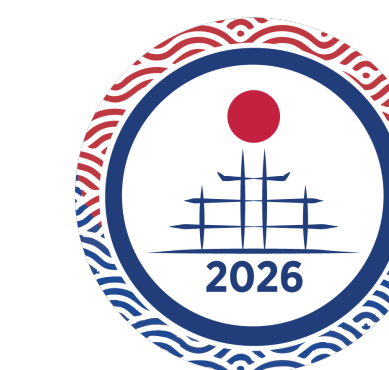


P1.382 | Digital Divide in Patients Receiving Systemic Treatment for Lung Cancer A Single-Center Pilot Study

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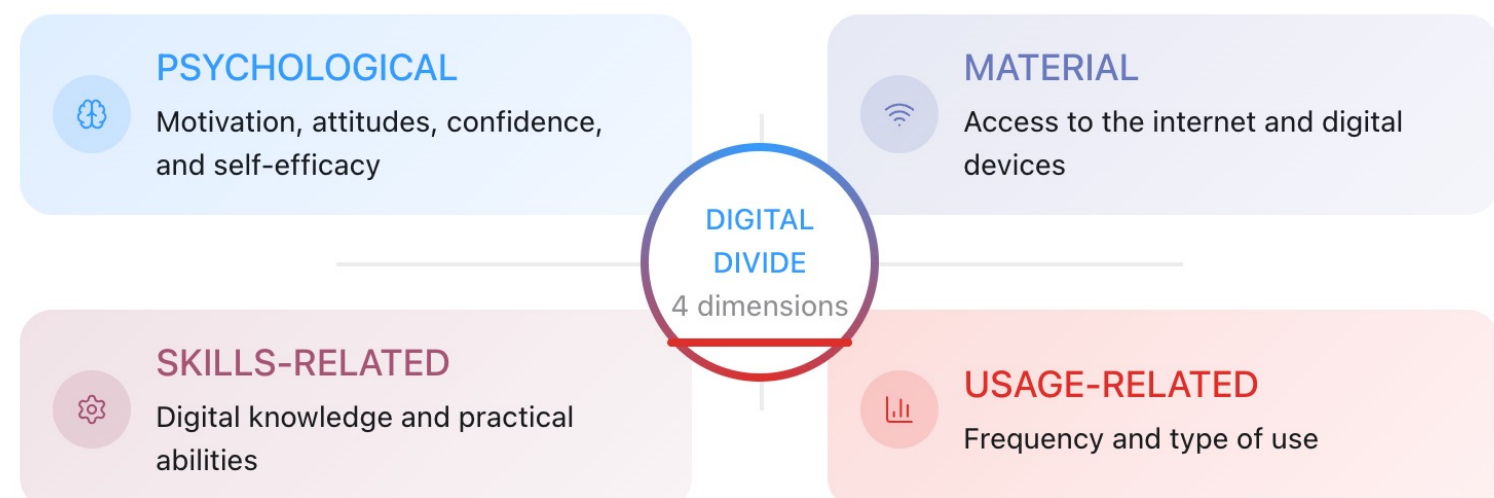
IASLC 2026 World
Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026
SEOUL, REPUBLIC OF KOREA

INTRODUCTION

WHY THIS MATTERS :

Digital tools are integrated into oncology care.¹ CAPRI trial² demonstrated that **remote patient monitoring** can reduce hospitalizations and grade 3–4 toxicities



Patients with lung cancer are often older and **socioeconomically vulnerable**, potentially increasing their risk of digital exclusion and unequal access to care.⁴

OBJECTIVE : quantify and characterize digital divide in patients receiving systemic treatment for lung cancer, and to identify factors associated with digital divide and remote-monitoring uptake.

METHODS

DESIGN

Cross-sectional, single-center pilot study conducted in the thoracic oncology day hospital, Hôpital Nord, Marseille, France; **May–June 2025**.

POPULATION & DATA COLLECTION

Adults receiving **systemic treatment for lung cancer**. Questionnaire assessing **digital divide** and **socioeconomic factors**. 230 questionnaires distributed; **208 analyzed**.

