



## Welcome

**Welcome** to the EndoNET Autumn Newsletter.

Recruitment numbers were down a bit this quarter but according to the screening data this was through no lack of effort. Fine margins can make a difference so please continue to screen and then approach as many eligible patients as possible. Marginal gains at all sites will make a significant difference to the performance of the trial so every little thing you can do helps to support the bigger picture.

The positives are that we have recruited **93%** of the predicted targets (see line chart below). You continue to show that there is huge support for EndoNET and Royal Berkshire and Wythenshawe recruited their first patients. We have opened the trial at Royal Bolton and Worcester Acute and the Investigator Meeting in London was really productive (more on this later). Thank you all for your continuing efforts and let's push for a strong end to 2025.

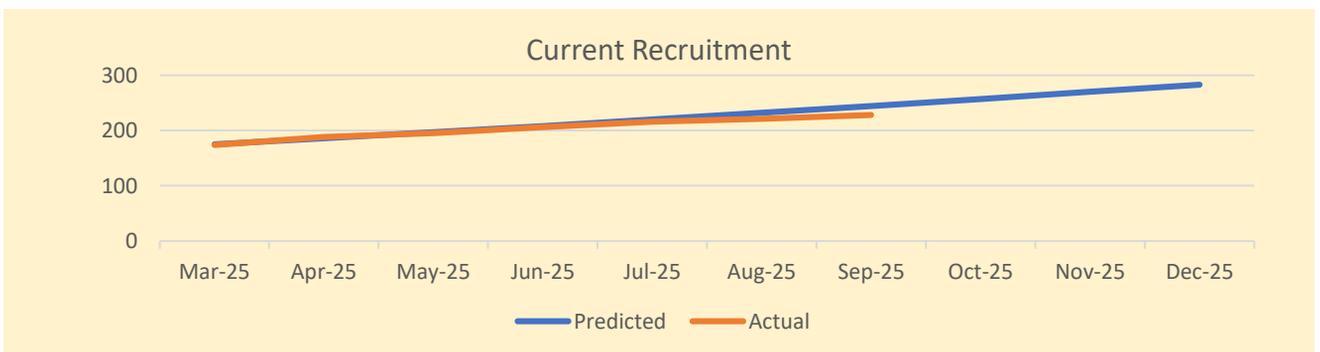
## EndoNET Recruitment Championship

The 5 **quarterly winners** for improving recruitment (minimum x2 patients recruited) are Llandough (+200%), QE Birmingham (+100%), Rotherham (+30%), Glenfield (+27%) and Nottingham (+27%). Treats are on the way.

For the next quarter up to the end of 2025 we will reward any sites that recruit x3 or more patients.

Site	Recruited Jul-Sep 2025	Total Randomised
Churchill (Oxford)	0	28
Basildon	1	26
Southampton	3	23
Castle Hill	0	15
Rotherham	4	13
Whiston	0	12
Glenfield	3	11
Nottingham City	3	11
Southend	1	11
Torbay	0	11
Yeovil	0	11
Royal Devon and Exeter	0	10
Royal Hampshire	0	8
Cumberland Infirmary	0	6
RAEI	0	5
St Albans	1	5
QE Birmingham	2	4
Llandough	2	3
Southmead	0	3
Aberdeen RI	0	2
Barnsley	0	2
Belfast City	0	2
Hairmyres	0	2
Altnagelvin Area	0	1
Luton and Dunstable	0	1
Royal Berkshire	1	1
Wythenshawe	1	1
<b>Total</b>	<b>22</b>	<b>228</b>

\* The 11 sites yet to recruit are not included in the recruitment table.





## Investigator Meeting



It was wonderful to see so many of you at the Investigator Meeting at the Athenaeum Club in London. It felt really positive and a big thank you to those who attended for contributing so much to the day. It was very insightful and some of the main points were:

- The presence of the **research nurse team in clinics** makes a big difference.
- Resist **offering the patient a surgery date** until they have had chance to consider the trial to optimise the possibility of recruitment.
- Engage the **breast care nurses**. There are many people involved in the patient's pathway but the breast care nurses are with the patients every step of the way.
- There is a lack of **Radiotherapy and Pathology data for NET** and EndoNET will provide additional data towards informing patient care.

## Trans-EndoNET

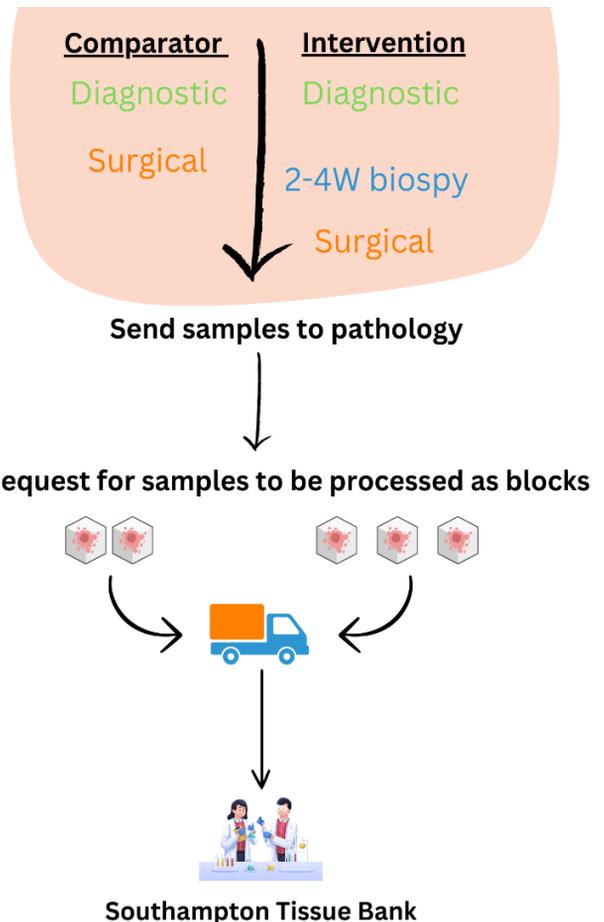
We are moving towards approaching sites to take part in the Trans-EndoNET sub-study. The study aims to characterise the relationship between patient insulin metabolism and tumour response to endocrine therapy (ET) in early breast cancer. Protocol V5.0 will include Trans-EndoNET as an additional opportunity to the main EndoNET trial and involves taking a single fasted blood sample at the 2-4 week clinic visit.

## Tissue Samples and Pathology

Tissue samples are for us to look at Ki67 significance. We request tissue slides/blocks for:

- **Diagnostic specimen**
- **Surgical specimen**
- **Research specimen at 2-4 weeks at the time of marker clip insertion (NET arm)**

Pathology will need to release diagnostic & surgical specimens and prepare/fix the research biopsy. For more detail please refer to the [EndoNET Sample Handling Manual](#).



## Screening Logs

Please make sure all of your screening logs are up to date and completed in



**REDCap** so that we can monitor activity and use the data to inform future refreshers and training.