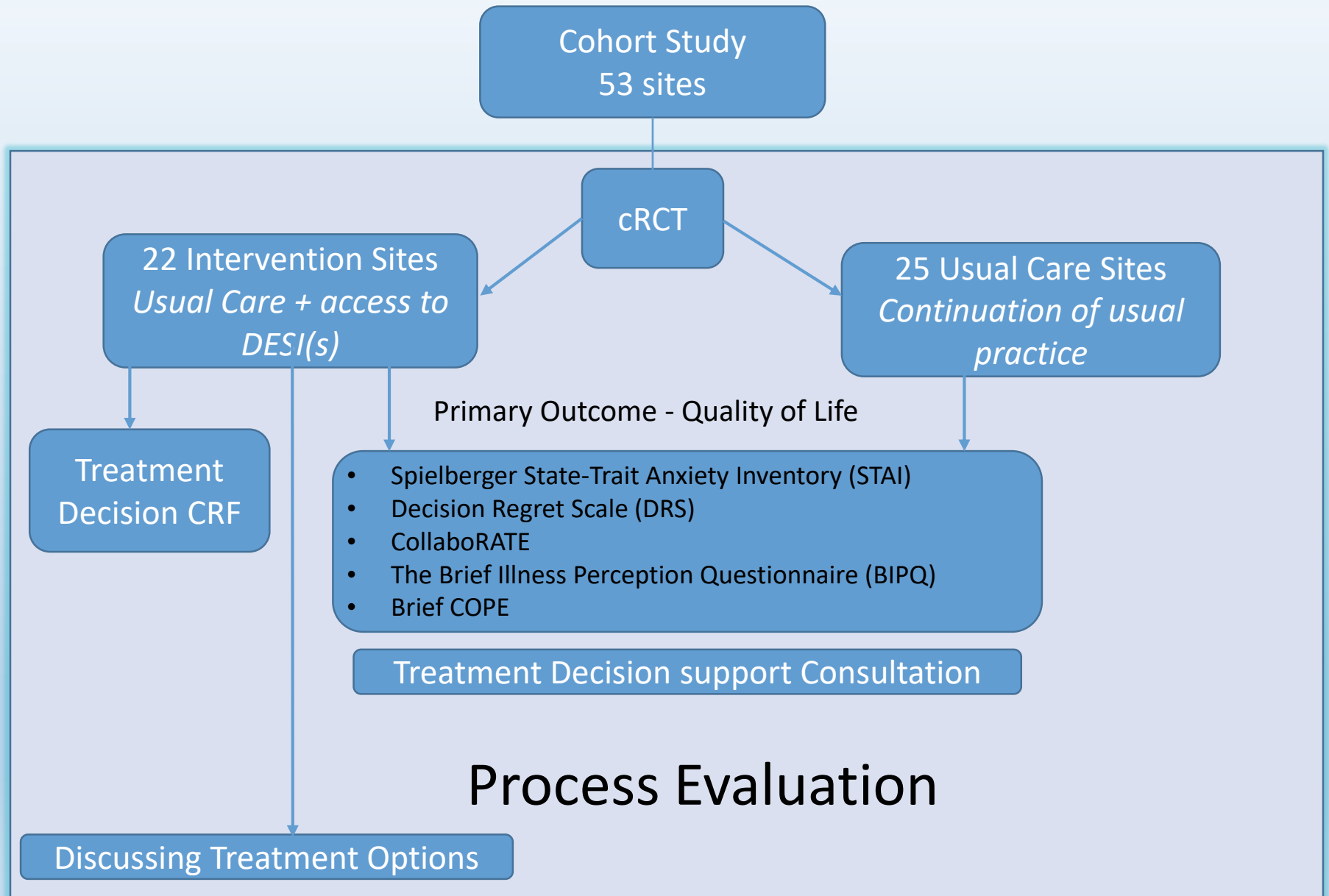


The Process Evaluation of the Bridging the Age Gap in Breast Cancer decision support intervention cluster randomised trial.

