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EndoNET

www.endonettrial.org

View trial video here or on the website

EndoNET: A study for post-menopausal women with ER+ breast cancer who require surgery

This **summary information sheet** was written jointly by women with experience of breast cancer and the research team.

What is the purpose of this research?

To discover if a longer period of endocrine therapy before surgery leads to a smaller operation and more successful recovery for patients with oestrogen receptor positive (ER+) breast cancer.

How does endocrine therapy work?

- Breast cancer that is oestrogen receptor positive (ER+) uses the female hormone oestrogen to grow and survive.
- Endocrine therapy with an aromatase inhibitor (AI) stops the body making oestrogen. It is an extremely successful treatment at slowing or stopping the cancer, especially for strongly ER+ breast cancer.
- Treatment for ER+ breast cancer includes both endocrine therapy and surgery. Radiotherapy may also be recommended.
- Some women may start their endocrine therapy before surgery to reduce the size of the cancer. This is recognised in both national and international health care guidelines.
- This research aims to understand if this treatment option leads to a smaller operation and better recovery. This will help us to see if this will benefit more women in the future.

Why have I been invited?

- You have strongly ER+ breast cancer and need both endocrine therapy and surgery.
- You have been through the menopause.
- Your doctor thinks you may benefit from the treatments offered in this study.

What will happen if I take part?

You will be allocated to one of two treatment groups below. In this study, neither you nor your doctor choose the treatment group.

Treatment Group 1:

↓

Start endocrine treatment

↓

Surgery at 2-8 weeks

↓

Endocrine treatment for 5-10 years

OR

Treatment Group 2:

↓

Start endocrine treatment

↓

Continue treatment to shrink tumour

↓

Surgery at 5-7 months

↓

Endocrine treatment for 5-10 years

What will I have to do?

✓ Attend all of your hospital appointments ✓ Take your endocrine therapy as prescribed ✓ Fill in some questionnaires at home ✓ Have your breast surgery

Detailed Participant Information Sheet

EndoNET:A study for post-menopausal women with ER+ breast cancer who require surgery.

This information sheet was written jointly by women with experience of breast cancer and the research team. We appreciate you reading this information at this time.

You are invited to take part in our research. Before you decide if you would like to take part, we want to explain why it's being done and what it would involve for you. Please take time to read this information sheet and discuss with others if you wish. *If anything is unclear, or you need more information, please ask us.*

Why have I been invited?

- You have highly hormone-sensitive breast cancer which is expected to respond to endocrine therapy.
- Because you have ER+ breast cancer you need both endocrine therapy and surgery.
- You have been through the menopause.

What is the purpose of the research?

Most women diagnosed with ER+ breast cancer are treated with endocrine therapy and surgery. Some women may be given the endocrine therapy before surgery for a period of time to treat the cancer (known here as a "tumour shrinking" period).

This "tumour shrinking period" is recognised in health care guidelines both nationally and internationally and is known as "neo-adjuvant endocrine therapy". We are trying to find out if this reduces the amount of breast surgery needed and improves recovery.

Your clinical team judge that you will not benefit from chemotherapy and so are not currently recommending it as part of your treatment. With certain breast cancer types chemotherapy is often given before surgery to reduce the tumour size and to assess the response to the treatment, known as "neo-adjuvant chemotherapy". We want to know if we can use endocrine therapy in the same way for women like you who do not need chemotherapy but will be treated with endocrine therapy.

This research will help us to see whether this neo-adjuvant endocrine treatment option is of benefit to a larger number of women.

Why shrink the tumour before surgery?

