



Organising care to optimise quality  
(more examples of excellent  
practices in OECl certified centres)

## Optimising care for patient benefit

Florian Scotté, MDPH  
Gustave Roussy, France

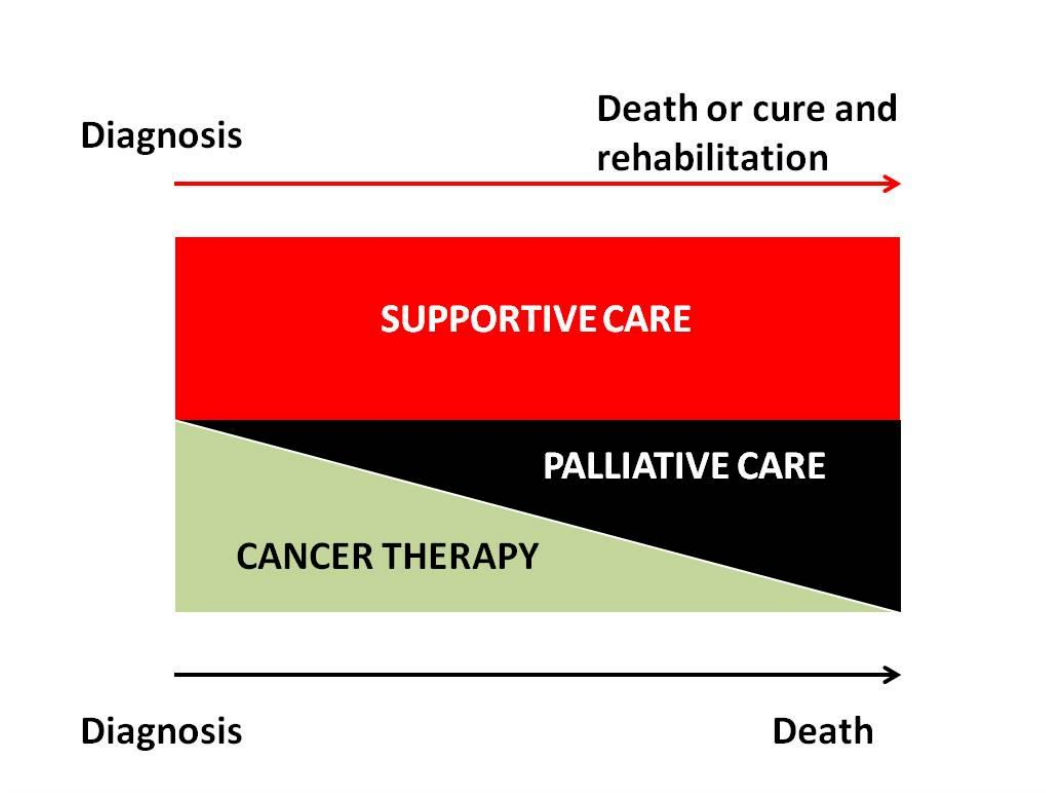
# Disclosures

- **Consultant / Advisory Boards / Speaker : Sanofi, Gilead, MSD, GSK, Helsinn, Pharmanovia, Leo pharma, AMGEN, Pierre Fabre Oncologie, La Roche Posay, Vifor pharma, Arrow, Pfizer, BMS.**
- **Associations: AFSOS, ASCO, ESMO, MASCC.**

# What is Supportive Care ?



Supportive care is the prevention and management of the adverse effects of cancer and its treatment across the entire continuum of a patient's illness - including the enhancement of rehabilitation and survivorship



# Supportive Care in Cancer ? A Mascc Perspective

## Components of supportive care

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Patient Centered

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Include Family and Caregivers

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Supportive care across the cancer timeline

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Multidimensional

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Communication

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Evidence based

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Supportive care screening and tools for measurement

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Accommodate new toxicities

**Who**

**Where**

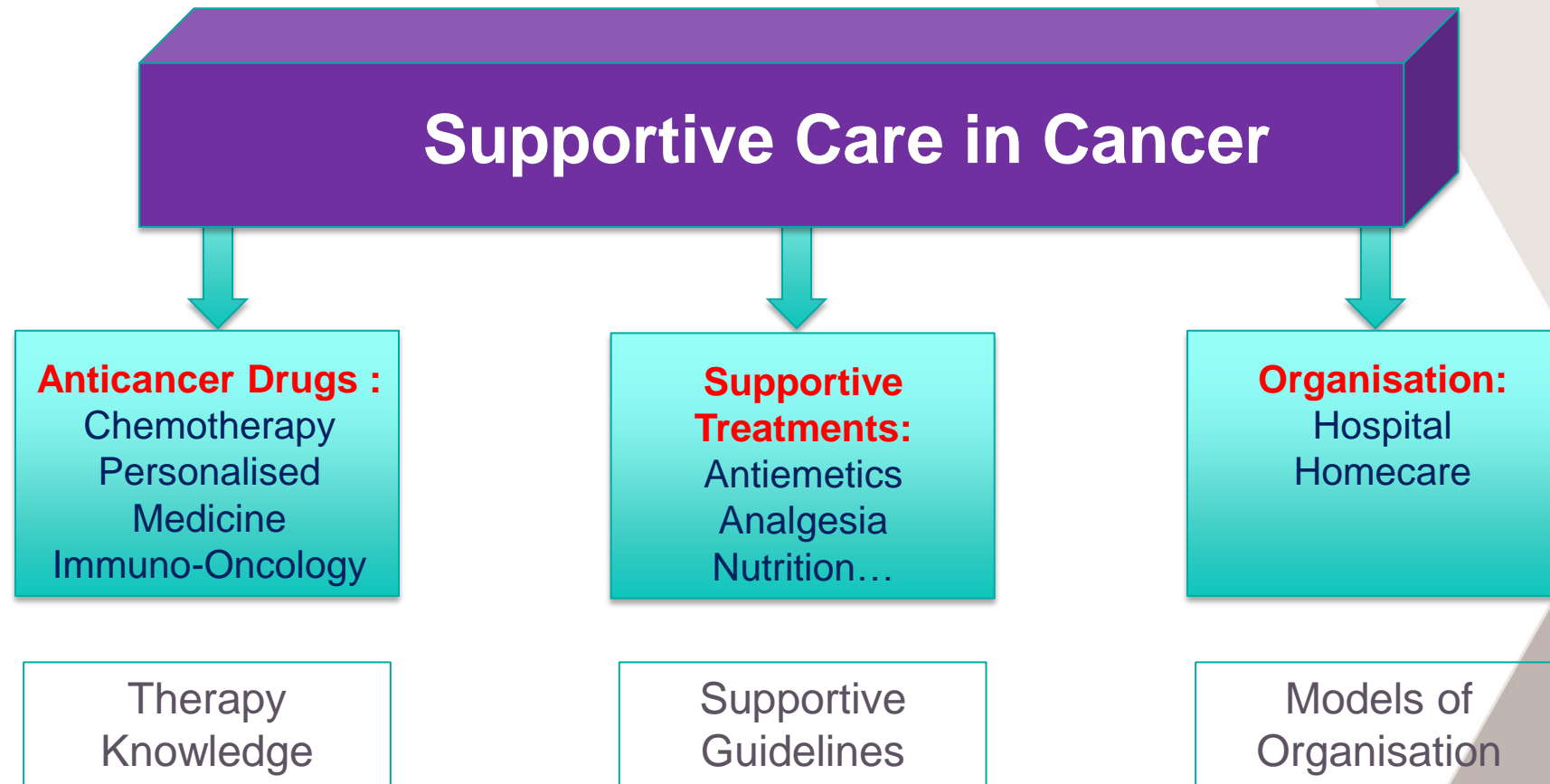
**When**

**Research -**

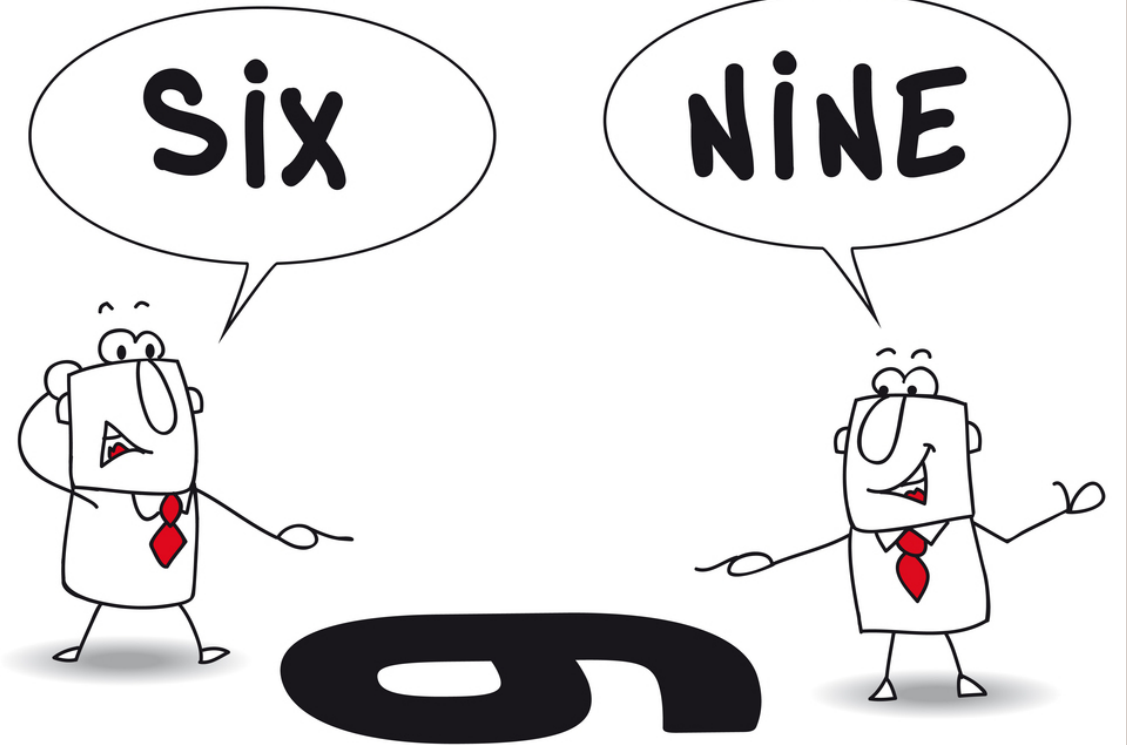
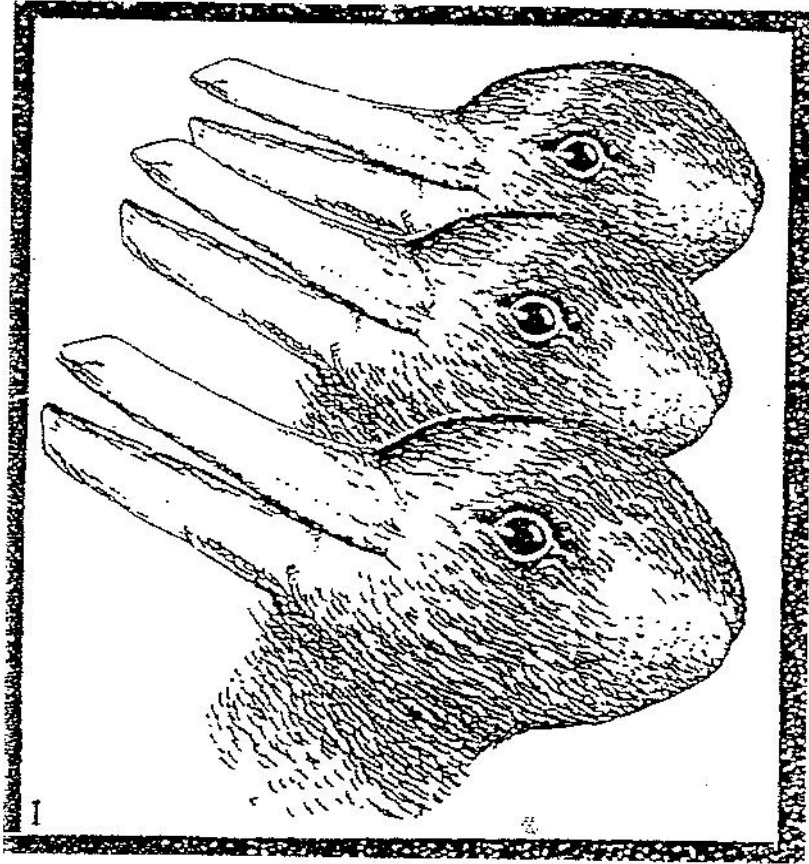
**Education**



