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PRIME-OncoTBC

OncoTransition for Breast Cancer

A smooth hospital–community transition for women aged 65+ receiving long-term anti-hormonal treatment

36 months | 5 countries | 7 pilot settings

7 work packages | THCS JTC 2025

Patient empowerment • peer support • integrated care • real-world implementation

PRIME-OncoTBC project overview

PRIME-Onco
Transition for Breast Cancer
Anti-hormonal treatment

5 years Cancer Mission: Stronger Through Connection

BRUSSELS
29 SEPTEMBER – 01 OCTOBER

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Why PRIME-OncoTBC?

Long-term preventive treatment shifts care — and responsibility — into the community.

PRIME-Onco
Transition for Breast Cancer
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The challenge

5–10 years — Anti-hormonal treatment can continue for years, with persistent side effects.

Fragmented follow-up — Care spans oncology, primary care and community services, often without a seamless transition.

Complex needs at 65+ — Comorbidities, polypharmacy, mobility limitations and information needs complicate self-management.

31–47% may discontinue AET prematurely
→ recurrence risk • poorer quality of life • higher costs

The opportunity

Oncology — Primary care — Community

Integrated survivorship care

empowerment + navigation + peer support

Goal — **Support self-management, treatment persistence and quality of life — closer to home.**

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What PRIME-OncoTBC will build

A patient empowerment model designed to work across different health systems and local contexts.

PRIME
Empowerment Model

1 Personalized learning pathway
Structured information and self-management support tailored to needs.

2 Peer support
Accompanying Patients provide experiential support and navigation.

3 Care navigation
Connect oncology, primary care and community services throughout survivorship.

4 Accessible delivery
Digital + paper access; designed for variable literacy and digital comfort.

Four project objectives

1. Map & analyze
2. Co-design
3. Pilot in 7 settings
4. Recommendations

Core components remain stable; delivery is adapted to each setting.

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Work packages & 36-month programme

Seven interdependent work packages connect system analysis, co-design, implementation and uptake.

★ *patient co-lead*

WP1 **Scientific & project coordination + ethics + data management**
Lead: Marie-Pascale Pomey • ★ **Carole Lespérance** (CHUM, Canada)

WP2 **Comparative systems analysis**
M1–12 — Sophie Lauzier + M.-P. Pomey
★ **Caroline Frigault**

WP3 **Co-design intervention**
M6–18 — Benoît Pétré + M.-P. Pomey
★ **Anne Matoul**

WP4 **Feasibility pilot trial**
M12–30 — Julie Haesebaert + M.-P. Pomey
★ **Laurie Panse**

WP5 **Recommendations & evaluation**
M24–36 — Kévin Selby + M.-P. Pomey
★ **Chloé Tissot-Daguette**

M1 — M6 — M12 — M18 — M24 — M30 — M36

Policy mapping + cross-country analysis | **Intervention prototype** | **Feasibility • fidelity • acceptability** | **Roadmap + indicators**

WP6 **Stakeholder engagement & participation**
Coord.: Sandrine de Montgolfier ★ **Myriam Dordonne Honoré**
co-construction across countries

WP7 **Communication & dissemination**
Coord.: Jenny Drott ★ **Marita Niklasson**
briefs, open access, webinars & uptake

Participatory intervention research • mixed methods • iterative co-design

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International consortium & 7 pilot settings

Five countries, seven teams and a shared implementation logic — with room for local adaptation.

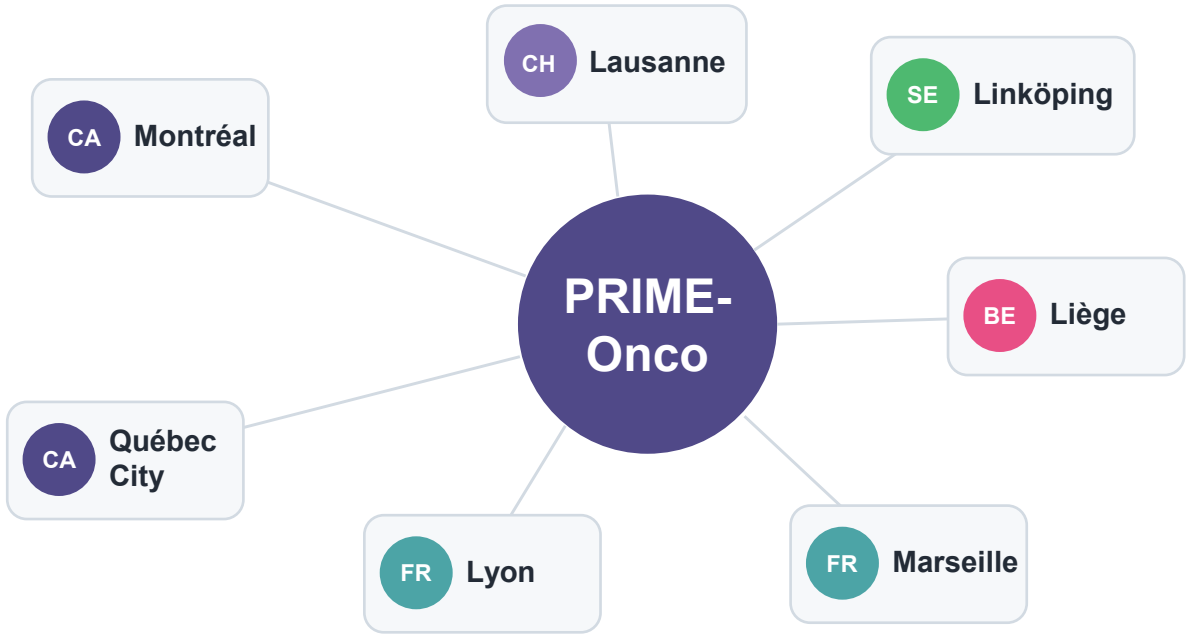
Core partners

Canada	CHUM (Montréal) — coordinator CHU de Québec – ULaval
France	Univ. Lyon 1 + HCL Aix-Marseille Univ. + Inserm
Belgium	University of Liège
Sweden	Linköping University
Switzerland	Unisanté (Lausanne)

Built-in stakeholder participation

Patient partners • clinicians • decision-makers • digital health providers

Seven real-world environments



Semi-structured interviews + feasibility pilot trial across 7 environments

Design principle: keep core components constant while adapting delivery locally.

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Evaluation, expected impact & next steps

From feasibility evidence to a transferable implementation roadmap for survivorship care closer to home.

CURRENT FOCUS **Governance + context mapping in the 7 environments → co-design → feasibility pilot preparation**

Evaluation — WP4

- Recruitment & retention
- Intervention delivery, fidelity & dose
- Acceptability / appropriateness
- Cross-site adaptation
- Mixed data: digital use, PROMs, surveys, interviews

Early signals of impact

- Self-management confidence
- Coping with side effects
- Treatment adherence intentions
- Navigation of services
- Quality of life

Expected impact

- Smoother oncology → primary/community transitions
- Clearer roles; less fragmentation
- Accessible digital + paper tools
- Transferable recommendations across systems

Target outcome: a robust implementation package and roadmap for future scale-up.

Website coming soon

prime.oncotbc.thcs@gmail.com

scan to contact us