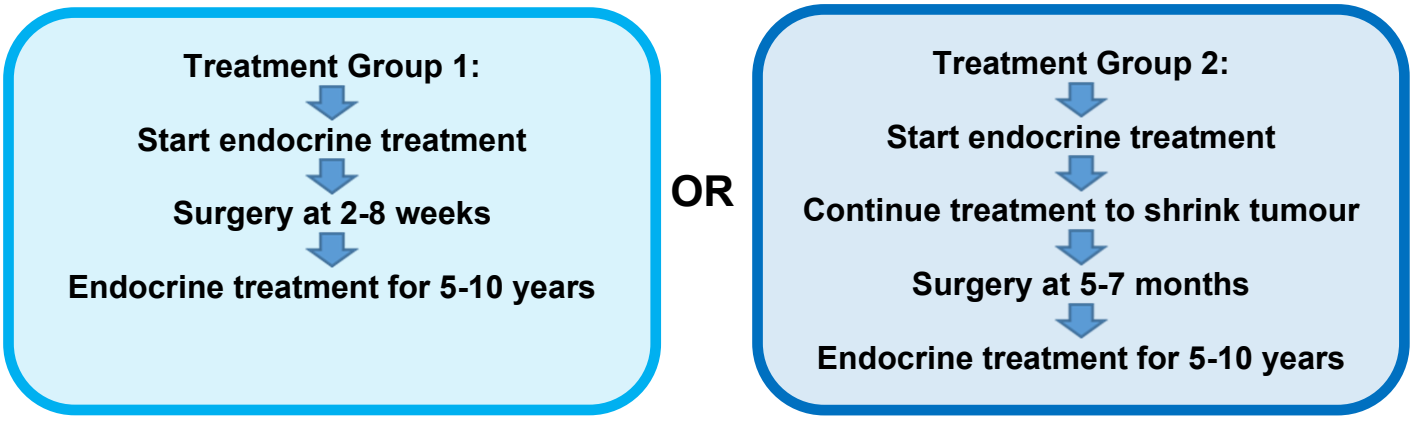
The **operation** for a breast cancer (known as a lumpectomy or mastectomy) may have less impact on body image and wellbeing after surgery if the tumour is smaller and less tissue needs to be removed. Recovery may be quicker and there may be less complications or need for fewer operations. We want to learn if we can improve outcomes by shrinking the tumour before surgery.

What will happen to me if I decide to take part?

If you agree to take part and sign a consent form, you will be asked to complete questionnaires about your health and wellbeing. The study compares two treatment pathways, both are recommended in national guidelines for use in the NHS.

You will be allocated to one of the groups through a process called randomisation. Neither you nor your doctor can choose which treatment group you are allocated to. We only offer this study

to women whom the clinical team believe both treatment groups would work very well. The process of randomisation helps to ensure there is a fair comparison between the two groups.



Everyone in the study starts endocrine therapy immediately. The endocrine therapy is the same in both groups but the timing of the surgery differs.

Other treatments such as radiotherapy will be given to you as required by your clinical team.

What happens if I am allocated to Treatment Group 1?

You start endocrine therapy on study entry and will have your surgery 2-8 weeks from joining the study.

The research team will check with you regularly:

- With follow up phone calls at 6 weeks, 5 months, 7 months, 12 months and 15 months after joining the study.
- You will complete questionnaires electronically over 15 months.
- You will continue your endocrine therapy after surgery for 5-10 years as per standard of care. If you are not coping well with your endocrine therapy, your clinical team can see you to discuss this.

What happens if I am allocated to Treatment Group 2?

You start endocrine therapy on study entry and continue this treatment to shrink the tumour. Your surgery will be at 5-7 months of joining the study.

Women with breast cancer tell us it's important that the tumour is closely monitored. This means you will visit the hospital three times before your surgery to see your research team:

1. After 2-4 weeks of starting endocrine therapy we will do a scan and take a tissue sample.
2. After 3 months of starting endocrine therapy we will do a scan to check the tumour is responding and see you in clinic to check how you are doing.
3. After 5 months of starting endocrine therapy we will do a final scan to check the tumour is responding and see you in clinic to see how you are doing.

The research team will also check with you regularly:

- With follow up at 6 weeks (this might be in-person or by phone call), and phone calls at 12 months and 15 months after joining the study.
- You will complete questionnaires electronically over 15 months.
- You will continue your endocrine therapy after surgery for 5-10 years as per standard of care. If you are not coping well with your endocrine therapy, your clinical team can see you to discuss this.

These visits will:

- ✅ Ensure you are getting on well with the endocrine therapy.
- ✅ Check that the cancer is responding to the treatment.
- ✅ Reassure you that you are being monitored closely by your team.
- ✅ Ensure you can talk to the surgeon about your care.

During your monitoring, if in the unlikely event that the medical team feels that the tumour is not responding to endocrine therapy as expected, they will schedule your surgery earlier.

What else will I need to do?

All patients in the trial will be expected to:

- ✅ Attend all appointments.
- ✅ Take the endocrine therapy as prescribed.
- ✅ Complete the questionnaires that you are sent.
- ✅ Discuss and plan with your surgical team the timing of your surgery.

Other research studies

If you would like to take part (or are already participating) in other research studies while being in this research study, you will be able to do so in most cases. The research team at your hospital will advise you on this.

Are there any possible disadvantages or risks from taking part?

Like any treatment, endocrine therapy can cause side effects. Everyone reacts differently: some women experience side effects, but others have none at all.

