

A note from the editor:

In this issue we bring you information about early diagnosis activities in the UK and internationally. We would love to hear from you with your NAEDI related activities so please get in touch with [Anna Lawrence-Jones](mailto:anna.lawrence-jones@cancer.org.uk) on naedi@cancer.org.uk if you would like to showcase some of your work or be added to the mailing list.

National Awareness and Early Diagnosis Initiative Research Call 3

Update and what's in the pipeline

The NAEDI Scientific Committee met in February to consider 30 applications and recommended 11 projects for funding. The awarded projects are relevant across multiple cancer sites - colorectal and lung cancer being the most prevalent cancer sites studied.

The Committee was pleased to see a high number of early career researchers applying to the scheme and the large number of high quality applications with strong, appropriate collaborations. The Committee was delighted to welcome the first patient representative to the panel, Mr Tom Haswell, who presented at the NAEDI workshop last year. Tom gave many insightful comments on the applications and was a true asset to the discussions.

The successful projects include a variety of research across the NAEDI pathway and the UK:

- A study in **Wales** will be using a novel resource to investigate into cancer awareness and beliefs in deprived communities.
- A group in **Northeast Scotland** will be looking at whether people's distance from health services affects diagnostic pathway and outcomes.

- Studies based in **England** are looking at reasons for delays occurring within primary care and onward referral, such as investigating GP decision making, the use of electronic clinical decision support tools and variations between GP practices.
- Another group will be looking to highlight opportunities for pathway and service redesign by doing a comparative analysis between patients' experiences in the **UK** and **Scandinavia**.

Details of all the successful projects will be released on the Cancer Research UK website in due course at <http://tinyurl.com/q693ln4>

Future rounds of NAEDI research funding are to be confirmed and will be announced via the newsletter and online at <http://tinyurl.com/d34557q>

The NAEDI secretariat is continuing to support the NAEDI research community by providing workshops and networking events. See the announcements on the right and look out for more details in future newsletters!

Save the dates:

A NAEDI methodology workshop will be held for researchers on 25th July 2014 in London.

The third NAEDI Research Conference will be held on 26th and 27th March 2015 in London.

If you would like to be added to the mailing list for the upcoming workshop please get in touch with [Anna Lawrence-Jones](mailto:anna.lawrence-jones@cancer.org.uk) on naedir01@cancer.org.uk

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International Cancer Benchmarking Partnership



The International Cancer Benchmarking Partnership (ICBP) is a unique and innovative global partnership of clinicians, academics and policymakers. It is the first of its kind, seeking to understand how and why cancer survival varies between countries/jurisdictions, looking particularly at breast, colorectal, lung and ovarian cancer.

The ICBP has already demonstrated significant variations in cancer survival between countries - UK survival rates were among the poorest – but population awareness and beliefs about cancer were broadly similar.

One project is exploring whether disparity in survival between countries could be explained by differences in healthcare systems, as well as attitudes and beliefs about cancer in primary care. A team at Durham University led by Greg Rubin will shortly be publishing findings from a 'health care systems mapping' exercise which will highlight

the similarities and differences in health systems between countries.

International work led by Dr Peter Rose at Oxford University, analysing the results of a global online survey of GPs (patient scenarios and direct questions) has been submitted for peer review.

The ICBP will also provide the first robust international comparison of time intervals from first symptom(s) until diagnosis and start of treatment of cancer patients, testing the hypothesis that longer time intervals contribute to poorer cancer outcomes. Each partner jurisdiction aims to include 800 patients – 200 patients each for breast, colorectal, lung and ovarian cancer. Overall the study aims to collect data from at least 6,000 patients across the 10 participating partners by summer 2014. GPs and a specialist care doctor of patients taking part in the survey are also invited to provide complementary information on the patients' cancer and their journey through the cancer care

system. Data collection is underway and results are expected in late 2014/early 2015.

Early ICBP data pointed to differences in survival being greatest within the first year after diagnosis. Late presentation, poor access to care, delays in diagnosis and differences in access to treatment have all been suggested as possible explanations. Another potentially important, but less well studied factor, is the level of co-morbidity within each jurisdiction's population.

An ICBP study is now seeking to understand the relationship between co-morbidity and survival using linked datasets. This study is first focusing on lung cancer as greater early mortality differences are seen in this cancer type between jurisdictions.

