

E-MONITORING DE LA QUALITÉ DE VIE DES PATIENTS ATTEINTS DE CANCER EN PRATIQUE CLINIQUE COURANTE

REMOQOL

Routinely Electronic Monitoring Of Quality Of Life

Dr Sophie PAGET-BAILLY

Unité de Méthodologie et de Qualité de Vie en Cancérologie

CHU Besançon

UMR Right 1098

Plateforme Nationale QdV et Cancer

STRATEGIE DECENALE DE LUTTE CONTRE LE CANCER *2021-2030*

AXE 1

Améliorer la prévention

AXE 2

limiter les séquelles et améliorer la qualité de vie

AXE 3

Lutter contre les cancers de mauvais pronostic

AXE 4

S'assurer que les progrès bénéficient à tous

Accompagner les professionnels par des formations et outils d'aide à la pratique, notamment d'évaluation du besoin

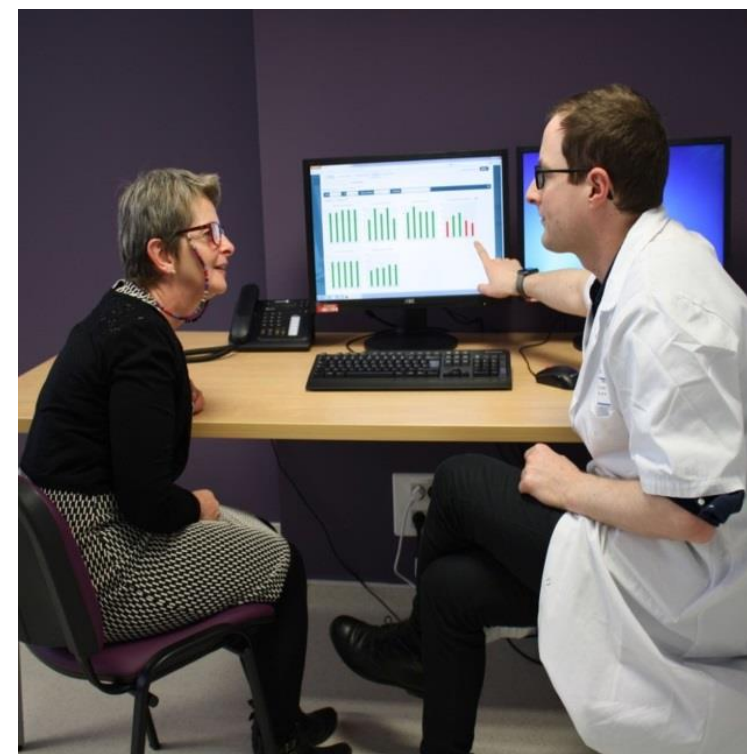
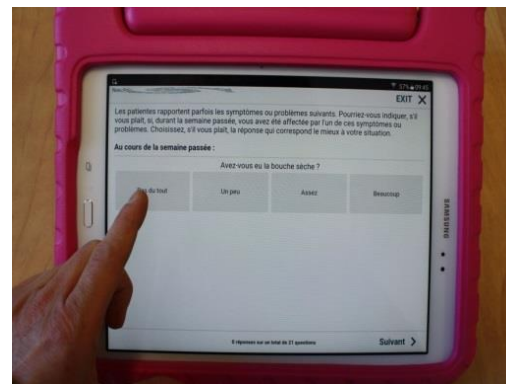
(action II.6.2)

REMOQOL

Routinely Electronic

Monitoring of Quality of Life

- Outils numériques
- Utilisation en temps réel de la QdV
 - Par les soignants
 - Outil complémentaire PEC



POURQUOI ?