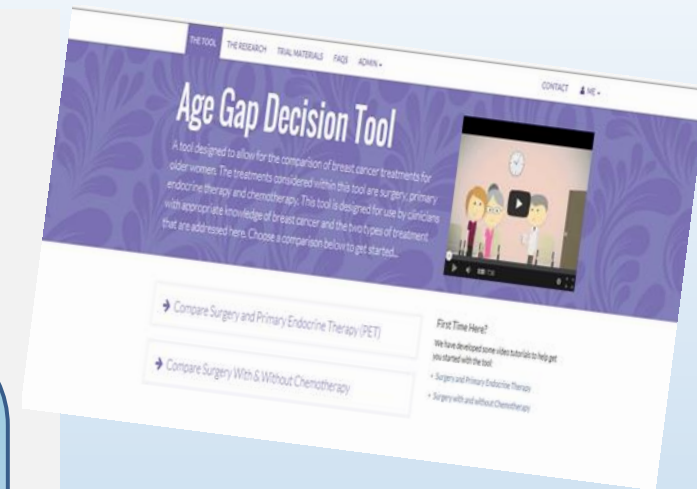
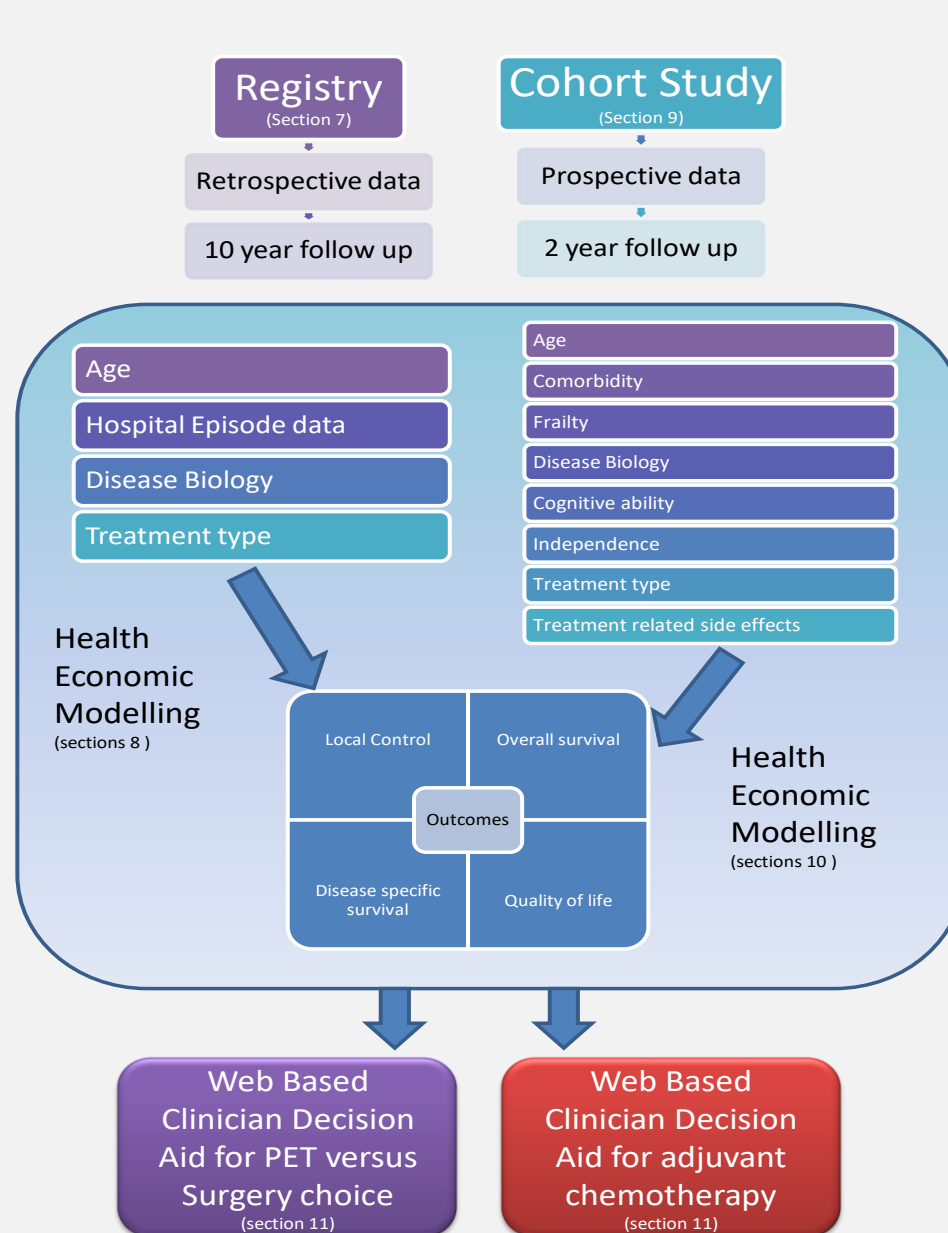
Maria Burton