The most common side effects are hot flushes and joint pain. You may also experience tiredness, vaginal dryness or irritation, mood changes, hair thinning and headaches.

Some women find the side effects of endocrine therapy drugs difficult to cope with. If side effects are causing you problems, talk with your cancer specialist and find out more here: <insert url to Breast Cancer now advice on endocrine therapy>.

The endocrine therapy given in this study is the one that is used in routine care after surgery. You are likely to still be offered this treatment after your surgery even if you decide not to take part in the study.

Remember: this study compares two NHS approved treatment pathways. We would not be offering these to you if they were not safe and effective.

What are the possible benefits of taking part?

The main benefit of you taking part is that the information gained from doing this research will give us the evidence needed to improve the way we treat breast cancer like yours. We cannot guarantee that participating will benefit you directly but you will be continuously and carefully monitored throughout the study.

Will I be reimbursed for taking part?

No, you will not be reimbursed for taking part in this study.

Will my General Practitioner (GP) be informed of my participation?

Yes, with your permission we will inform your GP about your participation in this study.

Do I have to take part?

No. The study is voluntary and you are under no obligation to take part. Deciding not to take part will not affect the treatment or care you receive from your team.

Please keep this information sheet and use it as it may help you make your decision. If you decide to take part, you will be asked to sign a consent form related to this study, as well as the one used for your NHS operation. If you choose not to join the study, you will receive your NHS treatment in the usual way, as agreed by you and your local treating team of healthcare professionals.

Do I need to know anything else?

Valuable information can be gained by following your breast cancer journey over a longer period of time (for example for 20 years or more) and the trial team aims to find additional funding and/or resources to support collection of this long-term follow-up information.

Because we want to understand the long-term difference between the treatment groups, we are asking for your permission as part of the consent process to access nationally held information for trial follow-up purposes. This nationally held medical data includes those held by the NHS, eDRIS, the General Register Office, NHS England/NHS Central Register, NHS Spine/ISD Scotland, the Health and Social Care Information Centre and the national cancer registries and a number of other related datasets and databases.

To obtain the information required from these national data sources some identifiable information will need to be provided (which might include the NHS/CHI number and date of birth) to the managing organisations, so that they can identify your individual records. The identifiable information will be sent to the University of Oxford and kept separately to the main trial database. It will be subject to strict confidentiality policies and only used for the purposes of the analysis of the long-term outcomes of the trial.

If and when funding, relevant approvals and/or resources are obtained, we will undertake follow-up from your electronic patient notes and nationally held data, so you will not have to do anything nor will you be contacted about it. It is very important for us to understand if there are any differences in outcomes within the two treatment groups in the long term.

Will I be offered the opportunity to take part in additional studies?

Yes, we may offer you some additional studies within EndoNET. You do not have to take part in these and a decision to participate is independent of your agreement to join the main study.

Will I be donating samples and what will happen to these samples?

Yes, donating samples of breast tissue is part of the study. If you are in Treatment Group 2 (surgery at 5-7 months), you will be asked to give a sample of the breast tumour after 2 weeks of starting endocrine therapy. We will do this when you visit the hospital for an ultrasound scan and the sample taken will be equivalent to the size of a grain of rice.

In both groups, we will ask your permission to access tissue samples:

- Taken at biopsy (e.g. for your diagnosis).
- Removed as part of your breast cancer operation once they have been considered surplus to your diagnosis or treatment.
- Taken during surgery or biopsy in the future if considered related to your current breast cancer.

We do not expect there to be any disadvantages to donating these tissue samples for research. The tissue samples would only be used if they are surplus to any diagnostic purposes. If they are needed for clinical purposes, then any remaining tissue can be returned to your treating hospital at any time.

Your samples will be labelled with your trial ID number and will be securely stored at the Faculty of Medicine Tissue Bank at the University of Southampton. In order to know that these samples belong to you (and to comply with the Human Tissue Authority regulations), the biobank will hold

a copy of your consent form securely. This will be stored separately to your samples so that you cannot be identified.

This tissue may be donated to a research biobank at the end of the study for use in future research under their ethical approval. This will enable us to do further research tests in order for us to gain a better understanding of the cellular mechanisms involved in breast cancer and its relationship to responses to endocrine therapy. As these tests and investigations will be done for research purposes, they will not be available to you or your doctor.

At the end of the trial, any surplus tissue samples may be retained for use in other projects that have received ethical approval and where appropriate consent is in place. Any surplus tissue samples may be transferred to a licensed tissue bank where they will be managed in accordance with applicable host institution policies and the Human Tissue Act (HTA) requirements.