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- Patient acteur de sa prise en soins

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- Evaluer et suivre les toxicités
- Orientation vers les soins de support
- Optimisation du parcours de soins

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- Optimisation du parcours de soins

- Améliorer la communication médecin – patient¹
- Aborder des thématiques sensibles²
- Améliorer la QdV et la survie³

1 Velikova et al. JCO 2004, Detmar et al., JAMA 2002 2. Rotenstein et al., NEJM 2017
3. Basch et al. JCO 2016, Denis et al. JNCI 2017, Basch et al. JAMA 2022

Measuring Quality of Life in Routine Oncology Practice Improves Communication and Patient Well-Being: A Randomized Controlled Trial

Galina Velikova, Laura Booth, Adam B. Smith, Paul M. Brown, Pamela Lynch, Julia M. Brown, and Peter J. Selby

From the Cancer Research UK Clinical Centre-Leeds, Cancer Medicine Research Unit, St James's University Hospital; and Northern and Yorkshire Clinical Trials and Research Unit, Leeds, United Kingdom.

Submitted June 18, 2003; accepted December 5, 2003.

Supported by grants from Cancer Research UK (formerly Imperial Cancer Research Fund; G.V., A.B.S., L.B., P.L., and P.J.S.), the National Lotteries Charities Board (G.V.), and National Health Service Research and Development (J.M.B., P.M.B.).

Presented in part as oral presentations at the 39th Annual Meeting of the American Society of Clinical Oncology, Chicago, IL, May 31-June 3, 2003, and at the 9th Annual Conference of the International Society for Quality of Life Research, Orlando, FL, October 30-November 2, 2002.

Authors' disclosures of potential conflicts of interest are found at the end of this article.

Address reprint requests to Galina Velikova, MD, Cancer Research UK Clinical Centre-Leeds, Cancer Medicine Research Unit, St James's University Hospital, Beckett St, Leeds LS9 7TF, ...

A B S T R A C T

Purpose

To examine the effects on process of care and patient well-being, of the regular collection and use of health-related quality-of-life (HRQL) data in oncology practice.

Patients and Methods

In a prospective study with repeated measures involving 28 oncologists, 286 cancer patients were randomly assigned to either the intervention group (regular completion of European Organization for Research and Treatment of Cancer-Core Quality of Life Questionnaire version 3.0, and Hospital Anxiety and Depression Scale on touch-screen computers in clinic and feedback of results to physicians); attention-control group (completion of questionnaires, but no feedback); or control group (no HRQL measurement in clinic before encounters). Primary outcomes were patient HRQL over time, measured by the Functional Assessment of Cancer Therapy-General questionnaire, physician-patient communication, and clinical management, measured by content analysis of tape-recorded encounters. Analysis employed mixed-effects modeling and multiple regression.

Results

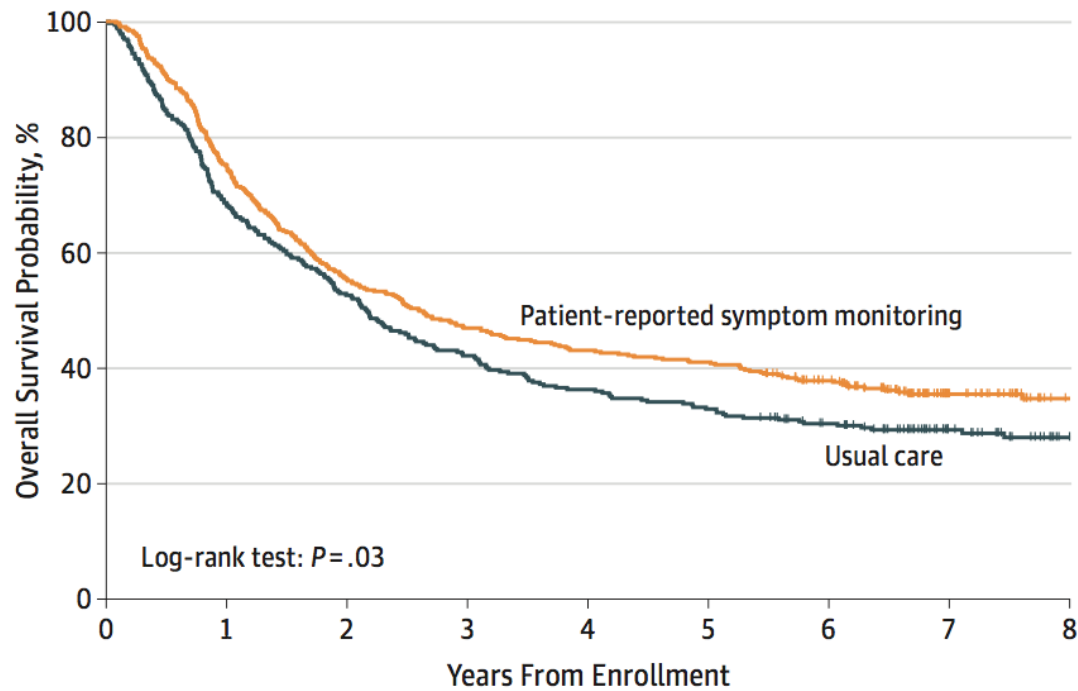
Patients in the intervention and attention-control groups had better HRQL than the control group ($P = .006$ and $P = .01$, respectively), but the intervention and attention-control groups were not significantly different ($P = .80$). A positive effect on emotional well-being was associated with feedback of data ($P = .008$), but not with instrument completion ($P = .12$). A larger proportion of intervention patients showed clinically meaningful improvement in HRQL. More frequent discussion of chronic nonspecific symptoms ($P = .03$) was found in the intervention group, without prolonging encounters. There was no detectable effect on patient management ($P = .60$). In the intervention patients, HRQL improvement was associated with explicit use of HRQL data ($P = .016$), discussion of pain, and role function ($P = .046$).

