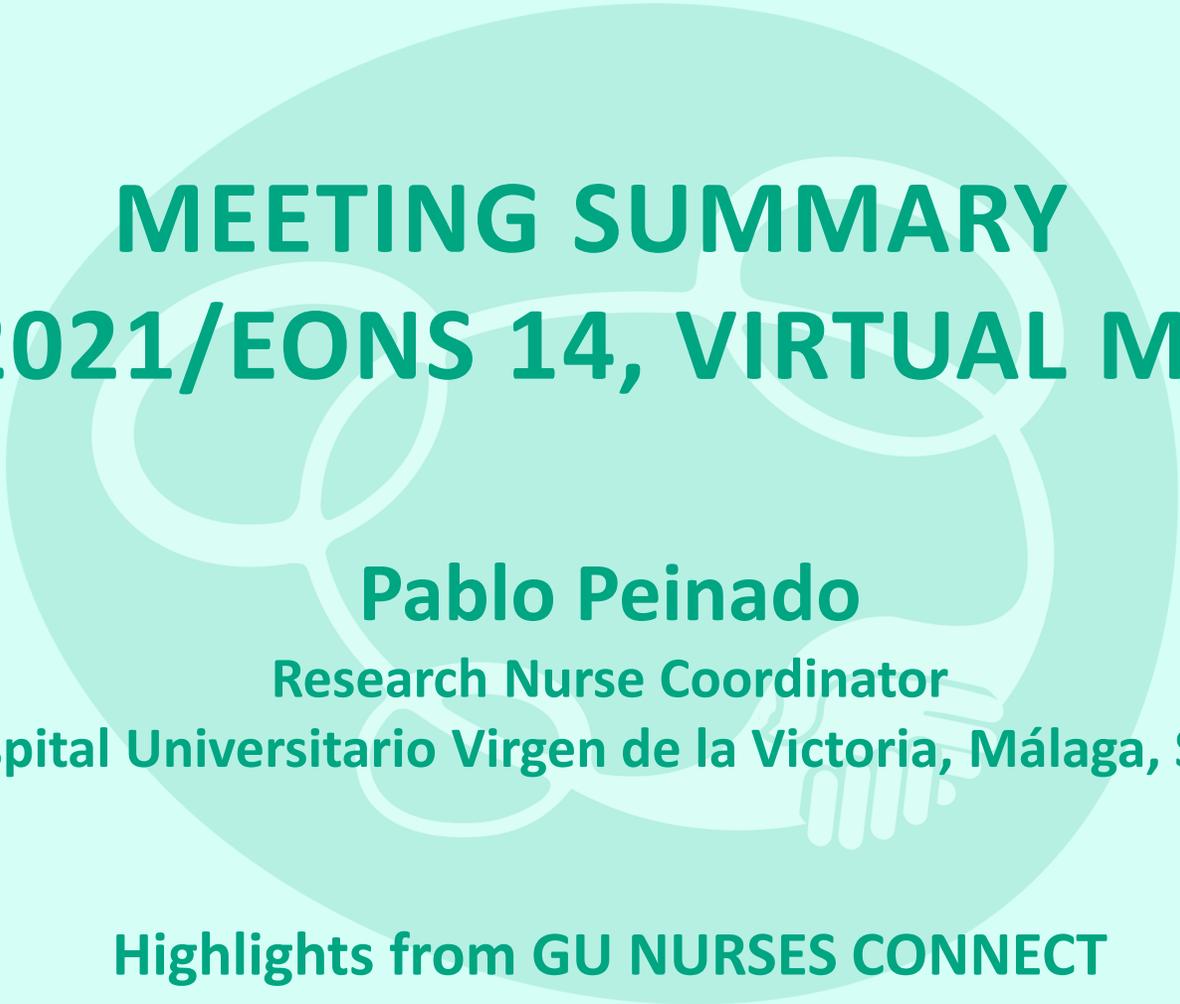


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MEETING SUMMARY
ESMO 2021/EONS 14, VIRTUAL MEETING

Pablo Peinado

Research Nurse Coordinator

Hospital Universitario Virgen de la Victoria, Málaga, Spain

Highlights from GU NURSES CONNECT

OCTOBER 2021

DISCLAIMER AND DISCLOSURE

Please note: The views expressed within this presentation are the personal opinions of the author. They do not necessarily represent the views of the author's academic institution or the rest of the GU NURSES CONNECT group.

