

Les nouvelles formes de communication (réseaux / télé-médecine / application santé) répondent-elles aux attentes ?

ÉVOLUTIONS SOCIO-CULTURELLES ET NOUVELLES ATTENTES DES DEUX POPULATIONS EN 2022



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Medical Oncologist
Institut Gustave Roussy

Ines Vaz-Luis reports:

Speaker honoraria from Amgen, AstraZeneca, Pfizer/Edimark, Novartis, Sandoz

Writing engagement from Pfizer/Edimark,

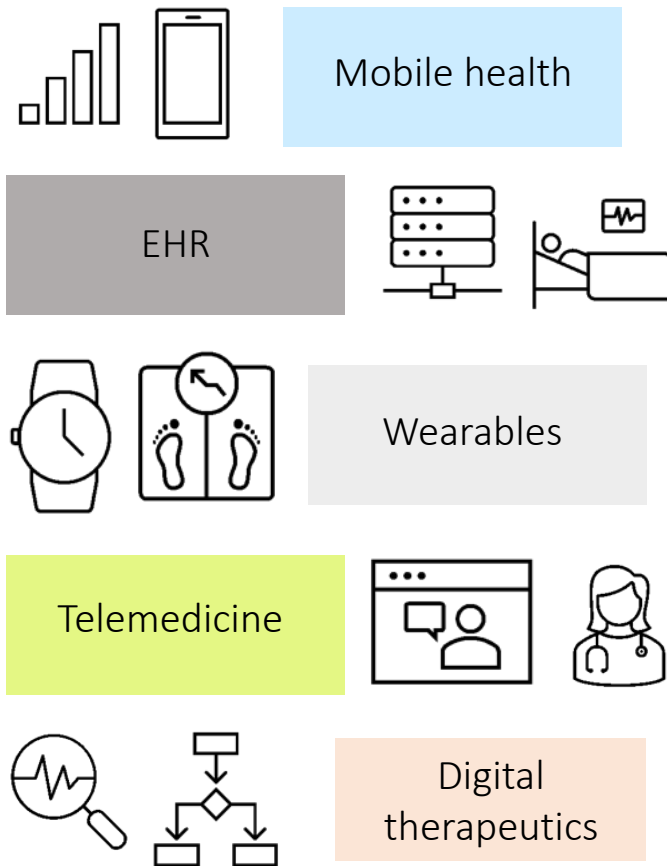
Research funding from Resilience Care

- 1. Digital health**
- 2. How digital health is incorporated in clinical care**
 - 1. Symptom monitoring: active data collection**
 - 2. Digital self-management support/ supportive care**
 - 3. Future**
- 3. Digital health for everyone? Differences between the young and the elderly**

Digital health / eHealth

- “The use of technology for health”

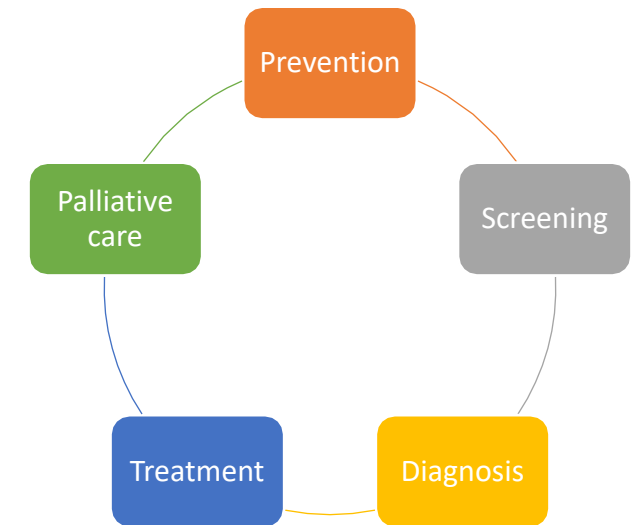
1) May encompass a **variety of digital technologies**



2) **Multiple stakeholder**

Patients
Healthcare workers
Health care system managers
Pharmaceutical Industry

3) Across the whole **cancer care continuum**



Covid-19 Pandemic = acceleration of Digital health

2. How digital health is incorporated in clinical care

Pandemic accelerated uptake of digital health
Telemedicine became a standard



Once onboarded, patients entered the monitoring phase & received a daily 7-question ePRO assessment of COVID-19 symptoms.



Patients discharged from the hospital were considered high-risk & provided with a pulse oximeter to provide data on blood oxygen levels & heart rate



A team of physicians, advanced practice providers, and oncology registered nurses, called the COVID-19 Cohort Management Team (CCMT), provided monitoring and symptom management for enrolled patients.

SOURCE: Mawardi J, Garcia J, Wolford J, et al. Harvard Business Review. 2020

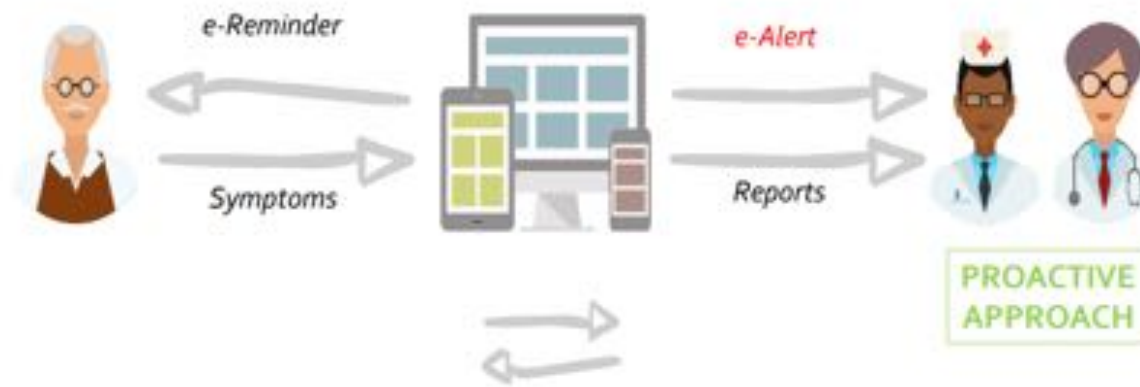
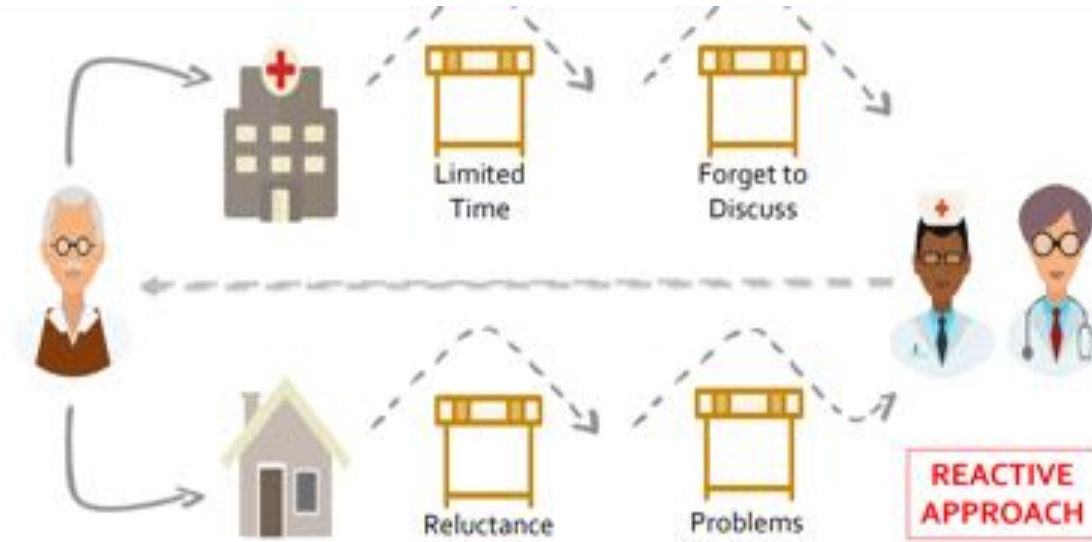
2. How digital health is incorporated in clinical care

Telehealth visit



2. How digital health is incorporated in clinical care

Symptom monitoring: active data collection

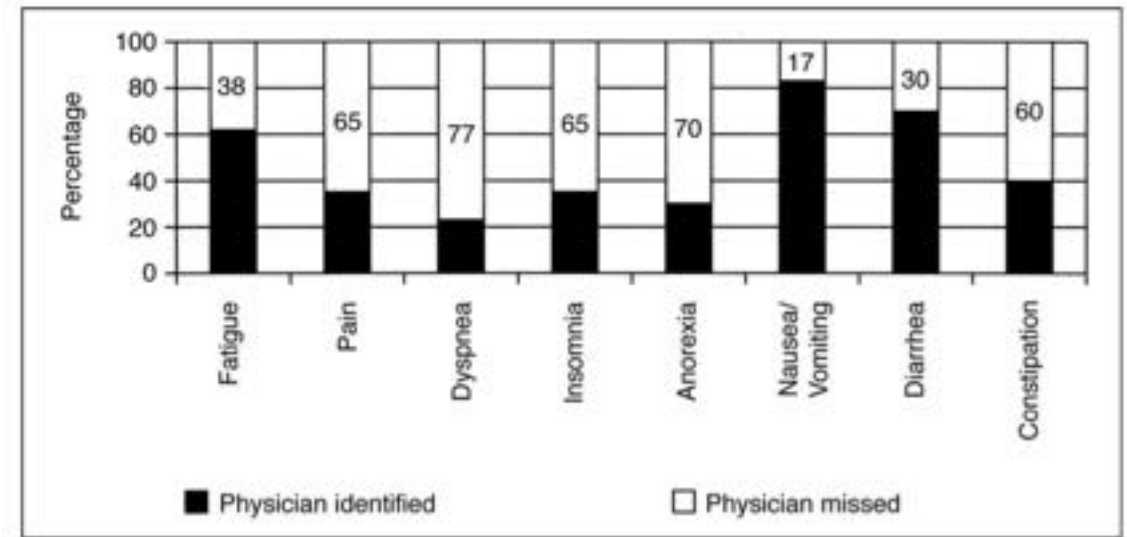
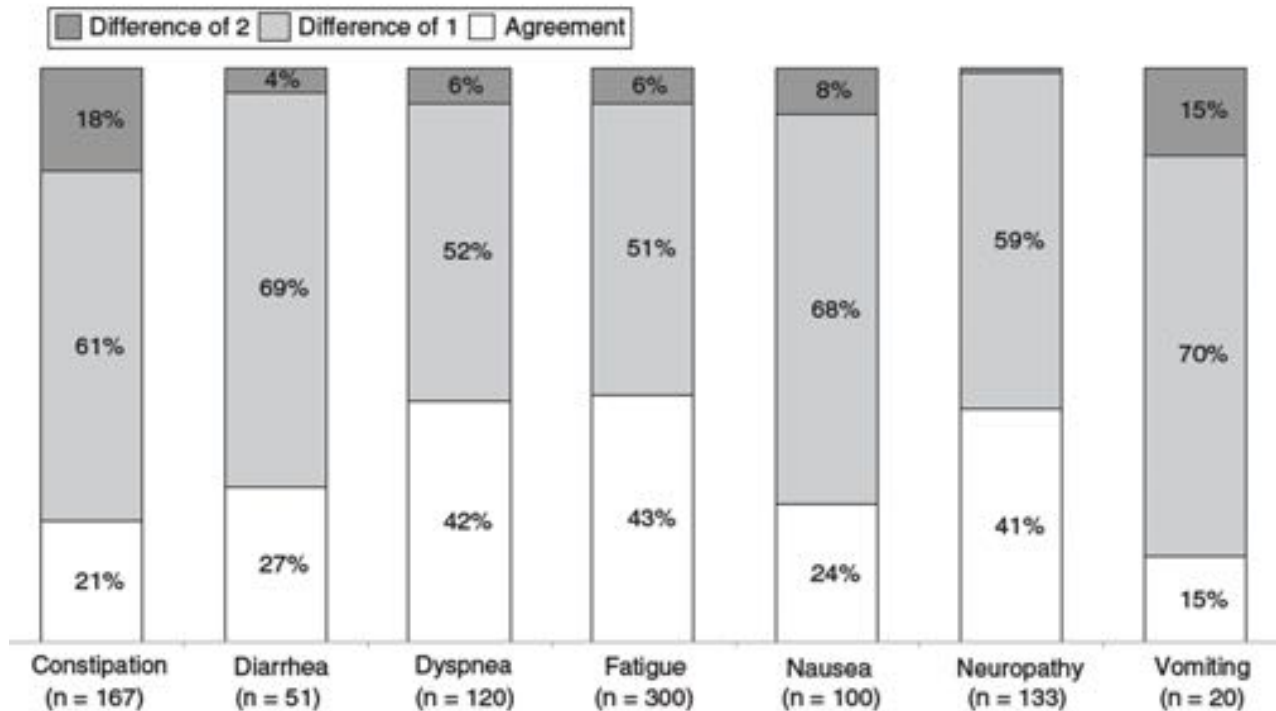


