

HERmione, A CROSSED-VIEW SURVEY ABOUT PATIENTS LIVING WITH METASTATIC HER2-POSITIVE BREAST CANCER

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BACKGROUND

Innovative targeted therapies have demonstrated progression-free and overall survival benefit for **HER2-positive metastatic Breast Cancer (mBC)**. However, this disease still has a significant impact on patients' lives. HERmione is a declarative crossed-view survey conducted among patients living with HER2 positive mBC and oncologists, to identify patients' unmet needs, and to better understand their experiences and perceptions of treatments to provide solutions.

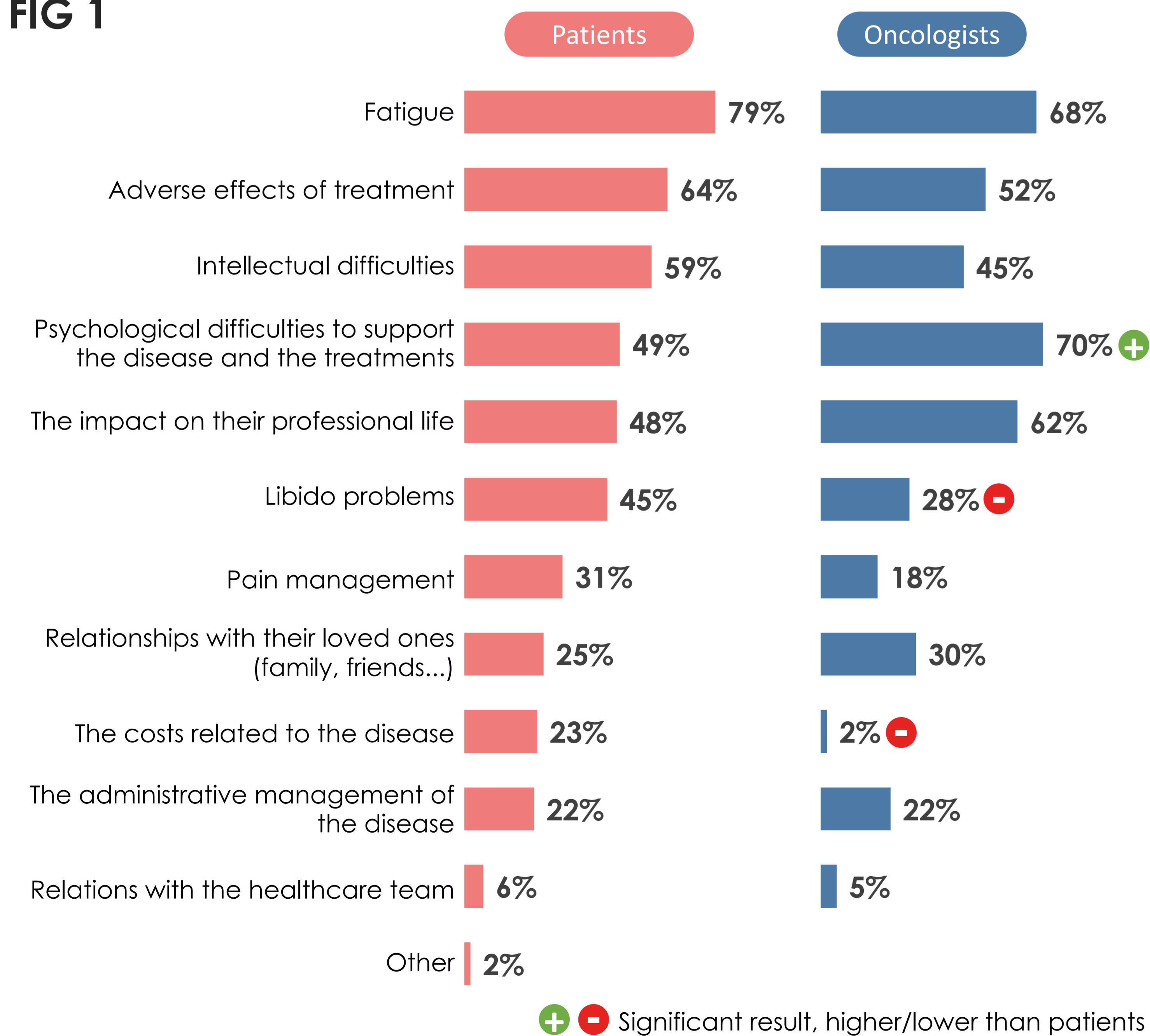
METHODS

Between July and October 2022, a total of **273 patients living with HER2-positive mBC** have participated online to **this survey** via the Patient Advocacy Group "Mon Réseau Cancer du Sein" intranet, and a web-based application developed by Wefight. Answers were also collected via the steering committee member by submitting a survey directly to their patients. Furthermore, **40 oncologists** treating these HER2-positive mBC were asked to answer some of these questions to provide a crossed-view survey. This survey is sponsored by Seagen.