Conclusion

Routine assessment of cancer patients' HRQL had an impact on physician-patient communication and resulted in benefits for some patients, who had better HRQL and emotional functioning.

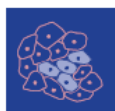
J Clin Oncol 22:714-724. © 2004 by American Society of Clinical Oncology

Figure. Overall Survival Among Patients With Metastatic Cancer Assigned to Electronic Patient-Reported Symptom Monitoring During Routine Chemotherapy vs Usual Care



No. at risk	0	1	2	3	4	5	6	7	8
Patient-reported symptom monitoring	441	331	244	207	190	181	148	65	33
Usual care	325	223	171	137	118	107	89	50	27

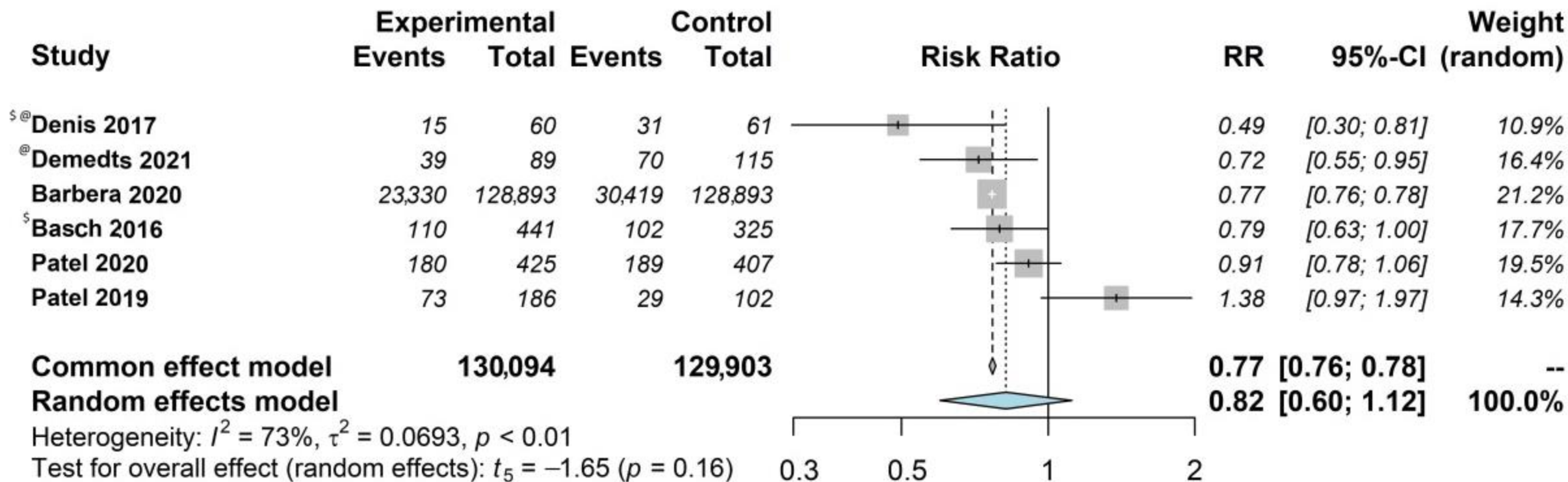
Crosses indicate censored observations. Enrollment in the patient-reported symptom monitoring group was enriched for a preplanned subgroup with low baseline computer experience as part of a feasibility substudy with a 2:1 randomization ratio in that subgroup (N = 227) and a 1:1 ratio in the computer-experienced subgroup (N = 539), yielding 441 participants in the patient-reported symptom monitoring group, and 325 in the usual care group. With a minimum follow-up of 5.4 years, median follow-up was 6.9 years (interquartile range, 6.5-7.7) for the electronic patient-reported symptom monitoring group and 7 years (interquartile range, 6.6-8.1) for the usual care group.



