

# ThinkCancer! Results from a feasibility trial to test a novel intervention to improve cancer diagnosis

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## Background

Delayed or late diagnosis of cancer is a significant contributor to poorer cancer outcomes and survival. ThinkCancer! is a novel, behaviour change intervention which aims to improve early diagnosis in primary care, delivered in the form of a workshop targeted at the whole practice team. The workshop consists of three sessions: one for clinical staff focusing on early cancer diagnosis and safety netting, one for reception staff to raise awareness around red flag symptoms and a final session bringing all staff in the practice together to develop a bespoke practice Cancer Safety Netting Plan (CSNP) and to appoint a Cancer Safety Netting Champion (CSNC).

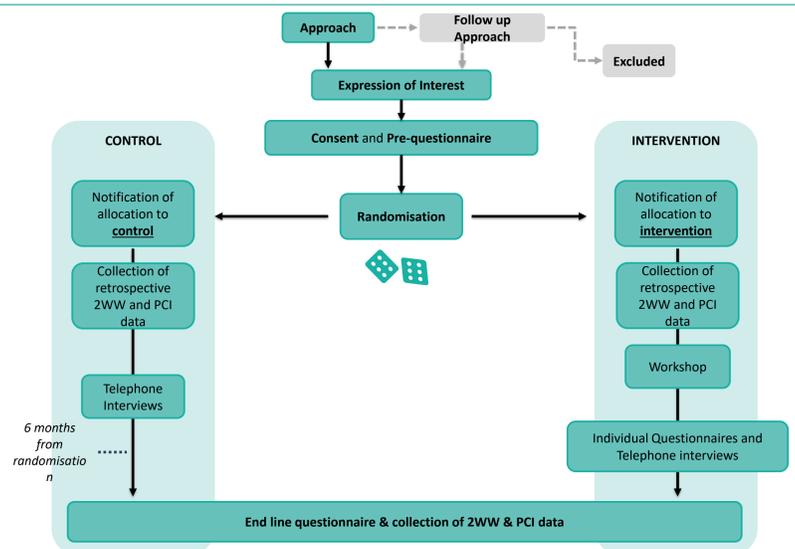
### Study Objectives:

- Assess usual feasibility criteria
- Iterative development of intervention
- Test outcome measure package
- Inform the design of a definitive phase III trial



## The Study

- Practices across Wales were initially invited to take part in the study in January 2020, with workshops to be delivered in one session, face-to-face at GP surgeries – due to Covid 19 recruitment halted until August 2020 and the intervention adapted for remote delivery
- Target recruitment of 23-30 practices, randomised 2:1 intervention versus control.
- Baseline practice characteristics were collected via questionnaire and repeated at 6 month follow up. Primary care intervals (PCI), 2-week wait (2WW) referral rates, conversion rates and detection rates were collected at baseline and 6 months post-randomisation.
- Participant feedback was collected via electronic evaluation forms following each workshop. Participants were also asked to complete an adapted Normalisation Measure Development (NoMAD) questionnaire 2 months post-workshop
- Individual staff members from both intervention and control practices were interviewed



## Results

- A total of 30 practices from across all seven Welsh health boards were recruited to the trial, hitting the upper recruitment target.
- Twenty-one practices were randomised to the intervention and 19 workshops were delivered
- Twenty-four (80%) practices returned data at baseline, 22 (70%) practices completed data collection at follow up. Practices found the PCI data collection very time-consuming, compounded by the loss of protected time, increased workload and staff availability.
- The feedback and NoMAD forms show that participants felt overwhelmingly positive about the workshop, accompanying materials and workshop delivery, both immediately after the workshop and at 2 month follow up.

Fig. 1. Workshop feedback form data

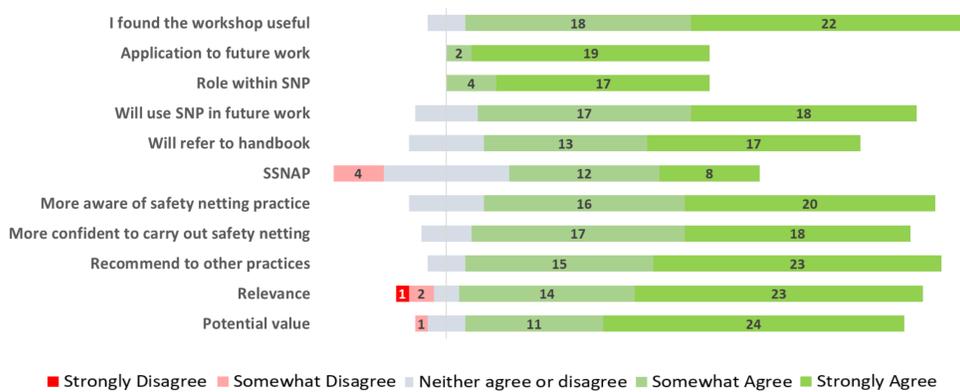
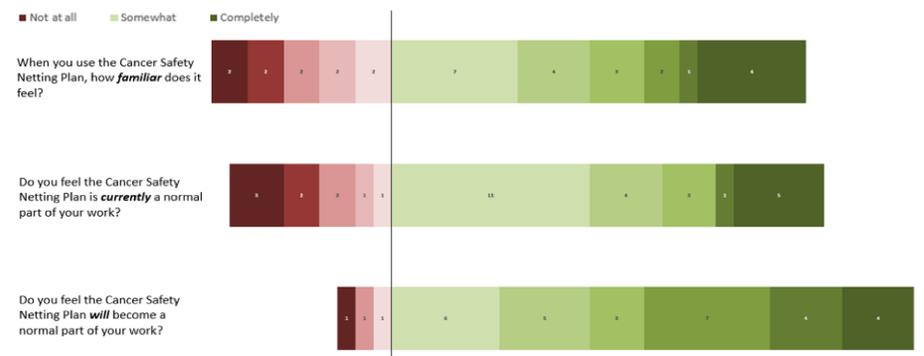


Fig. 2. NoMAD questionnaire responses



### Process Evaluation Key Findings

- Data collection was time consuming but worthwhile
- Interactive elements of the intervention were frequently reported in a positive way and liked that the facilitator was a GP
- Some participants did think they would have an increase in workload but that was worthwhile if it could improve systems and help patients
- Some practices have already begun to implement changes

### Economic Evaluation Key Findings

- Base Case Analysis - average cost of intervention delivery per practice was £1,311 (SD: 579.5)
- GP attendance yielded the highest cost, at a unit cost of £2.60 per minute
- Cost of materials (19 Practices) £3,149 & Cost of delivery (19 Practices) £3,109
- Results will be used to inform a future definitive economic evaluation

## Lessons Learned

- Remote delivery allowed more practices to take part, eliminated travel costs, record sessions and deliver workshop sessions to multiple practices in one day
- Third party collection of data would reduce the burden on participating practices and also reduce the potential bias introduced by self reported data collection
- Workshop components could be delivered to multiple practices at once, allowing more practices to take part and for cross pollination of ideas and shared learning
- Capturing staff attendee information was challenging; introducing individual log ins for future workshop sessions and attendance registers are proposed solutions
- Workshop reach was difficult to gauge; in a future trial, access to alternate workshop dates, recordings and the inclusion of dissemination proposals in the safety netting plan could improve this

## What Next?

The results and lessons learned will inform the design and delivery of a **definitive trial** to assess the **effectiveness** and **cost effectiveness** of this novel intervention. Please scan the QR Code for further information or to contact the ThinkCancer! team:



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