

LINEBERGER COMPREHENSIVE CANCER CENTER Impact of Remote Symptom Monitoring with Patient-Reported Outcomes on Death or QOL Deterioration during Cancer Treatment in the PROTECT Trial (AFT 39)

Ethan Basch MD MSc, Jennifer Jansen MPH, Brenda Ginos MS, Gina L. Mazza PhD, Philip Carr MPH, Patricia A. Spears BS, Mattias Jonsson, Allison M. Deal MS, Gita Thanarajasingam MD, Lauren Rogak MA, Bryce B. Reeve PhD, Claire Snyder PhD, David Cella PhD, Amylou C. Dueck PhD

## BACKGROUND

Symptoms can go undetected during cancer care. Remote symptom monitoring with electronic patientreported outcomes (PROs) can detect symptoms early and prompt clinicians to intervene, potentially delaying symptom deterioration.

# **METHODS**

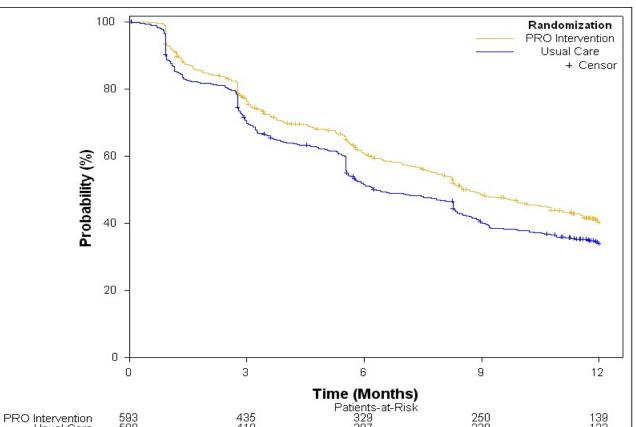
PRO-TECT was a cluster randomized trial in 52 US community oncology practices randomized to symptom monitoring with PROs or to usual care. 1191 patients were enrolled.

### RESULTS

Time to death or deterioration was

significantly longer with PRO vs usual care for **physical function** (median 8.7 vs 6.3 months, p=0.003), **symptoms** (9.1 vs 7.5 months, p<0.001) and **HRQOL** (10.3 vs 8.3 months, p=0.004).

### **PHYSICAL FUNCTION**



# CONCLUSIONS

MAYO

CLINIC

In an advanced cancer patient population with a high symptom burden, clinically meaningful and statistically significant benefits in physical function, symptom control and health-related quality of life were observed in this trial.

These findings are critically important to delivering high quality cancer care, and add to the growing body of evidence demonstrating benefits of PRO symptom monitoring on clinical outcomes.

# REFERENCES

Basch E., Schrag D., Henson S. et al. Effect of Electronic Symptom Monitoring on Patient-Reported Outcomes Among Patients With

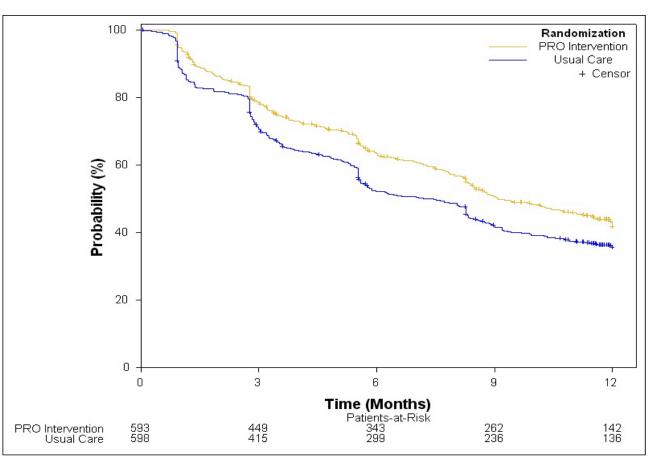
At **PRO practices**, patients receiving treatment for metastatic cancer completed weekly PRO surveys including 7 PRO-CTCAE symptoms, PHQ-2 depression, falls, oral intake and patient-reported performance status. **Alerts** for severe or worsening symptoms were triggered to nurses in real time. **Symptom reports** were available to care teams at visits.

Secondary outcomes included **physical function, symptom control, health-related quality of life** from the EORTC QLQ-C30 questionnaire which was administered at baseline and months 1, 3, 6, 9, and 12.

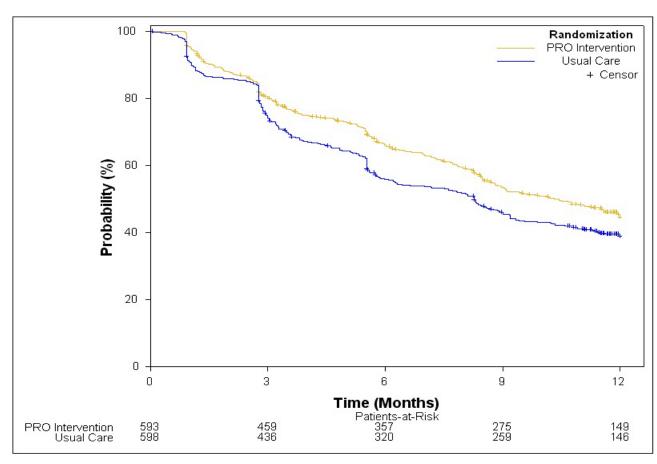
In the current analysis, **time to death** from any cause based on the US National Death Index or first meaningful **deterioration** in these scales (i.e., time to worsening by a score of 10) is reported between groups using Cox regression. Each regression model included line of cancer treatment, months since metastatic cancer, months since initial treatment, months between metastatic cancer and study enrollment, and a random effect for site clustering.



#### SYMPTOM CONTROL



### **HEALTH-RELATED QUALITY OF LIFE**



Metastatic Cancer: A Randomized Clinical Trial. JAMA. 2022 Jun 28;327(24):2413-2422

Basch E., Stover A., Schrag D. et al. Clinical Utility and User Perceptions of a Digital System for Electronic Patient-Reported Symptom Monitoring During Routine Cancer Care: Findings From the PRO-TECT Trial. *JCO Clin Cancer Inform*. 2020 Oct;4:947-957.

Basch E., Schrag D., Jansen J. et al. The PRO-TECT trial (Alliance AFT-39): Remote symptom monitoring with electronic patient-reported outcomes (ePROs) during treatment for metastatic cancer. Presented at the 2023 *European Society of Medical Oncology (ESMO* 

## **SUPPORT**

The PRO-TECT trial was funded through a Patient-Centered Outcomes Research Institute Award (IHS -1511-33392). The trial was sponsored by the Foundation of the Alliance for Clinical Trials in Oncology.

ClinicalTrials.gov NCT03249090