



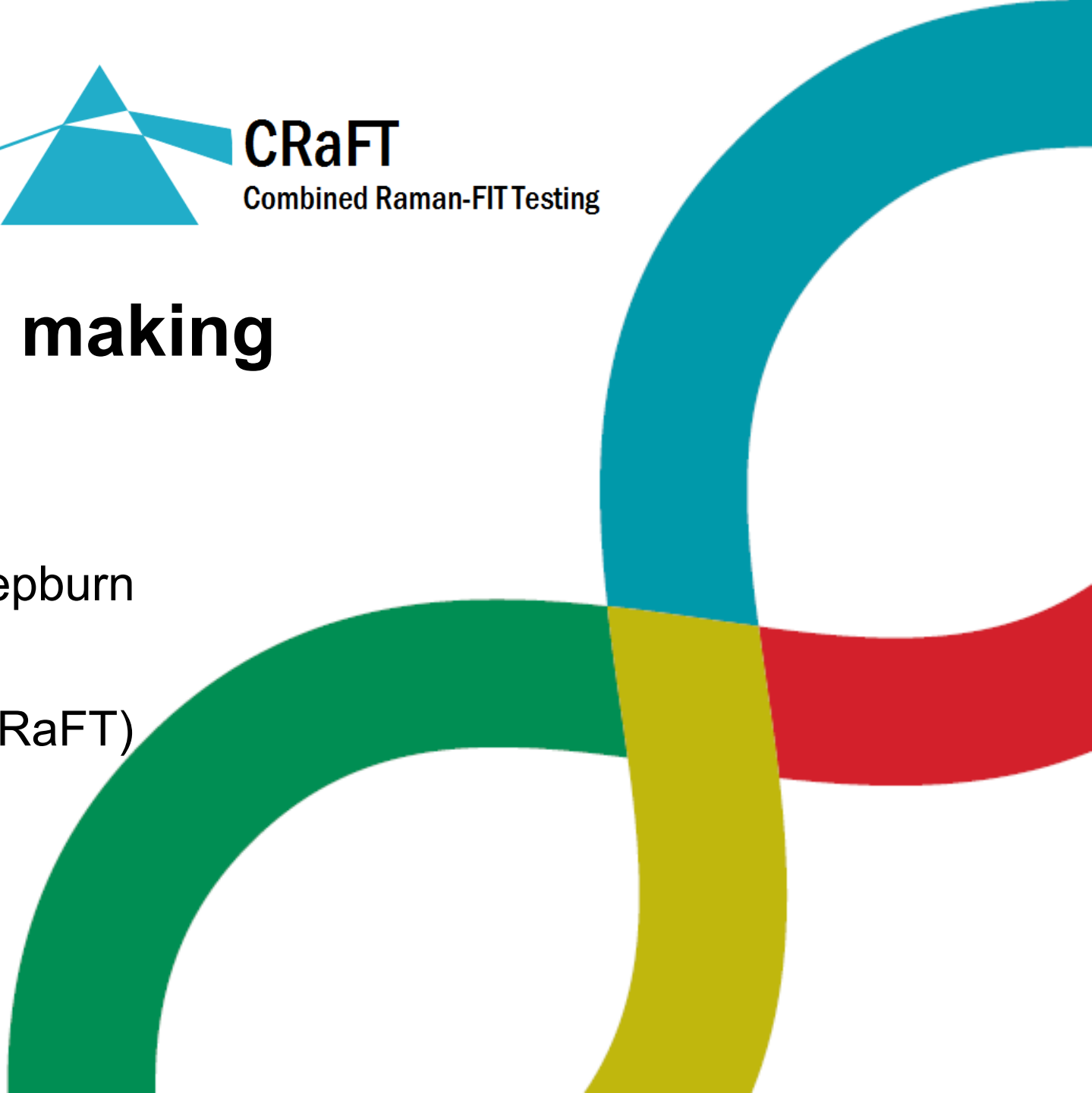
CRaFT
Combined Raman-FIT Testing

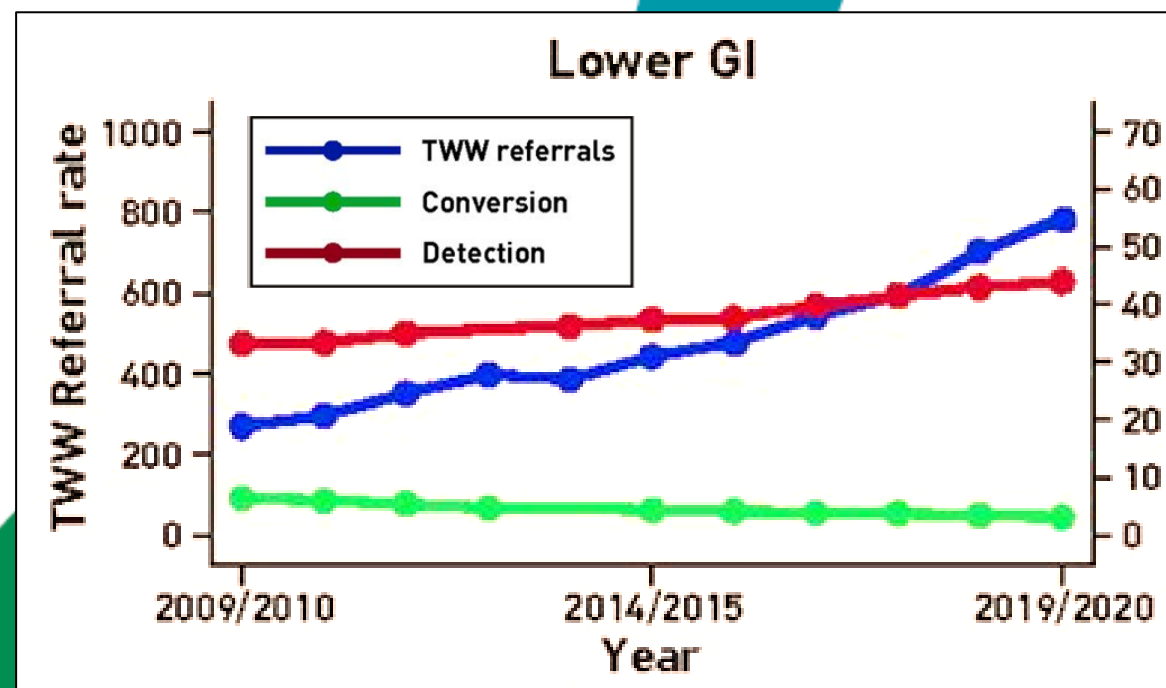
