

Digitally enabled patient-reported outcome measures in cancer care

Authors' reply

We would like to thank Oana Lindner and colleagues for their response to our Personal View,¹ and for highlighting the potential of digitally enhanced patient-reported outcome measures for care of survivors. We agree and would like to emphasise the potential value of this technology for the psychosocial care of cancer survivors.

Among the most difficult challenges facing individuals living beyond cancer is knowing when to approach the clinical team with a symptom-related concern.² Especially if the individual believes that the symptom is a sign of cancer recurrence, this anxiety can delay pursuit of medical care, thereby potentially impairing both psychological wellbeing and early detection of treatable or curable disease. An e-health system that provides easy, immediate access to guidance for interpreting symptoms (eg, use of tablet computers to report symptoms³), including ready access to the medical team, could lessen anxiety about symptoms that are of little medical concern, while promoting early identification of medically important symptoms that should trigger additional evaluations.

As noted by Lindner and colleagues, apart from their role in identifying medically important concerns, digitally enabled patient-reported outcome measures could also be used to identify and track psychosocial symptoms. Symptom-related fears could produce disabling anxiety in otherwise well cancer survivors, and busy clinicians might not routinely probe for symptom-related psychological distress at in-person follow-up visits. Therefore, screening for these issues both via e-health technology and at routine cancer follow-up visits,

with a digitally-enabled patient-reported outcome measure tool, could more reliably identify patients warranting reassurance or referral for mental health services. Studies are needed to optimise incorporation of distress-screening tools into e-health systems and hospital and clinic environments, although of note, screening will only be helpful if there are subsequent pathways to receive care.⁴ In these situations, this technology could be particularly valuable for identifying and addressing symptom-related distress, thereby enhancing quality of life in cancer survivors.

We declare no competing interests.

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- 3 Basch E, Deal AM, Kris MG, et al. Symptom monitoring with patient-reported outcomes during routine cancer treatment: a randomized controlled trial. *J Clin Oncol* 2016; **34**: 557–65.
- 4 Meijer A, Roseman M, Delisle VC, et al. Effects of screening for psychological distress on patient outcomes in cancer: a systematic review. *J Psychosom Res* 2013; **75**: 1–17.