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#

Patient Information Sheet – OPTIMA Study

**O**ptimal **P**ersonalised **T**reatment of early breast cancer us**i**ng **M**ulti-parameter **A**nalysis

### We would like to invite you to take part in a research study called OPTIMA

* This document explains why we are doing this research and what it would involve for you.
	+ **Part 1** explains what will happen if you take part.
	+ **Part 2** gives you further information about the study.
* A member of the research team will go through this information sheet with you.
* Please take time to read it carefully and talk it over with friends, your family and your GP if you wish. Please ask questions if there is anything that is not clear, or you would like more information.
* Joining this study is entirely up to you. If you decide not to take part, we will respect your decision and it will not affect the quality of your medical care in any way. Take your time to decide whether or not you wish to take part.

### A short summary of OPTIMA

* This study is for people with hormone sensitive (oestrogen (ER) positive and HER2 negative) breast cancer that has spread to lymph nodes and for people with larger cancers without lymph node involvement.
* People with your type of breast cancer are usually advised to have chemotherapy.
* Research suggests, however, that not all people will benefit from chemotherapy. Some may do just as well with hormone treatment alone.
* We want to improve our decision making so that we give chemotherapy only to those people who could benefit from it.
* Tests have been developed to try to improve decision making. These tests tell us about how a breast cancer may behave in the future.
* The tests use a sample of the cancer already removed by the surgeon.
* We want to find out whether we can use one of these tests to safely and effectively make decisions about who should have chemotherapy.
* Everyone who takes part in this study will receive hormone therapy. We will use the test to decide who will receive chemotherapy.

You can also find information about OPTIMA on our website:

[**optimabreaststudy.com**](https://www.optimabreaststudy.com/)

## Part 1: Explaining what will happen if you take part

### What is the purpose of this study?

We give chemotherapy and hormone treatment to many people as part of their breast cancer treatment. This is to reduce the risk of the cancer coming back in the breast or elsewhere.

We offer chemotherapy to some patients with oestrogen receptor (ER) positive and HER2 negative disease. This is the type of breast cancer you are being treated for. Mostly, we make decisions about advising chemotherapy or not, by looking at the cancer with a microscope. We see if it is fast growing, measure its size and see whether the lymph nodes are affected. These methods are not as good as we would like as we end up treating some people with chemotherapy who we think may not need it. Chemotherapy can have unpleasant short- and long-term side-effects. What we need is a better way to find out which patients are likely to benefit from chemotherapy and who could safely avoid it.

There are now several tests which give more accurate information about individual breast cancers than traditional measurements. The tests use a sample of the cancer already removed by the surgeon. We need to do more research into how best to use the tests. Some research that has already been done suggests that the tests can predict whether a patient will benefit from chemotherapy.

The aim of OPTIMA is to investigate whether we can use a test called “Prosigna” to make safe and accurate personal decisions about chemotherapy. The study is running across the UK in over 100 hospitals and in hospitals in Norway and may be offered in other countries. Our aim is for 4,500 people to join OPTIMA and we invite you to consider taking part**.**

### Can you explain the test?

In recent years there has been a lot of research into new ways to understand breast cancer. Several tests have been developed that look at the genes in the breast cancer cells. The tests measure how active some of these genes are. They are used to improve the selection of treatment by providing accurate information about individual cancers. The tests are sometimes called multi-parameter assays.

The test we are using in OPTIMA is called Prosigna. An American company developed it; you can look at their website at [veracyte.com/our-products/prosigna](https://www.veracyte.com/our-products/prosigna) for more details. The test has been developed since 2009. It uses a specialist machine to look at the activity of 50 genes in the cancer cells. Prosigna and similar tests are widely used in the NHS to help doctors advise patients about chemotherapy provided their breast cancer has not spread to lymph nodes. There is some evidence that Prosigna and similar tests also work for patients with lymph node involvement and also with larger cancers without lymph node involvement. We need more research, however, before we decide whether or not to routinely offer Prosigna and similar tests to all patients. This is why we are doing the OPTIMA study.

