

A note from the editor:

In this issue we bring you information about recent early diagnosis activities in the UK. We would love to hear from you about 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.

Register now for the 3rd NAEDI Research Conference

The 3rd National Awareness and Early Diagnosis Initiative (NAEDI) research conference will take place at the Millennium Gloucester Hotel in London on 26th - 27th March 2015.

This conference brings together researchers, clinicians, patients and policy makers to share and discuss the latest research findings, their impact on policy, and implications for the future of earlier cancer diagnosis.

We had a great response to our first call for abstracts and are in the process of finalising an exciting agenda, which includes international speakers. We are pleased to announce that **Professor Henrik Møller** (King's College London), **Professor Greg Rubin** (University of Durham), **Dr Hardeep Singh** (Baylor College of Medicine, USA) and **Professor Jane Wardle** (University College London) will speak at the event.

You can register [here](http://tinyurl.com/pyq2fgh) <http://tinyurl.com/pyq2fgh>, using the log in details below (case sensitive):
Username: NAEDI
Password: CONF

The **second call for abstracts** is **also now open** and will close at the end of January 2015. The focus is on new data and outputs within the following themes:

- Achieving earlier presentation of potential cancer patients
- Earlier diagnosis and primary care
- Improving diagnostic pathways
- The '[size of the prize](#)' of earlier cancer diagnosis

Cancer Research UK is pleased to be sponsoring a number of poster prizes and providing small bursaries for early career researchers and patients.

To submit an abstract (no more than 500 words) or apply for a bursary, please email [Anna Lawrence-Jones](mailto:anna.lawrence-jones@cancer.org.uk) at NAEDIconference@cancer.org.uk.



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NAEDI workshop - supporting our NAEDI research community

We have been organising a number of workshops for early career researchers as part of our ongoing commitment to support the NAEDI research community. The workshops are designed to focus on strengthening different elements of research funding applications, including clinical aspects, patient involvement and methodologies.

In July, Professor Jill Francis, Professor Anne Rogers and Professor Sally Wyke facilitated a workshop for 20 researchers on **complex interventions methodology**.

Complex interventions are those with various interconnecting parts such as an intervention directed at healthcare professionals' behaviour. The aim of the day was for researchers to learn what makes an intervention complex and what aspects to consider when applying for funding.

The day was very interactive with the attendees breaking into smaller



groups to work up posters and interview each other using key models presented by the facilitators, such as the **SPICO model**:

Setting (Context + Problem)
Population + **I**ntervention +
Comparator + **O**utcome

Researchers practised writing the title of their research project, including each element from the SPICO model, encouraging them to consider the different aspects of their project and how they interact.

The experts gave individual critique on each research proposal and we received excellent feedback for this event. One delegate said:

"The honesty with which the facilitators shared their experiences was very refreshing."

The second workshop in this series was held in December and was led by Professor Willie Hamilton and Professor Richard Neal. It had a similar format, but focused on improving **clinical aspects of research proposals**, from which we will communicate key lessons in the next newsletter. We plan on holding similar NAEDI events in 2015, which will be advertised in future newsletters.

For more information, please email [Anna Lawrence-Jones](mailto:anna.lawrence-jones@cancer.org.uk) at naedir01@cancer.org.uk.

Cancer Research UK's Early Diagnosis Advisory Group (EDAG)

The Early Diagnosis Advisory Group (EDAG) funds policy relevant research or activities that add to the scientific evidence base to achieve earlier diagnosis and enable better access to treatment (excluding biomedical research).

