

Newsletter February 2019

Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis



OPTIMA Recruitment Update

We recruited **50 patients in January** giving us a **grand total of 1260**

(848 in Optima main and 412 in prelim)

February has got off to excellent start with 28 patients recruited already. With your help we may be able to break our monthly recruitment record!

Please continue to screen and approach ALL potential participants.

Top Recruiters for January

Torbay Hospital	5
Mount Vernon Cancer Centre	3
Maidstone Hospital	3
Addenbrookes Hospital	2
Barnet Hospital	2
Blackpool Victoria Hospital	2
Chase Farm Hospital	2
Hairmyres Hospital	2
Leighton Hospitla	2
Musgrove Park Hospital	2
North Middlesex Hospital	2
Queen Elizabeth Hospital, Birmngham	2
Southampton General Hospital	2
University Hospitals of North Midlands	2
Velindre Cancer Centre	2

Well done
Torbay!

Recruitment tip of the month: Demonstrating belief in OPTIMA

Explicitly stating that you would be happy for the decision about chemotherapy to be determined through participation in the OPTIMA study, may help patients in their decision-making. Such a clear statement demonstrates your belief in the study and this may reassure your patient.

"I am very happy for you to be entered into the study and to follow the treatment that you would get given whatever that may be. I believe that would be the consensus of the majority of oncologists in the UK" (Oncologist)

2019 OPTIMA Investigator Meeting

Registration is now open for the 2019 Investigator Meeting being held at the British Library on Thursday 4th April. A further invitation and full programme details will be sent out shortly but in the meantime you can register using the link below.

<https://warwick.ac.uk/fac/sci/med/research/ctu/trials/optima/health/meetings/im-april2019-registration/>

OPTIMA Audio-Recording – Please press record.....

If you have a recorder, please ask your **next** eligible patient if you can record the appointment.



Audio-recordings offer a valuable insight into recruitment. Contact

carmel.conefrey@bristol.ac.uk for more information.

OPTIMA International

OPTIMA is now open in Norway and Katie, Georgi and our QA manager, Claire, have just returned from a visit to Oslo University Hospital to meet the team. . .They had a great time!



Regional Investigator Meetings

Southampton on the 28th February is the next venue for the OPTIMA regional meetings

If you are interested in hosting a meeting please get in touch. We do all the arranging, we just need advice on venues and delegates!



Tumour Block Selection

Multiple tumours can make block selection confusing in OPTIMA. We hope the guidance and flow chart below will help. Most importantly though, the OPTIMA team are always willing to answer any queries you may have.

Bilateral cancers

If the patient is regarded as eligible with regard to both cancers, FFPE tumour blocks from both lesions will be submitted for Prosigna testing.

For example, if a patient has a node-positive tumour in one breast and a 2.2cm node-negative tumour in the other breast they are eligible for OPTIMA on the basis of the node-positive side only. Therefore only one block is required, a block from the 2.2cm node-negative tumour should not be sent. If, however the node negative tumour is 3.2cm in diameter then both tumours are eligible, so two blocks should be sent, one from each tumour.

Multiple ipsilateral cancers

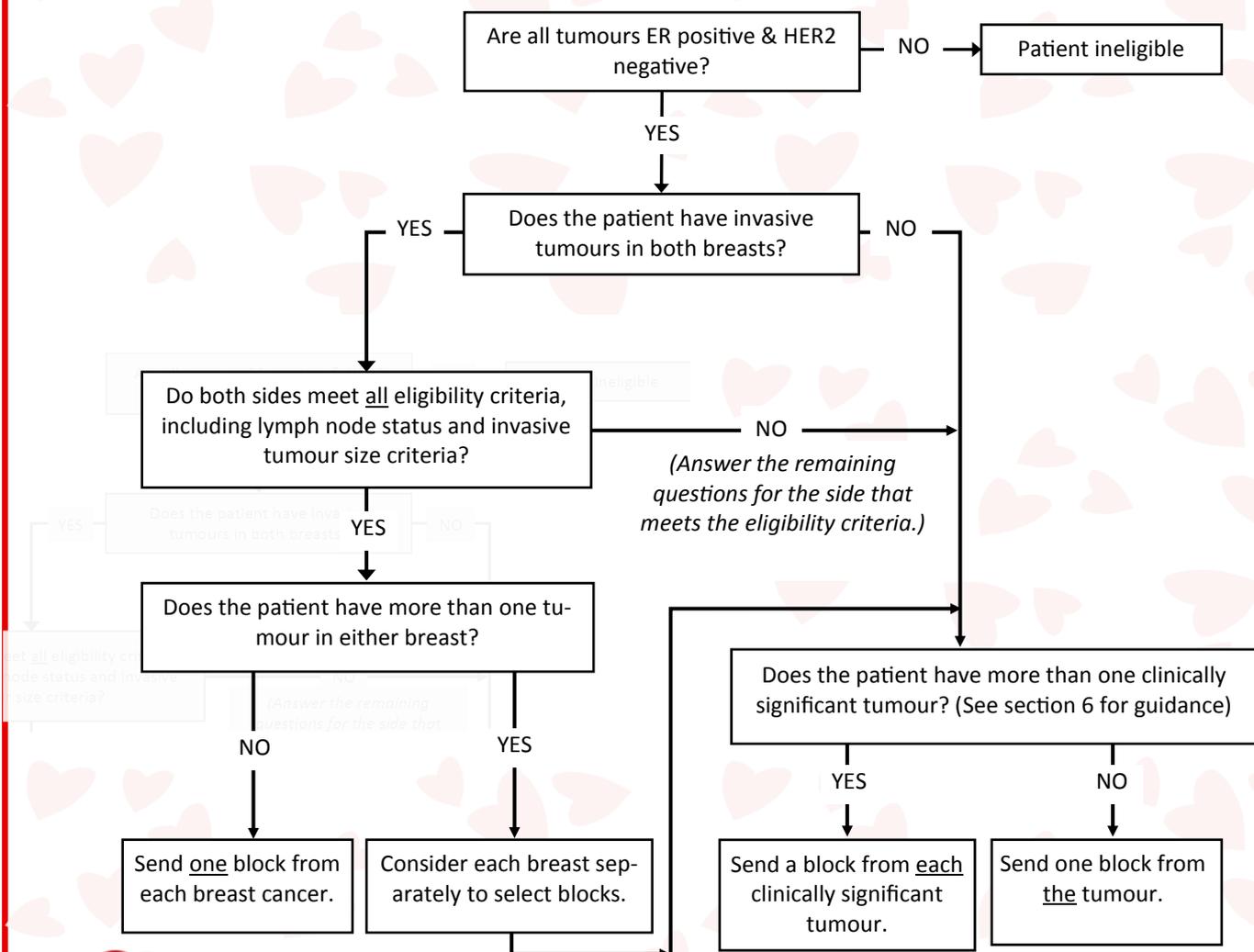
Blocks from more than one lesion should be submitted for Prosigna testing when the lesions are considered to be:

- clinically significant by the referring site AND
- are interpreted as synchronous primary cancers.

Tumours are considered to be synchronous primary cancers based on either:-

- the site of the lesions—i.e. in different quadrants of the breast or
- differing morphology—i.e. different histological type or tumour grade

It is for site staff to decide whether individual tumour deposits are clinically significant, for example, whether tumour characteristics additional to receptor expression could affect clinical decisions.



Contact Us

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