Cancer Research UK ED CONFERENCE
5TH June 2024

Queen Mary University of London

Advice after urgent suspected cancer referral when cancer was not found:

What do patients want & what do they receive?

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Funded by barts CHARITY

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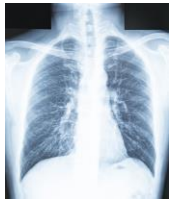
Urgent Suspected Cancer Referral

Symptoms

Primary care



Investigations and tests in secondary care

7% cancer found

203,000 people each year

93% no cancer found

2,697,000 people each year

What happens to these people?

England: 2.9 million people are referred each year

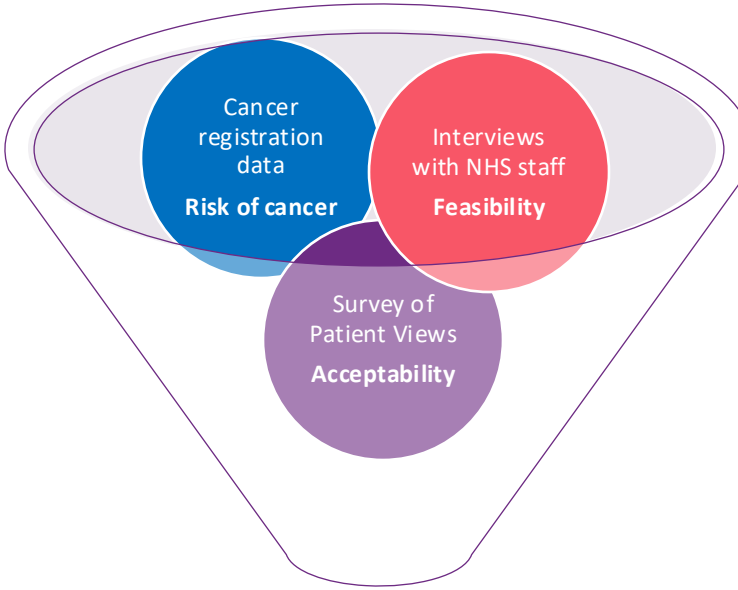
Aims [ORCA: Opportunities to Raise Cancer Awareness]

1) Investigate the **occurrence of cancer** in each of the 5 years after no cancer is found following referral for suspected cancer.

Analysis of cancer registration data

2) Investigate the f**easibility and acceptability to patients and providers** of providing advice and support to encourage early diagnosis of cancer after no cancer is found

Surveys & interviews



Design and test interventions

Aims [ORCA: Opportunities to Raise Cancer Awareness]

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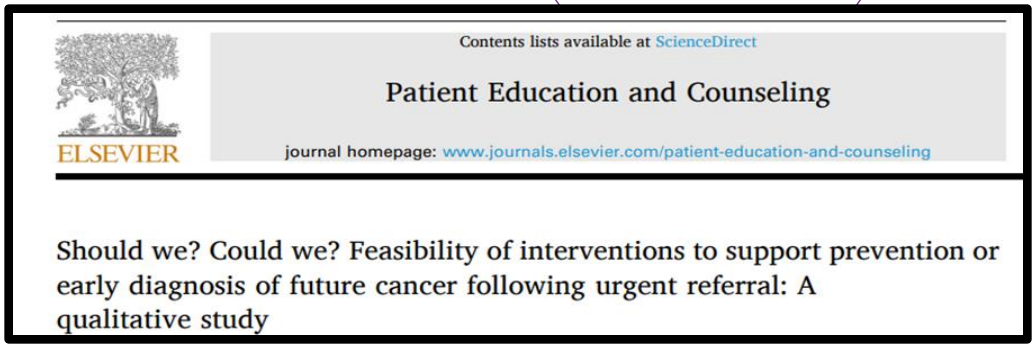


Possible ways to support patients after no cancer is found:

Identifying missed cancers

1. Guidance about **what to do about ongoing or worsening symptoms** in case the symptoms *are* due to cancer

Early detection of future cancers

2. **Raising awareness of early signs** of different cancers and **when to consult** a doctor

3. Advice and help to keep up-to-date with **cancer screening** (bowel, breast, cervical, lung)

Prevention of future cancers

4. Support to **reduce risk of** cancer e.g. advice on tobacco use, alcohol consumption, diet, physical activity.

Objective: To measure patients' current receipt of advice & their willingness to receive advice after urgent suspected cancer referral when no cancer is found

Patient survey

- What type of support had they **received?**
- What type of support they **willing to receive?**
- **Prospective acceptability:** What they would **think / feel** about receiving each type of support?
- **When** would they like to receive support?
- **How would** they like to receive support?
- **From whom** would they like to receive support?

