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# Age Gap

## Baseline (RCT)

FOR OFFICE USE ONLY

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