By providing tissue you understand and agree that these samples may be used in research aimed at understanding genetic influences on disease. Your tumour tissue may be analysed for changes in DNA and RNA to understand how breast cancer develops and progresses, and how to best treat it. The results of these investigations are unlikely to have any implications for you personally, and the results of these research investigations will not be made available to you or your medical team.

If you are being treated at one of the hospital locations that are taking part in the sub-study Trans-EndoNET (please see further details below), you may be asked to consent to give a fasted blood sample within 8 weeks of joining the main study. You will be asked to avoid eating and drinking, apart from water, for 8 hours before the blood sample. We will normally aim to do this in the morning so that all you need to do is miss out breakfast. Your blood sample will be labelled as per your local hospital procedures which may include direct identifiers and analysed at your local hospital laboratory. Theresults will be made available to us and your clinical team.

What is the sub-study Trans-EndoNET about?

Sugar levels in the blood, and the way sugar levels are controlled, may have an effect on endocrine therapy in breast cancer. The Trans-EndoNET study is designed to see if this is the case. Participants of Trans-EndoNET will be asked to provide a single additional fasted blood sample within 8 weeks of joining the main EndoNET study. Where possible, this blood sample will be taken during an existing visit for EndoNET. From this sample we will test for levels of glucose (a type of sugar), insulin (a hormone that controls glucose levels), and HbA1c (a measure of long-term glucose levels) in the blood. You will be asked to avoid eating and drinking, apart from water, for 8 hours before the blood sample. We will normally aim to do this in the morning so that all you need to do is miss out breakfast. We will then compare the results of this blood test to findings from the analysis of your tumour from left over samples from your biopsies and surgery that have been taken for the main EndoNET study.

A small number of people may have problems with their sugar regulation that they do not know about, and for which they would benefit from treatment. If your blood tests suggest this might be the case, with your agreement, you may be referred back to your GP for further tests and follow up. Should this be the case, it is highly unlikely this will affect any of the plans for your cancer treatment.

You will not be able to take part in Trans-EndoNET if you are taking insulin or hypoglycaemic medication for diabetes but you can still join the main EndoNET trial.

Risks from a fasting blood sample are those associated with any blood test, such as bruising, fainting, or dizziness, though these are usually minor and temporary. Fasting can lead to a sudden drop in blood sugar levels leading to symptoms of feeling unwell, sweating and irritability. Please discuss any concerns with the research team.

What will happen if I don't want to carry on with the research?

You are free to withdraw at any time and without giving a reason. Withdrawal from the study will not affect the standard of care you receive. If you decide to withdraw, please contact your local research team and they will discuss withdrawal options with you.

What will happen to the results of this research?

The results of this research will be published in scientific journals and presented at conferences. News and updates of the research will be made available on our website and by study newsletter. Please note it will never be possible to identify you or your individual data from any report or publication made available in the public domain.

Will my taking part in the research be kept confidential?

Yes. Your local study team will use your name, date of birth, NHS/CHI number and contact details to contact you about the research study and to enable follow up. All the information that is collected about you during the course of the research will be kept strictly confidential. You will be given a unique participant ID number and all data and results will be stored using this, instead of your name or any other identifiable personal information.

This information will be held securely on a password-protected University of Oxford network database only accessible by the study team. It will not be possible for anyone else to identify the results as yours. Responsible members of the University of Oxford, appropriate regulatory bodies and relevant NHS Trusts may be given access to data for monitoring and/or audit of the study to ensure that the research is complying with applicable regulations.

What will happen to my data?

Data protection regulation requires that we state the legal basis for processing information about you. In the case of research, this is 'a task in the public interest.' The University of Oxford is the data controller and is responsible for looking after your information and using it properly.

All data will be stored and used in compliance with the relevant, current data protection laws (Data Protection Act 2018; UK General Data Protection Regulation (UK GDPR 2018). Further information is provided below, and you will need to indicate on the consent forms that you understand this.

We may review your past and future scans including those you had when you were diagnosed with breast cancer such as ultrasound, mammograms and MRI. Your personal details will be removed from the scans and they will be labelled with your trial number instead. They will be transferred to the study team using a secure method, usually through standard NHS systems.

We will be using information from you and your medical records in order to undertake this study and will use the minimum personally-identifiable information possible. The University of Oxford intends to check your health status as part of the long-term follow-up for example for 20 years or more (as described above), using nationally held medical data including those held by the NHS, at the General Register Office, eDRIS, NHS England/NHS Central Register, NHS Spine/ISD Scotland, the Health and Social Care Information Centre and the national cancer registries and a number of other related databases, and we ask your permission to do this.