REMOTE MONITORING

Digital symptom-reporting platform with automated alerts to the care team. Adherence defined by **enrollment** and **≥2 months of follow-up**.

ENDPOINTS

Primary:

- **Digital divide prevalence (≥2/4 domains)**
- **Description of digital divide profiles.**

Secondary:

- Severe digital divide (≥3/4 domains)
- Global digital deprivation score (0–4 domains)
- Remote-monitoring uptake

STATISTICAL ANALYSIS

Multivariable logistic regression for **severe digital divide (≥3/4 domains)** and **remote-monitoring enrollment**; proportional-odds regression for the **global digital divide score (0–4)**.

Remote-monitoring model: **ever enrolled vs never enrolled**.

DISCUSSION AND CONCLUSION

WHAT THE DATA MEAN

Digital divide : highly prevalent, frequently severe, and multidimensional in patients with lung cancer.

Not a hardware problem: psychological and skills-related barriers predominated.

Older age was associated with greater digital divide and lower remote-monitoring enrollment, while higher education and occupational position were associated with lower digital divide.

These findings support early identification, tailored support, and non-digital alternatives to promote equitable access to follow-up care

LIMITATIONS

- Single-center pilot study;
- Self-reported data;
- No universal definition of digital divide ;
- Remote-monitoring enrollment does not capture long-term persistence or engagement.

TAKE-HOME

Equitable digital oncology requires more than access to technology: Providing equipment alone is unlikely to close the divide; implementation must also address skills, confidence, language barriers, and support needs⁵.

REFERENCES & ACKNOWLEDGEMENTS

KEY REFERENCES

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Artificial Intelligence (AI) Use Disclosure

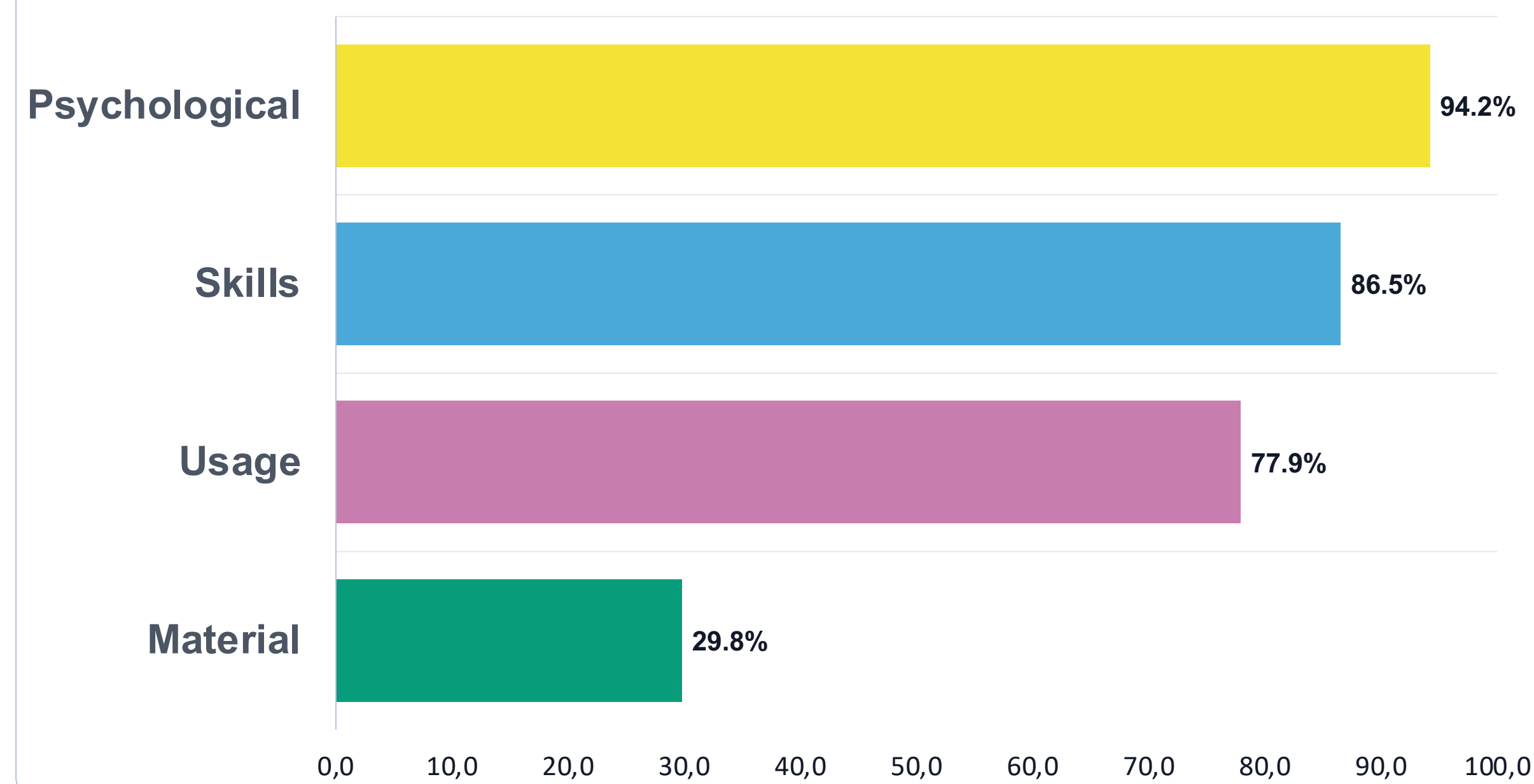
OpenAI LLM was used to assist with English translation, text condensation and editable poster layout. The authors remain responsible for, and reviewed, all scientific content, analyses and interpretation.

