PO118 - Investigating the importance of patient-physician-communication for successful treatment of metastatic breast cancer: the WAVES study [Abstract]

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Angaben zur Veröffentlichung / Publication details:

Schumacher-Wulf, Eva, Melitta Beatrice Köpke, Renate Haidinger, Brigitte Welter, Ute-Susann Albert, Christoph Aulmann, Traudl Baumgartner, et al. 2025. “PO118 - Investigating the importance of patient-physician-communication for successful treatment of metastatic breast cancer: the WAVES study [Abstract].” *The Breast* 83 (Supplement): S57. https://doi.org/10.1016/S0960-9776(25)00773-8.

contrast for a year or no CNS imaging. The primary endpoint is the feasibility of randomising patients with HER2 positive MBC with no radiologically apparent CNS disease to surveillance versus no surveillance. Secondary endpoints include the proportion of patients detected with occult CNS disease at baseline screening, the proportion who have radiologically occult CNS disease during the surveillance period and the proportion developing symptomatic CNS disease during the study period. The management of patients with disease detected within the study will also be documented and described. Study will commence enrolment in May 2025.

PO118

INVESTIGATING THE IMPORTANCE OF PATIENT-PHYSICIAN-COMMUNICATION FOR SUCCESSFUL TREATMENT OF METASTATIC BREAST CANCER: THE WAVES STUDY

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Background: Effective physician-patient communication is crucial in breast cancer (BC) care, yet current healthcare systems often lack structures to adequately support this important aspect of treatment.
Aim: The WAVES study (Widening Aims and giving patients a Voice for Expanded Structures in breast cancer care developed jointly by patients and physicians) aims to investigate current BC care structures with special emphasis on physician-patient communication Germany-wide. This presentation focuses on those patients who already had metastases at the time of first BC diagnosis, i.e. were primarily metastatic (mBC).
Methods: The study design features a two-part questionnaire for breast cancer patients and a corresponding questionnaire for physicians. A distinctive feature of this study is that the questionnaires were developed collaboratively with patients and patient advocates to ensure they authentically reflect patient concerns. Eligibility criteria include any individual over 18 years diagnosed with breast cancer, regardless of gender or tumor stage.
Current Status: Recruitment began in 2022, current results refer to the evaluation of the first 1.000 patients who fully completed the questionnaire. 9.9% presented with primary mBC. A statistically significant association was found between longer initial consultation duration and higher patient satisfaction ($p < 0.001$). Consultations lasting 30 minutes or more were rated particularly good or satisfactory compared to those lasting only 10 minutes. No significant differences in time evaluation or satisfaction were found between patients with mBC and early BC ($p = 0.254$).
Perspectives: The patient-centered approach of the WAVES study is unique and has the potential to identify substantial deficiencies in current care structures for breast cancer patients. Regardless of early or metastastatic disease, the results demonstrate that taking time, especially during the initial consultation, is a necessary prerequisite for patient satisfaction. This should not only prompt us to rethink the current care structures, which often allocate insufficient time for communication, but also serve as a basis for new concepts including the long-term goal of developing an improved Patient-Centered Communication-Care Concept (PCCCC) specifically for breast cancer management.
Funding: This ongoing study is funded by the Bavarian Center for Cancer Research (BZKF), Germany.

PO119

A RANDOMIZED PHASE III STUDY OF FIRST-LINE SARUPARIB (AZD5305) + CAMIZESTRANT VS CDK4/6I + PHYSICIAN'S CHOICE ENDOCRINE THERAPY OR CDK4/6I + CAMIZESTRANT IN PTS WITH HR+/HER2- ADVANCED BREAST CANCER WITH BRCA1/BRCA2/PALB2 MUTATIONS (EVOPAR-BREAST01)

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Emerging evidence indicates that homologous recombination deficiency (HRD) contributes to resistance to CDK4/6 inhibitors (CDK4/6i) + endocrine therapy (ET). Patients (pts) with germline or somatic (g/s) mutations in *BRCA1*, *BRCA2*, and/or *PALB2* genes (*BRCA1*m/*BRCA2*m/*PALB2*m) and HR+/HER2–advanced breast cancer (BC) have poorer outcomes with first-line CDK4/6i + ET