Kate Lifford, Lynda Wyld, Fiona Armitage, Karen Collins, Malcolm Reed,
Kate Brain, Adrian Edwards,
on behalf of the Age Gap Team

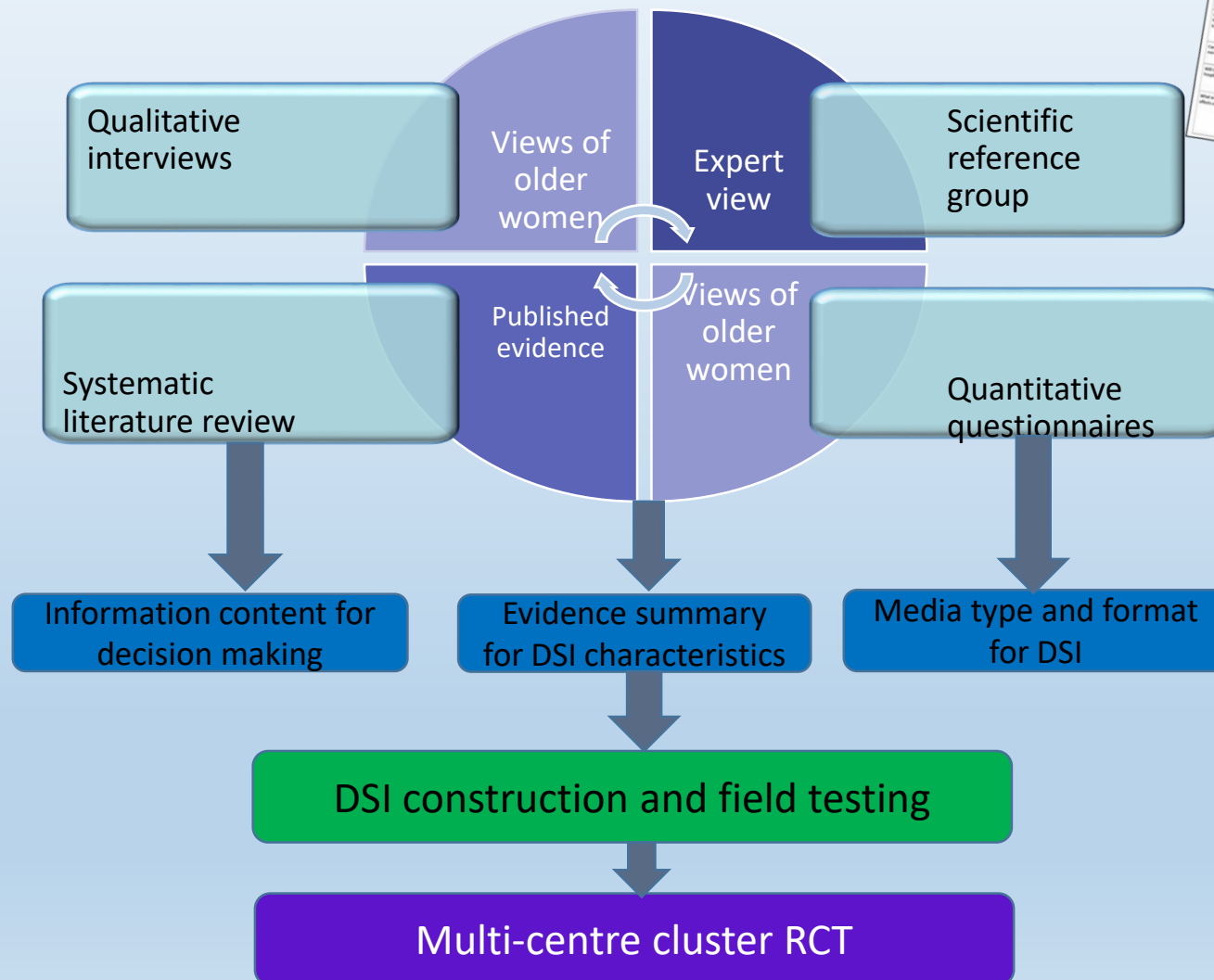
Trial Design



Development of On-line Decision Aid



Overview of Development of Booklet and Brief Decision Aid



What is a Process Evaluation?

- **Process evaluations aim to explain how complex interventions work.**
- **MRC guideline suggest examining:**
 - **Fidelity** *'whether the intervention was delivered as intended'*
 - **Adaptation** *'alterations made to the intervention in order to achieve a better contextual fit.'*
 - **Reach** *'whether the intended audience comes into contact with the intervention, an how.'*