RESULTS

Digital divide was common, severe and predominantly non-material.

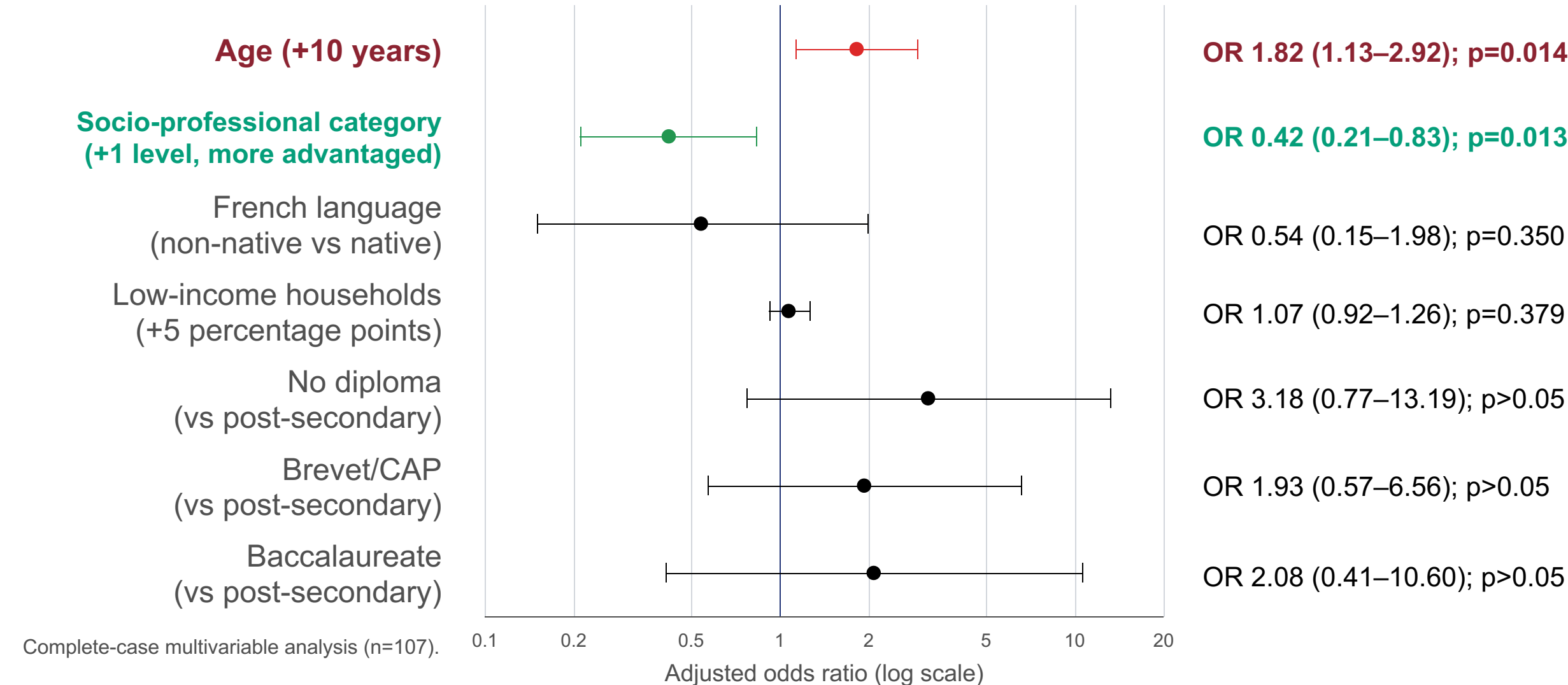
208	85.6%	73.6%	70.2%
Patients analyzed	Digital divide ≥2 dimensions	Severe digital divide ≥3 dimensions	without material deprivation

