

QUEST Trial A - Quality of life following mastectomy and breast reconstruction

Submission date 15/12/2009	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 06/01/2010	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 04/04/2022	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-how-women-feel-about-themselves-after-breast-reconstruction-during-surgery-breast-cancer-quest-a>

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

CRUK/08/027

Study information

Scientific Title

A multicentre randomised trial to assess the impact of the type of breast reconstruction on quality of life following mastectomy

Acronym

QUEST Trial A

Study objectives

To determine the acceptability and experience of randomisation amongst patients and healthcare professionals (surgeons and breast care nurses) and hence the acceptability of a randomised clinical trial in breast reconstruction.

On 21/09/2011 the overall trial start and end dates for this trial have been updated. The previous start date was 30/04/2010 and the previous end date was 31/12/2011.

Ethics approval required

Old ethics approval format

Ethics approval(s)

South West 2 Research Ethics Committee, 11/09/2010, ref: 10/H0206/41

Study design

Phase III multicentre parallel randomised feasibility trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Breast cancer

Interventions

Patients will be allocated in a 1:1 ratio to either immediate autologous extended latissimus dorsi (ALD) breast reconstruction or immediate implant assisted latissimus dorsi (LDI) breast reconstruction. Duration of follow-up is 5 years in both groups.

Intervention Type

Procedure/Surgery

Primary outcome(s)

1. The number of eligible women who accept randomisation and their subsequent treatment allocation
2. The rationale for women declining randomisation as assessed through the Patient Views on QUEST questionnaire (PVQ)
3. The perceptions of surgeons and breast care nurses regarding equipoise evidence relating to cosmetic appearance, complications and quality of life outcomes through Perceptions of Equipoise Evidence and Randomisation Survey (PEERS)

Key secondary outcome(s)

Health related quality of life outcomes, measured at each of the follow-up assessments at 3, 6, 12, 24, 36, 48 and 60 months between allocated treatment groups

Completion date

31/12/2012

Eligibility**Key inclusion criteria**

1. Any women requiring a mastectomy and electing to undergo latissimus dorsi breast reconstruction (LDBR) following a diagnosis of invasive primary breast cancer or ductal carcinoma in situ (DCIS)
2. Pre-operative evaluation of the breast and axilla suggest that post-operative radiotherapy is not anticipated according to local radiotherapy (RT) policy
3. Patient is technically suitable for an autologous extended LD procedure or agreeable to a reduction mammoplasty and planned contralateral reduction
4. Patient does not express a preference regarding procedure type
5. The capacity to understand the patient information sheet and ability to provide written informed consent
6. The capacity to understand and complete the self reported Health Related Quality of Life (HRQL) and General Nordic Questionnaire for Psychological and Social Factors at Work (QPS) questionnaires
7. Physical fitness as per the pre-operative evaluations (electrocardiogram [ECG], chest x-ray [CXR], blood biochemistry)
8. Aged between 25 and 75 years

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

Female

Total final enrolment

17

Key exclusion criteria

1. Prophylactic or risk-reducing surgery (i.e. no malignant or pre-malignant pathology such as lobular carcinoma in situ [LCIS])
2. Previous radiotherapy to the breast
3. Bilateral synchronous pathology
4. Previous wide local excision (requiring completion mastectomy)
5. Loco-regional recurrence
6. Pregnancy as confirmed on blood tests or ultrasound examination

7. Evidence of distant metastases as diagnosed by chest X-ray, bone scan, liver ultrasound scan (USS) or computed tomography (CT) chest/abdomen and/or magnetic resonance imaging (MRI)

Date of first enrolment

01/08/2011

Date of final enrolment

31/12/2012

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Bristol Royal Infirmary

Bristol

United Kingdom

BR2 8HW

Sponsor information

Organisation

University Hospitals of Bristol NHS Foundation Trust (UK)

ROR

<https://ror.org/04nm1cv11>

Funder(s)

Funder type

Charity

Funder Name

Cancer Research UK (CRUK) (UK)

Alternative Name(s)

CR_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Funder Name

BUPA Foundation (UK)

Alternative Name(s)

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United Kingdom

Funder Name

University Hospitals of Bristol NHS Foundation Trust (UK) - Above and Beyond Charities

Funder Name

Allergan Aesthetics (UK)

Funder Name

Royal College of Surgeons of England (UK)

Alternative Name(s)

RCS England, RCS ENG, The Royal College of Surgeons of England, RCS

Funding Body Type

Private sector organisation

Funding Body Subtype

Universities (academic only)

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/01/2015		Yes	No
Results article	results	02/09/2016		Yes	No
Plain English results			04/04/2022	No	Yes