ATNEC: Axillary management in T1-3N1M0 breast cancer patients with needle biopsy proven nodal metastases at presentation after neoadjuvant chemotherapy.

Spring brings with it the feel-good factor (and better weather!) and we are all looking forward to a better year both in the workplace and at a personal level. ATNEC reached important milestones, more than 100 participants recruited, and more than 50 hospitals open to recruitment. This is no modest achievement considering the staffing issues and reduced research capacity at sites. You have made it possible, and I believe we together can deliver this large, randomised trial to improve patient outcomes and reduce the debilitating side effects of axillary node clearance.

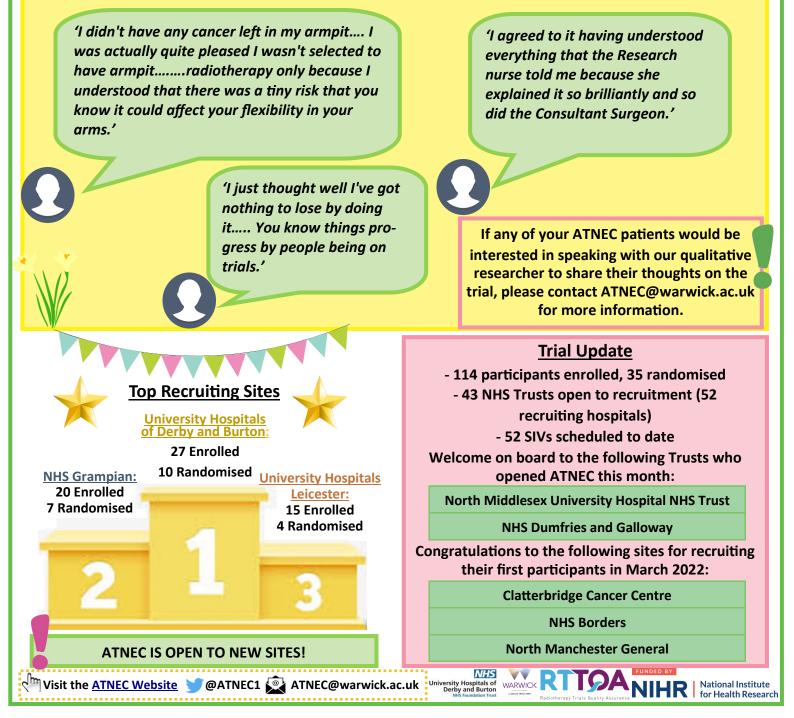
To support sites, we will be conducting a FREE 'hands-on' axillary node marking training workshop at Association of Breast Surgery annual meeting on 17th May 2022. Looking forward to a summer of growth in recruitment rate, more sites and lots of sunshine.



Associate Professor Amit Goyal - Cl

Thoughts From Our Participants

The following quotes are taken from interviews with ATNEC participants and our qualitative researcher Sophie Gasson, as part of the Participant Experience Sub-Study:



Patient Screening Log Guidance

The ATNEC Patient Screening Log was recently amended to v3.0 dated 05-Jan-2022.

The amendment included the addition of a new coded option for 'Has the eligible patient been approached about the trial?':

'e—Patient ineligible after initial identification'.

If a patient is initially identified as eligible for ATNEC by the MDT, and is therefore added to the screening log, but further investigations (e.g. MRI scan) deem the patient to be ineligible for the trial, this coded option should be selected. Option 'd- patient medical/mental health reasons—not appropriate to approach' should only be selected for patients if the MDT make the decision not to approach them due to an unrelated medial/mental health reason (s).

Has the eligible patient been approached about the trial?

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for Health Research

(Please tick one appropriate response below)

Yes No, why not?

(Tick relevant coded option below)

- MDT/clinician decision prefer axillary treatment П (axillary node clearance or axillary radiotherapy)
- MDT/clinician decision prefer NO axillary b. treatment (axillary node clearance or axillary radiotherapy) c. Staff not available to discuss trial/consent
- Patient medical/mental health reasons d. not appropriate to approach
- Patient ineligible after initial identification

Reminder—A copy of your local screening log is requested via email in the second week of each calendar month.



Meet the Tean

Natalie Hammonds ATNEC Trial Coordinator

Natalie graduated from The

University of Sheffield with a degree in Biomedical Science BSc in 2019. Natalie went on to work at a clinical trial management organisation before joining Warwick CTU and the ATNEC trial in January 2021.

Natalie enjoys travelling (going on holiday 😂), skiing, gymnastics and shopping—particularly for clothes!

Collection of RT QA Data in ATNEC

When a patient is randomised to ATNEC (regardless of which arm they are randomised to) it is important that the research team communicate with the physics department to ensure they are aware that an ATNEC patient is being referred to them. Please see guidance on how to do this in the flow chart.

The physics team will need to know the patient's personal details, as well as their trial number and treatment allocation 🤺

If the patient is the first patient randomised to axillary treatment at your site, the RTTQA team will be undertaking a prospective review of the treatment plan. They will therefore need to be informed of the patient's start date for radiotherapy.

