

WISH

Women's Integrated Support for Hormonal Health in early breast cancer

ABSTRACT

The WISH (Women's Integrated Support for Hormonal Health) project aims to demonstrate the feasibility of a novel, more efficient, and “out of hospital” follow-up (FU) strategy for women diagnosed with HER2-negative, ER+ early breast cancer (EBC) receiving adjuvant hormonal treatment. Currently, EBC FU is managed by the hospital oncological team, with only limited possibility to address the complexity of such a clinical process. The WISH project is expected to shift the EBC FU management from the hospital to primary care through the implementation of an efficient sharing network between the patient, general practitioner and the oncologist.

To demonstrate the efficacy of WISH supported FU compared to standard care, we designed a multicentric, international, randomized trial. The primary endpoint is the non-inferiority in quality of life (QoL) at 12 months, assessed by the Functional Assessment of Cancer Therapy – Breast (FACT-B) questionnaire. Secondary endpoints are: I) time to toxicity detection, II) time to intervention, III) cost-effectiveness. Patients will be randomized between WISH assisted and Hospital based FU according to the recruiting center, type of surgery (breast-conserving vs. mastectomy), and urban/rural residence.

The WISH app will provide a user-friendly tool for patient-reported outcomes collection and prompt management of adverse events, strengthening the cooperation between all the actors involved in EBC FU management.

WISH will allow personalized lifestyle interventions to improve patient well-being and long term outcomes. The remote monitoring will serve as an effective strategy to address health inequalities, by guaranteeing a close monitoring of all patients, including those living in rural zones and those that are more likely to discontinue the treatment. Data-driven analytics and advanced AI methods will allow the healthcare policy makers to improve forecasts of ill-health and identification of disease trajectories.

KEYWORDS

- Early breast cancer
- Follow-up
- Hormonal treatment
- Drug toxicity
- Lifestyle intervention
- Remote patient monitoring
- Community health service

DURATION

36 months

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