

IMPROVING CARE OF EARLY BREAST CANCER (EBC) PATIENTS IN EUROPE

Investigators
Meeting

Vienna, AT
12 March 2025



CarEoTT- Care improvement for early breast cancer patients treated with oral tumor therapy

Breast Center, Dept of Gynecology and Obstetrics and CCC Munich, LMU University Hospital, LMU Munich, Germany and University of Eastern Piedmont (UPO), Oncology at Maggiore University Hospital, Novara, Italy

Prof. Dr. Rachel Würstlein (study director)
Franziska Henze (study coordinator)

Franziska Henze¹, Letizia Matera², L. Yasmin Bagci¹, Renate Haidinger³, Nadia Harbeck¹, Alexander König¹, Kerstin Paradies⁴, Timo Schinköthe^{5,6}, Dorothea Strobach⁷, Alessandra Gennari², Rachel Würstlein¹

¹ Breast Center, Dept of Gynecology and Obstetrics, LMU University Hospital and CCC Munich, LMU Munich, Germany

² University of Eastern Piedmont (UPO), Maggiore Hospital, Novara, Italy

³ Brustkrebs Deutschland e.V. Hohenbrunn, Germany;

⁴ Konferenz Onkologischer Kranken- und Kinderkrankenpflege (KOK) in der Deutschen Krebsgesellschaft e.V., Hamburg, Germany;

⁵ CANKADO GmbH, Ottobrunn, Germany; ⁶ Research Center Smart Digital Health, University of the Bundeswehr Munich, Germany;

⁷ Hospital Pharmacy, LMU University Hospital, LMU Munich, Munich, Germany



1. Project participants

Project director: Prof. Dr. med. Rachel Wuerstlein, Breast Center, Dept of Gynecology and Obstetrics and CCC Munich, LMU University Hospital, LMU Munich, Germany; E-Mail: rachel.wuerstlein@med.uni-muenchen.de

Project coordinator: Franziska Henze, Breast Center, Dept of Gynecology and Obstetrics and CCC Munich, LMU University Hospital, LMU Munich, Germany; E-Mail: Franziska.henze@med.uni-muenchen.de

Project participants

- **Alessandra Gennari**, MD, PhD at the University of Eastern Piedmont (UPO), Head of the Division of Oncology at Maggiore University Hospital, Novara, Italy and **Letizia Matera**, Oncology at Maggiore University Hospital, Novara, Italy
- **Renate Haidinger** (Patientadvocate, Medical Journalist), Tizianstr. 50, 85579 Neubiberg
- **Europa Donna**, The European Breast Cancer Coalition, Piazza Gian Lorenzo Bernini 4, 20133 Milan, Italy
- Prof. Dr. med. **Nadia Harbeck**, Head of Breast Center, Dept of Gynecology and Obstetrics and CCC Munich, LMU University Hospital, LMU Munich, Germany
- **Kerstin Paradies**, Konferenz Onkologischer Kranken- und Kinderkrankenpflege (KOK) in der Deutschen Krebsgesellschaft e.V., Wellingsbüttler Weg 69, 22391 Hamburg, Germany
- Prof. Dr. **Timo Schinköthe**, CANKADO Service GmbH, Am Straßlach 6, 85551 Kirchheim near Munich
- Dr. **Dorothea Strobach**, Hospital Pharmacy, LMU University Hospital, LMU Munich, Munich, Germany

