




HRQOL in monitoring the quality of health care interventions in Europe: the point of view of patient advocate associations

Bettina Ryll, MD/PhD

founder Melanoma Patient Network Europe

member of the first EU Cancer Mission Board

Vision Zero Cancer, subject matter expert

node 
hub 
core 

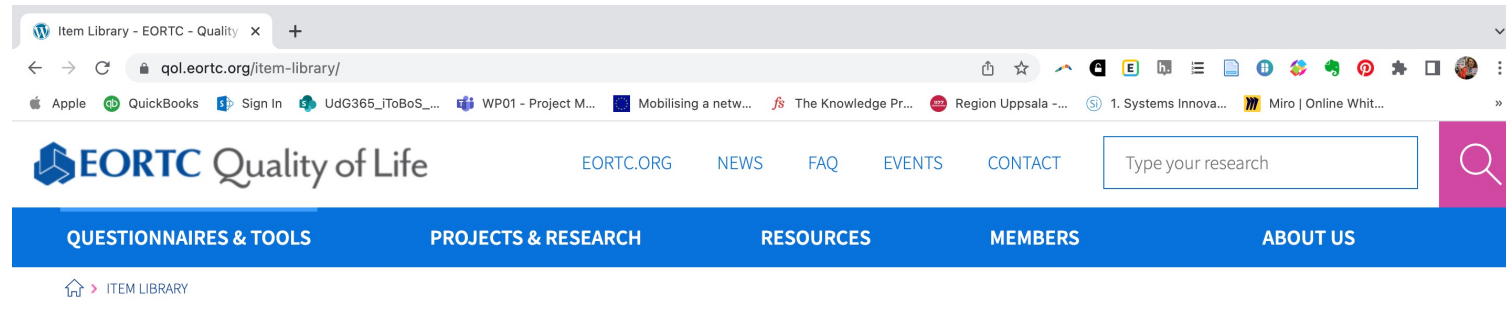
overview

- hrQoL- a comment on the tools
- hrQoL tools and their usage

hrQoL tools

- external, not just internal validity important
- new therapeutic modalities might require new hrQoL tools- e.g. immune therapies
- early Phase trials important space for qualitative research
- interesting new developments: modularity, broader scope of usage

EORTC item library



ITEM LIBRARY

The new QLG strategy: core + module + Item Library

Development and validation of a quality of life measure takes a long time. Thorough testing ensures validity and reliability, but requires resources and time. In order to answer the needs of clinical research and build on what the Quality of Life Group has already developed and tested, the Item Library was created, offering researchers new possibilities.

In the past, the standard model of use was the core + module, which involved use of the QLQ-C30 supplemented with a disease-, site, or population-specific module from the EORTC's portfolio. However, it quickly became evident that a given module might not include problems and symptoms of novel treatments that were not common when the questionnaire was initially being developed.

Now, with the new strategy, these missing symptoms or problems can be added to the module as an item list created with the help of the Item Library. This means that the current model is based on the core + module + item list, which includes questions from the Item Library. This new strategy offers users much more flexibility by allowing them to capture a wider range of symptoms and events, which in turn makes it easier for patients to describe their experiences more fully.



quality of life impacted by

- therapy
- disease itself - *potential to more accurately define unmet need*
- environment's reaction to disease, e.g. job loss – *potential for targeted interventions*
- the quality and burden of care – *improvement of care delivery*

Cancer Mission Call

Programme

Horizon Europe Framework Programme (HORIZON)

Call

Research and Innovation actions supporting the implementation of the Mission on Cancer (HORIZON-MISS-2021-CANCER-02)

 See budget overview

Type of action

HORIZON-RIA HORIZON Research and Innovation Actions

Type of MGA

HORIZON Action Grant Budget-Based [HORIZON-AG]

Closed

Deadline model

single-stage

Opening date

22 December 2021

Deadline date

26 April 2022 17:00:00 Brussels time

Cancer Mission Call

Proposals under this topic should aim for delivering results that are directed and contributing to all of the following expected outcomes

- Cancer patients, survivors and caregivers will benefit from enhanced quality of life, more effective and less burdensome treatments with better supportive care and counselling approaches.
- Health care professionals, supportive workers, counsellors and industry will be better aware of the (unmet) needs, expectations and preferences of cancer patients, survivors and their relatives and be compelled to address them.
- Regulators and institutions will have a set of metrics, which they can include in decision making about risks and benefits of new health interventions.
- Health Policy Makers will have a set of metrics at their disposal, which they can include in their health information and performance measurement systems.
- Labour market and social protection policy makers will benefit from additional evidence to consider in the design of labour market and social protection policies that are facilitating return to work and active participation in society.

what I'm excited about

Meeting Abstract | 2017 ASCO Annual Meeting I

PLENARY SESSION

Overall survival results of a randomized trial assessing patient-reported outcomes for symptom monitoring during routine cancer treatment.



[Ethan M. Basch](#), [Allison Mary Deal](#), [Amylou C. Dueck](#), [Antonia Vickery Bennett](#), [Thomas Michael Atkinson](#), [Howard I. Scher](#), ...

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Abstract

LBA2

The full, final text of this abstract will be available at abstracts.asco.org at 7:30 AM (EDT) on Sunday, June 4, 2017, and in the *Annual Meeting Proceedings* online supplement to the June 20, 2017, issue of the *Journal of Clinical Oncology*. Onsite at the Meeting, this abstract will be printed in the Sunday edition of *ASCO Daily News*.

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The screenshot shows the Moovcare website with a yellow header containing the logo and navigation links: HOME, WHO BENEFITS, TEAM, CLINICAL DEVELOPMENT, PUBLICATIONS & NEWS, TESTIMONIALS, and CONTACT. A 'Moovcare Log In' button is in the top right. The main content area has a red background with a yellow line-art illustration of a person's head and shoulders. A large yellow circle on the right contains the text 'Improvement in overall survival +7.6 months'. The central text reads 'What is Moovcare®?' followed by a description: 'Moovcare® is a digital therapeutic that uses a simple weekly questionnaire to detect relapse or complication during follow-up of lung cancer patients'. Below this, it states: 'A Class I medical device, Moovcare® has been proven in clinical trials to improve overall survival by 7.6 months'. At the bottom, there is a link for 'For more information, download our brochure'.

because

- digital tool with valid value proposition for patients
 - addressing situation of high unmet need and high psychological burden
 - potential for monitoring at a distance and long-term, e.g. in primary care and long-term- potential for quality improvement outside tertiary care setting
 - interesting space for innovation (digital Europe, DiGAs, EHDS...)
 - opportunity for tackling vexing problem of uncertainty
- but
- vertical integration critical

summary

- hrQoL tools- external, not only internal validity
- usage beyond classic trial setting
- promising digital tools for personalisation of care and follow-up
- potential for better, less burdensome cancer follow-up in periphery

Thank you

bettina.ryll@mpneurope.org