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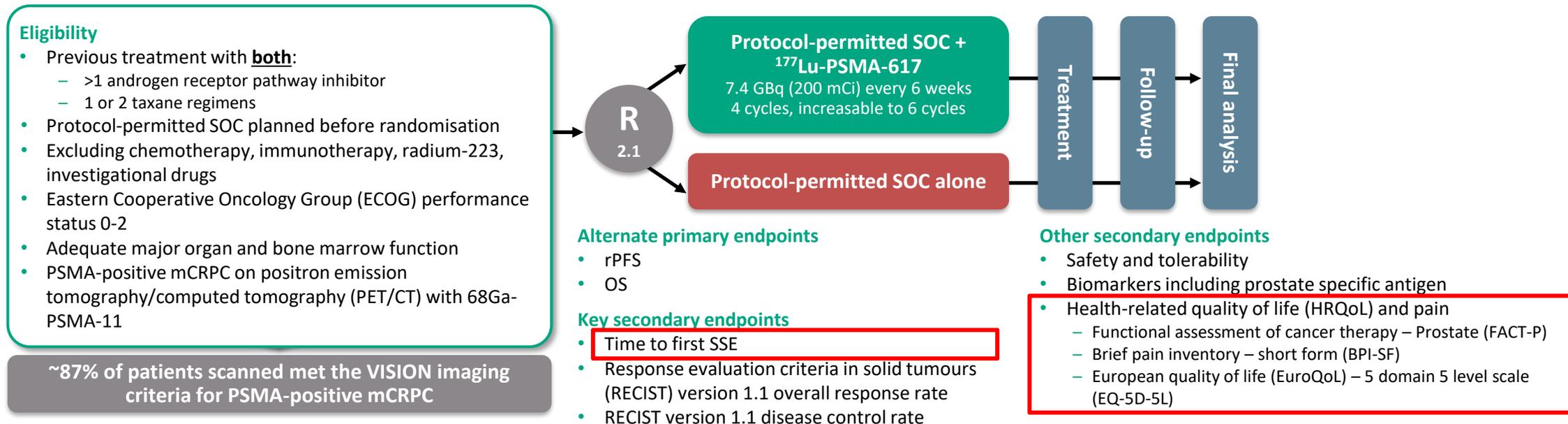
Pablo Peinado does not have any relevant financial relationships to disclose.

HEALTH-RELATED QUALITY OF LIFE, PAIN AND SAFETY OUTCOMES IN THE PHASE 3 VISION STUDY OF ¹⁷⁷Lu-PSMA-617 IN PATIENTS WITH mCRPC

