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Title

A randomised trial of a digital intervention to support symptom management, wellbeing and quality of life in cancer survivors

Priority 1 (Research Category)

Cancer research (not screening)

Presenters

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Abstract

Context. There are increasing numbers of cancer survivors who have finished their primary treatment whose quality of life remains consistently poor over years. There is limited robust evidence for pragmatic, brief interventions to support cancer survivors in primary care.

Objective. To determine the effectiveness of a bespoke digital intervention to support cancer survivors.

Design. Pragmatic parallel open randomised trial.

Setting. UK general practices.

Population Studied. People who had finished primary treatment for colo-rectal, breast or prostate cancer up to 10 years previously (mean 4 years), and with lower Quality-of-Life (EORTC QLQ-C30 score<85).

Intervention. Participants were randomised by online software to: 1) 'generic' NHS advice: detailed digital NHS support for healthier living ('Live Well') (n=906), 2) a bespoke complex digital intervention ('Renewed';n=903) addressing symptom management, physical activity, diet, weight loss, distress, or 3) 'Renewed-with-support' (n=903): 'Renewed' with additional brief support by email and telephone.

Outcome measures. Primary: self-reported EORTC QLQ-C30. Secondary: self-reported EORTC QLQ-C30 subscales (global self-rated health; functional and symptom subscales), resource use.

Results. At the primary analysis time point (6 months) there were improvements in EORTC QLQ-C30 score in all groups contrary to the expected quality of life trajectory but no between-group differences. By 12 months there were small improvements in the Renewed-with-support group compared to generic advice (1.42, 95% CIs 0.33 to 2.51). In both Renewed groups by 12 months 13 of the 14 functional and symptom subscales improved compared to the control group, significant for self rated global health (renewed: 3.06, 1.39 to 4.74; renewed-with-support: 2.78, 1.08 to 4.48), dyspnoea, constipation, and enablement. For Renewed-with-support there were also significant differences for five other subscales.

Renewed and Renewed-with-support both incurred significantly lower mean annual NHS costs per patient than generic advice (respectively -£141,-153 to -128; -£77,-90 to -65). No harms were identified in any group.

Conclusion. Cancer survivors quality of life improved with detailed generic online support. Robustly developed bespoke digital support provides no additional benefit in the short term, but modest additional benefit in enablement, symptom management, and self-rated global health, and substantially lower resource use.