3223 patients	**France, US, Spain**	Across multiple prospective and real-world studies in France, Spain, and the USA, Moovcare® has consistently demonstrated earlier relapse detection, improved survival, better quality of life, and high patient compliance. Results also show meaningful clinical impact, positive patient and physician feedback, and comparable or reduced follow-up costs. Together, these findings confirm Moovcare® as a validated, feasible, and scalable digital tool that enhances cancer care pathways and optimizes resource use.

Study name and type	Year of publication and country	Patient inclusion criteria	Results
REAL-MOOV-LUNG (2025) **Prospective, real-life, multicentre cohort study** **188 patients**	 France, from 2021 to 2025	- Adults (≥18 years) with bronchopulmonary cancer, any stage or histology - Accepted follow-up with Moovcare® Lung - Post-treatment (<12 weeks) or on recent maintenance/consolidation therapy (<12 weeks) with disease control on imaging - Symptom score <7 at inclusion - Internet access, email, phone; affiliated to social insurance - Written informed consent	- Management change directly linked to Moovcare alerts: 3.8% of patients; but 75–92% of alerts correlated with treatment changes when assessed per alert - Clinical outcomes: 18 alerts → early scans/consults; 16% had unscheduled hospitalizations (median 9 days); quality of life stable over 12 months - Compliance very high: 89–95% of expected questionnaires completed - Survival: 6-month overall survival 87%; recurrence-free survival 88% (surgery subgroup); progression-free survival 79% (all patients); median survival not yet reached **Conclusion: Interim data show excellent compliance, high patient/physician satisfaction, improved quality of life, and strong correlation between alerts and clinical management changes, with promising early survival outcomes.**
RETRO-MOOV-LUNG (2023) **Retrospective multicentre cohort study** **579 patients**	 2022-2023, France	- Patients who completed ≥1 questionnaire in Moovcare® Lung V2 or V3 database (2018–2022) Exclusion : - No completed questionnaires after registration - Withdrawal of consent	- 579 patients, 57 centers in France, average age 65 years, average follow-up ~10 months - Clinical management was modified in about 50–56% of patients following Moovcare alerts (early scans, hospitalizations, new prescriptions, consultations) - Patient compliance excellent: 92–95% questionnaires completed weekly, maintained even after 12 months - 87% alerts considered justified by clinicians **Conclusion: Very high adherence; frequent and clinically meaningful impact on patient management; tool well integrated into real-life oncology practice, confirmation of the sensibility.**
Clinical Study – USA **Prospective, real-life, multicenter cohort study** **42 patients**	 2020-2023, USA	Adults (≥18 years) with stage I–IV lung cancer, at any point in their treatment or surveillance (including post-surgery, chemo, radiotherapy, or monitoring) - ECOG performance status 0–2 - English-speaking - Reliable internet and email access (patient or caregiver assistance)	- 42 patients, 6-month follow-up - Compliance: Mean ePRO observance 66 - Satisfaction: >80% positive - Quality of life: Stable over 6 months, Survival: 6-month OS 95% - Alerts: 78% of patients generated ≥1 alert; 26% of surveys triggered alerts - Provider feedback: Training useful but more practice needed; alerts sometimes redundant, workload concerns; integration with EMR and better triage suggested **Conclusion: Feasible with moderate-to-high patient adherence, very high satisfaction, stable QoL, excellent short-term survival; alerts frequent but provider workflow integration needs improvement.**
Clinical Study – Spain **Prospective, real-life, multicenter cohort study** **24 patients**	 Spain, 2022	- Adults (≥18 years) with metastatic non-small cell lung cancer (without driver mutations) or locally advanced lung cancer - Eligible for Moovcare® (baseline score <7 on 5-question test) - Internet access (smartphone, tablet, computer) - Willing to complete weekly questionnaires - Caregiver support required if cognitive/physical limitations	- Patients: high satisfaction, app easy to use and helpful in managing disease - Healthcare professionals: found Moovcare valuable but noted risk of increased workload and suggested better filtering of patient data **Conclusion: Positive feedback from both patients and clinicians.**
PROTECT – USA **"Cluster-randomized" multicentric** **1191 patients**	 2020-2022 USA	Adults ≥21 years with metastatic cancer (excluding leukemia and indolent lymphoma). Receiving outpatient systemic treatment with palliative (non-curative) intent (chemotherapy, targeted therapy, or immunotherapy). Eligible at any point during the treatment trajectory, not limited to first-line therapy. Ability to understand English, Spanish, or Mandarin.	- Improved quality of life at 3 months in the intervention group. - Better symptom control and reduced side-effect burden. - Physical function better maintained over time with electronic monitoring. - Reduction in emergency visits or hospitalizations; longer time before first urgent care use. - High patient satisfaction: most found the system easy to use, helpful, and enhancing communication with their medical team.
