



THE USE OF PATIENT-REPORTED OUTCOME INSTRUMENTS IN IMMUNE CHECKPOINT INHIBITOR THERAPY FOR CANCER IN CLINICAL PRACTICE: A SYSTEMATIC REVIEW

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Background

ICI have shown significant clinical benefit for patients diagnosed with varied types of cancer. With an increasing use of these therapies, it is of urgent interest to achieve a comprehensive understanding of the overall patient experience and to confirm if the results of PROs in clinical ICI trials are reflected in clinical practice.

Objective

To identify and categorize PRO instruments and examine related utility and measurement issues in studies reporting on ICI.

Material and methods



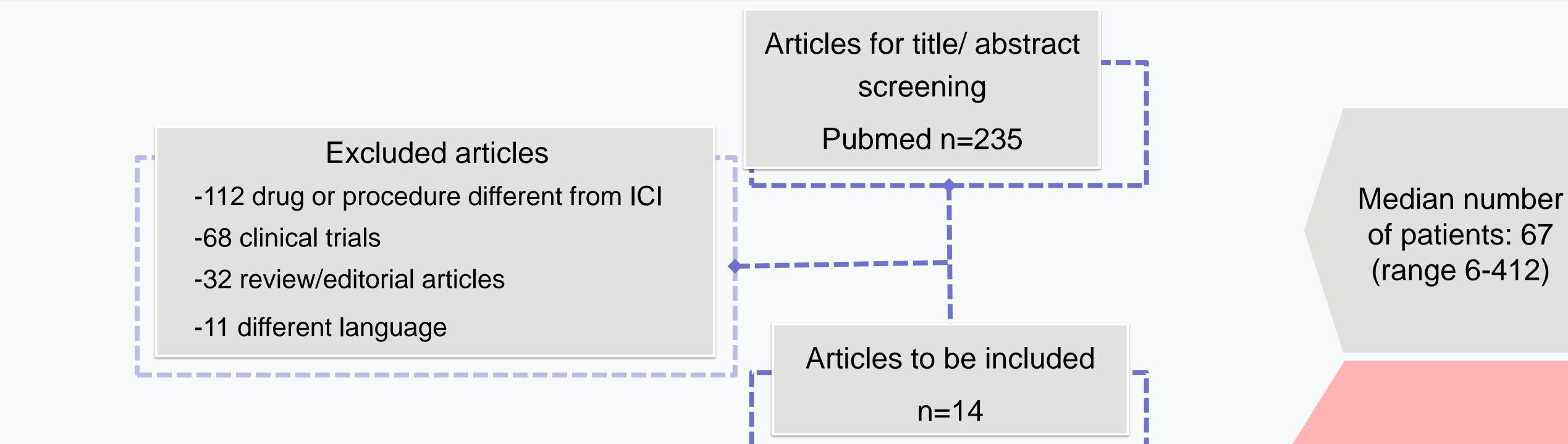
Literature was searched using PubMed and Embase (October 2021)

Search terms included controlled vocabulary and specific keywords related to: (1) ICI, (2) PRO, and (3) Oncology



Two reviewers independently screened titles/abstracts followed by a full text selection based on predefined criteria. We included qualitative and quantitative studies in clinical practice.

Results



7 melanoma 2 lung cancer 1 genitourinary cancer

7 undergoing treatment 7 long-term survivors 6 cross-sectional survey 4 prospective observational studies 2 case-control studies 10 single centre 4 multicentre



1 randomized controlled pilot trial 1 qualitative study

The most frequent questionnaire used were cancer specific: 6 EORTC-QLQ-C30, 2 FACT-G, although the variability between the studies was very important, with 16 different scales identified, of which 9 were evaluated in a single study

Conclusion

Cancer-specific or generic QoL questionnaires are the most widely used PRO measures in clinical practice ICI studies. As ICI therapies exhibit unique characteristics different from conventional cancer therapies, such broad instruments may not capture the specific ICI-related symptoms, toxicities, and impact on the patient's QoL. Hence, the adaptation or development of ICI specific PRO tools should be further investigated.