

# Oncological Home-Hospitalization: Prospective randomized controlled trial to evaluate its implications for patient and society

Abstract #2055  
1610 TIP



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## Background

**Home-based cancer treatment** offers an **integrated and patient-centered** approach to deal with the **challenges oncological day (care) units** are facing.

Current systemic cancer treatments require frequent hospital visits that are known to be stressful for the patient and generate a high workload for hospital staff. Furthermore, these hospital visits are associated with significant costs for patients and society, this against the background of increasing focus towards more cost-effective healthcare.

By **relocating** specific parts of the oncological treatment process **to the patients' homes**, oncological home-hospitalization aims to render ambulatory cancer care more efficient, patient-centered and cost-effective.

To inform policy makers on the possibilities of implementing oncological home-hospitalization, **clinical trials are needed to evaluate its implications for patients and society**, as empirical evidence is currently scarce<sup>1,2</sup>.

## Non-Randomized Feasibility Study

A pilot study was conducted prior to this randomized trial.

Preliminary analysis suggests there is no clear preference for a particular validated quality of life questionnaire\* within this setting of interest. Furthermore, all costs related to systemic oncological treatment (i.e., patient; hospital and third party costs) were explored in order to create a reliable model for cost analysis during the randomized trial.

The model for oncological home-hospitalization was continuously evaluated and optimized where needed.

\*Questionnaires included in the analysis: FACT-G, EQ-5D-3L, MYCaW, HADS, DB

## Objectives

To assess the **impact of oncological home-hospitalization on patients' perspectives and economics** compared to standard ambulatory hospital treatment, in terms of:

1. Patient-reported Quality of Life
2. Quality of Life related endpoints
3. Cost
4. Safety
5. Patient-reported Satisfaction & Preferences
6. Efficiency for Cancer day care center

## References

<sup>1</sup>Corbett M, et al. Health Services and Delivery Research. The delivery of chemotherapy at home: an evidence synthesis. Southampton, UK; 2015.

<sup>2</sup>Evans JM, et al. A multi-method review of home-based chemotherapy. Eur J Cancer Care. 2016;25(5):833-902.

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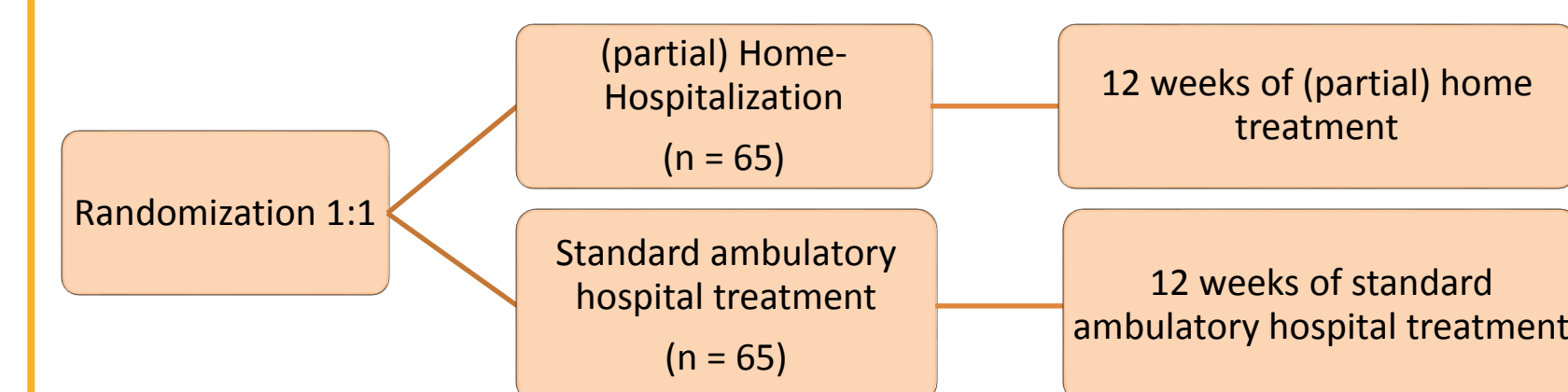
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## Trial Design

### Methods

Single-center, open randomized controlled clinical trial.



