

# Cancer Research Primary Care Oxford

Patient and Public Involvement & Engagement (PPIE)

Launch Meeting

18<sup>th</sup> March 2024



NUFFIELD DEPARTMENT OF  
**PRIMARY CARE**  
HEALTH SCIENCES  
Medical Sciences Division



## Health Records Data

Bringing together patient data from large scale research studies and clinical practice

Understanding how clinicians suspect cancer and what support they need to diagnose cancer.



## Implementation

Exploring how to translate what we learn through research into changes in practice that benefit everyone affected by cancer.

Building knowledge and evaluating evidence for the best ways of providing health care for patients with, or who may have cancer.

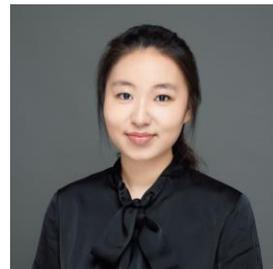


## Diagnostic Reasoning



## Clinical Studies

# Our Team



# **BLOod Test Trend for cancEr Detection (BLOTTED)**

Pradeep Virdee

# BLOTTED

— BLOod Test Trend for cancEr Detection —

## BLOod Test Trend for cancer Detection

- **Blood tests are important** for cancer detection
- Monitoring how your blood tests change over time (trend) might help find cancer



Health  
Records  
Data

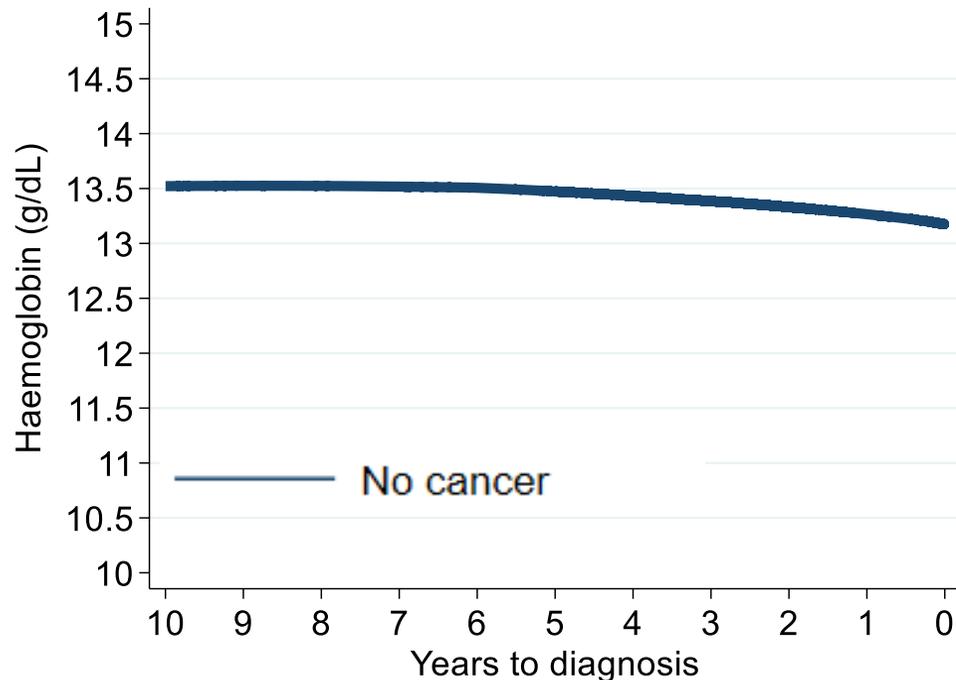
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Cancer-free patients:  
Steady trend

