

**Bridging the Age Gap in Breast Cancer (BTAG) trial update
[abstract only]**

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Title: Bridging the Age Gap in Breast Cancer (BTAG) Trial Update

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Introduction

One third of all breast cancers occur in women over 70yrs. Surgery with adjuvant anti-oestrogens and primary endocrine therapy have equivalent overall survival rates, however local control rates are superior in surgically treated patients. For women at intermediate risk of surgery there are a complex series of trade-offs to be made in deciding between the two treatments. The decision about whether or not to have chemotherapy is also complex as the risks are higher and the benefits smaller among this age group.

Currently, there is little evidence to support clinicians/patients with these treatment decisions. This trial aims to evaluate the effectiveness of decision support interventions (DESI) to assist in the treatment decision-making of older women with early breast cancer. The DESIs include two patient decision aids (primary endocrine therapy versus surgery plus adjuvant endocrine therapy and chemotherapy versus no chemotherapy) and a clinical treatment outcomes algorithm for clinicians.

Methods and analysis

This multi-centre, parallel group, pragmatic cluster randomised controlled trial (RCT) has recruited 46 UK breast sites cluster randomised to either usual practice for women (≤ 70 years) with breast cancer (control) or, usual practice plus the use of the DESIs (intervention). The primary outcome being QoL. Secondary outcomes include decision quality/regret, anxiety, illness perceptions and coping. A process evaluation is being undertaken to assess the implementation, usefulness and acceptability of the DESIs and examine the facilitators/barriers to embedding the DESIs into everyday clinical practice

Results

The trial opened in January 2016 and closes in December 2017. We aim to recruit 1500 women in total (750 per group). Based on our current recruitment data this will be achievable.

Discussion

This trial will determine the effectiveness of the implementation of two DESIs on health care outcomes and will provide high quality evidence to support treatment decision making among this group of women.