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ESMO 2023

Supportive and Palliative Care – Highlights

The ESMO 2023 proffered papers session on supportive and palliative care featured three abstracts on weight management in patients with cancer as well as one abstract on electronic patient-reported outcomes which we will present herein.

Remote symptom monitoring with electronic patient-reported outcomes (ePROs) during treatment for metastatic cancer: Results from the PRO-TECT trial (Alliance AFT-39)

Electronic patient-reported outcomes (ePROs) have seen considerable adoption in oncology, in part due to the success of the STAR trial which demonstrated a quality of life (QoL) benefit to collecting ePROs compared to usual care, i.e. symptom monitoring at the discretion of clinicians (1). In addition to the improvement of the primary endpoint, the authors also reported a significant improvement in overall survival (2). STAR was a single center trial conducted at Memorial Sloan Kettering Cancer Center in New York.

In their new PRO-TECT trial, Basch and colleagues investigated whether the benefits of ePROs also apply in a community practice setting and powered the trial to detect an improvement in overall survival as the primary end point (3).

The authors conducted a cluster randomized trial with 52 oncology practices that were randomized in a 1:1 ratio to either ePRO symptom monitoring or usual care. Notably, symptom monitoring could also be completed via automated telephone systems which was necessary as 23 % of the 1'191 enrolled patients did not use email or computers.

There was no difference in overall survival (HR: 0.99; p = 0.86). However, there were improvements in several secondary endpoints such as the number of emergency department visits (HR: 1.48 vs. 1.81; p = 0.006) as well as quality of life, the latter of which has been published previously (4).

The authors discussed several hypotheses as potential explanations for the negative result regarding the primary endpoint. First, the cluster randomization resulted in imbalances between the arms that could have favored the control arm in terms of overall survival. For example, the percentage of patients receiving 3rd or later lines of therapy was higher in the intervention arm (35.6 vs. 28.3 %). The same was true for the percentage of patients receiving palliative care services (91.4 vs. 84.3 %). Both differences could indicate the presence of patients with more advanced disease at baseline in the intervention arm.

Second, the authors mention the COVID-19 pandemic as an event that caused irregularities in treatment processes that could have thwarted a potential overall survival benefit. However, one could also make the opposite argument that ePRO should be able to create an even bigger benefit in a situation where lockdowns and shelter-in-place orders prevent patients from visiting their healthcare providers. Lastly, the authors mentioned the difficulties of implementing ePROs in several different practices and integrating them into local processes and care teams.

In conclusion, the PRO-TECT trial adds to the evidence of quality-of-life benefits that can be obtained by introducing ePROs. However, the fact that the trial was negative for its primary endpoint is an interesting contradiction of previous results. Further studies could investigate the exact implementation of ePROs such as their integration into existing processes in order to identify the requirements to maximize their benefit.

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