Fizazi K, et al. ESMO 2021. Abstract #576MO

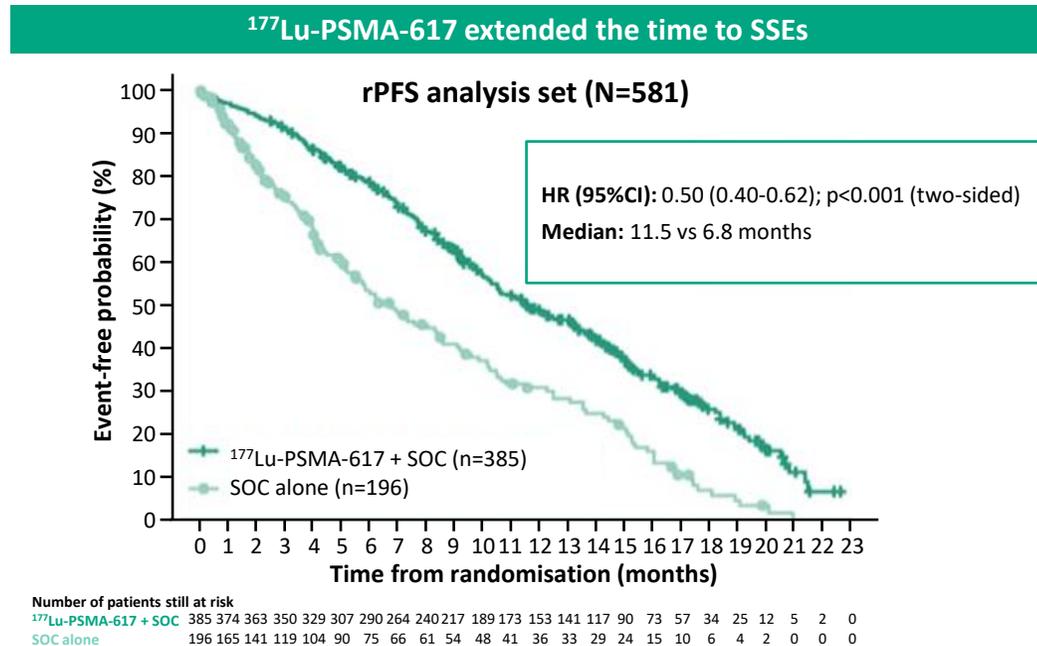
BACKGROUND AND STUDY DESIGN

- In the **Phase 3 VISION study** (NCT03511664), **¹⁷⁷Lutetium-PSMA-617 + standard of care (SOC) vs SOC prolonged** (all p<0.001):
 - Radiographic progression-free survival
 - Overall survival
 - Time to first symptomatic skeletal event
- This presentation reports a number of secondary endpoints



RESULTS

TIME TO FIRST SSE



UPDATED SAFETY

Patients, n (%)	¹⁷⁷ Lu-PSMA-617 + SOC (N=529)		SOC alone (N=205)	
	All grades	Grade 3-5	All grades	Grade 3-5
Any drug-related TEAE	451 (85.3)	150 (28.4)	59 (28.8)	8 (3.9)
Serious	49 (9.3)	43 (8.1)	5 (2.4)	5 (2.4)
Grade 5	5 (0.9)	5 (0.9)	0 (0.0)	0 (0.0)
TEAEs grouped by topics of interest				
Fatigue	260 (49.1)	37 (7.0)	60 (29.3)	5 (2.4)
Bone marrow suppression	251 (47.4)	124 (23.4)	36 (17.6)	14 (6.8)
Leukopenia	66 (12.5)	13 (2.5)	4 (2.0)	1 (0.5)
Lymphopenia	75 (14.2)	41 (7.8)	8 (3.9)	1 (0.5)
Anaemia	168 (31.8)	68 (12.9)	27 (13.2)	10 (4.9)
Thrombocytopenia	91 (17.2)	42 (7.9)	9 (4.4)	2 (1.0)
Dry mouth	208 (39.3)	0 (0.0)	2 (1.0)	0 (0.0)
Nausea and vomiting	208 (39.3)	8 (1.5)	35 (17.1)	1 (0.5)
Renal effects	46 (8.7)	18 (3.4)	12 (5.9)	6 (2.9)
Second primary malignancies	11 (2.1)	4 (0.8)	2 (1.0)	1 (0.5)
Intracranial haemorrhage	7 (1.3)	5 (0.9)	3 (1.5)	2 (1.0)

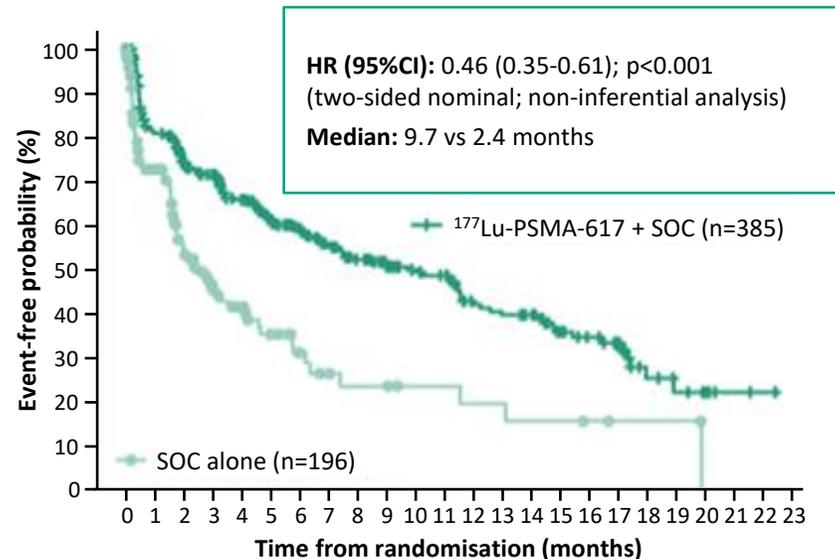
- **Time to first SSE or death** was 11.5 months for ¹⁷⁷Lu-PSMA-617 group vs 6.8 months in the control group (HR [95%CI]: 0.50 [0.40-0.62]; p< 0.001)
- **¹⁷⁷Lu-PSMA-617 was generally well tolerated; most common grade 3-5 adverse event (AE)** in patients treated in the ¹⁷⁷Lu-PSMA-617 arm was **bone marrow suppression**, which occurred in 23.4% of patients (compared to 6.8% in the SOC arm)