Ongoing symptoms

Spotting early symptoms of different cancers

Cancer screening

Reduce risk of future cancer

Postal survey (+1 reminder)
- Guy's & St Thomas' Hospital
- Hillingdon Hospital

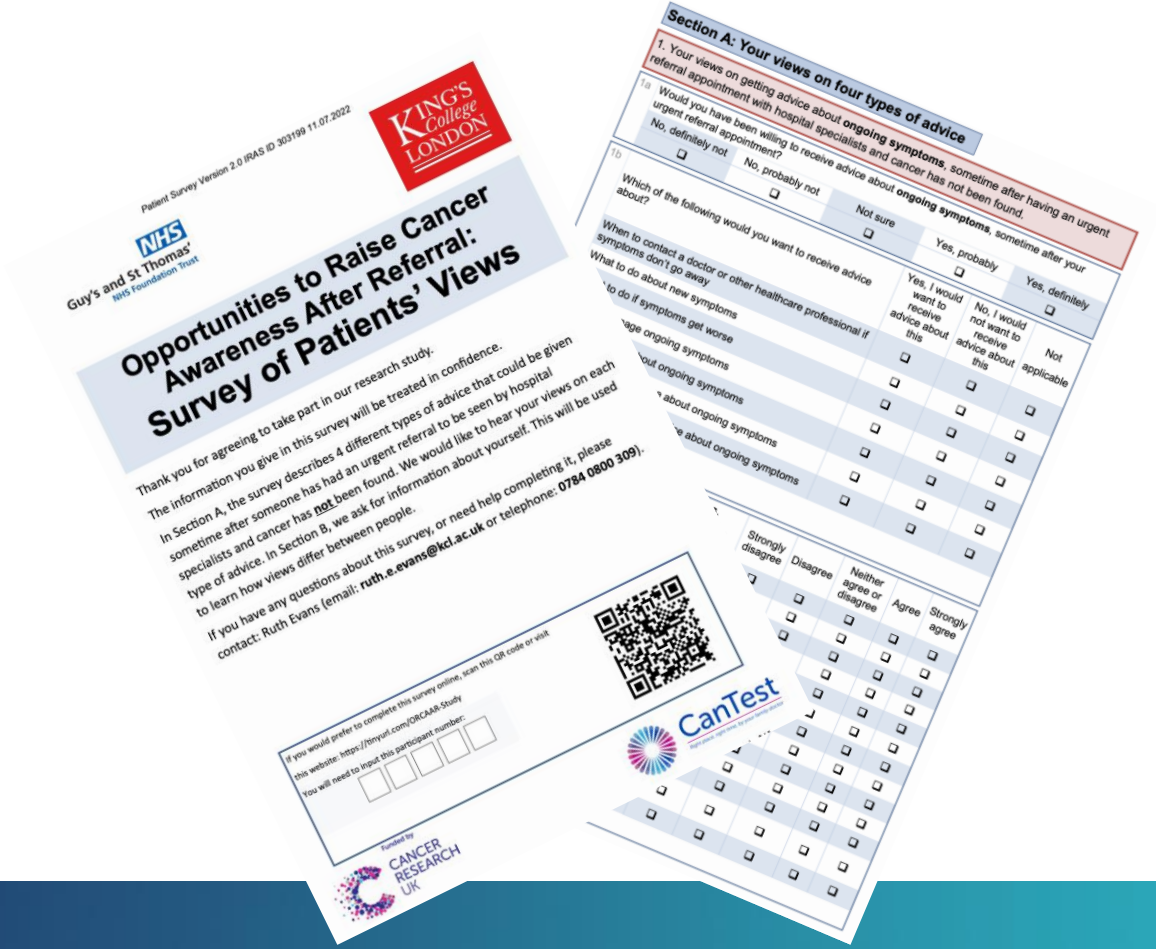
Sent between **1-3 months after patients had been told that cancer had not been found**