We will keep identifiable information about you for up to 6 months after the study has finished. This excludes any research documents with personal information, such as consent forms and radiology scans, which will be held securely at the University of Oxford for a maximum of twenty years after the end of the study.

The local NHS Trust will use your name, NHS number and contact details to contact you about the research study, and to look at your relevant medical history. They will keep research

documents with personal information, such as consent forms, for a maximum of twenty years after the study has finished or as per local Trust policy for medical notes retention. All other identifiable data will be destroyed 6 months after the end of the study unless you agree to us retaining these for future contact.

If you agree to your details being held to be contacted regarding future research, we will keep the consent form and your contact details separate. All contact regarding future research will come from the research team at the University of Oxford in the first instance. Agreeing to be contacted does not oblige you to take part in future research, and you can be removed from this register at any time you wish. If you agree to your details being held to be contacted regarding future research, the University of Oxford will hold your consent form and your contact details indefinitely or until you withdraw from future contact.

We may disclose your personal data to our third-party service providers to carry out activities specifically for the purpose of this research and as explained in this information sheet. Any third-party service providers are required to take appropriate security measures to protect your personal data in line with University of Oxford policies. We do not allow our third-party service providers to use your personal data for their own purposes, but rather to only process your personal data for specified purposes and in accordance with our instructions.

Data protection regulation provides you with control over your personal data and how it is used, further information is available at:
http://www.admin.ox.ac.uk/councilsec/compliance/gdpr/individualrights/
When you agree to your information being used in research, some of those rights may be limited in order for the research to be reliable and accurate.

You can find out more about how we use your information by contacting endonet@nds.ox.ac.uk.

What if there is a problem?

The University of Oxford, as Sponsor, has appropriate insurance in place in the unlikely event that you suffer any harm as a direct consequence of your participation in this research. NHS indemnity operates in respect of the clinical treatment which is provided.

If you wish to complain about any aspect of the way in which you have been approached or treated, or how your information is handled during the course of this research, you should contact the leads of the study Professor Michael Douek and Professor Ramsey Cutress on endonet@nds.ox.ac.uk. You may also contact the University of Oxford Research Governance, Ethics & Assurance (RGEA) office on 01865 616480, or the director of RGEA, by emailing rgea.complaints@admin.ox.ac.uk.

[Sites in England] The Patient Advisory Liaison Service (PALS) is a confidential NHS service that can provide you with support for any complaints or queries you may have regarding the care you receive as an NHS patient. PALS is unable to provide information about this research study. If you wish to contact the PALS team please contact <insert relevant NHS site phone number and email>.

[Sites in Wales] The Patient Support and Advisory Service (PSAS) is a confidential NHS service that can provide you with support for any complaints or queries you may have regarding the care you receive as an NHS patient. PSAS is unable to provide information about this research study. If you wish to contact the PSAS team please contact <insert relevant contact details>.

[Sites in Scotland] The Patient Advice and Support Service (PASS) is a confidential NHS service that can provide you with support for any complaints or queries you may have regarding the care you receive as an NHS patient. PASS is unable to provide information about this research study. If you wish to contact the PASS team please contact <insert relevant contact details>.

[Sites in Northern Ireland] You can raise any complaints or queries you may have regarding the care you receive as an NHS patient to the hospital complaints team at [insert Trust name]. They are unable to provide information about this research study. If you wish to contact them please contact <insert relevant contact details>.

[Delete relevant section above as appropriate for local trial site]

How have patients and the public been involved in this research?

Patients with breast cancer, their relatives, and members of the public helped develop and design this research. They will continue to provide feedback and be involved in the research.

We are very grateful to Independent Cancer Patients' Voice for their input and support to ensure this study is safe and relevant for women.

Who is organising and funding the research?

Led and organised by: Surgical Intervention Trials Unit (SITU) in the Nuffield Department of Surgical Sciences at the University of Oxford.

Sponsored by: University of Oxford.

Funded by: National Institute for Health and Care Research (NIHR) HTA Programme and EME Programme (Trans-EndoNET).

Who has reviewed the research?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect participants' interests. This study has been reviewed and given favourable opinion by the Nottingham 2 Research Ethics Committee and Medicines and Healthcare products Regulatory Agency (MHRA).

Further information and contact details:

Please contact your local research team.

[local phone number] [local email]

Thank you for considering taking part in the EndoNET study.

Read the FAQ section on our website: www.endonettrial.org