

2015 NATIONAL AWARENESS AND EARLY DIAGNOSIS INITIATIVE RESEARCH CONFERENCE

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A feasibility RCT looking at the effect on lung cancer diagnosis of giving a Chest X-Ray to smokers aged over 60 with new chest symptoms – feasibility and two-month follow-up data (ELCID)

Prof Richard Neal
North Wales Centre for Primary Care Research
[on behalf of ELCID trial team]





Background & Intervention

- Fact: lung cancer in the UK has lousy outcomes
- Hypothesis: one hope for improving outcomes is more timely recognition of symptomatic disease (Chest X-Ray), and this may achieve a stage shift, higher rates of resection and improvements in survival
- Intervention: a lower the threshold for investigation ('extra-NICE') compared with current NICE guidance
- 'Extra-NICE' recommends a Chest X-Ray if:
 - Smoker or ex-smoker with 10 or more pack-years of smoking aged 60+
 - A new /altered cough and/or increased breathlessness reported to primary care



North Wales Centre for Primary
Care Research
Canolfan Gogledd Cymru ar gyfer
Ymchwil Gofal Cychwynnol



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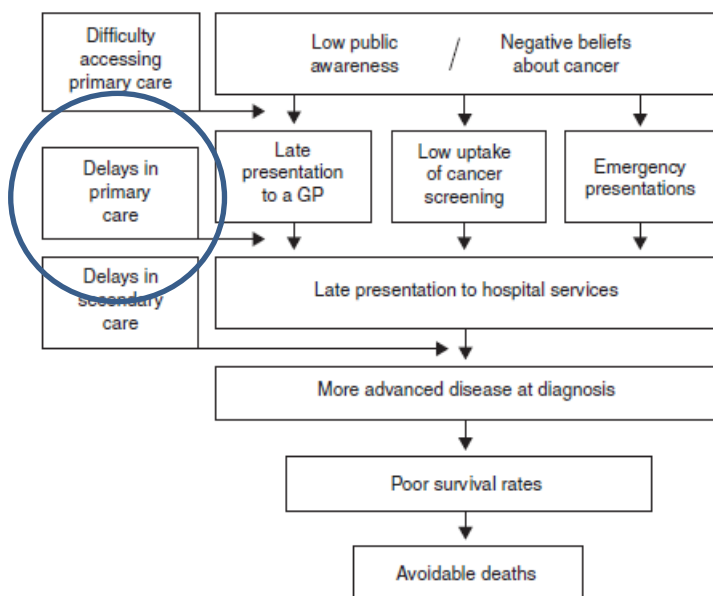
Simple design within primary care





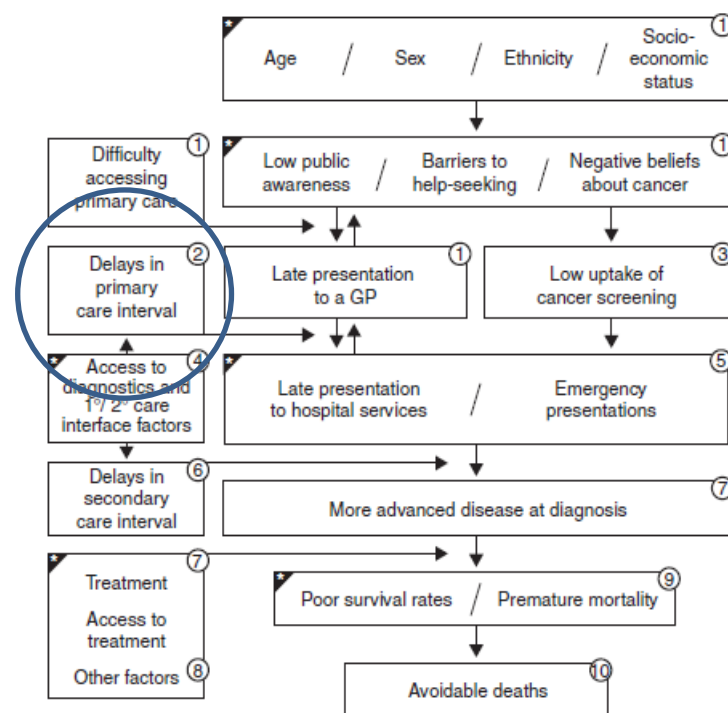
Where this fits within the NAEDI hypothesis

Original NAEDI hypothesis



Updated NAEDI hypothesis

Factors influencing cancer survival and premature mortality



➤ New or changed since original hypothesis

Figure 1. Numerous references exist supporting the updated NAEDI hypothesis, some of which are published in this supplement. Other relevant references include: (1) Robb *et al*, 2009; Waller *et al*, 2009; Quaife *et al*, 2014; Keeble *et al*, 2014; (2) Lyratzopoulos *et al*, 2012, 2013; (3) Von Wagner *et al*, 2011; Lo *et al*, 2014; (4) Shawihdi *et al*, 2014; (5) Ellis-Brookes *et al*, 2012; Mitchell *et al*, personal communication; (6) Cancer Waiting Times; NHS England, 2015; (7) Maringe *et al*, 2012, 2013; Walters *et al*, 2013a, b; National Cancer Intelligence Network (2015); (8) McPhail *et al*, 2013; (9) De Angelis *et al*, 2014; Allemani *et al*, 2014; Coleman *et al*, 2011; and (10) Abdel-Rahman *et al*, 2009.

