

Electronic Symptom Monitoring During Metastatic Cancer Treatment: Does it work better for some patients than for others (AFT-39)?

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Background

- **PRO-TECT (Alliance AFT-39):** cluster randomized trial in United States
- **Intervention Arm:** patient-reported remote electronic symptom monitoring (PRO)
 - weekly surveys for up to 1 year, with alerts sent to their care team for worsening or severe symptoms
- **Control Arm:** usual care (UC)
- **Patient Eligibility:** advanced cancer at 52 US community oncology practices
- **Primary & Secondary Objectives:** Compare differences in Overall Survival (ISOQOL 2024 poster #1038) and QOL for entire cohort (JAMA 2022)
- **Exploratory Objective:** Explore differences by demographic subgroups to identify populations more likely to benefit from the intervention, and thus direct future confirmatory studies

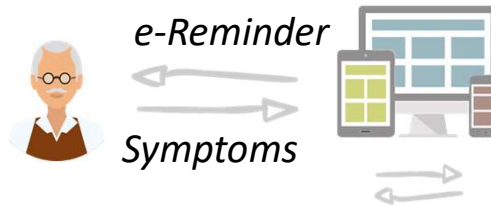
Methods

- **Subgroup analysis:** compare PRO v UC in subgroups of age, sex, race, and education
- **EORTC QLQ-C30**
 - symptom control
 - physical function (PF)
 - health-related quality of life (HRQOL)
- **Statistical Methods:** general linear mixed models compared changes since baseline at 3 months
- **NOTE:** The study was not powered to test for interactions among subgroups

Study Sample

Total Sample Size = 1,191

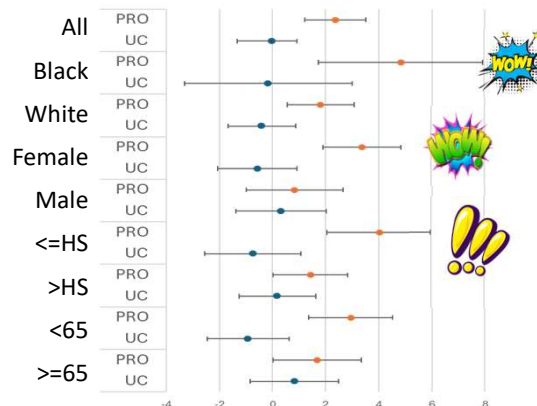
Race	Black	193
	White	925
Sex	Female	694
	Male	496
Educ	> HS	720
	≤ HS	468
Age	≥ 65	536
	< 65	654



RESULTS

- Similar patterns were seen for symptom control, physical function, and HRQOL.
- No large differences were seen between subgroups for:
 - survey completion rates
 - baseline QLQ-C30 scores
 - number of alerts triggered
- Black (89% vs. 70%) and ≤HS education (75% vs. 71%) patients were more likely to report **“improved discussions with their providers”** due to the intervention.

Mean Change (95% CI) from Baseline to 3 months in Symptom Control



CONCLUSIONS

- Electronic symptom monitoring in AFT-39 led to greater improvements in symptom control, physical function, and HRQOL for patients who were **Black, female, and/or had lower educational attainment.**
- Differences in **health activation** or **bias-related issues** in face-to-face or patient-initiated interactions may have been **diminished by the electronic system.**
- **Further testing** should be conducted in **adequately powered studies to confirm** the subgroup effects identified in this analysis.

ACKNOWLEDGEMENTS

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YES

It does appear to work better in certain subgroups!