

March 2022: Welcome to our first edition!

Best-BRA Study Newsletter



This is our first Study Newsletter which we hope you will enjoy reading and find useful. If you are not currently signed up as a site but would like to take part, please contact us. We would love to hear from you!

STUDY UPDATE

We currently have 10 sites working with us

YAY

Sites open: 6

Sites in set-up: 4

Number of participants recruited: 1
(St George's University Hospitals NHS Foundation Trust)



'Chief Investigator of Best-BRA, Ms Shelley Potter: 'Thank you to everyone who took the time to join us at **our first Best-BRA Investigator's Meeting!** We hope you found the discussions interesting, and you had the opportunity to listen and share your thoughts about the study'.

Here is a recap of the important points raised in the meeting:

 The iBRA Study
www.ibrastudy.com



 Pre-BRA



Similar to the iBRA study*, early data from the **Pre-BRA study**** suggests no differences in short term outcomes, this is why an RCT (**i.e Best-BRA**) is needed to compare the pre-pectoral vs. subpectoral techniques.

Ms Sarah Tang, St George's University Hospitals NHS Foundation Trust describing experience of recruiting their first participant to Best-BRA:

"I emphasised equipoise and described both techniques [pre-pectoral and subpectoral IBBR] were used as standard care across the country and we don't know if one is better than the other"

"The patient was put off initially by the idea of an implant, they didn't like silicone and animation, but then they met with the plastic surgeon and didn't want autologous surgery so were then open to the study.."

Did you know?

Best-BRA is one of 7 RCTs being currently run comparing pre-pectoral and subpectoral techniques however only 2 are multi-centre trials.

Ms Sarah Tang's Top Tips for recruitment from a recruiting surgeon's perspective



- **At each MDT**, remind your colleagues about Best-BRA
- Some surgeons may have a preference for either techniques **but this is grounded in their own anecdotal experiences**. Discuss the study with your colleagues to see if they are happy to recruit
- When you approach a potential participant for Best-BRA **you need to be comfortable that they are suitable for either procedure** [pre-pectoral or subpectoral IBBR]

Senior Research Associate, Miss Clare Clement fed back early findings from the QuinteT Recruitment Intervention (QRI) to optimise recruitment and informed consent in Best-BRA:



- There is a perceived need for Best-BRA to provide **robust evidence** to support future decision-making
- **Patients are likely to be open to the study**; it is important to give them the opportunity to consider taking part
- **Recruitment barriers so far**: variability in surgeon equipoise and practice, ongoing COVID-19 challenges
- **Recruitment facilitators are**: identifying potential patients before or during MDTs and having dedicated people following up patients

Please, please, please complete the screening logs, record patient consultations and agree to an interview so we can support you with recruitment and share good practice!

Pat Fairbrother, Trustee of Independent Cancer Patients Voice and PPI member on Best-BRA shares **tips for recruiting** from a patient perspective:

- Be **clear and consistent** about the study
- **Reassure woman** that going into the study will not mean that their treatment will be delayed
- Emphasise that **both** [pre-pectoral and subpectoral] are good procedures
- The study has been approved by ethics and they are **free to withdraw from the study at any time** and this will not have an impact on their care
- **Ask the patient prior to consultations** about recording

We had some excellent quotes from the meeting!!

"Optimism bias, it's what makes surgeons innovate but the emerging data from pre-BRA suggests equipoise in the two techniques [pre-pectoral and subpectoral IBBR]"

"It's OK to offer the trial [Best-BRA], we are not trying to stop innovation, we need to evaluate it"

Did you know?

Best-BRA is registered for the **NIHR Associate PI Scheme**. If you are a trainee and would like to get more involved in research please let us know!

NIHR | National Institute for Health Research

CONTACT DETAILS

Best-BRA Study mailbox: bestbra-study@bristol.ac.uk
Trial Manager: Dr Kirsty Roberts. Tel: 07989 981816
Chief Investigator: Ms Shelley Potter
shelley.potter@bristol.ac.uk
QRI Senior Research Associate: Miss Clare Clement
c.clement@bristol.ac.uk

*Potter S, Conroy EJ, Cutress RI, Williamson PR, Whisker L, Thrush S, Skillman J, Barnes NLP, Mylvaganam S, Teasdale E, Jain A, Gardiner MD, Blazeby JM, Holcombe C; iBRA Steering Group; Breast Reconstruction Research Collaborative. Short-term safety outcomes of mastectomy and immediate implant-based breast reconstruction with and without mesh (iBRA): a multicentre, prospective cohort study. *Lancet Oncol*. 2019 Feb;20(2):254-266. doi: 10.1016/S1470-2045(18)30781-2. Epub 2019 Jan 9. PMID: 30639093; PMCID: PMC6358590.

**Harvey KL, Mills N, White P, Holcombe C, Potter S; Pre-BRA Feasibility Study Steering Group. The Pre-BRA (pre-pectoral Breast Reconstruction Evaluation) feasibility study: protocol for a mixed-methods IDEAL 2a/2b prospective cohort study to determine the safety and effectiveness of prepectoral implant-based breast reconstruction. *BMJ Open*. 2020 Jan 26;10(1):e033641. doi: 10.1136/bmjopen-2019-033641. PMID: 31988232; PMCID: PMC7044855.