2. How digital health is incorporated in clinical care

Symptom monitoring: active data collection

Patient reported outcomes (PROs): measurement of the patient's condition, reported directly by the patient

Clinician rated adverse-events + PROs = more reliable information on the patient's experience



Fromme JCO 2004

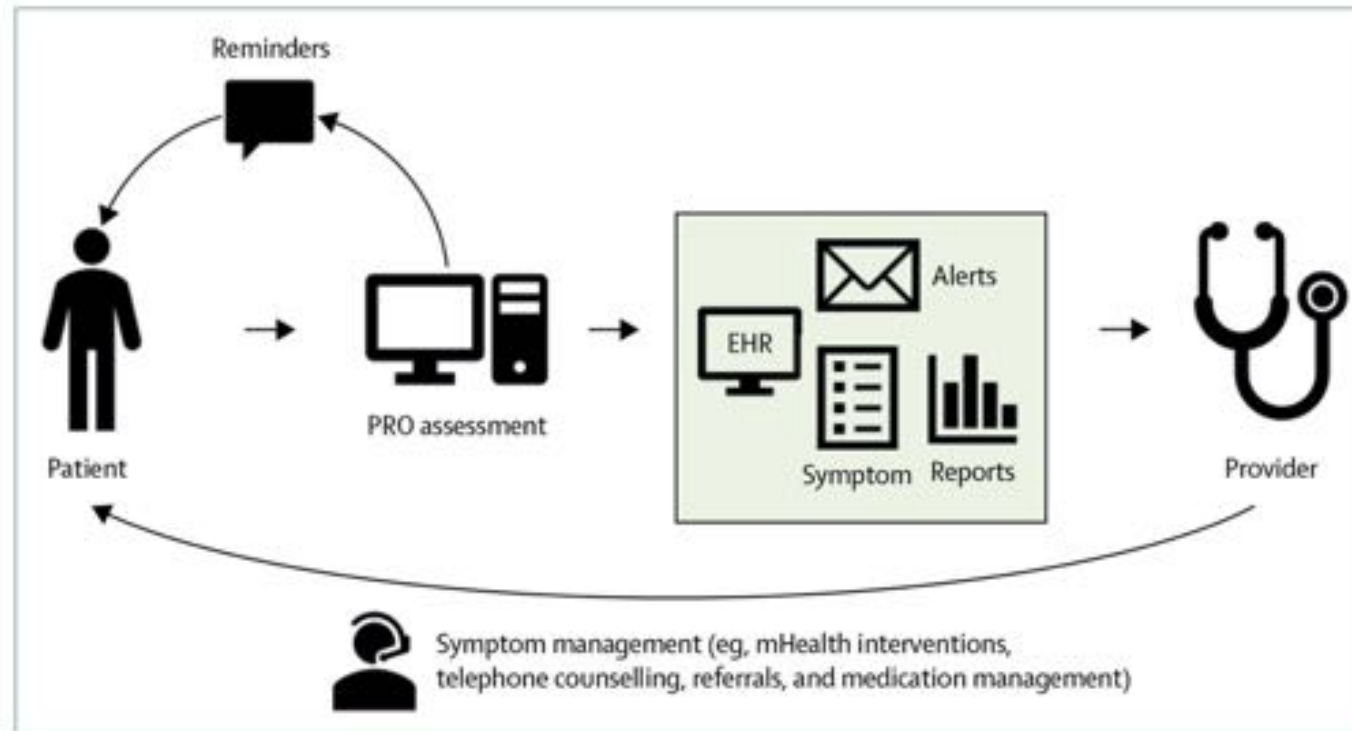
Atkinson Qual Res 2013

2. How digital health is incorporated in clinical care

Symptom monitoring: active data collection

Electronic Patient reported outcomes - ePROs: measurement of the patient's condition, reported directly by the patient through electronic devices

Remote monitoring : Real-time PRO reporting and management



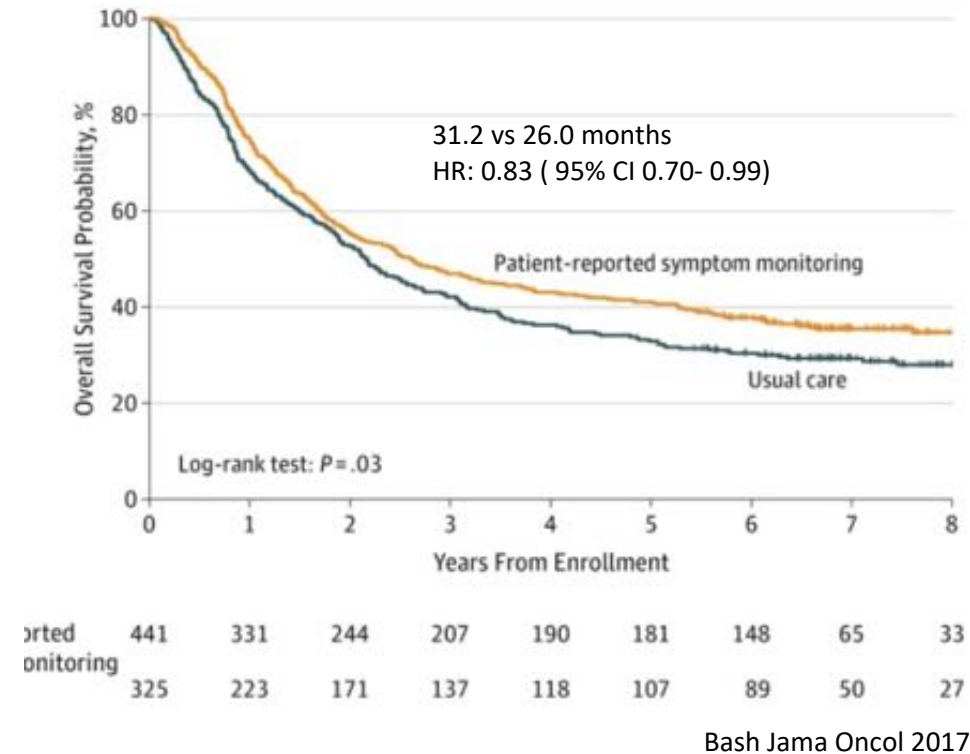
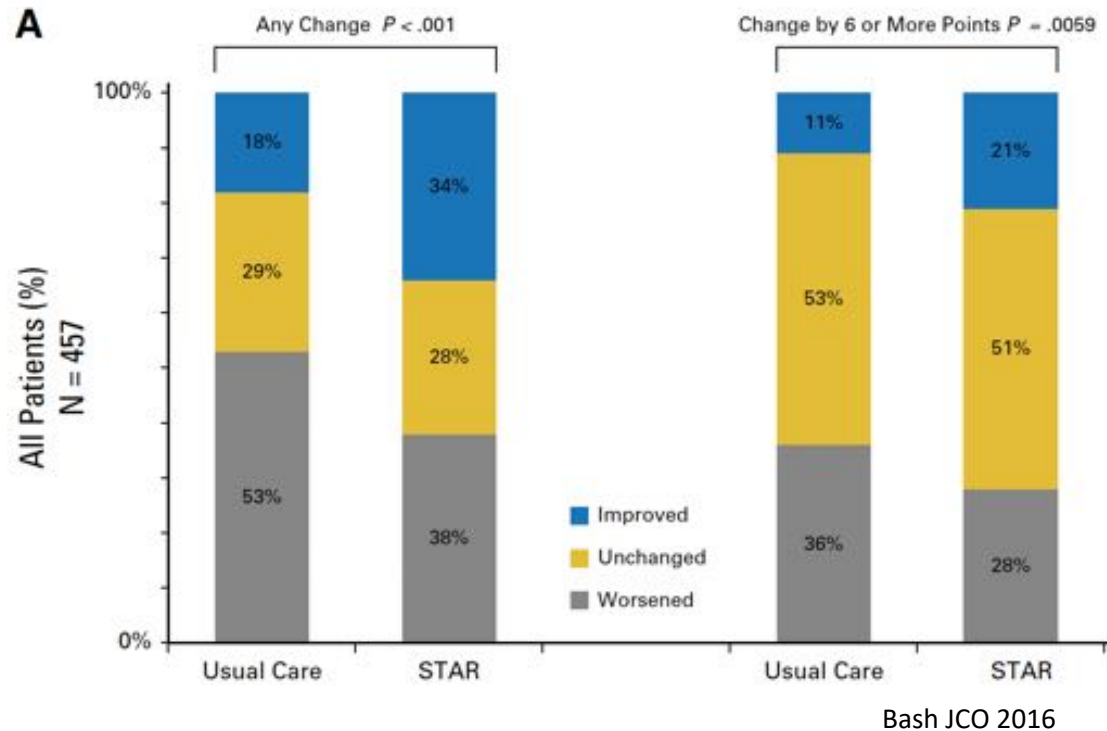
Penedo Lancet Oncol 2020

2. How digital health is incorporated in clinical care

Symptom monitoring: active data collection

Electronic patient reported outcomes improve QoL in patients with metastatic disease receiving chemotherapy

STAR trial: improvement in QoL and OS (n= 766)



CAPRI trial: Relative dose-intensity 93.4% vs 89.4% $p=0.04$, reduced grade ≥ 3 AEs 27.6% vs 36.9% (n= 559) – Mihr Nat Medicine 2022

PROTECT trial: n= 1191, 52 centers in the US -> improvement in physical function, symptom control and QoL– Bash JAMA 2022 (30% never used email or computer, 36% high school educational level)

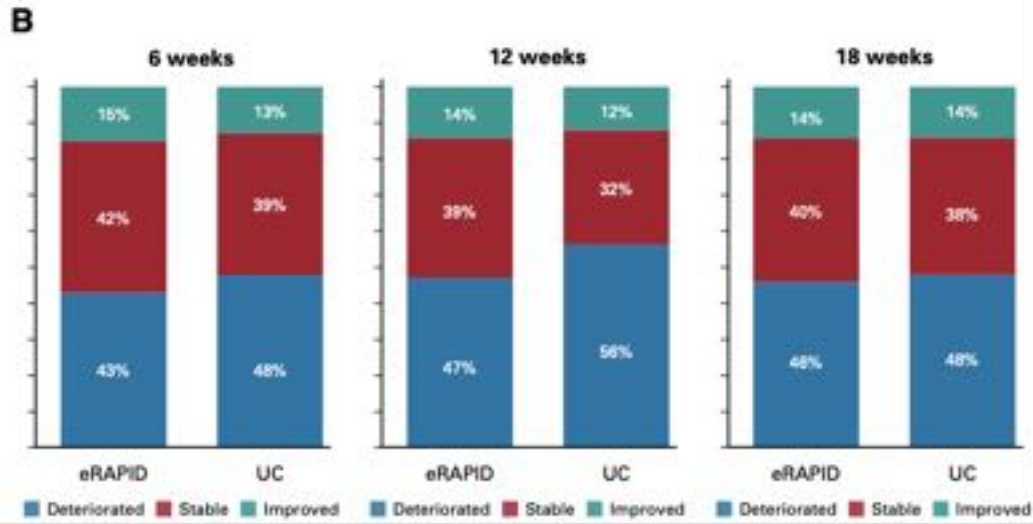
2. How digital health is incorporated in clinical care

Symptom monitoring: active data collection

Electronic patient reported outcomes improve QoL in patients receiving chemotherapy

eRAPID trial: N= 508 (337 adjuvant setting)
Increased physical well being and self-efficacy

eSMART trial: N= 829 (adjuvant setting)
Significant reduction in symptom burden, increased QoL



Absolom JCO 2021

Table 3 | Mixed model, repeated measures analysis of change from baseline using y model

