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

L. Cool1, J. Missiaen1, P. Debruyne1,2, K. Geldhof1, T. Lefebvre1, M. Desmedt3, V. Foulon4, H. Pottel5, D. Vandijck3,6, K. Van Eygen1

1Cancer Centre, General Hospital Groeninge, Kortrijk, BE, 2Faculty of Health, Social Care and Education, Agoria Ruskin University, Chelmsford, UK, 3Faculty of Medicine and Life Sciences, Hasselt University, Hasselt, BE, 4Pharmaceutical and Pharmaceutical Sciences, Catholic University Leuven, Leuven, BE, 5Public Health and Primary Care, Catholic University Leuven, campus Kulak, Kortrijk, BE, 6Public Health, Ghent University, Gent, BE.

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 scarce1,2.

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 questionnaire3 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 generate a reliable model for cost analysis during the randomized trial. The model for oncological home-hospitalization was continuously evaluated and optimized where needed.

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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

Corresponding
Lieselot Cool, Cancer Center AZ Groeninge, Belgium.
E-mail: lieselot.cool@azgroeninge.be; koen.vaneygen@azgroeninge.be

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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

Abstract #2055
1610 TIP

Trial Design
Single-center, open randomized controlled clinical trial.

Home-Hospitalization
Flowchart of Home-Hospitalization:

1 Method: single-center, open randomized controlled clinical trial.
2 Assessments for both groups during 12-weeks trial:
   - Patient Reported Outcome Measures
3 Inclusion Criteria:
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Quality of Life
(Dutch-QLQ-C30; EQ-SD-51)

Assessments for both groups during 12-weeks trial:
- Patient Reported Outcome Measures
- Cost evaluation
- Hospital financial data per patient during trial
- Real costs calculation of home intervention
- Safety evaluation
- Tracking of potential AE’s during home intervention
- Efficiency

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