31.6%), genitourinary (26.3%), gastrointestinal (23.7%), neurological (15.8%) and cutaneous (13.2%) symptoms (Figure 1). Patients included in the PROMs program reported fewer general (64.5% vs. 84.8%; p<0.05) and infectious (30.3% vs. 59.1%; p<0.05) AEs than those in the control arm. Moreover, inclusion in the PROMs program was associated with fewer number of visits to Emergencies, with 34.2% of pts versus 60% of pts not enrolled in the PROM program.
(p=0.003). They only group of symptoms which would itself increase the risk of visiting Emergencies was cutaneous AEs (p=0.027). It is important to note that those patients reporting symptoms of higher intensity, frequency or impact in their QoL AEs had more visits than those reporting AEs of lower grade (p<0.05). None of the different types of AEs were associated to an increase in the number of admissions or outpatient consultations. With such a short follow-up we have not found association between any type of AE and survival.

Summary/Conclusion:

Accurate assessment of patient-reported symptoms allows physicians to help cancer patients manage these issues and thereby, improve the survivorship experience and QoL. Our study establishes the association of PROMs with healthcare utilization among patients with different types of lymphoma. A longer follow-up and changes in PROMs during the treatment will be further analyzed.