IMPACT SUCCESS STORIES

HNN3.0
HEALTH-NCP-NET

SERENITY aims to develop and evaluate a shared decision tool to support patients, their companions and healthcare professionals make evidence based and informed decisions regarding antithrombotic medicines near the end of life.

Advance care planning for patients with terminal illness has become the standard of care across many European countries. One component of this process includes rationalization of pharmacotherapy, including the deprescribing of medicines that are no longer necessary and/or potentially harmful.

Prof. Dr. Erik Klok
Principal Investigator
Leiden University Medical Center

1. Describe your project through key words/key phrases that identify it.

In SERENITY we develop an intervention that will facilitate informed decision-making for optimal use of antithrombotic drugs (ATT) in cancer patients at the end of life.

2. In terms of impact, what will be the most tangible your project will achieve?

Our project will:
- Collect all required epidemiological, clinical, and patient-centred (qualitative) data to develop a user-friendly, easy-accessible, web-based shared decision support tool (SDST), taking all relevant psychosocial, socioeconomic, cultural, religious, and other aspects into account;
- Develop guidelines for the rational (de)prescription of ATT pharmacotherapy in patients with advanced cancer;
- Study the implementation and effects of the SERENITY intervention in a randomised controlled trial (RCT), focussing on quality of life (QoL), patient and carer satisfaction, medical and economic outcomes;
- Disseminate SERENITY results in order to change healthcare practice throughout the EU and beyond.

3. Please describe your project's overall impact, if applicable, at the European level.

This project will deliver a fully functional and user-friendly decision-making tool that is ready for implementation in all EU countries. In addition, underpinning this tool will be a set of informed guidelines and position papers, including a user guide on how and when to use the SDST in cancer patients receiving end-of-life care. These guidelines incorporate the results of the RCT as well as the performed research regarding adverse health effects of ATT in the final stages of life (e.g., bleeding events), as well as ethical, cultural, and other patient- and caregiver-specific decision factors as resulting from the qualitative studies.

4. As an applicant, what advice would you have wanted in the Horizon project design process? What support did you receive from National Contact point (NCP) and your organisation, and what improvement of support would you benefit from?

That the process of submitting the application is as lengthy and complex as it is to develop the scientific part of the grant application. Timely submission of the grant application would not have been possible without the help of my organisation (LUMC).

5. Please highlight aspects of your Horizon project's strengths that you consider important and that may constitute good practice for other applicants.

Very strong patient-public involvement, from the beginning of the project, and integrated in all WPs.

HNN3.0 (The Cluster 1 Health consortium of NCPs for Horizon Europe) has received funding from the European Union's Horizon EUROPE research and innovation programme under Grant Agreement number 101057279