Head & Neck

Upper gastro-intestinal

Lower gastro-intestinal

Return by post or online



Participants

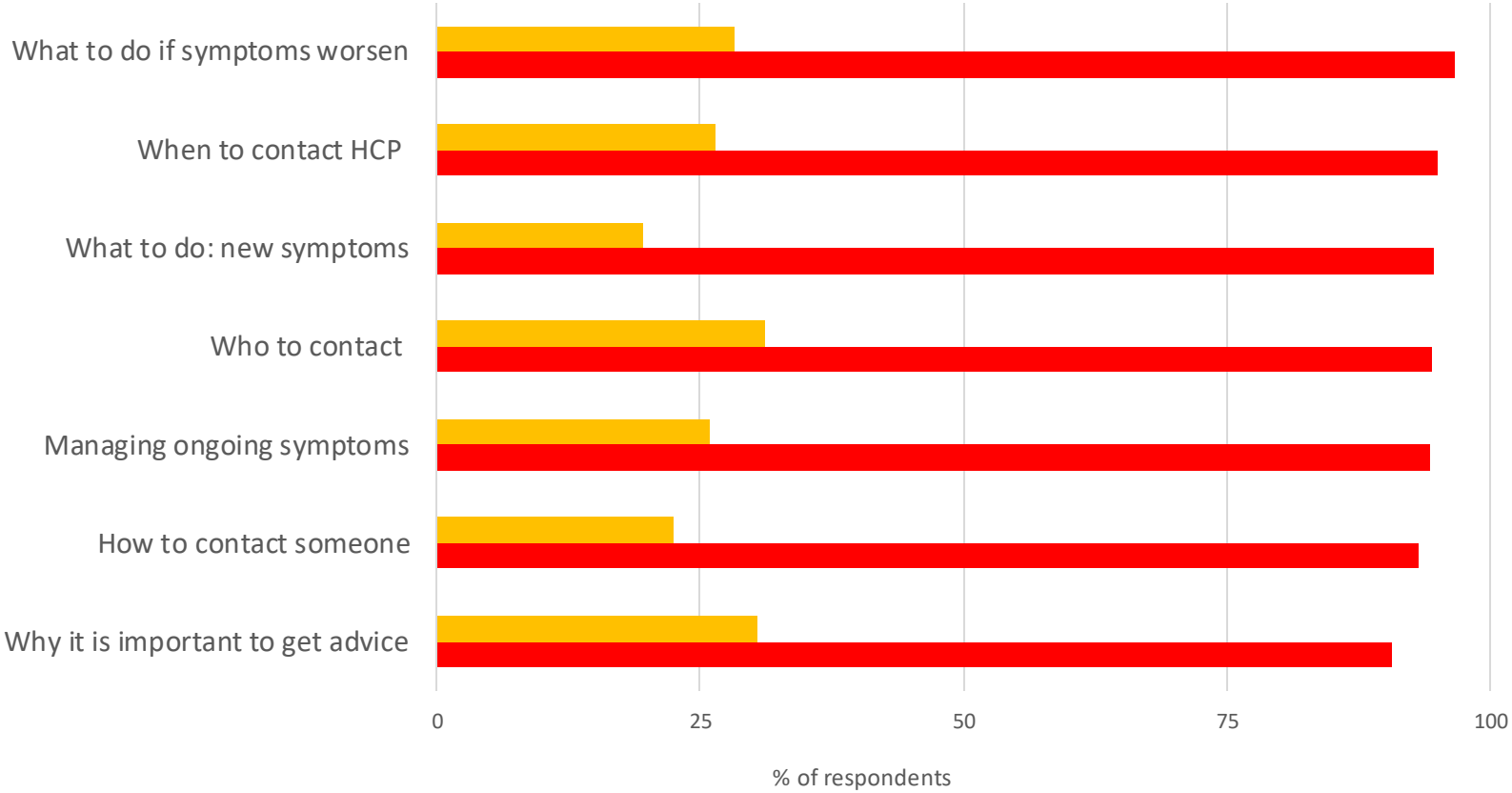
- N= 397
- Average age = 62 years (range 17-94 years)
- 56% female; 44% male
- 61% from areas of greater deprivation
- 25% from Ethnic minority groups
- 43% had either no educational qualifications, or limited to GCSE/O level
- 17% had previously had cancer (majority over 2 years ago)

