

SUPPORTING ENDOCRINE THERAPY ADHERENCE IN WOMEN WITH BREAST CANCER: THE DEVELOPMENT OF A COMPLEX BEHAVIOURAL INTERVENTION USING INTERVENTION MAPPING GUIDED BY THE MULTIPHASE OPTIMISATION STRATEGY

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BACKGROUND

- **Adjuvant endocrine therapy (AET)** reduces breast cancer recurrence and death.
- Most existing interventions to support AET adherence are **atheoretical** and focus on **single barriers** to adherence.

OBJECTIVE

To provide an exemplar of the process for developing an intervention package to **support adherence to AET**, using **Intervention Mapping (IM)** and the **Multiphase Optimisation Strategy (MOST)**.

METHODS

6 stage IM framework:

01 NEEDS ASSESSMENT

- 3 literature reviews identifying:
- Extent of AET non-adherence
 - Barriers to AET adherence
 - Existing/ ongoing interventions

02 INTERVENTION OBJECTIVES

- Intervention objectives chosen
- Conceptual model development began

03 INTERVENTION DESIGN

Existing interventions, theory and practical strategies explored for each intervention objective

04 INTERVENTION DEVELOPMENT

- 4 intervention components developed

05 IMPLEMENTATION PLAN

- Optimisation criterion specified
- Cost, time and delivery method considered

06 EVALUATION PLAN

- Protocol developed
- Process evaluation planned

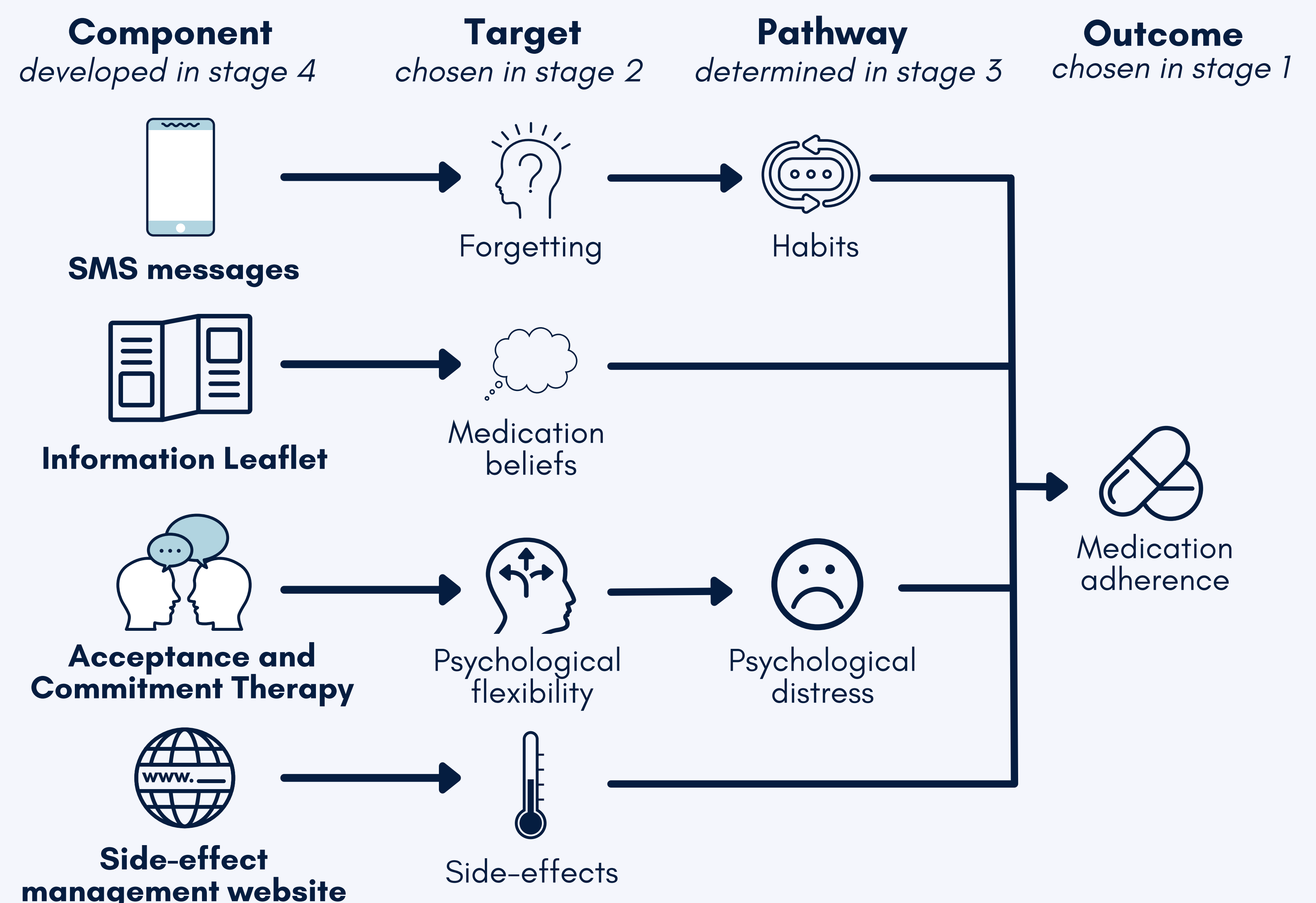
RESULTS

Up to **75%** of women do not adhere to AET

Barriers include:

- Side-effects
- Forgetfulness
- Medication beliefs
- Psychological distress

16 Published trials
15 Ongoing Trials
X Most have a narrow focus



Optimisation criterion

To develop the most effective intervention possible, that costs less than £3997 per person.

A **2⁴⁻¹ fractional factorial pilot optimisation trial** was planned with a nested process evaluation to determine intervention component acceptability, fidelity and trial experience

CONCLUSION

- We provide an example of how to **combine IM and MOST** for intervention development.
- A **theoretically informed** intervention package consisting of four intervention components was developed.
- **Optimisation**, guided by MOST, could lead to more **effective, efficient and scalable interventions**.

