LMU KLINIKUM
Klinik und Poliklinik für
Frauenheilkunde und Geburtshilfe

CarEoTT

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

Final presentation 08/06/2026

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

Prof. Dr. Rachel Würstlein, Dr. rer. biol. hum. Franziska Henze, Prof. Dr. Alessandra Gennari, Marzia Bejo Torchio

Brustzentrum im LMU Klinikum
UPO UNIVERSITÀ DEL PIEMONTE ORIENTALE
KOK Pflegekompetenz in der Onkologie
CCC MÜNCHEN COMPREHENSIVE CANCER CENTER TZM - TUMORZENTRUM
EUROPEAN CANCER CENTRES | Zertifiziertes Brustkrebszentrum

CarEoTT – final presentation

Agenda

1. Introduction
2. Patient project (Munich + Novara)
3. Evaluation of medical teams (Munich + Novara)
4. Outreach

Timeline
CarEoTT – update

LMU Munich and University of Novara

Preparation:
- Application to the Ethics Committee
- Teambuilding
- Development of the questionnaires
- Trainings at both sites (Germany/Italy)
- Training and programing CANKADO

- Recruitment of patients (n=100) in two centers Germany/Italy under adjuvant oral tumor therapy
  treatment at: standard of care

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

- Nurse consultations sessions -> MOATT and App (e.g., CANKADO) standardized

Cohort 1 (Germany): by pharmacy visits (check of medication/ concomitant medication
Cohort 2 (Italy): not accompanied by pharmacy visits

- Accompanied by eHealth (PROs)
- Continuous evaluation of:

Quality of life (QoL): FACT-B (v4.0) and EQ-5D-5L
Consultation sessions (patients): initial visit, visit month 1 and 3, after closing visit
Consultation sessions (medical team): initial visit, after closing visit

N=100

Outreach:
Comparison between Germany and Italy
e.g. Webinar/Workshop for nurses (including evaluation pre/post)

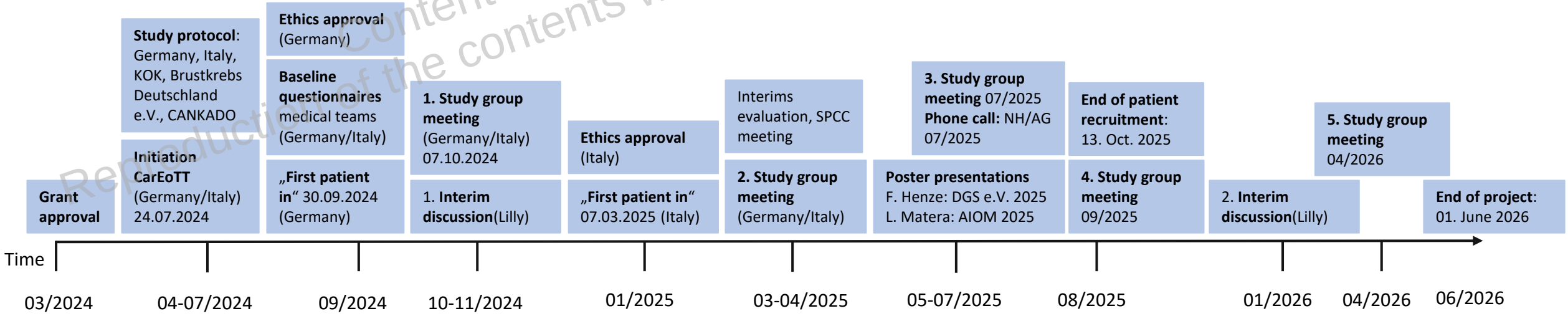


Figure1: Overall CarEoTT project timeline

Patient project (Munich)

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

Part 1: Nursing consultation under adjuvant OTT

- Total patient population (status 31/05/2026): n=48; age: 52,7 [32; 83] years
- FPI: 30.09.2024; LPI: 13.10.2025
- Ongoing: 0 patients
- Drop-outs: 3 patient: diagnose of metastasis, adverse events
- Total number of dose reductions: 10 (Abemaciclib), 3 (Ribociclib)
- Total number of dose increase: 2 (Neratinib)
- Total number of non-permanent discontinuations: 36
- 28 patients with 1 interruption: 17 [5; 39] days
- 4 patients with 2 interruptions: 21 [3; 53] days
- Leukopenia/Neutropenia, diarrhea, exanthema, cold, fatigue, urinary tract infection, surgery

Current patient population (status 31/05/2026):
- Munich: 48
- Novara: 13

OTT	n=48 patients	Distribution
Abemaciclib	17	35,4%
Ribociclib	23	47,9%
Olaparib	3	6,3%
Neratinib	5	10,4%
Tumor therapy		
AI	48	100%
Tamoxifen	0	0%
GnRH	26	54,2%
Bisphosphonate (Zometa)	26	54,2%

Figure 2: Distribution of tumor therapy (n=48)

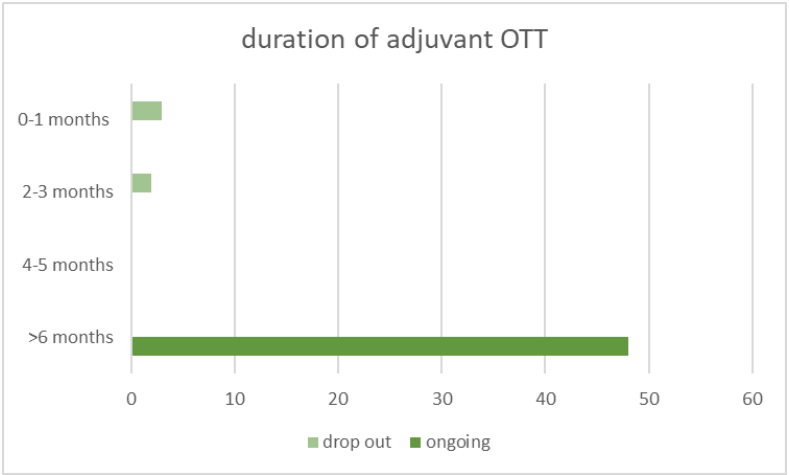


Figure 3: duration of adjuvant OTT (n=48)