Results

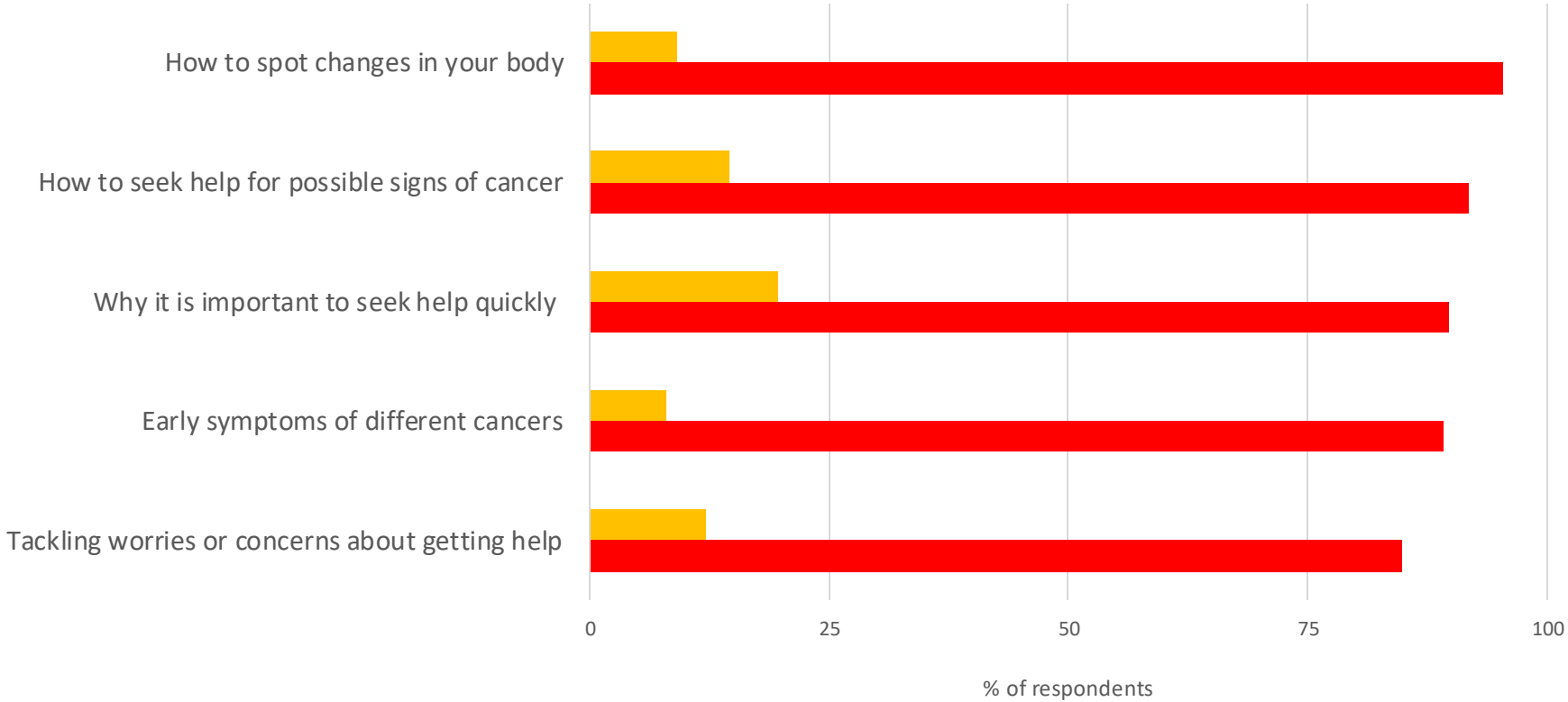
"Would you have been willing to receive advice about […], sometime after your urgent referral appointment?"