To find out more about the ICBP and ongoing research please visit www.icbp.org.uk or email icbp@cancer.org.uk

Be Clear on Cancer

Be Clear on Cancer campaigns aim to raise public awareness of cancer symptoms across England and encourage people to see their GP earlier. The programme of activity is led by Public Health England, working in partnership with the Department of Health and NHS England. Each campaign is tested locally. If successful at a local level, they are then tested regionally, with a view to finally rolling them out nationally if proven effective.

2014 has already seen the launch of two national and two regional campaigns throughout February and March. Following positive results from a regional pilot campaign in 2013, a national 'breast cancer in women over 70' campaign was launched in February, with the key message **'1 in 3 women who get breast cancer are over 70, so don't assume you're past it'**. Having shown promise at a local level, a regional ovarian cancer campaign ran in the North West region of England, whilst an oesophago-gastric campaign took place across the Northern Strategic Clinical Network area.

Thorough evaluation is a key part of the programme's growth and we continue to review all the evidence to inform future activity. Evaluation results from the first national lung campaign in 2012 are encouraging and show an additional 700 cancers were diagnosed during the campaign period (two months of the campaign plus the following month) and around 300 additional patients had surgery as a first treatment for diagnosed lung cancer when compared with the same period the previous year. For the first time, we are able to clearly demonstrate a shift towards earlier diagnosis for a Be Clear on Cancer campaign. Based on these results, a further national lung cancer reminder campaign launched on 10 March 2014 and ran until the end of April.

For more information visit <http://tinyurl.com/mg38psu> or email [Amanda Boughey](mailto:Amanda.Boughey@BeClearonCancer@NHSIQ.nhs.uk) at BeClearonCancer@NHSIQ.nhs.uk

NHS
 North Trent Cancer Network
 Joan Brown, 80,
 cancer survivor
**1 in 3 women
 who get breast
 cancer are over 70,
 so don't assume
 you're past it.**
A lump isn't the only sign of breast cancer. If you're worried about any changes to your breasts, tell your doctor straight away. Finding it early makes it more treatable and could save your life.
**BE CLEAR
 ON CANCER**
 #NHSbreastcancer

Early diagnosis awareness work in the devolved nations

Northern Ireland:

Health Minister, Edwin Poots, addressed guests at a CRUK event in Stormont in February. The event focused on early diagnosis of cancer in Northern Ireland and looked at some of the challenges and possible ways to improve cancer outcomes through earlier diagnosis.



Liz Bates, Amanda Boughey and Nick Ormiston-Smith from CRUK at the event

The event was well attended by key health organisation staff, Department of Health and Trust officials and public health staff. Amanda Boughey, Be Clear on Cancer lead at CRUK, shared some of the latest learning from the awareness activity in England and Dr Richard Wilson, Clinical Director of the Northern Ireland Cancer Trials Centre,

discussed the benefits that could be achieved if bowel scope (flexi-sigmoidoscopy) was introduced in Northern Ireland.

Wales:

CRUK helped to organise a stakeholder workshop in Cardiff at the end of 2013 bringing together charities, colleagues from primary and secondary care and members of the Welsh government to explore how to improve early diagnosis of cancer in Wales.

The Wales Cancer Registry presented the latest data for emergency presentations for lung cancer patients in Wales, while researchers from the International Cancer Benchmarking Partnership provided an international context, presenting comparisons between Wales and other jurisdictions.

After a successful day of debate and discussion, it was clear there is a commitment by all involved to work together to improve cancer outcomes in Wales. Further discussions and plans are now underway to explore the best way forward for increasing awareness of cancer symptoms and improving early diagnosis in Wales.

Scotland:

The 'Detect Cancer Early' programme launched in 2012 with the aim of increasing the percentage of people who are diagnosed early in the disease process (with stage 1 disease) by 25% by the end of 2015.

Recently the programme published a report looking at staging data for breast, colorectal and lung cancer. Public facing campaigns on bowel screening, breast and lung cancer have run as part of this work and discussions about possible future activity are ongoing.

To read the full report, please go to <http://tinyurl.com/qzr6qj2>

We hope that 2014 will see the continuation of this great work in the nations and regions and that more will be done to focus on raising awareness and improving early diagnosis of cancer across the whole of the UK.

Cancer Research UK's Early Diagnosis Advisory Group

The Early Diagnosis Advisory Group (EDAG) is a small grants funding and advisory committee focusing on cancer early diagnosis research that is close to translation into policy and practice for patient benefit.