2. Project timeline

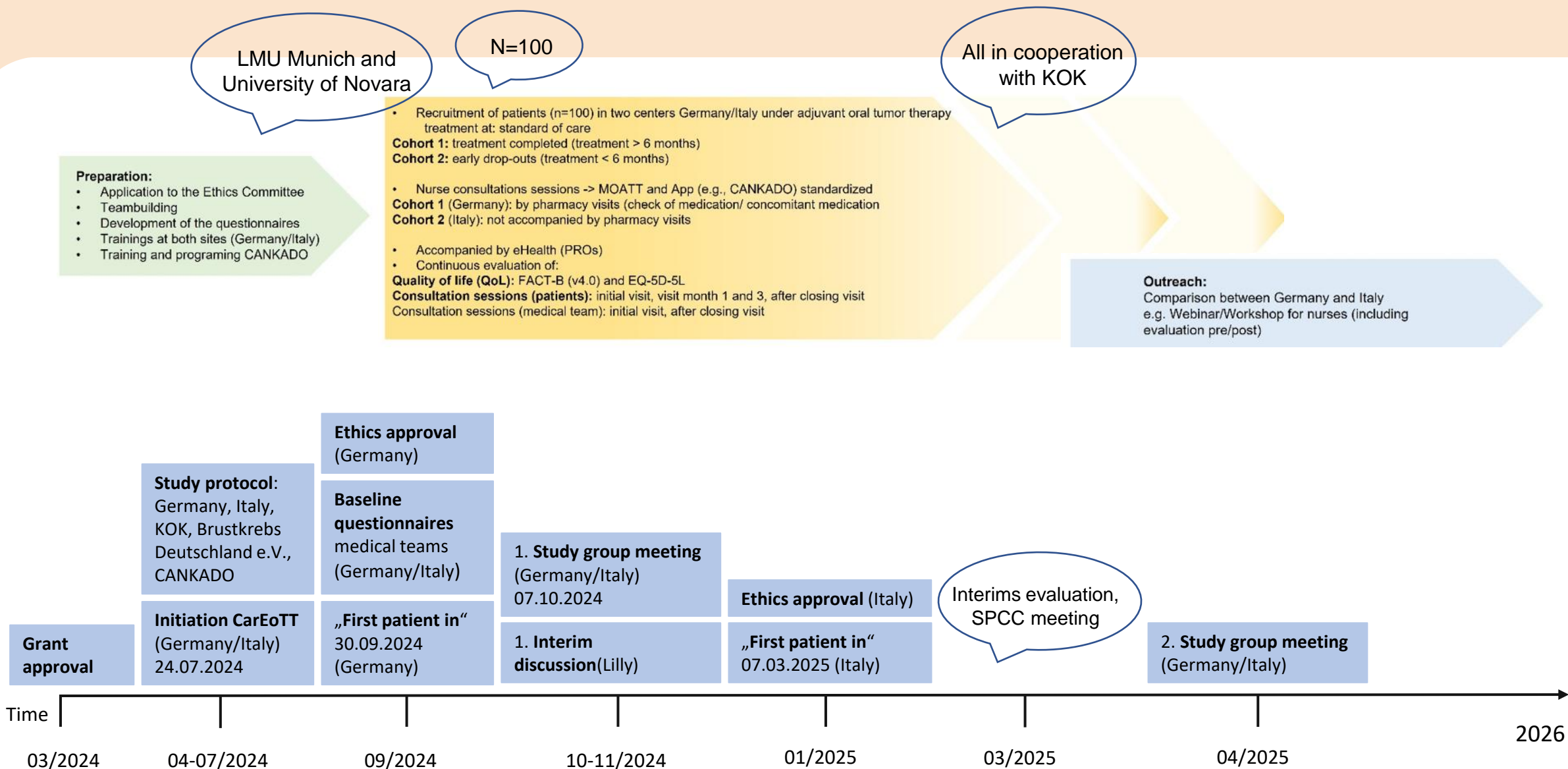


Figure1: Overall CarEoTT project timeline

3. Previous publications and experiences from further projects



Publication “Pflegeexpertinnen begleiten orale Tumorthherapie” in “Die Schwester Der Pfleger”

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Publication “Interprofessionelles Management der oralen Tumorthherapie” in “Im Fokus Onkologie”

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Publication „What are the needs in oral antitumor therapy? An analysis of patients' and practitioners' preferences“ in Frontiers in Oncology

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4. Project

CarEoTT - Care improvement for early breast cancer patients treated with oral tumor therapy

- Evaluation of specialized nurse consultation sessions for patients receiving extended adjuvant oral tumor therapy in EBC (e.g. Abemaciclib, Ribociclib, Neratinib, Olaparib)
- Initiation: 24/07/24; positive ethics approval: 09/2024