DIFFICULTIES ENCOUNTERED SINCE THE ANNOUNCEMENT OF THE DISEASE AT THE METASTATIC STAGE

Fatigue is the main difficulty encountered by patients (79%) since the announcement of their disease at the metastatic stage, just ahead of **treatment-related adverse effects** (64%). **Psychological difficulties in dealing with the disease and treatments** are more frequently mentioned by oncologists (70%) - FIG 1.

FIG 1

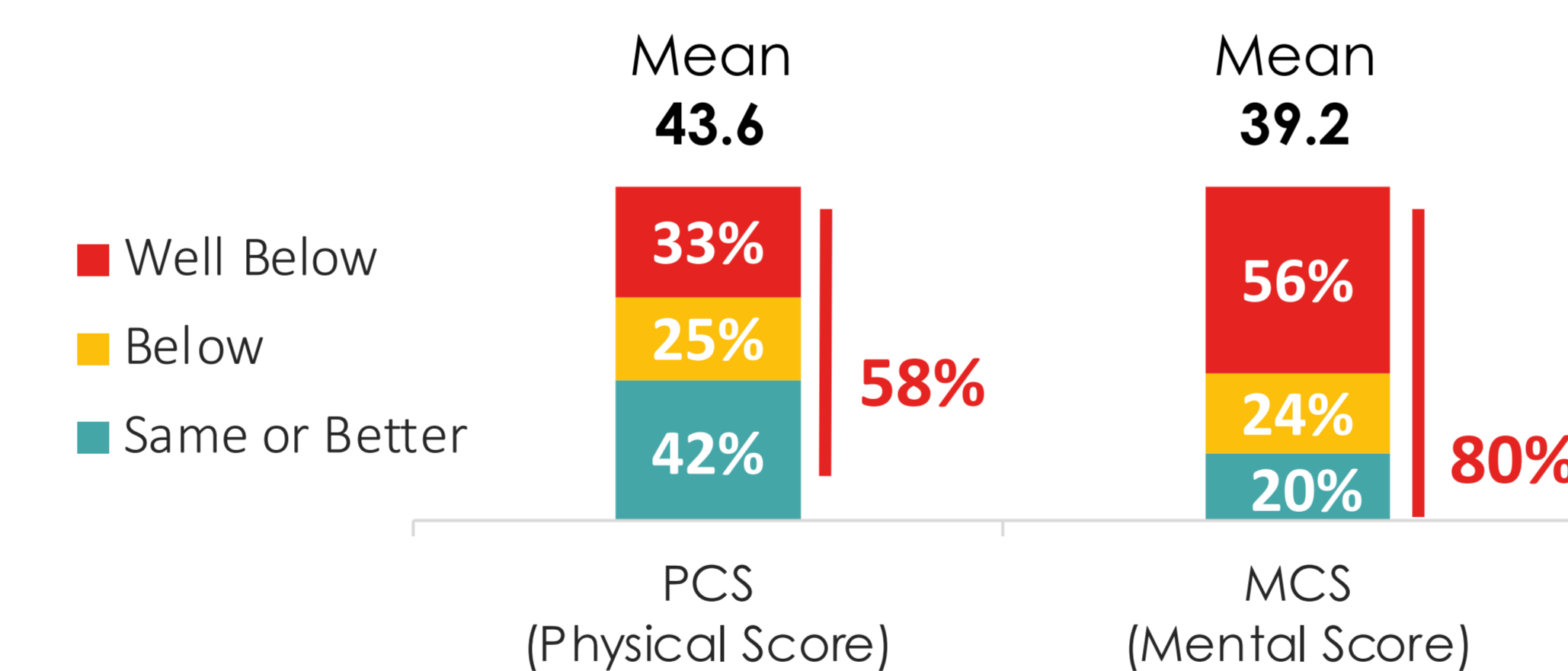


QUALITY OF LIFE (QoL) ASSESSMENT

Quality of life was assessed by the SF12 questionnaire*, a standardized self-reported outcome measure, resulting in an overall score for physical and mental health of 43.6 and 39.2 respectively, which is below those observed in the general population (whose average score is 50**) – FIG 2.

Among patients with HER2 positive metastatic breast cancer, **more than half had a below-average quality of life score** for both physical (58%, of which 33% had a well below score) and mental (80%, of which 56% had a well below score) - FIG 2.