Patient project (Munich)

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

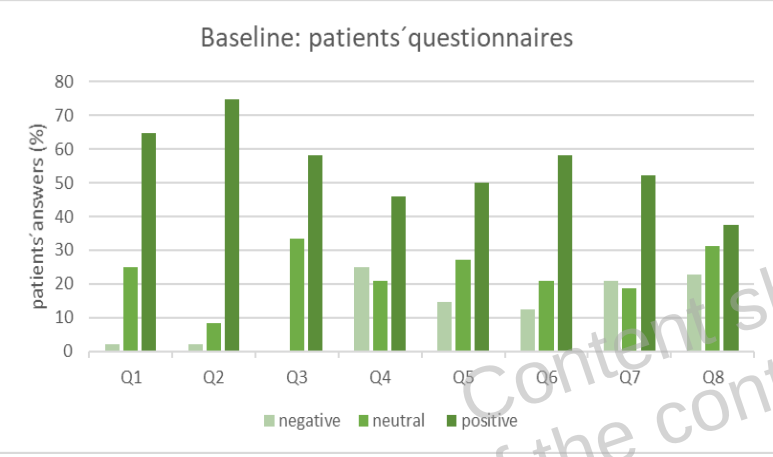


Figure 4: representations patients´ questionnaires at baseline (n=45)

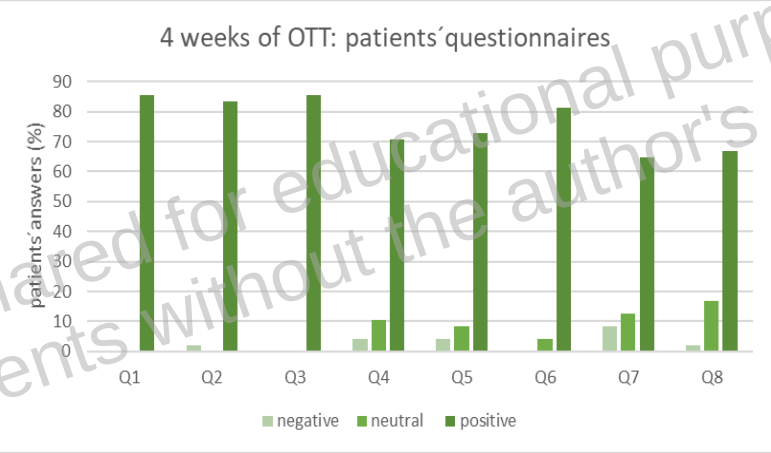


Figure 5: representations patients´ questionnaires after 4 weeks of OTT (n=45)

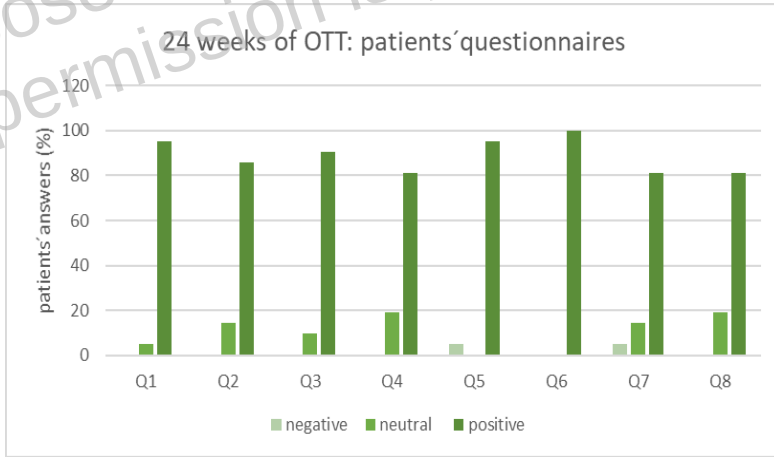


Figure 6: representations patients´ questionnaires after 24 weeks of OTT (n=43)

Q1: I feel well informed in OTT (e.g. dosage, intake)
Q2: I am aware of the most important side effects
Q3: I have received information on how to manage possible side effects
Q4: I am familiar with the key interactions of the oral tumor therapy
Q5: I know how to respond in certain situations (e.g. overdose, missed dose, infections)
Q6: I know where to turn in an emergency
Q7: I have received informational materials (e.g. therapy brochures)
Q8: I always had the opportunity to address open questions

Main results

- patients already felt significantly more confident with oral cancer therapy, e.g. knowledge about dosing schedule and storage increase from 64,6% to 85,4%
- Awareness of possible interactions raise from 45,8% to 70,8%
- Increase of the opportunity to adress open questions from 38,2% to 80%

Patient project (Munich)

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

	N =48	%
Age (years)	52,7 [32; 83]	
Gender		
Female	48	100 %
Male	0	
Educational qualification		
Primary school	3	6,3%
Intermediate school	9	18,8%
High school diploma	1	2,1%
Bachelor	3	6,2%
Master	19	39,6%
Promotion	3	6,3%
Not answered	10	20,8%
Level of employment		
Full time	10	20,8%
Half time	7	14,6%
Pensioner	11	22,9%
Unemployed	11	22,9%
Not answered	9	18,8%
Marital status		
married	23	47,9%
partnership	2	4,2%
single	10	20,8%
divorced	2	4,2%
Not answered	9	18,8%
Children		
Yes	23	47,9%
No	16	33,3%
Not answered	9	18,8%

Figure 7: patient characteristics (n=48)

