Patient and healthcare provider experience in adoptive cell therapies: An experience-based co-design study

Project

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Adoptive cell therapy with tumor-infiltrating lymphocytes (TIL) or chimeric antigen receptor T-cells (CAR-T) is a new and rapidly growing strategy in the field of cancer therapies. It aims to enhance a patient's anti-cancer response by delivering specific anti-tumor immune cells. The fact that the procedure involves multiple professionals adds complexity to the care delivery, for both patients and healthcare providers (HCP). Patients' experience and specific needs during these novel and particularly demanding therapies have not been examined so far.

Person-centered care (PCC) has been identified as one of the six main drivers of health care quality, in addition to safety, effectiveness, efficiency, as well as timely and equitable care. PCC approaches rely on building a provider-patient partnership relationship, improving communication techniques, and encouraging patients to actively participate in patient-provider interactions.

Experience-Based Co-Design (EBCD) is a multi-stage process that uses qualitative research methods to engage HCPs and patients in co-designing healthcare services. EBCD facilitates a high level of patient and HCP engagement, enables discussions about difficult topics in a supportive environment, leads to the identification of improvement priorities, and results in meaningful changes in how services are delivered with an impact on patient experience.

The *overarching goal of this study* is to investigate and improve the current delivery of care during TIL and CAR-T cell therapies by examining the experiences and perspectives of patients and HCPs across the treatment trajectory. Specifically, we aim to:

1. Identify, describe, and compare the experiences of different patient cohorts, and the experiences of patients and healthcare providers across the trajectory of cancer care during phase I clinical trials.
2. Understand and compare the experiences of different patient cohorts, and the experiences of patients and healthcare providers at key touchpoints before, during and after the treatment in phase I clinical trials.
3. Establish consensus among patients and healthcare providers regarding the priorities and solutions for improving cancer care delivery across the trajectory, particularly with respect to the transition to outpatient care.

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