"The telehealth means I get distance from the hospital so I don't feel so much like a patient": A qualitative sub-study examining the acceptability of nurse-led follow-up for ovarian cancer via telehealth using the MOST-S26 to structure consultations. Abstract #12099

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Background

- The traditional model of follow-up care for ovarian cancer (OC) is unstructured and largely focused on diagnosing recurrent disease.
- MOST-S26 is a patient-reported outcome measure designed to complement clinical follow-up after completion of first-line treatment for OC. It enables standardised assessment of physical symptoms likely due to treatment or recurrent disease, psychological symptoms and well-being.
- The MOST follow-up trial aimed to evaluate the feasibility of nurse-led follow-up for OC via telehealth using the MOST-S26 to structure consultations versus routine clinic-based follow-up.

Aim & Methods

AIM: This qualitative trial sub-study aimed to examine the acceptability of nurse-led follow-up for OC via telehealth from patient and nurse perspectives.

METHOD: Semi-structured interviews with (i) women with OC who had participated in at least two nurse-led follow-up appointments; and (ii) study nurses who delivered the intervention.

- Interviews were conducted via telephone or video teleconference.
- Interviews were audio-recorded, transcribed and thematically analysed using a framework approach.

Results *confirm the acceptability of this form of follow-up* for ovarian cancer from both patient and nurse perspectives.

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Results: 3 Overarching Themes

Participants = 14 women with OC (P); 6 study nurses (H)

Key Patient-Centred Benefits

- Convenience and flexibility
- Provides a sense of feeling cared for
- Enables personalised, holistic care and prompt symptom management
- Provides dedicated space for patients to freely express experiences and emotions

"I just haven't been abandoned after going through treatment. That's a nice thing to have that connection" (P1)

Challenges to delivery from nurses' perspectives

- Lack of clear referral pathways for troublesome symptoms
- Inability to observe physical cues to inform care
- Difficulties establishing rapport
- Emotional impact on nurses when patients experience recurrence
- Not suitable for all patients (e.g. non-English speaking or low literacy)

"It does make it harder to get that rapport sometimes when you can't see them face to face." (H6)

Usefulness of MOST-S26 to support consultations

Nurses reported MOST-S26 provides a useful tool to guide consultations and referrals; detect early signs of recurrence; track symptoms over time and flag symptoms for discussion; and help patients' reflect on their symptoms

***"[MOST-S26] does give some structure to your consult and focuses on symptoms that are important and a problem to them."* (H8)**

Future Directions for Research

Future research should consider challenges identified, prior to routine implementation of this form of follow-up. For example, by exploring how best to adapt this model of follow-up care so it is appropriate for patients from culturally and linguistically diverse backgrounds.