The OPTIMA Guide for Surgeons

Surgeons and the OPTIMA study

Surgical support for OPTIMA at the multi-disciplinary team meeting is key for identifying potentially eligible patients. Whilst oncologists discuss OPTIMA in detail and consent patients, what a surgeon says to a patient about adjuvant chemotherapy is extremely important as it creates expectations. As such, surgeons set the scene for OPTIMA recruitment.

This guide summarises the study and its surgical considerations and offers tips for preparing eligible patients for a discussion about OPTIMA.

The study

OPTIMA is a randomised clinical trial designed to validate the use of tumour gene multi-parameter tests to guide chemotherapy use for patients with ER-positive HER2-negative early breast cancer. OPTIMA uses the Prosigna (PAM50) test but the design allows other tests to be evaluated.

The trial has two underlying assumptions

1. Multi-parameter tests all predict chemotherapy sensitivity
2. Tumour stage is prognostic for all patients regardless of multi-parameter test score

Patients with more advanced stage are therefore unlikely to benefit from chemotherapy if the tumour has a low test score despite an unfavourable prognosis.

The trial population are patients who would ordinarily be treated with chemotherapy. OPTIMA randomises eligible participants between standard treatment (chemotherapy followed by endocrine therapy) or to have a Prosigna test performed on the tumour. If the tumour has a high Prosigna Score (>60) then the patient will be assigned to standard treatment whilst those with a lower score receive endocrine therapy only. Patients receiving chemotherapy are blinded to the reason (randomised to control arm or high Prosigna test score). An estimated two thirds of patients whose tumours are tested will avoid chemotherapy.

The Prosigna test is performed on fixed tissue in a UK-based lab. The test takes less than 2 weeks from consent for the majority of patients. See the diagram overleaf for more information on study design.

OPTIMA is a pragmatic study that tries to accommodate local practice and not dictate treatment. In principle OPTIMA participants can join other clinical studies. This includes POSNOC.

OPTIMA expects to recruit mostly patients with node-positive (including micrometastatic) disease but does allow node-negative patients if for any reason multiparameter testing (e.g. with Oncotype DX) is not used as standard of care.

Surgical considerations*

OPTIMA is an adjuvant trial; neoadjuvant treatment is not permitted. This includes endocrine therapy as this reduces the score of all multi-parameter tests.

Secondary breast surgery such as re-excision of margins or secondary mastectomy is permitted following treatment initiation including chemotherapy but all planned axillary surgery must be completed prior to trial entry. This is because axillary node status is a trial stratification factor. Axillary radiotherapy as an alternative to clearance is allowed and should take place following chemotherapy (if the patient is allocated to this).

Short term adjuvant endocrine therapy may be given pre-randomisation but the time limit for patients to join OPTIMA is 8 weeks following their final surgery.

** Rules on neoadjuvant endocrine therapy and time limit for joining the study will be relaxed in protocol version 6.*

Talking with patients about OPTIMA

When preparing patients for an oncology appointment it would be helpful to flag up that part of that conversation will include a discussion about a clinical study – OPTIMA. Here is a suggestion for how you might do this:

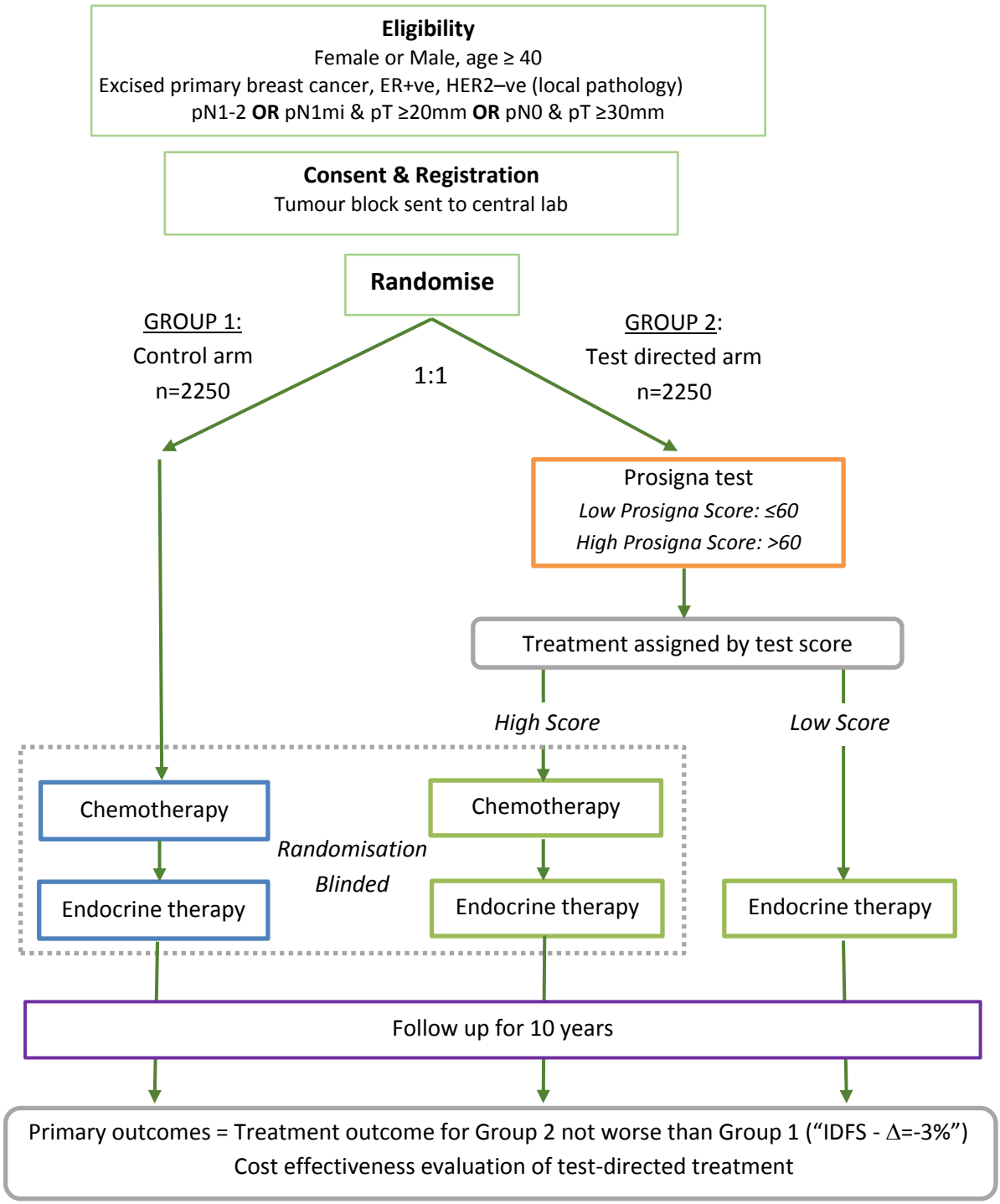
"The oncologist will talk with you about further treatment. This will include a conversation about a study (called OPTIMA) to see whether you're likely to benefit from chemotherapy, as not all patients do. "

Please don't say "The oncologists will arrange chemotherapy". As you'll have a good relationship with your patients, this creates an expectation of treatment and it can then be difficult to introduce the study concept and the idea that they may not get chemotherapy.

OPTIMA Patient Flyer

We have produced a patient flyer to introduce and prepare patients for a fuller discussion with an oncologist about OPTIMA. The flyer is in addition to the patient information sheet. We ask that you or your breast care nurse hand out the flyer at post-surgical clinic appointments to patients flagged by the MDT as potentially eligible.

OPTIMA Study Design



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