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Investigating the effects of a supported self-management pathway in people who have completed treatment for breast cancer

Submission date
20/12/2019

Recruitment status
No longer recruiting

Registration date
17/02/2020

Overall study status
Completed

Last Edited
22/05/2024

Condition category
Cancer

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[X] Individual participant data

Plain English summary of protocol

Background and study aims:
As more people survive cancer, the NHS is prioritising support pathways to help survivors live well beyond their diagnosis. Traditional breast cancer follow-up involves clinic visits that may be impractical for many women. Supported self-management pathways allow patients to report symptoms when necessary, meaning less time spent attending appointments.
The 24-month PRAGMATIC study will describe the Surrey and Sussex breast cancer supported self-management pathway in terms of patients' experiences, quality of life, self-efficacy, confidence and ability to recognise and report symptoms related to breast cancer. A health economic evaluation will assess costs.

Who can participate?
Women or men who had their breast cancer treatment at a hospital in Surrey or Sussex, who have completed hospital treatment for breast cancer and are about to join the supported self-management pathway

What does the study involve?
Participants have the choice of either completing questionnaires at 3-month intervals for a period of 12 months, or completing the questionnaires and taking part in interviews about their experiences on the supported self-management pathway.

What are the possible benefits and risks of participating?
There will be no direct benefit for research participants, although taking part in this type of research can be a positive experience for some, allowing them to air their views and reflect. Some take satisfaction from being able to contribute to research that they feel may impact on the lives of other patients in the future.
The main disadvantage of taking part is that the study takes time for completing questionnaires and/or participating in interviews. There is a small risk that those taking part in the interview sub-study asking about their experiences of being on the pathway might become distressed when reflecting back about their treatments.
If any participants do become distressed the interviewer will act with care and compassion.

Participants will have control over how much they share. They can decline to answer any questions they wish and can choose to stop the interview at any time. The researchers at SHORE-C are very experienced at conducting interviews with patients and managing interviews in such a way as to reduce distress. If in discussion with a participant, the researcher feels they would benefit by talking to either a support group or an appropriate professional, the researcher would, with (and only with) their permission refer them to the appropriate department.

Where is the study run from?
Sussex Health Outcomes Research and Education in Cancer (SHORE-C), part of Brighton and Sussex Medical School at the University of Sussex (UK)

When is the study starting and how long is it expected to run for?
August 2019 to December 2021

Who is funding the study?
The Surrey and Sussex Cancer Alliance (UK)

Who is the main contact?
Miss Lucy Matthews, l.matthews@sussex.ac.uk

Contact information

Type(s)
Public

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Additional identifiers

Integrated Research Application System (IRAS)
272971

Central Portfolio Management System (CPMS)
44180

Protocol serial number
064/JEN

Study information

Scientific Title
PRAGMATIC: Patients' experiences of a supported self-management pathway in breast cancer

Acronym
PRAGMATIC

Study objectives

As more people survive cancer, the NHS is prioritising support pathways to help survivors live well beyond their diagnosis. Traditional breast cancer follow-up involves regular clinic visits that may be impractical for women who have returned to work/caring duties. Large numbers of patients attending follow-up clinics mean there is increasing pressure on the resource limited NHS.
The National Cancer Plan recognises the importance of personalised care and support, and recommended the implementation of follow-up and supported self-management (SSM) pathways for patients who have completed secondary care treatment for their cancer.
SSM pathways allow patients to manage their health and report signs and symptoms as and when necessary, meaning less time spent attending follow-up clinic appointments. In the field of breast cancer, the proposal was for an open access policy to enable GPs or other healthcare professionals to refer patients back to the breast care team immediately if they suspect recurrent cancer or problems related to treatment.
There are obvious benefits in terms of clinical time saving, but few data on patients' experience at managing the pathway, how confident they feel in reporting and receiving advice about suspicious symptoms in a timely manner, and how self-management effects their emotional and psychosocial well-being.
The Surrey and Sussex Cancer Alliance (SSCA) have funded the PRAGMATIC study and it will be conducted in hospitals in the Surrey and Sussex area who have implemented the SSM pathway. Patients who have completed hospital treatment for their breast cancer and are about to join the SSM are eligible. PRAGMATIC will assess the SSCA breast cancer SSM programme from the view of the patients, and measure its impact on NHS costs. The study will run for 24 months.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 16/01/2020, London – Chelsea Ethics Committee (Board Room, Royal Marsden Hospital, The Royal Marsden NHS Foundation Trust, Fulham Road, London SW3 6JJ; +44 (0)207 972 2561; NRESCommittee.London-Chelsea@nhs.net), ref: 19/LO/1966

Primary study design
Observational

Study design
Observational; Design type: Cohort study

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Breast cancer

Interventions
The SSM pathway in breast cancer is delivered by the healthcare professionals usually via workshops or a one-to-one appointment. The aim is to provide patients who have finished their hospital treatment with the knowledge, skills, confidence and support to manage any breast-related concerns, including reporting and managing any suspicious symptoms. Those who do have any issue or feel that they need extra support will phone a telephone helpline to enable them to be referred back to the breast care team if they suspect recurrent cancer or problems related to treatment.

