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Introduction

- Recent advances in **early cancer detection and therapy** have **dramatically changed** the **natural course of many cancer types** transforming them into chronic diseases.
- However, **long-term collateral adverse effects** caused by **cancer treatment** have emerged as a **major cause of co-morbidity and mortality** in cancer patients, which further **impairs their physical, psychosocial status and Quality of Life (QoL)** [1].
- With **3 to 4 million cancer patients** diagnosed each year in Europe and with **female Breast Cancer (BC)** being the most frequent cancer (reaching 523,000 new cases in 2018), there is an **increased risk for BC therapy-related complications** [2], such as **cardiotoxicity**.
- This study presents a **beyond the state-of-the-art interdisciplinary platform**, developed in the framework of **CARDIOCARE project** [9], used for the **management of the elderly multimorbid patient with BC therapy induced cardiotoxicity**.
- The innovation of CARDIOCARE relies upon the delivery of a holistic approach for managing BC patients, integrating:
 - patient-oriented eHealth mobile applications.**
 - wearable sensors.**
 - retrospective and prospective clinical data.**
 - advanced data mining and machine learning approaches** for the creation of **risk stratification models of cardiotoxicity**.

Methodology

A. Retrospective data

- Retrospective data from **1560 BC patients** have been collected.
- 5 clinical centers:**
 - European Institute of Oncology (**IEO**).
 - Bank of Cyprus Oncology Centre (**BOCOC**).
 - Karolinska University Hospital (**KSBC**).
 - National and Kapodistrian University of Athens (**NKUA**).
 - University of Ioannina (**UOI**).
- The data belong to different categories (Cardiac imaging data, Biomarker data, Psycho-markers data, Blood examination data, QoL data, Breast imaging data, Tissue data).

B. Prospective clinical study

- The **CARDIOCARE prospective clinical study** involves **clinical, genomic, biochemical, and imaging** (echocardiography, mammography) **procedures, sensor monitoring** of health status and utilization of the **CARDIOCARE mobile application**.
- 750 patients** to be enrolled in a **multi-center clinical study**, in a **12-month recruiting period**.
- The clinical centers involved are:
 - IEO:** 125 patients.
 - BOCOC:** 120 patients.
 - KSBC:** 125 patients.
 - UOI:** 60 patients.
 - NKUA:** 195 patients.
 - IOL:** 125 patients.

C. Sensor Devices

- A smartwatch collects data, such as **daily activity, steps, heart rate, calories, sleep hours**, etc.
- A **heart zone sensor** assesses the **patient's cardiac functionality** (electrocardiogram -ECG, Heart Rate Variability - HRV).
- A **hand grip dynamometer** measures **handgrip strength** [3].

D. Omics

- Collection of **genetic biomarkers** relevant to drug metabolism as potential contributions to **variations in drug exposure** and subsequent development of cardiotoxicity.
- Several candidate **miRNAs** are also incorporated (eg. miR-29a, miR-34a, miR-423, miR-1, miR-122, miR-499, etc.) [4], [5].

E. eHealth mobile application

- CARDIOCARE mobile suite incorporates two sub-applications:
 - the ePsyHeart & the eHealthHeart mobile application.