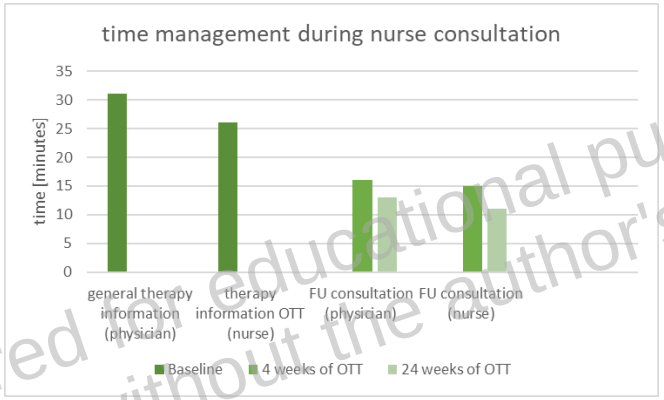


Figure 8: time management during nurse consultation (Munich, n=48)

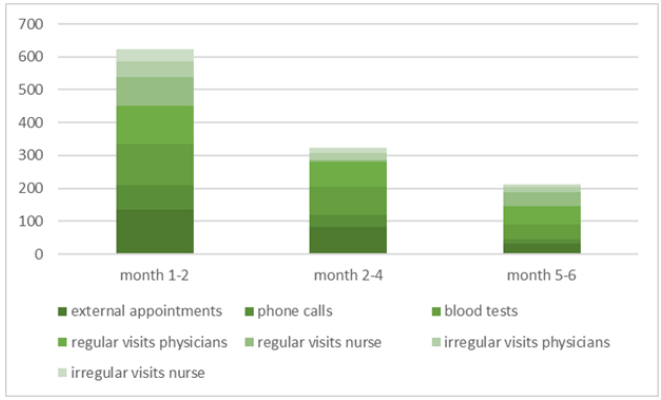


Figure 9: recorded contacts (Munich, n=48)

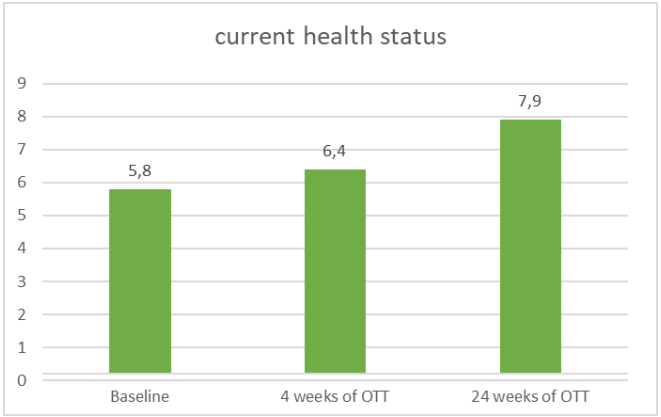


Figure 10: current health status at baseline (n=45), after 4 weeks of OTT (n=45), after 24 weeks of OTT (n=43)

Patient project (Novara)

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

Part 1: Nursing consultation under adjuvant OTT

- Total patient population (status 31/05/2026): n=13
- FPI: 07.03.2025; LPI: 15.10.2025
- Ongoing: 0 patients

Current patient population (status 31/05/2026):
- Munich: 48
- Novara: 13

OTT	n=13 patients	Distribution
Abemaciclib	6	46,15%
Ribociclib	7	53,85%
Olaparib	0	0%
Neratinib	0	0%
Tumor therapy		
AI	13	100%
Tamoxifen	0	0%

Figure 11: Distribution of tumor therapy (n=13)

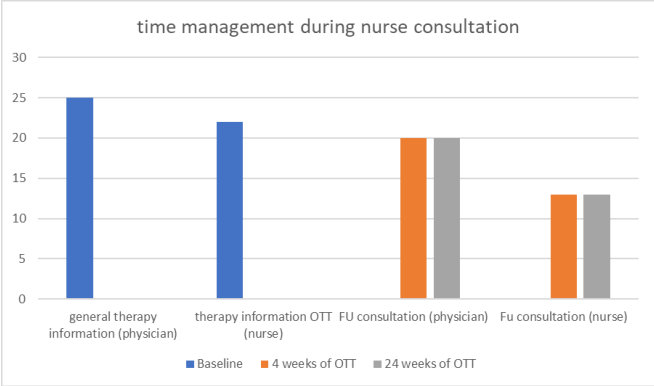


Figure 12: time management during nurse consultation (n=13)

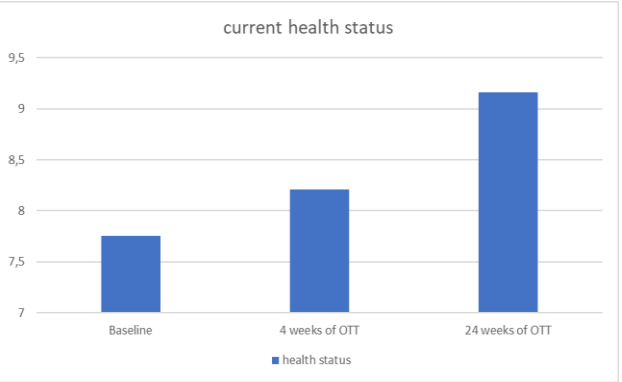


Figure 13: current health status at baseline (n=13), after 4 weeks of OTT (n=13), after 24 weeks of OTT (n=13)

Patient project (Novara)

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

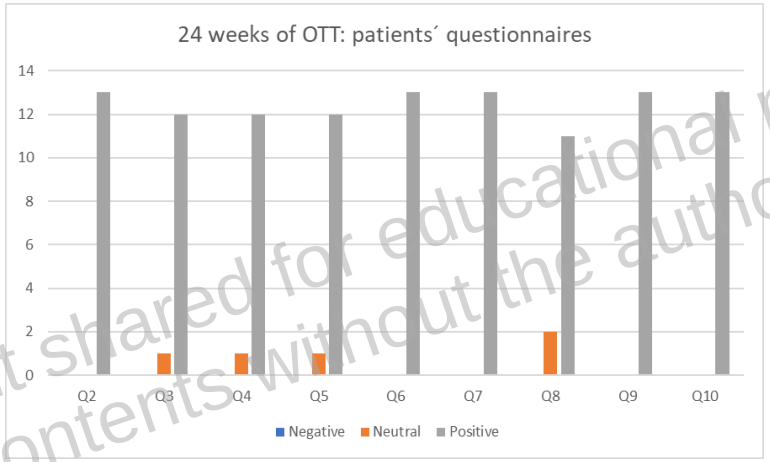


Figure 14: representations patients´ questionnaires after 24 weeks of OTT (n=13)