- **Part 1: patient project (pilot)**

- Total patient population: n=13 (Germany), n=2 (Italy); originally planned: n=100 patients recruited at two sites

- **Duration:** 6 months of observance

Germany: baseline visit, after 4, 12, 24 weeks (including pharmacy visits: baseline, 24 weeks)

Italy: baseline visit, every 4 weeks (due to local standard)

- **Cohorts:**

- 1) treatment completed (treatment > 6 months)
- 2) early drop outs (treatment < 6 months)

- pilot project with 2 participating centers
- Experiences/differences
- Outreach

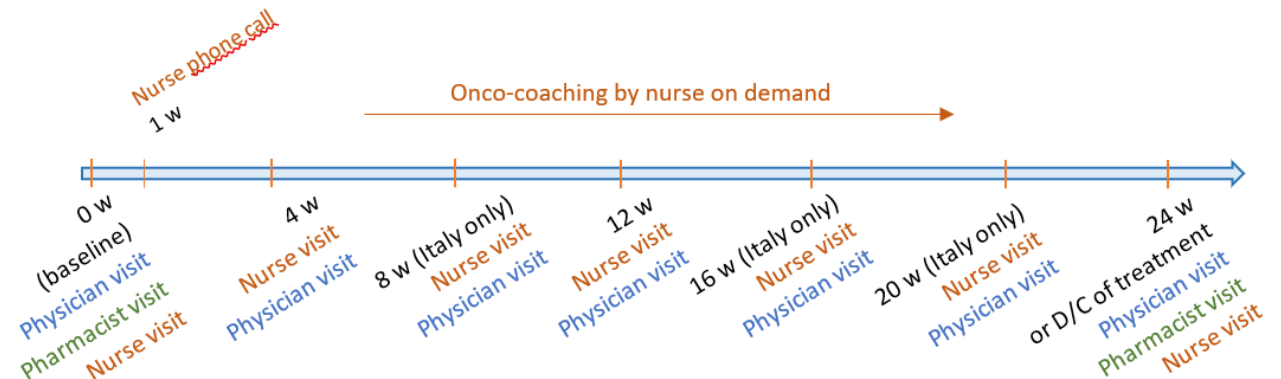


Figure 2: Overview of consultation sessions during CarEoTT in Germany and Italy

4. Project description

CarEoTT - Care improvement for early breast cancer patients treated with oral tumor therapy

- **Part 2: Evaluation + Outreach:** Transfer pilot into global management for specialized nursing consultation in adjuvant OTT for EBC
 - Evaluation of documentation, questionnaires, satisfaction with care of patients
 - Evaluation of medical teams at baseline and end of 2025: Germany / Italy
 - Inclusion of eHealth (CANKADO)
 - Optimization of resources within the oncological team
 - Assessment of an efficient and effective approach of side effects and drug interaction management
 - Evaluation of similarities and differences in OTT management in different healthcare settings: Germany / Italy
 - Publication