Variable	Adjusted* least squares mean (95% CI)		Adjusted* mean difference (95% CI)	
	Intervention	Standard care	Intervention v standard care	P value
Total MSAS†	0.36 (0.34 to 0.39)	0.52 (0.49 to 0.54)	-0.15 (-0.19 to -0.12)	<0.001
MSAS global distress index	0.46 (0.42 to 0.50)	0.67 (0.63 to 0.71)	-0.21 (-0.27 to -0.16)	<0.001
MSAS psychological	0.51 (0.46 to 0.55)	0.67 (0.63 to 0.72)	-0.16 (-0.23 to -0.10)	<0.001
MSAS physical	0.33 (0.30 to 0.36)	0.54 (0.51 to 0.58)	-0.21 (-0.26 to -0.17)	<0.001
FACT-G total	86.3 (85.3 to 87.3)	82.3 (81.3 to 83.3)	4.06 (2.65 to 5.46)	<0.001
FACT-G physical	23.4 (21.3 to 23.7)	21.6 (21.3 to 22.0)	1.75 (1.25 to 2.25)	<0.001
FACT-G emotional	20.4 (20.2 to 20.7)	19.9 (19.6 to 20.1)	-0.54 (-1.23 to 0.16)	0.13
FACT-G social	23.6 (23.2 to 23.9)	23.2 (22.8 to 23.5)	0.44 (-0.06 to 0.93)	0.08
FACT-G functional	19.1 (18.7 to 19.5)	17.5 (17.1 to 17.9)	1.61 (1.00 to 2.22)	<0.001
STAI-R trait	32.7 (32.2 to 33.3)	33.9 (33.4 to 34.4)	-1.15 (-1.90 to -0.41)	0.003
STAI-R state	31.9 (31.2 to 32.6)	33.0 (32.4 to 33.7)	-1.13 (-2.06 to -0.20)	0.02
CASE-Cancer	43.7 (43.3 to 44.2)	42.9 (42.3 to 43.4)	0.81 (0.19 to 1.43)	0.01
SCNS-SF34 psychological	23.2 (21.9 to 24.6)	24.4 (23.0 to 25.8)	-1.14 (-3.04 to 0.75)	0.24
SCNS-SF34 health system and information	22.3 (21.1 to 23.4)	23.7 (22.5 to 24.9)	-1.46 (-3.13 to 0.21)	0.09
SCNS-SF34 sexuality needs	12.0 (10.9 to 13.1)	13.5 (12.4 to 14.7)	-1.56 (-3.11 to -0.01)	<0.05
SCNS-SF34 patient care and support	17.5 (16.5 to 18.6)	19.3 (18.1 to 20.4)	-1.74 (-3.31 to -0.16)	0.03
SCNS-SF34 physical and daily living	27.3 (25.7 to 28.8)	30.0 (28.5 to 31.6)	-2.8 (-5.0 to -0.6)	0.01

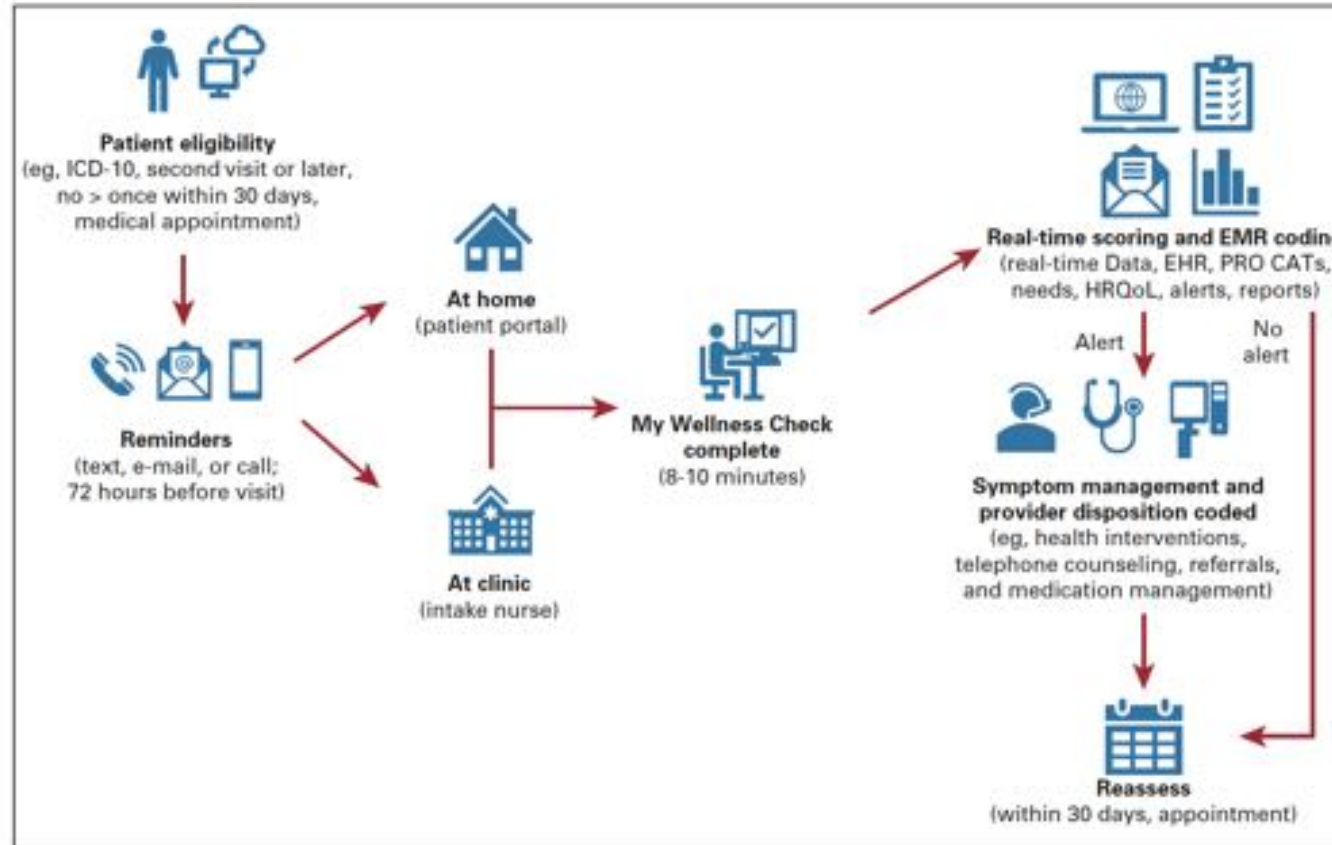
CASE-Cancer=Communication and Attitudinal Self-Efficacy scale for cancer; FACT-G=Functional Assessment of Cancer Therapy—General; MSAS=Memorial Symptom Assessment Scale; SCNS-SF34=Supportive Care Needs Survey Short-Form; STAI=State-Trait Anxiety Inventory.
*Adjusted for baseline patient reported outcome measure, cycle, age, sex, cancer type, comorbidity, and country.
†Primary outcome.

Maguire Oncol 2021

2. How digital health is incorporated in clinical care

Symptom monitoring: active data collection

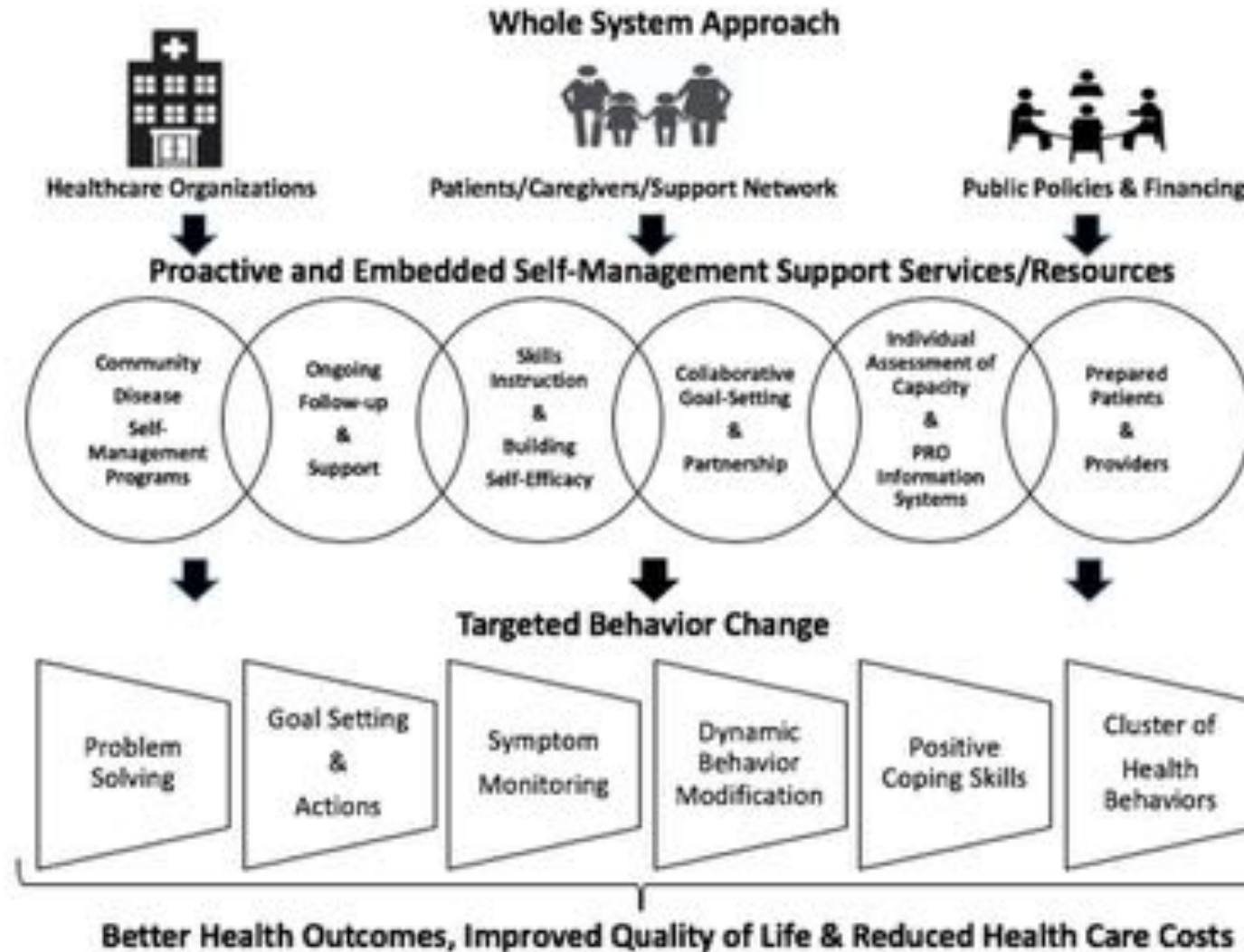
Real-time and dynamic symptom management and needs assesment “From the hospital to home and back to the hospital”



Types of PROs:
Health related QoL
Symptoms
Health system utilization
Satisfaction/Experience

2. How digital health is incorporated in clinical care

Digital Self management



[Published: 26 January 2013](#)

Survivorship Clinic Group Educational Sessions: Adoption, Acceptance, and Attendance

[Alyse Wheelock](#), [Eva Mihalis](#), [Debby Hamolsky](#), [Mary Lou Ernest](#), [Nancy Shepard Lopez](#),
[Jimmy Hwang](#) & [Michelle Melisko](#) 

[Journal of Cancer Education](#) **28**, 79–83 (2013) | [Cite this article](#)

2. How digital health is incorporated in clinical care

Digital Self management

The Efficacy of Internet-Based Cognitive Behavioral Therapy for Severely Fatigued Survivors of Breast Cancer Compared With Care as Usual: A Randomized Controlled Trial

Harriët J.G. Abrahams, MSc^{1,2}; Marieke F.M. Gielissen, PhD³; Rogier R.T. Donders, PhD⁴; Martine M. Goedendorp, PhD⁵; Agnes J. van der Wouw, PhD⁶; Constans A.H.H.V.M. Verhagen, PhD⁷; and Hans Knoop, PhD^{1,3}

Web-Based Tailored Education Program for Disease-Free Cancer Survivors With Cancer-Related Fatigue: A Randomized Controlled Trial

Young Ho Yun, Keun Seok Lee, Young-Woo Kim, Sang Yoon Park, Eun Sook Lee, Dong-Young Noh, Sung Kim, Jae Hwan Oh, So Youn Jung, Ki-Wook Chung, You Jin Lee, Seung-Yong Jeong, Kyu Joo Park, Young Mog Shim, Jae Ill Zo, Ji Won Park, Young Ae Kim, En Jung Shon, and Sohee Park

Internet-Delivered Cognitive-Behavioral Therapy for Insomnia in Breast Cancer Survivors: A Randomized Controlled Trial

Robert Zachariae, Ali Amidi, Malene F. Damholdt, Cecilie D. R. Clausen, Jesper Dahlgaard, Holly Lord, Frances P. Thorndike, Lee M. Ritterband

Efficacy of Internet-Based Cognitive Behavioral Therapy in Improving Sexual Functioning of Breast Cancer Survivors: Results of a Randomized Controlled Trial