Q2: I feel well informed in OTT (e.g. dosage, intake)
Q3: I am aware of the most important side effects
Q4: I have received information on how to manage possible side effects
Q5: I am familiar with the key interactions of the oral tumor therapy
Q6: I know how to respond in certain situations (e.g. overdose, missed dose, infections)
Q7: I know where to turn in an emergency
Q8: I have received informational materials (e.g. therapy brochures)
Q9: I always had the opportunity to address open questions
Q10: If necessary, a contact person is easily accessible

Pharmacy project - Munich

68 potential drug–drug interactions (DDIs) identified

Clinically Relevant Interactions

Category X (contraindicated):
Neratinib + Pantoprazole
Ribociclib + Ivabradine

Category D (consider therapy modification):
Ribociclib-related interactions
Simvastatin + Amlodipine
Iron + Levothyroxine

Commonly Affected Drug Classes
Cardiovascular medications
Statins
Antidepressants
Thyroid hormone replacement therapy
Supportive care medications

Conclusions
Drug–drug interactions are common in patients receiving oral anticancer therapy
Systematic DDI screening is essential
Pharmacist-led medication reviews can improve treatment safety and effectiveness

OTT	Interaktionspartner	Häufigkeit	Schwere nach LexiInteract
Abemaciclib	Fluconazol	1	C
	Loperamid	2	B
	Metformin	1	C
Neratinib	Loperamid	1	B/C
	Pantoprazol	1	X
Ribociclib	Alprazolam	1	D
	Amlodipin	3	C
	Atorvastatin	2	C
	Desvenlafaxin	1	C
	Dihydrocodein	1	C
	Famotidin	1	B
	Fezolinetant	1	A/B
	Fluticason	1	C
	Hydrochlorothiazid	1	B/C
	Ivabradin	1	X
	Magaldrat	1	B
	Metamizol	1	C
	Metformin	3	C
	Pantoprazol	3	B
	Rosuvastatin	2	C
	Sertralin	2	C
	Simvastatin	2	C
	Trazodon	1	C
Interaktionen innerhalb der weiteren genannten Medikation	Fluconazol/Simvastatin	1	C
	Metoprolol/Levothyroxin	2	B
	Calcium/Levothyroxin	1	B
	Calcium/Eisen	2	C
	Magnesium/L-Thyroxin	2	C
	Eisen/L-Thyroxin	1	D
	Goserelin/Loperamid	1	B
	Simvastatin/Amlodipin	1	D
	Metamizol/Sertralin	1	C
	Metamizol/Amlodipin	1	C
	Metamizol/Atorvastatin	1	C
	MCP/Ivabradin	1	B/C
	Torasemid/Ivabradin	1	B
	HCT/Ivabradin	1	B
	Olmesartan/Q10	1	B/C
	Goserelin/Levothyroxin	2	B

Results – Baseline questionnaires of medical team (Munich / Novara)

Germany

	n = 13	%
Age (median)	43,8 [27; 62]	
Gender		
Female	12	92,3%
Male	1	7,7%
Qualification		
Oncologist	3	23,1%
Assistant physician	4	30,8%
Oncology-specialized nurse	2	15,4%
Medical assistant	2	15,4%
Breast care nurse	1	7,7%
Study coordinator	1	7,7%
Experience in Oncology		
< 5 years	5	38,5%
5-10 years	4	30,8%
>10 years	4	30,8%
Experience with nurse consultation		
< 1 year	6	46,1%
1-5 years	4	30,8%
>5 years	3	23,1%

Figure 15: Characteristics of medical team Munich (n=13)

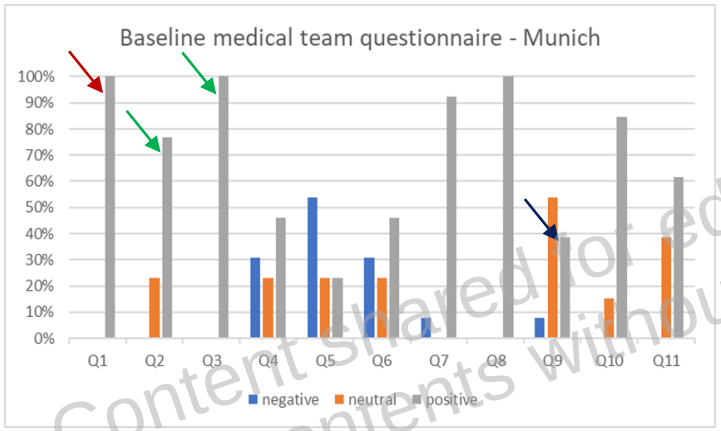


Figure 16: Baseline questionnaires of medical team Munich (n=13)

Italy

	n = 16	%
Age (median)	41,6	
Gender		
Female	16	100%
Male	0	-
Qualification		
Oncologist	7	43,8%
Oncology-specialized nurse	7	43,8%
Breast care nurse	1	6,3%
Study coordinator	1	6,3%
Experience in Oncology		
< 5 years	5	31,3%
5-10 years	3	18,8%
>10 years	8	50,0%
Experience with nurse consultation		
< 1 year	3	18,8%
1-5 years	3	18,8%
>5 years	1	6,3%
No experience	9	56,3%

Figure 17: Characteristics of medical team Novara (n=16)