5. Healthcare pathway – Germany / Italy

Germany	Italy
<p>Postoperative tumor conference</p> <ul style="list-style-type: none"> ➤ evaluation of operative and pathological results ➤ adjuvant treatment indication ➤ determination of treatment plan 	<p>Postoperative tumor conference</p> <ul style="list-style-type: none"> ➤ evaluation of operative and pathological results ➤ adjuvant treatment indication ➤ determination of treatment plan
<p>Appointment with oncologist & breast care nurse</p> <ul style="list-style-type: none"> ➤ explanation of treatment plan ➤ start of endocrine therapy ➤ diagnostics (e.g. ECG, check of laboratory parameters) 	<p>Appointment with nurse</p> <ul style="list-style-type: none"> ➤ collection of general and medical information ➤ case history/anamnesis
<p>Transmission to department of (gynaeco)-oncology</p> <ul style="list-style-type: none"> ➤ explanation of treatment plan (all substances) ➤ informed consent ➤ if necessary: diagnostics (e.g. ECG, check of laboratory parameters) ➤ prescription of OTT 	<p>First appointment with oncologist of breast team</p> <ul style="list-style-type: none"> ➤ explanation of treatment plan (all substances) ➤ informed consent ➤ diagnostic ECG, check of laboratory results etc. ➤ Presumption of OTT
<p>Appointment with OncoCoach/Nurse</p> <ul style="list-style-type: none"> ➤ further education of OTT, explanation and management of side effects and interactions; supportive options ➤ Regular consultation with oncologists according to protocol // SoC of institution (every 1-3 months) ➤ Checklists for interaction oncology team ➤ offer and explanation of supporting Apps: PINK, Sidekick, possibly CANKADO 	<p>Monthly appointment with oncologist of breast team</p> <ul style="list-style-type: none"> ➤ reviewing results ➤ permission of treatment ➤ prescription of OTT
<p>External pharmacy</p> <ul style="list-style-type: none"> ➤ information on medication ➤ receiving medication (1-3 months) 	<p>Hospital pharmacy</p> <ul style="list-style-type: none"> ➤ receiving medication ➤ medication per prescription lasts for 1 month

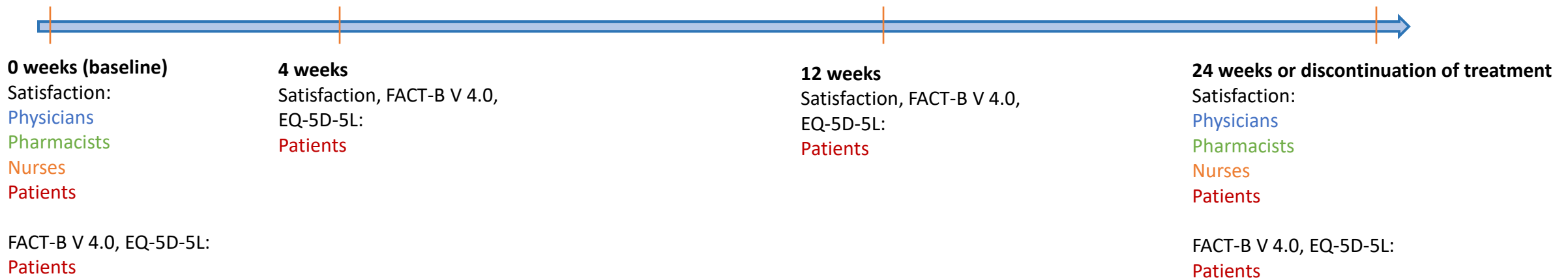
5. Healthcare pathway – Germany / Italy

Germany	Italy
<u>Months 1-2</u> <ul style="list-style-type: none"> ➤ general care oncologist and OncoCoach/nurse every 14 days ➤ check of laboratory results (in clinic or external) and possible side effects ➤ prescription of OTT ➤ pharmacy 	<u>Months 1-2</u> <ul style="list-style-type: none"> ➤ general care oncologist every 14 days ➤ check of laboratory results (in clinic or external) and possible side effects ➤ prescription of OTT ➤ hospital pharmacy
<u>Month ≥3</u> <ul style="list-style-type: none"> ➤ appointment with OncoCoach/nurse and if needed also with oncologist every 4 weeks ➤ close cooperation between nurse and oncologist ➤ evaluate and review laboratory results from general care physician ➤ permission of treatment continuation ➤ new prescription of OTT ➤ pharmacy 	<u>Month ≥3</u> <ul style="list-style-type: none"> ➤ appointment with oncologist every 4 weeks ➤ evaluate and review laboratory results ➤ permission of treatment continuation ➤ new prescription of OTT ➤ hospital pharmacy
<u>Month ≥6</u> <ul style="list-style-type: none"> ➤ appointment with OncoCoach/nurse and if needed also with oncologist every 4 weeks or quarterly (if medication is well tolerated) ➤ visit to external pharmacy ➤ receiving medication for 1 month up to 3 months 	<u>Month ≥6</u> <ul style="list-style-type: none"> ➤ appointment with oncologist every 4 weeks ➤ hospital pharmacy ➤ receiving medication for 1 month
Follow-up <ul style="list-style-type: none"> ➤ gynaecologist (external) 	Follow-up <ul style="list-style-type: none"> ➤ oncologist

