Human Approach Is Hypothesized to Be Superior to Technology for Supportive Cancer Care

A team-based approach helps improve cancer patient care and lower long-term costs, according to new data published in JNCCN.

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New research in the November 2025 issue of JNCCN—Journal of the National Comprehensive Cancer Network explores the perceptions regarding the effectiveness of team-based and technology-based approaches for supportive care for people with cancer. The ongoing supportive care study includes discussions on patient goals, values, and preferences, in addition to symptom management. According to the results from this mixed-methods study, 87.5% of team-based clinic participants perceived that method is more likely to improve patient care, versus 25% of the technology-based clinic participants.

The cluster-randomized trial involves 26 different cancer clinics, ranging from academic to community, veterans' affairs, and safety net. The team-based approach relies on community health workers or peer support while the technology version focuses on electronic medical records. In this study, the teams involved in the trial were thoroughly trained on their assigned type of interventions. Over the course of the study, they shared their thoughts via a 71-question online survey plus one-on-one interviews.

"The broad support for team-based models using community health workers was surprising, given the increasing reliance on technology to deliver supportive cancer care," stated senior author Manali Patel, MD, MPH, MS, Stanford Cancer Institute. "Most of the participants believed that peer support models would be most effective and many noted that prioritizing and funding this work is crucial to ensure that all patients receive supportive care."

Dr. Patel also noted that "studies show when people have appropriate symptom control and have discussions regarding their goals, values, and preferences for care, there are long-term cost savings. Proactive approaches to address symptoms and discuss patient goals can reduce unnecessary and unwanted hospital visits down the line."

Notably, only 31.3% of respondents felt their center had the financial resources to sustain and

build on the team-based supportive care, with 37.5% feeling adequately resourced for growing the technology-based approach beyond the boundaries of the study. However, most agreed that their organization's leadership was open to adapting care processes, with 75% in the team-based group and 62.5% of the tech-based group saying their leadership was receptive to change.

"This study suggests that in supportive cancer care, technology alone may not be the answer to effective symptom management and advance care planning," commented Loretta Erhunmwunsee, MD, FACS, Vice President, Chief Health Access and Community Enrichment Officer for City of Hope, who was not involved in this study.

Dr. Erhunmwunsee, who previously helped lead an NCCN Working Group on Measuring And Addressing Health-Related Social Needs in Cancer continued: "The greatest impact will come from technology embedded within strong, equity-driven, team-based systems that center the patient experience. We must therefore design digital innovations that strengthen relationships, continuity, and equity across the care journey. Perhaps the path forward is not team versus tech, but rather both—guided by equity."

To read the entire study "Team-Based Versus Technology-Based Supportive Cancer Care: A Mixed Methods Study of Multi-Site Implementation," and view all of the survey responses, visit JNCCN.org.

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