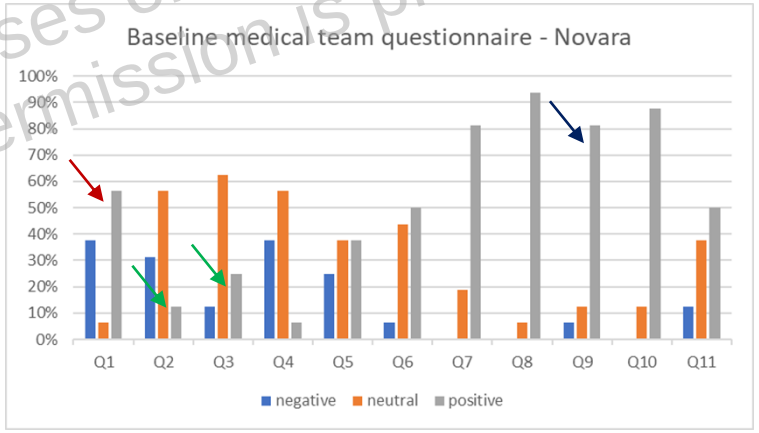


Figure 18: Baseline questionnaires of medical team Novara (n=16)

Q1: I feel well informed in the management of oral tumor therapies for EBC
Q2: The supervision effort for a patient before starting extended adjuvant oral tumor therapy is high
Q3: The supervision effort for a patient in the first 3 months of extended adjuvant oral tumor therapy is high
Q4: The supervision effort for a patient in further course of extended adjuvant oral tumor therapy is high
Q5: I am satisfied with the current care situation of patients with extended adjuvant oral tumor therapy
Q6: I am satisfied with the interdisciplinary cooperation between all involved departments and persons
Q6: I am satisfied with the interdisciplinary cooperation between all involved departments and persons
Q7: The introduction of a nurse consultation in oral tumor therapy (by a specially trained nurse) would reduce my workload
Q8: Breast cancer patients could benefit in their healthcare by introducing a nurse consultation in oral tumor therapy
Q9: Using an eHealth-based system (CANKADO) could help reduce my workload
Q10: Breast cancer patients could benefit from the use of an eHealth-based system (CANKADO)
Q11: the possibility of regular trainings in OTT would reduce my workload

Main differencies

- 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)

Results – Follow-up questionnaires of medical team (Munich /Novara)

Germany

	n = 20	%
Age (median)	41,7 [26; 64]	
Gender		
Female	15	75%
Male	5	25%
Qualification		
Oncologist	4	20%
Assistant physician	4	20%
Oncology-specialized nurse	4	20%
OncoCoach/Medical assistant	1	5%
Breast care nurse	1	5%
Pharmacists	6	30%
Experience in Oncology		
< 5 years	8	40%
5-10 years	6	30%
>10 years	6	30%
Experience with nurse consultation		
No experience	0	-
< 1 year	3	15%
1-5 years	15	75%
>5 years	2	10%

Figure 19: Characteristics of medical team Munich (n=20)

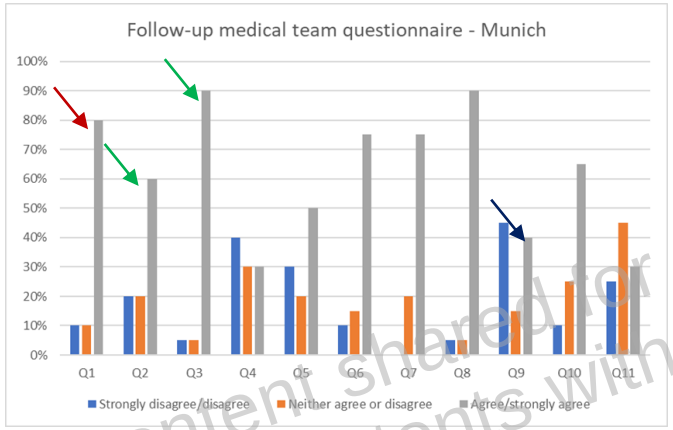


Figure 20: Follow-up questionnaires of medical team Munich (n=20)

Italy

	n = 10	%
Age (median)	36,7 [30; 45]	
Gender		
Female	9	90%
Male	1	10%
Qualification		
Oncologist	5	50%
Assistant physician	0	0%
Oncology-specialized nurse	5	50%
OncoCoach/Medical assistant	0	0%
Breast care nurse	0	0%
Pharmacists	0	0%
Experience in Oncology		
< 5 years	4	40%
5-10 years	3	30%
>10 years	4	40%
Experience with nurse consultation		
No experience	1	10%
< 1 year	8	80
1-5 years	0	0%
>5 years	1	10%

Figure 21: Characteristics of medical team Novara (n=10)

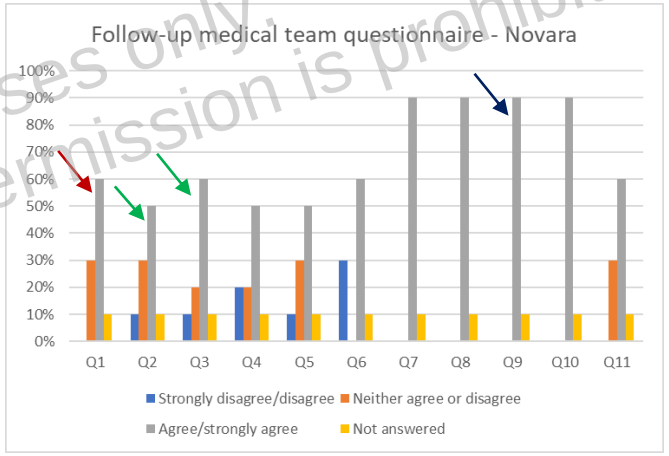


Figure 22: Follow-up questionnaires of medical team Novara (n=10)

