A study to help ensure older women get the best treatment when they have breast cancer
We are now pleased to announce that the study has been extended by the NIHR and recruitment to the randomised trial has been extended until the end December 2017.

We have now screened over 5000 patients and recruited over 2700 women to the cohort study. This means that the study will reach the target of 3000 women, should we continue to recruit at the current rate.

Our top recruiters are currently Leeds (158), Liverpool (155), Sheffield (124), Lancaster (114) and Wakefield (120).

The study opened in the Isle of Wight at the end of October, with Stephen Parker acting as PI, and Oxford University Hospital, with PI Dr Adwani in December.

We will open the study at our final centre, Princess Alexandra Hospital, Essex, in January 2017. We are grateful to the new teams for their enthusiasm in getting set up so swiftly, and wish them well.
The second phase of ‘Bridging the Age Gap in Breast Cancer: Improving outcomes for older women’ is embedded within the original study. This phase aims to evaluate whether using decision support interventions (DESIs), given to 50% of study sites, improves the quality of life, decision quality, decision regret, satisfaction and treatment understanding of women.

Phase 2 Recruitment update

The phase 2 study is now open at 43 sites (some of the cohort studies have not opened to the RCT phase). The target is 1500 cases and we have now accrued 628 as we pass the half way point of the 2 year trial recruitment period. We plan to complete by the end of 2017 and so it is vital that we maintain or even increase our recruitment rate going forward as we are slightly behind schedule. Our top recruiting RCT sites are Liverpool, Leeds, Lancaster and Mid Yorkshire so congratulations to these teams for their massive input.
As can be seen above use of the online algorithm is steady but we would like to see this increase, especially for chemotherapy discussions. Clinical staff may use the online tool not just for patients in the trial but for ANY patient over 70 with whom a discussion about surgery versus PET or chemotherapy is appropriate. Similarly the booklets are for general use during counselling and not restricted to trial patients. Feedback from patients and staff who have used the tools has been extremely positive so please encourage clinical (surgical, oncology and nurse specialist) staff to try them.
We’ve been recruiting to the process evaluation part of the study called “discussing treatment options” at 16 sites that are part of the Age Gap study. So far we’ve recruited 45 patients.

We’d like to include some relatives or carers of patients who lack capacity to decide about treatment and participation in the study. Recruitment of these participants is by site staff so it would be very helpful if you are able to identify any.

We’ve audio-recorded five consultations between patients and their clinicians when discussing chemotherapy. Thank you to staff at sites who have facilitated this, it is particularly valuable data.

We’d like to audio-record more consultations so would very much appreciate it if you are able to identify patients before they are coming for their consultation about chemotherapy so that we can invite them to the process evaluation before this.

We’d also like to thank the many healthcare professionals who have consented to have consultations audio-recorded if the occasion arises.
We’ve interviewed five healthcare professionals about their experiences of discussing treatment options and using the intervention. Another has consented to take part and we have arranged an interview.

We’re interested not only in hearing from any healthcare professionals (e.g. surgeons, specialist nurses, oncologists) who have used any part of the intervention, but also those who have not continued to use the intervention.

We’ve only had six consents from healthcare professionals from four of the eight intervention process evaluation sites so we’d really like to hear from more healthcare professionals particularly from the other four sites, as we need to interview between 12 and 20 healthcare professionals.

So far we have interviewed 23 patients from 12 sites about their experiences of discussing treatment options and the information and support they received.

We’ve collected twelve of these so far. For patients taking part in the process evaluation there is an additional questionnaire for them to complete at six week post-decision (where appropriate).

We’ve interviewed five healthcare professionals about their experiences of discussing treatment options and using the intervention. Another has consented to take part and we have arranged an interview.

If you need invitation packs for healthcare professionals or any further information about the process evaluation, please contact Kate Lifford, email: liffordkj@cardiff.ac.uk.
PhD projects linked to BTAG

Alongside the main Age Gap study, we are also supporting 2 PhD studies to find out more about the proxy decision making aspect of the trial.

Proxy Decision Making

Charlene Martin is undertaking a mixed method study using questionnaires and interviews to explore how carers make proxy decisions for older women with cognitive impairment and breast cancer. This study has separate full HRA and ethics approval, and recruitment will be reported to the CRN via the CPMS portfolio.

All Age Gap centres are eligible to take part as PIC sites (participant identification centres) for the questionnaire phase of the study. This will involve sending out an information pack by post or in clinic to carers who have assented a patient with cognitive impairment to the Age Gap study. If participants agree to take part, they can complete the questionnaire at home and return this with the consent form directly to the trial office.

All sites will soon receive an email invite to participate. If your site is interested in taking part, please let us know and Charlene will be in touch.

Quality of Life outcomes

One of our PhD Fellows, Anne Shrestha is soon to be starting a series of interviews with frailer women to explore their views on the balance of quality versus quantity of life and how they view this trade off. She will soon be getting in touch about recruiting a few Age Gap women to help her to explore this by means of a questionnaire and some interviews.

Tissue Retrieval

We are about to submit an amendment to permit us to collect tissue from consented Age Gap patients from sites. This will include a contract to pay for pathology costs associated with this. More information will follow in our next Newsletter.
If you have any queries or require any assistance with study please contact the study team:

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THANK YOU for all your help!