 - **Dose** *'the quantity of intervention implemented'*
 - **Participants response to intervention** *'how participants interact with the intervention'*

Process Evaluation - Aims

The process evaluation will help us to **understand the trial results; why there was or was not an effect** of the decision support intervention(s) (DESI)

Aims

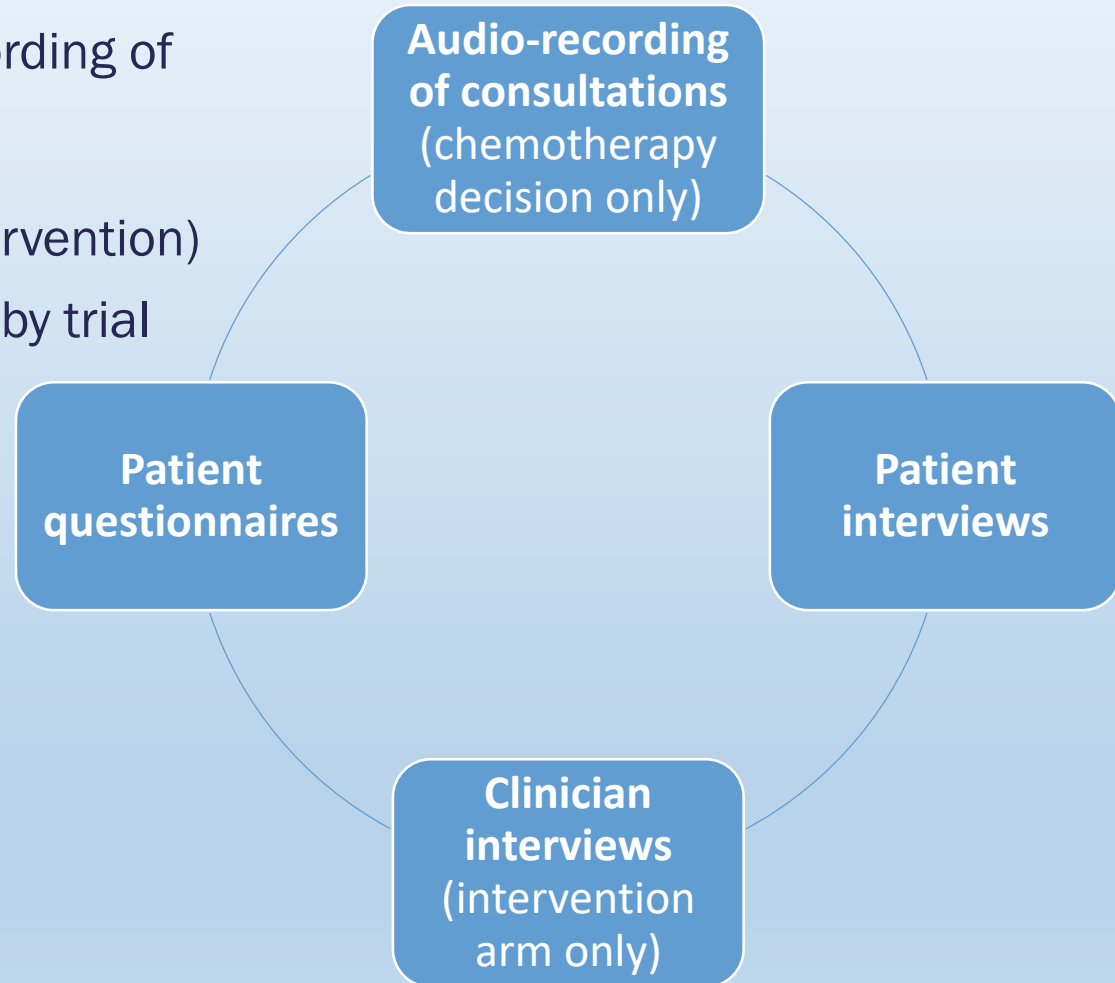
1. To assess **DESI usage, usefulness and acceptability**, and to consider **facilitators and barriers** to everyday clinical use
2. To compare the levels of **shared decision making and information provision** in the two trial allocation groups