Q1: I feel well informed in the management of oral tumor therapies for EBC
Q2: The supervision effort for a patient before starting extended adjuvant oral tumor therapy is high
Q3: The supervision effort for a patient in the first 3 months of extended adjuvant oral tumor therapy is high
Q4: The supervision effort for a patient in further course of extended adjuvant oral tumor therapy is high
Q5: I am satisfied with the current care situation of patients with extended adjuvant oral tumor therapy
Q6: I am satisfied with the interdisciplinary cooperation between all involved departments and persons
Q6: I am satisfied with the interdisciplinary cooperation between all involved departments and persons
Q7: The introduction of a nurse consultation in oral tumor therapy (by a specially trained nurse) would reduce my workload
Q8: Breast cancer patients could benefit in their healthcare by introducing a nurse consultation in oral tumor therapy
Q9: Using an eHealth-based system (CANKADO) could help reduce my workload
Q10: Breast cancer patients could benefit from the use of an eHealth-based system (CANKADO)
Q11: the possibility of regular trainings in OTT would reduce my workload

Main differencies

- well informed in management of OTT for EBC: 80% (Munich), 60% (Novara)
- high supervision effort before starting and in the first 3 months of OTT for EBC: 60% and 90% (Munich), 50% and 60% (Novara)
- using eHealth (CANKADO) could help reduce workload: 40% (Germany), 90% (Italy)

Outreach – Workshop in Novara (I)

Date: 25/02/2026

Total population (nurse students): n=204; age: 24,3 [19; 36] years


Azienda Ospedaliero-Universitaria Maggiore della Carità di Novara
UPO
UNIVERSITÀ DEL PIEMONTE ORIENTALE
TASK SHARING IN ONCOLOGIA: L'Esperienza del Day Hospital di Oncologia dell'AOU Maggiore della Carità di Novara
Responsabili scientifici:
Prof.ssa Alessandra Gennari
EVENTO ONLINE
PROGRAMMA
Mercoledì 25 febbraio
14.30 - 15.00 Introduzione e saluti istituzionali
Alessandra Gennari - Alberto Dal Molin
Ornella Vota
Cristina Torgano
Paola Sanvito
Rosario Caruso
Daniela Grosso
Moderatore: Ines Basso
15.00 - 15.15 Il ruolo degli infermieri nella gestione della terapia orali nell'Early Brest Cancer
Melania Porzio
15.15 - 15.40 Presentazione dello studio Care improvement for Early breast cancer patients treated with oral Tumor Therapy (CarEoTT)
Beatrice Ruffili e Antonella Passalacqua
15.40 - 16.30 Discussione tra gli esperti
Paola Sanvito (OPI) – Rosario Caruso (AIIAO) – Daniela Grosso (WG Nursing AIOM) – Duilio Manara (Presidente Conferenza Nazionale Corsi di Laurea Magistrali)
16.30 Conclusi Lavori
Alessandra Gennari - Alberto Dal Molin

Prof. A. Gennari summarized: *"The event highlighted the growing importance of task sharing in oncology as a key element in strengthening multidisciplinary care. Particular attention was given to the central role of nursing staff and to the professional development opportunities for young physicians, emphasizing how collaborative models can enhance competencies, improve workflow integration, and ultimately contribute to better patient care. Initiatives such as this represent an important step toward a more sustainable, team-oriented, and future-focused oncology practice."*

Outreach - Presentations

DGS e.V. 2025, AIOM 2025, DKK 2026 and DGS 2026

Erste Ergebnisse zur Umsetzung der erweiterten anti-hormonellen Therapie beim frühen, HR+ Mammakarzinom in München (M) und Novara (N) im Rahmen pflegebegleiteter Sprechstunden

F. Henze[1], L.Y. Bagci[1], L. Matera[2], K. Paradies[3], R. Haidinger[4], A. König[1], T. Schinköthe[4,5], D. Strobach[3], N. Harbeck[1], A. Gennari[2], R. Würstlein[1]

Zielsetzung

Die oralen Tumortherapien und Patient:innenzahlen beim frühen HR+ Mammakarzinom stellen eine neue Herausforderung dar. Ziel der Befragung der medizinischen Teams in München und in Novara ist der Vergleich der Versorgungsstrukturen in beiden Zentren.

Material und Methoden

- Angebot pflegebegleiteter Sprechstunde für Patienten:innen mit erweiterter adjuvanter endokriner Therapie an zwei europäischen Zentren im Rahmen einer prospektiven Kohortenstudie.
- Evaluation der onkologischen Behandlungsteams (ärztlich, pflegerisch) zum Therapiestart (Baseline) anhand selbstgenerierter Fragebögen in München (n=13) und Novara (n=16). Stand: 02/2025.
- Befragung: allgemeine Charakteristika der Behandlungsteams, Vergleich des Patient:innenspektrums der jeweiligen Institution, Fragen zum Betreuungsaufwand und dem Wissenstand der Teams.

