



Factors Associated With Low Adherence to Remote Symptom Monitoring in Lung Cancer Surgical Patients After Discharge

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Why adherence matters — and how it was assessed

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WHY IT MATTERS

- ePRO monitoring can extend symptom surveillance beyond hospital discharge.
- Daily reporting only works when patients remain engaged.
- Real-world adherence patterns after lung cancer surgery remain poorly understood.

OBJECTIVE

Identify factors associated with completing <23 of 30 daily PSA-Lung reports after discharge.

30 days monitored • Daily PSA-Lung • Mobile reminders

Lung cancer surgery cohort

Prospective cohort database | April 2021–December 2025 | N = 2,775



30-day remote symptom monitoring

Daily 9-item PSA-Lung via mobile programme + automated reminders



Adherence classification

Low: <23 reports | High: ≥23 reports



Multivariable logistic regression

Outcome = low adherence; adjusted ORs with 95% CIs



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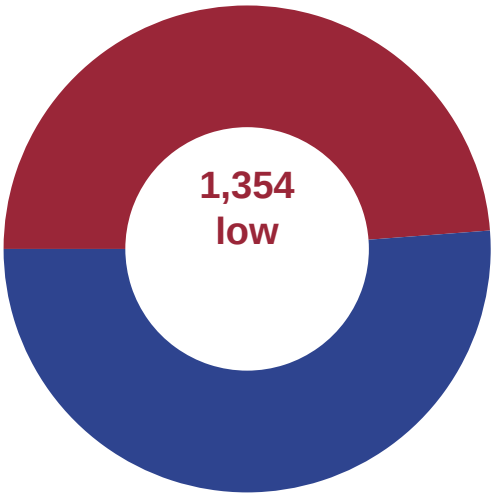


Nearly half of patients had low adherence

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48.8%

1,354 of 2,775 patients completed fewer than 23 reports



■ Low adherence 1,354 ■ High adherence 1,421

COHORT PROFILE

Characteristic	Overall
Participants	2,775
Women	1,784 (64.3%)
Minimally invasive surgery	2,642 (95.2%)
Adenocarcinoma	2,551 (91.9%)
pTNM stage ≤IA3	2,237 (80.6%)
Postoperative LOS, median	4 days

The low-adherence group was not characterized by poorer early recovery; instead, lower engagement clustered among patients with markers of better baseline health.



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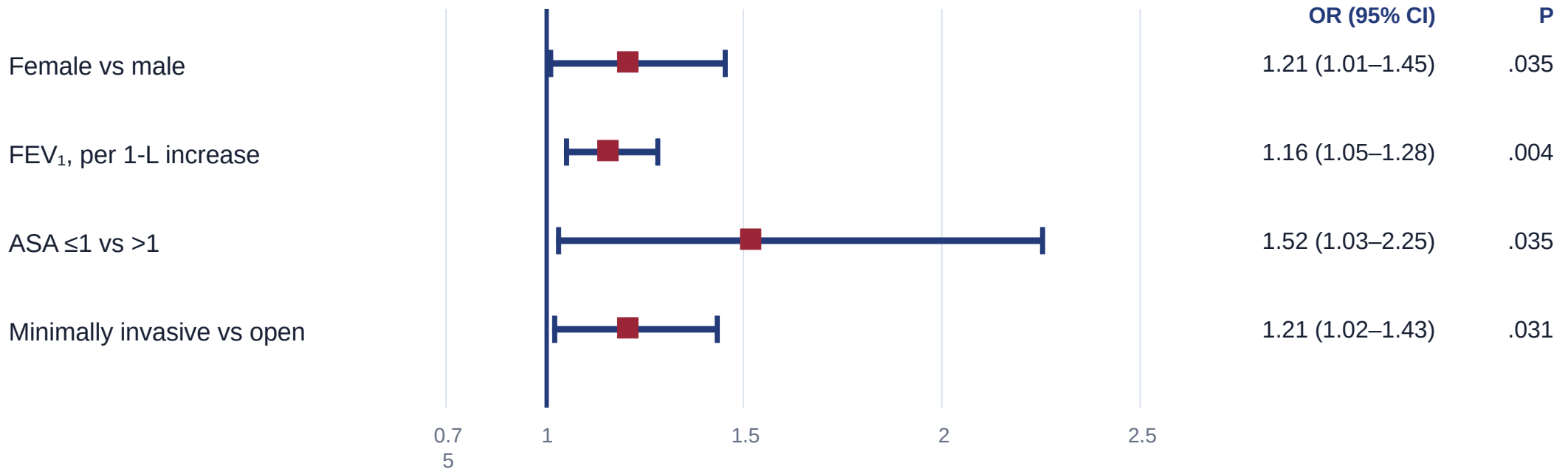


Four factors were independently associated with low adherence

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ADJUSTED ODDS RATIOS

OR >1 indicates higher odds of low adherence



SHORT-TERM CLINICAL OUTCOMES

Outcome	Low	High	P
Postoperative LOS, median (Q1–Q3), days	4.00 (3.00–4.75)	4.00 (3.00–5.00)	.540
In-hospital complications	13.29%	14.50%	.360
30-day complications	18.39%	19.63%	.404

Low adherence was not associated with worse early clinical outcomes.

Association ≠ causation



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What the adherence pattern may mean

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TAKE-AWAY

Lower engagement clustered in patients with markers of better baseline health and less invasive recovery—not with worse early outcomes.

INTERPRETATION

Patients recovering smoothly may perceive less value in repetitive daily reporting. Low adherence may therefore reflect reduced perceived need rather than poorer recovery; causality cannot be inferred.

CLINICAL IMPLICATIONS

A uniform 30-day daily schedule may not suit all patients. Recovery-sensitive reporting frequency, risk-stratified reminders, and symptom-triggered escalation should be evaluated prospectively.

LIMITATIONS

Single-centre observational analysis; residual confounding and selection bias are possible. Adherence was defined by report count rather than reporting quality or timing. External validation is required.

CONCLUSION

Nearly half of patients showed low adherence. Adaptive, recovery-sensitive monitoring may improve sustained engagement without increasing reporting burden.

REFERENCES 1. Yu H, et al. Int J Surg. 2024;110:6591–6600. 2. Su X, et al. Qual Life Res. 2024;33:1807–1818.

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