# Supportive Care in Cancer



# Sharing vision and truth



# Information



French National Survey  
711 Physicians in Cancerology (2263 contacts)  
1562 Cancer Patients



## Information on positive effects (88%)



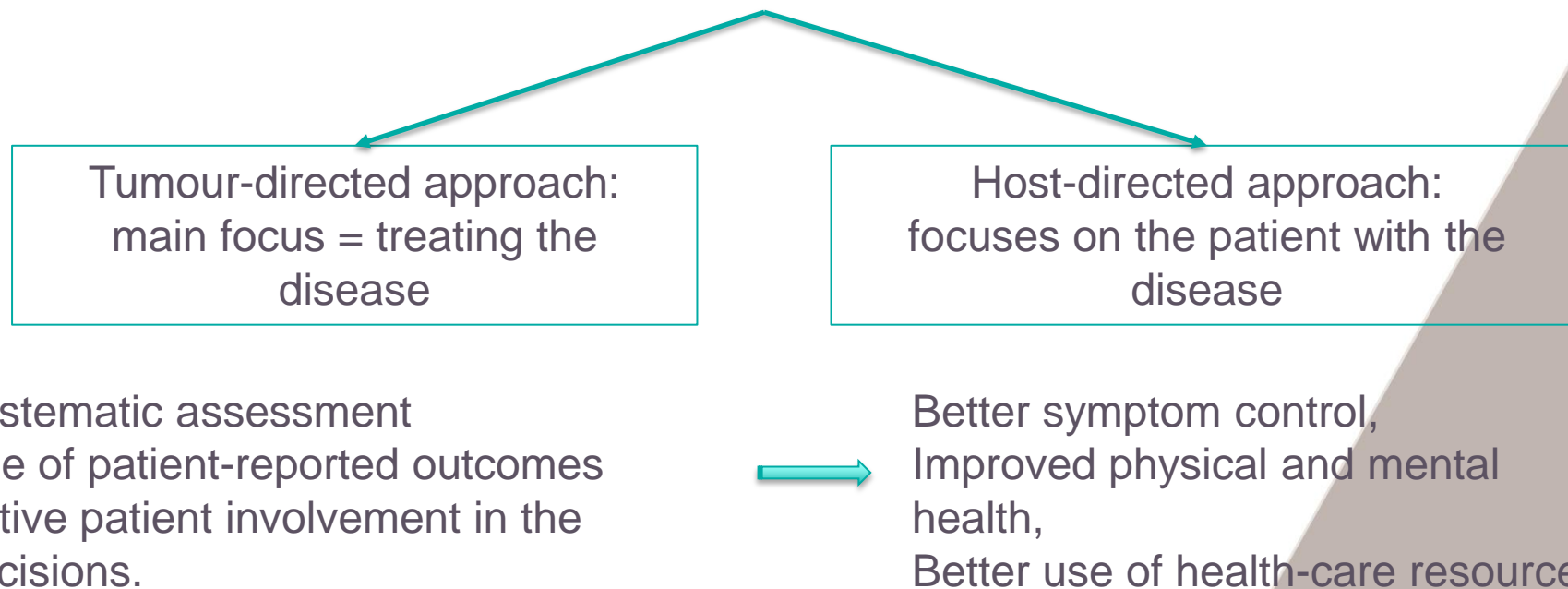
## Information on negative effects (64%)



## Integration of oncology and palliative care: a *Lancet Oncology* Commission



Stein Kaasa\*, Jon H Loge\*, Matti Aapro, Tit Albrecht, Rebecca Anderson, Eduardo Bruera, Cinzia Brunelli, Augusto Caraceni, Andrés Cervantes, David C Currow, Luc Deliens, Marie Fallon, Xavier Gómez-Batiste, Kjersti S Grotmol, Breffni Hannon, Dagny F Haugen, Irene J Higginson, Marianne J Hjermstad, David Hui, Karin Jordan, Geana P Kurita, Philip J Larkin, Guido Miccinesi, Friedemann Nauck, Rade Pribakovic, Gary Rodin, Per Sjøgren, Patrick Stone, Camilla Zimmermann, Tonje Lundebj





## SPECIAL ARTICLE

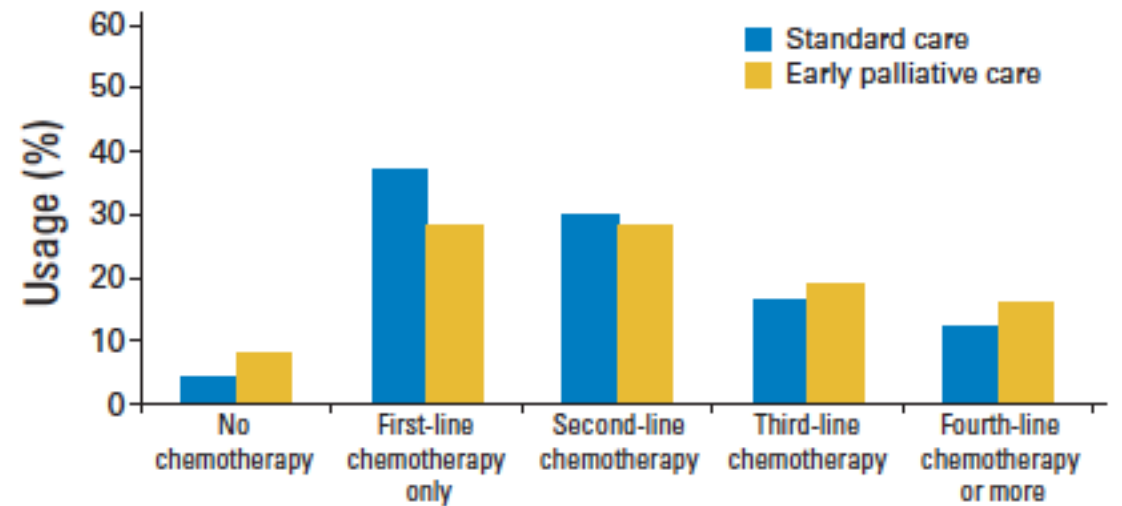
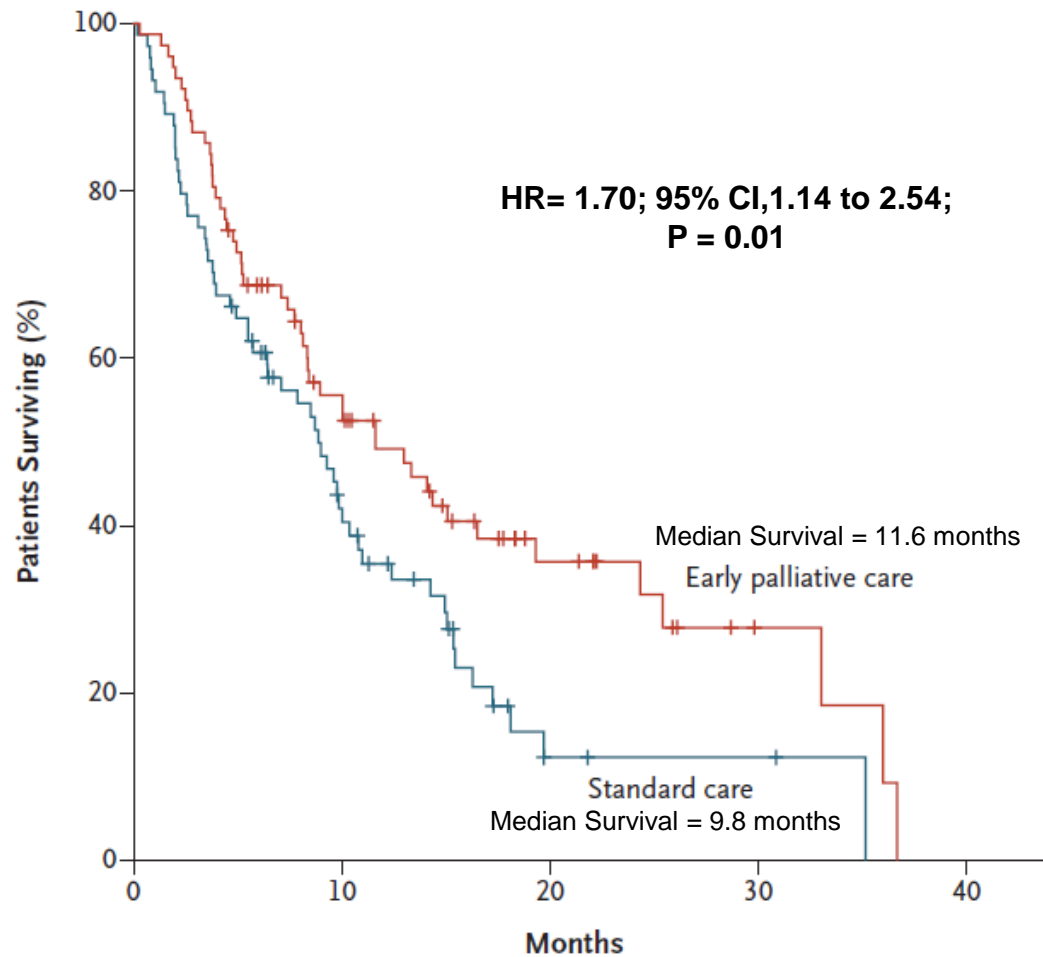
European Society for Medical Oncology (ESMO)  
position paper on supportive and palliative care