Stand: 02/2025
Genehmigung der EK: Projekt Nummer 24-0574

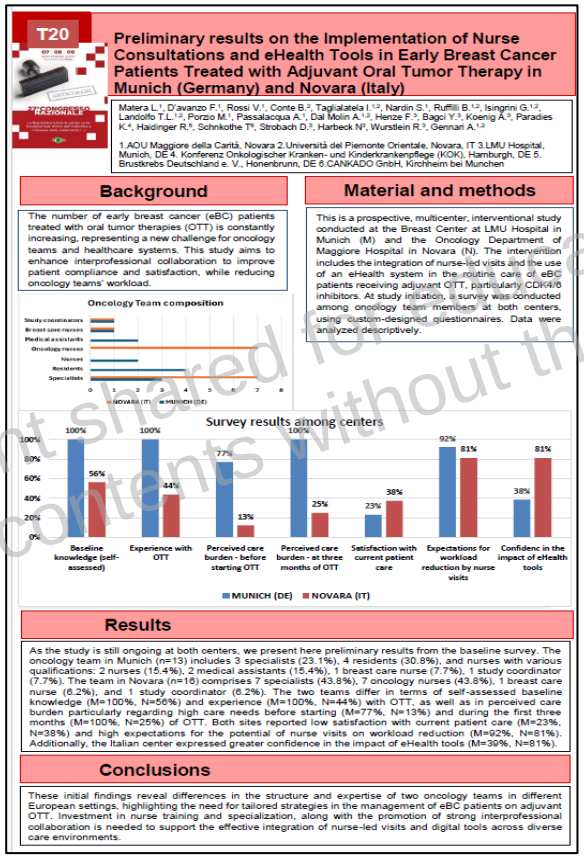
Zusammenfassung

Diese Zwischenauswertung ist Teil eines andauernden Prozesses im Rahmen unseres Projekts über die Veränderungen in den medizinischen Teams und aus Patient:innensicht nach Implementierung der pflegebegleiteten Sprechstunde in der Routineversorgung von Patient:innen mit frühem HR+ Mammakarzinom unter Therapieerweiterung insbesondere mit CDK4/6 Inhibitoren. Wir erarbeiten Standards und Informationsmaterialien anhand der Erfahrungen in den Zentren in München und Novara zur Delegation bestimmter ärztlicher Tätigkeiten an nicht-ärztlichen Fachpersonal und interprofessioneller Zusammenarbeit.

Erste Ergebnisse

Das Behandlungsteam im Brustzentrum in München (n=13) umfasst 3 Fachärzte:innen (23,1%), 4 Assistenzärzte:innen (30,8%) und Fachpflegekräfte mit verschiedenen Qualifikationen: 2 Gesundheits- und Krankenpfleger:innen (15,4%), 2 Medizinische Fachangestellte (15,4%), 1 Breast Care Nurse (7,7%) und 1 Studienkoordinator:in (7,7%). In Novara (n=16) gehören 7 Fachärzte:innen (43,8%), 7 onkologische Fachpflegekräfte (43,8%), 1 Breast Care Nurse (6,2%) und 1 Studienkoordinator:in (6,2%) zum medizinischen Behandlungsteam.

Im Brustzentrum LMU Klinikum haben alle ärztlichen und pflegerischen Mitarbeiter bereits Erfahrungen mit der pflegebegleiteten Sprechstunde der oralen Tumortherapien, in Novara sind es 44% der Befragten die Behandlungsteams.



T20

Preliminary results on the Implementation of Nurse Consultations and eHealth Tools in Early Breast Cancer Patients Treated with Adjuvant Oral Tumor Therapy in Munich (Germany) and Novara (Italy)

Matera L.[1], D'avanzo F.[1], Rossi V.[1], Conte B.[2], Taglialatela I.[1,2], Nardin S.[1], Ruffilli B.[1,2], Isingrini G.[1,2], Landolfo T.L.[1,2], Porzio M.[1], Passalacqua A.[1], Dal Molin A.[1,2], Henze F.[3], Bagci Y.[3], Koenig A.[3], Paradies K.[4], Haidinger R.[4], Schinköthe T[5], Strobach D.[3], Harbeck N[3], Wurstlein R.[3], Gennari A.[1,2]

1.AOU Maggiore della Carità, Novara 2.Università del Piemonte Orientale, Novara, IT 3.LMU Hospital, Munich, DE 4. Konferenz Onkologischer Kranken- und Kinderkrankenpflege (KOK), Hamburg, DE 5. Brustkrebs Deutschland e. V., Honenbrunn, DE 6.CANKADO GmbH, Kirchheim bei Munchen

Background

The number of early breast cancer (eBC) patients treated with oral tumor therapies (OTT) is constantly increasing, representing a new challenge for oncology teams and healthcare systems. This study aims to enhance interprofessional collaboration to improve patient compliance and satisfaction, while reducing oncology teams' workload.

Material and methods

This is a prospective, multicenter, interventional study conducted at the Breast Center at LMU Hospital in Munich (M) and the Oncology Department of Maggiore Hospital in Novara (N). The intervention includes the integration of nurse-led visits and the use of an eHealth system in the routine care of eBC patients receiving adjuvant OTT, particularly CDK4/6 inhibitors. At study initiation, a survey was conducted among oncology team members at both centers, using custom-designed questionnaires. Data were analyzed descriptively.