Potential participants identified by the clinician as eligible for the study are approached by the nurse or support worker running the workshop or one-to-one appointment about the supported self-management pathway. They will be given an information sheet about the study. A researcher from SHORE-C will obtain written consent from the participant prior to the start of the study.

After signing a consent form patients will complete 5 questionnaires when they join the study, at baseline. These are the Functional Assessment of Cancer Therapy - Breast (FACT-B), Patient Role and Responsibilities Scale (PRRS), General Health Questionnaire - 12 Items (GHQ-12), General Self-Efficacy Scale (GSE), and EuroQoL EQ-5D (EQ-5D-5L). Patients will complete questionnaires at 3, 6, 9 and 12 months. The questionnaires will be sent in the post or completed online, according to patient preference. Completion of these questionnaires will take approximately 30 min.
Participants will also be asked to provide basic demographic information and personal details, such as age, education, family situation, and employment status, as well as details relating to diagnosis and treatment

For those who agree to participate in the interviews, the procedure will be as above together with semi-structured interviews conducted at the same timepoints as the questionnaires (baseline, 3, 6, 9 and 12 months). The first interview will take about 30-40 min and follow-up interviews approximately 15-20 min. These interviews will take place either face to face or via telephone, according to the patient's preference. Interviews will be conducted by an experienced researcher and begin with reiteration of the researcher’s independence from other services, the
voluntariness of participation, the right to withdraw and anonymity in any report or publication. The researcher will emphasise that the participant can take a break or stop altogether at any time.

Intervention Type
Behavioural

Primary outcome(s)
1. Physical, social, emotional, and functional well-being assessed using the Functional Assessment of Cancer Therapy-Breast (FACT-B) questionnaire at baseline and 3, 6, 9 and 12 months
2. Breast cancer concerns assessed using the FACT-B sub-scale at baseline and 3, 6, 9 and 12 months
3. Impact of cancer and its treatments on everyday life assessed using the Patient Roles and Responsibilities Scale (PRRS) at baseline and 3, 6, 9 and 12 months
4. Mental wellbeing assessed using the General Health Questionnaire-12 (GHQ-12) at baseline and 3, 6, 9 and 12 months
5. Health-related quality of life assessed using the EuroQol-5D-5L (EQ5D-5L) scale at baseline and 3, 6, 9 and 12 months
6. Self-efficacy assessed using the General Self-Efficacy Scale (GSE) at baseline and 12 months
7. Patient's use of and assess to NHS services assessed using a service use questionnaire at 3, 6, 9 and 12 months
8. Participant's views about the supported self-management pathway assessed by interview at baseline and 3, 6, 9 and 12 months

Key secondary outcome(s)
There are no secondary outcome measures

Completion date
31/12/2021

Eligibility

Key inclusion criteria
1. Completed hospital treatment for breast cancer and about to join the supported self-management pathway
2. Attended end-of-treatment appointment and supported self-management workshop/one-to-one consultation
3. Able to read and understand English
4. Willing and able to provide consent
5. Aged 18 years or over

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Total final enrolment
110

Key exclusion criteria
1. Currently inpatient
2. Acutely distressed for any reason
3. From a hospital outside the Surrey and Sussex Cancer Alliance
4. Do not speak/understand English and have no one to interpret/translate

Date of first enrolment
10/02/2020

Date of final enrolment
30/11/2020

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Ashford and St Peter’s Hospital
Ashford and St Peter's NHS Foundation Trust
St Peters Hospital
Guildford Road
Chertsey
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KT16 0PZ

Study participating centre
Royal Sussex County Hospital
Eastern Road
Brighton
United Kingdom
BN2 5BE

Study participating centre
Worthing Hospital
Lyndhurst Road
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BN11 2DH

Sponsor information

Organisation
University of Sussex

ROR
https://ror.org/00ayhx656

Funder(s)

Funder type
Other

Funder Name
The Surrey and Sussex Cancer Alliance

Results and Publications

Individual participant data (IPD) sharing plan
The data are held in the University of Sussex Figshare data repository at https://doi.org/10.25377/sussex.22925822.v1

IPD sharing plan summary
Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	Quality of life and service use results	12/09/2023	09/10/2023	Yes	No
Results article	Patients' views and experiences	27/10/2023	01/11/2023	Yes	No
Dataset			22/05/2024	No	No
HRA research summary			28/06/2023	No	No