Assessments for both groups during 12-weeks trial:

#### • Patient Reported Outcome Measures

	Baseline	4 weeks	8 weeks	12 weeks
Quality of Life (EORTC QLQ C30, EQ-5D-3L)	✓	✓	✓	✓
Anxiety & Depression (HADS)	✓			✓
Distress (Distress Barometer)	✓			✓
Satisfaction (OUT-PATSAT35)	✓			✓
Safety Feeling (VAS)	✓	✓	✓	✓
Preference				✓

#### • Cost evaluation

1. Patients' healthcare use and out-of-pocket costs during trial
2. Hospital financial data per patient during trial
3. Real costs calculation of home intervention

#### • Safety evaluation

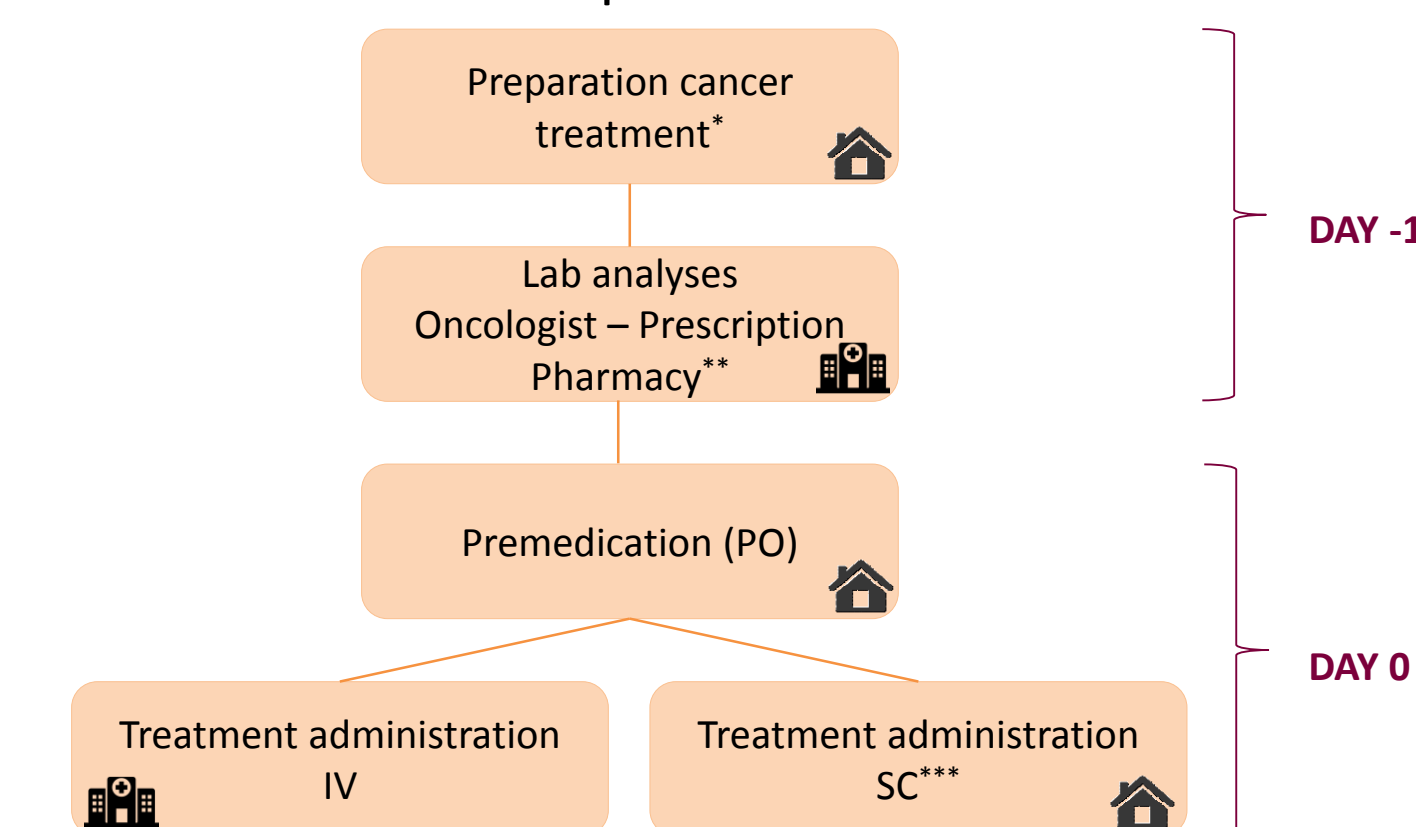
Tracking of potential AE's during home intervention

#### • Efficiency

Comparison of the hospital workflow for both groups

### Home-Hospitalization

Flowchart of Home-Hospitalization:



\* This includes: nursing review, toxicity scoring, vital signs monitoring, blood collection and IV line access provision (if applicable).

\*\* Preparation of pharmaceutical drugs as far as possible.

\*\*\* Currently restricted to Bortezomib, Azacitidin and Trastuzumab

## Inclusion Criteria

- Patients starting or restarting ambulatory systemic oncological treatment (IV therapy, SC therapy, blood transfusion) for at least 12 weeks. Treatment aimed at cure, palliation or supportive care.
- ≥ 18 years of age
- ECOG performance status ≤ 2
- Life expectancy > 6 months
- No simultaneous radiotherapy treatment
- Living within < 30 minutes of drive from the hospital
- No known venous access problems