K. Jordan<sup>1\*</sup>, M. Aapro<sup>2</sup>, S. Kaasa<sup>3,4,5</sup>, C. I. Ripamonti<sup>6</sup>, F. Scotté<sup>7</sup>, F. Strasser<sup>8</sup>, A. Young<sup>9</sup>, E. Bruera<sup>10</sup>,  
J. Herrstedt<sup>11,12</sup>, D. Keefe<sup>13</sup>, B. Laird<sup>14,15</sup>, D. Walsh<sup>16</sup>, J. Y. Douillard<sup>17</sup> & A. Cervantes<sup>18</sup>

Oncology has come a long way in addressing patients' quality of life, together with developing surgical, radio-oncological and medical anticancer therapies. However, the multiple and varying needs of patients are still not being met adequately as part of routine cancer care. Supportive and palliative care interventions should be integrated, dynamic, personalised and based on best evidence. They should start at the time of diagnosis and continue through to end-of-life or survivorship. ESMO is committed to excellence in all aspects of oncological care during the continuum of the cancer experience. Following the 2003 ESMO stand on supportive and palliative care (Cherny N, Catane R, Kosmidis P. ESMO takes a stand on supportive and palliative care. *Ann Oncol* 2003; 14(9): 1335–1337), this position paper highlights the evolving and growing gap between the needs of cancer patients and the actual provision of care. The concept of patient-centred cancer care is presented along with key requisites and areas for further work.

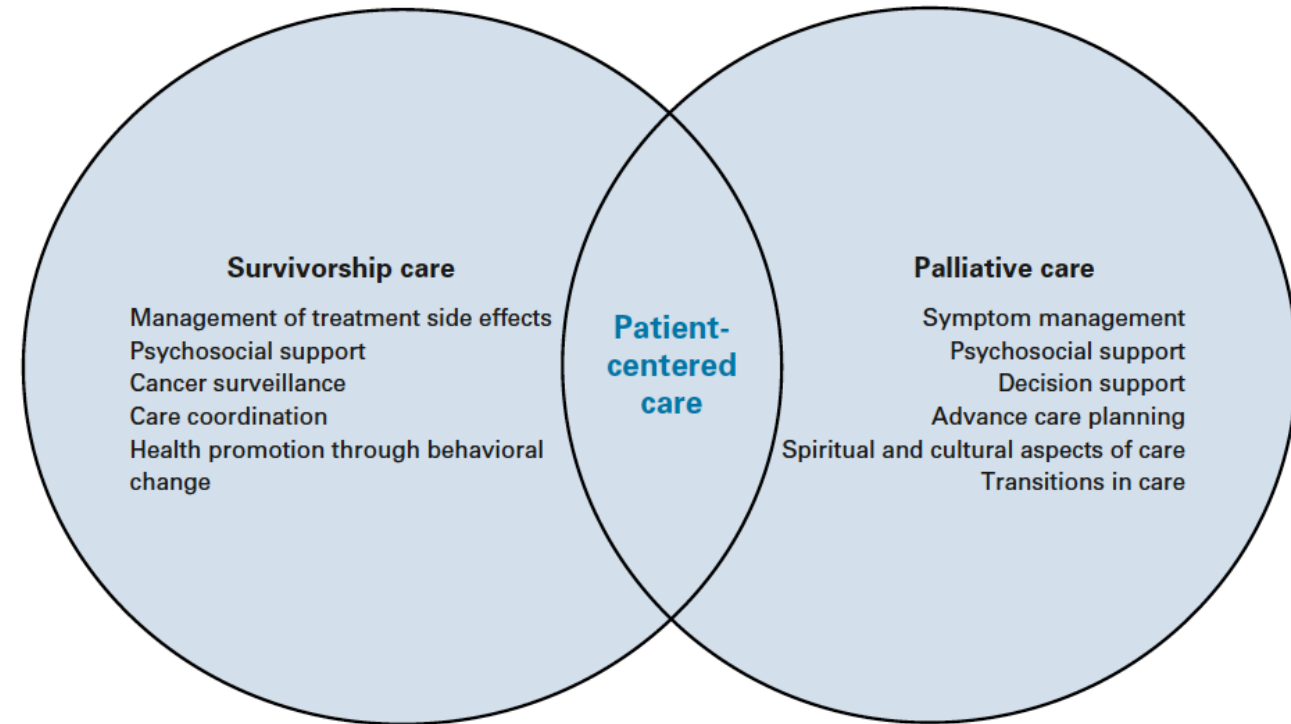
**Key words:** position paper, ESMO, supportive care, palliative care, patient-centred care, multidisciplinary

# « Early Palliative Care »



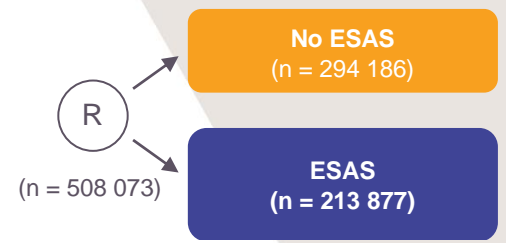
# Next EPC, Early SCC, Patient Centered Care

- **Advanced Lung Cancer: from bad to uncertain prognosis**
  - (1) manage novel side effect profiles,
  - (2) cope with prognostic uncertainty,
  - (3) address survivorship care needs,
  - (4) plan for EOL.



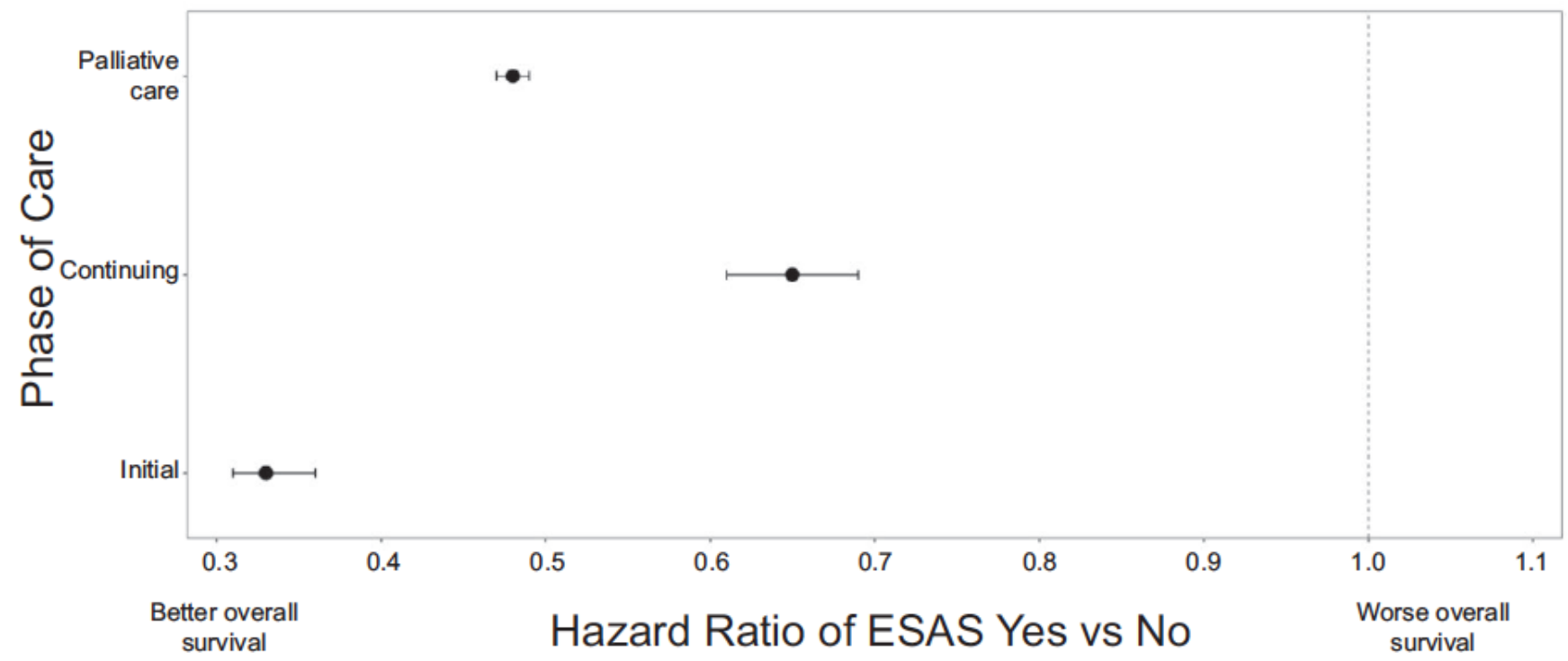
# The Assessment = A Solution?

