

Breast Care research

taking place at North Bristol NHS Trust.

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R&D No	Project Title	Project Description
3325 End date: 30/08/2021	POSNOC	POSNOC - Positive Sentinel Node: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy. A randomised controlled trial of axillary treatment in women with early stage breast cancer who have metastases in one or two sentinel nodes.
3589 End Date: 02/05/2027	Add-Aspirin Trial	A phase III, double blind, placebo controlled, randomised trial assessing the effects of aspirin on disease recurrence and survival after primary therapy in common non-metastatic solid tumours.
3592 End Date: 14/03/2028	LORIS	A Phase III Trial of Surgery versus Active Monitoring for Low Risk Ductal Carcinoma in Situ (DCIS) The LORIS Trial aims to establish whether patients with newly diagnosed low risk DCIS can safely avoid surgery without detriment to their wellbeing (psychological and physical) and whether those patients who do require surgery can be identified by pathological and radiological means.
4244 End Date 21/04/2021	Primetine	Post-operative avoidance of radiotherapy in minimal risk women. Patient Selection using biomarkers.
4316 End date: 30/6/2020	Pioneer	This trial will investigate the effect of combining megestrol acetate (a progesterone receptor activator) and letrozole (an anti-oestrogen) which is a standard endocrine therapy for post menopausal women. This is a 'window of opportunity' study treating and observing the patients in the two weeks prior to definitive surgery. The study is split into three arms; one in which the patients receive only the standard treatment Letrozole; one in which they will receive a combination of Letrozole and low dose Megestrol acetate and the last which will receive Letrozole and high dose Megestrol acetate. This trial will be open to postmenopausal women with newly diagnosed, untreated ER-positive, HER2-negative, invasive

		primary breast cancer.
4517 End date: 30/6/2020	Pre-Bra	55,000 women are diagnosed with breast cancer each year in the UK. 40% undergo mastectomy and of those who choose breast reconstruction, most have an implant-based operation. A new technique has developed in which a breast implant is completely covered in mesh and placed in-front of the chest- wall muscle rather than underneath. This may result in less pain and more natural results, but this has yet to be established. However, pre-pectoral breast reconstruction (PPBR) is already being performed and is gaining popularity. There is a need to robustly evaluate this technique before it becomes standard.