Systematic Review

The Effects of Patient-Reported Outcome Screening on the Survival of People with Cancer: A Systematic Review and Meta-Analysis

Caterina Caminiti ^{1,*}, Giuseppe Maglietta ¹, Francesca Diodati ¹, Matteo Puntoni ¹, Barbara Marcomini ¹, Silvia Lazzarelli ¹, Carmine Pinto ² and Francesco Perrone ³



[§]Randomized Clinical Trial ; @Study on Lung Cancer Patients



Making Patients and Doctors Happier — The Potential of Patient-Reported Outcomes

Lisa S. Rotenstein, M.D., M.B.A., Robert S. Huckman, Ph.D., and Neil W. Wagle, M.D., M.B.A.

As comfort with PROs has grown, feedback has increasingly underscored that clinicians find collecting PROs to be beneficial rather than burdensome. Evidence from experienced users suggests PRO collection may even enhance physician satisfaction and prevent burnout.



SPECIAL ARTICLE

The role of patient-reported outcome measures in the continuum of cancer clinical care: ESMO Clinical Practice Guideline[☆]

M. Di Maio¹, E. Basch², F. Denis^{3,4}, L. J. Fallowfield⁵, P. A. Ganz⁶, D. Howell⁷, C. Kowalski⁸, F. Perrone⁹, A. M. Stover^{2,10}, P. Sundaresan^{11,12}, L. Warrington¹³, L. Zhang¹⁴, K. Apostolidis¹⁵, J. Freeman-Daily¹⁶, C. I. Ripamonti¹⁷ & D. Santini¹⁸, on behalf of the ESMO Guidelines Committee



