

5PSQ-144 - FEASIBILITY OF ELECTRONIC PATIENT-REPORTED OUTCOME (EPROM) MEASUREMENT USING PRO-CTCAE®QUESTIONNAIRE TO IMPROVE QUALITY OF LIFE ASSESSMENT AND HEALTHCARE RESOURCES MANAGEMENT IN PATIENTS WITH LYMPHOMA RECEIVING INTRAVENOUS CHEMOTHERAPY

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INTRODUCTION

The primary objective was to compare the adverse events (AEs) profile reported in the electronic medical record (EMR) and those reported by patients through a validated questionnaire (PRO-CTCAE®). Secondary were to describe the evolution of symptoms reported along the treatment period and to analyze the impact of a PROM program in the reduction of visits to Emergency Room (ER).

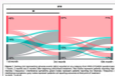
MATERIALS AND METHODS

Patients with diagnosis of non-Hodgkin lymphoma in the need of iv therapy between 1st January 2019 and 31st December 2021 were included. "E-Res Salud" was launched in January 2020. Patients included in 2019 were the control arm. PRO-CTCAE® was electronically sent through the app after 1st, 3rd, and 6th month of therapy. Those symptoms of low intensity were to receive recommendations automatically through the app. Those symptoms of high intensity were to receive a teleconsultation call by the nurse. A Sankey diagram was built to depict flows of severity of symptoms. Two-sided test and p-values < 0.05 were considered statistically significant

RESULTS

Among the 201 patients included in the study, 76 patients (37.8%) reported outcomes in the ePROM program. Most frequently AEs reported in the EMR were hematological (73%), gastrointestinal (62%) and psychological (38%). In contrast, the most frequently patient-reported adverse events were cutaneous (47%), gastrointestinal (44%) and oral (26%), according to PRO-CTCAE® categories ($p < 0.01$). After the first course of chemotherapy, 46% of patients reported symptoms of high frequency, intensity or impact in their QoL. At third month the proportion was significantly higher (67% vs 46%; $p < 0.05$). Differences were also statistically significant between first and sixth month ($p < 0.01$).

Those who were adherent to the program had fewer number of visits to ER (19.2% vs 55.2%; $p < 0.01$) and required fewer unscheduled hospital admissions (15.8% vs 37.6%; $p < 0.01$). When analyzing outcomes of patients who were called by a nurse reduced the proportion of patients who visited the ER vs those who didn't report any or low intensity symptoms (18.8% vs 53.8%; $p < 0.01$). Survival among patients visiting ER was significantly shorter than among those who did not (hazard ratio, 2.26; 95% [CI], 1.11 to 4.63; $p = 0.025$).



Visits to Emergency Room

ADHERENT
19.2%



NO
ADHERENT
55.2%

CONCLUSION

BETTER UNDERSTANDING OF PATIENT-REPORTED SYMPTOMS COULD AID PHARMACIST TO DEVELOP AN INDIVIDUALIZED TREATMENT DOSE ADJUSTMENT AND REDUCTION OF ER VISITS SHOULD BE A KEY TARGET FOR HEMATOLOGISTS AS IT MAY IMPACT IN SURVIVAL.