RESULTS (AD HOC ANALYSES)

TIME TO WORSENING IN HRQoL AND PAIN

FACT-P total score
Time to worsening favoured the ¹⁷⁷Lu-PSMA-617 arm

rPFS analysis set (N=581)



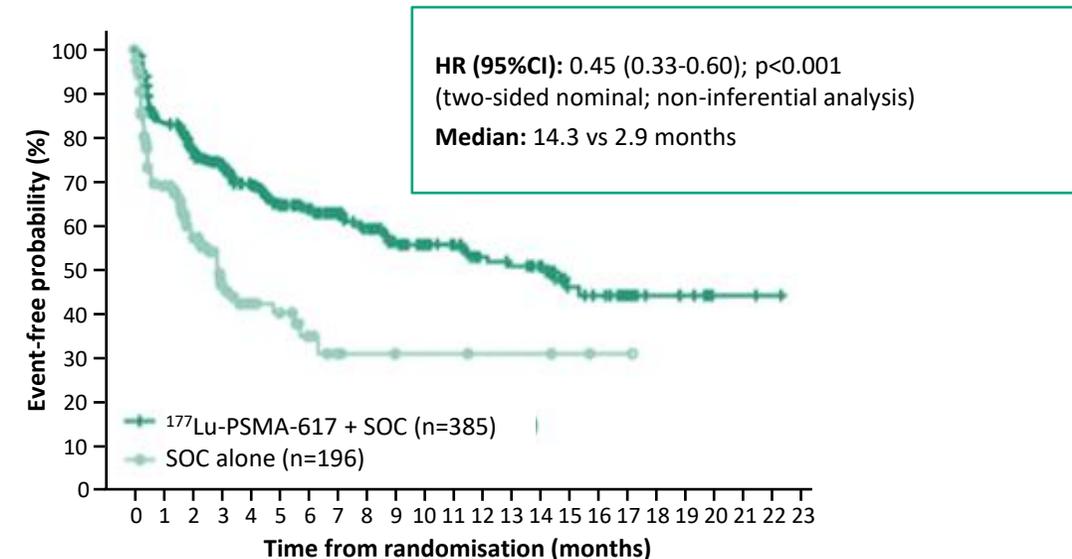
Number of patients still at risk

Time from randomisation (months)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
¹⁷⁷ Lu-PSMA-617 + SOC	385	289	255	235	201	167	146	126	110	87	76	72	54	51	46	33	27	21	10	7	4	2	1	0
SOC alone	196	97	66	42	30	21	14	10	8	8	6	6	5	5	4	4	3	2	2	2	0	0	0	0

Time to the first occurrence of ≥ 10 -point decrease in FACT-P total from baseline

BPI-SF pain intensity
Time to worsening favoured the ¹⁷⁷Lu-PSMA-617 arm

rPFS analysis set (N=581)



Number of patients still at risk

Time from randomisation (months)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
¹⁷⁷ Lu-PSMA-617 + SOC	385	296	265	238	197	162	146	129	113	87	70	66	51	48	42	24	21	15	8	6	2	2	1	0
SOC alone	196	94	65	37	25	19	12	7	5	5	4	4	3	3	3	2	1	1	0	0	0	0	0	0

Time to the first occurrence of $\geq 30\%$ or ≥ 2 -point decrease in BPI-SF pain intensity from baseline

- **HRQoL and pain time-to-worsening analyses** favoured the ¹⁷⁷Lu-PSMA-617 arm versus SOC alone