Following its first meeting, EDAG agreed to fund Professor Richard Neal, Dr Christine Campbell and Professor Willie Hamilton (right), as part of the ABC-DEEP consortium (with collaborators across the UK and internationally). They are producing a segmentation of approximately 20 cancers to show which are most amenable to symptomatic early diagnosis. They will be drawing on published evidence, data and input from an expert panel of researchers and clinicians through a Delphi process (a systematic forecasting method that involves structured interaction between various rounds of panels). The project will report later this year.

EDAG's first open call - focusing on routes to diagnosis, inequalities, the health economics of early diagnosis and unintended consequences of early diagnosis initiatives - closed in February. The committee will meet in May to discuss the received funding applications.

Look out for information on future funding calls in future NAEDI newsletters or on the EDAG website <http://tinyurl.com/qhf6p6t> or get in touch with [Anna Lawrence-Jones](mailto:Anna.Lawrence-Jones@caner.org.uk) at edag@caner.org.uk for more details.



Electronic clinical decision support tools for cancer in primary care

Initial results from a project part funded by the Department of Health to explore the use of electronic clinical decision support tools for cancer in primary care have yielded some interesting findings.

The project, implemented by Macmillan Cancer Support, with evaluation coordinated by Cancer Research UK, sought to develop useful electronic tools for cancer and generate evidence as to their usability, acceptability and impact in general practice.

Over the nine month course of the project, GPs in over 400 practices were supported in using an electronic cancer decision support tool based on one of two risk calculators for cancer: the Risk Assessment Tool (RAT), developed by Professor Willie Hamilton, and QCancer, developed by Professor Julia Hippisley-Cox. Drawing on Read-coded data within the patient record, the cancer decision support tools featured three functions:

- a prompt function which appeared on screen when the risk level was 2% or higher,
- a symptom checker function in which symptom and other data could be inputted, and,
- a risk stratification list which showed calculated risk levels for all patients registered to a practice.

The electronic tools were developed for lung, colorectal, oesophago-gastric, pancreatic and ovarian cancers and had the same, user-friendly interface irrespective of which score (RAT or QCancer) the GP was presented with.

Quantitative data relating to the use of the tools came from GPs who used the symptom checker function and subsequently completed a separate 'experience' tab^{1,2}. The items included in this tab complemented those used in a [previous evaluation](#) of desk-based tools for lung and bowel cancer. Interim analysis of these experience tab data revealed:

- Overall, GPs' perceived risk of the patient was about the same as the risk calculated by the symptom checker for more than half of the patients, while GPs thought their perceived risk was lower than the calculated risk for nearly a third of patients, and that it was higher for 15%.

- A fifth of patients were referred for suspected cancer and nearly a quarter (23%) required investigation, with no action being taken for almost half (47%).

Of the patients that GPs indicated referring or investigating after using the symptom checker, GPs reported that they would not have taken this action for around a fifth of those patients if they had not used the tool.

To further contextualise these data, CRUK are producing a full report expected in the summer, which will also contain results of analyses of urgent referrals for suspected cancer, and key insights from the qualitative investigation undertaken with a selection of GPs.

For further information, please contact [Jodie Moffat](mailto:Jodie.moffat@cancer.org.uk) at Jodie.moffat@cancer.org.uk

1 Completion of the 'experience' tab was optional and cannot be assumed to be representative.

2 Considerations about not unduly burdening GPs with data collection and software limitations meant that it was not possible to collect comprehensive data about how often the tools or the individual functions were used.

The Cancer Research UK/Bupa Foundation Cancer Prevention Fellowship

The new CRUK/Bupa Foundation Cancer Prevention Fellowship Scheme may be of interest to readers engaged in behavioural research. Whilst this funding does not cover early diagnosis research, it provides support for innovative postdoctoral researchers and healthcare professionals who are interested in behavioural and lifestyle changes that can prevent people getting cancer. Structured to promote the translation of cancer prevention research into policy and practical interventions, and guided by senior leadership, fellows will gain extensive and comprehensive knowledge and experience to become future leaders in cancer prevention.

The Fellowship Scheme is currently open for applications, with a deadline of **Friday 7 November 2014**.

For more information and how to apply please go to the website <http://tinyurl.com/nqg2pam> or contact [Lucy Davies](mailto:lucy.davies@cancer.org.uk) at lucy.davies@cancer.org.uk or 020 3469 8824.

Other information:

We would love to hear from you with your NAEDI related activity, so please get in touch with Anna, if you'd like to put forward an article. If you would like to subscribe or unsubscribe from the newsletter please email [Anna Lawrence-Jones](mailto:anna.lawrence-jones@naedi@cancer.org.uk) at naedi@cancer.org.uk