Susanna B. Hummel, Jacques J.D.M. van Lankveld, Hester S.A. Oldenburg, Daniela E.E. Hahn, Jacobien M. Kieffer, Miranda A. Gerritsma, Marianne A. Kuenen, Nina Bijker, Paul J. Borgstein, Gijsbert Heuff, Alexander M.F. Lopes Cardozo, Peter W. Plaisier, Herman Rijna, Suzan van der Meij, Eric J. van Dulken, Bart C. Vrouenraets, Eva Broomans, and Neil K. Aaronson

Efficacy of Internet-Based Cognitive Behavioral Therapy for Treatment-Induced Menopausal Symptoms in Breast Cancer Survivors: Results of a Randomized Controlled Trial

Vera Atema, MSc¹; Marieke van Leeuwen, PhD¹; Jacobien M. Kieffer, PhD¹; Hester S.A. Oldenburg, MD, PhD¹; Marc van Beurden, MD, PhD¹; Miranda A. Gerritsma, MSc¹; Marianne A. Kuenen, BSc¹; Peter W. Plaisier, MD, PhD²; Alexander M.F. Lopes Cardozo, MD³; Yvonne E.A. van Riet, MD⁴; Gijsbert Heuff, MD, PhD⁵; Herman Rijna, MD, PhD⁶; Suzan van der Meij, MD⁷; Eva M. Noorda, MD, PhD⁸; Gert-Jan Timmers, MD, PhD⁹; Bart C. Vrouenraets, MD, PhD¹⁰; Matthé Bollen, MD¹¹; Henk van der Veen, MD¹²; Nina Bijker, MD, PhD¹³; Myra S. Hunter, PhD¹⁴; and Neil K. Aaronson, PhD¹

Face-to-Face and Internet-Based Mindfulness-Based Cognitive Therapy Compared With Treatment as Usual in Reducing Psychological Distress in Patients With Cancer: A Multicenter Randomized Controlled Trial

Félix Compen, Else Bisseling, Melanie Schellekens, Rogier Donders, Linda Carlson, Marije van der Lee, and Anne Speckens

Computerized Cognitive Training for Amelioration of Cognitive Late Effects Among Childhood Cancer Survivors: A Randomized Controlled Trial

Heather M. Conklin, Robert J. Ogg, Jason M. Ashford, Matthew A. Scoggins, Ping Zou, Kellie N. Clark, Karen Martin-Elbahesh, Kristina K. Hardy, Thomas E. Merchant, Sima Jeha, Lu Huang, and Hui Zhang

Evaluation of a Web-Based Cognitive Rehabilitation Program in Cancer Survivors Reporting Cognitive Symptoms After Chemotherapy

Victoria J. Bray, Haryana M. Dhillon, Melanie L. Bell, Michael Kabourakis, Mallorie H. Fiero, Desmond Yip, Frances Boyle, Melanie A. Price, and Janette L. Vardy

2. How digital health is incorporated in clinical care

Digital Self management

Table 2. Findings regarding efficacy of telemedicine in post-treatment survivorship care, for outcomes included in >2 systematic reviews

Outcome	Finding	N SRs	N primary Studies	Overlap	Intervention designs	SR Refs
Domain 2: Surveillance and management of physical effects						
Physical symptom burden	+	6	6	14%	Web, phone	28,29,37,40,42,48
Physical functioning	+	5	6	16%	Web, wearables	24,29,36,40,42
Fatigue	+	18	31	35%	Web, phone, mobile app	11,24-26,28,35,37,39-40,42,44,47-50
Sleep quality	+	6	5	40%	Web, mobile app	25,29,38-40,48
Sexual function	+	3	6	16%	Web, phone	31,40,43
Cognitive functioning	+	6	11	9%	Web, mobile app	24,25,37,40,42,48
Pain	-	5	5	40%	Web, phone	25,28,29,40,44
Domain 3: Surveillance and management of psychosocial effects						
Motivation	+	2	2	0%	Wearables	24,48
Stress	+	4	4	25%	Web, mobile app	37,40,48,49
Fear of recurrence	+	4	3	66%	Web, app	27,40,48,49
Social and emotional functioning	+	4	5	20%	Web, app	26,44,47,48
Self-efficacy	+	4	9	11%	Web, app, phone	11,27,40,48
Quality of life	+	15	47	45%	Web, app, phone	11,23-25,27,36-38,42,44,45,47-49
Body image	+	2	2	50%	Web	40,45
Mood	NC	4	5	20%	Web, phone	28,29,36,38
Distress	NC	9	15	13%	Web, app, phone	24,27,29,30,31,34,42,48,49
Depression	NC	18	21	52%	Web, app, phone	23-30,34,37-41,47-50
Anxiety	NC	9	15	46%	Web, app, phone	25,29,30,31,37,38,40,41,48
Domain 5: Health promotion and disease prevention						
Physical activity	+	15	34	47%	Web, app, phone, wearables	11,24,25,31,33,35-40,42,47-49
Body weight	+	7	7	14%	Web, app, phone, wearables	29,36-38,40,42,49
Diet quality	+	4	10	20%	Web, app, phone, wearables	31,38,39,42
Smoking	NC	4	3	66%	Web	33,36,37,47
Alcohol	NC	3	2	50%	Web, phone	33,36,37

N, number; NC, Non-convincing findings; Refs, references; SR, systematic review.

+Statistically significant improvement in outcome with telemedicine intervention (more than two-thirds of systematic reviews concluding an overall significant effect).

-Telemedicine intervention had no significant effect on outcome (more than two-thirds of systematic reviews concluding non-significant finding).



review articles

Electronic Health Interventions for Patients With Breast Cancer: Systematic Review and Meta-Analyses

Anna C. Singleton, PhD¹; Rebecca Raeside, MPH¹; Karice K. Hyun, PhD^{1,2}; Stephanie R. Partridge, PhD^{1,3}; Gian Luca Di Tanna, PhD⁴; Nashid Hafiz, MIPH¹; Qiang Tu, PhD¹; Justin Tat-Ko, BMSc¹; Stephanie Che Mun Sum, BMSc¹; Kerry A. Sherman, PhD⁵; Elisabeth Elder, MBBS, PhD^{6,7}; and Julie Redfern, PhD^{1,4}

2. How digital health is incorporated in current care

Digital Self management

Role of eHealth application Oncokompas in supporting self-management of symptoms and health-related quality of life in cancer survivors: a randomised, controlled trial

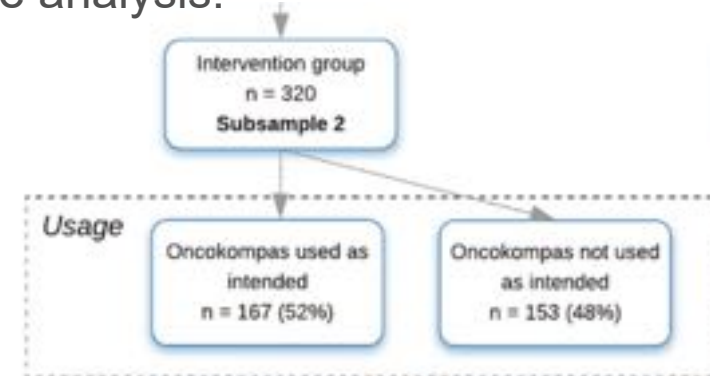
Anja van der Hout, Cornelia F van Uden-Kraan, Karen Holtmaat, Femke Jansen, Birgit I Lissenberg-Witte, Grard A P Nieuwenhuijzen, José A Hardillo, Robert J Baatenburg de Jong, Nicolette L Tiren-Verbeet, Dirkje W Sommeijer, Koen de Heer, Cees G Schaar, Robert-Jan E Sedee, Koop Bosscha, Michiel W M van den Brekel, Japke F Petersen, Matthijs Westerman, Jimmie Honings, Robert P Takes, Ilse Houtenbos, Wim T van den Broek, Remco de Bree, Patricia Jansen, Simone E J Eerenstein, C René Leemans, José M Zijlstra, Pim Cuijpers, Lonneke V van de Poll-Franse, Irma M Verdonck-de Leeuw

Primary endpoint: Patient Activation **was not** significantly different between intervention and control group over time

Small benefits in secondary outcomes: overall QoL and tumour specific symptoms

Need for **personalised and tailored** interventions
Right information at the **right time**

Usage analysis:



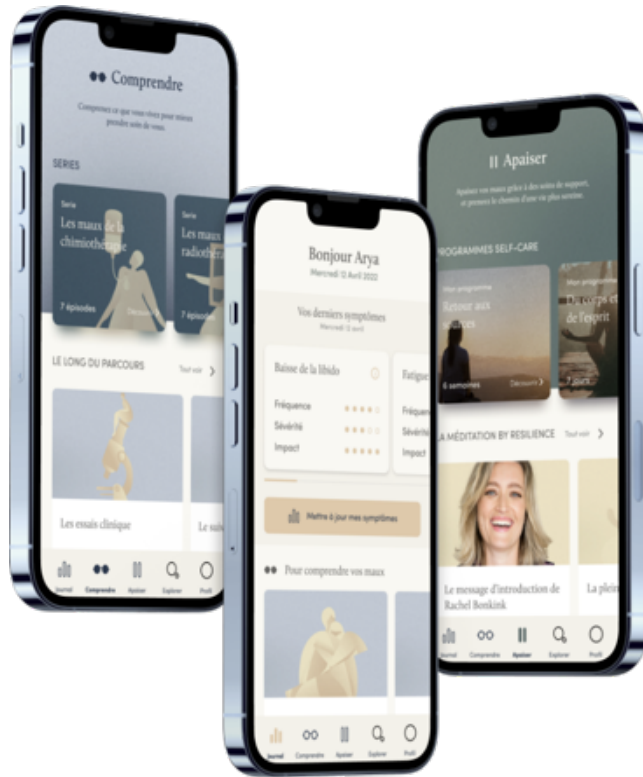
Reasons for not using Oncokompas:

- **No symptom burden** 32%
- **Lack of time** 26%
- Not interested 10%
- Not fitting to personal problems 10%
- Personal reasons 10%
- **Technical problems** 22%
- Aim of Oncokompas was not clear 6%
- Too comprehensive: 3%

Time since diagnosis, months	25.0 (16.0-41.0)	29.0 (16.5-41.0)
3-<12	39 (12%)	38 (13%)
12-<24	104 (33%)	85 (28%)
24-60	177 (55%)	182 (60%)

2. How digital health is incorporated in clinical care

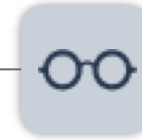
Experience GR



Courtesy of Resilience Care



Remote monitoring



Education

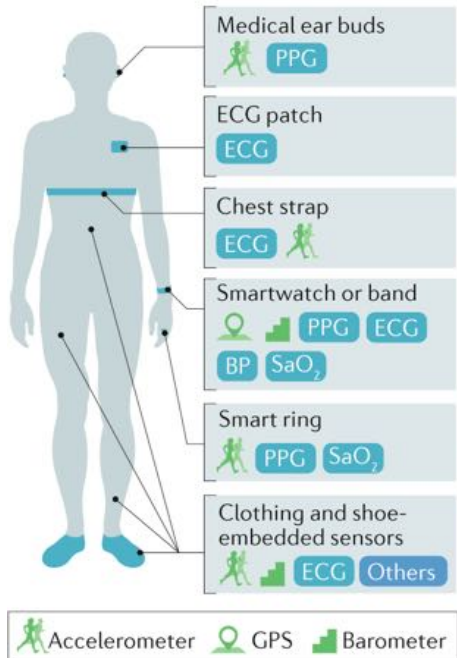


Self management

2. How digital health is incorporated in clinical care

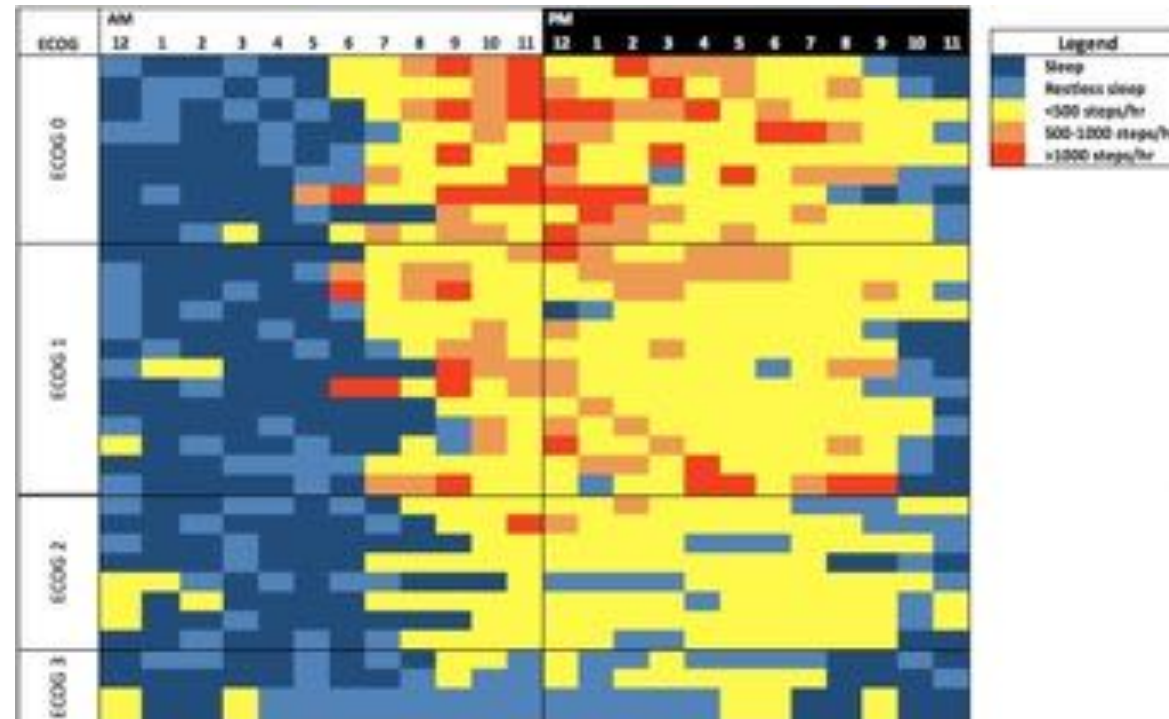
Future

Biometric sensors:



