

# A study to assess the diagnostic performance of a digital remote monitoring tool for cancer patients: the POSITEA-VA study.

Charles Parnot<sup>1,†</sup>, François Montestruc<sup>2</sup>, Trevor Stanbury<sup>3</sup>, Adeline Pierache<sup>2</sup>, Jean-Luc Labourey<sup>4</sup>, Carole Helissey<sup>5</sup>, François-Guirec Champoiseau<sup>1</sup>

1. Cureety, Dinan, France. 2. eXYSTAT, Malakoff, France. 3. ProPens, Antony, France. 4. Oncology Department, Centre Hospitalier, Carcassonne, France. 5. Clinical Research Unit, Military Hospital Begin, Saint-Mandé, France. † corresponding author charles@cureety.com

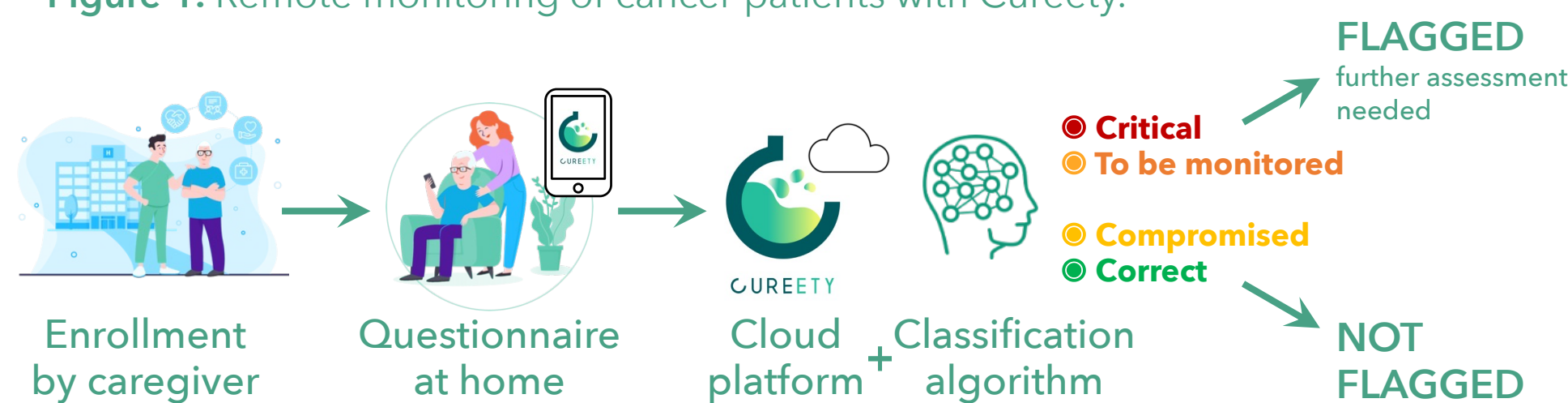
## Background

Remote monitoring of cancer patients is known to improve survival by allowing early reporting and management of adverse events<sup>1,2</sup>. There is also growing interest in connected, digital tools to collect patient-reported outcomes (PROs)<sup>3,4</sup>.

We evaluated here a tool called «Cureety»<sup>5</sup> (Figure 1). Monitored patients are prompted to complete a weekly PRO questionnaire personalized to their treatment and disease. From the reported adverse events, the Cureety TechCare algorithm computes a «clinical classification» with 4 levels, **red**, **orange**, **yellow**, **green** (most to least at-risk). The medical team can then prioritize **red** and **orange** patients, and provide targeted care if needed.

The primary objective of the POSITEA-VA study was to assess the diagnostic performance of the Cureety algorithm using real-life data collected by the platform.

Figure 1. Remote monitoring of cancer patients with Cureety.



