

Bridging the Age Gap in Breast Cancer

Cohort study.

Design: A multi-centre UK pragmatic observational cohort study of cancer outcomes in older women (>70), undergoing standard care, with adjustment of outcomes according to baseline comorbidity and frailty.

Aims: 1. to determine the disease and patient characteristics in older, frailer women that predict whether surgery or primary endocrine therapy should be offered.

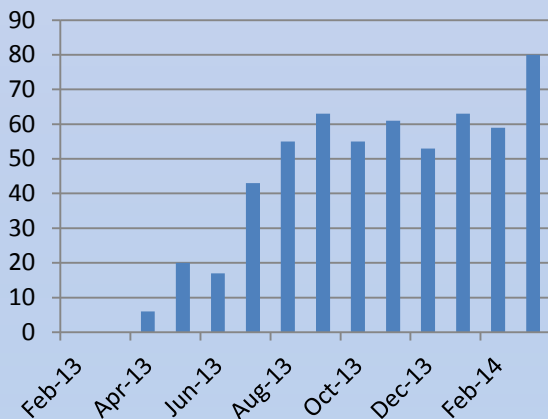
2. To determine the disease and patient characteristics in older women with aggressive disease phenotypes which suggest that chemotherapy should be offered.

Other outcomes: Detailed QoL and health economic analyses.

Eligibility: Women over age 70 with operable, non metastatic breast cancer.

Follow up: Direct data collection for 2 years with longer term outcomes derived from cancer registry returns.

Data Analysis: Complex modelling techniques, to permit analysis of the interactions between baseline variation in characteristics and treatment types.



The study is now open in 40 UK sites with the first site opening in Wales 2013 and a further 5 sites still in set up due to open in the next 2 months. Target accrual is 3000 patients by July 2015. Uptake rates are good with a 2:1 screening to enrolment rate. Recruitment rates are increasing towards the target accrual rate of over 100 per month.

Supporting decision making in older women

A parallel project is studying how older women make decisions about their cancer treatment and how this can be supported and facilitated. Recruiting in 6 UK sites, a series of interviews and questionnaires have been administered to older women faced with a choice of primary endocrine therapy or surgery. The ultimate aim is to develop and test a decision support tool for older women which will incorporate bespoke outcome data derived from the cohort study.

Clinician Variance Study

National registry data shows wide variations in practice across the UK with regards to use of primary endocrine therapy in women over 70. Qualitative interviews of breast surgeons and nurses from across the UK have been undertaken to determine the causes for this variance and a questionnaire has recently been sent out to all UK breast surgeons and nurses to further assess the causes for this.

Sheffield
Hallam
University



The University
Of
Sheffield.

CARDIFF
UNIVERSITY
PRIFYSGOL
CAERDYDD

For further information please contact the study manager
Mrs Rosie Cooper: rosie.cooper@sheffield.ac.uk

NHS
National Institute for
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