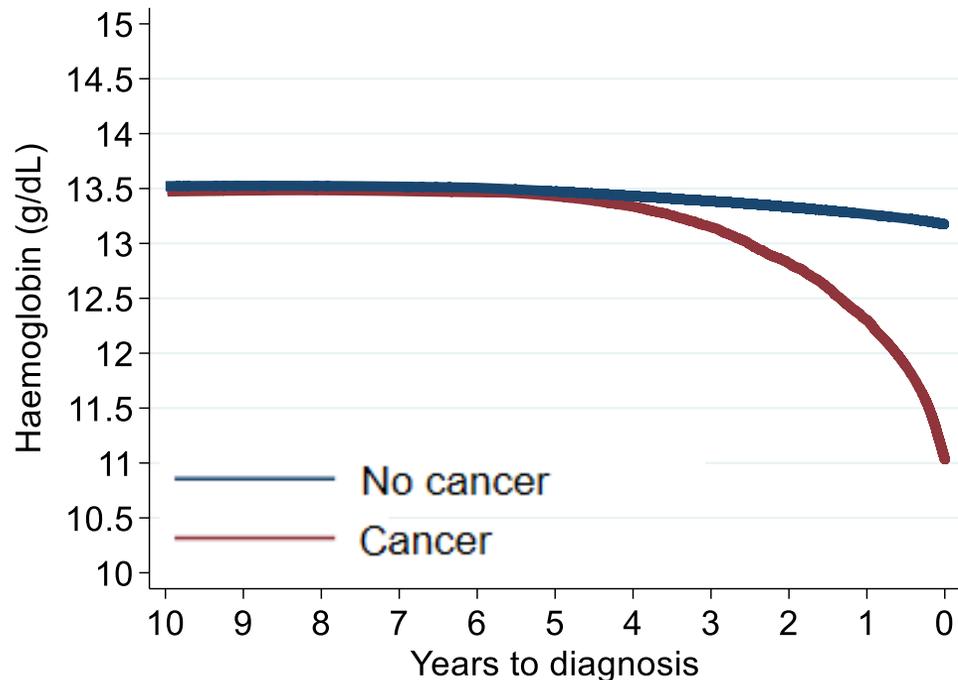
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**Cancer patients:**  
Rapidly starts declining

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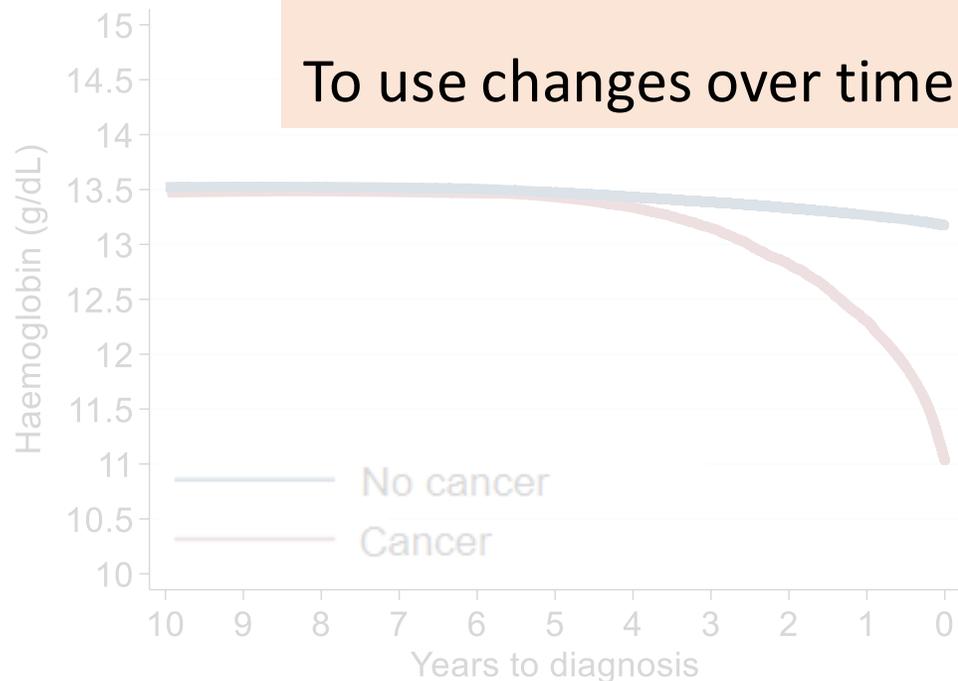