Bayumi Nat Review Card 2021

Physical activity/ Functional status / Fatigue Accelerometers



Gresham npj Dig Med 2018

Steps counts during concomitant chemoradiotherapy – predictor of unplanned hospitalization (Ohri 2017, Ohri 2019)

Location

GPS

Diet

Webb/app diaries

Wireless scales (body composition)

Image recognition

Sleep

Neuropathy

Plethoplethysmography sensors

Emotional distress

Galvanic skin reaction

Cortisol levels on sweat

Alcohol and Tobacco

Movement detection

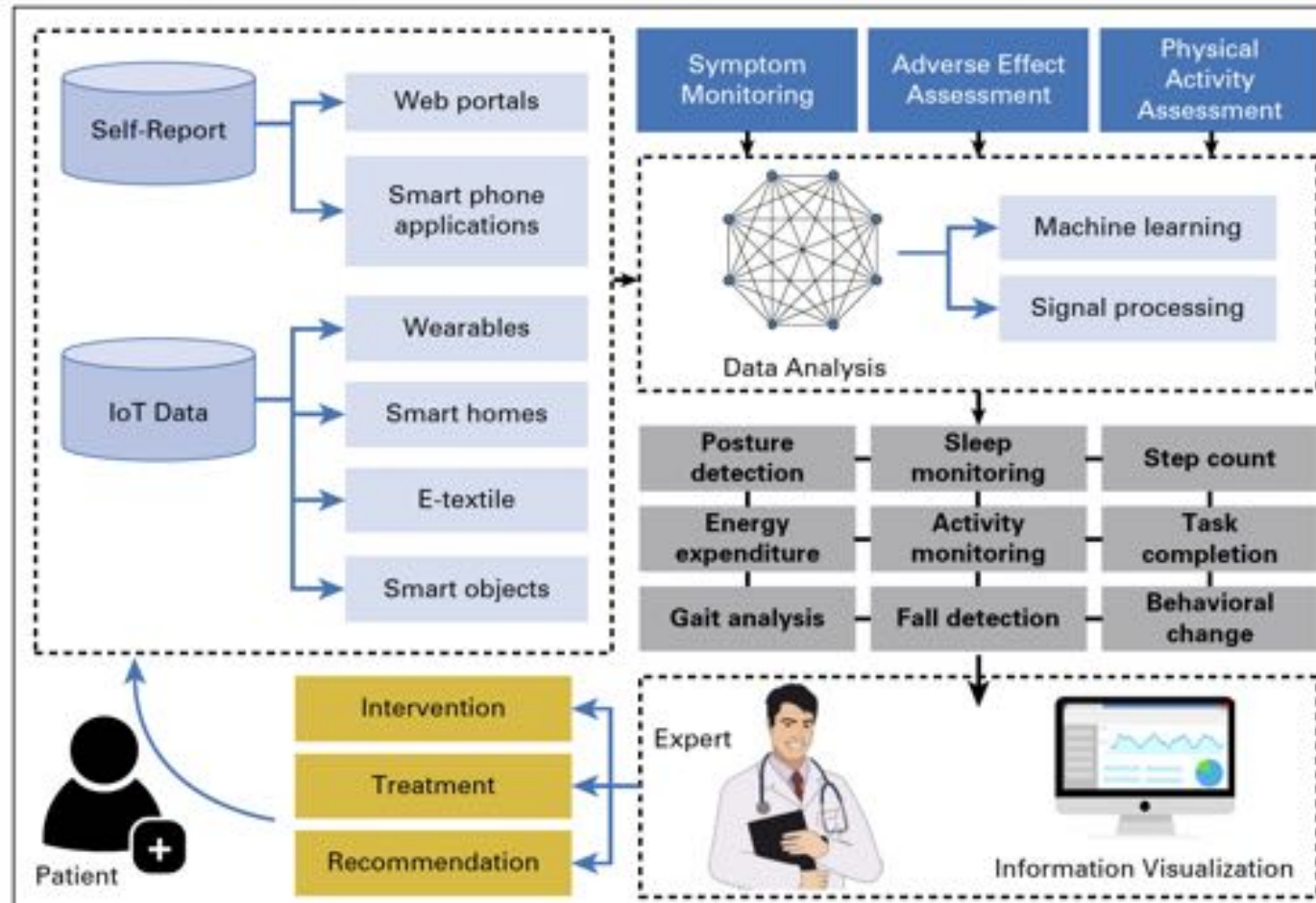
Smart Pill dispenser

Adherence

...

2. How digital health is incorporated in clinical care Future

Internet of Things (IoT) have facilitated new ways to collect patient-generated health data during clinic visits and daily life



Fallahzadeh JCO Canc Infor 2018

2. How digital health is incorporated in clinical care

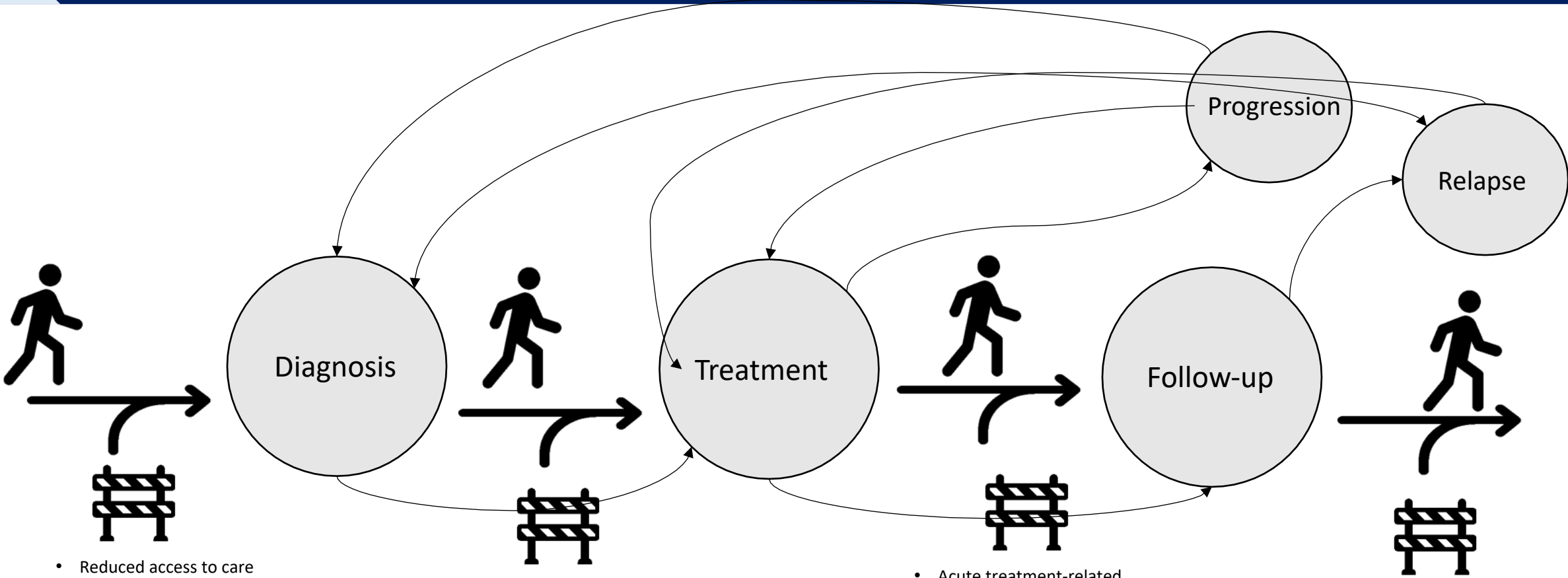
Future

The PRO-ACTive approach:



2. How digital health is incorporated in current care

Future



- Reduced access to care
- Non adherence to screening
- Misinformation
- Lack of education

- Psychological distress
- Poor understandment of treatment plan and options
- Financial distress & social distress
- Poor communication with care team
- Non-adherence to treatment plan
- Unhealthy behaviours

- Acute treatment-related toxicities
- Poor communication with care team
- Unplanned hospitalizations
- Non-adherence to treatment plan
- Unhealthy behaviours
- Financial and social distress

- Chronic and long lasting physical and emotional toxicities
- Poor communication with care team
- Non adherence to treatment plan
- Unhealthy behaviours
- Second primary malignancies
- Concomitant diseases

2. How digital health is incorporated in clinical care Future

Side car initiatives struggle

DANA-FARBER
CANCER INSTITUTE

BAPTIST

WVU Cancer Institute

Epic

Dartmouth-Hitchcock
NORRIS COTTON
CANCER CENTER

Maine Medical Center
Maine Health

Lifespan Cancer Institute
Brandegee Hospital, The Miriam Hospital
Providence Hospital
Following health with care