6. Baseline evaluation– patients and medical teams (Germany / Italy)

Germany and Italy

- Questionnaires for physicians, nurses and pharmacists (Germany only) at baseline and after 24 weeks of treatment (end of nurse consultation) or at discontinuation of therapy
- Questionnaires for patients at baseline, after 4 weeks, 12 weeks and 24 weeks of treatment (end of nurse consultation) or at discontinuation of therapy



6. Results – Baseline questionnaires of medical team (Germany / Italy) (preliminary data)

Germany

- N=13
- Gender: 92,3% female; 7,7% male
- Average age: 43,8 years

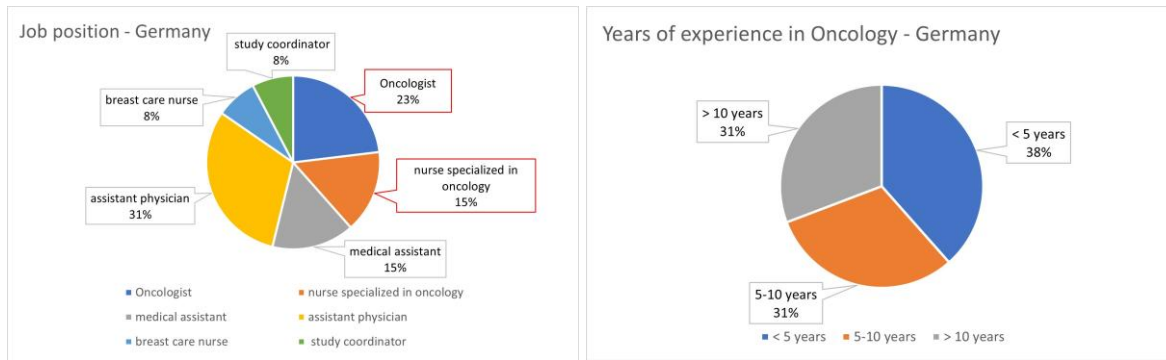


Figure 3: qualification of medical team Germany

Figure 4: experience in oncology of medical team Germany

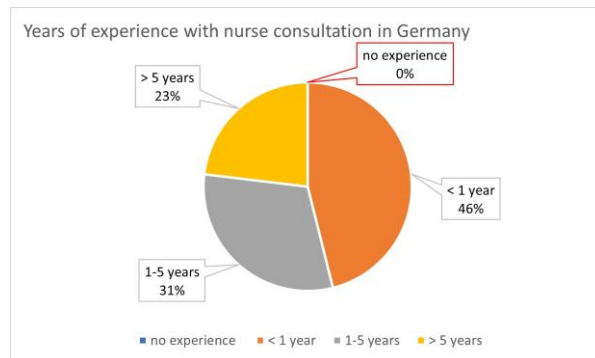


Figure 5: experience with nurse consultation of medical team Germany

Italy

- N=16
- Gender: 100% female
- Average age: 41,6 years



Figure 6: qualification of medical team Italy

Figure 7: experience in oncology of medical team Italy

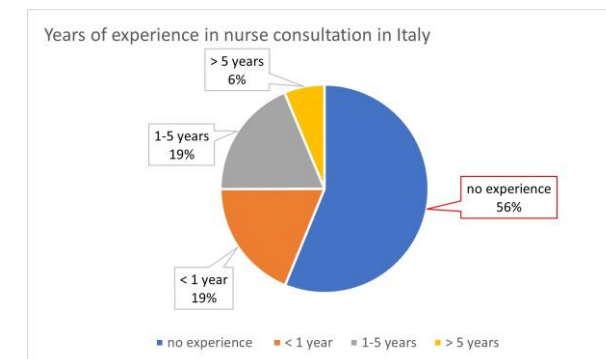


Figure 8: experience with nurse consultation of medical team Italy

6. Results – Baseline questionnaires of medical team (Germany / Italy)

Germany

- Average number of evaluated patients per months
 - Breast cancer patients: 133
 - Early breast cancer patients: 70
 - Patients with indication for OTT: 58 (only for Oncologists)