Health  
Records  
Data

- Blood tests are important for cancer detection
- Monitoring how your blood tests change over time (trend) might help find cancer

### Aim:

To use changes over time (trends) in blood tests to help find cancer



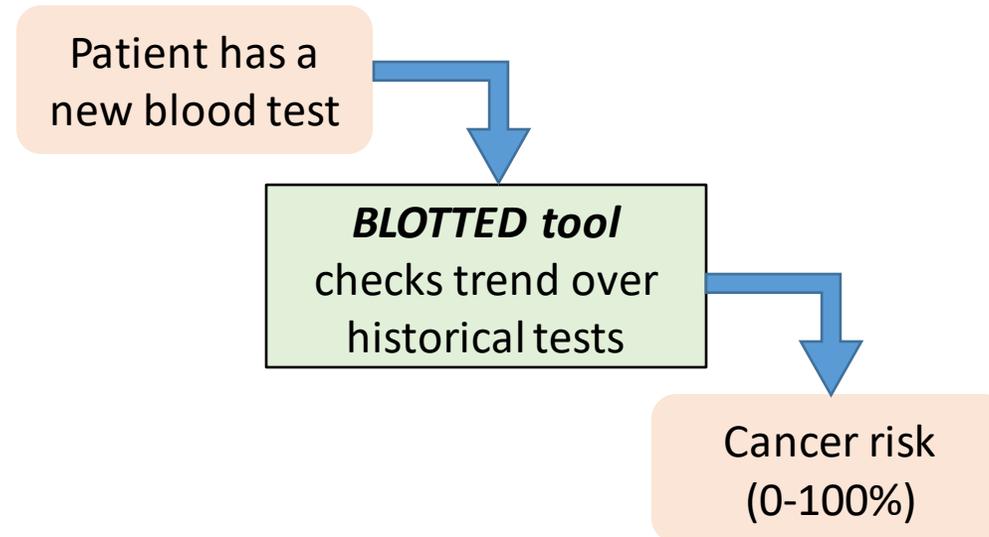
Cancer-free patients:  
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### How will we do this?

- We have data on **28,000,000 patients from primary care** records around England
- We will look at different statistics to assess the helpfulness of trends for cancer
- We will develop a **decision support tool** that uses trends for cancer risk
- Will be embedded into the GP electronic systems



# **Missed Opportunities and Diagnostic Error (MODE)**

Luke Robles

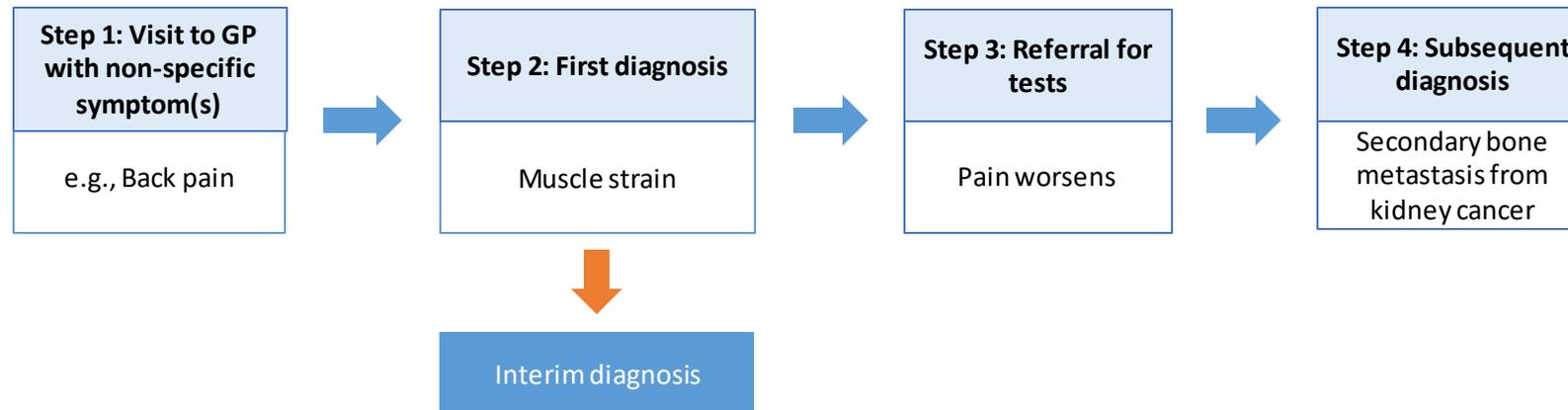
# Missed Opportunities and Diagnostic Error (MODE)