JNCI J Natl Cancer Inst (2017) 109(9): djx044

doi: 10.1093/jnci/djx044

First published online April 10, 2017

Editorial

EDITORIAL

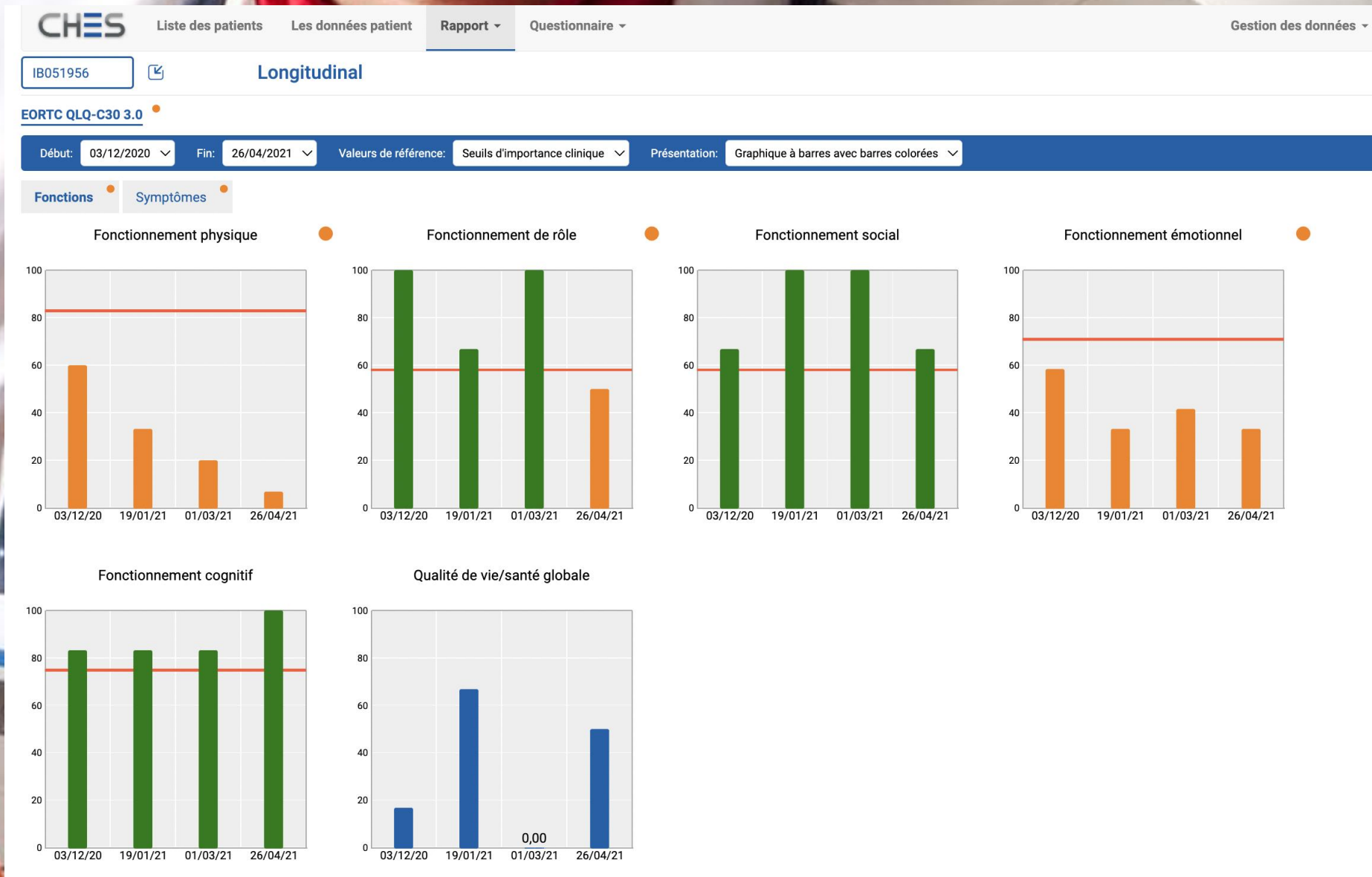
The Patient Knows Best: Incorporating Patient-Reported Outcomes Into Routine Clinical Care

Ryan Nipp, Jennifer Temel

Affiliations of authors: Division of Hematology and Oncology, Department of Medicine, Massachusetts General Hospital Cancer Center and Harvard Medical School, Boston, MA (RN, JT).



LE CHES



ETUDES DE FAISABILITÉ - DESIGN

GYNEQOL

Qualité de Vie des Femmes atteintes d'un Cancer Gynécologique



Une Qualité de Vie et un Meilleur Suivi

QUANARIE



102 patientes

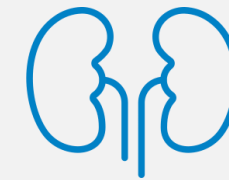
En suivi post-TRT

CHU de Besançon



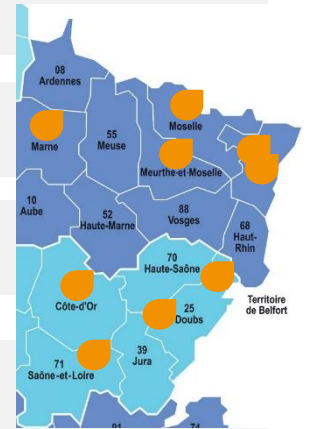
66 / 56 / 55 = 177 patients

Pendant le TRT systémique



50 patients

Grand Est



ETUDES DE FAISABILITÉ – COMPLIANCE PATIENTS

Critère de jugement principal : proportion de patients ayant une bonne compliance à REMOQOL, définie comme au moins 66% des questionnaires renseignés durant le suivi



