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Age Gap

Baseline (RCT)

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Enrolment No.

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Treatment decision support consultations

To be completed by the treating clinician or clinical nurse specialist as soon as possible after the treatment decision support consultation(s) took place.

Was there a consultation about treatment with primary endocrine therapy or surgery and adjuvant endocrine therapy?

Yes No

Date of consultation

d	d	m	m	y	y	y	y

Was the patient offered a choice between primary endocrine therapy or surgery and adjuvant endocrine therapy?

Yes No

Did the patient follow the recommended treatment?

Yes No

Following this consultation, please:

- complete the **Treatment decision** form
- provide the participant with the relevant **Treatment options and decision questionnaire** if they:
 - are a full participant
 - were offered a choice between primary endocrine therapy or surgery and adjuvant endocrine therapy
 - have not already completed it in relation to a choice between chemotherapy or no chemotherapy

Was there a consultation about whether or not to have chemotherapy?

Yes No

Date of consultation

d	d	m	m	y	y	y	y

Was the patient offered a choice between chemotherapy or no chemotherapy?

Yes No

Did the patient follow the recommended treatment?

Yes No

Following this consultation, please:

- complete the **Treatment decision** form
- provide the participant with the relevant **Treatment options and decision questionnaire** if they:
 - are a full participant
 - were offered a choice between chemotherapy or no chemotherapy
 - have not already completed it in relation to a choice between primary endocrine therapy or surgery and adjuvant endocrine therapy