Our funded research: making a difference

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Combined Raman and FIT study (CRaFT)

Swansea Bay UHB and Swansea University
Lesley Smith et al. Br J Gen Pract 2022;72:34-37
A need to reduce variation/harm/delays in pathway
Study design

• Patient acceptability and clinical effectiveness of combining FIT test (faecal) and Raman test (blood) in primary care

• Qualitative interviews with patients who participated and healthcare professionals (1°/2° care) and bowel screening decliners

• Diagnostic test performance (sensitivity/ specificity) of test pairing

• Towards a new prudent diagnostic care pathway for suspected CRC patients
Public involvement- Julie Hepburn

• Why did I become involved and why PPI was important for this study?

• What duties did I undertake?

• How did COVID affect my role?

• What did I gain from taking part?
Findings - Raman-FIT test - patients themes

- Attitudes towards Raman-FIT
- Trust in professionals/ test accuracy
- Perceived benefits
- Acceptability in primary care
- Self-efficacy in doing the test
- Test coherence
Findings- Raman-FIT test- HCP themes

• Acceptability of Raman-FIT in primary care
• Best use of Raman-FIT
  • You’re ruling it out for your low-risk patients, and you’re facilitating the pathway for your higher risk patients.
  • it’s more effective use of the resources rather than having to increase the resources
  • if you could use it for your rectal bleeders and differentiate which ones need a colonoscopy, that’d be great
• Perceived patient benefits
  • It's easy, they get a result quickly
  • Patients are much more willing to do anything that involves only coming here than the hospital
Bowel screening non-responders-themes

- Practicalities of FIT
  - 42.6% current FIT test is too much effort. *Unpleasant and frightening*
- Low perceived susceptibility
  - Test fatigue every 2 years
- Non-compliance despite best intentions
  - *Kept leaving it for another day*
- Emotional factors
  - Disgust (31%), anxiety, embarrassed
- Other health matters
- External factors
  - Colonoscopy preconceptions
Pathway to Impact

• **NIHR i4i** funding ("CanSense-CRC: Development and optimisation of a blood test for the early detection of bowel cancer in primary care) £1.2M -further clinical/ cost effectiveness work and PPI engagement for regulatory and HTA requirements of the Raman blood test.

• **Usability studies** with primary care to ensure that the novel Raman test is used in accordance with its instructions for use as a decision support tool.

• Cancer Research Wales funded trial in bowel screening ("**COLOSPECT**") alongside FIT to improve screening accuracy
Implications for policy/ practice/ public benefit

- More prudent diagnostic pathway
- A more acceptable test than current invasive methods
- Improved access to colonoscopy for more
- More timely diagnosis and treatment- Single Cancer Pathway target compliance
- Increased pre-malignant polyp detection
  - Cancer prevention?
- Improve choice in bowel cancer screening- better uptake