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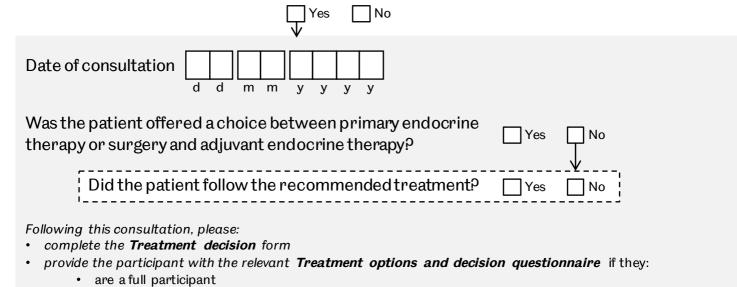


Age Gap Baseline (RCT)

Treatment decision support consultations

<u>To be completed by the treating clinician or clinical nurse specialist</u> 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?



- 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 V | |
|---|--------|
| Date of consultation | |
| 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: | |

- 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