Une Qualité de Vie et un Meilleur Suivi

Sein (n=66)

Colon (n=56)

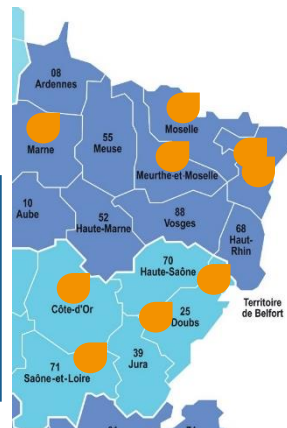
Poumon
(n=55)

Population
totale (n=177)

Compliance	Sein (n=66)		Colon (n=56)		Poumon (n=55)		Population totale (n=177)	
Oui	63	95,45	55	98,21	50	90,91	168	94,92
Non	3	4,55	1	1,79	5	9,09	9	5,08

QUANARIE

Résultats non publiés encore



QUANARIE

Résultats non publiés encore

Physicians' satisfaction with Health-related quality of life (HRQoL) assessment in daily clinical practice using electronic patient-reported outcome (ePRO) for cancer patients.

#Abstract n°2358

G. Mouillet^{1,2,3}, J. Fritsch^{2,3}, A. Thiery-Vuillemin^{1,3}, N. Meneveau¹, H. Almotlak¹, L. Mansi^{1,3}, E. Curtit^{1,3}, S. Kim^{1,3}, M. Jary^{1,3}, T. Maurina¹, G. Eberst^{3,4}, P. Barthelemy^{5,6}, J.-C. Eymard⁷, L. Geoffrois⁸, O. Djoumakh^{2,3}, A. Aota^{2,3,9}, O. Adotevi^{1,3}, V. Westeel^{3,4}, S. Paget-Bailly^{2,3}

¹Department of Medical Oncology, University Hospital of Besançon, Boulevard Fleming, 25000 Besançon, France, ²Methodological and Quality of Life Unit, University Hospital of Besançon, 25000 Besançon, France, ³INSERM, EFS, BEC, UMR1008, Interactions Hôte-Greffon-Tumeur/Ingénierie Cellulaire et Génique, University Bourgogne Franche-Comté, 25000 Besançon, France, ⁴Respiratory

