Age Gap

Baseline (RCT)

FOR OFFICE USE ONLY

Enrolment No. E ☐☐/☐☐☐

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