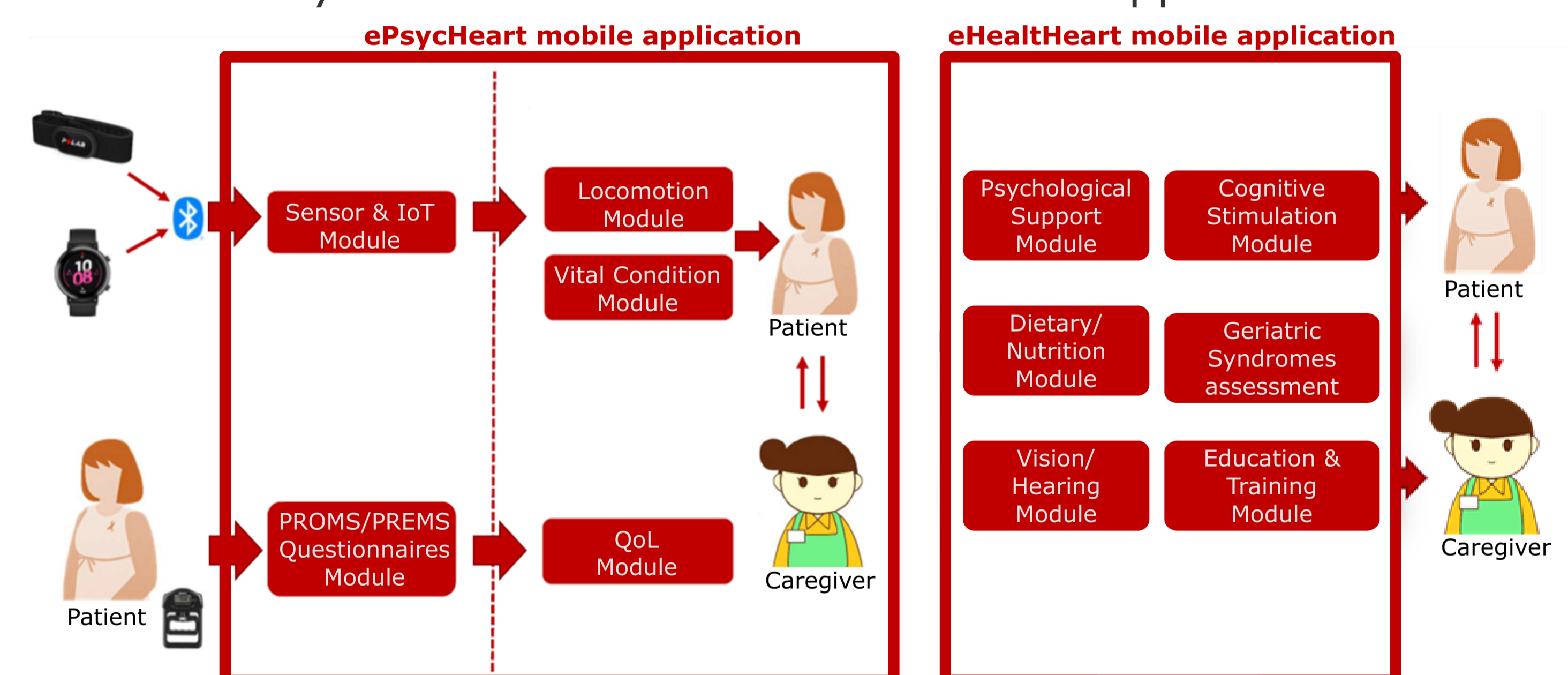


Figure 1: CARDIOCARE ePsyHeart and eHealthHeart mobile applications.

F. Integrated risk stratification model of cardiotoxicity

Risk stratification model of cardiotoxicity from imaging data

- The **image-based risk stratification model** exploits **echocardiography images** to identify new quantitative imaging biomarkers and signatures predictive of cardiotoxicity and patient response.

Risk stratification model of cardiotoxicity from non-imaging data

- The **non-imaging data** include **Electronic Health Records, lab tests, circulating biomarkers** and **data coming from the mobile applications**.

G. Infrastructure

- The CARDIOCARE platform is deployed on a **Kubernetes** enabled **cluster** of hardware resources, offering **virtualized and containerized monitoring and load balancing services**.
- The collected data can then be processed by a **multitude of tools and services** to support **visualization, cohort creation, analytics, and knowledge extraction**.

Conclusion

- CARDIOCARE uses **patient-specific data, data from eHealth applications, sensors, & machine learning approaches** from **1560 retrospective and 750 prospective BC patients in 6 clinical centers' study**.
- CARDIOCARE is an **advanced and beyond the state-of-the-art integrated platform** for the **management** of elderly multimorbid **patients with BC therapy induced cardiotoxicity**.

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