

HIMSS[®] 26

EUROPE

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#HIMSS26EUROPE

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EXPERT **INSIGHTS**
EXCEPTIONAL **IMPACT**

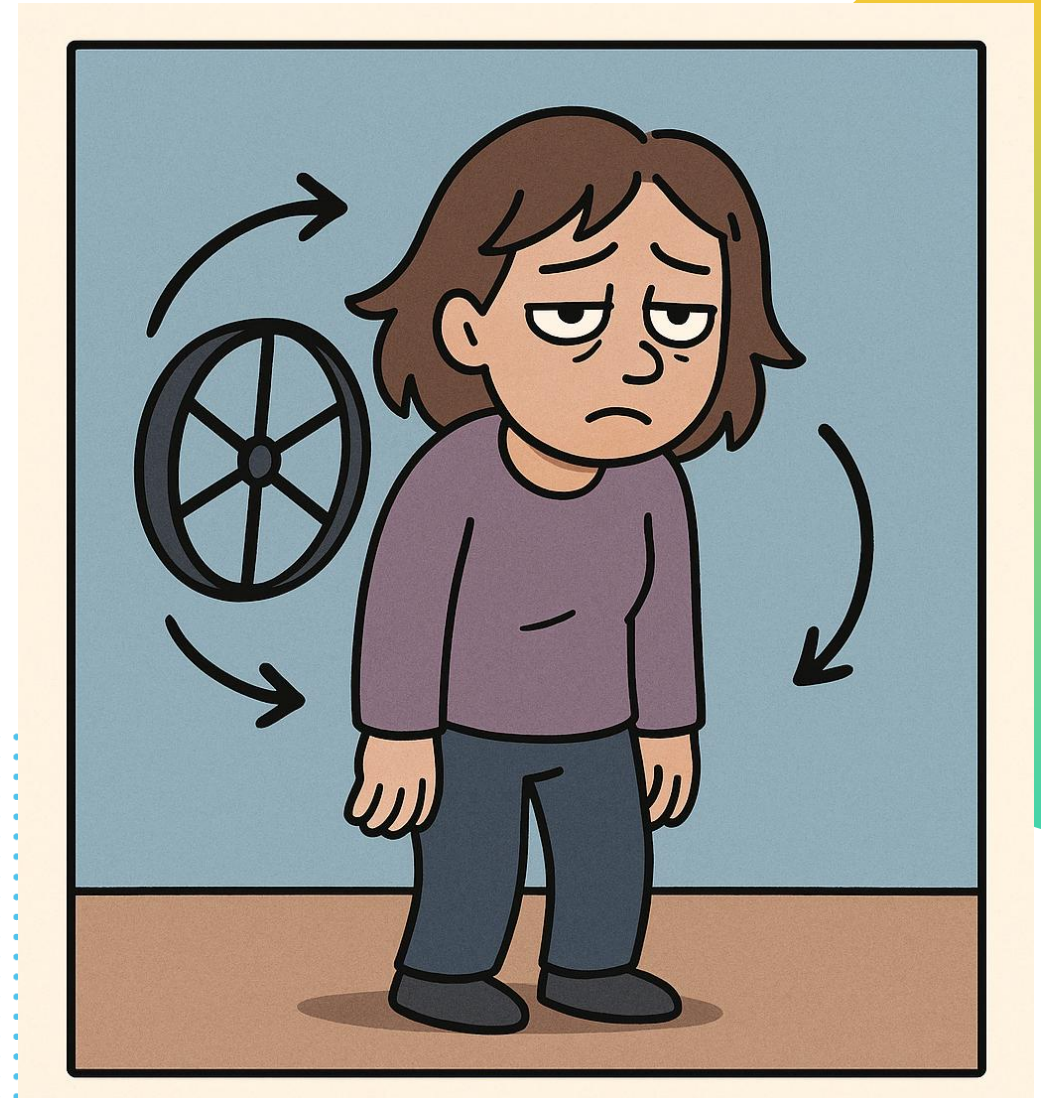


Power to the patients, at home: example of at-home blood tests for cancer patients

We've spent decades perfecting what happens inside hospital walls — but what about everything outside them?