### What will happen if I join OPTIMA?

The OPTIMA Trial Office will ask your medical team for some basic information about you. They will ask your doctor to send a sample of your cancer to a laboratory that will carry out the Prosigna test.

OPTIMA is what is known as a ‘randomised controlled trial’. We do this type of study when we want to compare treatments in as fair a way as possible. The best way to compare the two treatment approaches in OPTIMA is to use each of them in similar groups of patients and compare the results. We can then be sure that any differences in results are because of differences between treatment, and not because the groups of patients differed from each other.

To make sure that the two groups of patients are as similar as possible, we put everyone who agrees to take part in this study into one of the two groups by chance: a process called randomisation. Randomisation is done by the OPTIMA Trial team using a computer. You will have an equal chance of being put into either of the following groups:

Group 1: The Prosigna test will not decide your treatment. Everybody is treated with chemotherapy followed by hormone treatment. This is the usual treatment for your type of breast cancer. Your medical team will send a sample of your cancer tissue to our laboratory where it will be examined and stored. Your team will tell you after two to three weeks when you will start chemotherapy.

Group 2: The Prosigna test will decide your treatment. Your medical team will send a sample of your cancer tissue to our laboratory for testing. The Prosigna test will be performed. Depending on the result of the test, you will either start chemotherapy followed by hormone treatment OR receive hormone treatment without chemotherapy. Most patients in Group 2 will not have chemotherapy and can go straight to hormone therapy.

If you do receive chemotherapy, we will not tell you or your doctor whether you are in Group 1 or Group 2. This means that you will not know if the Prosigna test decided your treatment. You may have chemotherapy because you are in Group 1 (usual treatment) or you may be one of the patients in Group 2 for whom the Prosigna test predicts a benefit from chemotherapy. We do this because we do not want the test result to influence either you or your doctor. This helps us to fairly compare Group 1 and Group 2.

Most people who join OPTIMA will know about their treatment after two weeks and almost everybody within three weeks. We know that it is safe to wait this length of time before starting treatment.

The diagram below is to help you understand how OPTIMA works.

**Diagram of OPTIMA**

Health and wellbeing questionnaire every 3 months for first year & after 2 years

Follow-up (may be by telephone) every year for 10 years

Group 2

Treatment determined by test

Group 1

Treatment currently provided

50:50

Treatment decided according to test result

Prosigna test

Chemotherapy

Hormone therapy

*(5 - 10 years)*

Sign consent form & join the OPTIMA study

A sample of your cancer tissue will be sent to a central laboratory in the UK

Randomisation

Hormone therapy

*(5 - 10 years)*

Chemotherapy

Hormone therapy

*(5 - 10 years)*

### How long will treatment last?

All patients will receive hormone therapy because we know that this is a very important part of treatment for patients with your type of breast cancer. Some patients will also receive chemotherapy. Your doctor will discuss these treatments with you. The table details the length of these treatments.

|  |  |
| --- | --- |
| Hormone Therapy – For all OPTIMA patients  | Chemotherapy – for some OPTIMA patients |
| * Daily **hormone tablet** for at least 5 years and usually for 10 years
* If you have not had your menopause you will also have **hormone injections** usually for 3 years. These injections improve the effectiveness of hormone tablets and will stop your menstrual periods. The injections are given monthly or once every 3 months.

**However,** if your chemotherapy stops your periods, your doctor can wait to see if they return before starting hormone injections. | * Given as an injection into the vein usually every 3 weeks over 3 to 5 months.
 |

During and after your treatment your doctor will follow you up to assess your progress. This will be once a year for ten years. You may be asked to come to the hospital for these, or the research doctor or nurse can contact you by telephone or email instead. Most patients will have regular mammograms for at least five years. Mammograms are part of usual care. We will ask your doctors how you are, including your GP. We will also collect information about your health from central healthcare registries. We will ask you to fill in questionnaires about your general health and how any treatments are affecting you at the time you join, and then after 3, 6, 12 and 24 months.

