

Digitalisierung der Krebsrehabilitation während und nach einer systemischen Krebsbehandlung - Erste Zwischenergebnisse der internationalen Machbarkeitsstudie „AMBeR“

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Abstract Text

Introduction The Interreg South Baltic Program-funded project "AMBeR" (Advanced Modelling of Baltic cancer e-caRe) evaluates the feasibility of digital solutions in cancer care across various pilot projects. In the area of physical rehabilitation (rehab), remotely supervised individual training programs are being implemented in five Baltic Sea countries (DK, SWE, PL, LTU, D) during (early rehab) and after systemic therapy (rehab@home). Key evaluation factors include determinants for participation, patient characteristics, effectiveness in terms of quality of life (QoL) and physical performance, as well as the time required for care. A superior objective is to systematically compare alternative approaches to identify best practice methods.

Methods This is an international, multi-center, prospective intervention study with two one-arm feasibility studies: early rehab & rehab@home. At Rostock University Medical Center (UMR) 30 patients per arm will be included (ICD C00*-C97*, age ≥ 18 years, during or after completion of system therapy). Recruitment rates and barriers to participation are recorded. Clinical, demographic, and QoL (EORTC QLQ-C30) data are collected via questionnaires. Before and after the 12-week intervention—delivering using the "Lanista" training app—performance tests (e.g., 6-minute walk test (6MWT)) are conducted.

Results Since 11/2024, 21 patients (67% (n=14) female, 23 to 82 years) have been enrolled at UMR (17 in early rehab, 4 in rehab@home). To date, breast cancer is the most common diagnosis (30%, n=6). As of 5/2025, 7 participants have completed the intervention. Their QoL improved from 49 to 66 ($p=0.021$) and their 6MWT distance increased from 487 m to 554 m ($p=0.032$). Data are also available for 20 patients who neglected to participate (35% (n=5) female, 24 to 85 years). On average, they are significantly older than the participants (65 ± 19 vs. 54 ± 15 years, $p=0.045$). The most common reasons for declining participation were lack of interest (n=6) and lack of necessary technology (n=5). Recruitment is ongoing and updated data will be presented.

Discussion Remote rehab intervention using the "Lanista" training app is feasible. Interim data indicate that cancer patients of all ages are interested in digital rehab solutions. So far, more women were enrolled. Whether this is due to a younger age at cancer diagnosis or other factors has to be determined. Preliminary data suggest benefits in QoL and physical performance among participants.

Verbundprojekt

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