Digital divide by domain



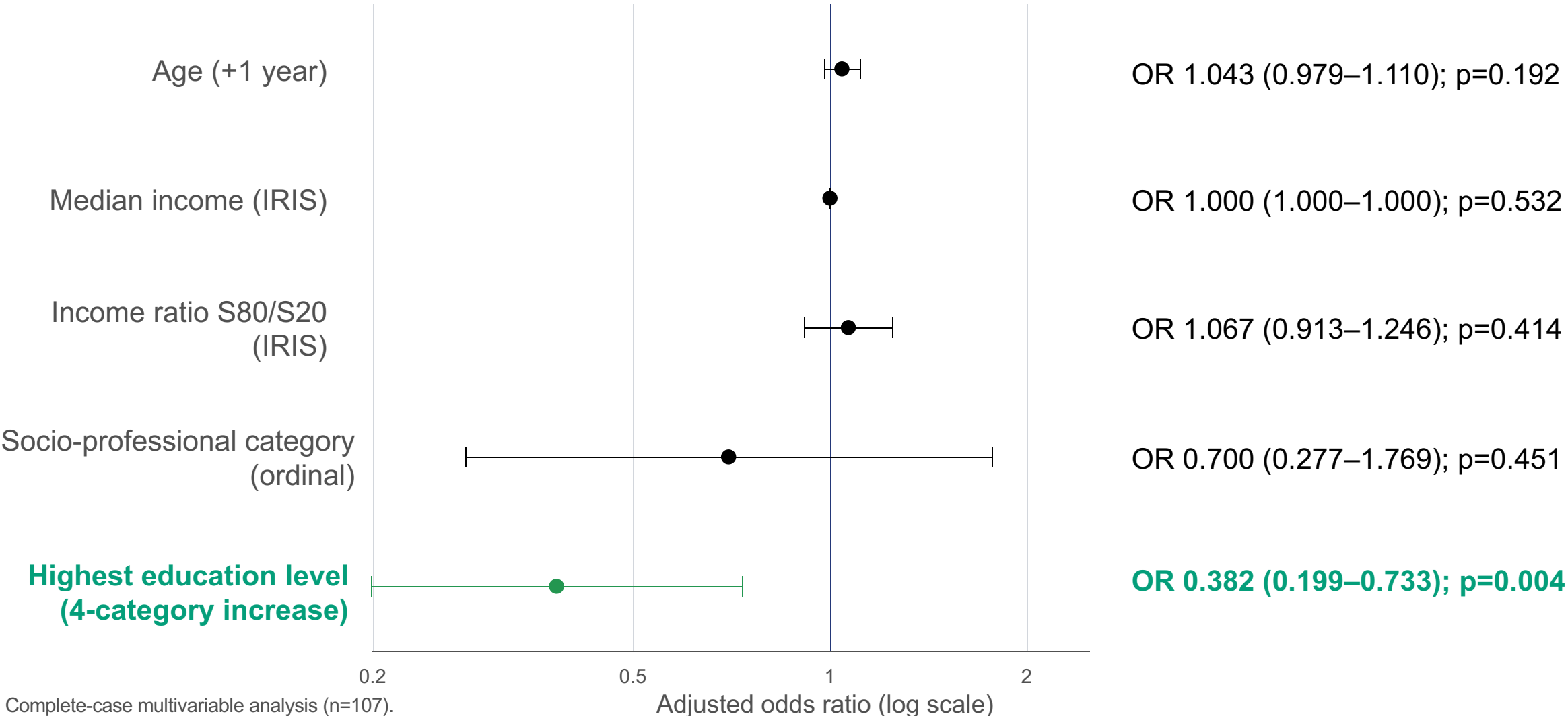
Factors associated with digital divide

Global digital deprivation score (0–4) proportional-odds regression

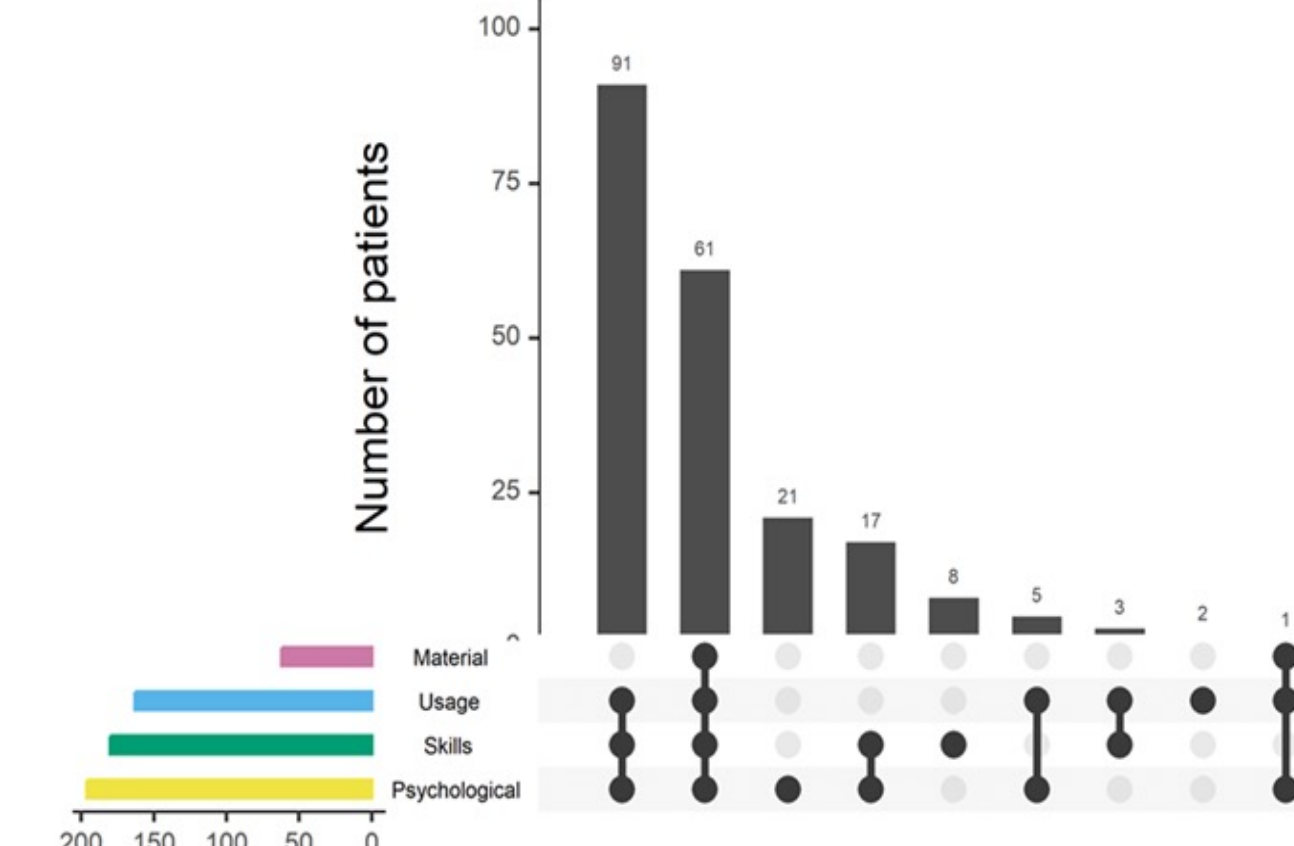


