

Background

Although the COVID-19 pandemic quickly created a spotlight on distance learning, identifying models that can deliver effective educational programs and best serve the needs of oncology clinicians remains a significant challenge. We report outcomes from a CME program on the evolving standards of care for advanced HER2+ breast cancer presented on the novel digital platform, Gather-ed. Gather-ed offers a personalized social learning experience that prioritizes engagement, peer-to-peer learning, and mentorship within a small group setting. Over the course of several weeks, 87 learners progressed individually through self-study modules, but collaboratively through asynchronous group challenges and synchronous live group discussions.

Methodology

- Learner participation and engagement data were used to conduct quantitative analysis
- Thematic analysis was conducted using NVivo qualitative analytical software

Quantitative Highlights

92% of participants specialized in oncology or hematology/oncology

70% of learners completed all 5 self-study modules

94% reported that they intended to make changes to their practice based on or that their current practice had been reinforced by the experience

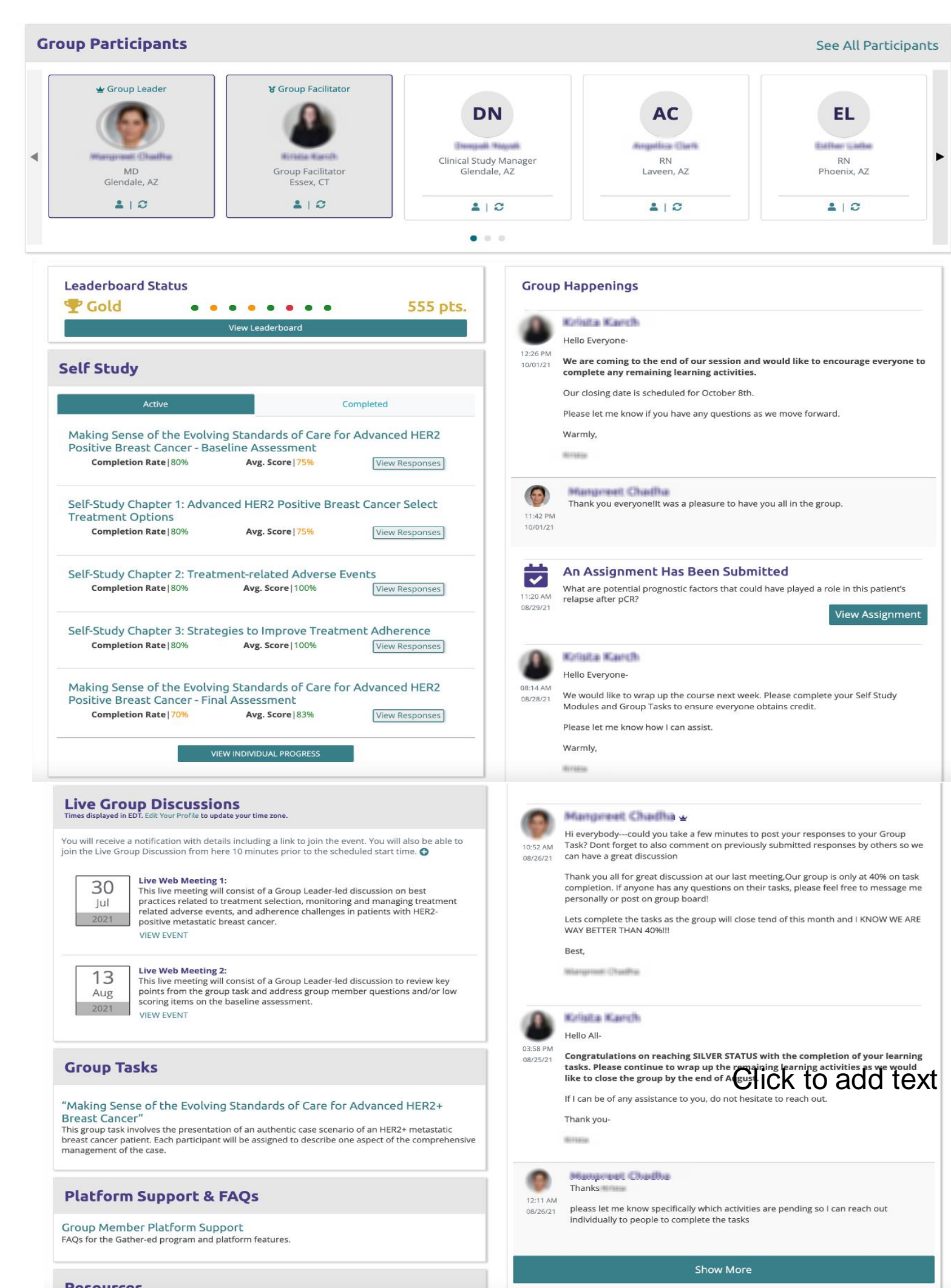
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Will Oncologists be Receptive to a Social Learning Platform for their CME?