Oncology Team composition

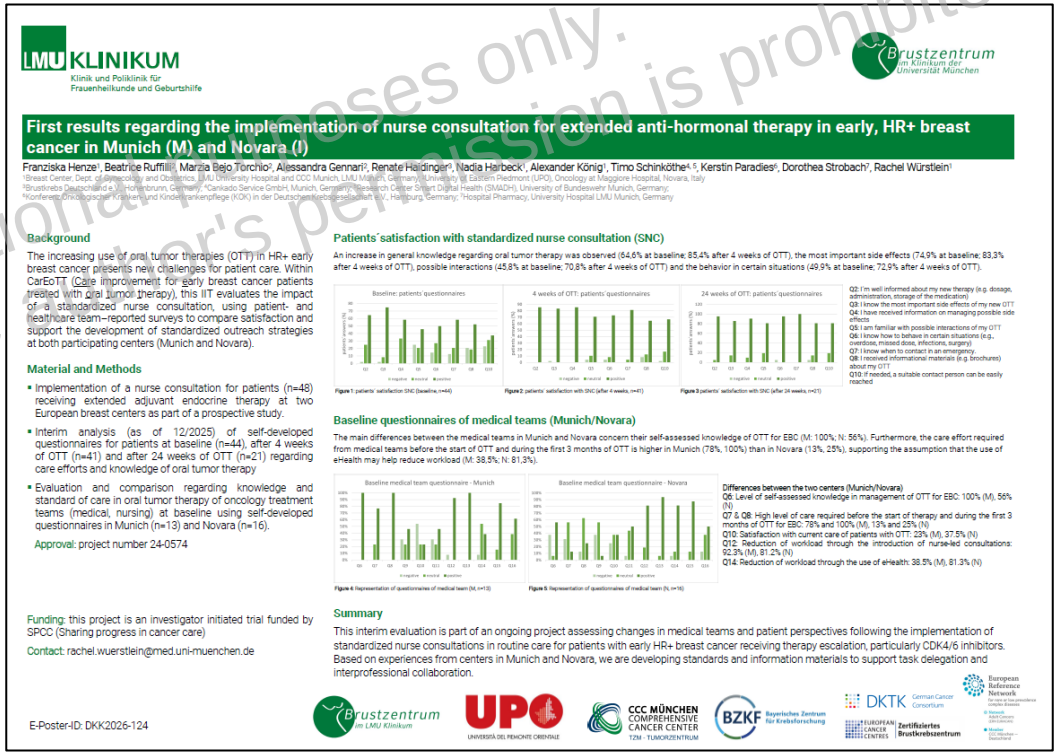
Survey results among centers

Results

As the study is still ongoing at both centers, we present here preliminary results from the baseline survey. The oncology team in Munich (n=13) includes 3 specialists (23.1%), 4 residents (30.8%), and nurses with various qualifications: 2 nurses (15.4%), 2 medical assistants (15.4%), 1 breast care nurse (7.7%), 1 study coordinator (7.7%). The team in Novara (n=16) comprises 7 specialists (43.8%), 7 oncology nurses (43.8%), 1 breast care nurse (6.2%), and 1 study coordinator (6.2%). The two teams differ in terms of self-assessed baseline knowledge (M=100%, N=56%) and experience (M=100%, N=44%) with OTT, as well as in perceived care burden particularly regarding high care needs before starting (M=77%, N=13%) and during the first three months (M=100%, N=25%) of OTT. Both sites reported low satisfaction with current patient care (M=23%, N=38%) and high expectations for the potential of nurse visits on workload reduction (M=92%, N=81%). Additionally, the Italian center expressed greater confidence in the impact of eHealth tools (M=39%, N=81%).

Conclusions

These initial findings reveal differences in the structure and expertise of two oncology teams in different European settings, highlighting the need for tailored strategies in the management of eBC patients on adjuvant OTT. Investment in nurse training and specialization, along with the promotion of strong interprofessional collaboration is needed to support the effective integration of nurse-led visits and digital tools across diverse care environments.



First results regarding the implementation of nurse consultation for extended anti-hormonal therapy in early, HR+ breast cancer in Munich (M) and Novara (I)

Franziska Henze[1], Beatrice Ruffilli[2], Marzia Bejo Torchio[2], Alessandra Gennari[2], Renate Haidinger[3], Nadia Harbeck[1], Alexander König[1], Timo Schinköthe[4,5], Kerstin Paradies[6], Dorothea Strobach[7], Rachel Würstlein[1]

Background

The increasing use of oral tumor therapies (OTT) in HR+ early breast cancer presents new challenges for patient care. Within CarEoTT (Care improvement for early breast cancer patients treated with oral tumor therapy), this IIT evaluates the impact of a standardized nurse consultation, using patient- and healthcare team–reported surveys to compare satisfaction and support the development of standardized outreach strategies at both participating centers (Munich and Novara).

Material and Methods

- Implementation of a nurse consultation for patients (n=48) receiving extended adjuvant endocrine therapy at two European breast centers as part of a prospective study.
- Interim analysis (as of 12/2025) of self-developed questionnaires for patients at baseline (n=44), after 4 weeks of OTT (n=41) and after 24 weeks of OTT (n=21) regarding care efforts and knowledge of oral tumor therapy
- Evaluation and comparison regarding knowledge and standard of care in oral tumor therapy of oncology treatment teams (medical, nursing) at baseline using self-developed questionnaires in Munich (n=13) and Novara (n=16).

Approval: project number 24-0574

Funding: this project is an investigator initiated trial funded by SPCC (Sharing progress in cancer care)

Contact: rachel.wuerstlein@med.uni-muenchen.de

Patients´satisfaction with standardized nurse consultation (SNC)

An increase in general knowledge regarding oral tumor therapy was observed (64,6% at baseline; 85,4% after 4 weeks of OTT), the most important side effects (74,9% at baseline; 83,3% after 4 weeks of OTT), possible interactions (45,8% at baseline; 70,8% after 4 weeks of OTT) and the behavior in certain situations (49,9% at baseline; 72,9% after 4 weeks of OTT).

Baseline questionnaires of medical teams (Munich/Novara)

The main differences between the medical teams in Munich and Novara concern their self-assessed knowledge of OTT for EBC (M: 100%; N: 56%). Furthermore, the care effort required from medical teams before the start of OTT and during the first 3 months of OTT is higher in Munich (78%, 100%) than in Novara (13%, 25%), supporting the assumption that the use of eHealth may help reduce workload (M: 38,5%; N: 81,3%).

Summary

This interim evaluation is part of an ongoing project assessing changes in medical teams and patient perspectives following the implementation of standardized nurse consultations in routine care for patients with early HR+ breast cancer receiving therapy escalation, particularly CDK4/6 inhibitors. Based on experiences from centers in Munich and Novara, we are developing standards and information materials to support task delegation and interprofessional collaboration.

E-Poster-ID: DKK2026-124

Poster DGS 2026: Ergebnisse zur erweiterten anti-hormonellen Therapie beim frühen, HR+/HER2- Mammakarzinom in München (D) und Novara (I) im Rahmen pflegebegleiteter Sprechstunden - CarEoTT

CarEoTT – Conclusion

Patient management and empowerment developed differently but with new insights in both centers

Relevant Feedback during the project:

Most helpful tools

- Phone calls after 1 week (regarding tolerability & dosing),
- Therapy calendar (product specific; paper or app)

Effective teamwork within the medical team and clear delegation of responsibilities by physicians

- Workload of the entire team is thereby clearly structured, reduced & channeled

Regular training of the entire medical team

Standardized nursing training and consultation is an important contribution to the increasing number of oncological patients under oral therapy

LMU KLINIKUM
Klinik und Poliklinik für
Frauenheilkunde und Geburtshilfe

CarEoTT

Thank you!

Prof. Dr. med. Rachel Würstlein, Dr. rer. biol. hum. Franziska Henze
E-Mail: Rachel.wuerstlein@med.uni-muenchen.de & Franziska.henze@med.uni-muenchen.de