The most recent funding call awarded five project grants across the themes of inequalities in early diagnosis and routes to diagnosis. These studies will explore:

- the media's representation of cancer and how it may affect older adults' understanding of cancer risk and help-seeking behaviour
- how older people's fatalistic attitudes towards ill health and dying may connect to help-seeking behaviours
- the differences in help-seeking behaviour in breast cancer patients from different socioeconomic groups
- how 'lung cancer symptoms' and 'service' factors drive the decision to seek help from a GP in the Scottish public
- the importance of healthcare and patient-related factors along the diagnostic pathway of colorectal cancer diagnosis following emergency presentation

More details of the projects will be available shortly on the [CRUK research directory](http://tinyurl.com/qdix7wh) <http://tinyurl.com/qdix7wh>. Look out for information on upcoming funding calls in future NAEDI newsletters or on the [EDAG website](http://tinyurl.com/oz5rltu) <http://tinyurl.com/oz5rltu> or get in touch with [Anna Lawrence-Jones](mailto:anna.lawrence-jones@cancer.org.uk) at edag@cancer.org.uk for more details.

Talk Cancer training – turning “fear” into “hope”

Cancer Research UK's Talk Cancer training equips and empowers local health workers and volunteers to raise awareness of cancer in their communities by increasing their knowledge, skills and confidence to have conversations about cancer.

Talk Cancer was launched in 2012 following a successful pilot in Sandwell, West Midlands. The evaluation of this pilot, recently published in [Perspectives in Public Health](#), demonstrated a need for this training as well as its positive results.

In 2013-14, evaluation further explored the impact of Talk Cancer workshops. 346 trainees completed pre- and immediate post-workshop surveys and 14 trainees were contacted three months after attending the training to complete in-depth telephone interviews.

Surveys found that **awareness of multiple cancer risk factors significantly increased** after training. The greatest increase was seen in the number of trainees recognising that lack of physical activity (45% to 84%) and older age

(52% to 90%) increased cancer risk. Awareness of the NHS Cancer Screening Programmes also increased significantly (63% to 81%).

Many trainees commented on the **positive, accessible and interactive approach** of the workshops. This promoted more positive attitudes towards cancer, in turn encouraging more open conversations, especially about the importance of early diagnosis. Survey results also showed a positive shift in attitudes, with trainees more likely to associate "hope" and "survival" with cancer afterwards, as opposed to "death" and "fear" before the workshop.

In line with the increases in knowledge and shifts in attitudes, trainees also felt more **confident to discuss cancer**. Surveys found significant increases in confidence to discuss a range of cancer awareness topics such as lifestyle changes that can help to reduce cancer risk (64% pre to 91% post). Encouragingly, interviews suggest that this increase in confidence was sustained.

Follow-up also provided insight into the behaviour of the trainees' after the training. Many described how they were **encouraging others to seek help** if they had concerns about their health.

"... a friend of the family, she had recurring urinary symptoms... She has been diagnosed with bladder cancer and is awaiting an operation. It was after the training when I kept telling her to keep going to her GP."

It appears that having learnt about the importance of early diagnosis, trainees were keen to raise awareness of this amongst services users, colleagues, friends and family.

This evaluation shows the positive impact of the Talk Cancer training - it not only provides trainees with the knowledge needed to raise awareness of cancer, but helps trainees to feel more open about cancer and more confident to have conversations with the public.

For more information, please visit www.cruk.org/talkcancer or email talkcancer@cancer.org.uk.

Be Clear on Cancer

A national oesophago-gastric cancers campaign will launch on 26th January and run until 22nd February 2015. The decision to progress this campaign was based on encouraging findings from a regional pilot in 2014, and local pilots in 2012. In terms of clinical outcomes, when comparing the campaign period with the same time the previous year, results showed a 52% increase in urgent GP referrals and an increase of 29% in the proportion of upper gastrointestinal cancers diagnosed via a two week wait among those aged 60-69. Tim Underwood, Consultant Upper GI Surgeon at University Hospital Southampton commented: *"The symptom of heartburn is common, but it is also one of the earlier symptoms for oesophageal cancer. If surgeons see patients earlier, it makes the cancer more treatable and potentially curable. I am delighted that this campaign is going national, it's a great opportunity to improve survival outcomes."*

A second national 'blood in pee' campaign ran recently across England. Please visit the [NAEDI website](#) for more information.



What is the impact of primary care early diagnosis initiatives?

