

INTRODUCTION

- As the number lung cancer survivors continues to increase, a personalized surveillance strategy based on recurrence risk could optimize follow-up by limiting unnecessary scans while ensuring continued high-quality follow-up care.^{1,2}
- Follow-up care in the Netherlands is largely standardized³ and not routinely tailored to individual recurrence risk.
- Risk-stratified follow-up care aims to personalize care by adjusting:
 - Imaging frequency and modality
 - Consultation intervals

Aim: To identify patient preferences for lung cancer follow-up care according to recurrence risk categories and translate these preferences into actionable recommendations to inform personalized follow-up strategies using a Discreet Choice Experiment (DCE)

METHODS

Design

- Dutch patients with lung cancer within 2 years of follow-up care
- Online survey including 15 DCE choice tasks comparing two hypothetical follow-up scenarios
- 5 questions per recurrence risk groups:
 - Low risk (<16%)
 - Intermediate risk (16-43%)
 - High risk (>43%)

Choice element	Reference level	Levels
Frequency of visit	6 months	3,12 months, symptom-based
Diagnostic modality	Chest CT	PET-CT, ctDNA blood test
Willingness to monitor symptoms	No	Yes
Access to psychosocial support	No	Yes

Analysis

- Mixed logit models for low- and intermediate-risk groups
- Multinomial model for the high-risk group due to homogeneous preferences
- Adjusted for age, sex, lung cancer type, stage and travel distance to the hospital

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Patients preferred less frequent follow-up at low recurrence risk and more frequent follow-up at high recurrence risk
- Symptom monitoring was valued across risk groups

Future Direction for Research

- Future studies are needed to evaluate personalized risk-stratified follow-up care

RESULTS

Baseline patient characteristic	N = 121
Age median (IQR)	68.0 [61.0, 73.0]
Sex n, %	
Female	70 (58%)
Male	51 (42%)
Lung cancer type n, %	
Non-small cell lung cancer	83 (69%)
Small cell lung cancer	16 (13%)
Unknown	22 (18.7%)
Lung cancer stage n, %	
Stage I	26 (22%)
Stage II	18 (15%)
Stage III	47 (39%)
Stage IV	20 (17%)
Unknown	10 (7.5%)
Most frequent travel distance to hospital n, %	
<15 minutes	28 (24%)
15-30 minutes	51 (43%)
Received treatment(s) n, %	
Immunotherapy (combined)	70 (58%)
Chemotherapy and/or chemoradiation	15 (12%)
Radiotherapy (combined)	12 (9.9%)
Targeted therapy	5 (4.1%)
Surgical resection alone	16 (13%)
Surgery (combined)	3 (2.5%)

	LOW RISK	INTERMEDIATE RISK	HIGH RISK
Frequency of visit	Preferred less frequent follow-up every 3 vs 6 months OR 0.14 (95% CI 0.05-0.37)	No clear preference between every 12 vs 6 months OR 0.71 (95% CI 0.33-1.54) Every 3 vs 6 months OR 0.26 (95% CI 0.03-2.48)	Preferred more frequent follow-up every 3 vs 6 months OR 1.96 (95% CI 1.16-3.31)
Type of diagnostic test	Disfavored ctDNA blood test compared with chest CT OR 0.07 (95% CI 0.03-0.21)	Disfavored ctDNA blood test compared with chest CT OR 0.17 (95% CI 0.07-0.42)	Disfavored ctDNA blood test compared with chest CT OR 0.14 (95% CI 0.07-0.27)
Willingness to monitor symptoms	No clear preference OR 0.94 (95% CI 0.52-1.70)	Favored symptom monitoring compared with no monitoring OR 4.03 (95% CI 1.11-13.37)	Favored symptom monitoring compared with no monitoring OR 2.39 (95% CI 1.47-3.90)
Access to psychosocial care	No preference between access and no access OR 1.06 (95% CI 0.53-2.11)	Disfavored access to psychosocial care OR 0.17 (95% CI 0.03-0.97)	No preference between access and no access OR 1.09 (95% CI 0.82-1.45)

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