UNC
LINEBERGER

Over 10,000 participants have participated
in an ongoing pragmatic trial

CANCER MOONSHOT

RESEARCH INITIATIVES

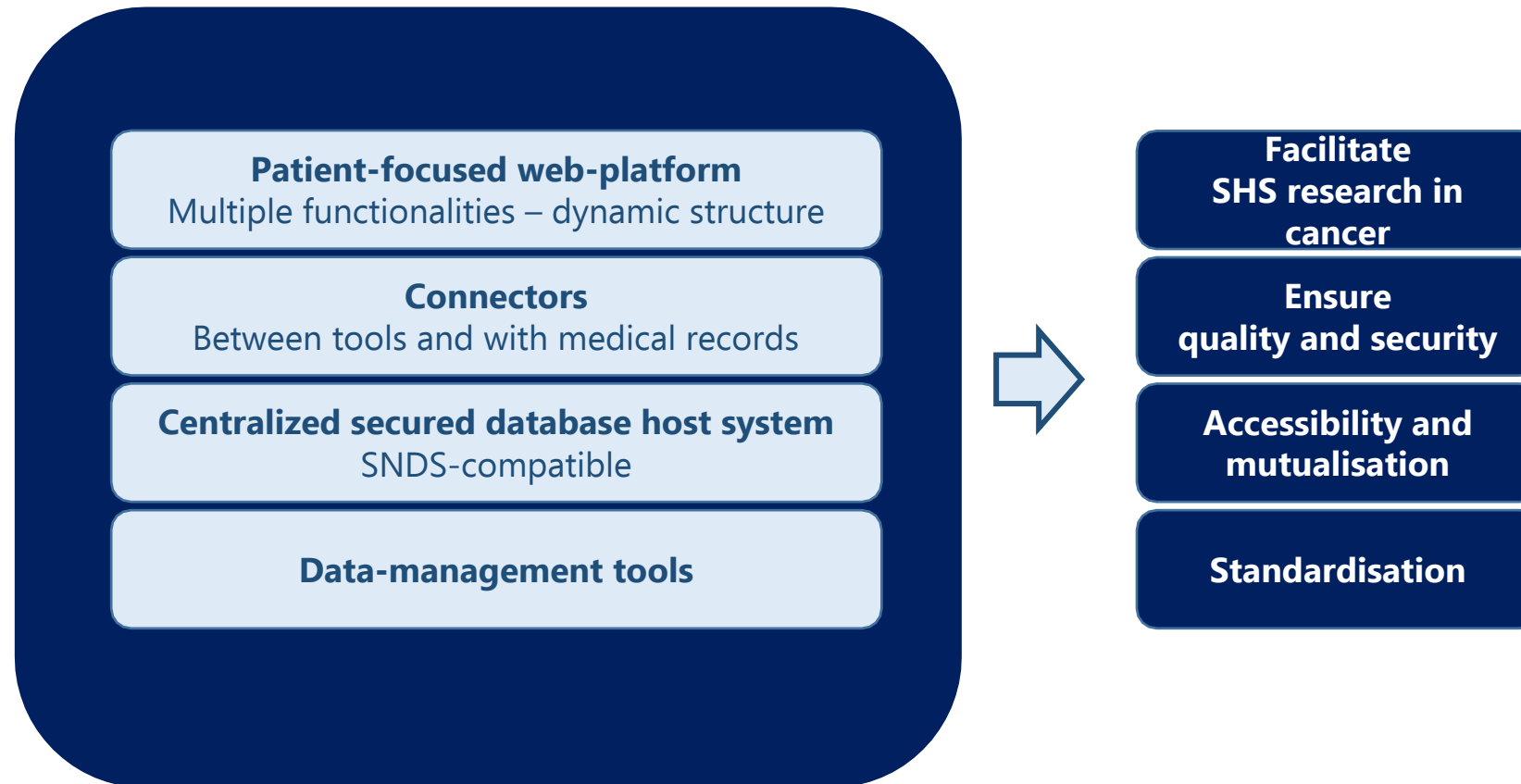
Moving PROs from Research to Routine

Deb Schrag MD, MPH (PI, Dana-Farber Cancer Institute)
Sandra Wong MD (Dartmouth-Hitchcock)
Ray Osarogiagbon MD (Baptist Memorial)
Michael Hassett MD (Dana-Farber Cancer Institute)
Don Dixon MD (Lifespan)
Hannah Hazard-Jenkins MD (West Virginia University)
Scot Remick MD (Maine Medical Center)
Ethan Basch MD (University of North Carolina)

eSyM
Electronic
Symptom
Management

2. How digital health is incorporated in clinical care

Future



3. Digital health for everyone?

The poster features logos for the United Nations, Department of Economic and Social Affairs, United Nations Office of the Secretary-General's Envoy on Technology, and the NGO Committee on AGEING. The main text reads: 'UNITED NATIONS INTERNATIONAL DAY OF OLDER PERSONS 2021', 'DIGITAL EQUITY FOR ALL AGES', 'OCTOBER 1, 2021', '10:00-11:30 EDT', 'ONLINE New York, NY', and 'REGISTER TODAY'. At the bottom, four diverse individuals are shown using digital devices: a woman with a tablet, a man with a laptop, a woman with a smartphone, and a man with a laptop.

United Nations | Department of Economic and Social Affairs

United Nations | Office of the Secretary-General's Envoy on Technology

NGO Committee on **AGEING**
UNITED NATIONS, NY

UNITED NATIONS INTERNATIONAL DAY OF OLDER PERSONS 2021

OCTOBER
1, 2021

10:00-11:30
EDT

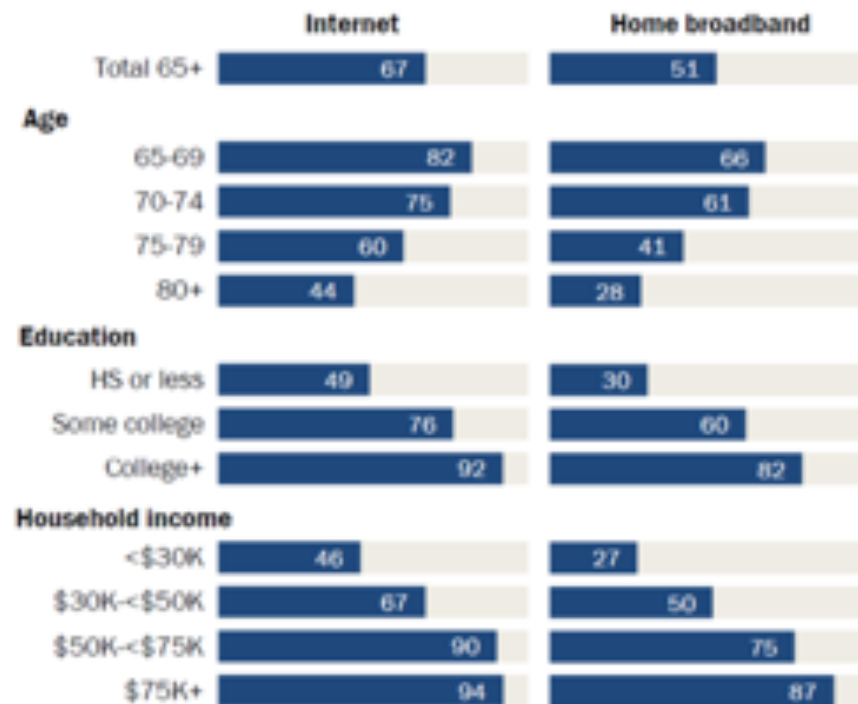
DIGITAL EQUITY FOR ALL AGES

ONLINE
New York, NY

REGISTER TODAY

Internet use and broadband adoption among seniors varies greatly by age, income and education

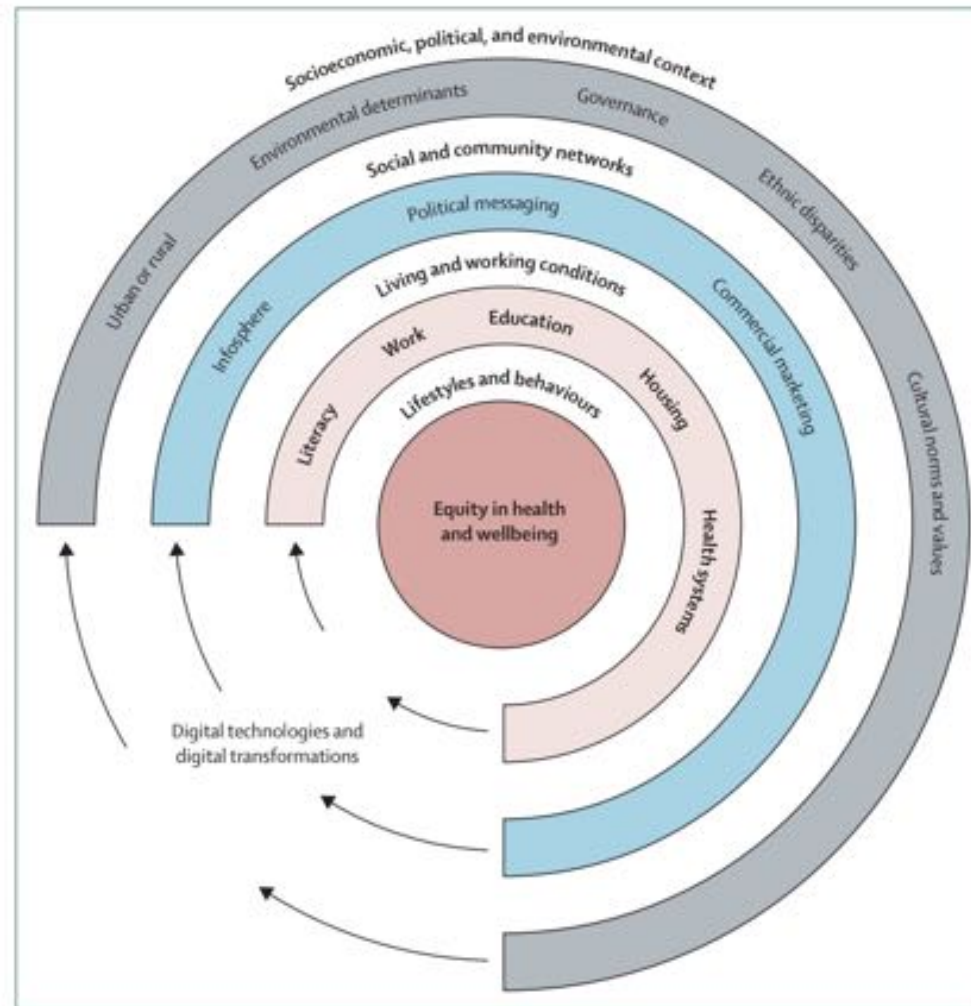
% of U.S. adults ages 65 and older who say they use/have the following ...



Source: Survey conducted Sept. 29-Nov. 6, 2016.
"Tech Adoption Climbs Among Older Adults"