FIG 2



*The SF-12 questionnaire is a health-related quality of life scale. It is composed of 12 questions divided into the same 8 dimensions as the SF-36: physical activity, life and relationships with others, physical pain, perceived general health, vitality, limitations due to psychological state, limitations due to physical state, mental health.
**Source: Quality Metrics, US general population

IMPORTANCE OF NURSE'S SUPPORT FOR DISEASE EXPERIENCE

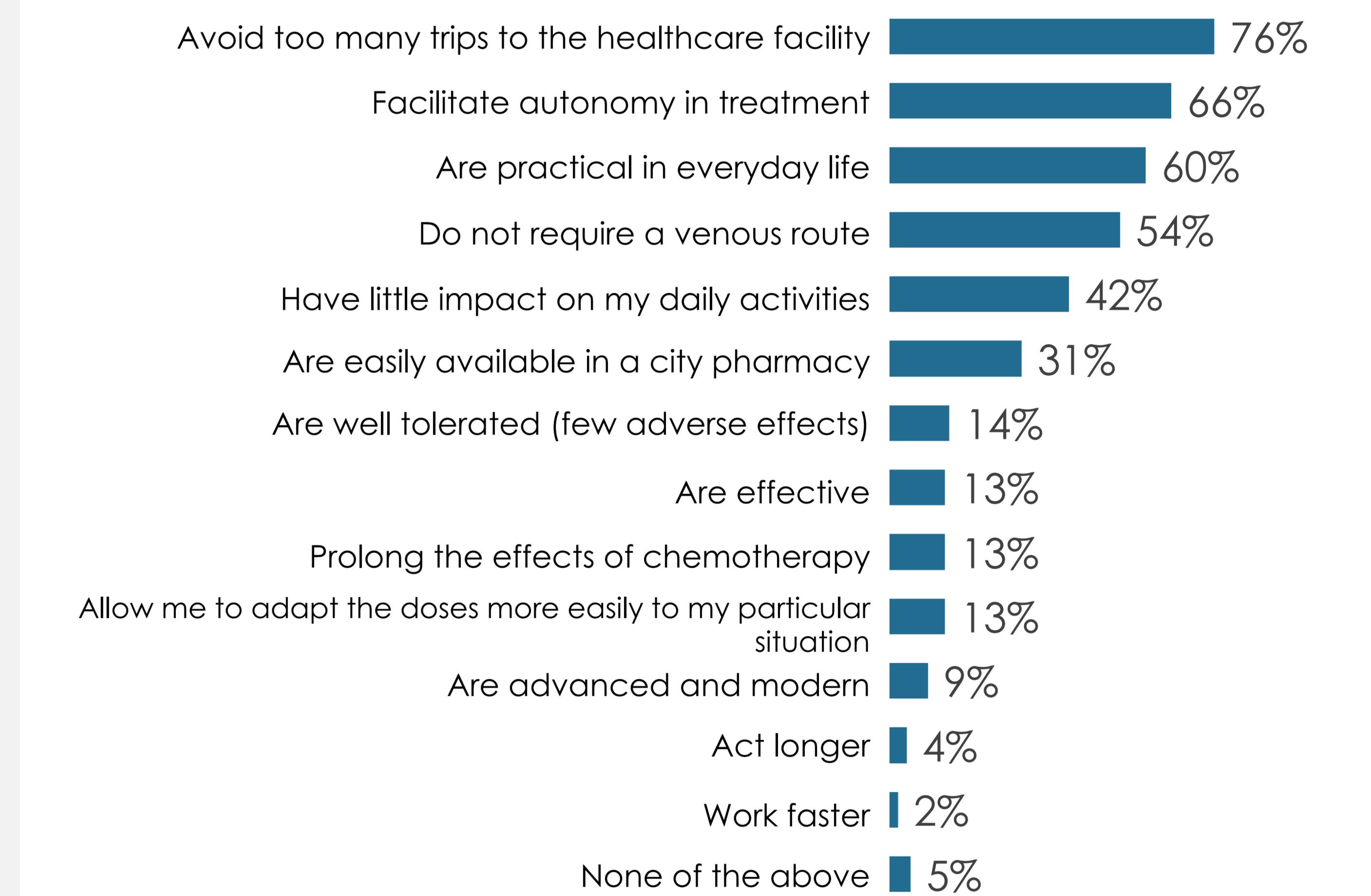
While the disease has a strong impact on QoL, results showed that nursing support is not systematic. Indeed, **60% of patients reported being not accompanied by a nurse**. A comparative analysis showed a **significant positive impact of this support on their level of information and their sense of proximity with healthcare teams**.

TREATMENT PREFERENCES

Patients also express clear expectations regarding therapeutic innovations.

Oral treatments are perceived as having more advantages than injectable ones, primarily because they allow patients to **avoid time-consuming trips to healthcare facilities** (76%) – FIG 3. On the other hand, 46% of patients perceive oral treatments as reducing interactions with medical teams.

FIG 3



CONCLUSIONS

HERmione allowed to identify the patients' journey unmet needs. While this disease has significant impacts on their QoL, better support, particularly by nurses, would allow to enhance disease experience. HERmione also shows that patients have a preference for the oral route, allowing a greater autonomy. Patients' involvement in treatment decisions as well as the support they receive are key factors that can influence their therapeutic journey.