

Response to Andrea Tendas et al.'s making quality of life assessment a dashboard for patients management

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To the Editor,

We have read with great interest the letter by Tendas A et al. about our paper “Detecting lung cancer relapse using self-evaluation forms weekly filled at home: the sentinel follow-up,” which introduced a new modality of lung cancer relapse monitoring through the use of a weekly self-evaluation of six symptoms closely related to the disease.

Our colleague suggests to assess prospectively which symptoms should be assessed, how often and how long to monitor symptoms allowing early detection of relapse and early supportive care.

In our last paper in the SCC journal, we assessed a weekly monitoring of 11 self-assessed symptoms and the use of a web-application that sent data to an oncologist in real-time and triggered alerts according to symptom dynamics and association. Weekly and monthly average compliances were 79 and 94 %, respectively [1]. Sixty percent of patients declared to be less anxious during the few days before planned visit and imaging with the sentinel follow-up than without. They told that they were ready to use this application for 2 years or more. Sensitivity, specificity, positive, and negative predictive values provided by the sentinel (planned imaging)

follow-up were 100 % (84 %), 89 % (96 %), 81 % (91 %), and 100 % (93 %), respectively, and well correlated with relapse ($p\chi^2 < 0.001$). On average, relapses were detectable 5 weeks earlier with sentinel than planned visit, and supportive cares were triggered earlier than without such application. Overall survival seemed improved versus standard follow-up in a nonrandomized assessment (data not yet published). We thus decided to perform a multicenter phase 3 randomized trial comparing sentinel follow-up to standard follow-up of patients with nonprogressive lung carcinoma. In this study, overall survival, QOL, and cost-effectiveness will be accurately evaluated. We are processing other web-applications for the follow-up of other cancers such as breast, prostate, cervix, and colorectal cancers.

References

1. Denis F, Viger L, Charron A, Voog E, Dupuis O, Pointreau Y, Letellier C. (2014) Detection of lung cancer relapse using self-reported symptoms transmitted via an Internet web-application: pilot study of the sentinel follow-up. Support Care Cancer 22(6):1467–73

Author declares having full control of all primary data and agrees to allow the journal to review his data if requested.

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