



P16.01 : Care pathway in Lung Cancer (CPLC): Digital educational platform to improve patient information, reduce anxiety and enhance adherence to care I 3233

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INTRODUCTION

People diagnosed with lung cancer navigate a complex care pathway involving sequential diagnostic workups, multidisciplinary treatment decisions, and multiple healthcare providers — all within a context of severe emotional distress and uncertainty.

Medical information is frequently delivered during moments of high anxiety when retention is low, or in formats that are difficult to comprehend. This gap in communication often leads to distress, misunderstandings, and compromised treatment adherence.

Delivering clear, structured, and accessible health information is now recognized as a fundamental pillar of high-quality oncology care — and this is precisely the unmet need CPLC aims to address.

DISCUSSION AND CONCLUSION

Actionable take-away message

Information is an integral component of cancer care. By empowering people with accessible knowledge, CPLC aims to enhance patient autonomy and optimize the overall care journey.

Three principles guide this approach:

- Timing matters — information delivered when people are ready to hear it.
- Format matters — video allows learning at the person's own pace.
- Structure matters — a guided pathway reduces decisional burden and anxiety.

A digital platform does not replace the clinical encounter: it prepares it, extends it, and allows people to revisit what was said when they are ready to take it in.

Future directions for research

This prospective observational cohort will provide the first evidence on the quality of information received by people with lung cancer using a structured digital educational platform. A subsequent comparative study will assess psychological distress (GAD-7) and adherence to care as primary endpoints, enrolling a control cohort before platform deployment across the participating sites.

Looking ahead, CPLC is designed to be adaptable — future implementation in other cancers and chronic conditions (colorectal cancer, COPD, diabetes) will test whether this

RESULTS

Trial in progress— outcome data collection is underway. The platform as built and the planned evaluation are presented below.

