

What matters to prostate cancer patients, carers and clinicians? Using consensus methods to identify Patient Reported Outcome Measures (PROMs) tools for use in clinical practice

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BACKGROUND, AIM & OBJECTIVES:

Using Patient Reported Outcome Measures (PROMs) cancer care can improve patient overall survival (1). Tools that assess quality of life (QoL) can aid clinicians to more informed treatment decisions. Treatment impact on QoL is not systematically recorded as part of the clinic appointment pathway. The Cancer Medicines Outcomes Programme (CMOP) aims to test the feasibility of collecting PROMs in-clinic. To maximise the impact of PROMs for patients, it is recommended to develop an electronic, integrated solution, through engaging stakeholders in identifying which outcomes to measure using validated resources and in the wider strategy (2). This study aims to: engage with prostate cancer clinicians and patients / carers using consensus methods to understand which aspects of QoL are important in relation to treatment impact on QoL; and map these areas to validated PROMs tools to select the best fit.

METHODS:

PROMs tools were identified (n=30) and the QoL areas covered were put into a framework of domains (n=9) and domain elements (n=70).

CLINICIANS in the West of Scotland took part in online questionnaires (3 stage eDelphi), ranking which QoL domains / elements were most important. Important domains / elements were mapped to the n=30 PROMs tools and a selection of tools reflective of clinician priorities formed eDelphi 3.

PATIENTS/CARERS from prostate cancer support groups in Glasgow (n=2) took part in focus groups (Nominal Group Technique (NGTs)). Patients / carers of those attending prostate cancer clinics (n=2) were invited to complete paper questionnaire version of the NGT. All used a Likert-type scale to rate the importance of each domain element.

Data were respectively analysed. Cut-off points for importance were calculated. Important elements were mapped back to the n=30 PROMs tools utilising NVivo.

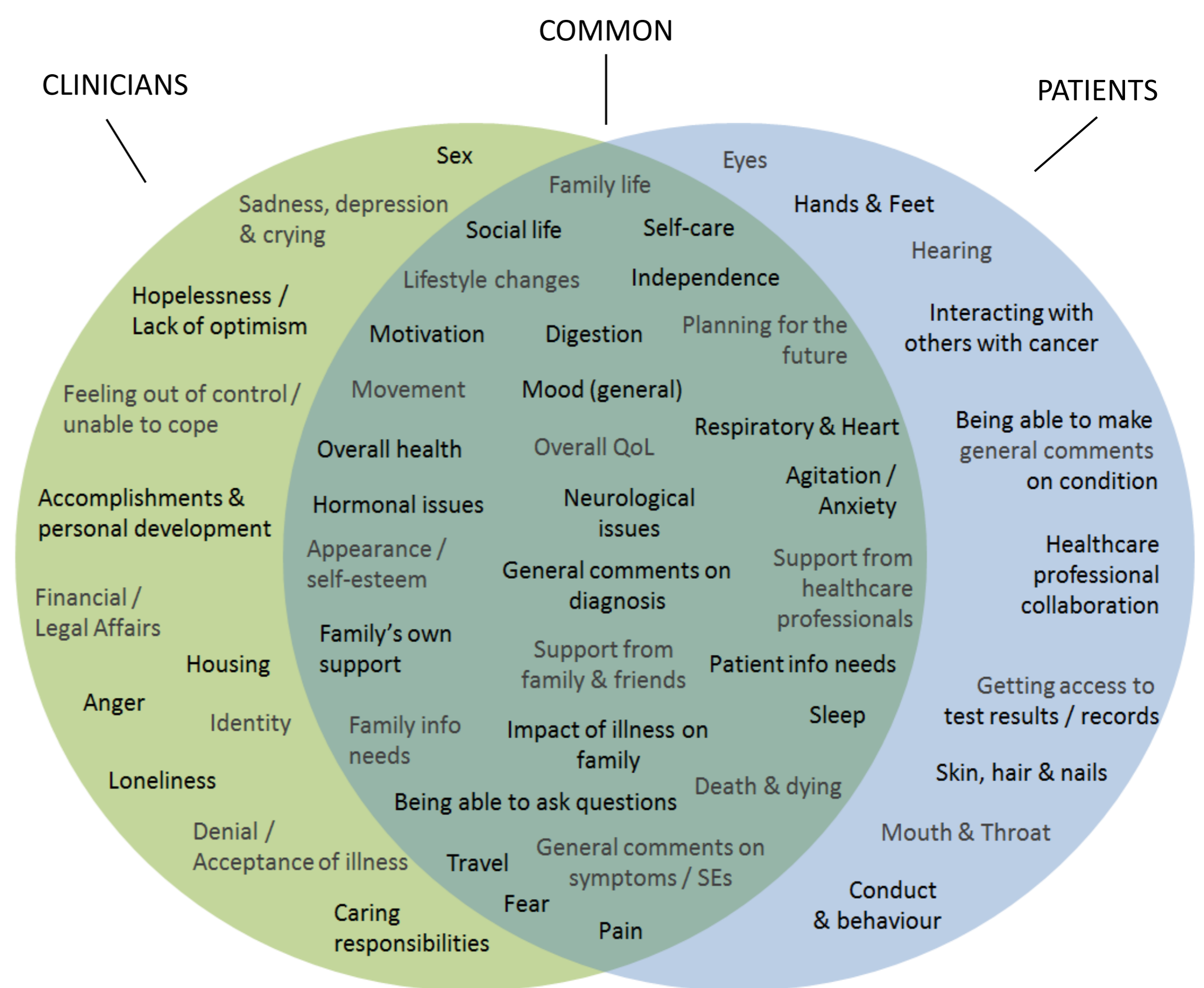


Figure 2: Domain Elements important to clinicians, patients/carers and both groups

RESULTS:

N=146 prostate cancer clinicians in the West of Scotland were invited to participate. N=21 completed eDelphi 1 and 2, and n=13 eDelphi 3. N=30 patients / carers took part in NGTs and n=44 completed clinic questionnaires (Figure 1). The NCCN Distress Thermometer & Problems List, in combination with EQ-5D-5L best met participant needs.