	Ongoing symptoms	Spotting early symptoms of different types of cancer	Cancer screening	Reducing risk of future cancer
% willing to receive advice:	94%	89%	92%	93%

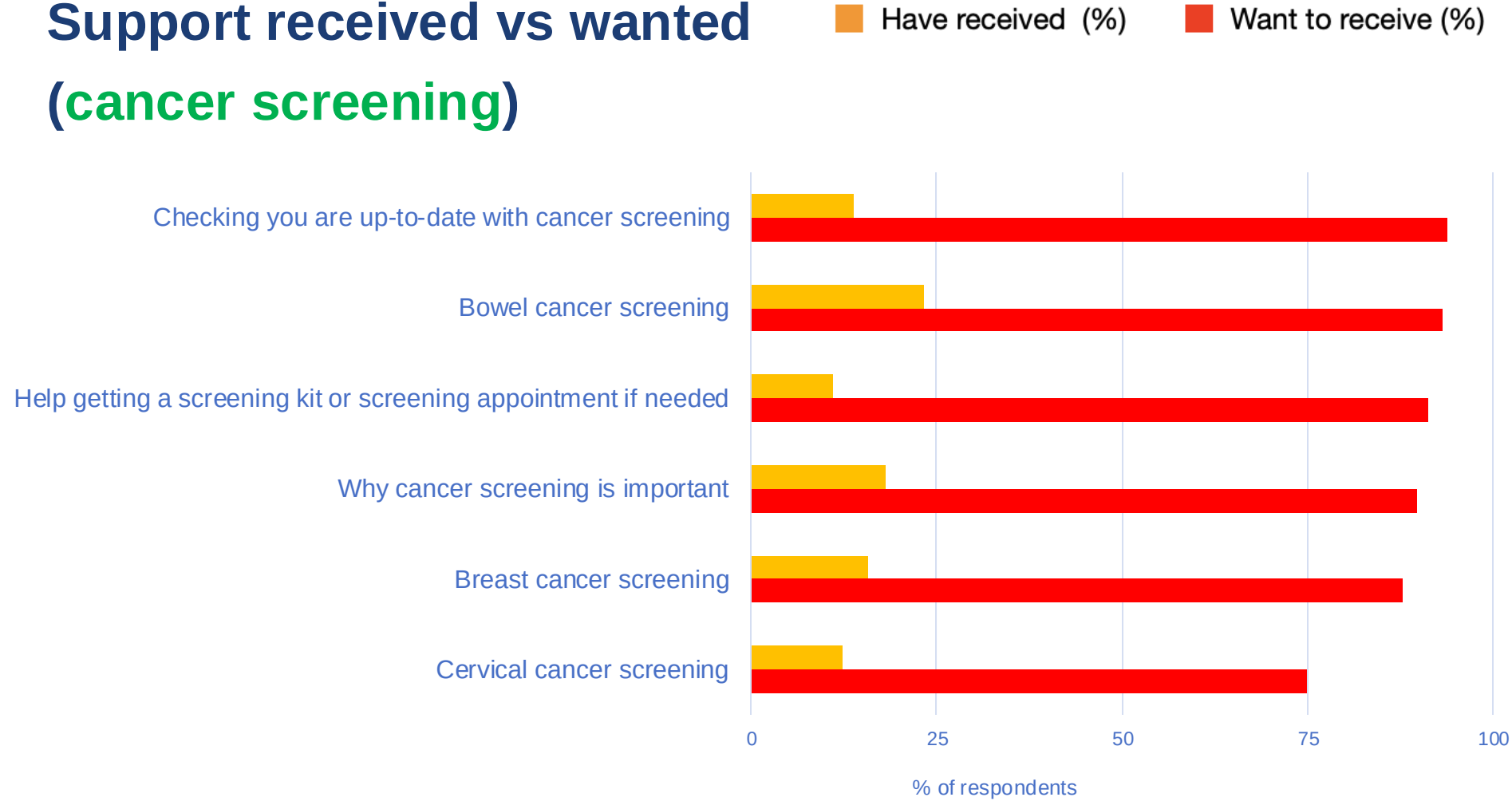
Support received vs wanted (ongoing symptoms)