The Gather-ed digital platform prioritizes engagement, peer-to-peer learning, and mentorship within a small group setting. It provides collaborative educational experiences that deliver formative learning along with group and one-to-one interactions and discussions.

Conclusions

- 87 highly-qualified providers** engaged in a CME program on HER2+ breast cancer on a social learning platform.
- Engagement levels were high, with an average of 6 platform interactions per learner.**
- Feedback demonstrated strong impact of the **live group discussions** on learners' intended practice changes.
- Analysis of collaborative group challenges and live group discussions demonstrated impact on learners' views on treatment guidelines
- Overall, the outcomes from this analysis highlight the utility of the Gather-ed platform in supporting meaningful professional development for providers who treat patients with advanced HER2+ breast cancer.

“It's really a neat platform...it allows learners to study independently but also come together and share their new insights as part of a collaborative care team.”

Qualitative Highlights

Participants expressed different opinions about the role of surgery and/or radiation treatment in the discussion of the patient case

Group Leader 1: I feel like, in our practice, for the most part, we would also have these patients see radiation, even if they're not surgical candidates.

Group Member A: ...so since she's metastatic, we often don't do surgical interventions on patients.

Group Member B: Due to having lesions on both right and left sides surgery cannot play a role in this new development. Gamma knife may play a role down the line.

Group Member A: Pending the size of the tumors and neurosurgical evaluation, surgical resection could help manage symptoms she is having that may be reducing her quality of life.

Group Leader 1: Even though she has gait abnormality, I don't think the neurosurgeon would be pleased on doing surgery in that area.

Group Leader 2: ...it's two lesions, so I don't know if they would be able to do gamma knife for something like that.

Participants expressed their apprehension about certain therapies that could impact the heart or lungs

Group Member C: So as far as offering the medications, I wasn't sure about the trastuzumab with the ejection fraction of 40%.

Group Leader 3: So it's like basically, if they have any symptomatic ILD, don't restart, right?

Group Leader 4: If they're asymptomatic but it is picked up on imaging, that would be considered grade one, you want to hold the Enhertu and treat them with steroids, and you use 0.5 milligrams per kilogram. If it is resolved in 28 days or less, then you restart and you maintain the dose. If it resolves in greater than 28 days, then you reduce the dose by one dose level. If however they are symptomatic...that would be considered grade two. You stop the drug and you treat them with higher dose steroids, one milligram per kilogram. Then, when they improved, you gradually taper the steroids over four weeks and you permanently discontinue Enhertu. The only patients that you can rechallenge is those that are asymptomatic.

Group Member D: Unsure- she needs HER-2 directed therapy, but with an EF% of 40? I am not sure about how to proceed with a HER-2 directed therapy and prevent the associated cardiac damage.

Group Member C: So it says LVEF less than 40 do not administer, if it's above 45 to continue. But that's for I guess while they're on it, I don't know.