

Impact of large volume resections on risk of local recurrence

Protocol of teleconference 16 Aug 2018

Center	Local PI	Estimated total accrual OBC II / OBC I + conventional	Present	Q1 Do you need ethical approval?	Q2 Information available on 1. cT stage 2. tumor size in mm 3. RT Boost	Q3 How do you identify large volume resections (i.e., Clough level II)?	Q4 Do you need a patient fee and if yes, how much?
Sheffield	Lynda Wyld	TBD	No	-	-	-	-
Glasgow	Laszlo Romics	TBD	Yes	Will check (approval would take 6 months)	1 Yes, 2 Yes, 3 Tricky to find out	Has all info on extent of surgery	Author position for his student doing the work or patient fee
Berlin	Jens-Uwe Blohmer	100/100	No	-	1-3 Yes	-	-
Heidelberg	Jörg Heil	100/1000	No	-	-	-	-
Graz	Vesna Bjelic-Radic	50/50	Yes	Yes	1-3 Yes	Selects Quadrantectomy + reduction	Patient fee
Vienna	Florian Fitzal	TBD	Yes	Applying	-	-	-
Stockholm	Jana de Boniface	100/100	Yes	Yes (takes 2 months)	1 Yes, 2 Yes, 3 back to charts	Has this information	Author list or patient fee

Zürich	Christoph Tausch	TBD	Yes	No (will check)	1-3 Yes	Selects reductions	No
Tessin	Meani	TBD	Yes	Unsure	1 Yes, 2 Yes, 3 back to charts	Back to charts and look for type of surgery (type 1 vs 2)	Goes with everybody else. Patient fee.
St. Gallen	Michael Knauer	30/100	Yes	Unsure	1 Yes, 2 Yes, 3 Not sure	Selects reductions and quadrantectomies	Would appreciate small patient fee (e.g., 50CHF)
Basel	Weber	30/100	Yes	Probably needs amendment	1-3 back to charts	Selects reductions	No
Frauenfeld	Fehr	20/20	No	-	-	-	-
Goiania	Regis Resende Paulinelli	TBD	Yes	Will check (approval would take 6 months)	1-3 Yes. Has all data except margin in mm	Has detailed information on extent of surgery in database	Patient fee if possible
	Target sample size				OBC 440 pts / CBC 1310 pts Sample Size went up to 3000 according to Florian		
Total	21 centers addressed in 6 countries 13 centers responded (all participating) Accrual estimates from 7 of 13 participating centers 8 centers without response, no reminder has been sent						
	Current accrual estimates (7 of 13 centers)				OBC 430 / CBC 1470: Total 1900 (Estimates of 7/13 participating centers)		

Additional remarks:

- Laszlo: Information on margin in mm not in every patient. Asks for matching between case (Level II) and control patients (level I and conventional BCS). Florian: According to the statistician, Cox regression (and not matching) is the contemporary standard approach. At the end

of discussion Jana disagrees. She thinks that the matched cohort study design may not be old-fashioned and in a situation like this, with vastly differing tumor sizes between the two groups, this may be an adequate approach. Decision see below.

- Christoph: Are all patients during the study period eligible? Florian: Yes, but be aware of in- and exclusion criteria
- Francesco: How are the data to be completed and transferred? Florian: Excel Sheet. Points to importance of variables that may not be available, such as weight of specimen and size of breast
- Michael: If OBC I is an exclusion criterion, then most patients have to be excluded because this is a standard approach. Florian: Yes, the study group discussed this and the protocol has been modified to pool OBC I and CBC and compare this group to OBC II.
- Régis: Control group will be hard to find because the large diameter as inclusion criterion is heavily associated with OBC II. Florian: Many cancers with diameter >2cm are operated by OBC I or CBC
- Vesna: asks Florian if only Graz or also her new hospital Helios Wuppertal are supposed to include patients. Florian: The more the better. Walter: If this were the case, we would not have had to select and address only the 4 OPBC countries Austria, Germany, Switzerland and the UK (+ special guest Régis). Moreover, we did not send a single reminder to the 8 of 21 centers that did not respond to that single e-mail based call for participation. We could have addressed many more OPBC centers and countries and thereby would have tremendously increased the accrual estimates. Florian points out to the fact that the number of centers listed here suffices to ensure adequate recruitment. Even though the sample size has been enlarged to 3000, this will be possible with the centers on board considering the fact that only 7 of 13 centers that have committed to participate have delivered accrual estimates totalling already 1900 patients.

- Jana: Due to the large tumor size in the OBC II group, a fair comparison group would be patients undergoing mastectomy. Florian: Does not agree that OBC II should be compared to mastectomy.

Decisions and timeline:

- Further teleconferences only on demand
- **The centers that have not yet provided an accrual estimate:** Please send it to Florian and Walter at your earliest convenience.
- **Jana:** Ask your statistician for second opinion concerning statistical analysis plan: Cox regression versus matched pair analysis and send opinion to Florian by mid-October 2018, if necessary discuss this during the next OPBC study group teleconference.
- **Florian:** Finalize study protocol and CRF and send to all by end of October 2018
- **All:** Evaluate need for ethical approval/amendments and apply for approval after receipt of final protocol/CRF and if possible receive approval by end of December 2018
- **Florian:** Send excel work sheet for data entry to all by end of December 2018
- **All:** Complete data generation at study sites by end of June 2019



Lake Lugano, 24.8.2018, Walter P. Weber