SUMMARY

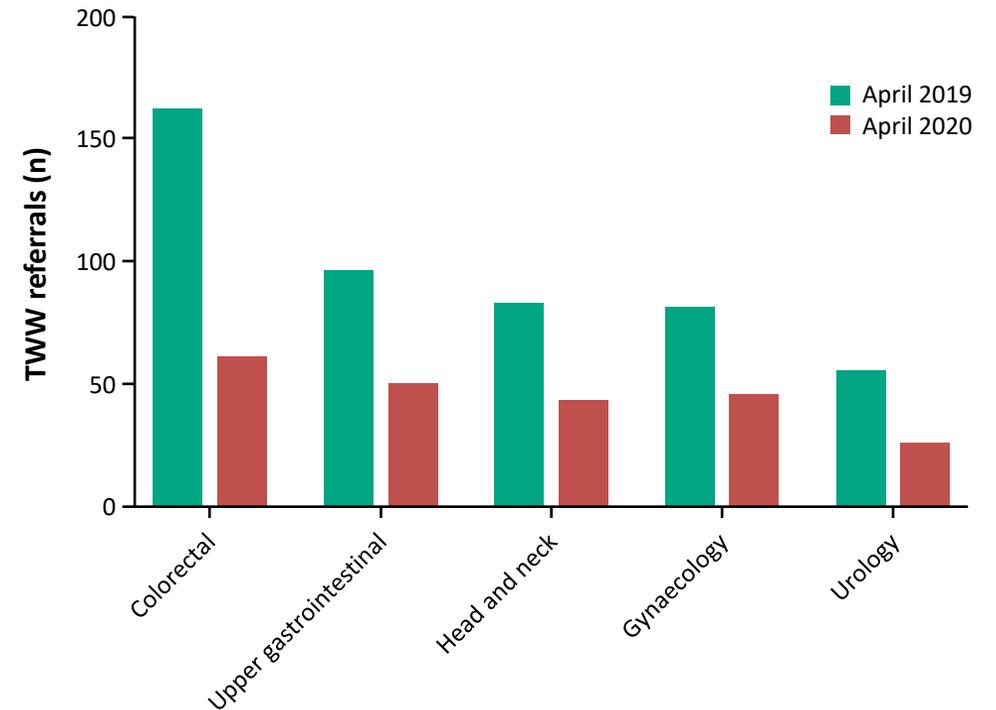
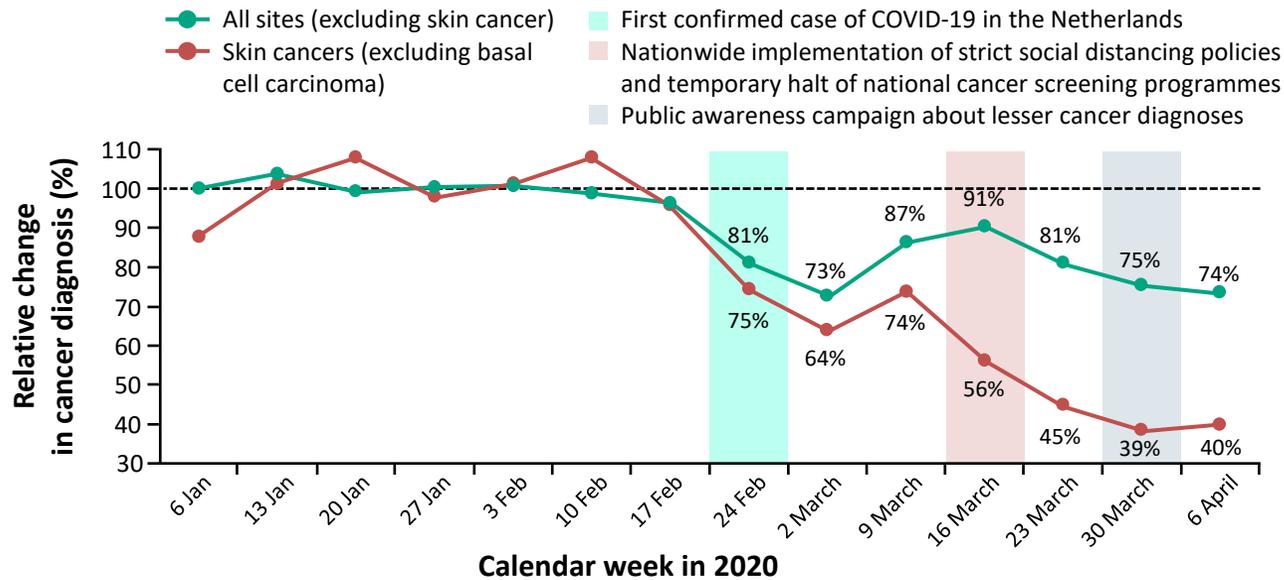
- ^{177}Lu -PSMA-617 plus SOC has significantly delayed time of worsening in HRQoL and pain, and delayed the time to the first SSE vs SOC alone in adults with mCRPC

DELAYS IN SCREENING AND DIAGNOSIS OF CANCER DURING COVID: WHAT CAN WE EXPECT FOR THE NEXT YEARS?