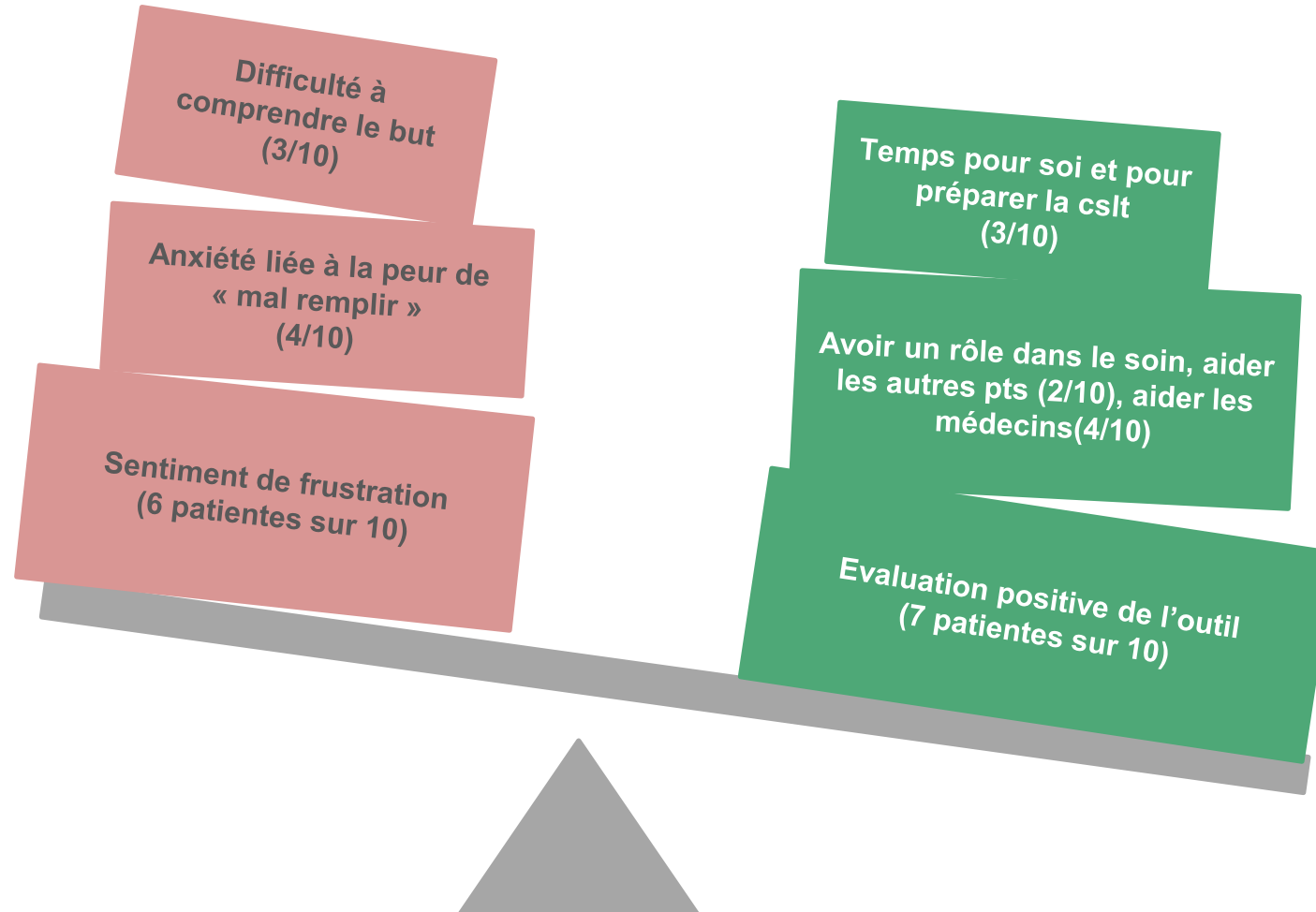
Résultats non publiés encore

ETUDES DE FAISABILITÉ - QUALI



Une Qualité de Vie et un Meilleur Suivi

Etude qualitative au sein de la cohorte séno de QOLIBRY
Itw de 10 femmes



➤ Développement d'un **livret patient** pour les études futures

ETUDES DE FAISABILITÉ - CONCLUSION

GYNEQOL

Qualité de Vie des Femmes atteintes d'un Cancer Gynécologique


QOLIBRY

Une Qualité de Vie et un Meilleur Suivi

QUANARIE

- **Faisable** en termes de compliance des patients
- Faisable techniquement
- La **formation des professionnels et l'information des patients** sont cruciales et doivent être approfondies
- Travail important sur **l'interopérabilité** et l'insertion dans le paysage numérique des professionnels

VALORISATION

Mouillet et al. *Health and Quality of Life Outcomes* (2019) 17:25
<https://doi.org/10.1186/s12955-019-1085-1>

Health and Quality
of Life Outcomes

STUDY PROTOCOL

Open Access



Health-related quality of life assessment for patients with advanced or metastatic renal cell carcinoma treated with a tyrosine kinase inhibitor using electronic patient-reported outcomes in daily clinical practice (QUANARIE trial): study protocol

Guillaume Mouillet^{1,2,3*}, Joëlle Fritzscht^{2,3}, Sophie Paget-Bailly^{2,3}, Astrid Pozet^{2,3}, Ikram Es-Saad^{2,3}, Aurelia Meurisse^{2,3}, Dewi Vernerey^{2,3}, Kristina Mouyabi⁴, Diane Berthod¹, Franck Bonnetain^{2,3}, Amélie Anota^{2,3,5} and Antoine Thiery-Vuillemin^{1,3}