PEW RESEARCH CENTER

Interface between digital health and determinants of health

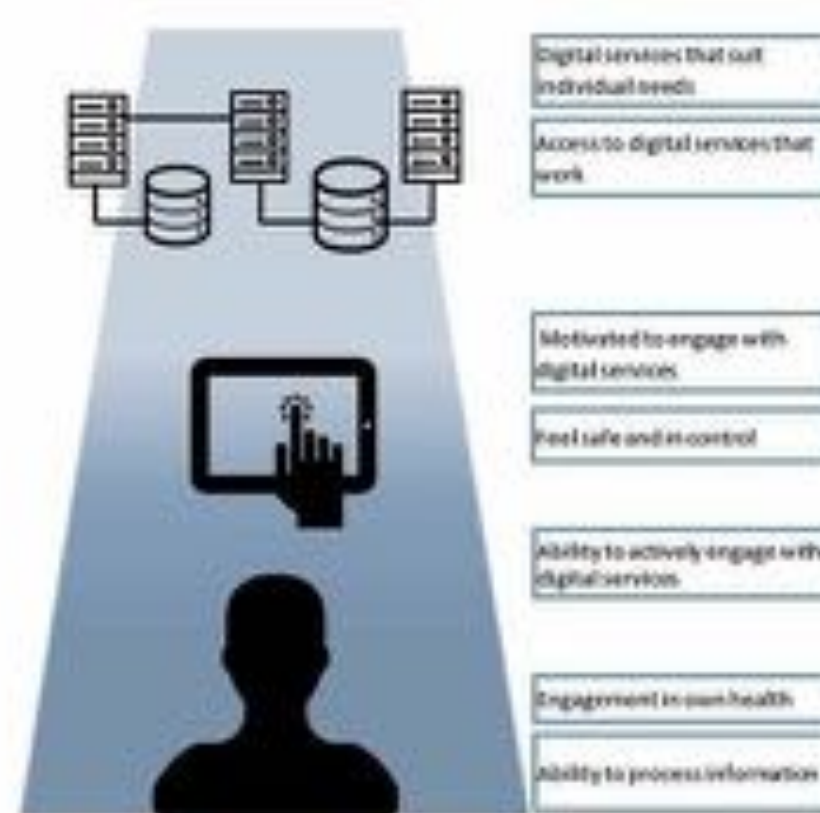


3. Digital health for everyone? eHealth Literacy

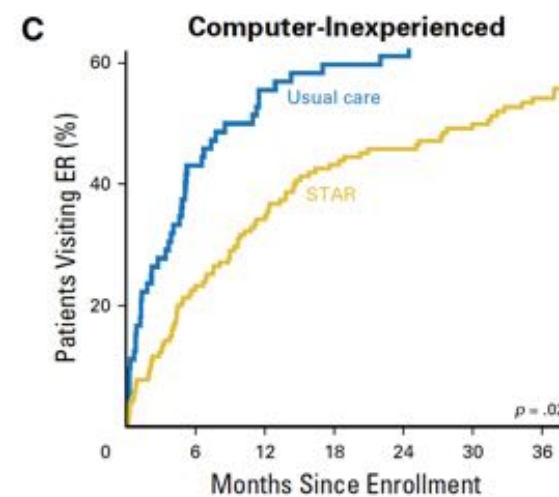
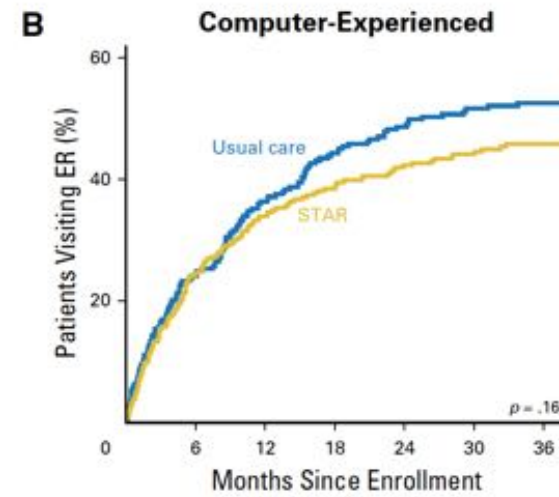
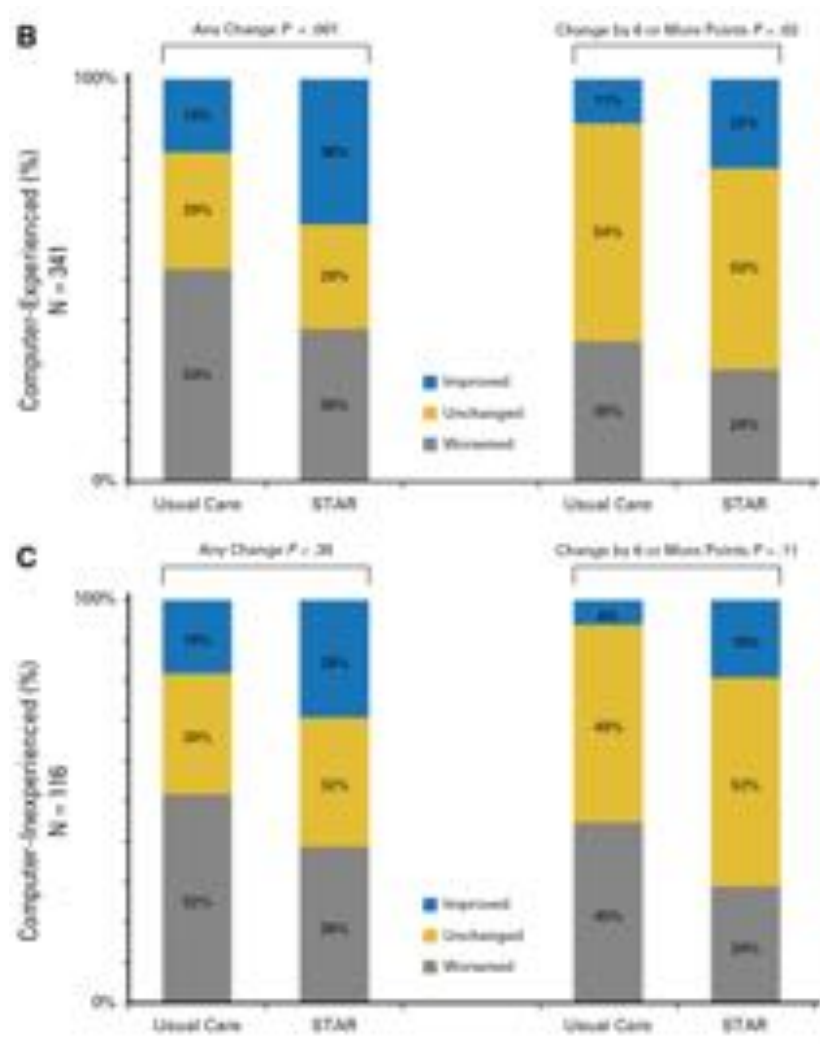
Health literacy: the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health

eHealth literacy: the ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem (Norman & Skinner 2006)

The eHealth literacy framework - eHLQ



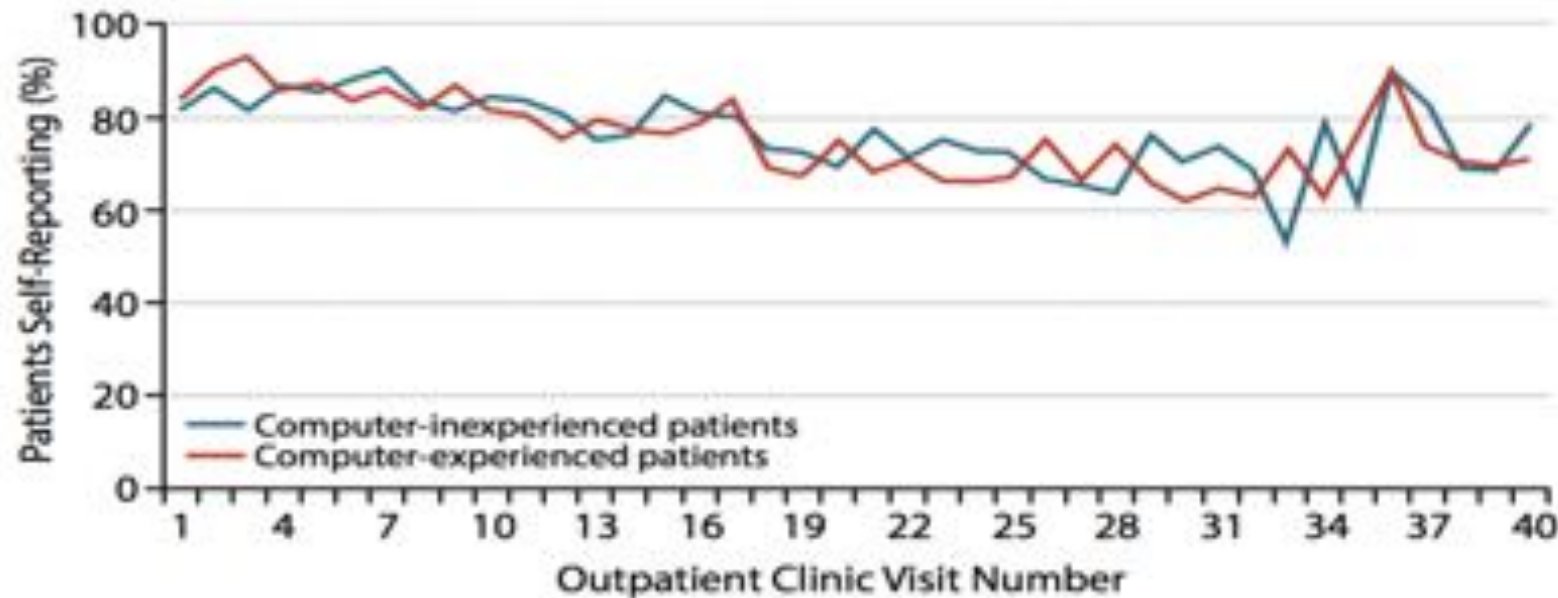
3. Digital health for everyone? eHealth literacy



3. Digital health for everyone? eHealth literacy

75-80% of patients self reported at any given clinic visit, even those who were inexperienced computer users

Patients continued reporting over time



Bash JCO 2017

Digital health can be used to support the cancer patient journey and we demonstrated high utilization in an array of sociodemographic variables in our population.

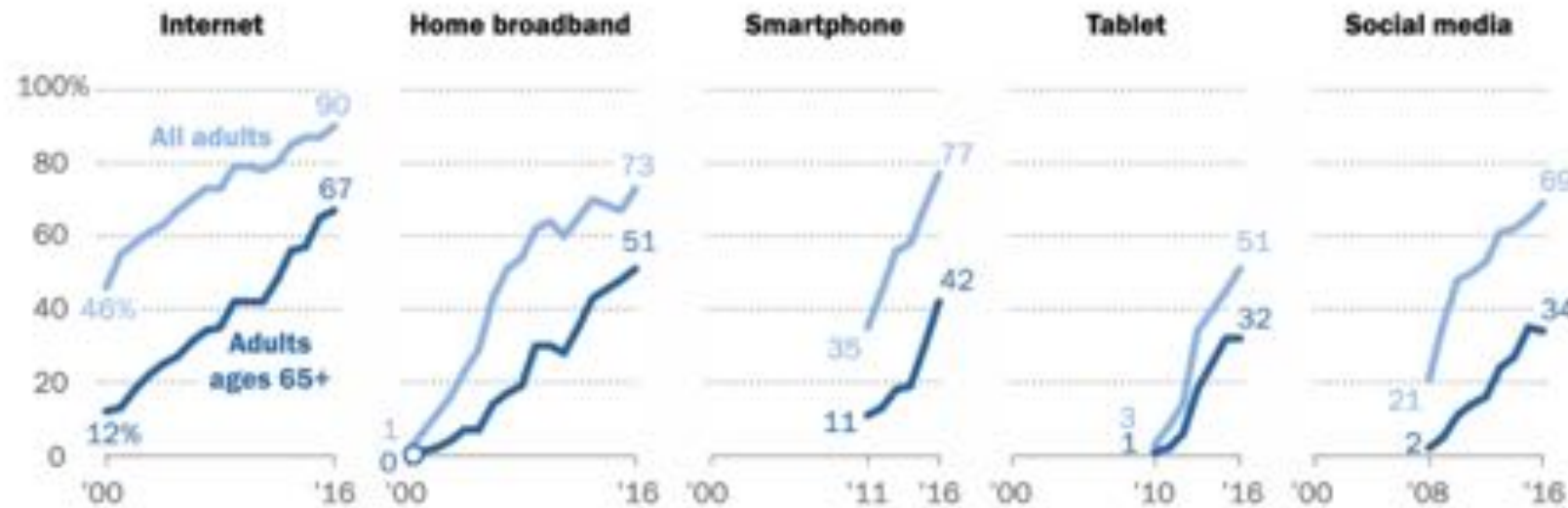
Patel , ASCO clinical care, 2022

3. Digital health for everyone? eHealth literacy



Smartphone adoption among seniors has nearly quadrupled in the last five years

% of U.S. adults who say they have or use the following



Source: Survey conducted Sept. 29-Nov. 6, 2016. Trend data are from previous Pew Research Center surveys.

"Tech Adoption Climbs Among Older Adults"

PEW RESEARCH CENTER

Awareness/interest; access/cost; adoption; patient centric, representation, trust

Young, Empowered & Strong Web-Based Portal



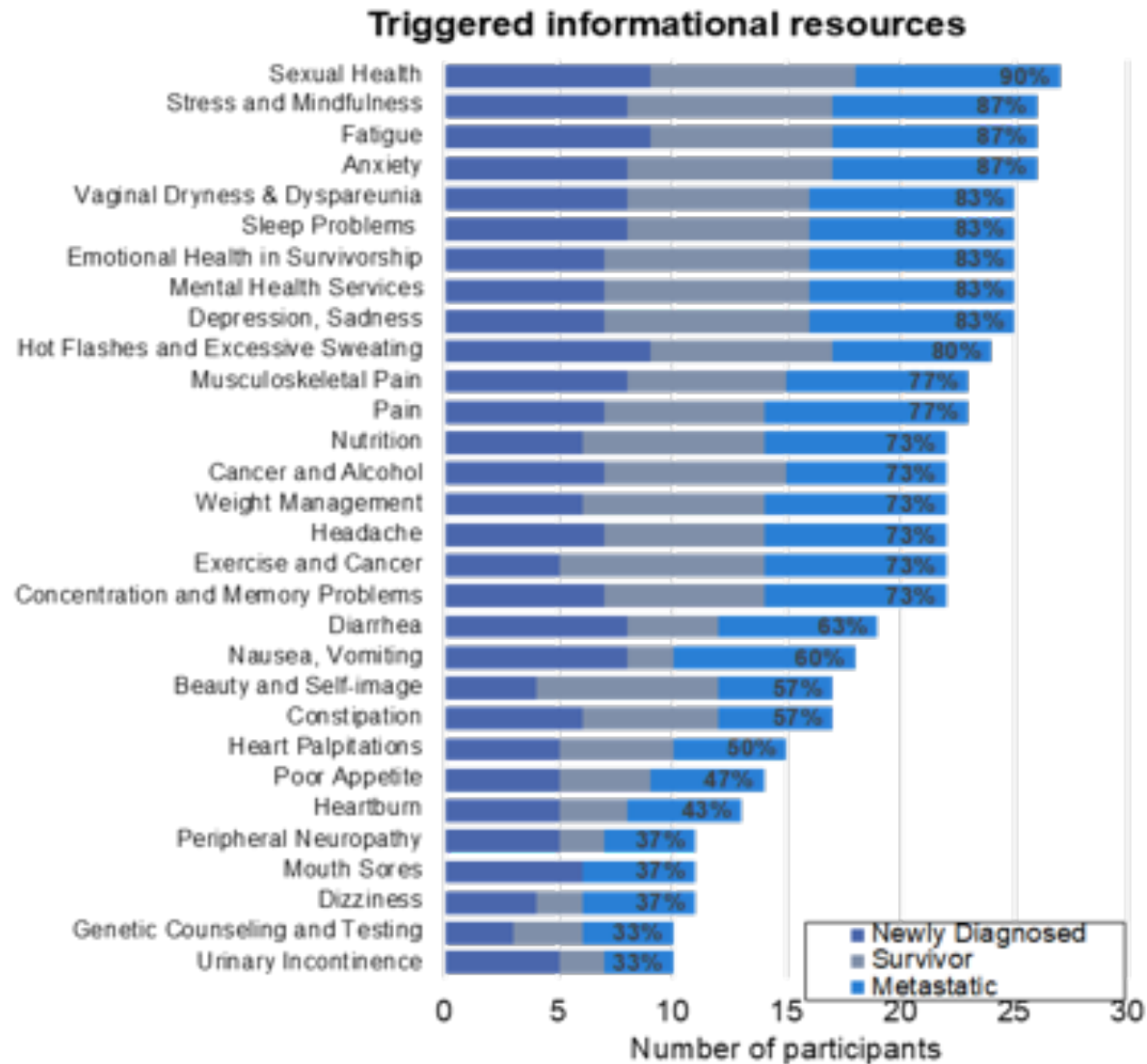
A multicomponent intervention to engage and activate young women with breast cancer to self-monitor and self-manage concerns and symptoms by providing tailored information, resources and support (chat rooms and expressive writing opportunity)

