

Feasibility Study Integrating Electronic Patient-Reported Outcomes (PROs) and Palliative Care for High-Risk Acute Myeloid Leukemia (AML) Patients



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BACKGROUND

Despite recent lower-intensity therapies that have improved outcomes for older AML patients, AML remains associated with poor prognosis as well as high symptom burden. While the benefits of early palliative care (PC) as well as electronic PROs have been well-described in oncology patients, only recently have there been studies to suggest benefit with early palliative care in AML patients with regards to quality of life (QoL). The use of electronic PROs in AML patients are even less well-studied, and this has never been studied in combination with palliative care carried out in a primarily virtual fashion.

Our hypothesis is that virtually provided palliative care in combination with real-time, autonomous symptom tracking using a digital application is feasible and will improve patient care and quality of life and reduce healthcare utilization.

OBJECTIVE

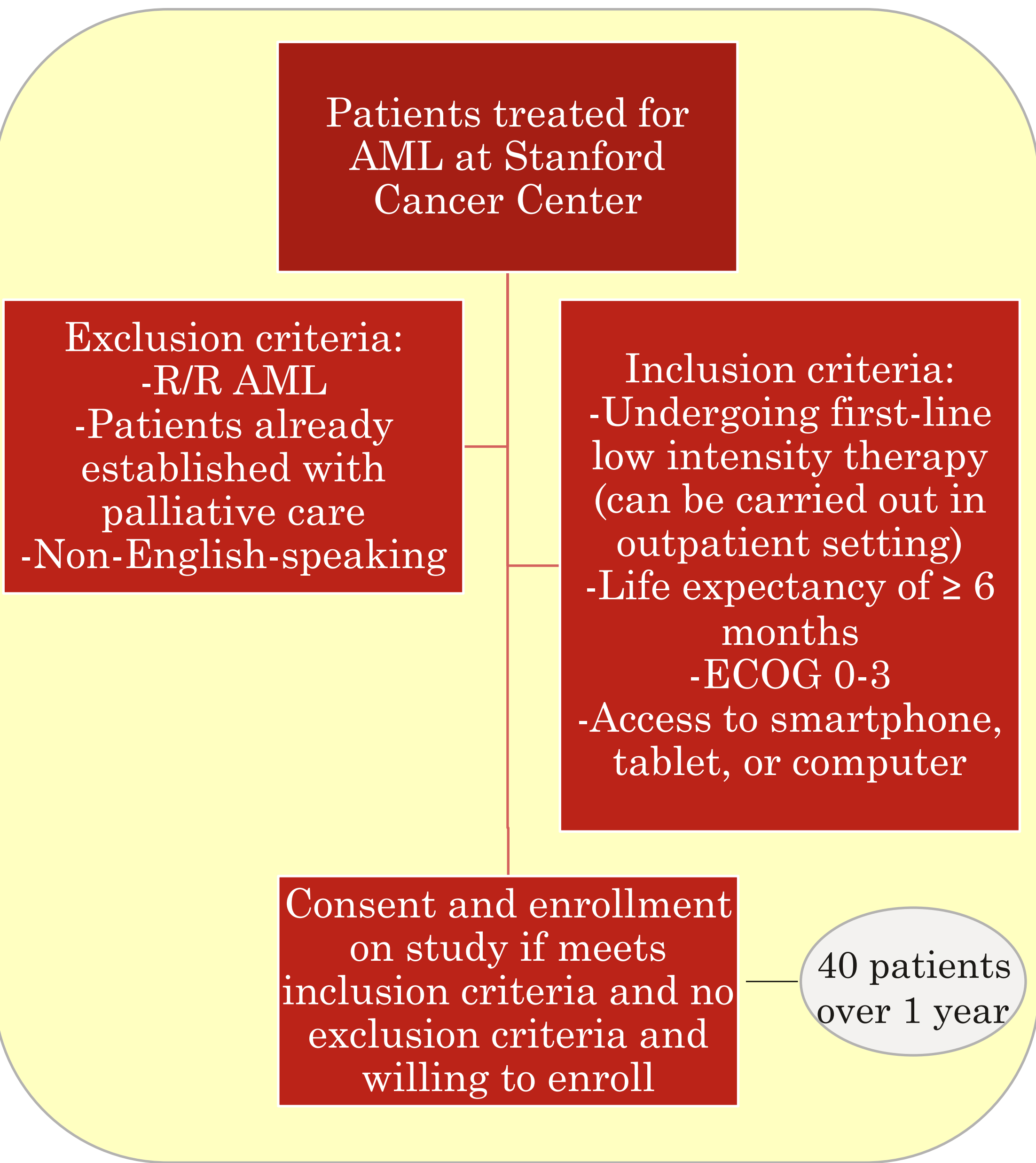
To evaluate the feasibility of telehealth-based palliative care utilizing electronic PROs for patients with AML being treated with lower-intensity therapy (NCT04885127).