NEXT STEPS & CONCLUSIONS:

Next steps include: engaging with clinicians and patients / carers to design a patient app and a clinician dashboard; and sampling from prostate and other cancer areas to cover a wider demographic. In preparation for small-scale testing, collaboration with NHS is required to embed the pilot dashboard within clinical systems used by clinicians to facilitate ease of use and overall value.

This work demonstrates engagement with stakeholders in the exploration of the important areas of QoL when discussing treatment impact in prostate cancer. It reflects the importance clinicians and the wider research community place on the impact of PROMs in the patient treatment pathway and provides further evidence for future work.

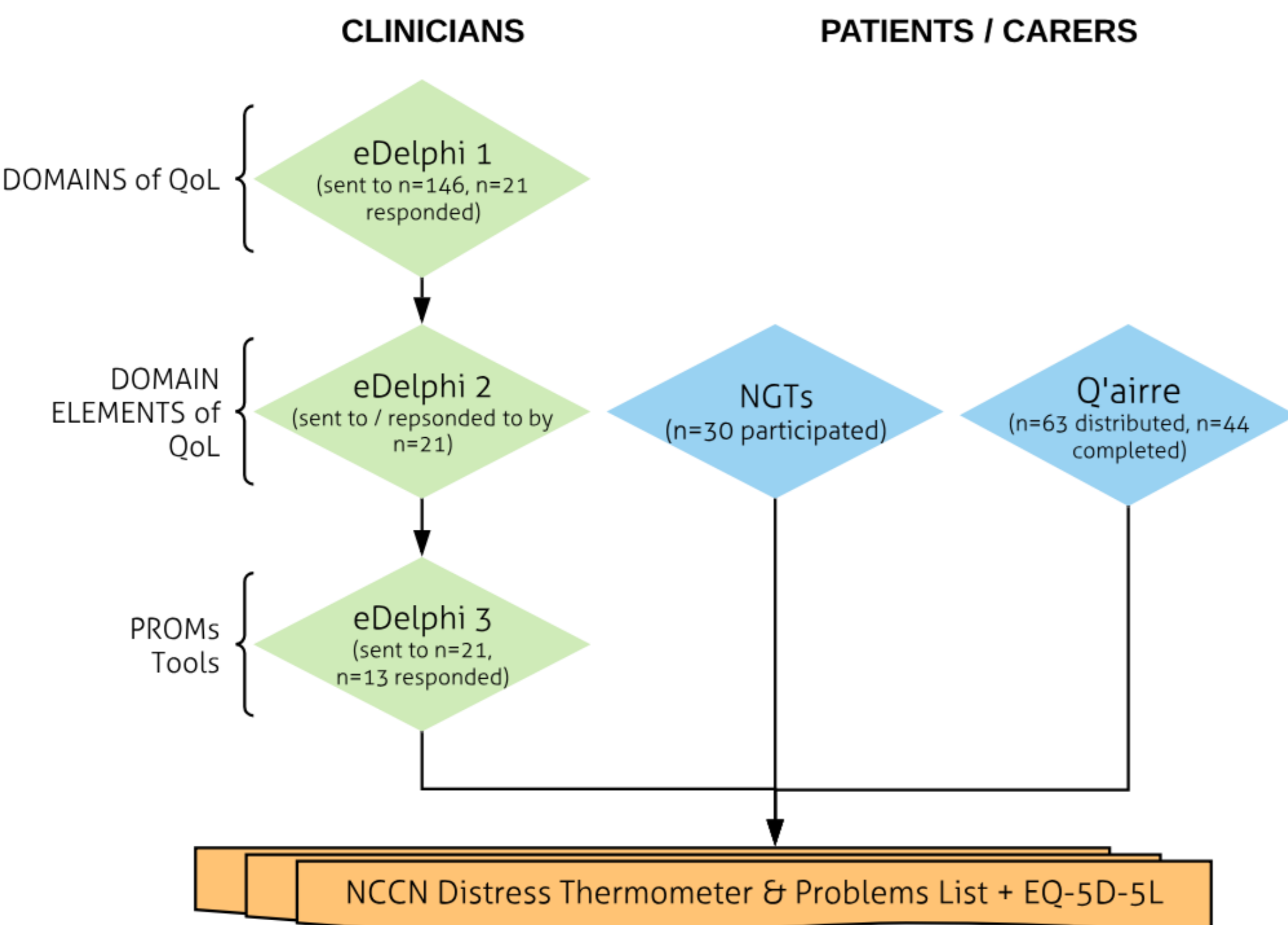


Figure 1: Data Collection Methodology, Participant Numbers and Results

REFERENCES & ACKNOWLEDGEMENTS:

1. Basch, E. (2017) Patient-Reported Outcomes — Harnessing Patients' Voices to Improve Clinical Care. New England Journal of Medicine, 376, 105-108.
2. Calvert, M., Kyte, D., Price, G. et al (2019) Maximising the impact of patient reported outcome assessment for patients and society. BMJ, 364, k5267

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