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Citation for final published version:

Burton, Maria, Lifford, Kate , Wyld, Lynda, Armitage, Fiona, Ring, Alistair, Nettleship, Anthony, Collins, Karen, Morgan, Jenna, Reed, Malcolm W.R., Holmes, Geoffrey R., Bradburn, Mike, Gath, Jacqui, Green, Tracy, Revill, Deirdre, Brain, Kate and Edwards, Adrian 2021. Process evaluation of the Bridging the Age Gap in Breast Cancer decision support intervention cluster randomised trial. *Trials* 22 , 447. [10.1186/s13063-021-05360-z](https://doi.org/10.1186/s13063-021-05360-z)

Publishers page: <https://doi.org/10.1186/s13063-021-05360-z>

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Age Gap

Baseline (RCT)

FOR OFFICE USE ONLY

Enrolment No.

E					
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Treatment decision

To be completed by the treating clinician or clinical nurse specialist following the patient's treatment consultation.

1. Which treatment options were discussed?

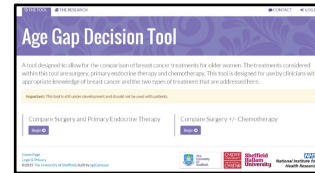
(tick one only – complete an additional form if necessary)

Chemotherapy or no chemotherapy

Primary endocrine therapy or surgery and adjuvant endocrine therapy

2. Which components of the intervention tools were used and how?

a. Age Gap Online Decision Tool



i. Used by the clinical staff to aid their decision making Yes No

Tick all that apply

Not enough time

Patient not felt suitable

Not liked by clinical staff

No online access in clinic

Patient already made a decision

Other _____

ii. Shown to the patient and discussed in the presence of the doctor or clinical nurse specialist

Yes No

Tick all that apply

Not enough time

Patient not felt suitable

Not liked by clinical staff

No online access in clinic

Other _____

Patient too distressed

Patient unable to understand

Patient already made a decision

Family/carer reluctance

iii. Print out taken home by patient

Yes No

Tick all that apply

Not enough time

Patient not felt suitable

Not liked by clinical staff

No online access in clinic

Not offered

Other _____

Patient too distressed

Patient unable to understand

Patient already made a decision

Patient reluctance

Family/carer reluctance

Age Gap

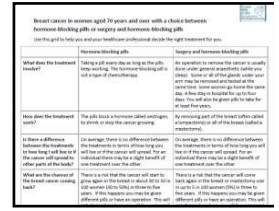
Baseline (RCT)

FOR OFFICE USE ONLY

Enrolment No. E

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Treatment decision



b. Option grid

i. Used within the consultation Yes No

Tick all that apply

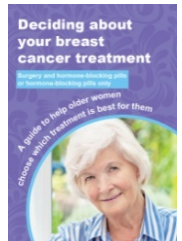
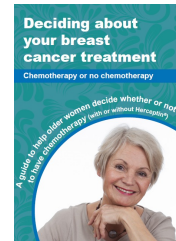
<input type="checkbox"/> Not enough time	<input type="checkbox"/> Patient too distressed
<input type="checkbox"/> Patient not felt suitable	<input type="checkbox"/> Patient unable to understand
<input type="checkbox"/> Not liked by clinical staff	<input type="checkbox"/> Patient already made a decision
<input type="checkbox"/> Not available in clinic	<input type="checkbox"/> Patient reluctance
<input type="checkbox"/> Other _____	<input type="checkbox"/> Family/carer reluctance

ii. Taken home by patient Yes No

Tick all that apply

<input type="checkbox"/> Not enough time	<input type="checkbox"/> Patient too distressed
<input type="checkbox"/> Patient not felt suitable	<input type="checkbox"/> Patient unable to understand
<input type="checkbox"/> Not liked by clinical staff	<input type="checkbox"/> Patient already made a decision
<input type="checkbox"/> Not available in clinic	<input type="checkbox"/> Patient reluctance
<input type="checkbox"/> Not offered	<input type="checkbox"/> Family/carer reluctance
<input type="checkbox"/> Other _____	

c. Booklet "Deciding about your breast cancer treatment"



i. Used within the consultation Yes No

Tick all that apply

<input type="checkbox"/> Not enough time	<input type="checkbox"/> Patient too distressed
<input type="checkbox"/> Patient not felt suitable	<input type="checkbox"/> Patient unable to understand
<input type="checkbox"/> Not liked by clinical staff	<input type="checkbox"/> Patient already made a decision
<input type="checkbox"/> Not available in clinic	<input type="checkbox"/> Patient reluctance
<input type="checkbox"/> Other _____	<input type="checkbox"/> Family/carer reluctance

ii. Taken home by patient Yes No

Tick all that apply

<input type="checkbox"/> Not enough time	<input type="checkbox"/> Patient too distressed
<input type="checkbox"/> Patient not felt suitable	<input type="checkbox"/> Patient unable to understand
<input type="checkbox"/> Not liked by clinical staff	<input type="checkbox"/> Patient already made a decision
<input type="checkbox"/> Not available in clinic	<input type="checkbox"/> Patient reluctance
<input type="checkbox"/> Not offered	<input type="checkbox"/> Family/carer reluctance
<input type="checkbox"/> Other _____	