Cancer diagnostic  
2007 to 2015



- Initial Phase
- Treatment Phase
- Palliative phase

impact of ESAS assessment on overall survival by phase of care



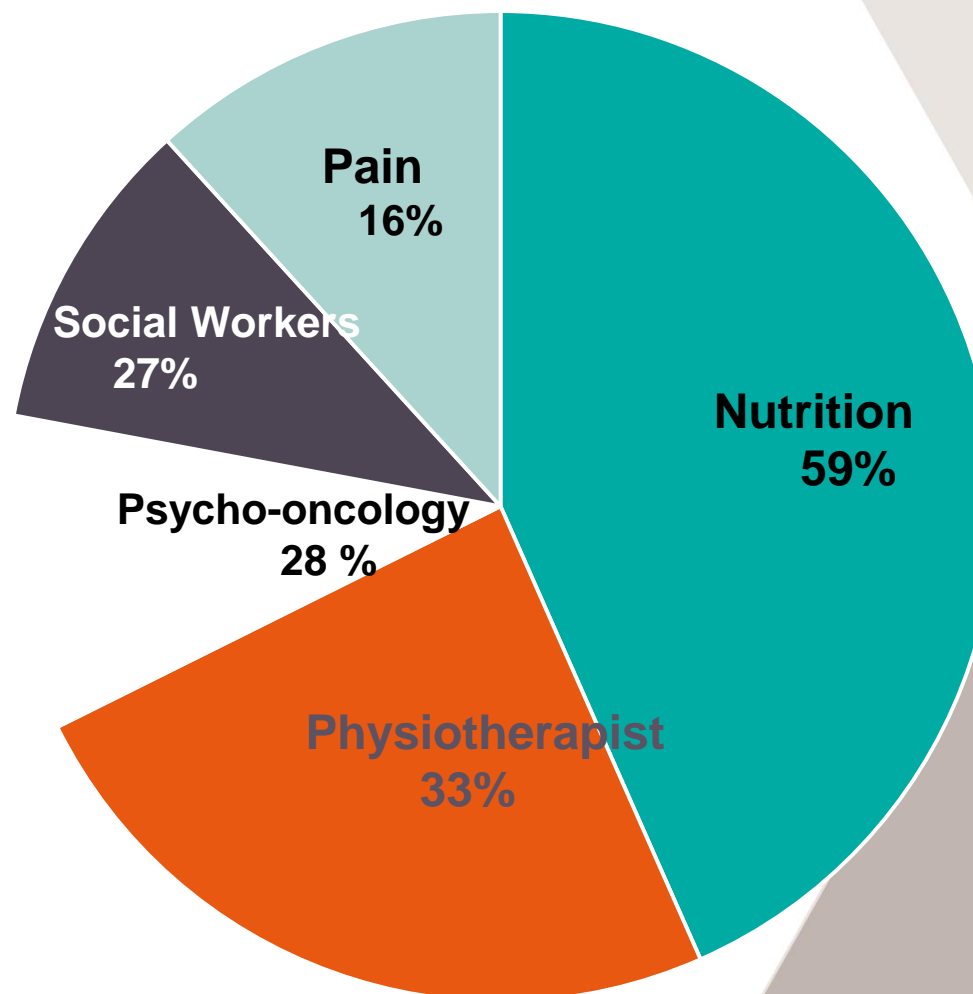
# Supportive Care needs at Gustave Roussy in 2021