FUNDING SOURCES

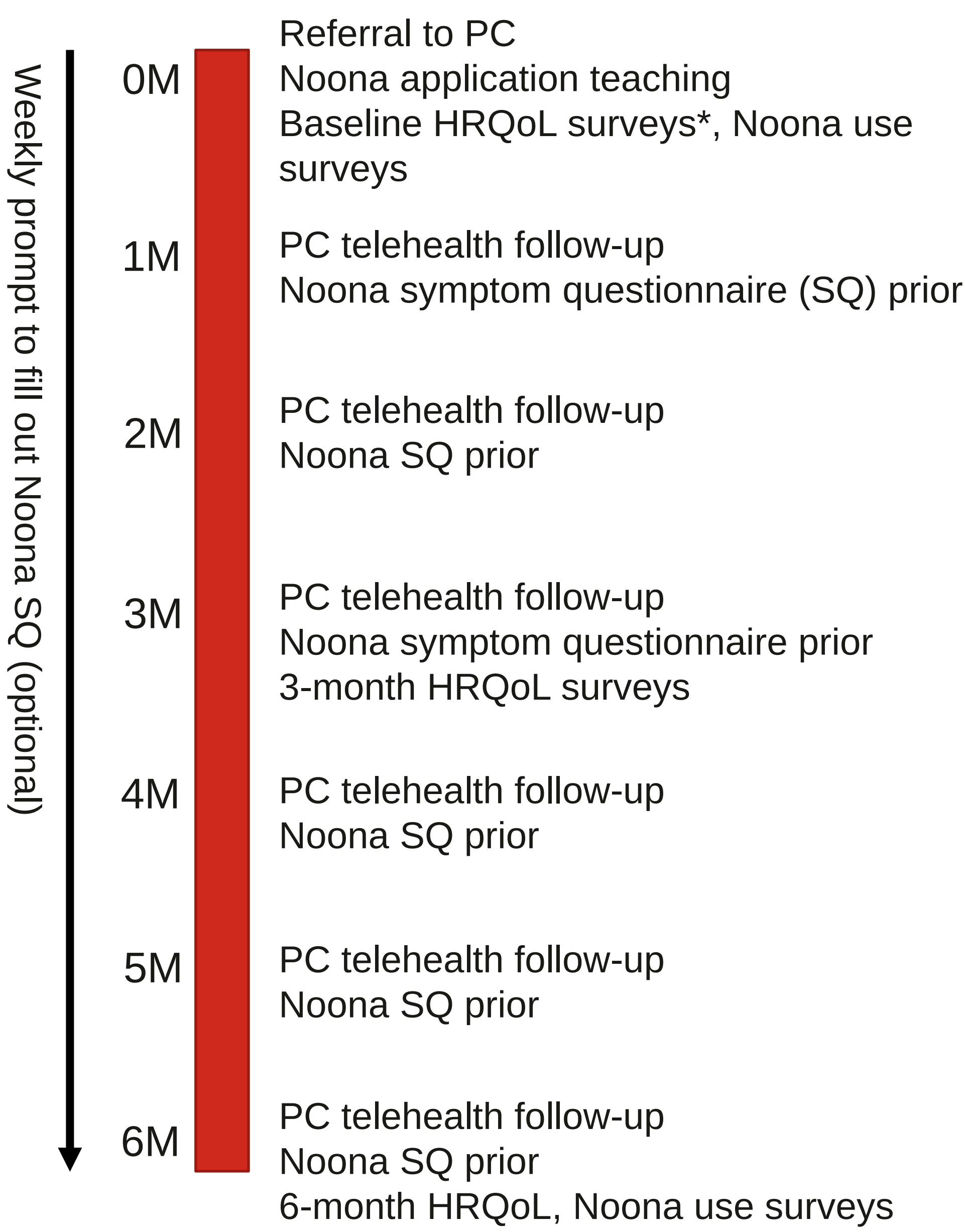
Funding provided by: Stanford Cancer Center Clinical Innovation Fund; Varian Medical Systems