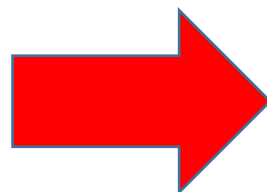
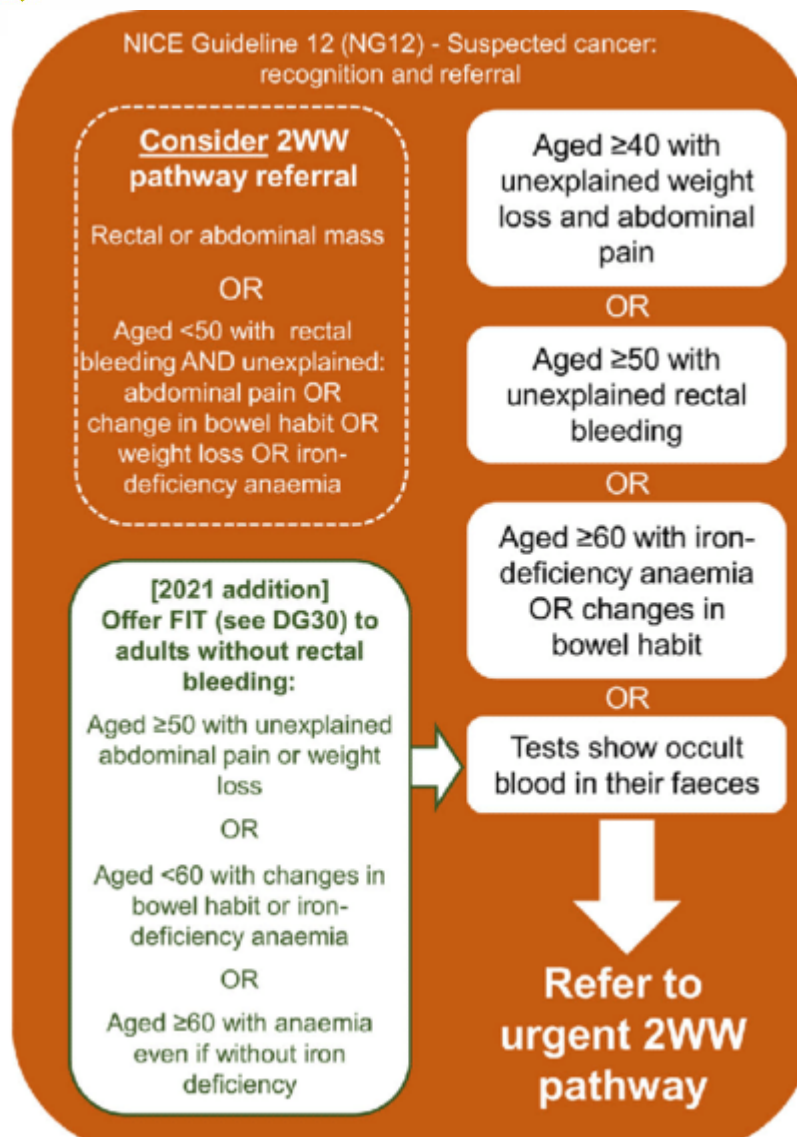
Our funded research: making a difference