## By 2021 at GR :

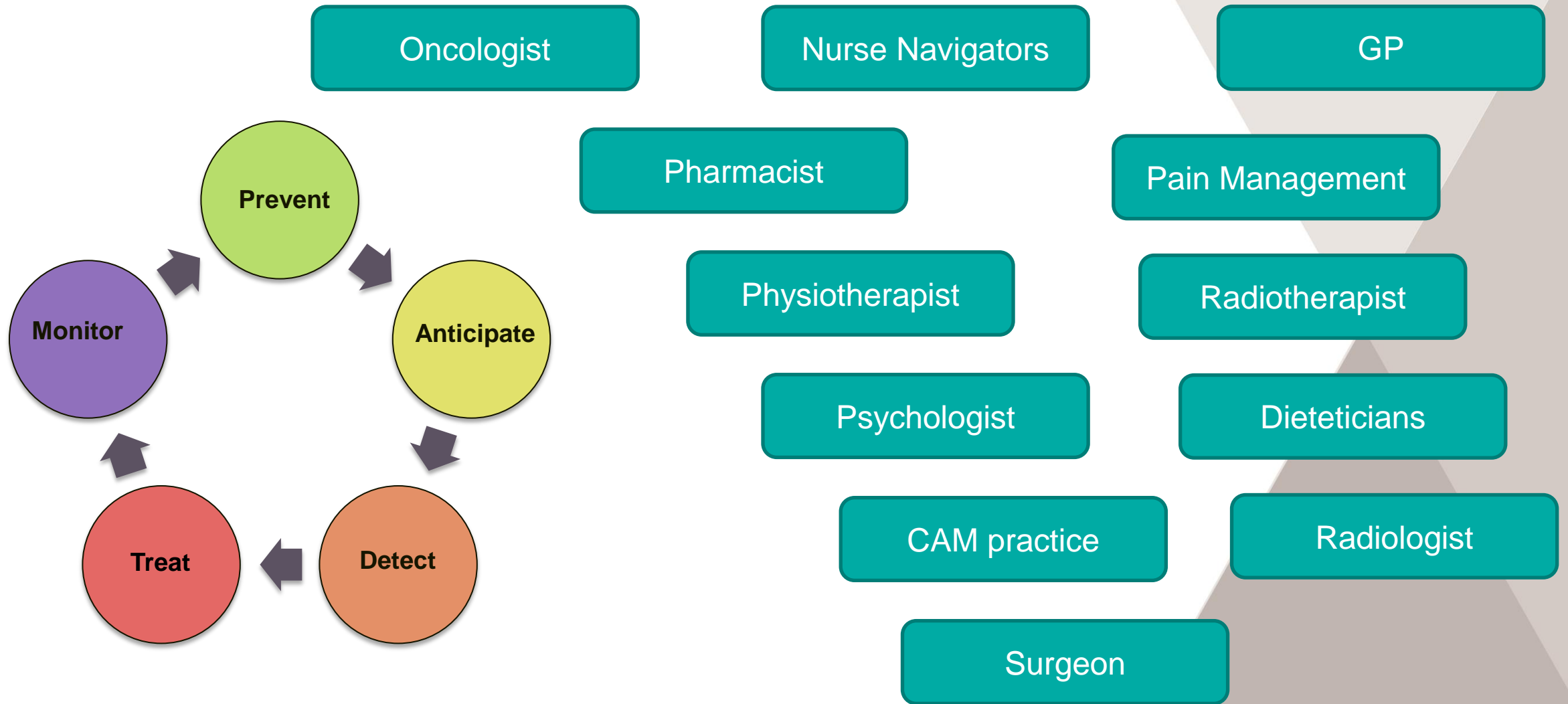
*6217 new patients from 11 comities*

*2581 pts : adressed to SCC*

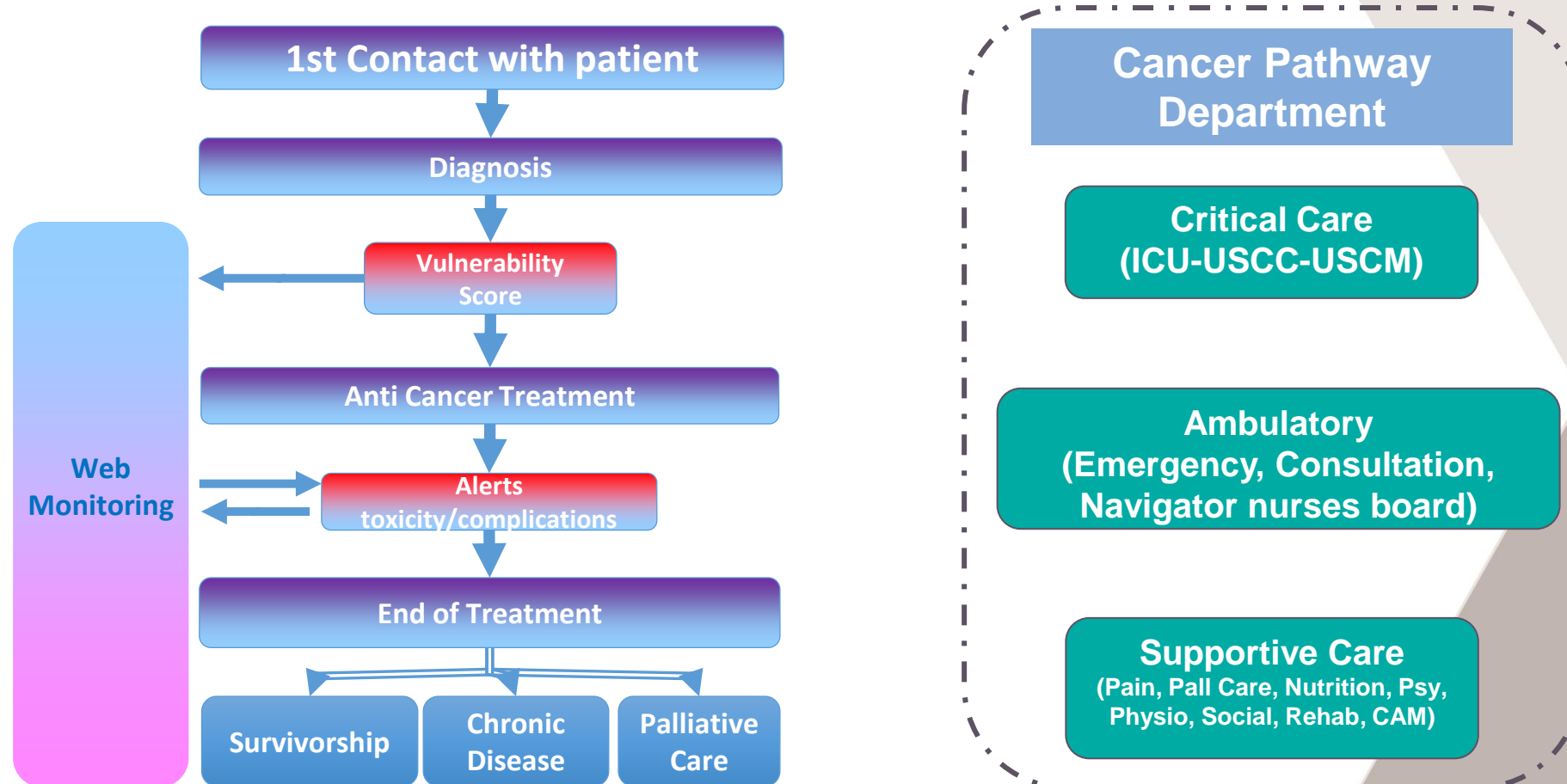
*1348 pts  $\geq$  2 interventions*



# The Role of the Multidisciplinary Team



# Gustave Roussy Model

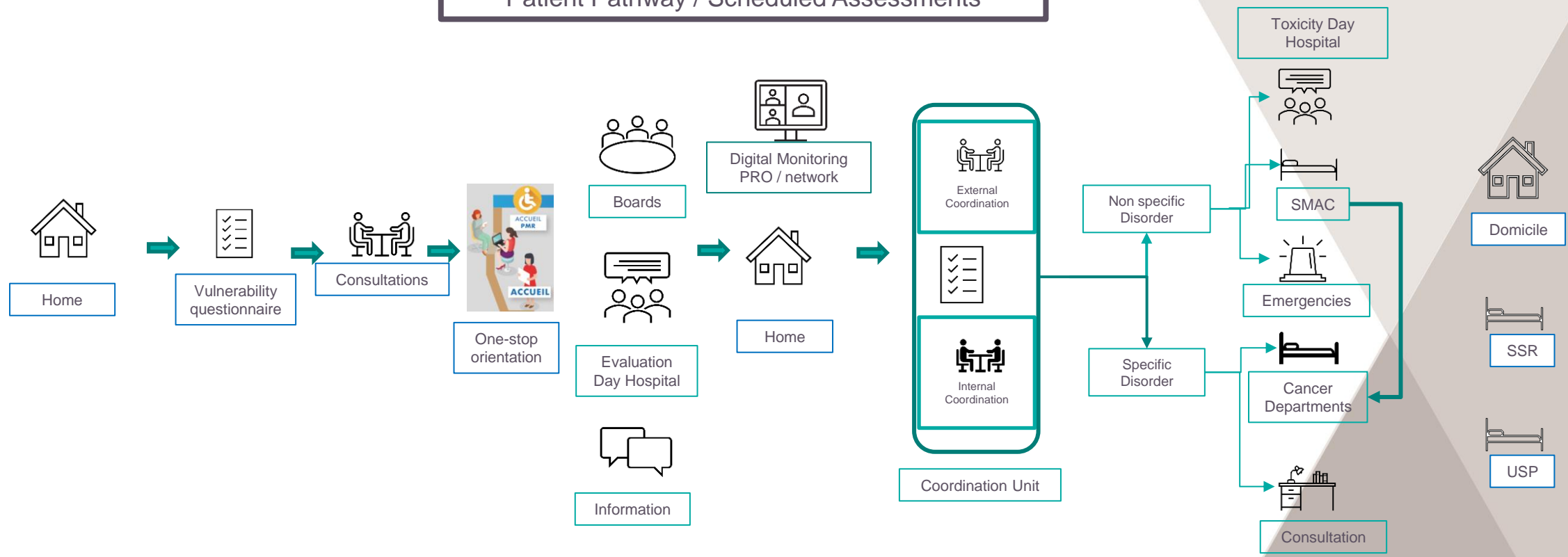


# Ambulatory Supportive Care





**Patient Pathway / Scheduled Assessments**



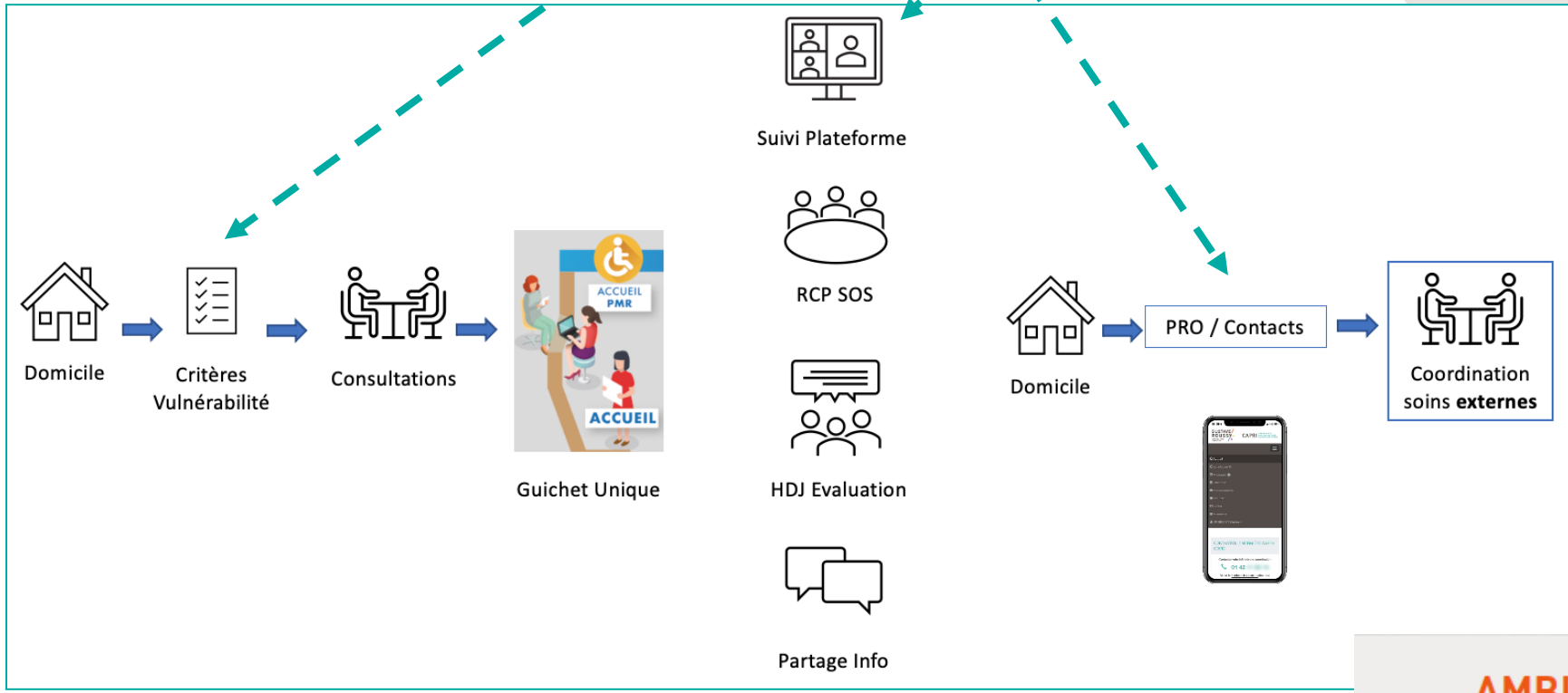
**Diagnostic**      **Treatment**      **Chronic Phase**      **Survivor Care**

Palliative

# Early Assessment at Diagnosis

**DÉFINIR NOTRE SCHÉMA DIRECTEUR INFORMATIQUE**  
REFERENT CODIR :  
Mikael AZOULAY

**AMBITION N°10**  
Garantir la maîtrise économique et stratégique du groupe pour soutenir sa croissance.



**AMBITION N°5**  
Bâter une recherche intégrative à fort impact sociétal.

Résilience:  
CAPRI Immuno, chirurgie, IV...

# Vulnerability self-questionnaire

**-Filling time: approximately 7 minutes (tested by the patient committee)**

**-Topics :**

- 1) everyday environment
- 2) Nutrition
- 3) lifestyle habits
- 4) medical history
- 5) taking medication
- 6) Pain
- 7) social issues
- 8) psychological issues => PHQ2 , rapid screening
- 9) Self-assessment of symptoms (Generic MDASI questionnaire)

**- Initially in paper format => transition to digital format (in progress)**



# AIDEZ-NOUS À MIEUX VOUS CONNAÎTRE

Madame, Monsieur,

Vous attendez votre rendez-vous en consultation à Gustave Roussy. Afin de préparer au mieux votre accueil et votre accompagnement à Gustave Roussy, nous souhaitons avoir quelques informations importantes vous concernant. Elles nous aideront à préparer votre consultation, vous orienter dans votre parcours et optimiser votre prise en charge tout au long de vos soins à Gustave Roussy. Merci de bien vouloir répondre aussi précisément que possible aux questions suivantes. Vous pouvez être assuré que toutes les informations recueillies demeureront entièrement confidentielles.