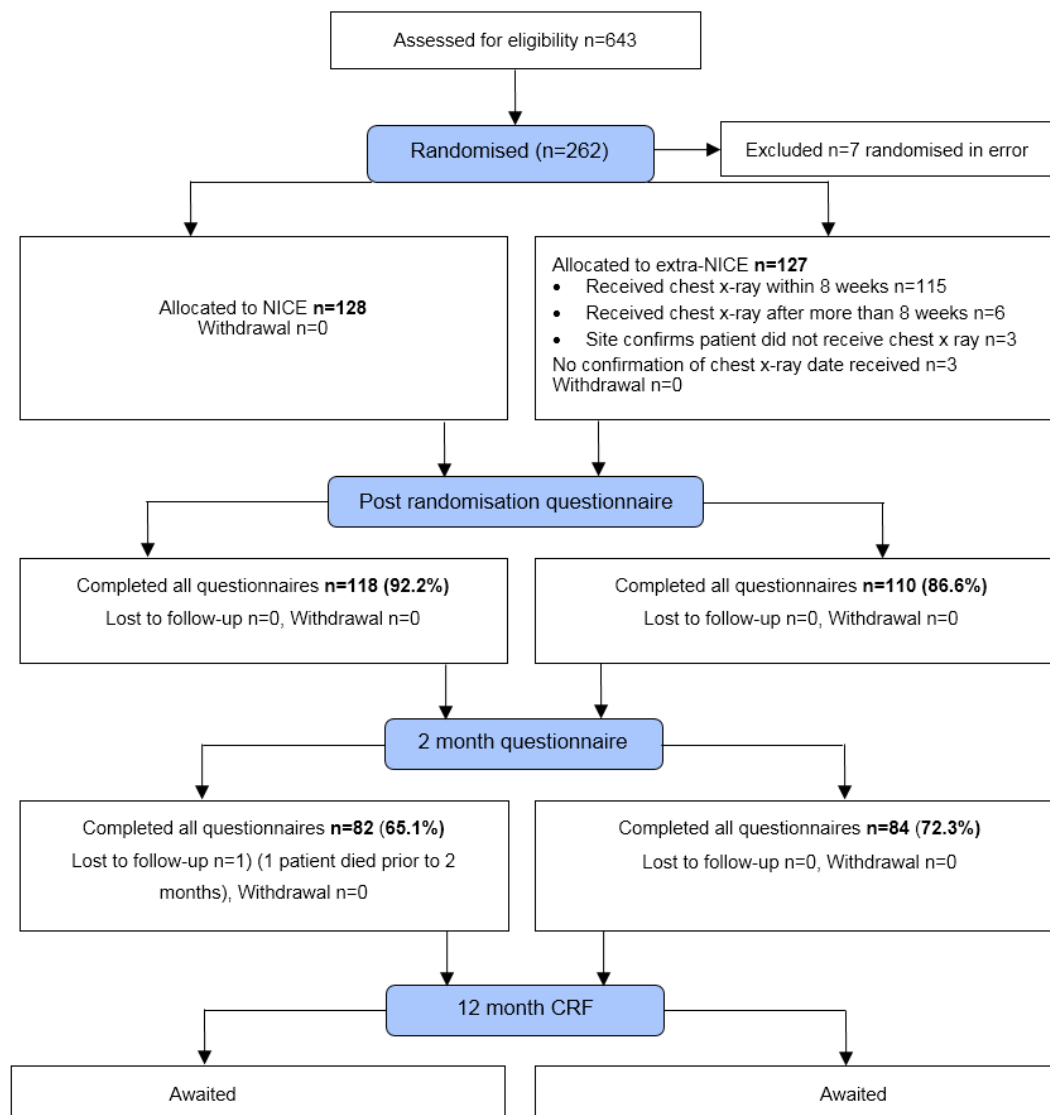


Aims

- To undertake development work & a feasibility trial to determine:
 - Acceptability of trial design and materials
 - Training & recruitment of practices
 - Recruitment & randomisation of patients
 - Clinical & health economic data
 - Views of participants and non-participants, and health care professionals



Flow chart





Feasibility ‘yes/no?’

Acceptability of trial design and materials

- Done, working group with stakeholders

Training & recruitment of practices

- Done, 31 practices recruited in different regions of UK

Recruitment & randomisation of patients

- Done, 255 patients individually randomised over 18 months

Clinical & health economic data collection

- Acceptable completion rates
- Data on presenting symptoms & comorbidity
- No difference in HADS or EQ5D at 2 months
- 12 month follow up to follow (cancer diagnosis, ICECAP, CSRI)

Views of participants and non-participants, and health care professionals

- Done, and will inform Phase III trial design



Conclusion

- We have demonstrated feasibility of recruiting to an individually randomised controlled trial in primary care for earlier CXR for high-risk patients
- We await 12- month follow up data on outcomes to inform sample size for a phase III trial
- This is one of the first trials of a primary care based intervention to facilitate timelier diagnosis of cancer
- Hurt CN, Roberts K, Rogers T, Griffiths GO, Hood K, Prout H, Nelson A, Fitzgibbon J, Barham A, Thomas-Jones E, Tudor Edwards R, Yeo ST, Hamilton W, Tod A, Neal RD. Protocol for a feasibility clinical trial examining the effect on lung cancer diagnosis of offering a chest x-ray to higher risk patients with chest symptoms. *Trials* 2013;14:405.