

Implementing Patient-Reported Outcome Measures (PROMs) in Primary Brain Tumors Clinical Pathways: One-year Experience From a Latin American Cancer Center

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Introduction

In Chile, malignant gliomas account for 700 cases annually, while meningiomas and brain schwannomas together total around 900 cases. FALP conducts between 30-40 surgeries annually for primary brain tumors (PBT). These patients may face neurological symptoms related to cancer and its treatment, impacting their functionality and quality of life. Measuring Patient Reported Outcomes (PROs) helps to identify these elements, and provide the necessary support, allowing for a more comprehensive assessment of therapeutic outcomes and health value.

Methods

Patients diagnosed with PBT who had a treatment defined by the neuro-oncology tumour board were included. The "Alzheimer Disease 8" (AD8) tool was used to identify patients with cognitive impairment, who were excluded from the PROMs application, referring them to the neurology clinic. Patients with normal AD8 scores were administered the PROMs EORTC QLQ-C30 and EORTC QLQ-BN20. These were sent to the patient's email, including an informed consent. Frequency of application of these PROMs was established following the recommendations of the International Consortium for Health Outcomes Measurement (ICHOM) (Figure 1).

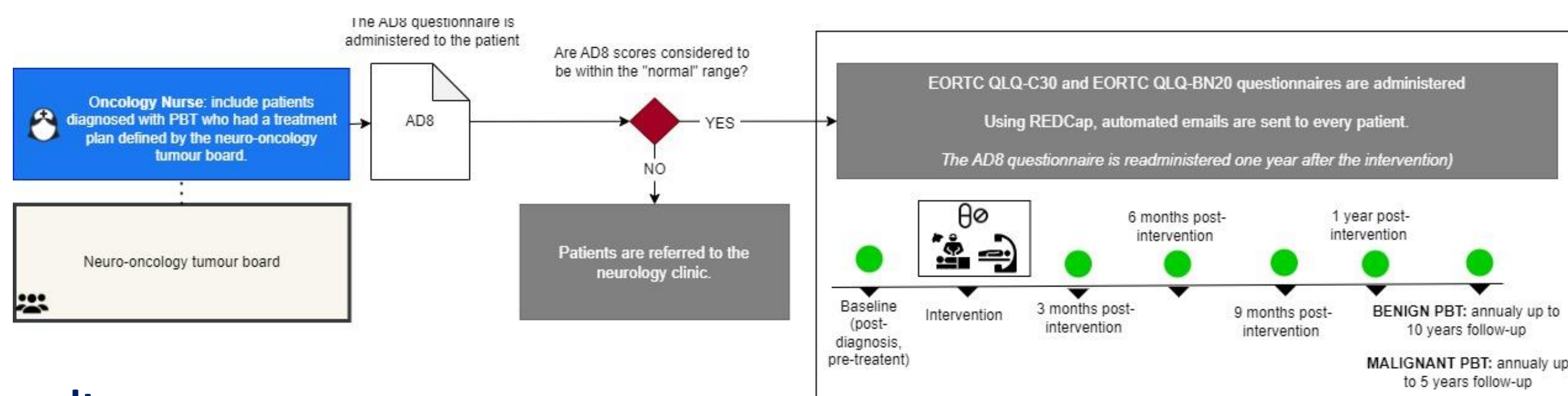


Figure 1. Implementation of PROMs and follow up timeline.

Results

Between June 2022 and September 2023, 114 patients with diagnosis and therapeutic resolution of primary brain tumors were identified, of which 96 (84%) agreed to complete the AD8 survey. In the group of benign tumors, 35% presented altered AD8, compared to 27% in the group of malignant tumors (Figure 2).