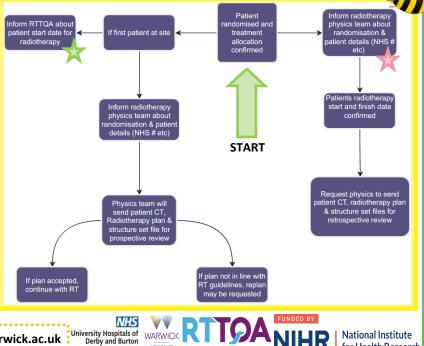
Please ensure you are using the correct versions of the following documents:

Current Document Versions

Protocol	Informed Consent Form
v3.0 07-Oct-2021	v5.0 18-Feb-2022
PIS Pathway 1	PIS Pathway 2
v4.0 07-Oct-2021	v3.0 25-Feb-2021
Site Signature & Delegation Log	Patient Screening Log
v4.0 07-Mar-2022	v3.0 05-Jan-2022

A new document

Example Patient Management (v1.0 08-Mar-2022) was recently circulated to sites which can be used as a guidance tool for how to manage patients being approached through both Pathway 1 and Pathway 2



🖑 Visit the A<u>TNEC Website</u> 🤟 @ATNEC1 🙀 ATNEC@warwick.ac.uk

Site	Months Open	Enrolled	Enrolment Rate	Randomised	Randomisa- tion rate
ROYAL DERBY HOSPITAL	15.4	17	1.10	8	0.52
QUEEN'S HOPSITAL BURTON	15.4	10	0.65	2	0.13
ROYAL CORNWALL HOSPITAL	14.4	3	0.21	3	0.21
THE ROYAL MARSDEN HOSPITAL	14.0	3	0.21	1	0.07
ABERDEEN ROYAL INFIRMARY	11.8	20	1.69	7	0.59
ST ALBANS CITY HOSPITAL	11.8	3	0.25	0	0.00
ROYAL ALBERT EDWARD INFIRMARY	11.3	6	0.53	1	0.09
GLENFIELD HOSPITAL	11.2	15	1.34	4	0.36
LUTON & DUNSTABLE HOSPITAL	10.8	5	0.46	3	0.28
FORTH VALLEY ROYAL HOSPITAL	10.3	1	0.10	1	0.10
ST HELENS HOSPITAL	10.3	4	0.39	1	0.10
BORDERS GENERAL HOSPITAL	10.1	1	0.10	0	0.00
MUSGROVE PARK HOSPITAL	10.0	5	0.50	1	0.10
YEOVIL DISTRICT HOSPITAL	9.9	0	0.00	0	0.00
HAIRMYRES HOSPITAL	9.9	0	0.00	0	0.00
THE JAMES COOK UNIVERSITY HOSPITAL	8.9	1	0.11	1	0.11
ROYAL FREE HOSPITAL	8.7	1	0.11	0	0.00
MILTON KEYNES HOSPITAL	8.5	3	0.35	0	0.00
UNIVERSITY HOSPITAL OF NORTH TEES	8.3	0	0.00	0	0.00
ADDENBROOKE'S HOSPITAL	7.7	2	0.26	0	0.00
WESTERN GENERAL HOSPITAL	7.5	1	0.13	1	0.13
THE ROYAL VICTORIA INFIRMARY	7.1	0	0.00	0	0.00
CASTLE HILL HOSPITAL	6.2	1	0.16	0	0.00
UNIVERSITY COLLEGE HOSPITAL	5.7	0	0.00	0	0.00
COUNTESS OF CHESTER HOSPITAL	5.7	0	0.00	0	0.00
CHARING CROSS HOSPITAL	5.3	0	0.00	0	0.00
HUDDERSFIELD ROYAL INFIRMARY	5.3	0	0.00	0	0.00
PINDERFIELDS GENERAL HOSPITAL	5.1	0	0.00	0	0.00
THE CLATTERBRIDGE CANCER CENTRE	5.1	1	0.20	0	0.00
ROTHERHAM DISTRICT GENERAL HOSPITAL	5.0	3	0.60	0	0.00
QUEEN MARGARET HOSPITAL	3.9	0	0.00	0	0.00
ST LUKES HOSPITAL	3.6	0	0.00	0	0.00
PRINCE PHILIP HOSPITAL	3.6	0	0.00	0	0.00
CITY HOSPITAL	3.5	6	1.71	0	0.00
HEREFORD COUNTY HOSPITAL	2.9	0	0.00	0	0.00
CHURCHILL HOSPITAL	2.3	1	0.43	1	0.43
ROYAL DEVON & EXETER HOSPITAL	2.3	0	0.00	0	0.00
CLATTERBRIDGE HOSPITAL	2.1	0	0.00	0	0.00
KING'S COLLEGE HOSPITAL	2.0	0	0.00	0	0.00
DARLINGTON MEMORIAL HOSPITAL	2.0	0	0.00	0	0.00
WYTHENSHAWE HOSPITAL	1.5	0	0.00	0	0.00
SOUTHEND UNIVERSITY HOSPITAL	1.4	0	0.00	0	0.00
NORTH MANCHESTER GENERAL HOSPITAL	1.3	1	0.77	0	0.00
BROOMFIELD HOSPITAL	1.1	0	0.00	0	0.00
NORTH MIDDLESEX HOSPITAL	0.9	0	0.00	0	0.00
DUMFRIES AND GALLOWAY ROYAL INFIRMARY Key = Recruitment rates from Pilot Study progress	0.4	0	0.00	0	0.00

Key = Recruitment rates from Pilot Study progression criteria (Grey = No Recruitment, Red = <0.30 p/m, Amber = ≥0.30 p/m < 0.36 p/m, Green = ≥ 0.36 p/m) Wisit the ATNEC Website
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R National Institute for Health Research