Prof Dean A Harris and Mrs Julie Hepburn

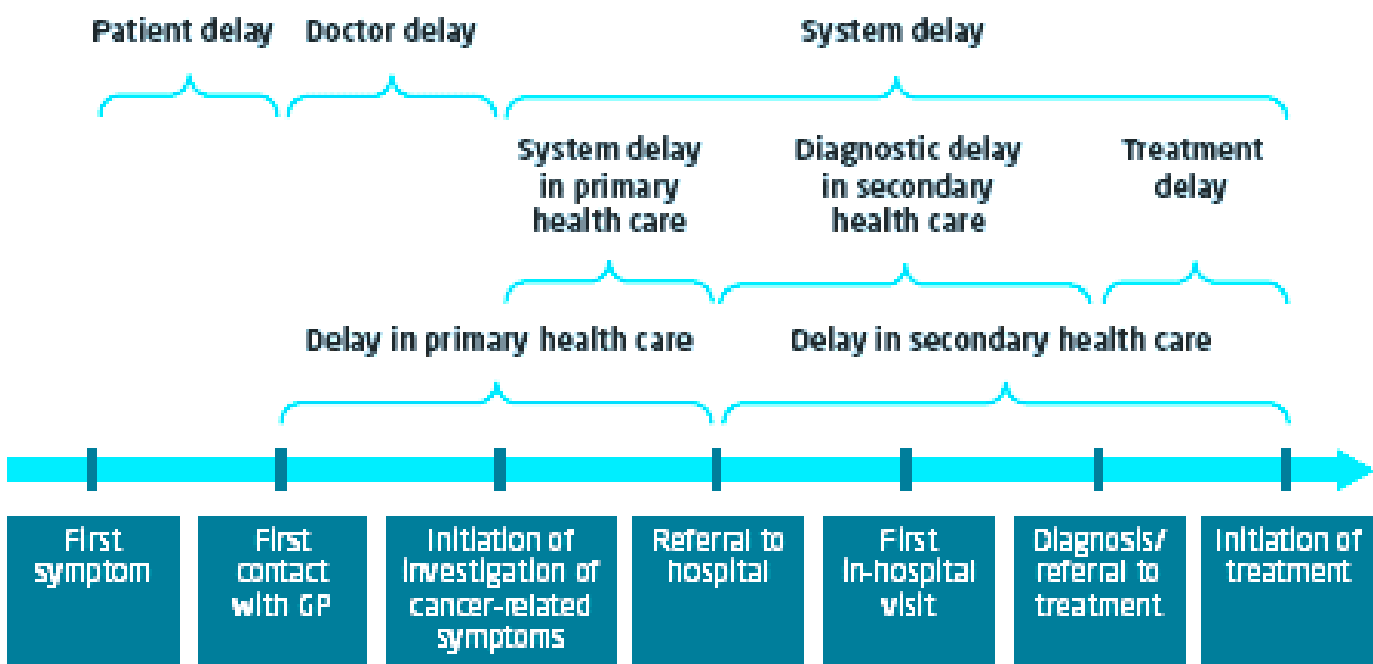
Combined Raman and FIT study (CRaFT)