DESIGN & INTERVENTIONS

ANTICIPATED ENROLLMENT

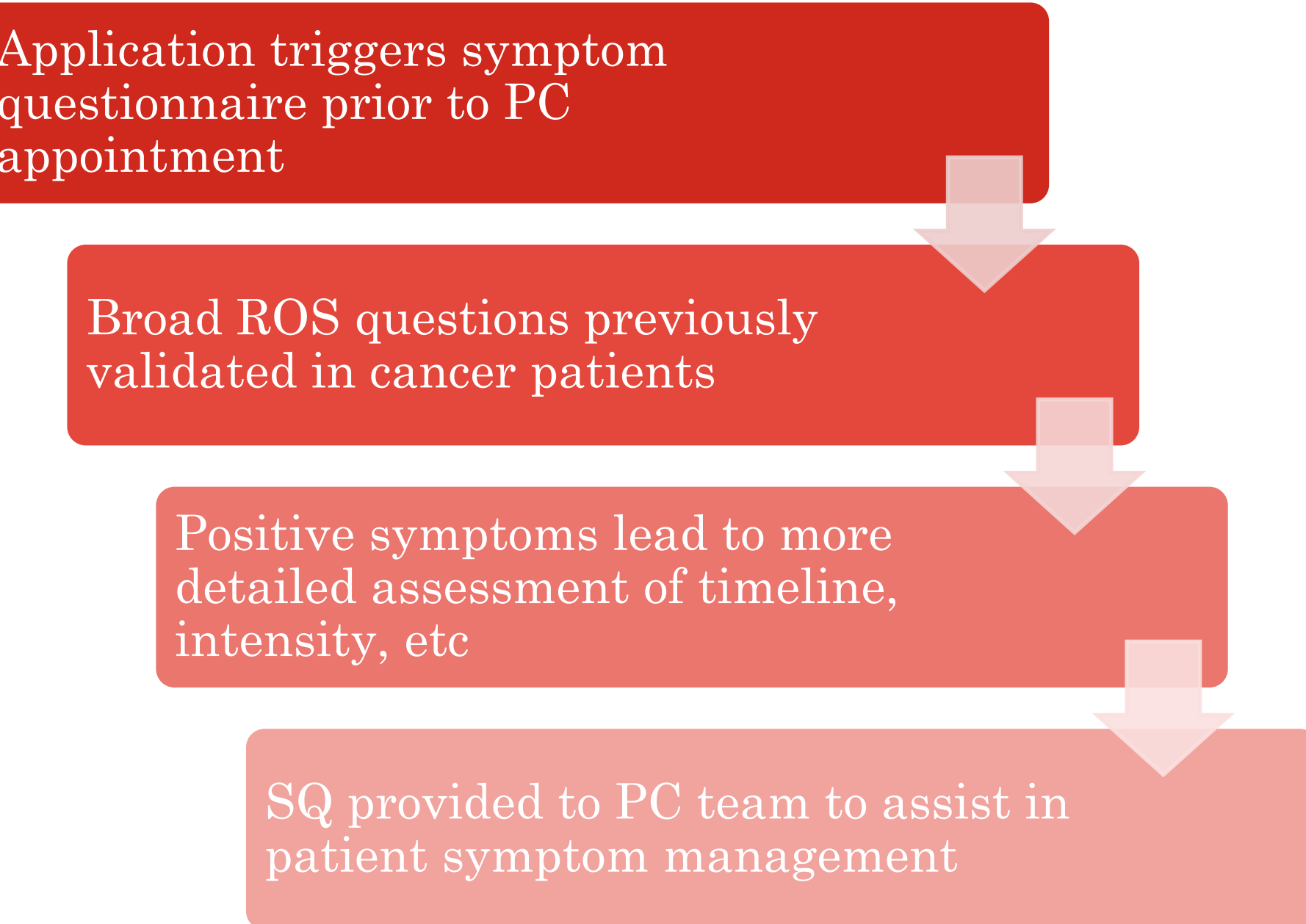


TIMELINE/FOLLOW-UP



*HRQoL surveys: FACT-Leukemia, Hospital Anxiety and Depression Scale (HADS), Patient Health Questionnaire (PHQ-9), Satisfaction with Decision-Making Scale

NOONA WORKFLOW



MAIN OUTCOMES

- Primary outcome: Feasibility of PC referral and completion of initial consultation and at least 50% of follow up visits
- Secondary outcomes:
 - Proportion of patients who complete at least 50% of SQ
 - Proportion of patients who complete HRQoL surveys
 - Change in HRqOL measures over time
 - Patient satisfaction with Noona application
- Exploratory outcomes:
 - Health care utilization rates
 - Advance care planning completion rates
 - Hospice care referral rates