Figure 2. AD8 screening results by type of primary brain tumor

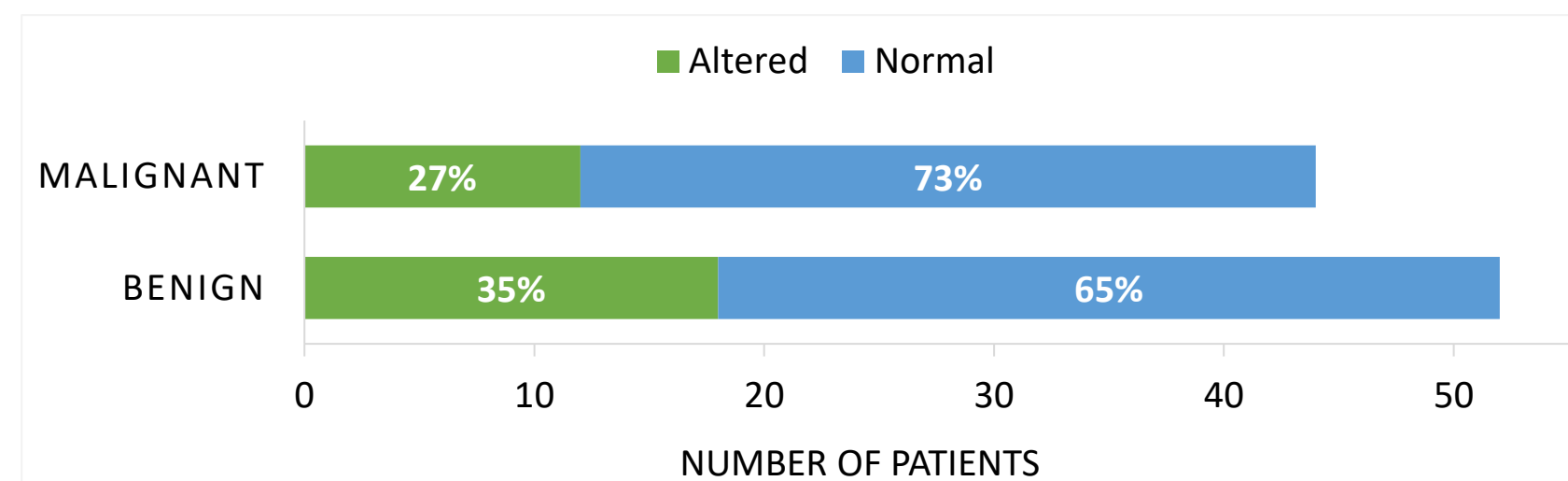
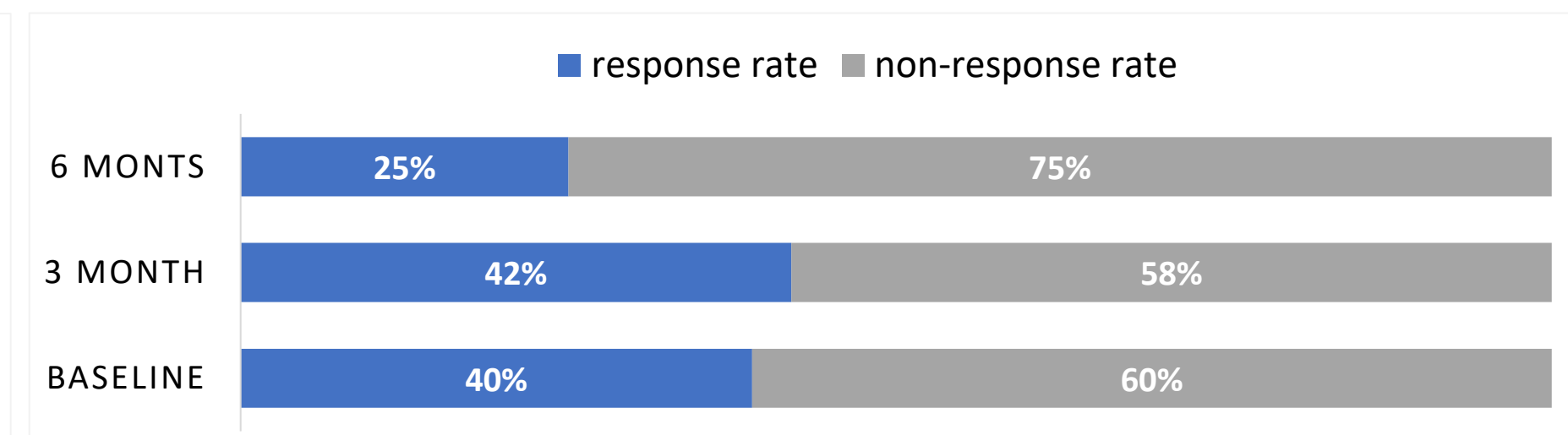
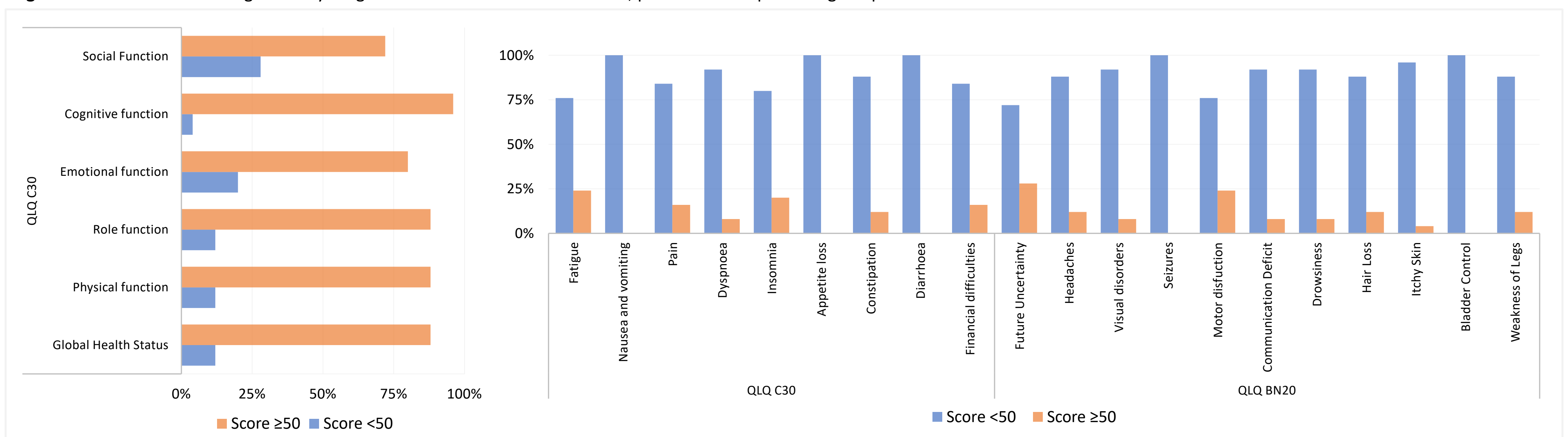


Figure 3. Response rate on patient-reported outcome measures (PROMs)



Of the 66 patients invited to complete the PROMs, 40% answered the QLQ-BN20 and QLQ-C30 at baseline. Nineteen patients have received treatment at FALP, of which 42% completed the questionnaires 3-months after starting treatment. At the 6-month measurement, 25% of 16 patients have answered the questionnaires (Figure 3). Preliminary results are presented in Figure 4.

Figure 4. Baseline scores categorized by range for the QLQ-BN20 and QLQ-C30, presented as a percentage of patients



Score from 0 to 100, with 100 representing best global health, best functional status, or worst symptoms.

Conclusions

We have implemented the measurement of PROs in FALP, which can serve as a reference for other centers. We observed a low response rate at 6 months after treatment, limiting analysis and conclusions. We are implementing strategies to improve patient participation. Multidisciplinary collaboration at FALP is crucial to foster the response to PROMs, allowing for a more comprehensive assessment of therapeutic outcomes and health value.

Screening of cognitive impairment has identified a group of patients with probable cognitive issues, highlighting the importance of timely referral to neurological assessment during their care trajectory.