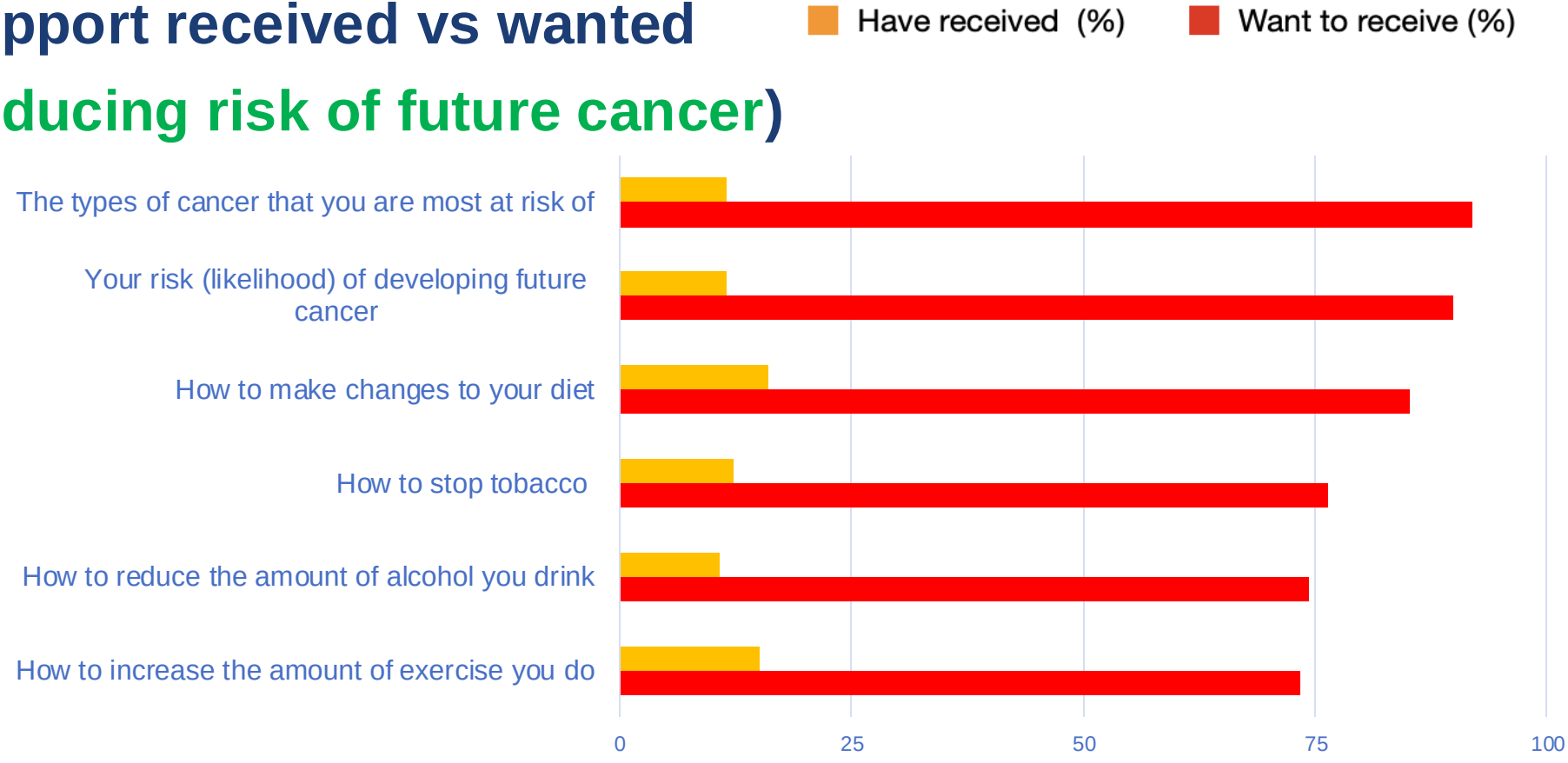
Support received vs wanted (spotting early cancer symptoms)