### Why have I been invited to take part?

You have been invited to take part because your breast cancer has spread to your lymph nodes or you have a larger breast cancer without lymph node spread. Usually, in either situation, your doctor would offer you both chemotherapy and hormone treatment.

### Do I have to take part?

No. It is entirely up to you to decide whether to take part. If you change your mind, you can withdraw at any time without giving a reason.

The standard of your care will not be affected in any way if you do not join the study.

### What are the side effects of any treatment received when taking part?

If you have chemotherapy, the side effects will depend upon the particular drugs you have and how you react to them. You will receive the same chemotherapy in the OPTIMA study as you would receive if you did not take part in the study and so any **side-effects would be the same**.

Most chemotherapy side effects can be controlled. Some can last longer or may develop after your chemotherapy has ended. Your doctor will discuss the possible side effects in detail and balance the potential benefits of chemotherapy treatment compared with short or long-term side effects.

Common short-term side effects for breast cancer chemotherapy may include:

* feeling tired
* feeling sick
* a lower resistance to infections
* diarrhoea or constipation
* hair loss
* numbness in fingers and toes

You will receive the **same hormone treatment** in the OPTIMA study **as you would receive** if you **did not take part in the study**. If you are pre-menopausal this includes hormone injections to stop your menstrual periods. Hormone tablets and in particular the injections can cause you symptoms of the menopause such as:

* hot flushes
* night sweats
* mood swings
* joint aches and pains
* vaginal dryness

Many women whose periods stop with chemotherapy will also get these symptoms. Menopause symptoms usually get better with time. Depending on how old you are, these symptoms can go away when you stop hormone injections.

Most women treated for breast cancer have an increased risk of developing osteoporosis (thinning of the bones). The usual hormone tablets given to women who have had their menopause can cause this. You also have this risk if your periods stop because of hormone treatment or chemotherapy. We recommend everyone in OPTIMA takes osteoporosis medicines. These medicines reduce the risk of breast cancer coming back as well as protecting against osteoporosis. If you have not had your menopause, osteoporosis medicines need to be combined with hormone injections to protect you from breast cancer. Your doctor will discuss osteoporosis medicine and possible side effects with you.

All other treatment is the same whether you are in the study or not.

### What are the possible benefits of taking part?

If you take part in OPTIMA and your cancer is tested, you have the possibility of avoiding chemotherapy and its possible side effects. Some patients may do just as well with hormone treatment alone. About two thirds of cancers have a low Prosigna test score.

Another possible benefit to taking part is that everyone in this study will be followed up closely for 10 years. A research nurse or researcher will keep a check on you during this follow up period, by telephone or in the hospital. In routine practice patients are often discharged quite soon after their chemotherapy ends, and in many hospitals there is no follow up after the first year.

There may not be a direct benefit to you taking part in the study. However, if you do take part you will be helping us to find out how best to make decisions about chemotherapy for future patients.

### What are the potential disadvantages of taking part?

There is some evidence to suggest that the Prosigna test is effective at predicting if patients with breast cancer which has spread to lymph nodes or with larger cancers are likely to benefit from chemotherapy. However, we might find out in the future that some patients who did not receive chemotherapy in the OPTIMA study, might have benefited from it. This is why we are doing OPTIMA– we need better evidence about how well the Prosigna test works.

If you join the study, it usually takes about two to three weeks to receive your treatment decision although sometimes it can be longer. We understand that waiting to find out about your treatment may cause you anxiety. Rest assured however, that it is safe to wait this length of time.

We will ask you to complete questionnaires about your wellbeing which will take some of your time.

### What happens if the research study stops?

The study might end before your treatment is complete. This is unlikely. If it does happen your treatment will continue as planned. If you were not treated with chemotherapy you can discuss with your doctor whether you should have this. Your progress will be followed up in the same way.