Primary care plays a key role in driving earlier diagnosis of cancer. A variety of initiatives focused on supporting GPs and other primary care professionals have been implemented in recent years. In order to learn from some of this work and assess its impact an [evaluation](#) was commissioned.

Building on their [2011-12 NAEDI evaluation](#), Professor Rubin and his team at Durham University examined early diagnosis activities undertaken across GP practices in **20 English Cancer Networks** during 2012-13.

What were practices doing?

A wide range of activities have been done, with varying results.

Of 5,917 English GP practices, 74% (4,380) engaged in at least one NAEDI activity. Awareness-raising was the most common intervention,

such as preparing for a Be Clear on Cancer campaign.

Changing clinical practice

To examine the impact of NAEDI activity on clinical practice, GP practices that had implemented one or more of the interventions outlined below were compared with those that hadn't. These interventions were seen as the most likely to quickly alter clinical practice:

- **practice plans** detailing improvement measures
- **audits** - criteria based audits (e.g. [RCGP's Trainee ePortfolio](#)) and [Significant Event Analysis](#)
- use of **Risk Assessment Tools** - lung and colorectal cancer only

Encouragingly, in practices that implemented any of these interventions (one or more), there was a significantly larger increase in referral rates (all cancers). Practices that developed a cancer action plan

had the largest increases in referral and detection** rates.

However, there were significant changes over time in both groups of practices and a wide range of additional activity was also happening. The trends are therefore likely to be influenced by a number of other factors.

The views from GP practices

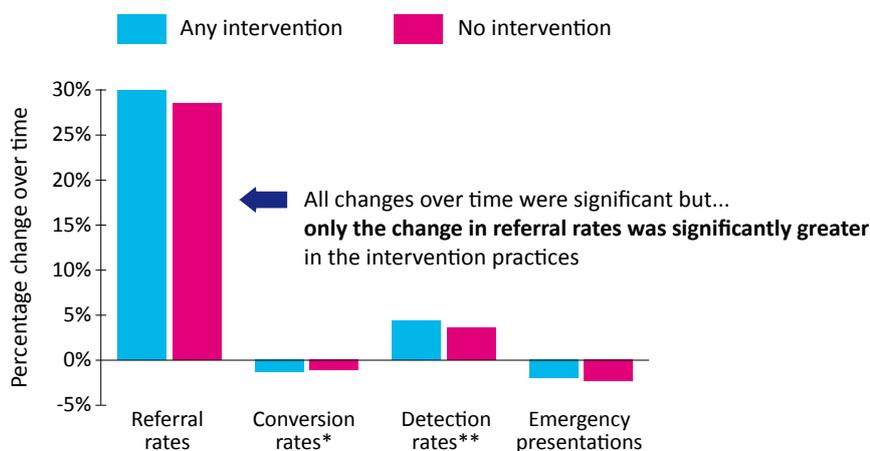
Case studies carried out with GP practices provided further insights. It was clear that the NHS reforms caused uncertainty, making it difficult to maintain the momentum from previous years. In the future there is also a risk that increasing pressure may mean that GPs find it difficult to implement interventions.

The benefits of primary care facilitators were also highlighted ([find out more about them here](#)). It was felt that they provide the support, capacity and links needed for practices to take on interventions.

*conversion rate is defined as the percentage of urgent GP referrals resulting in a cancer diagnosis

**detection rate is defined as the percentage of cancer waiting time recorded cancers resulting from an urgent GP referral

Trends in rates for all cancers from April 2009–March 2010 and April 2012–March 2013 in the practice groupings



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Clinical Decision Support Tool Evaluation

In the last issue we updated on the interim analyses from the evaluation of the electronic clinical decision support (CDS) tool for cancer, developed by Macmillan drawing on the algorithms developed by Professor Willie Hamilton and Professor Julia Hippisley-Cox. The evaluation has finished, and the executive summary and accompanying [blog post](#) are now available here <http://bit.ly/1xRjx7q>. For more information on the evaluation, please email Jodie.moffat@can.org.uk.