HEVA **Medico-economic analysis, retrospective cohort of patients from the SENTINEL study** **117 patients**	 2020, France	Lung cancer (NSCLC or SCLC), histologically confirmed - High relapse risk (TxN1–IV), age ≥18, PS ≤2 - Recent treatment (<3 mo): surgery, chemoradiation, RT, 1st/2nd line CT, or well-tolerated maintenance (TKI, Alimta®, Avastin®, Gemzar®) - Symptom score ≤6, internet access, consent Exclusion : - Progressive disease, symptomatic brain mets - Cognitive/psychiatric/social issues preventing compliance - Pregnancy, participation in another interventional trial	- 117 patients s matched with national insurance data - Median FU: 1.75 y (Moovcare) vs 1.58 y (standard) - Costs: Moovcare total annual €37.9k vs €34.8k - Main cost drivers: meds, CT, hospitalizations (NS) - Survival at 2 y: 51% Moovcare vs 41% standard **Conclusion : Survival benefit was confirmed. 9% annual reduction in follow-up costs for patients monitored with Moovcare compared to standard care. Overall costs were comparable between groups, with a survival trend favoring Moovcare. Further studies are warranted to consolidate these findings.**
SENTINEL 4 **Prospective multicenter phase III trial** **133 patients**	 From 2017 to 2019, France	- NSCLC (non-small cell lung cancer) or SCLC (small cell lung cancer), histologically proven - High relapse risk (TxN1, IIIA–IV) - Age ≥18, PS ≤2 - Recently completed treatment (<3 mo) or on well-tolerated maintenance/TKI - SENTINEL score ≤6, internet access, consent Exclusion : - Progressive disease post-treatment - Symptomatic brain metastases - Cognitive/psychiatric/social issues preventing compliance - Pregnancy, or participation in another interventional study	- 133 patients - OS gain: +7 months at 1 year - Improved QoL - Better relapse detection: 72.4% vs 32.5% - PS 0–1 at relapse: 77% vs 33% - Optimal treatment: 72.4% vs 33% **Conclusion:** **Overall survival improved by 7 months at 1 year, with better quality of life. The study confirmed earlier relapse detection, enabling faster therapeutic intervention and treatment optimization.**
STAR –USA **Randomized controlled trial, monocentric** **766 patients**	 2015-2017 USA	Adults (>18) with advanced solid tumors receiving outpatient chemotherapy at Memorial Sloan Kettering Cancer Center, able to complete electronic questionnaires and provide informed consent.	- At 6 months, more patients in the STAR group experienced an improvement in QoL compared with standard follow-up (34% vs. 18%), while fewer had deterioration (38% vs. 53%). - Emergency Room Visits: Reduced in the STAR group (34% vs. 41% at 1 year, p=0.02). - Overall Survival: A survival benefit of about 5 months was observed (31.2 months vs. 26 months, p=0.03). - Symptom Management: Earlier detection and management of symptoms allowed faster medical intervention. The STAR study demonstrated improved quality of life, reduced ER visits, fewer hospitalizations, longer chemotherapy duration, and a survival benefit, driven by earlier detection and management of symptoms
SENTINEL 3 **Retrospective monocentric and nonrandomized (Phase II)** **98 patients**	 2015, France	- Lung carcinoma (post-surgery, CR, or stable non-progressive disease) - No active chemotherapy (except maintenance: bevacizumab, pemetrexed, EGFRi) Internet access & prior email use Informed consent + brief training on web app	- 98 pts (49/arm), median FU ~12–17 mo - Compliance: monthly 92%, - Survival: 22.4 vs 16.7 mo (P=0.0014); 1y OS 87% vs 59% (sentinel vs control) - Relapse detected ~5 wks earlier in sentinel arm - Few false alerts (5 FP, 1 FN) **Conclusion: Web-based symptom monitoring improved survival, allowed earlier detection of relapse, and demonstrated high compliance. In a larger patient cohort, these findings confirmed previous studies, with overall survival of 22.4 months versus 16.7 months under standard follow-up.**
SENTINEL 2 **Prospective study (Phase I)** **42 patients**	 2014, France	- Lung cancer (post-surgery, CR, or stable non-progressive disease) - No active chemotherapy (except maintenance: bevacizumab, pemetrexed, EGFRi) - Internet access & prior email use - Informed consent, brief software demo - Exclusion : - Ongoing non-maintenance chemotherapy	- 42 patients, median FU 18 weeks, compliance 82% - Sentinel vs routine follow-up: Se 100% vs 84%, Sp 89% vs 96% - Relapse detected ~5 weeks earlier (p<0.001) - Strong correlation with relapse; 60% patients less anxious, tool easy to use **Conclusion : Enables significantly earlier relapse detection vs standard follow-up. Confirmation of the Se and Spe, as well as the compliance. Relapse was detected an average of 5 weeks earlier**
SENTINEL **Prospective Study** **43 patients**	 2014, France	Lung carcinoma (post-surgery, complete response, or non-progressive disease) - Not on chemotherapy (except bevacizumab maintenance) - Symptomatic or not at baseline - Able to comply with weekly symptom reporting ≥16 weeks - Signed informed consent	- 95% compliance - 14 relapses during median 5-month FU - Sentinel (symptom-based) approach detected relapse ~6 weeks earlier than imaging - Accuracy: Sentinel Se 86% / Sp 93% vs Imaging Se 79% / Sp 96% (ns) - Strong correlation with confirmed relapse (p<0.001) **Conclusion : Weekly digital self-reporting detects relapses earlier, with a sensitivity of 86% and specificity of 93%, and with 95% compliance rate**