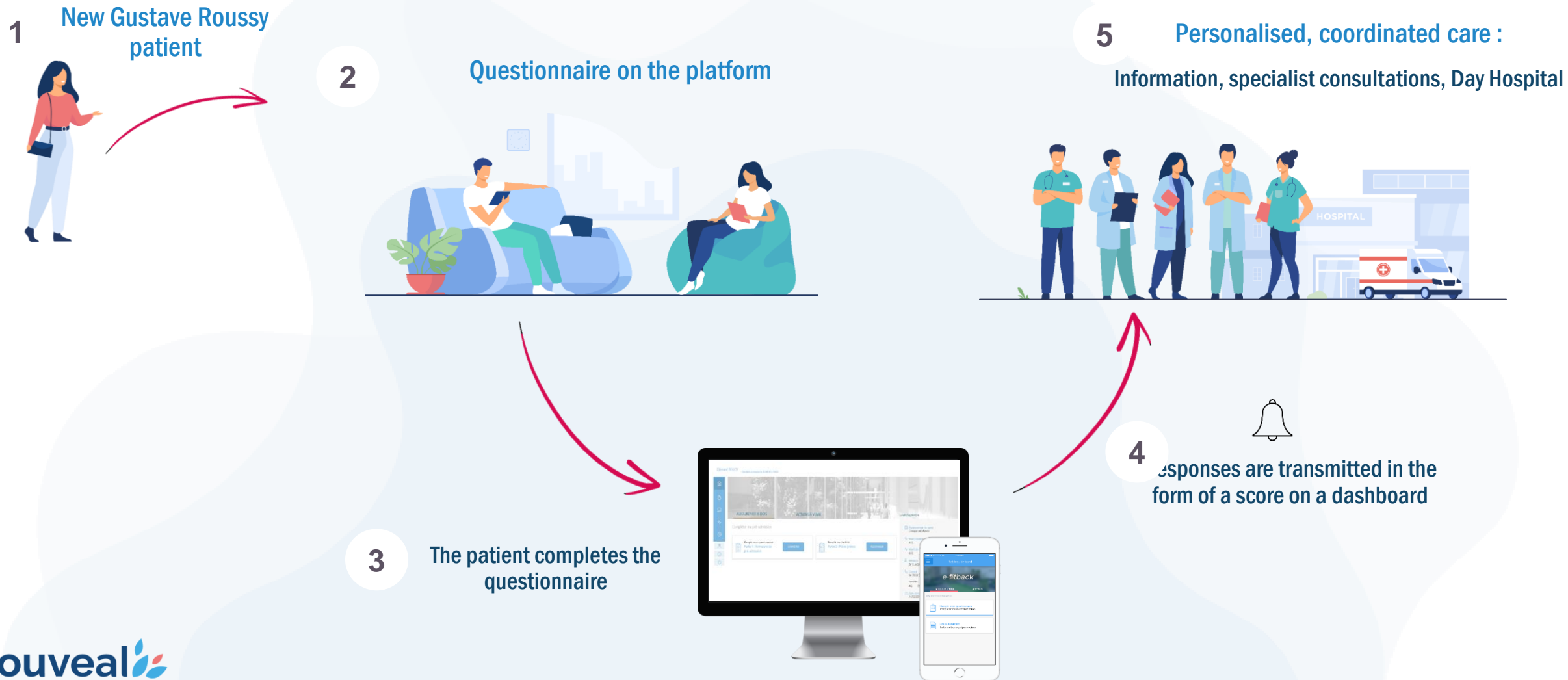
## Initial Assessment Score

### PARLEZ-NOUS DE VOTRE ENVIRONNEMENT AU QUOTIDIEN

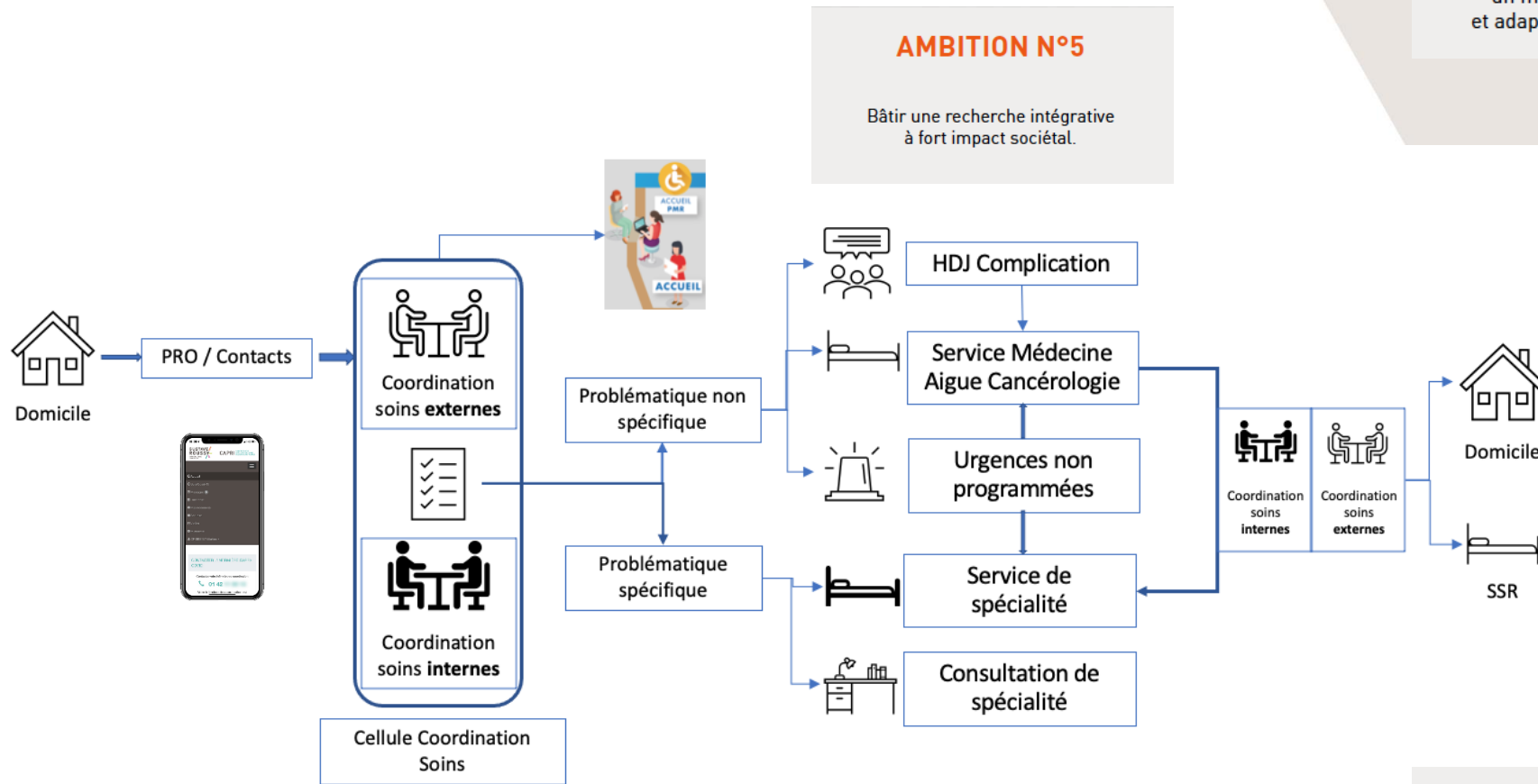
1. Avez-vous des difficultés pour vous lever et/ou pour marcher : Oui  Non
2. Êtes-vous actuellement en capacité d'effectuer seul(e) les gestes de la vie quotidienne (toilette, habillage, prise des repas) : Oui  Non
3. Êtes-vous actuellement en capacité d'effectuer seul(e) des tâches ménagères (courses, cuisine, ménage...) : Oui  Non
4. Avez-vous actuellement des professionnels pour vous aider à domicile (aide-ménagère, portage de repas...) pour faciliter votre quotidien : Oui  Non
5. Comment vous organisez-vous pour la prise de vos médicaments :  
Je m'en occupe seul(e)  On doit m'aider à les préparer et/ou à les prendre
6. Êtes-vous actuellement en capacité de vous occuper seul(e) de formalités administratives (formulaires à remplir...) ou financières (factures, remboursements...) : Oui  Non
7. Recevez-vous actuellement des soins de santé à domicile ? Oui  Non 
  - a. Si Oui, quel type de professionnel de santé intervient à votre domicile ?  
Infirmière en libéral  Kinésithérapeute en libéral  Hospitalisation à domicile   
Autre  Veuillez préciser \_\_\_\_\_

# Digital tool

## Patient management



# Organisation Pendant le traitement (Patient Reported Outcomes program).



## AMBITION N°5

Bâtir une recherche intégrative à fort impact sociétal.

## AMBITION N°6

Réinvestir la production de soin pour en faire un modèle hautement sécurisé et adapté aux attentes des patients.

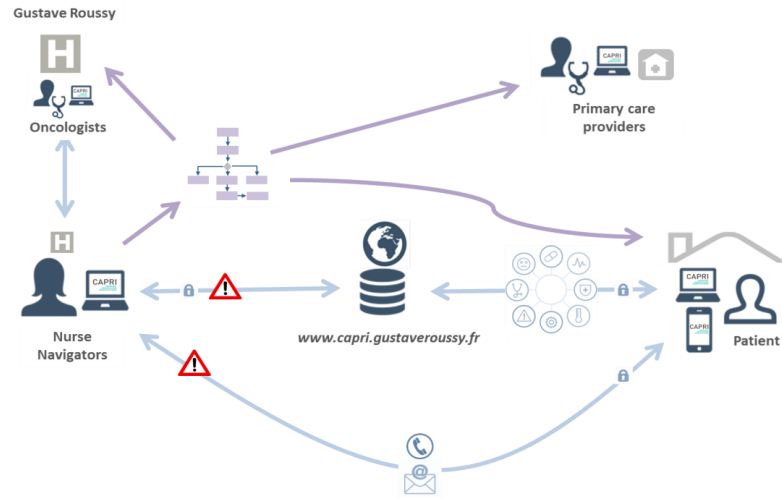
## AMBITION N°10

Garantir la maîtrise économique et stratégique du groupe pour soutenir sa croissance.

GARANTIR LA SÉCURITÉ DES SOINS PAR UN ENGAGEMENT HAUTE FIABILITÉ

RÉFÉRENT COOR :  
Jane KHOURY


# Digital Monitoring : Capri



**Intervention combining Nurse Navigators (NNs) and a mobile application vs. standard of care (SOC) in cancer patients (pts) treated with oral anticancer agents (OAA): results of CAPRI, a single-center, randomized phase 3 trial.**

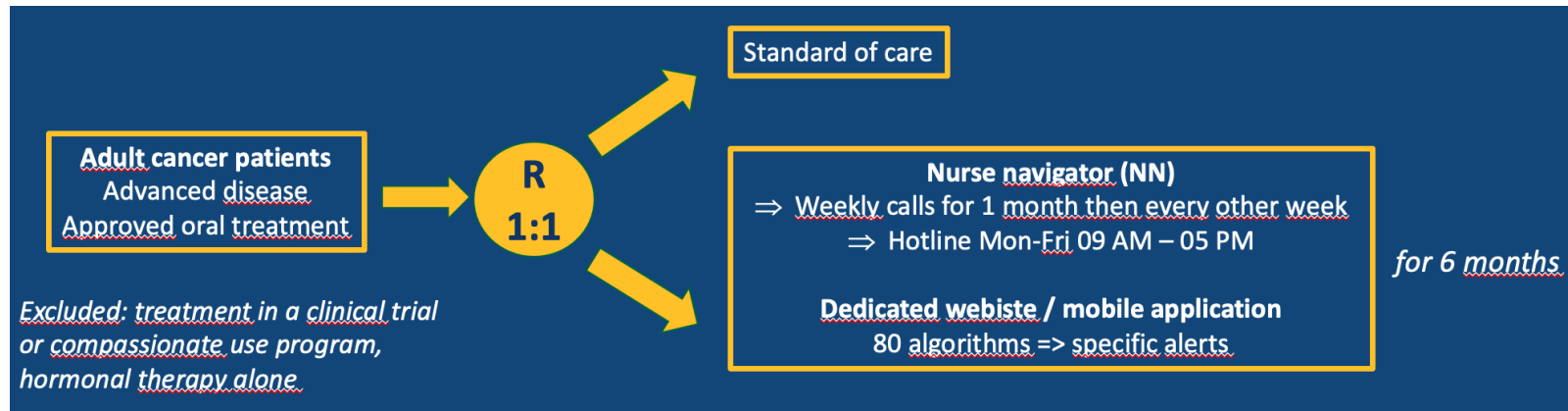
**Olivier Mir, Marie Ferrua, Aude Fourcade, Delphine Mathivon, Adeline DufLOT-Boukobza, Sarah Naomie Dumont, Eric Baudin, Suzette Delalogue, David Malka, Laurence Albiges, Patricia Pautier, Caroline Robert, David Planchard, Stéphane de Botton, François Lemare, Marilene Guillet, Vanessa Pugljsi, May Abbas, Mario Di Palma, Etienne Minvielle.**

**Gustave Roussy Cancer Institute, Villejuif, France**



PRESENTED AT: 2020 ASCO ANNUAL MEETING #ASCO20  
2020 is the property of the submitter. Participants required for review.