Kosir U, et al. ESMO 2021 (EONS14)

BACKGROUND

- Due to the COVID-19 pandemic, there has been an important reduction in cancer diagnoses, and screening programmes have been reduced dramatically

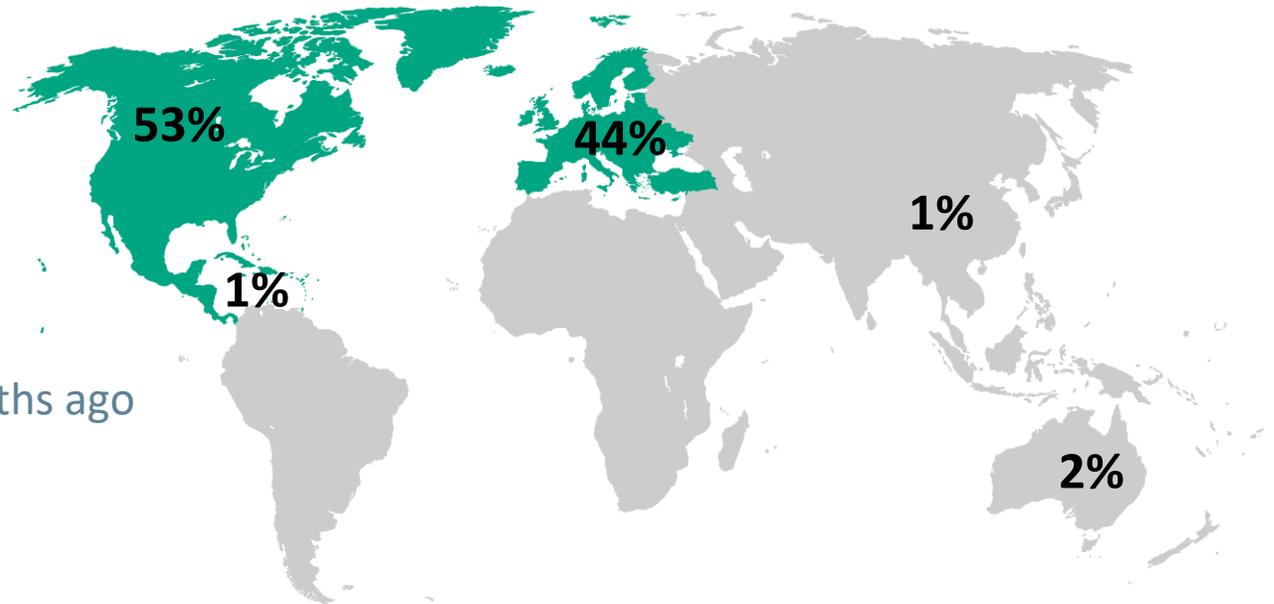


- COVID-19 impact:
 - Cancer diagnosis reduced up to 40%
 - Urgent referrals reduced approx. 50%
 - Increase of distress, especially in younger patients

TWW, two week wait (urgent suspected cancer referrals)

STUDY DESIGN

- Data collected between 6 April and 11 May 2020
- **Aims of study:**
 - Determine the impact of COVID-19 on young patients with cancer and survivors
 - Determine where young people with cancer and beyond get information related to COVID-19
- **Demographics:**
 - 177 subjects identified (87% female)
 - Median age 29.3 years (range 18-39 years)
 - 32% in active treatment
 - 14% completed treatment in past 6 months
 - 54% completed treatment more than 6 months ago



Information re. COVID-19

- 24% received communication from their health practitioner
- 56% reported wanting more tailored information

Impact on care:

- **45%** reported changes in care:
 - Delay in follow-up
 - Delay in treatment
 - Virtual appointment
 - Alone during treatment
 - Changes in protocol
 - Reduced access to medicine

Impact on mental health (PHQ-4)

- More anxiety than depression/low mood

Psychological distress among adolescents and young adults

	n	Anxiety	Depression	Total
		n (%)	n (%)	n (%)
Total sample	177	56 (32)	34 (19)	51 (29)
Undergoing treatment	57	20 (35)	10 (18)	17 (30)
Completed within 6 months	24	12 (50)	6 (25)	12 (50)
Completed more than 6 months ago	96	24 (25)	18 (19)	22 (23)