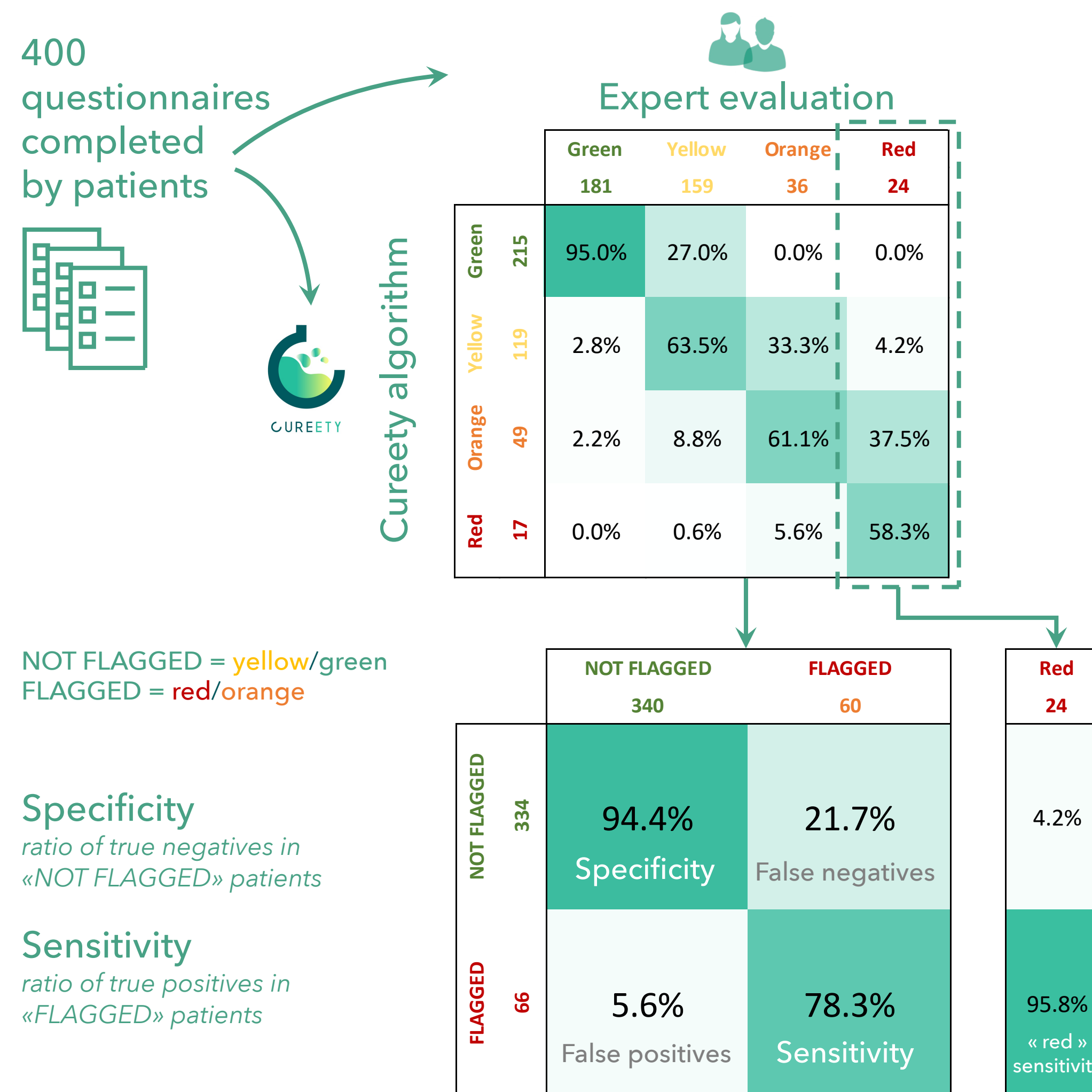
(1) Basch et al. *Jama* 318(2):197-198, 2017 – doi:10.1001/jama.2017.7156. (2) Basch et al. *Cancer Med.* 9(21):7797-7799, 2020 – doi:10.1002/cam4.3480. (3) Lu et al. *Adv Radiat Oncol* 6(1):100576, 2021 – doi:10.1016/j.adro.2020.09.016. (4) Patt et al. *JCO Clin Cancer Inform* 5:615-621, 2021 – doi:10.1200/CCI.21.00063. (5) Meghrieff et al. *JMIR Cancer* 8(1), 2022 – doi:10.2196/31255

## Method

To evaluate the accuracy of the algorithm in marking patients «FLAGGED» (**red/orange**) vs. «NOT FLAGGED» (**yellow/green**), we randomly selected 400 patients that used the platform between Oct 2019 and Sep 2022. The questionnaire data was then independently assessed by 2 clinician experts, providing the reference values to calculate the sensitivity and specificity of the algorithm.

## Results

Figure 2. Evaluating the diagnostic performance of the Cureety TechCare algorithm



- Sensitivity = 78.3% (95% CI: 67.9%-88.8%)
- Specificity = 94.4% (95% CI: 92.0%-96.9%)
- The algorithm correctly marked as "FLAGGED" 95.8% (23/24) of the most at-risk patients, identified as "red" by the experts.
- False negatives were mostly **orange** classifications by the experts, evaluated **yellow** by the algorithm (12/13).
- The expert & algorithm classifications were identical at 75.8% (303/400), with most differences 1-level away (21.2%=85/400), and a few 2-level away (1.5%=6/400).

## Conclusions

High performance of the Cureety TechCare algorithm against a clinician-driven assessment.

The device is clinically relevant for use as a complement to the standard of care.

The simplicity of the output makes it useful as a tool to prioritize care: **clear, 4-level, color-coded clinical classification** to summarize the combined adverse events reported by the patients.