Being a cancer patient is "hard work"

- Loss of energy and control
- Feeling worried and anxious
- Travel to and from hospital is time-consuming and exhausting
 - Many blood samples are needed as part of the treatment and care process = many trips to the hospital



+30 years: blood sampling visits unchanged

1



Travel to a physician for a health check

2



Office visits have changed little in +30 years

3



Draw a substantial amount of blood

4

Uroporphyrin (U)	234,0	
Uroporphyrin (U)/kreatinin (U)	81,6	
Heptacarboxylporfyrin/kreatinin (U)	3,9	0,0-1,2
Hexacarboxylporfyrin (U)/kreatinin (U)	11,1	0,0-1,2
Pentacarboxylporfyrin (U)/kreatinin (U)	3,4	0,1-8,5
Koproporphyrin III/kreatinin (U)	4,1	1,7-26,10
Flourescenz:P	620	0 nmol/l
Uroporphyrin:P	75,2	0,0-1,2 nmol/l
Heptacarboxylporfyrin:P	33,2	0,0-0,6 nmol/l
Hexacarboxylporfyrin:P	11,1	0,0-0,5 nmol/l
Pentacarboxylporfyrin:P	0,0	0,0-0,5 nmol/l
Koproporphyrin I:P	0,0	0,0-1,6 nmol/l
Koproporphyrin III:P	0,0	0,0-1,4 nmol/l
Uroporphyrin I:F	3	0-6 µmol/l
Heptacarboxylporfyrin:F	22	0-1 µmol/l
Hexacarboxylporfyrin:F	15	0-1 µmol/l
Pentacarboxylporfyrin:F	19	0-1 µmol/l
Koproporphyrin I:F	20	0-1 µmol/l
Koproporphyrin III:F	6	0-1 µmol/l
Uroporphyrin III:F	0,3	0-1 µmol/l

Few clinical measurements done

Patient involvement and home treatment

- The patients as co-treatment manager

Liberating the NHS:

No decision about me,
without me

Contents lists available at [ScienceDirect](#)

Leukemia Research

journal homepage: www.elsevier.com/locate/leukres

Research paper

A national Danish proof of concept on feasibility and safety of home -based intensive chemotherapy in patients with acute myeloid leukemia

Kristina Holmegaard Nørskov^{a,*}, Katrine Fridthjof^b, Christen Lykkegaard Andersen^a, Toni Renberg^a, Cla...
Katrine Schou^c, Cecilie Fremming Jensen^c, Peter Mø...
Claus Marcher^d, Lene Jepsen^d, Anne Katrine Ørntoft^e, Anni Behrentz^f, Connie Fruergaard Hasselgren^f, Ma...
Mary Jarden^{g,h}, Tom Møllerⁱ, Lars Kjeldsen^a

European Journal of Oncology Nursing 60 (2022) 102199

Check for updates

Contents lists available at [ScienceDirect](#)

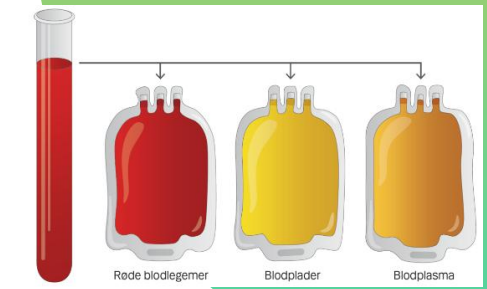
European Journal of Oncology Nursing

journal homepage: www.elsevier.com/locate/ejon

Home is best. Self-administration of subcutaneous Bortezomib at home in patients with multiple myeloma - A mixed method study

Jannie Kirkegaard^a, Birgitte Wolf Lundholm^a, Tine Rosenberg^{a,c,*}, Thomas Lund^{a,c}, Michael Tveden Gundesen^{a,c}, Karin Brochstedt Dieperink^{b,d}

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Monitoring of bonemarrow function as proof-of-concept

ORIGINAL ARTICLE

ISLH International Journal of Laboratory Hematology WILEY

The HemoScreen hematology point-of-care device is suitable for rapid evaluation of acute leukemia patients

Dår Kristian Kur¹  | Danny Thøgersen¹ | Lars Kjeldsen² | Lennart Friis-Hansen^{1,3,4}