62% are more anxious now
52% are more isolated now

BUT

~10% are less anxious and isolated now than before

SUMMARY

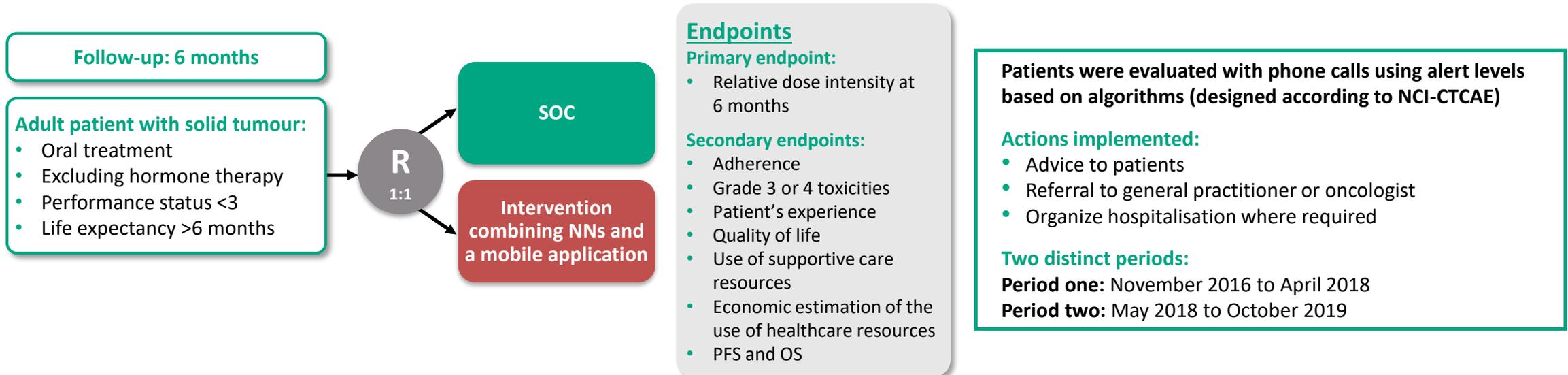
- It is evident that there will be lives lost due to the COVID pandemic in the future, but it is never too late for prevention
- It is important to improve:
 - Role of mental health in patients with cancer
 - Promote healthcare research
 - Streamline care with a holistic approach

REMOTE MONITORING BY NURSES NAVIGATORS: FROM EXPERIMENTATION TO OPTIMISATION OF ROUTINE PRACTICES

Duflot Boukobza A, et al. ESMO 2021 (EONS14). Abstract #CN1

BACKGROUND AND STUDY DESIGN

- CAPRI is a single centre, randomised phase 3 trial comparing digital and nurse navigators (NNs) intervention vs usual care in patients treated with oral anticancer agents at Gustave Roussy Cancer Center
- Aim is to understand how NNs can be optimised



RESULTS

- 609 patients were included; 559 were evaluable

	CAPRI	Standard	p
Relative dose intensity (RDI), %	93.4	89.4	0.0426
Grade 3 or 4 toxicity, %	27.6	36.9	0.02
Emergency hospitalisations, %	15.1	22	0.04
Days of hospitalisation, mean (SD)	2.82 (6.96)	4.44 (9.60)	0.02
Access to supportive care, %	43.8	35.2	0.04
Patient experience (PACIC score), mean (SD)	2.94 (0.83)	2.67 (0.89)	0.01

- Patients in the CAPRI arm:
 - Higher RDI (study met primary endpoint)
 - Fewer grade 3 or 4 toxicities and emergency hospitalisations
 - Better access to supportive care
 - Improved patient experience

RESULTS

- A total of 3,942 interventions were extracted concerning 272 patients; 3,445 could be analysed
- 2,062 (59.9%) of these interventions were followed by nurse actions:
 - 1,345 regular follow-ups (65%)
 - 717 upon patient/relative request (35%)
- 1,595 interventions (77.4%) were processed by NNs without referral to the oncologist
 - 77.5% for Period 1; 79.8% for Period 2

NN actions (n=2,062)	n (%)
Advice to patient	1,035 (50.2)
Request for advice from oncologist	467 (22.6)
Orientation to the general practitioner	246 (11.9)
Orientation to supportive care programmes	116 (5.6)
Administrative management	198 (9.7)

Reasons to solicit the oncologist	%
Emerging or worsening symptoms/toxicity	82
Follow up with oral anticancer agent	12.5
Other reasons	5.5

SUMMARY

- A significant proportion of scheduled contacts do not require intervention
- NN are autonomous in 77% of situations
- Utilisation of the algorithms:
 - Helps make the procedures more secure
 - Reduces the number of requests for the treating oncologist
 - Saves medical time and resources