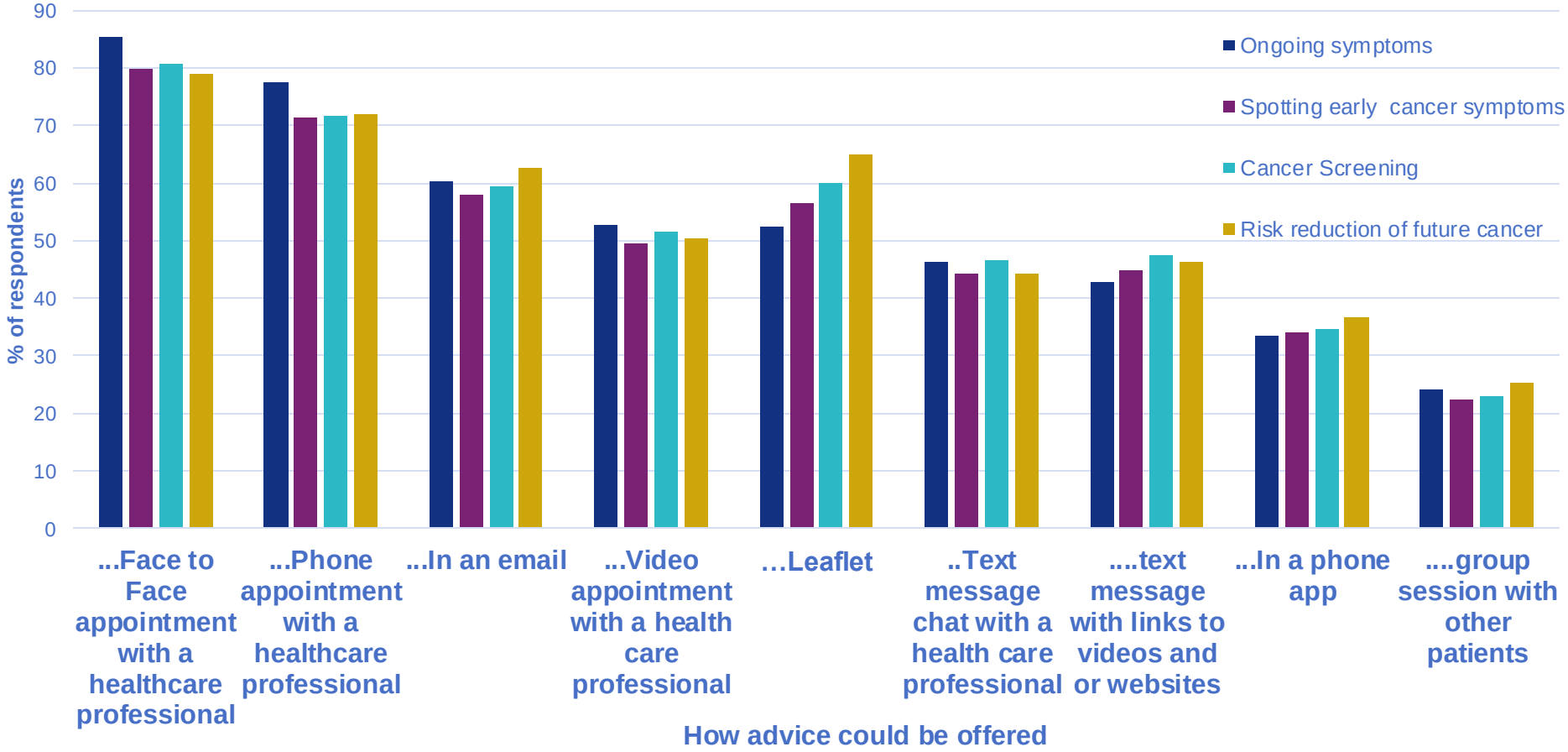
Support received vs wanted (cancer screening)



Support received vs wanted (reducing risk of future cancer)



Preferred mode of delivery



Factors associated with prospective acceptability

	Cognitive Acceptability				Emotional Acceptability			
	Ongoing	Other cancers	Screening	Risk	Ongoing	Other cancers	Screening	Risk
Age	-	-	-	-	-	-	-	-
Ethnic group	-	-	-	-	X	X	X	
USC pathway	-	-	-	-	-	-	-	-
Education	X	-	-	X	-	-	-	X
Relationship status	-	-	-	-	-	-	-	-
Health behaviours	-	-	-	-	-	-	-	-

Summary: Support after urgent suspected cancer referral when cancer is not found

- An **understudied** group
- An **unmet need**
- Idea of provision of support appears **acceptable.**
- Equity requires **inclusive approach** for development of interventions.

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Thanks for listening.
Please get in touch for further information:
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