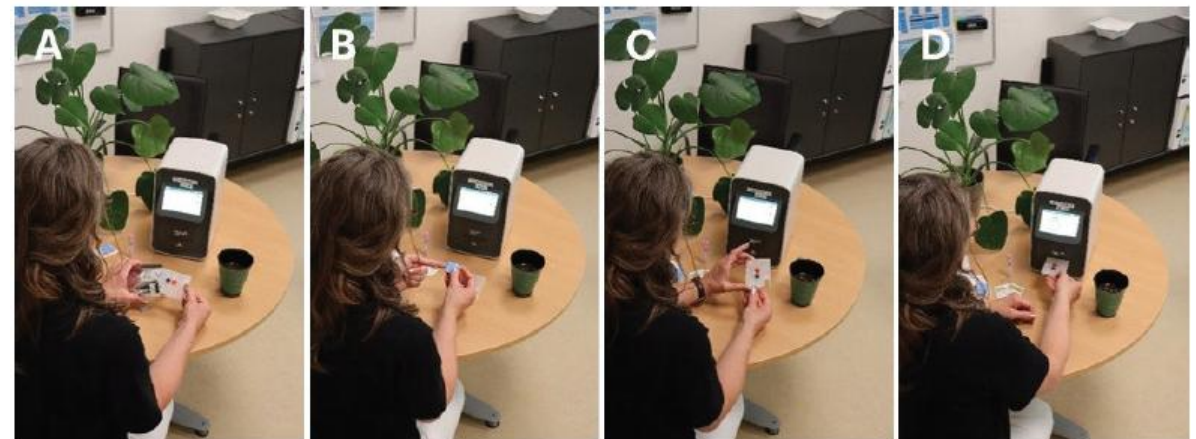
ACTA ONCOLOGICA
2024, VOL. 63, 718–727
<https://doi.org/10.2340/1651-226X.2024.41050>

MJS PUBLISHING

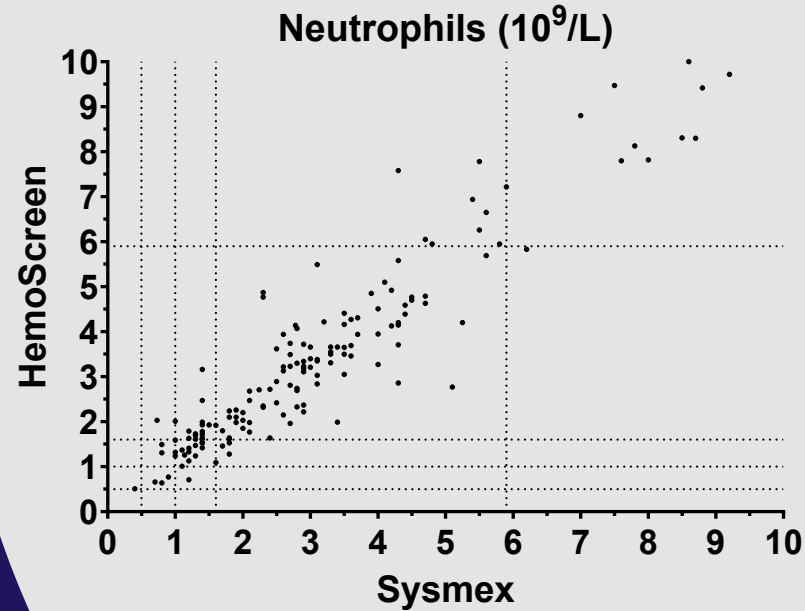
ORIGINAL ARTICLE

Home self-testing of complete blood counts in patients with breast cancer during chemotherapy: A proof-of-concept cohort study in e-oncology

Lennart Friis-Hansen^{a,b,c}, Pippi Jonassen Bjørck^{a,d}, Ditte Hartvig^{a,d}, Susanne Andresen^e, Berit Rasmussen^e, Christina Hansen^e, Anne Nistrup^g, Keld Hundewadt^g and Niels Henrik Holländer^g



Acceptable technical quality



HemoScreen						n = 157
> 5.9				9	8	
1.6 - 5.9		1	17	95	1	
1.0 - 1.5		2	16	3		
0.5 - 0.9	1	3	1			
< 0.5						
Neutrophils (10 ⁹ /L)	< 0.5	0.5 - 0.9	1.0 - 1.5	1.6 - 5.9	> 5.9	Sysmex