Italy

- Average number of evaluated patients per months
 - Breast cancer patients: 126
 - Early breast cancer patients: 75
 - Patients with indication for OTT: 67 (only for Oncologists)

On a scale from 0 to 10 (0 = little/hardly; 10 = high), I currently rate the following points with regard to the support of patients undergoing extended adjuvant oral tumor therapy...

.. In terms of

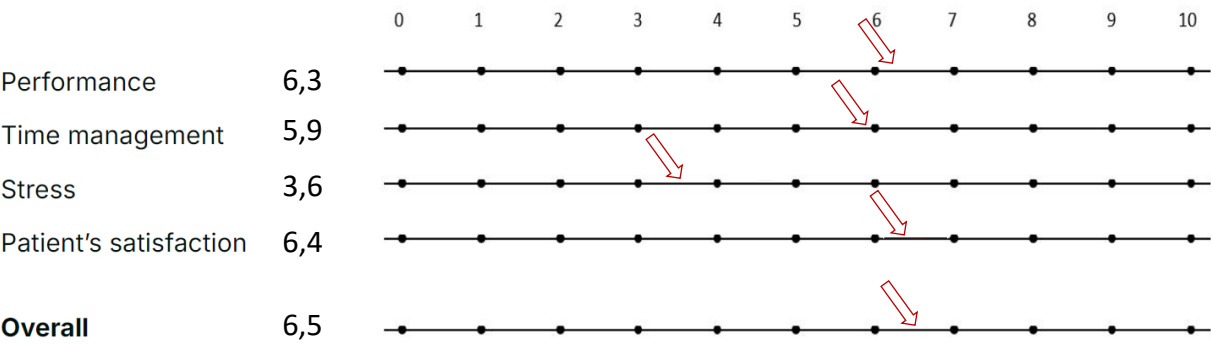


Figure 9: General informations in OTT management of medical team Germany

.. In terms of

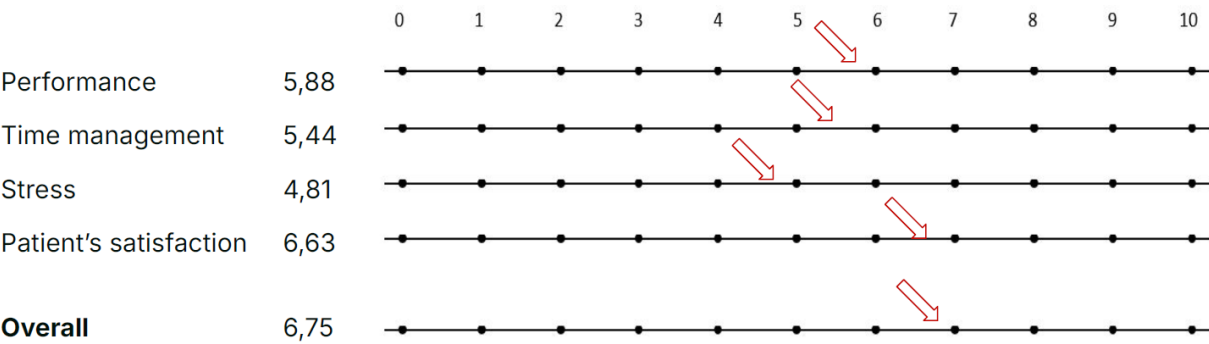


Figure 10: General informations in OTT management of medical team Italy

6. Results – Baseline questionnaires of medical team (Germany / Italy)

Germany

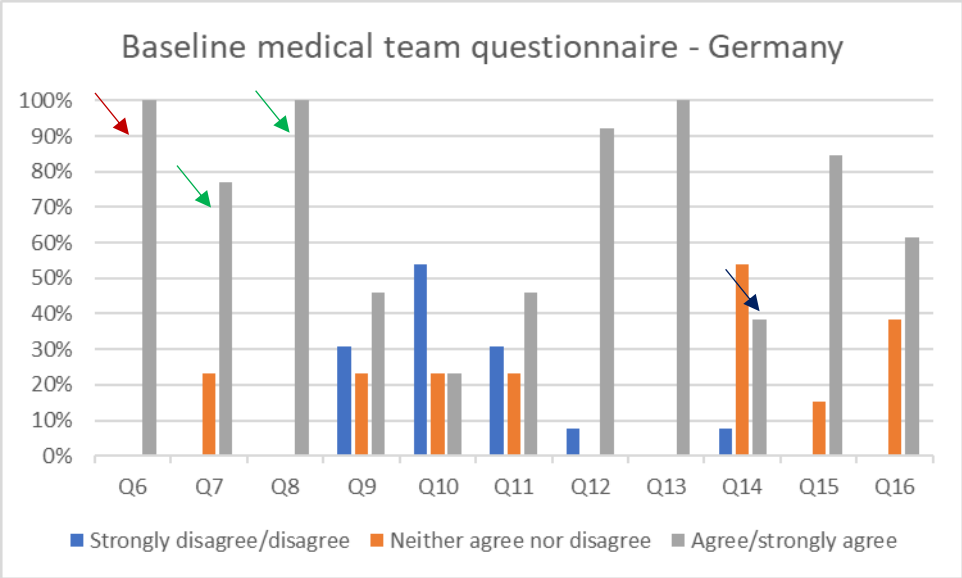


Figure 11: Representation of questionnaires medical team Germany

Italy

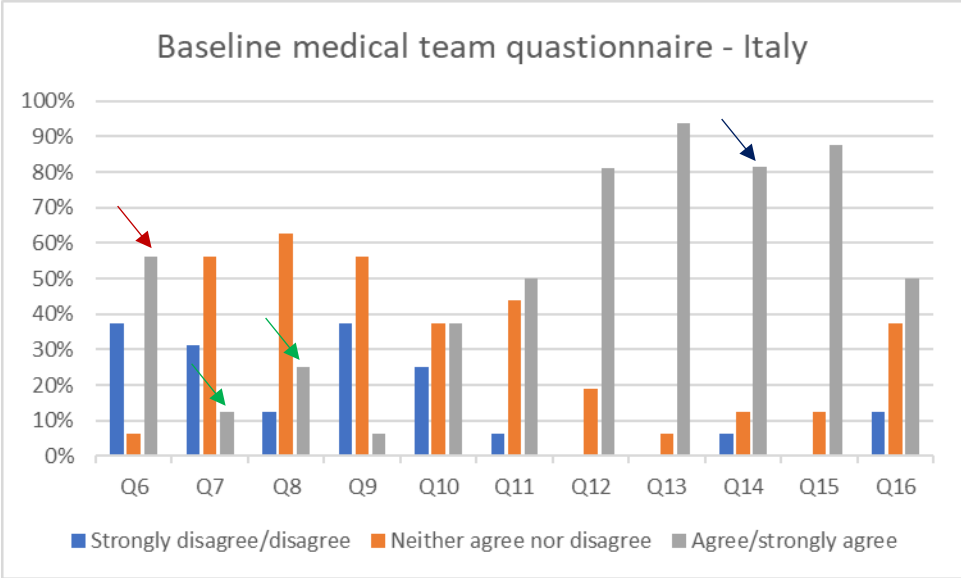


Figure 11: Representation of questionnaires medical team Italy

- Q6: I feel well informed in the management of oral tumor therapies for EBC
Q7: The supervision effort for a patient before starting extended adjuvant oral tumor therapy is high
Q8: The supervision effort for a patient in the first 3 months of extended adjuvant oral tumor therapy is high
Q9: The supervision effort for a patient in further course of extended adjuvant oral tumor therapy is high