Figure 1. The CPLC guided care pathway — one educational module per stage

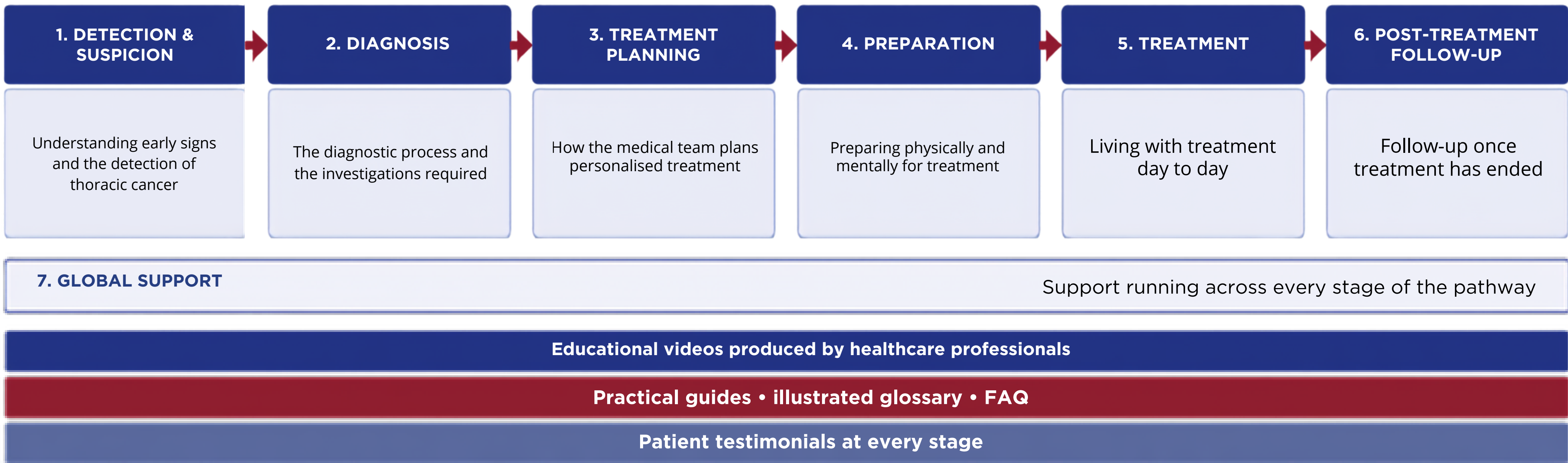
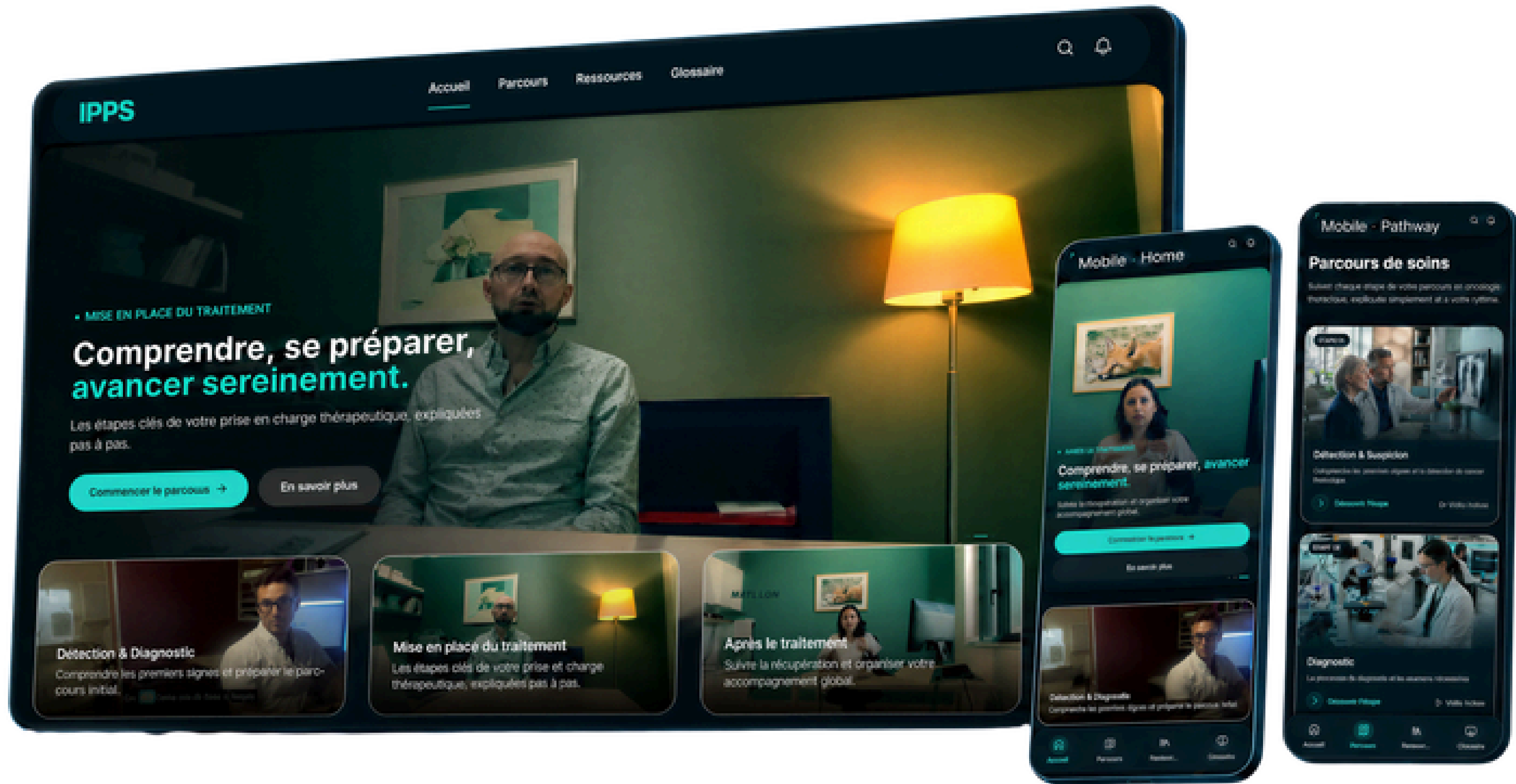


Figure 2. The CPLC platform — minimum viable product (MVP)



Development status

Built — complete MVP

In progress

- MVP usability testing with the team
- Refinement of user interface based on early feedback

Next steps

- Open enrolment and collect baseline data (EORTC QLQ-INFO25, SUS)
- Report outcomes on information quality, and platform usability

METHODS

Platform design

CPLC is a fully responsive web application structured around a guided 7-stage patient care pathway, featuring:

- Video-based educational modules developed by the multidisciplinary team, covering the entire care continuum from initial diagnosis to post-treatment survivorship care — available 24/7 on any device.
- Patient testimonials to promote identification, reduce anxiety and normalise the care experience.
- Complementary resources: side-effect guides, selfmanagement strategies, illustrated medical glossary, FAQ.

The platform is designed both for autonomous patient use and as structured educational support during clinical consultations.

Study design

Prospective observational cohort (trial in progress). People with confirmed lung cancer are enrolled at entry into the care pathway and receive access to CPLC alongside standard of care. Outcomes are collected at baseline and after ≥3–4 weeks of platform use.

Endpoint	Instrument	Phase
Quality of information received	EORTC QLQ-INFO25	1
Platform usability and acceptability	F-SUS	1
Anxiety	To be confirmed	2
Adherence to care	To be confirmed	2

Phase 1 endpoints are patient-reported and collected with validated instruments, administered without modification. Anxiety and adherence to care will be assessed as primary endpoints in Phase 2, once platform usability has been established.

REFERENCES & ACKNOWLEDGEMENTS

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Artificial Intelligence (AI) Use Disclosure

AI tool used: Claude (Anthropic). How AI contributed: assistance with English-language drafting and structuring

AI did not generate, analyse or interpret study data, contribute to clinical decisionmaking, or replace clinical judgement. All content was reviewed, edited and validated by the authors.