

Cancer PPIE members group update meeting minutes

Monday 30th September 2024 10-11am

<u>Item</u>	<u>Summary</u>	<u>Comments</u>
Implementation manifesto	<p>Presented by Claire. The study looked at the best ways to improve cancer detection and highlighted four considerations when implementing innovations:</p> <ol style="list-style-type: none">1. Explore how innovations change what 'risk' means and whose responsibility it is2. Observe how things are currently done and adapt the system3. Consider the needs of underserved patient populations4. Consider the unintended impacts of change <p>(Please see the manifesto attached to the email for full details)</p>	<p>Question regarding data and avoiding any mix ups-answer: we use 'scrambled' NHS numbers to track the health data for individuals, but we would not be able to identify any other personal details.</p>
CRUK Test Evidence Transition (TET)	<p>Presented by Sharon. This involves working with 5 NHS Teams to design and implement a targeted process of developing and improving services at the local level to improve early detection and timely diagnosis of bowel cancer. We are working with each team over a period of 2+ years to co-design their projects, gathering evidence to evaluate and enable adoption of improvements across health systems.</p>	
Health Technology research Centre (HRC)	<p>Presented by Sharon. Health Technology has the potential to support delivery of better quality, more efficient community healthcare at scale BUT there is very little current usage. Our HRC will speed up</p>	<p>Question about how we decide which areas in the UK will assist with research. This is largely dependant on the project and the funder. Ideally, we would like to involve the whole of the UK, however</p>

	<p>this evaluation and adoption by;</p> <ul style="list-style-type: none"> • Involving patients and clinicians in identification of needed technology • Supporting industry in development of Health Technology • Evaluating technologies for accuracy and safety <p>This is happening across many areas of health care and our focus is on cancer diagnosis. There will be an opportunity to be more involved with this study-details will be sent via email when this is available.</p>	<p>some funding bodies only fund for England or Scotland for example. Also, some areas are more research active than others, but we always aim to get a good spread of the UK population.</p>
<p>Missed Opportunities and Diagnostic Error (MODE)</p>	<p>Presented by Luke. This study's aim is to understand when 'interim diagnoses' represent missed opportunities to diagnose cancer. The main interview questions are:</p> <ul style="list-style-type: none"> • How do interim diagnoses occur and how they change over time? • How are they recorded in medical notes and why? • How they impact on ongoing care? • What could be done to reduce potential delays? <p>Recruitment is due to finish at the end of October 2024 so findings can be shared at the next meeting.</p>	<p>Several members have experience of being sent to physio before receiving a cancer diagnosis.</p>
<p>Optimising the FIT test for colorectal cancer detection</p>	<p>Presented by Andres. Investigating combining other data such as age, gender, blood test results etc with the FIT test to spare patients from unnecessary more invasive screening methods. The study used risk prediction models developed in Nottingham and explored whether machine</p>	<p>Question regarding risk scores and how this is explained to the patient. It is important not to focus too much on a number/percentage but rather to look at thresholds for screening and further testing. These thresholds are reviewed by doctors and specialists from their experience so that</p>

	learning models can be developed in Oxford.	patients receive the right treatment.
Exploring the landscape of public and private cancer diagnostics	<p>Presented by Anna. The objectives for developing this study with Denmark are:</p> <p>1: Explore what is currently known about diagnostic innovations in privately accessible routes of cancer detection</p> <p>2: To understand the policy and market drivers for new developments in cancer diagnostics</p> <p>3: To identify how new direct-to-consumer cancer blood tests and private imaging is being accessed and used and their impact on patients and primary care staff</p> <p>4: Engage the public and policymakers in examining the consequences of private routes of testing and imaging on healthcare equity</p>	<p>Question regarding how we decide which populations are underserved. This does vary by research project and a lot of it will rely on involving patients and the public to help researchers think about how the things they are proposing will impact people. Researchers should also think about this when they are trialling their projects.</p> <p>Question concerning the quality of services being provided by these (private) services. How effective (true positive) these services are and what that mean to NHS (services and workforce / resources). How are these being governed and regulated. We want to investigate the accuracy of tests being offered privately and learn what counts as legitimate evidence of the early signs of cancer if it comes from private sources.</p>
Promoting webinar STATS training in December	<p>Presented by Pradeep. After the success of the in-person training event in July we want to keep the momentum going. In order to do this, we are organising a webinar on systematic reviews and meta-analysis. This is planned for Tuesday 3rd December 2024. More information and details of how to join will be emailed soon.</p>	<p>Read the PPIE meets Stats in person training event blog here</p>