Q10: I am satisfied with the current care situation of patients with extended adjuvant oral tumor therapy
Q11: I am satisfied with the interdisciplinary cooperation between all involved departments and persons
Q12: The introduction of a nurse consultation in oral tumor therapy (by a specially trained nurse) would reduce my workload
Q13: Breast cancer patients could benefit in their healthcare by introducing a nurse consultation in oral tumor therapy
Q14: Using an eHealth-based system (CANKADO) could help reduce my workload
Q15: Breast cancer patients could benefit from the use of an eHealth-based system (CANKADO)
Q16: the possibility of regular trainings in OTT would reduce my workload

Main differences

- well informed in management of OTT for EBC: 100% (Germany), 56% (Italy)
- high supervision effort before starting and in the first 3 months of OTT for EBC: 78% and 100% (Germany), 13% and 25% (Italy)
- using eHealth (CANKADO) could help reduce workload: 38% (Germany), 81% (Italy)

7. Interims analysis – patient project (Germany)

CarEoTT - Care improvement for early breast cancer patients treated with oral tumor therapy

Part 1: Nursing consultation under adjuvant OTT

- Total patient population (status 15/02/2025): n=13; age: 49,4 [32; 75] years
- Ongoing: 12 patients
- Drop-outs: 1 patient: diagnose of metastasis
- Total number of dose reductions: 1 (Abemaciclib)
- Total number of dose increase: 2 (Neratinib)
- Total number of non-permanent discontinuations: 5
 - 3 patients with 1 interruption: 20 [8; 39] days
 - 2 patients with 2 interruptions: 22 [4; 53] days
 - Radiation, diarrhea, Cold, fatigue, urinary tract infection, exanthema, mastectomy

OTT	n=13 patients	Distribution
Abemaciclib	7	53,8%
Ribociclib	2	15,4%
Olaparib	2	15,4%
Neratinib	2	15,4%
Tumor therapy		
AI	13	100%
Tamoxifen	0	0%
GnRH	9	69,2%
Bisphosphonate (Zometa)	7	53,8%

Figure 13: Distribution of tumor therapy (N=13)

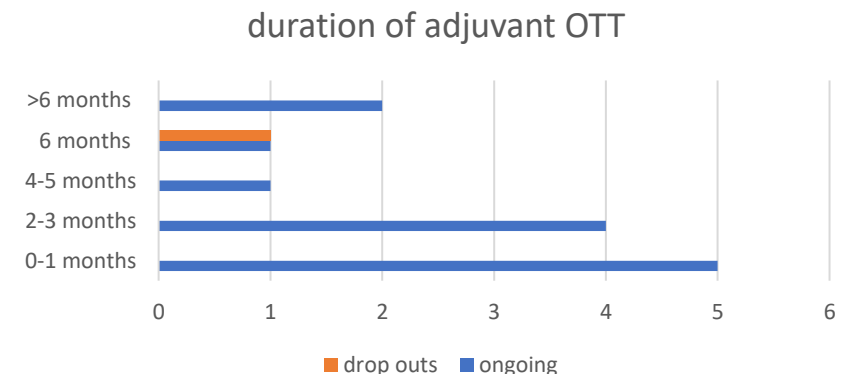


Figure 14: duration of adjuvant OTT (N=13)

8. Next steps (Germany / Italy)

- Evaluation of the first 10 patients' getting pharmacist visit (Germany only)
- Interim analysis of baseline questionnaires of pharmaceutical team (Germany only)
- 2. Study group meeting in 04/2025 (team Germany / team Italy)
- Continuation of patient recruitment – let's continue!

Thank you

Rachel Wuerstlein, E-Mail: rachel.wuerstlein@med.uni-muenchen.de

Franziska Henze, E-Mail: Franziska.henze@med.uni-muenchen.de



Sharing Progress in Cancer Care

Via Vincenzo Vela 6, 6500 Bellinzona, Switzerland
info@spcc.net +41 91 8200968

www.spcc.net

www.oncocorner.net