



# Patient Perspective And Close of meeting

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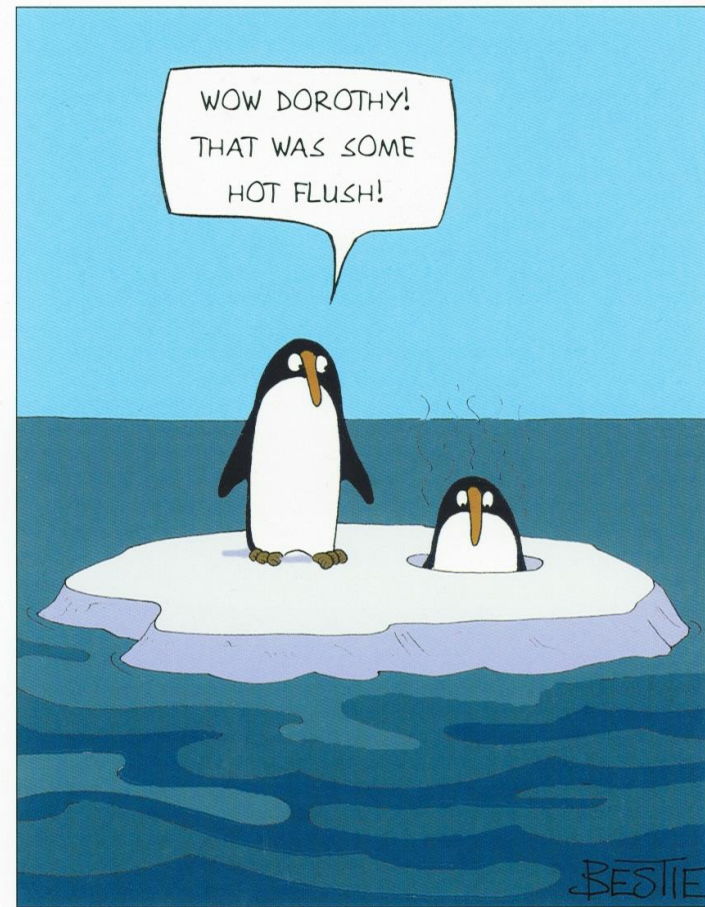




Comments on meeting:  
Never give up!!  
Never underestimate the importance of this trial to patients  
And the need for reliable tests to determine safe treatment

# Why OPTIMA matters

- **It is the only trial that can answer the “premenopausal question”**
  - Premenopausal patients make up 36% of the OPTIMA population
  - It is essential to recruit these patients rather than make assumptions based on RxPONDER
- **It is the only trial that recruits patients with >3 involved nodes**
  - If patients with 1-3 N+ and low test-score tumours can safely avoid chemotherapy, then this should also apply to those with higher nodal involvement
- **It is the only trial that will include patients treated with CDK4/6 inhibitors**
  - Abemaciclib availability for early breast cancer in the NHS is expected during 2022
  - Approximately 20% of the Prosigna low-score patients will be eligible under the UK licence
- **It will provide independent data on test use for 1-3N+ patients**
  - Conclusive proof that tumour gene expression tests predict chemotherapy sensitivity will require meta-analysis



# ICPV support for OPTIMA

- Overwhelming support from ICPV
- “OPTIMA is urgently needed to prevent patients being subjected to treatment which is dangerous and distressing and to reduce unnecessary costs in the NHS.”



# Reducing Chemotherapy

- No brainer!!
- Almost a year out of my life
- Never worked full time again
- Catastrophic menopause
- Delayed by 6 months:
  - Tamoxifen
  - Radiotherapy
- Oncologist tried to talk me out of chemo 😊