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Email
sam.brightwell@cor2ed.com



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GU Nurses CONNECT
Bodenackerstrasse 17
4103 Bottmingen
SWITZERLAND

Dr. Froukje Sosef MD

+31 6 2324 3636

froukje.sosef@cor2ed.com

Dr. Antoine Lacombe Pharm D, MBA

+41 79 529 42 79

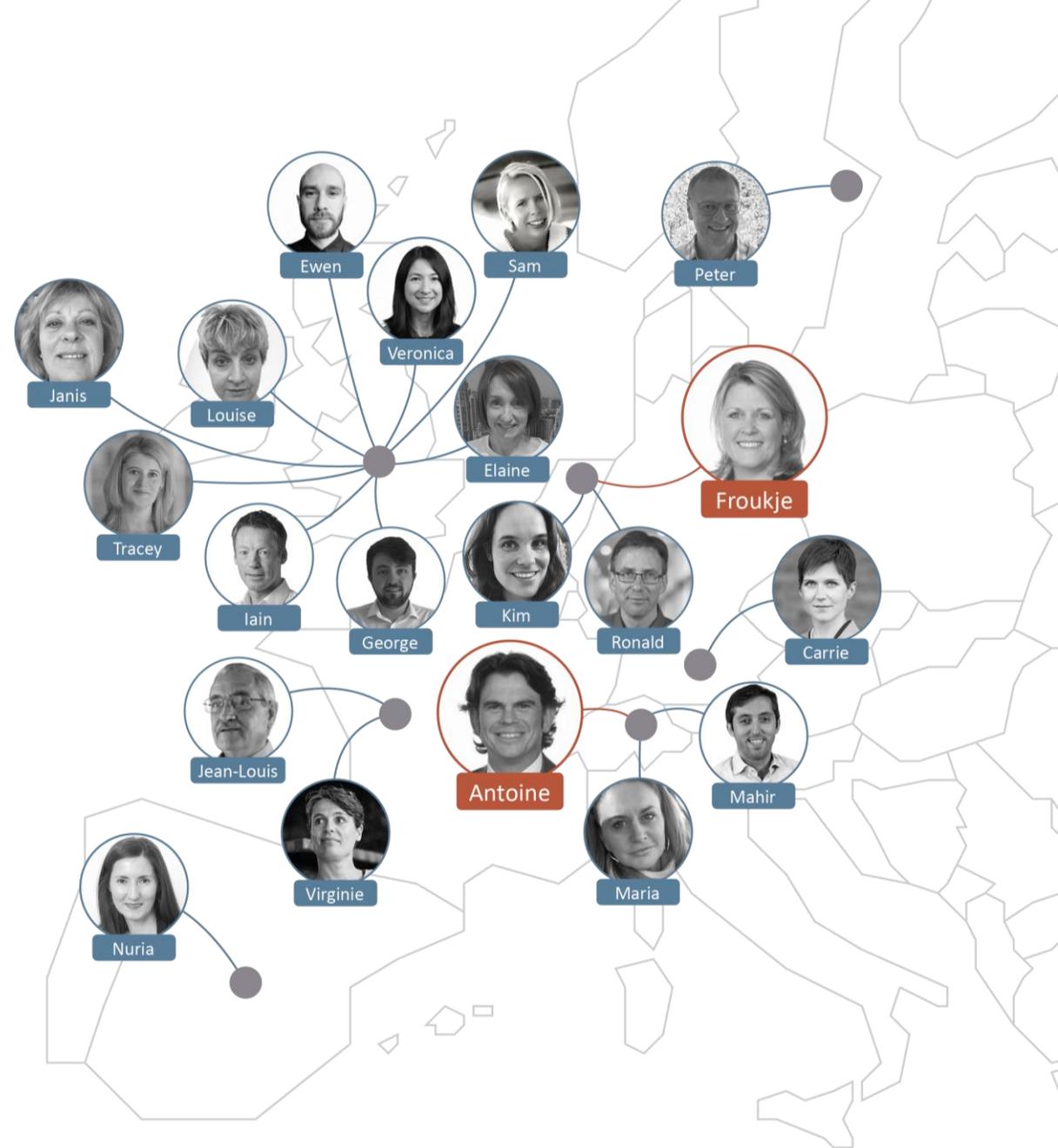
antoine.lacombe@cor2ed.com

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