Positive lessons learned

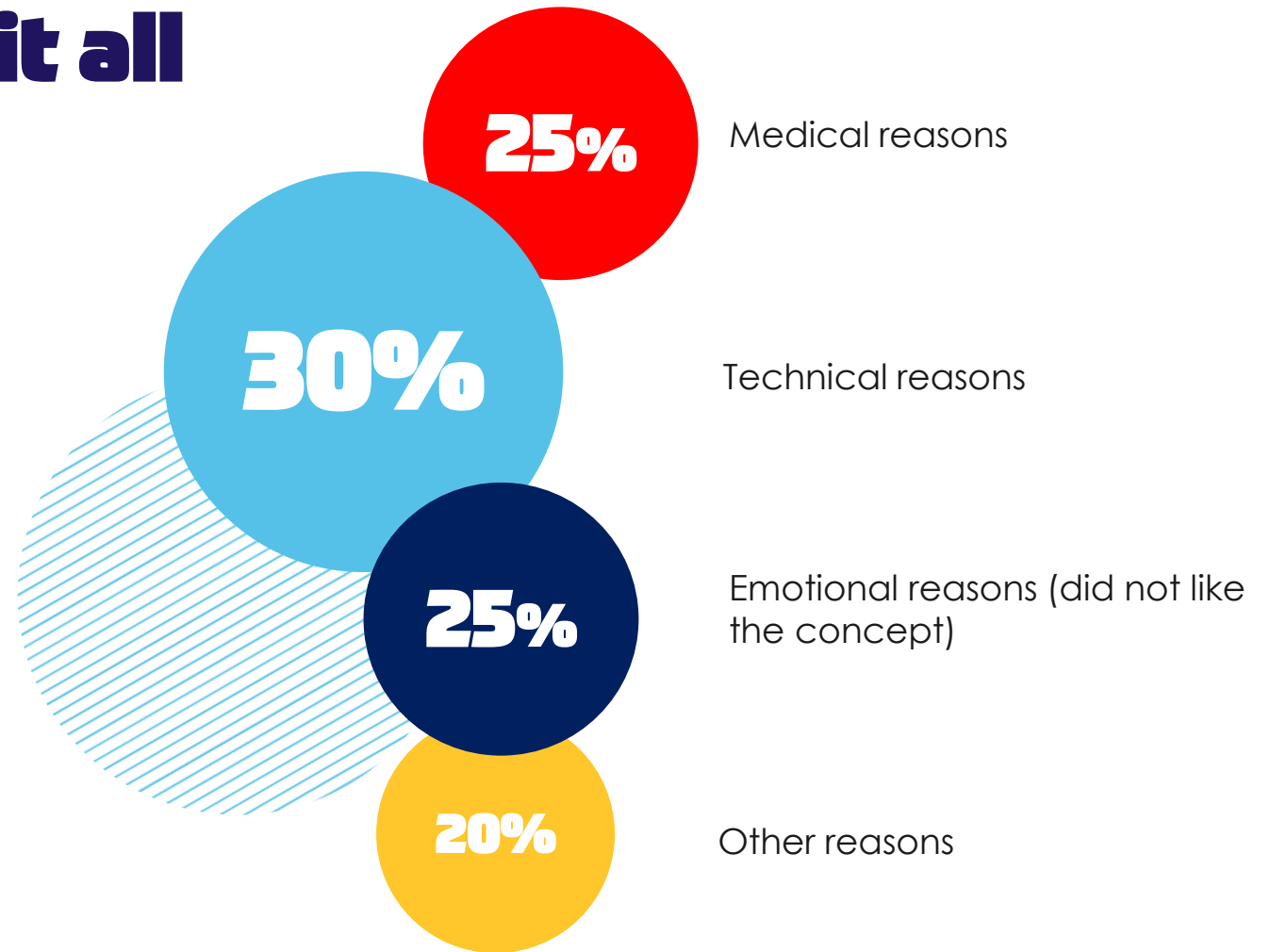
- **Home testing empowered the patients – by:**
 - Being an active partner in the treatment
 - Regaining (some) control over their everyday lives
 - Not always having to rely on others to be told how they are doing
- **Home testing gives the patients flexibility:**
 - Easier to manage day-to-day life – especially for patients with children at home
- **The setup and instrument was easy to use**
 - Some patients even managed to use HemoScreen (outside the protocol) during episodes of febrile neutropenia

One Size does not fit all

9 out of 39 dropped out

Self-testing should be an equitable option for patients who are able to manage it. However, it should not replace standard treatment.

ONE SIZE DOESN'T FIT ALL



What are the challenges?



- **Instrument/technology**
 - Not made for patients but for healthcare professionals => Too complex, expensive, big and heavy
 - Lacks the proper test-panels for home-monitoring
- **Devices for sampling for capillary blood**
 - Could be more user-friendly
- **Regulatory issues**
 - Lack of instruments certified to be operated by patients
 - Restrictions on data transfer between Region – County - GP
- **Healthcare professionals**
 - Reluctance to change “habits”
 - Perception of loss of control
 - Difficulties in accepting the patient as a colleague

Conclusions

- Home-based blood testing is technically feasible and clinically valuable for cancer patients in active treatment.
- It empowers patients, reduces the burden of illness, and supports the shift toward community-based care.
- To harvest the full potential, we need:
 - Regulatory reform
 - Better-certified instruments
 - A cultural shift in how we think about the patient's role

Summary

- The patients are ready.
- The technology is partly ready.
- Healthcare systems and regulations need to catch up.

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Thank you

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Other challenges to healthcare

- **Tripple challenge**
 - Economy
 - Demongraphic pressure
 - Limited workforce
- Perception of low in increase productivity => Notion that the Healthcare service is **OVERFUNDED and OVERSTAFFED**
- => **A future with “No more money, no more staff”**

The data transfer setup

