2021 PRIME Annual Meeting: Question & answers

Session 1

Q1 - From Martin Rolph for Clare

For Clare Wilkinson. How were/will the recruited surgeries recruited/be recruited? I assume there will be measures to recruit not just the most enthusiastic? Will there be steps to ensure a good range of socio-economic profiles of surgery lists? (as a patient, in touch with patients across a range of practices, I am aware of differences between practices, as re-emphasised by different rates of face to face most recently.)

Hello Martin
Thanks for your question. For the ThinkCancer feasibility trial, the practices were recruited from all areas in Wales, and efforts were made to ensure involvement from all Health Boards. We also ensured that both large and small practices were included. There was a good representation from practices serving lower socio-economic groups. I agree with you care needs to be taken not just to recruit the most enthusiastic practices, especially as the less enthusiastic may have more room for improvement. Your thoughts are very useful for the main trial design, where we are planning sub-group analyses for areas of deprivation and practices with particularly hard to reach groups.

Q2 - From Craig Smith for Jon

Hi, my name is Craig and I am a dental student/ postgrad from the University of Glasgow. My thesis involves developing and validating a risk prediction model for head and neck cancer. As shown by Professor Emery, genomic data can greatly improve the discrimination of a risk prediction model, however I'm also keen that a model can be used by a General Dental Practitioner in primary care with ease and without the equipment requirements of genomic testing - is there a way to achieve a compromise that is readily feasible in frontline care but also with the best diagnostic potential?

I do not know the head and neck literature that well but risk factors are of course well established.
Here is a risk model that looks to predict risk of a prevalent undiagnosed cancer:
https://onlinelibrary.wiley.com/doi/full/10.1111/coa.13511

Here is one based on UK Biobank data to predict future risk that might be used to tailor screening:
https://www.spandidos-publications.com/10.3892/ijo.2020.5123

For this you'd need an electronic tool to capture the risk factors and then run the risk prediction model but the risk factors aren't too complicated.