### Who to contact if you would like further information

* *Principal Investigator (Name/contact no.)………………………………………………………………………*
* *Research Nurse/coordinator (Name/contact no.)……………………………………………………………*

If you would like some independent advice, we suggest that you contact one of the following:

Your breast clinical nurse specialist

Macmillan Cancer Support:

Tel: 0808 808 0000 (freephone) Web: [macmillan.org.uk](http://www.macmillan.org.uk/)

Breast Cancer Now:

Tel: 0808 800 6000 (freephone) Web: [breastcancernow.org](https://breastcancernow.org/information-support)

Cancer Research UK:

**Tel: 0808 800 4040** (freephone)Web: [cancerresearchuk.org/about-cancer](https://www.cancerresearchuk.org/about-cancer/coping)

**This completes Part 1 of the Information Sheet.**

If you think you might join the study, please take time to read Part 2 before making your decision.

## Part 2: Further information about the study

### What if new relevant information becomes available while I am on the study?

We may get new information from other research that is important for the OPTIMA study. We might want to change the study as a result. Any change we make is unlikely to affect you but if it does, your doctor will discuss this with you. You can decide whether or not to continue on the study. If you decide not to continue, your doctor will arrange your future care. If you do continue, you may be asked to read a new information sheet. You might also be asked to sign a new consent form.

### What happens if I don’t want to carry on with the study?

If you decide that you do not want to carry on with the study, we will only use the information that you have already given us to that point. If you choose to withdraw from the study, we would still like to keep your cancer sample. This will be useful to our research. If you have any objection to this, please let your doctor know.

### Who is organising and funding the research?

This research is run by University College London (UCL). UCL is Sponsor for the research. The Warwick Clinical Trials Unit (WCTU) at the University of Warwick (UoW) is supporting UCL. This study is funded by The National Institute for Health Research (NIHR), Health Technology Assessment Programme (project reference 10/34/501). NIHR would like you to know that any views expressed here are not necessarily those of the NIHR or the Department of Health and Social Care.

The NHS and Veracyte Inc. (the owner of the Prosigna test) are paying for Prosigna testing. Your hospital will be paid a small sum for entering you into the study. This is to cover administration costs. Your local hospital will cover the costs of your treatment and follow-up care.

### What if there is a problem?

If you wish to complain or have any concerns about any aspect of the way you have been treated by members of staff whilst taking part in this research, the NHS or UCL complaints mechanisms are available to you. Your doctor can provide more information.

In the unlikely event that you are harmed by taking part in this study, compensation may be available. If you suspect that the harm is the result of the Sponsor’s (UCL) or the hospital’s lack of care, you may be able to claim compensation. After discussing with your doctor, please write to Professor Rob Stein, the Chief Investigator for the OPTIMA study. His address is University College London Hospitals, 250 Euston Road, London NW1 2PG. You also have the right to take independent legal action. You should talk with a lawyer about this.

### Will my taking part in this study be kept confidential?

All personal information we collect for OPTIMA is strictly confidential and is subject to the UK Data Protection Act 2018 and GDPR. When you join OPTIMA we will give you a unique study number. Your hospital will know who you are from this information, but the OPTIMA Trial Office at WCTU will not. When your hospital contacts the Trial Office about you they will use this number together with your initials. They will not use your name.

We will ask your doctor and nurse to provide information about you and your treatment to the WCTU. We need the information as part of our research. Some of this information could be used to identify you. We collect your date of birth and histology numbers as extra checks to make sure that the right cancer sample has been sent to our laboratory. The Health and Social Care Information Centre (HSCIC), Office of National Statistics (ONS) and other bodies collect long-term information about all NHS patients. We will ask them about your health status in the future. We will store your national health number so we can do this. Depending on where you live in the UK, this number is called one of the NHS (National Health Service), the CHI (Community Health Index) or the HSC (Health & Social Care) number. We will not use your identifiable information for any other purpose.