PRESENTED BY: Olivier Mir, MD, PhD, MPH



## Primary Endpoint: Relative Dose-intensity

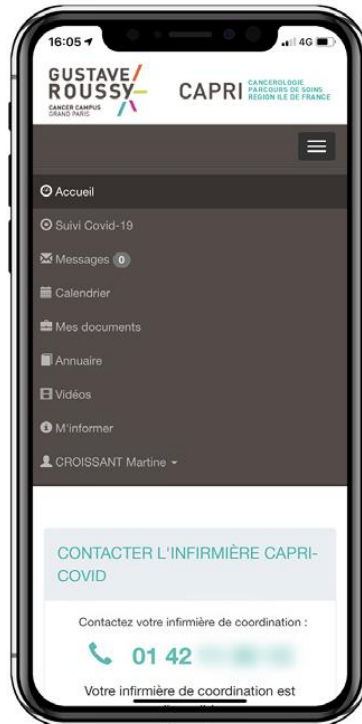
		CAPRI	CONTROL	Total	p-value
RDI (until end of study)	Missing	0	0	0	
	N	272	287	559	
	Mean (SD)	0.9344 (0.2590)	0.8943 (0.1914)	0.9138 (0.2275)	p = 0.0426
	95% CI	[0.9035 ; 0.9653]	[0.8720 ; 0.9165]	[0.8949 ; 0.9327]	
RDI Adjusted on adherence (Morisky scale)	Missing	17 (6.3%)	22 (7.7%)	39 (7.0%)	
	N	255	265	520	
	Mean (SD)	0.8417 (0.2632)	0.7998 (0.2090)	0.8204 (0.2378)	p = 0.0451
	95% CI	[0.8093 ; 0.8742]	[0.7745 ; 0.8251]	[0.7999 ; 0.8408]	

## Secondary Endpoint: Hospitalizations

Variable		CAPRI	CONTROL	Total	p-value
	N	272	287	559	
Patients with hospitalizations	No	210 (77.2%)	196 (68.3%)	406 (72.6%)	p = 0.02
	Yes	62 (22.8%)	91 (31.7%)	153 (27.4%)	
	N	272	287	559	
Patients with emergency hospitalizations	No	231 (84.9%)	224 (78.0%)	455 (81.4%)	p = 0.04
	Yes	41 (15.1%)	63 (22.0%)	104 (18.6%)	

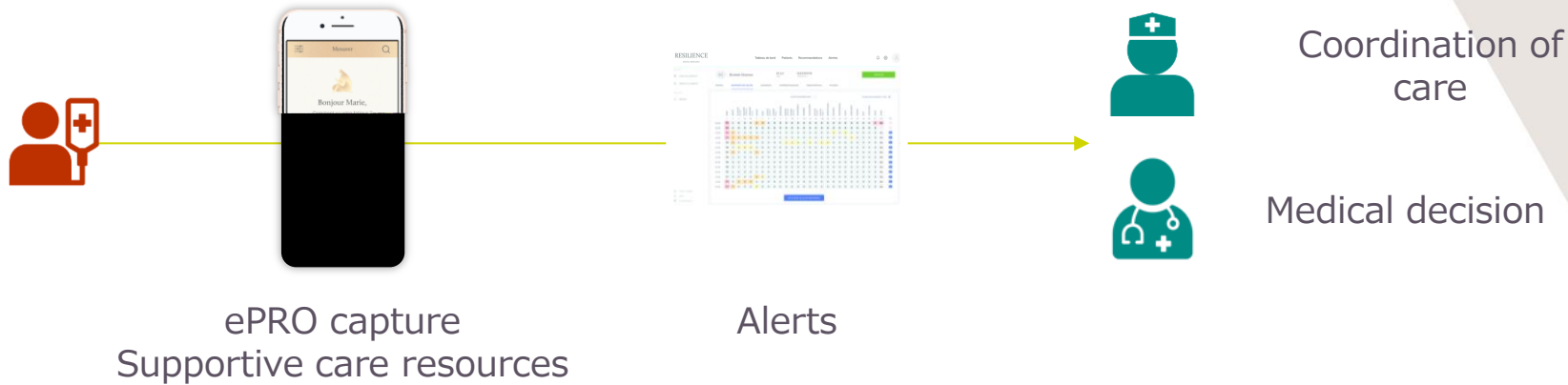


# Remote Monitoring during COVID-19 Pandemic: CAPRI Covid App



# The next Step: Resilience

## Reinventing Cancer Care with Remote Patient Monitoring



**Indication**  
Early detection of relapses, complications or toxicities  
**Any cancer, any phase, any treatment**

**Claim**  
Improved adherence to treatment, increased overall survival, improved quality of life  
Efficiency of care and organization

**Certification**  
Class IIa Medical Device, CE certification  
Designed within a quality framework certified ISO 13485

# Empower Patients



Self assessment of symptoms  
(PRO-CTCAE compliant)



Personalized educative  
content to understand  
symptoms



Supportive care resources to  
foster self-management &  
improve quality of life



# After cancer in Gustave Roussy

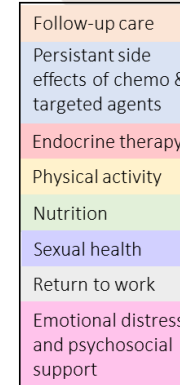
## Personalized Survivorship Care Plan

- Electronic & printed document with information on disease characteristics, prior and ongoing treatments, follow-up recommendations including healthy behaviours
- Delivered to the patient and primary care physician



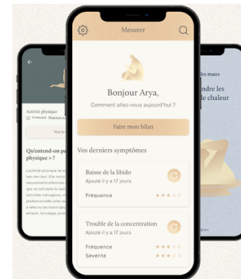
## The “Transition Day”

- Face-to-face group seminars on core survivorship themes
- Personalized survivorship consultation for needs assessment and multidisciplinary referrals



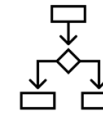
## Resilience Care© Mobile App

- A mobile app delivering personalized survivorship education, empowerment & self-management advice according to symptoms reported (PRO-CTCAE)
- 4-level functionalities: measure, understand, appease and explore



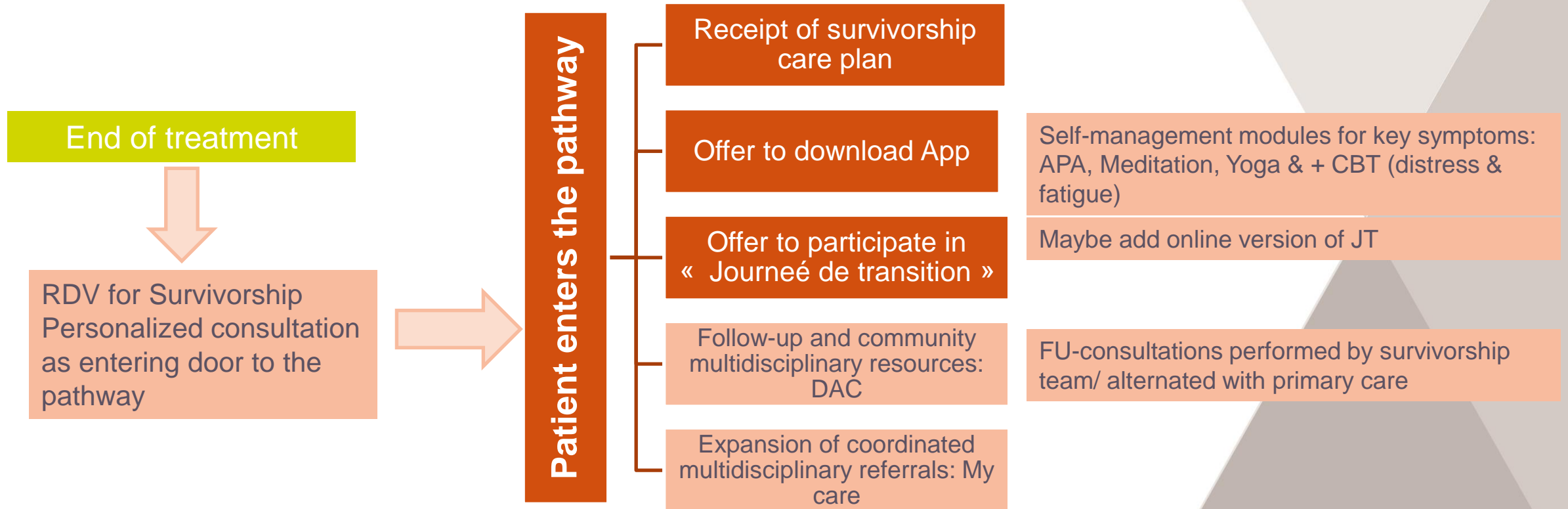
## Symptom Management Decision Aids

- Evidence-based symptom management decision aids for physicians on main treatment related toxicities and concerns
- Mapping and processes for multidisciplinary referrals in an institutional and community level