YES builds on and extends prior web and clinic-based Young and Strong intervention

Serial symptom monitoring into the survivorship period, when chronic symptoms and informational and supportive care needs are prevalent

Model emphasizes self-monitoring and self-management, without heavy clinician involvement, and self and peer support

3. Digital health for everyone?

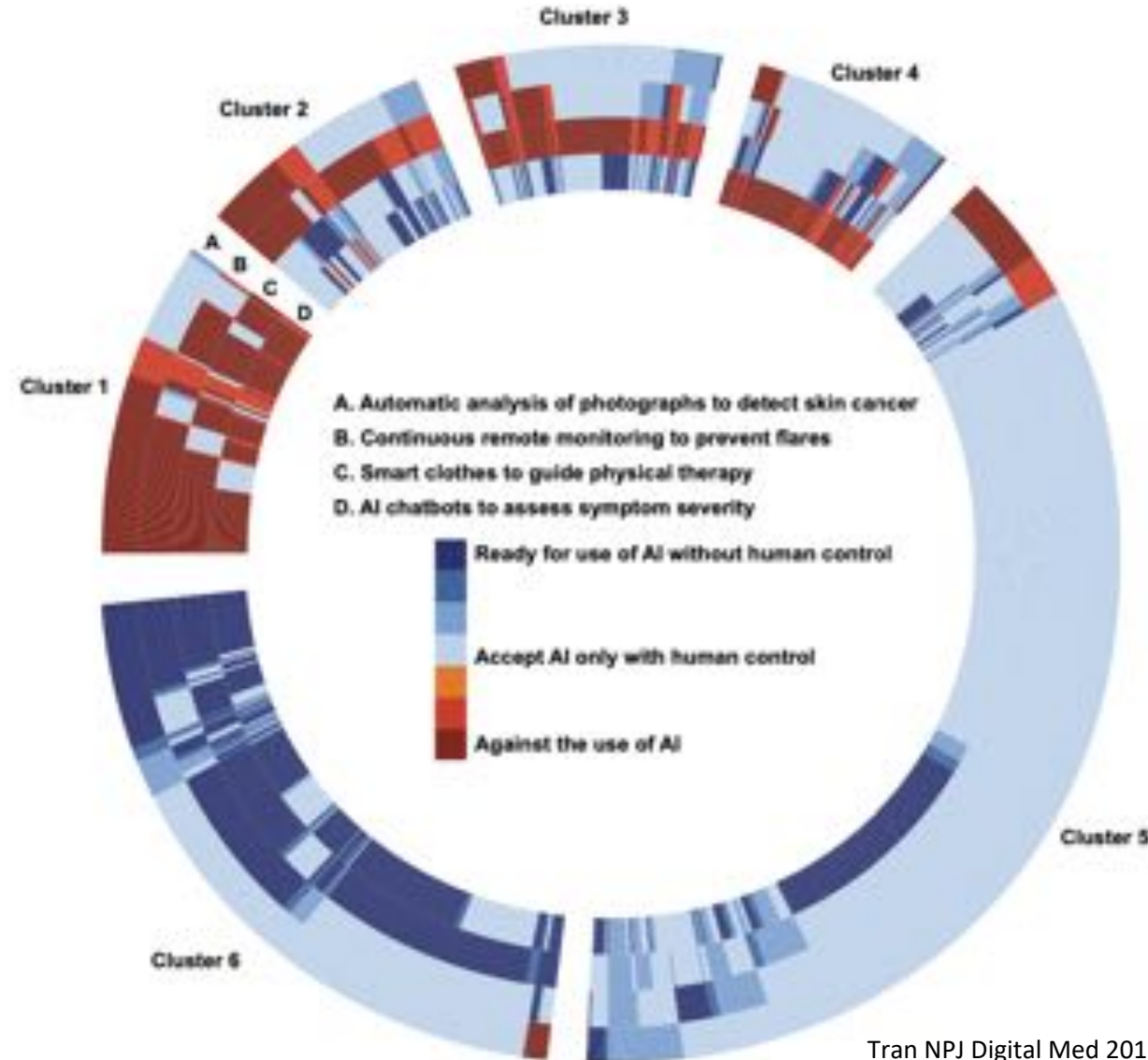


3. Digital health for everyone? Patient's perspective

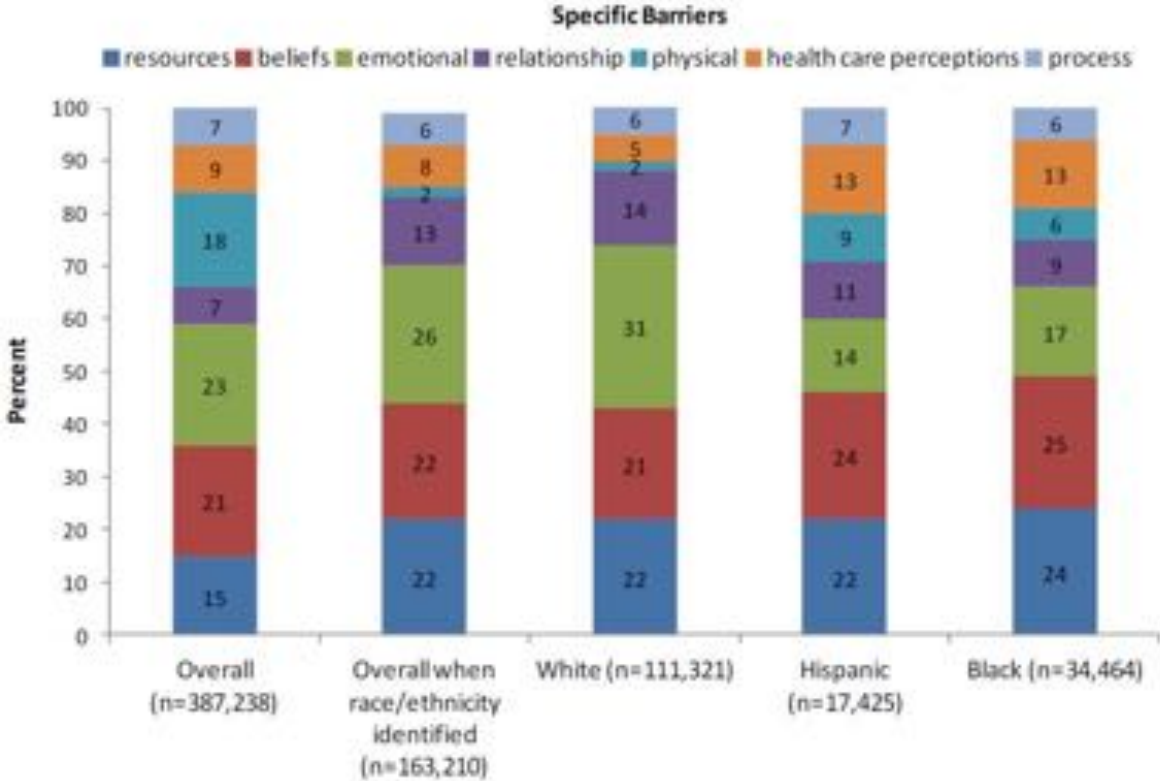
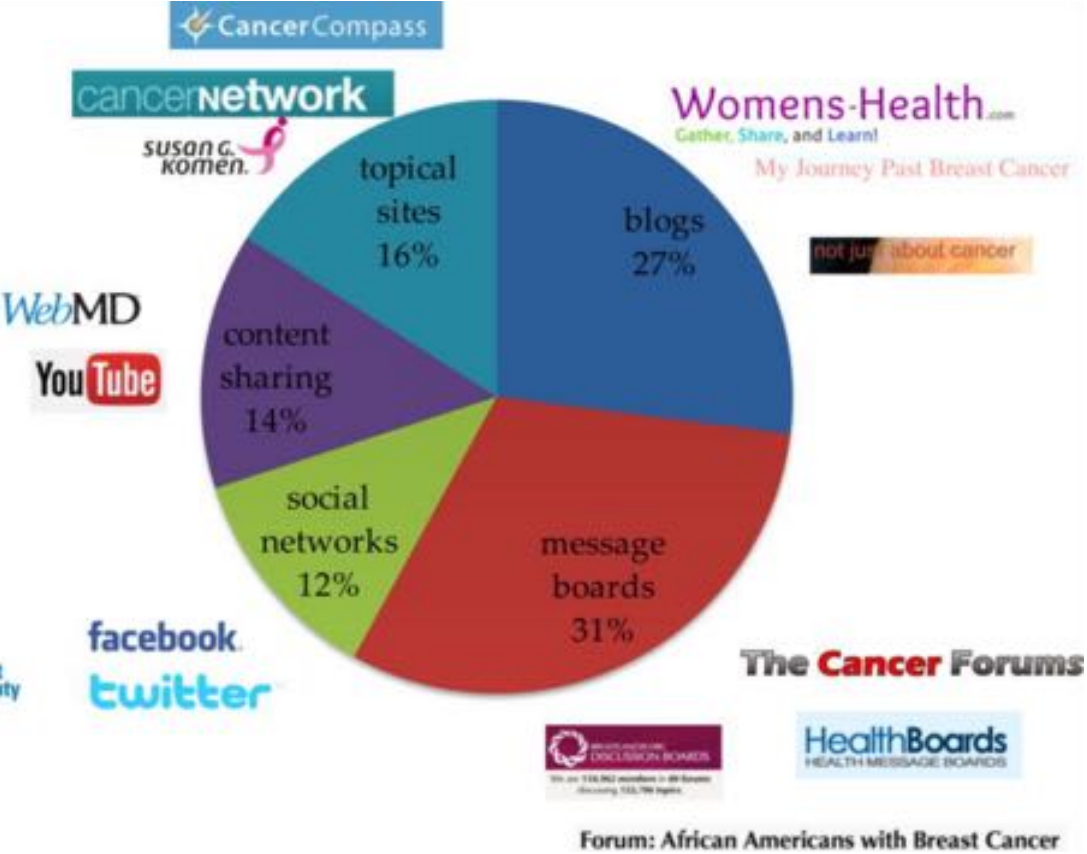
Patients' perceived benefits and risks for the use of digital technologies and AI in healthcare

N= 1183 pts with chronic conditions (9% cancer)

- **47%** of participants considered as a **great opportunity**
- **11%** participants considered as a **great danger**
- **20%** participants considered that the potential **benefits of technology greatly outweighed its potential dangers**



3. Digital health and social media








IDEAS ARE EASY IMPLEMENTATION IS HARD

Guy Kawasaki



6. Digital health for everyone? Tailored digital health for everyone!

				
<p>Design and User Experience</p> <p>Is it easy to use?</p> <p>Was it designed for people like me?</p> <p>Did they conduct UX testing with people like me?</p>	<p>Awareness and Interest</p> <p>Why should I be interested in this technology?</p> <p>What new products exist?</p> <p>Should I care?</p>	<p>Cost and Acquisition</p> <p>Can I afford it?</p> <p>How do I buy it?</p> <p>How do I select the right product?</p>	<p>Installation and Adoption</p> <p>How do I integrate it into my life?</p> <p>Who can help me if I run into problems?</p> <p>How difficult is it to set up?</p>	<p>Trust and Privacy</p> <p>Are my personal data secure?</p> <p>Are there any known privacy or identify theft issues?</p> <p>What personal data does it collect?</p>

- 1) Digital health encompasses many digital technologies/devices such as mHealth, remote monitoring, wearables, EMR, telemedicine and digital therapeutics.**
- 2) ePROs and remote monitoring improves QoL in the early and metastatic setting.**
- 3) Digital technologies may facilitate self-management support and the delivery of supportive care interventions along the cancer care continuum.**
- 4) One size does not fit all: prioritize personalization, timely and targeted interventions, consider eHealth literacy, adaptive interfaces and hybrid care models.**

Maria Alice Franzoi
Camila Chiodi
Ann Partridge