## Background

- Patients with cancer often present to their GP with non-specific symptoms
- GPs may first diagnose a non-cancer illness (interim diagnosis) that matches symptoms

## Scenario



## Study aim

- To understand when 'interim diagnoses' represent missed opportunities to diagnose cancer

# Missed Opportunities and Diagnostic Error (MODE)

## Qualitative interviews with up to 40 health care professionals and non-clinical staff

- GPs, practice nurses, physician associates, practice receptionist, pharmacists
- Recruitment started in March 2024



## Advertise study through email, social media, newsletters of research networks

- Oxfordshire, Buckinghamshire, Berkshire, South West Peninsula



## Online interviews using hypothetical scenario and key questions



# Missed Opportunities and Diagnostic Error (MODE)

## Main interview questions

- 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?



## Impact of findings

- Shared with stakeholders (patients and carers), healthcare professionals, and policy makers
- Help inform the development of interventions to reduce delays in cancer diagnoses associated with interim diagnoses

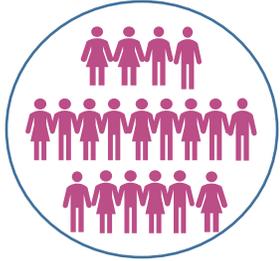


**Observational study to assess a multi-cancer early detection  
(MCED) test in individuals referred with signs and symptoms of cancer  
(SYMPLIFY)**