The information about you which we store at the WCTU is stored securely and can only be accessed by authorised trial personnel. Our laboratory also keeps all information about patients secure. Your doctor will inform other doctors and nurses who look after you that you are in OPTIMA. This includes your GP.

Sometimes we may want to check that the OPTIMA study data is accurate. This is usually routine. Individuals from the WCTU, UCL, regulatory organisations and your hospital trust may visit your hospital and check your medical and research records. The visitors are responsible and will not disclose any personal information about you outside of your hospital.

There is more information about how we process your information and about your legal rights in the OPTIMA Data Transparency Statement (version 3.0, 19 July 2021) which accompanies this information sheet. You can also find this document on the OPTIMA website at [optimabreaststudy.com/taking-part-in-optima/privacy](https://optimabreaststudy.com/taking-part-in-optima/privacy).

### What will happen to my breast cancer samples?

We want to use the sample of your breast cancer for research to help improve tests like Prosigna and to see how other tests compare to Prosigna. This is a very important part of our study. In order to do this, we need to store the samples because this research will not happen straight away. All samples will be stored with your study number, initials and date of birth and will not have your name or other details. They will be kept in a secure place by the Chief Investigator or his deputies. It is possible that some of the research results from this study might be used by companies. If this happens, neither you nor your doctors will benefit financially. None of the doctors or scientists involved in this study have any financial interest in it.

### Will you do any other research on my cancer samples?

Our research is trying to help us understand how breast cancers develop and how we can improve and personalise treatment. We would like to use your samples for other research in the future. We may need to ask your hospital for additional stored samples, including lymph nodes to do this. Some of this research may be done by scientists who are not involved in OPTIMA.

As part of our research we may want to do genetic tests on your cancer samples. The genetic tests are performed on the breast cancer cells, not on you. They do not give information about inherited disease risk in your family. They will not affect your insurance policies.

We ask if you will give us the remainder of your cancer sample as a donation for future research. Your sample would be returned to your hospital if you or your doctor ever needed it. You can refuse permission to have your samples used in this way at any time. It will not affect you taking part in this study.

### Will my data be shared with anybody else?

In the future we plan to make the results of the research available to other doctors and scientists. Sometimes we can learn more about cancer treatment by combining the results of more than one study. We will not share any personal information when we do this.

Data from your samples might be shared to help other research. scientists have sometimes been able to identify individuals from such data. Any data that we share will be protected by a legally enforceable contract to prevent this.

### What will happen to the results of the research study?

The results of the research will be published in scientific journals. We expect that some results will be ready for publication in the mid 2020’s. Further results will be available in the late 2020’s and early 2030’s. You will not be identified in any report of this study. If you wish, you can ask your doctor to send you a copy of the report when it is published.

### Who has reviewed the study?

All research in the NHS is reviewed by an independent group of people, called a UK National Research Ethics Committee, which is there to protect your safety, rights, wellbeing and dignity. The study has been reviewed and approved by the London – Surrey Research Ethics Committee (Integrated Research Application System ‘IRAS’ reference: 95626). Patient representatives from Independent Cancer Patients’ Voice (ICPV) and from other groups have been involved in the study’s development from the start and have approved it. Several patient groups including ICPV have helped develop this information sheet. You can find out more about ICPV at [independentcancerpatientsvoice.org.uk](http://www.independentcancerpatientsvoice.org.uk/). Every participating hospital will also have examined the details of the study before deciding to take part.

### What to do if you wish to take part in the study?

If you wish to join OPTIMA, you will be asked to sign a consent form. There will be further discussion with the doctor before you sign it. If your appointment is for a telephone or video discussion, you may be able to give your consent verbally. This will allow your team to tell the OPTIMA Trial Office about you and to send your cancer sample to the OPTIMA laboratory. You will still need to sign a consent form before you start your treatment.

You will be given a copy of this information sheet and your signed consent form.

If you decide not to take part, your care will not be affected in any way.

