



Títol: Enhancing efficiency through telemedicine in cervix and endometrial onco-radiotherapy patients in a Spanish tertiary hospital
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Introduction

- An essential potential of using electronic Patient Reported Outcomes in clinical practice is symptom detection.
- The aim is to present the efficiency related with detecting symptoms among radiotherapy patients and changing their follow-up protocol increasing telemedicine in a Spanish tertiary hospital.

Methodology

- The PROMs considered for treatment follow-up among endometrial and cervix cancer patients were discussed in 2023 in consecutive meetings between the hospital PROM-team and a multidisciplinary care team (nursery, onco-radiotherapists).
- The final symptom-outcomes consensus were a mix between PRO-CTCAE and EORTC items. FACT questionnaire was also included to assess quality-of-life evolution.
- Former follow-up protocol included one face-to-face visit per radiotherapy cycle.
- New protocol was two face-to-face visits (first/last cycle), one telematics visit (third week), and additional telematic visits if PROM-frequency and intensity related-alerts were activated.
- Direct public direct care costs were estimated considering the last published Catalan Healthcare Institute tariffs (SLT 71/2020). Phone telematics visit: 48€ ; Face-to-face visit: 80€
- Patient Reported experience was also collected through centralized own-hospital SMS questionnaires on telemedicine.

Results

- 16 patients were invited (October 2023-June 2024). 4 rejected to participate or to complete the RT full 5-weeks follow-up.
- A total of 12 patients were included in the study (5 final paticipants received endometrial and 7 cervix radiotherapy)
- By June-2024 all patients but 3 answered to at least 4 of the 5 weekly cycles of questionnaires (Table 1).
- An average of 44% of contacts/cycle were related with alerts.
- A 44% of direct cost savings were estimated applying the protocol change (212€ per patient follow-up costs).
- Patients did not make relevant complaints through the experience questionnaires.

Table 1. E-questionnaires completeness and frequency/intensity alerts (If begun, all questionnaires were fully answered. *: not all questionnaires assigned were answered)

44%		FACT+ PRO-CTCAE	Sympt (PRO-CTCAE short)					FACT+ PRO-CTCAE	FACT+ PRO-CTCAE
	% W1-5 with alerts	preRT	W1	W2	W3	W4	W5	1m post	3m post
EN Pt1	67% (4/6)	ALERT-F/I		ALERT-F		ALERT-F	ALERT-F/I		
EN Pt2	33%	ALERT-F/I	ALERT-F/I						
EN Pt3	17%		ALERT-I						Pending*
EN Pt4	67%	ALERT-F/I		ALERT-F/I	ALERT-F/I	ALERT-F/I			
EN Pt5	33%					ALERT-F/I	ALERT-F/I		Pending*
CX Pt1	67%			ALERT-F/I	ALERT-I	ALERT-F/I	ALERT-I		
CX Pt2	17%	ALERT-F							Pending*
CX Pt3	33%	ALERT-F/I	ALERT-F/I				ALERT-F/I		
CX Pt4	50%	ALERT-I			ALERT-I	ALERT-F/I			
CX Pt5	100%	ALERT-F	ALERT-F/I	ALERT-F/I	ALERT-F/I	ALERT-F/I	ALERT-F/I		Pending*
CX Pt6	33%		ALERT-F/I				ALERT-F		
CX Pt7	17%		ALERT-F/I						
Protocol	Vertical %: 44%	Visit to be maintained	6/12=50%	4/12=25%	Telematic established	6/12=50%	Visit to be maintained		
			42% average of telematics needed						

*not answered at the time of the poster abstract

Previous protocol:	6 face-to-face visits	80€		480€
New protocol:	2 face-to-face	80€ +1*48€Telematics+	3*42%*48€TM	-268€
				212€ savings x patient given the 12 pts analysis at 7/Oct/24

Conclusions

- Telemedicine and the availability of centralized hospital apps enabling PROMs registry are related with new scale-up opportunities to improve processes care and avoid none-value resource use.
- The successful protocol change is serving as an inspiration to expand the experience in other indications and chemotherapy