Process Evaluation Methods

Mixed-methods: interviews, questionnaires and audio-recording of consultations

16 sites (8 usual care, 8 intervention)

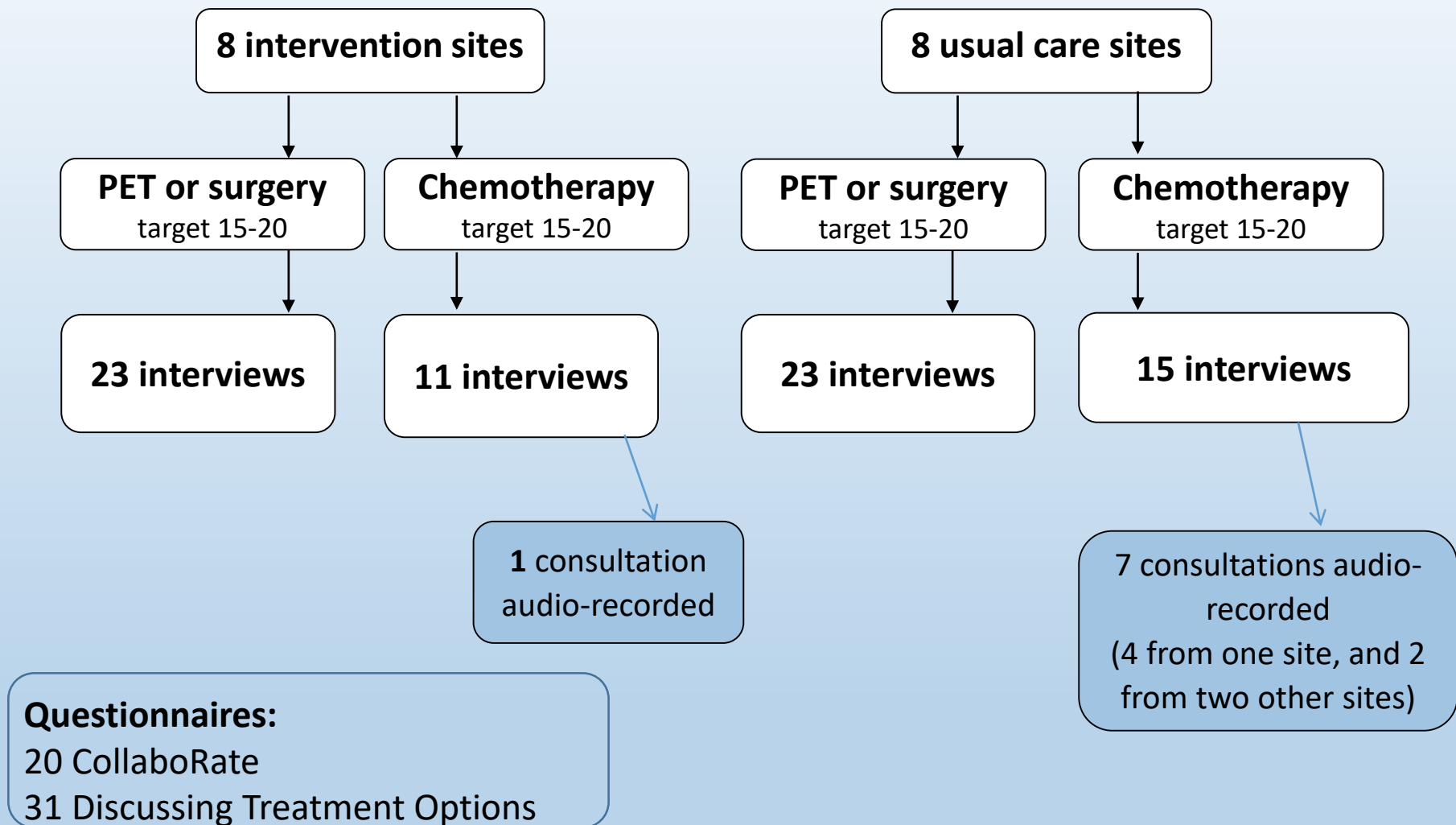
- Random selection, stratified by trial arm & recruitment rate