Sharon Tonner

# SYMPLIFY

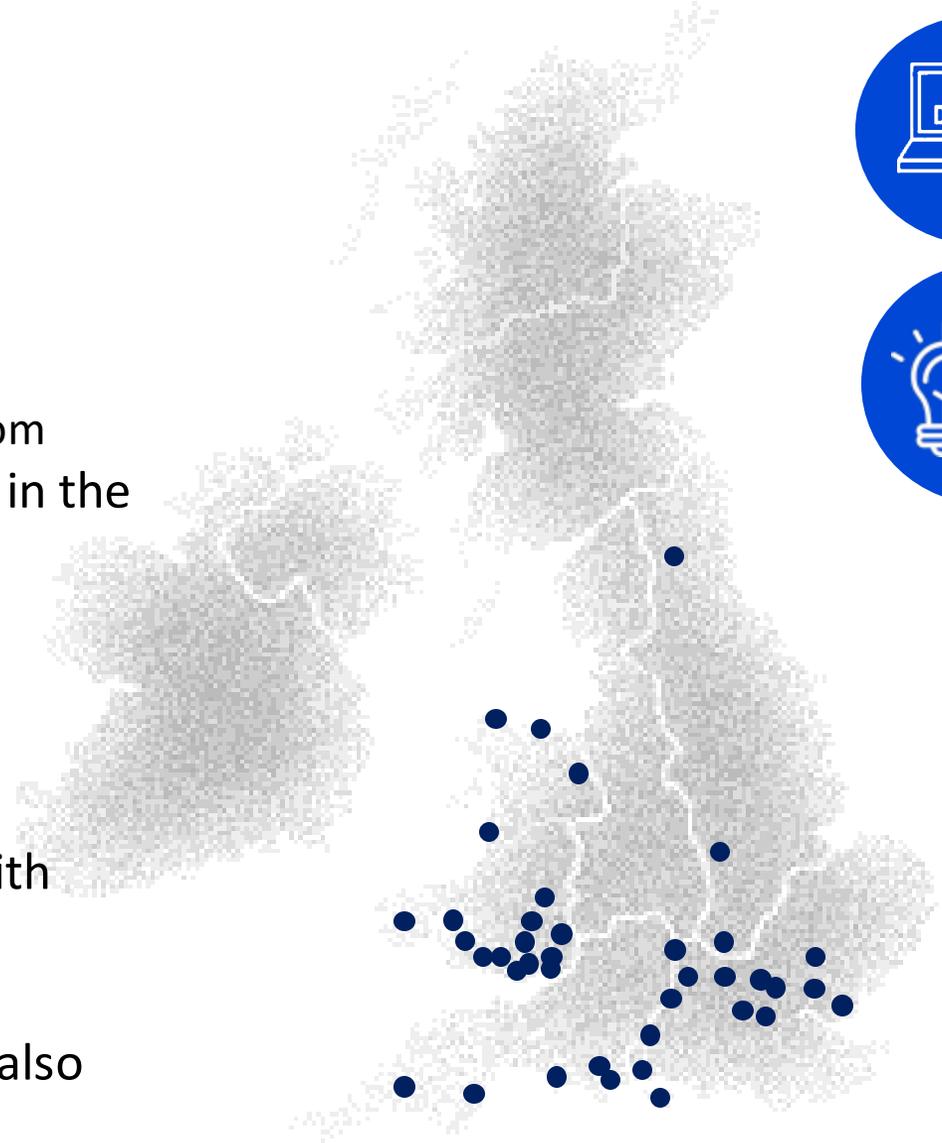
## Observational study to assess a multi-cancer early detection (MCED) test in individuals referred with signs and symptoms of cancer



+



- Galleri® is a test that looks for cancer cells that have broken off from tumours in the blood. It can also be used to find out where in the body the cancer has started, this is called the Cancer Signal Origin.
- 6,240 patients recruited.
- 323 had a positive Galleri® test and 244 were diagnosed with Cancer by the NHS.
- 85% of participants who had cancer diagnosed by the NHS also had a correct Cancer Signal Origin.



- An additional year's follow up of existing SYMPLIFY participants in National Cancer Registry.
- We want to find out what happened to the participants who had a positive Galleri<sup>®</sup> result but were not diagnosed with Cancer during the study period.
- We are interested in hearing people's feedback on if they would be happy for us to do this if they were a SYMPLIFY participant.



- A new study in primary care to see if GP's can use Galleri® to help them decide which patients with symptoms that may be cancer should be referred to secondary care for tests.
- Patients who attend their GP with non specific symptoms will be invited to have the Galleri® test as part of the study.
- All participants will have their test result returned to their GP. The GP will then be able to use the result to help them decide what to do next.
- We hope using the Galleri® test will allow patients with cancer to be identified more quickly so that they can start to be treated.



## **Role of Cancer Theme PPIE Group**

# Role of Cancer Theme PPIE Group

- Support the wide range of projects our group conducts
- Contribute to our overall research goals by advising on what areas of research are most important to patients and the public.
- PPIE member activities will include invitations to review grant applications, join project committees, help us make sure information we share is in plain English.
- We will also ask PPIE members to help us make sure our group is inclusive and welcoming of new members with different life experiences.



## Discussion

1. What do you think makes good research?
2. What type of research would you like to see take place in Cancer and Primary Care
3. How can we make research more easily accessed by people who do not usually take part in it?

**Thank you**

Cancer Theme website:

<https://www.phc.ox.ac.uk/research/research-themes/cancer>