

Is there a better way to care for women with low-risk DCIS?

The AFT-25 COMET Study hopes to answer this question.

Dear Healthcare Provider:

As dedicated patient advocates, we have kept patients at the center of the COMET Study. We hope you will talk with your patients about the study. Women who seek information about, or participate in the trial will find clear, honest communication, easy to understand resources, and expert guidance throughout the five-year study.

What is The COMET Study?

COMET stands for Comparison of Operative to Monitoring and Endocrine Therapy. The study will enroll 1200 patients diagnosed with low-risk DCIS from 100 cancer centers throughout the US._Women who participate will be randomized to receive one of two treatment approaches:

- 1. Current standard of care (surgery, radiation therapy and/or endocrine therapy of choice)
- 2. Careful monitoring with mammograms and physical exams every six months, and possibly endocrine therapy based on your shared decision-making discussions

Why is the COMET Study urgently needed?

- There is a growing concern that low-risk DCIS is being over-treated.
- Retrospective trials indicate that up to 80% of DCIS cases may be low-risk and may never develop
 to invasive cancer or a future DCIS occurrence if left untreated and carefully monitored.
- Current uncertainty and disagreement in the medical community about DCIS contributes to patient confusion, fear, and anxiety.
- Results of this study may help more physicians feel confident in offering patients active surveillance as a safe treatment choice for low-risk DCIS.
- Patients may experience a better quality of life knowing that they are being monitored carefully while avoiding potentially unnecessary physical, emotional and financial burdens.

Without evidence from the COMET Study, physicians and patients will never learn if active surveillance is a reasonable and safe option. Given that low-risk DCIS is not life-threatening, we believe this study will help women make confident, informed treatment decisions that align with their personal preferences.

Please join us in finding a better way to care for women with low-risk DCIS.

Thank you for sharing this opportunity with women who may be eligible by providing them with the accompanying patient letter. We believe both patients and providers who participate in the COMET Study will make a major contribution to the understanding of DCIS and its management. For more information about the study, please contact Tom Lynch (thomas.lynch2@duke.edu) or visit www.DCISoptions.org.

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