Staff Trained in DESI usage

	All Intervention sites (220 N=229)	PE sites (8) N=91
Surgeons/physicians	57	21
Admin	17	12
Clinical nurses	53	19
Research nurses	53	14
Oncology medics	15	6
Trials staff	15	4
Imaging staff	8	6
Miscellaneous*	10	8
Unknown	1	1
Total	229	91

PE Recruitment



Patient Interview Findings

- **Treatment choice and decision making**
 - Not all offered choice - but most aware of treatment options
 - Most felt supported and were given time
 - Satisfaction level with DM was high
 - Chemo - some women felt they had 'no choice' but to accept
 - Some rejected prior to consultation - some then changed to accept
 - Patients were keen to have reassurance the decision was 'correct'
- **Use & usefulness of information**
 - Received large amounts of information
 - Helped to understand the treatment options & process
 - Verbal info more impactful - with written support
 - Written often read - some shared with family
 - DESI (PvS & Chemo) not always confidently identified. Booklet most often used
 - Rare for all elements of DESI to be used together

Patient Interview Findings

- **Impact of information**

- Difficult to split the impact of verbal and written information
- 3 primary uses of information
 - allowed active involvement in decision making
 - provided reassurance the correct decision was made
 - it allowed understanding of the process and details of treatment enabling them to cope with the decision

HCP Interview Findings

- 6 surgeons, 1 nurse practitioner, 1 oncologist
- Online tool - well liked
 - prior to consultation, helped in discussion with patients / supported decision-making
 - provided objectivity to thinking - evidenced based
 - personalised sheet useful or '*a bit harsh*'
- Impact of tool use:

"I'm biased in the way that I think that you know people should be offered surgery [...]... the tool swayed me on the other area and also the patients so, it has changed in my practice."

"I've been quite surprised how much benefit they do get out of surgery and so that's altered the perception on a number of patients"

Possible barriers to implementation

- Training - ? reached the staff who were best placed to use DESIs
- Numerous staff changes
- Difference in understanding what constitutes choice
- Seen as a research study and not integrated as part of usual practice

Limitations of Process Evaluation

- Self selection of interviewees - may not recruit the frailer patients
- Low numbers of questionnaires
- Low representation of HCPs giving feedback

Summary

- Where the DESIs have been implemented they have been valued by both staff and patients.
- The number of 'hits' on the on-line tool indicates a lot of interest from sites.
- Further integration of the findings is required to understand the factors that affected implementation of the DESIs.

Acknowledgements



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