#3528 Real-world feasibility and use of remote monitoring in oncology and its evolution after reimbursement in France (ARGOS II)

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Introduction

- Digital health tools now provide critical data and give greater weight to the patient's voice in cancer care. ESMO recommends their use for systematic symptom collection[1].
- In clinical trials, remote monitoring (RM) of patients with cancer during treatment has demonstrated both clinical and organizational benefits. Further evidence supporting the feasibility of implementing RM in routine practice at a large scale is still needed.
- Objective of the ARGOS study : describe the characteristics of patients and healthcare centers of Cureety RM platform use from 2019 to 2026 and its evolution in France following reimbursement in November 2023.

Methods

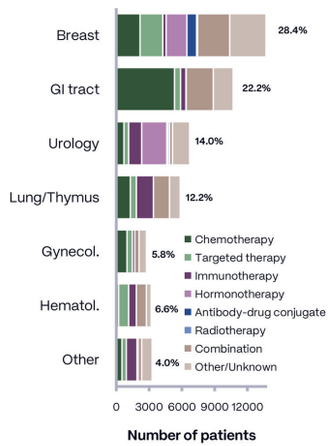
- Patients undergoing anti-cancer treatment are invited to complete weekly Patient-Reported Outcome questionnaires on the Cureety RM platform, based on **CTCAE** *Common Terminology Criteria for Adverse Events)*, tailored to each treatment and cancer setting.
- A clinical classification is automatically generated by Cureety TechCare as **Stable** , **Minor** , **Serious** , or **Critical** , enabling professionals to prioritize patients and deliver proactive care. Therapeutic messages are providing for patients, depending on their symptoms.
- Cureety also collects data including patient demographics, disease characteristics, and satisfaction with RM, as well as Health Care Professionals (HCPs) and hospital center characteristics.

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Oct. 26 | 11:05 – 11:15 | Poster CN9
Segovia Auditorium, Palacio Municipal

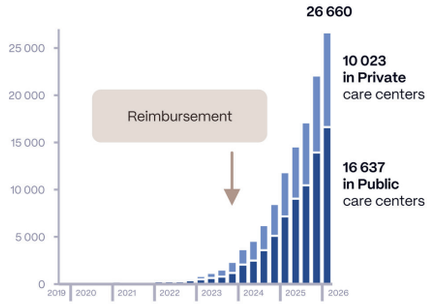
Results

Characteristic	N	%
All patients	48 137	100.0
Gender		
Female	27 413	56.9
Male	20 724	43.1
Age		
< 40	1 631	3.4
40-59	11 950	24.8
60-79	28 456	59.1
> 80	6 100	12.7
Cancer stage		
Localized	13 211	27.4
Locally advanced	7 618	15.8
Metastatic	19 590	40.7
Other / n.d.	7 718	16.0
Treatment type		
Chemotherapy	11 505	23.9
Targeted therapy	6 542	13.6
Immunotherapy	5 594	11.6
Hormonotherapy	4 236	8.8
Antibody-drug conjugate	1 042	2.2
Radiotherapy	314	0.7
Combination	8 896	18.5
Other / n.d.	10 008	20.8
Monitoring type		
Autonomous (app)	40 296	83.7
Assisted (phone call)	7 841	16.3

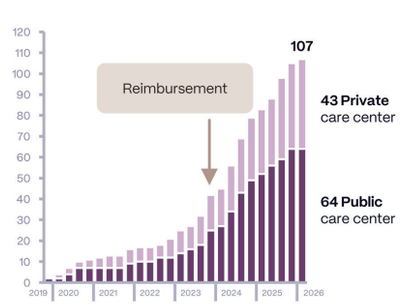
Primary sites and treatment types



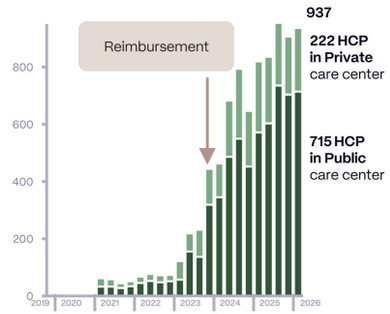
Patients using Cureety by quarter



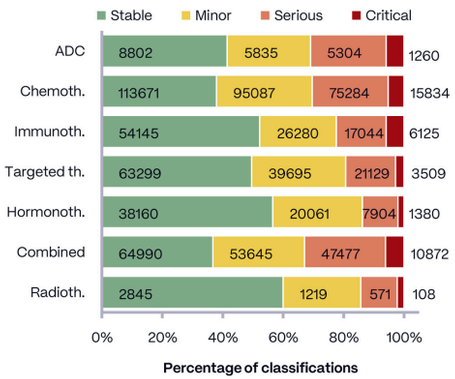
Centers using Cureety by quarter



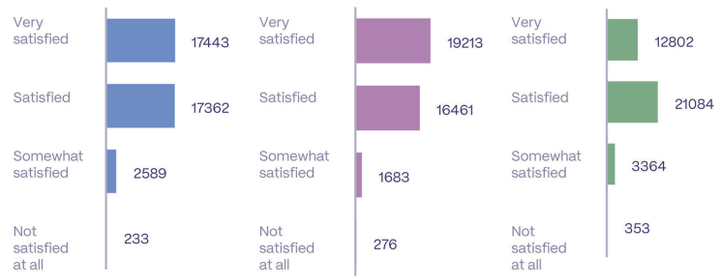
HCPs using Cureety by quarter



Classifications generated 801 535 total



Patient satisfaction



Conclusion

Data show a **broad adoption** in route oncology practice of Cureety RM:

- **Accessible to patients with diverse characteristics**, covering all adult age groups and a wide range of cancer types
- **Alert levels compatible with clinical practice** without overloading care organization (e.g. by reducing the number of phone calls[1])
- Positive experience reported by patients, a key role in the adoption of the device
- Reimbursement in France further supported uptake
- Together, these factors drove a dramatic increase in the number of patients and centers using the platform, along with growing adoption by HCPs

[1] Di Maio, M., Basch, E., Denis, F., Fallowfield, L. J., Ganz, P. A., Howell, D., ... & ESMO Guidelines Committee. (2022). The role of patient-reported outcome measures in the continuum of cancer clinical care: ESMO Clinical Practice Guideline. Annals of Oncology, 33(9), 878 892.
[2] Alexandre, I., Le Bail, R., Champoiseau, F. G., Parnot, C., Pierache, A., Stanbury, T., ... & Meric, J. B. (2025). 2890P Does remote monitoring of patients receiving oral or intravenous antican cer treatments benefit hospital staff? Results from the MINERVA study. Annals of Oncology, 36, S1521 -S1522.

Disclosure statement: CP works at Cureety.