

MyPath puts cancer patients' needs and values at the forefront of their care trajectory

In current practice in Europe, the primary focus of cancer care is to treat the tumour. However, the optimal care plan for a particular patient is also determined by factors beyond medical ones and therefore varies from person to person. Research in palliative and supportive care has demonstrated the benefits of including a patient-centred care approach, with greater involvement of the patient in decisions about their treatment. Nevertheless, this evidence has not been systematically integrated into oncology. MyPath is a new EU-funded, multi-stakeholder research project that aims to integrate patient-centred care into routine cancer care. To achieve this, it will develop and implement an innovative digital solution that facilitates communication between healthcare providers, patients, and caregivers.

Looking beyond the disease: patient-centred care

People with cancer face the risk of substantial physical impairment, the inability to perform routine activities of everyday life, as well as psychological and social problems that can result from the diagnosis and the aftereffects of cancer. Hence, cancer care has a substantial remit to embrace the broad perspective, including the physical, psychological, social, and existential matters related to cancer. This applies to the entire disease trajectory, be it rehabilitation, supportive and palliative care, long-term survivorship care or end-of-life care. It is well documented, in several randomised studies, that patient-centred care improves a patient's physical, social, and psychological functions and can even prolong survival time. Unfortunately, this knowledge is not yet implemented in routine clinical practice, largely because a detailed understanding of how to do this is lacking.

MyPath, a five-year EU-funded project, aims to change this and improve cancer care by developing innovative digital patient-centred care pathways (PCCPs), configured on a user-friendly digital platform. PCCPs are tailored plans for the individual patient, based on clinical data such as stage of disease, treatment intention, symptom burden, patient needs and preferences. The innovative aspect is the complete inclusion of the patient perspective that complements clinical data on anticancer treatment, the effects of the disease, and the side effects of the treatment.

A digital solution generating patient-centred care pathways in real-time

The digital PCCP solution allows patients to report symptoms and indicate their preferences anytime, from any electronic device. Based on this and clinical information, the digital tool continuously customises the care paths for a given patient. The PCCP algorithms are based on the decision tree methodology grounded on evidence-based guidelines for cancer treatment and symptom management. This also includes the endorsed methods for assessment of patients' self-reported outcome measures (PROMs).

The digital solution will be configured on an eHealth platform by our ICT partner for use in all settings, adaptable to varying levels of eHealth literacy. MyPath aims to provide the right care to the right patients at the right time by scheduling the use of healthcare resources according to patients' needs. Ongoing communication and interaction ensure that patients' own reports of symptom intensity, care preferences, and physical, social, psychological, and existential needs guide the development, content, and dynamics of the PCCPs. Decision support for healthcare providers is given through embedded algorithms. This facilitates decision-making processes within and outside hospital settings. Importantly, it will also involve patients and their families in clinical decisions.

Bringing evidence into clinical practice

MyPath aims to ensure the use of the PCCPs in clinical care, thereby counteracting the poor transfer of research evidence to daily practice thus far. To this end, the digital PCCPs will be implemented in nine cancer clinics across eight European countries. Evidence-based strategies from implementation science are the method of choice with agile development processes from day one. The implementation study involves all end-users in an international setting such as patients, patient advocates, multidisciplinary healthcare providers, and implementation and computer scientists. Best knowledge gathered through the last decades on transforming health information technology into routine clinical practice will be used to reduce the risk of innovation failure.

MyPath encompasses two innovative approaches: the first is the development of digital PCCPs and the second is the implementation and use of these PCCPs in clinical practice using implementation science methodology. Project results will be disseminated at all levels of society using a top-down and bottom-up strategy involving policy makers, major stakeholders, professional organisations, the medical industry, patient associations, NGOs, and the educational sector. Universal uptake and use of the pathways will ensure that patient-centred care becomes a fully integrated part of cancer care.

Horizon Europe calls on improved care of cancer patients, and the European Commission selected the MyPath research and innovation action (grant agreement no. 101057514) for funding. MyPath is led by Prof. Stein Kaasa from the Oslo University Hospital's Department of Oncology and Marie Fallon, head of the Palliative and Supportive Care group at the University of Edinburgh. This pan-European consortium involving clinicians, researchers, companies, and patient and professional associations will co-create digital patient-centred care pathways and implement them in nine cancer centres in eight European countries.

Follow the progress of MyPath at mypath-cancercare.eu and on Twitter [@MyPath_EU](https://twitter.com/MyPath_EU) to stay up-to-date with the latest results and events.

Facts and Figures

- Funding Programme: Horizon Europe (HORIZON-HLTH-2021-DISEASE)
- Budget: 6.5 million euro
- Duration: 01/09/2022 – 31/08/2027
- Network:
 - Oslo University Hospital, Norway
 - University of Edinburgh, United Kingdom*
 - Fondazione IRCCS Istituto Nazionale dei Tumori, Italy
 - Vrije Universiteit Brussel, Belgium
 - INCLIVA – Instituto de Investigación Sanitaria, Spain
 - University of Leeds, United Kingdom*
 - Rigshospitalet, Denmark
 - Hospice Casa Sperantei, Romania
 - The Leeds Teaching Hospitals NHS Trust, United Kingdom*
 - DNV Imatis AS, Norway
 - accelment Schweiz AG, Switzerland**
 - The European Association for Palliative Care, Belgium
 - The European Society for Medical Oncology, Switzerland**
 - The European Cancer Patients Coalition, Belgium

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