Quality of Life Research
<https://doi.org/10.1007/s11136-020-02721-0>

SPECIAL SECTION: FEEDBACK TOOLS



Feasibility of health-related quality of life (HRQoL) assessment for cancer patients using electronic patient-reported outcome (ePRO) in daily clinical practice

Guillaume Mouillet^{1,2,3*}, Antoine Falcoz^{1,3}, Joëlle Fritzscht^{1,3}, Hamadi Almotlak², Pascale Jacoulet⁴, Xavier Pivot⁵, Cristian Villanueva⁶, Laura Mansi^{2,3}, Stefano Kim^{2,3}, Elsa Curtit^{2,3}, Nathalie Meneveau², Olivier Adotevi^{2,3}, Marine Jary^{2,3}, Guillaume Eberst^{3,4}, Angélique Vienot^{2,3}, Fabien Calcagno², Astrid Pozet^{1,3}, Oumelkheir Djoumakh^{1,3}, Christophe Borg^{2,3}, Virginie Westeel^{1,3,4}, Amélie Anota^{1,3,7}, Sophie Paget-Bailly^{1,3}

La qualité de vie comme outil de pronostic et de suivi des patients

Health-related quality of life as a prognostic and patients' monitoring tool

S. Paget-Bailly¹, G. Mouillet¹, F. Bonnetain^{1,2}

innovation

Évaluation de la qualité de vie relative à la santé suite au diagnostic de cancer

Ikram Es-saad*
Ingénieur d'études et de
recherche clinique

Sophie Paget-Bailly
Docteur, ingénieur d'études et
de recherche clinique

Joëlle Fritzscht
Technicienne d'études et de
recherche clinique

Guillaume Mouillet
Médecin, oncologie médicale

Franck Bonnetain
PU-PH, épidémiologiste-
biostatisticien,
Head of methodological and
quality of life unit in oncology
(INSERM UMR 1098)

La mesure de la qualité de vie relative à la santé des personnes traitées pour un cancer se développe. Ce nouvel indicateur s'intéressant au vécu du patient est associé aux critères tumoraux classiques. Cette donnée est par ailleurs un facteur pronostique de la survie globale. Retour d'expérience avec une équipe de chercheurs du CHRU de Besançon.

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Mots clés - cancer ; évaluation ; qualité de vie ; recherche clinique ; symptômes

Assessment of the quality of life with regard to health following a cancer diagnosis. The measurement of the quality of life in terms of health of people undergoing treatment for cancer is developing. This new indicator focusing on patients' personal experience is combined with standard criteria relating to their tumours. The data are also a factor in the prognosis of overall survival. A team of researchers at Besançon university hospital shares its experience.

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Keywords - assessment; cancer; clinical research; quality of life; symptoms

- Organisation du séminaire « QdV en cancérologie » en 2017
- Communications orales
 - Salon de la Valorisation en SHS, Marseille 2017
 - EORTC QLQ Spring meeting, Paris 2018
 - PRO expert meeting, Innsbruck 2018
 - SFRO, Paris 2019
 - Séminaire ICM 2019
 - Formation BMS, Strasbourg 2019
 - AC@DM 2019, Mont Saint Michel
 - EPICLIN 2019 Toulouse & 2020 (visio)
 - Biennales monégasques de cancérologie, 2020
- Communications affichées
 - Colloque PEP 2016
 - Forum Cancéropôle 2018
 - EPICLIN 2020 & 2023
 - ISOQOL 2019
 - ESMO 2017

+ Audition HCSP 2020

PERSPECTIVES

- Lancement **SOS-DETEQT**
- Collaboration **HDJ santé de la femme**
- Collaboration **parcours patients** (circuits anticipés et Exolis)
- **Valorisation** des données recueillies dans les **projets en routine**
- Participation au projet **Development and evaluation of an e-learning course on EORTC Quality of Life measures in clinical practice**



Merci pour votre attention

Dr Sophie PAGET BAILLY