Factors associated with severe digital divide

Severe digital deprivation (≥3/4 domains) multivariable logistic regression

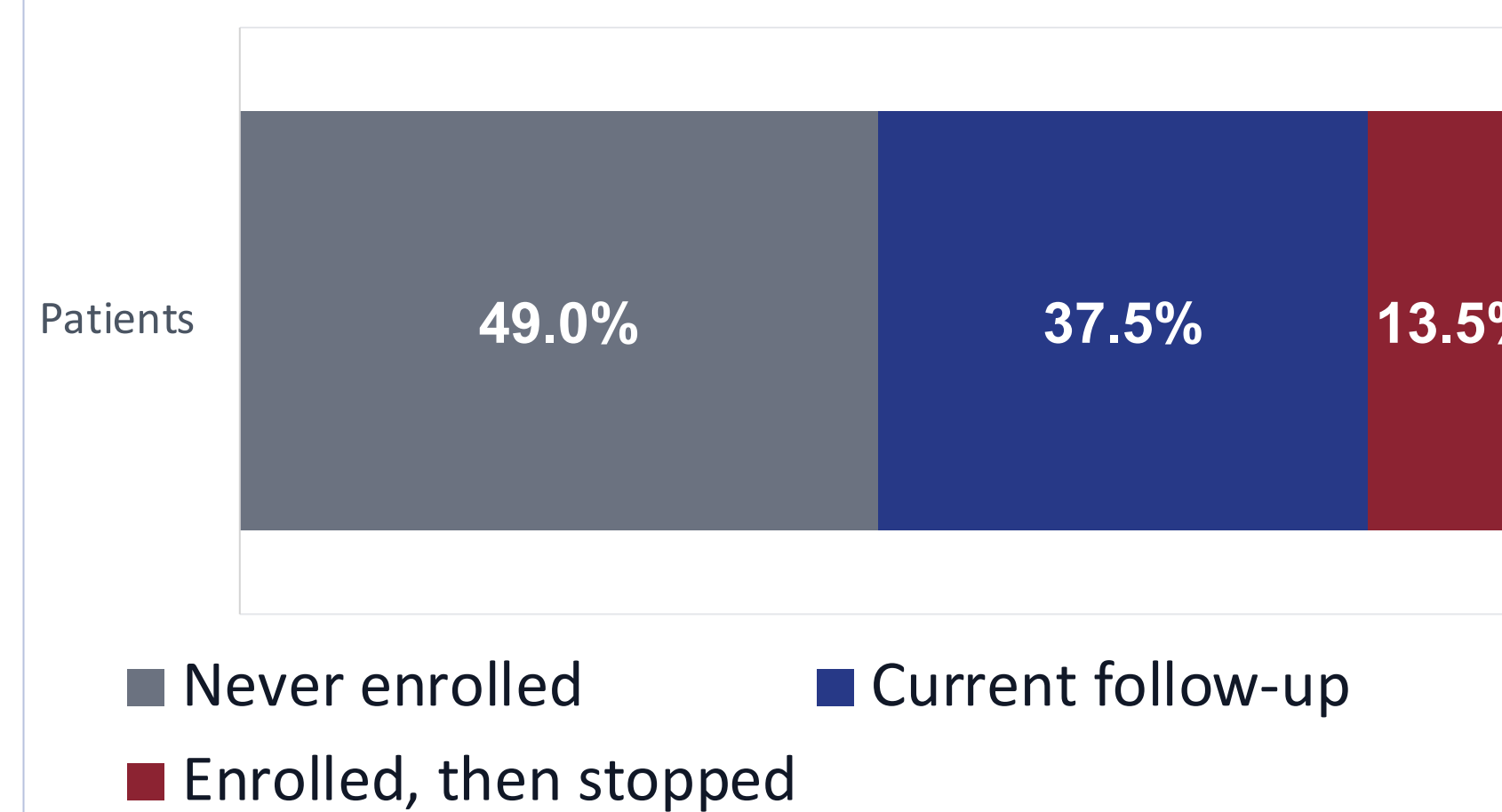


Dominant Profiles



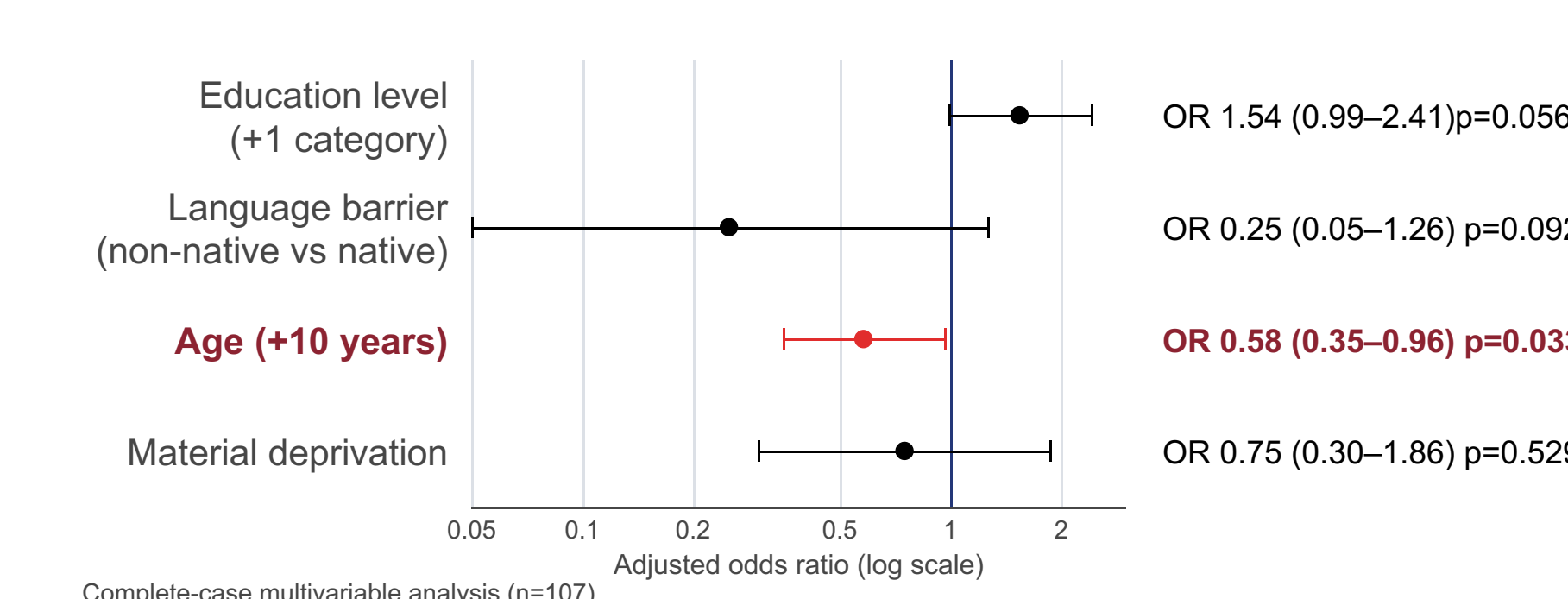
44% Psychological + skills + usage (n=91)
29% All four dimensions (n=61)
10% Psychological only (n=21)
All remaining profiles: ≤4% each

Remote-monitoring status



Factors associated with remote-monitoring enrollment

Ever enrolled vs never enrolled — multivariable logistic regression



Older age independently reduced enrollment
Material deprivation was not associated with enrollment.
Education showed a borderline positive association and
Language barriers a non-significant negative trend.