**Thank you for taking time to read this information sheet and for considering the study.**

You can also find information about OPTIMA on our website:

[**optimabreaststudy.com**](https://www.optimabreaststudy.com/)

**Patient Questions and Notes**

 [Print on Local Trust headed paper]

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Consent Form – OPTIMA Study

|  |  |
| --- | --- |
| **Study Title:** | **O**ptimal **P**ersonalised **T**reatment of early breast cancer us**i**ng **M**ulti-parameter **A**nalysis  |
| **Study Number:** | ISRCTN42400492IRAS ref. 95626 |
| **Study Doctor Name:** |  |
| **Study Site:** |  |
| **Patient statement and signature** | *Please* ***initial*** *boxes below if you agree* |
| 1. I have received and read the OPTIMA Patient Information Sheet (version 8.0 dated 19 July 2021). I fully understand what is involved in taking part in this study. I have had an opportunity to ask questions, and all my questions have been answered.
 |  |
| 1. I understand that my participation is voluntary and that I am free to withdraw from the study at any time without giving a reason and without my medical care or legal rights being affected.
 |  |
| 1. I understand that samples of my cancer removed at the time of surgery or biopsy will be used for research as part of the OPTIMA study.
 |  |
| 1. I give permission for some personal details to be collected as part of the study. These include my date of birth, national health number and pathology number. I understand that this information will be used to ensure that the results of the study are accurate and to find out about my future health status. I understand that all information about me will be stored securely and will only be accessible by authorised personnel.
 |  |
| 1. I understand that relevant sections of my medical notes and study data collected during the study may be looked at by authorised individuals from Warwick Clinical Trials Unit, University College London (the Sponsor of the study) Regulatory Authorities and from my hospital trust, to check that the study is being carried out correctly. I give permission for these individuals to have access to my records.
 |  |
| 1. I give permission for a letter to be sent to my General Practitioner informing them of my participation in the OPTIMA study.
 |  |
| 1. I understand that some of this research may generate information that companies may use in future for commercial gain.
 |  |
| 1. OPTIONAL: I give permission for data collected about me in the OPTIMA study to be used for future research. I understand that nobody will be able to identify me from this data.
 |  |
| 1. OPTIONAL: I agree to donate the remainder of my tumour sample to future research projects. I also agree that my hospital can be asked to provide additional stored samples for this research. I understand that these tumour samples will be returned to my hospital if needed for my future care. I understand that donating samples is a gift for this research, that it is entirely voluntary and that I am free to withdraw my approval for use of the samples at any time without giving a reason. I understand that my medical treatment or legal rights will not be affected by this voluntary donation.
 |  |
| 1. OPTIONAL: I agree to being contacted in the future about other research studies.
 |  |
| 1. I voluntarily agree to participate in this study.
 |  |
| [You will be given a signed and dated copy of this consent form for your records. If you have also given verbal consent to join the study, you will be given a record of this.] |
| Patient name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Investigator Statement and Signature*****To be completed by the investigator or designee taking consent*** |
| I have discussed this clinical research study with the patient and/or her or his authorised representative using a language that is understandable and appropriate. I believe that I have fully informed the patient of the nature of this study and the possible benefits and risks of taking part. I believe the patient has understood this explanation. |
| Investigator name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Investigator signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Initial box if the patient completed the consent form remotely and to confirm that you are satisfied the consent is valid. |   | Initial box if the patient returned a photograph of the consent form. [*print & attach to this form*] |   |
| Complete the section below if the patient has also given **remote verbal consent** |
| Date of remote consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of investigator who received remote verbal consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The completed Patient Information Sheet / Consent Form should be given to the patient. Patients who have given remote verbal consent should also be given a copy of the documentation form.

The original Consent Form must be retained on site and should be stored in the trial site file with a copy filed in the patient’s hospital notes.

**Do not send the completed Consent Form to the OPTIMA Trial Office or OPTIMA Central Laboratory.**