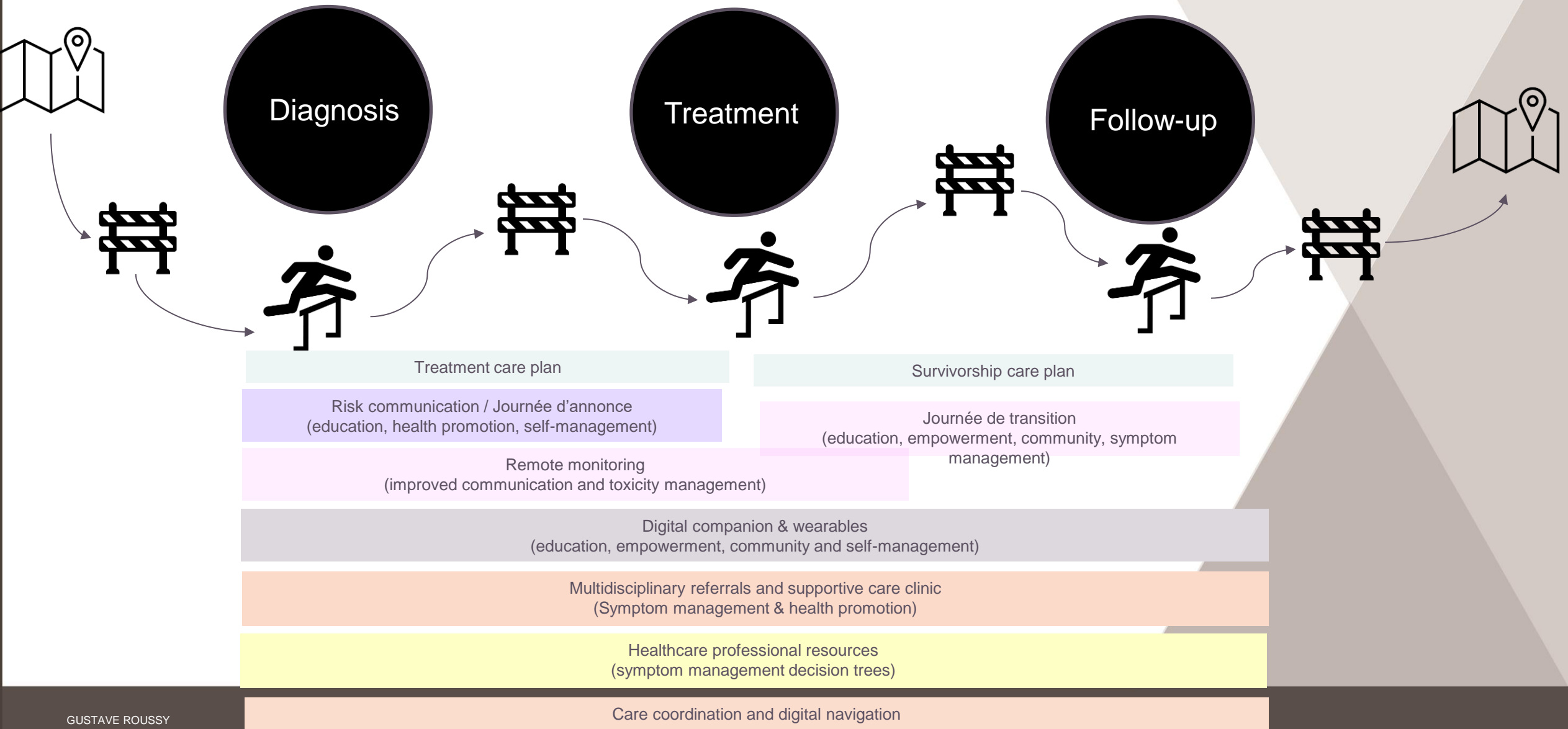
# After cancer in Gustave Roussy

## Breast Cancer Proactive Survivorship Care Pathway: now and the future



Studying expansions to other diseases.  **Expansion to other disease groups**

# After cancer in Gustave Roussy



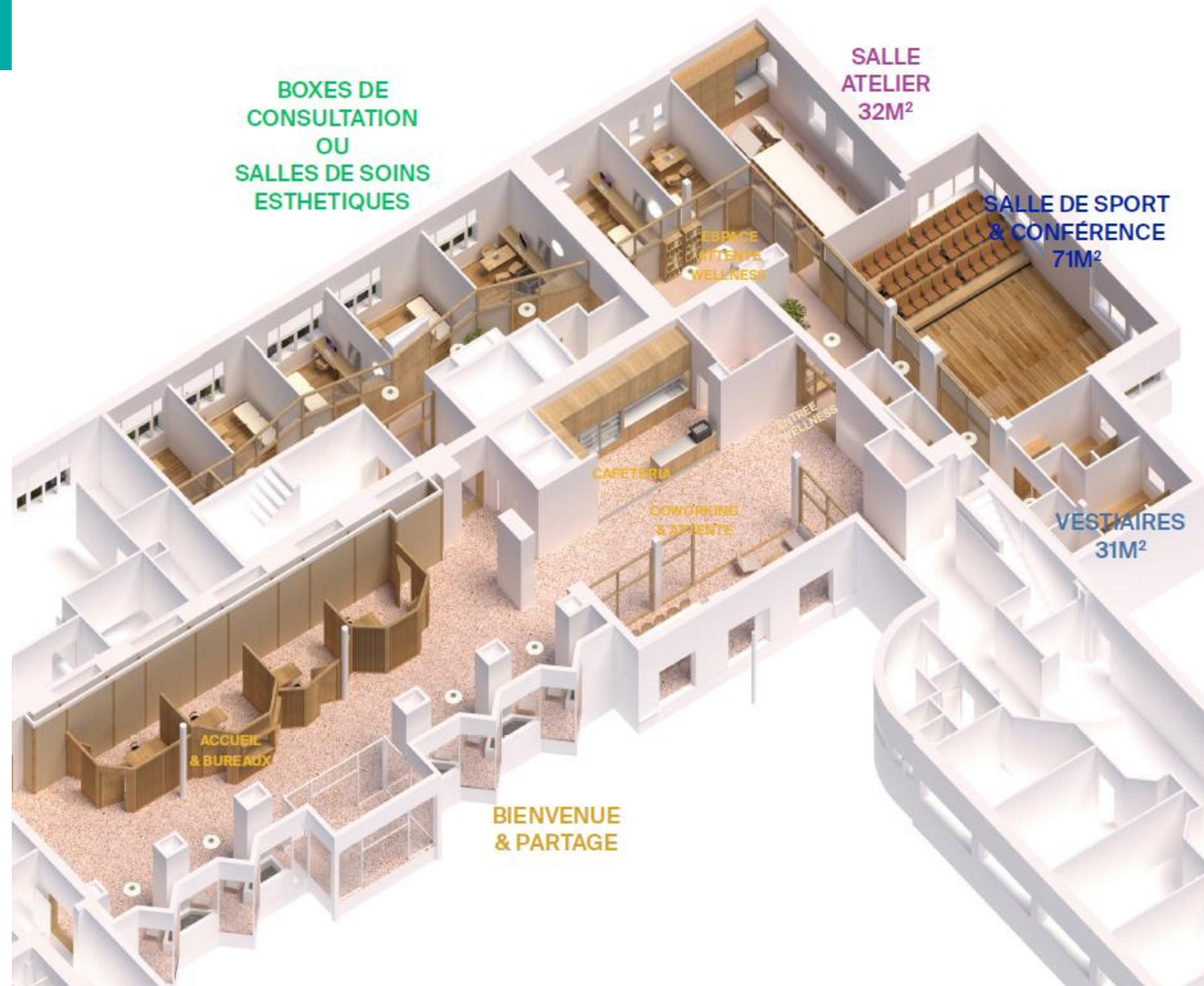
# Location

## GR 2 :

1. HDJ Evaluation
2. HDJ Fin de traitement (Transition, Interval)
3. HDJ My Care

## Start:

May 15, 2023







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**Designated Centers in Integrated Oncology and  
Supportive Care**

*International MASCC Qualification Program  
(IMQuaP)*

## The Objective ?

- International community
- Dissemination of the "supportive care" message
- Promotion of teams
- Development of Integrative Oncology
- Dissemination and homogenisation of guidelines
- Development of multi-centric research
- Sharing practices



MULTINATIONAL ASSOCIATION OF SUPPORTIVE CARE IN CANCER

*recognizes the*

# Gustave Roussy

Interdisciplinary Cancer Course Department (DIOPP)

Villejuif, France

As a MASCC-Designated Center of Excellence in Supportive Care in Cancer

*Certified for the Period 2020 to 2023*

*Supportive Care Makes Excellent Cancer Care Possible*

A handwritten signature in black ink, appearing to be "A. Davies".

Andrew Davies, MD, FRCP  
MASCC President

A handwritten signature in black ink, appearing to be "Melissa Chin".

Melissa Chin, HBS, MBA, CHE  
MASCC Executive Director

A handwritten signature in black ink, appearing to be "Carla Ripamonti".

Carla Ida Ripamonti, MD  
Chair, Center of Excellence Program



**“Supportive care makes excellent cancer care possible”**

**Dorothy M.K. Keefe,  
past President of MASCC**

# VOTRE RENDEZ-VOUS EN 2023



15<sup>e</sup> CONGRÈS  
NATIONAL  
des SOINS  
ONCOLOGIQUES  
de SUPPORT

11-12-13 OCT.  
LILLE GRAND PALAIS



Association Francophone des  
Soins Oncologiques de Support

INFORMATIONS SUR  
[congres-afsos.com](http://congres-afsos.com)



**SAVE THE DATE**

2023

13<sup>TH</sup> EDITION

**ctm**  
meeting

TAO

CANCER  
TOXICITY  
MANAGEMENT

**30 NOVEMBER  
& 1 DECEMBER 2023**

**TAO-CTMMEETING.COM**

# 2023 NARA

MASCC/JASCC/ISOO ANNUAL MEETING  
22-24 JUNE • SUPPORTIVE CARE IN CANCER  
SAVE THE DATE



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# *Lille*, FRANCE 2024

MASCC/AFSOS/ISOO ANNUAL MEETING  
JUNE 27-29 • SUPPORTIVE CARE IN CANCER

*Save the Date*