Swansea Bay UHB and Swansea University

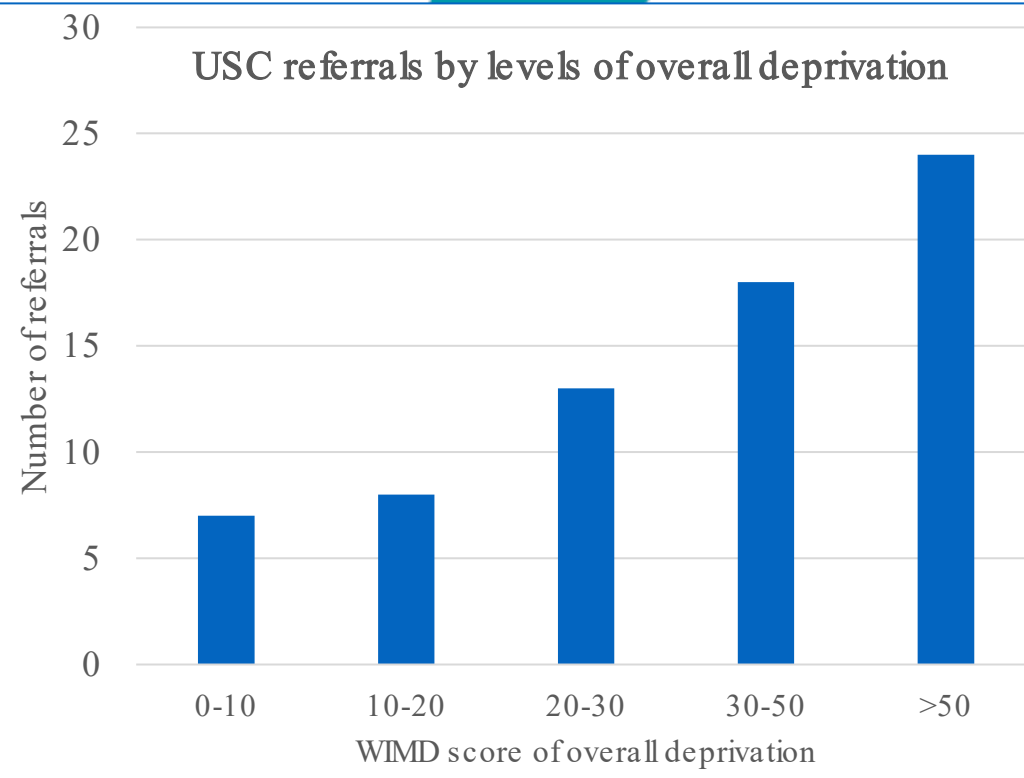




Lesley Smith et al. Br J Gen Pract 2022;72:34-37



Source: Olesen et al 2009



-A need to reduce *variation/ harm/ delays* in pathway



CRaFT
Combined Raman-FIT Testing

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

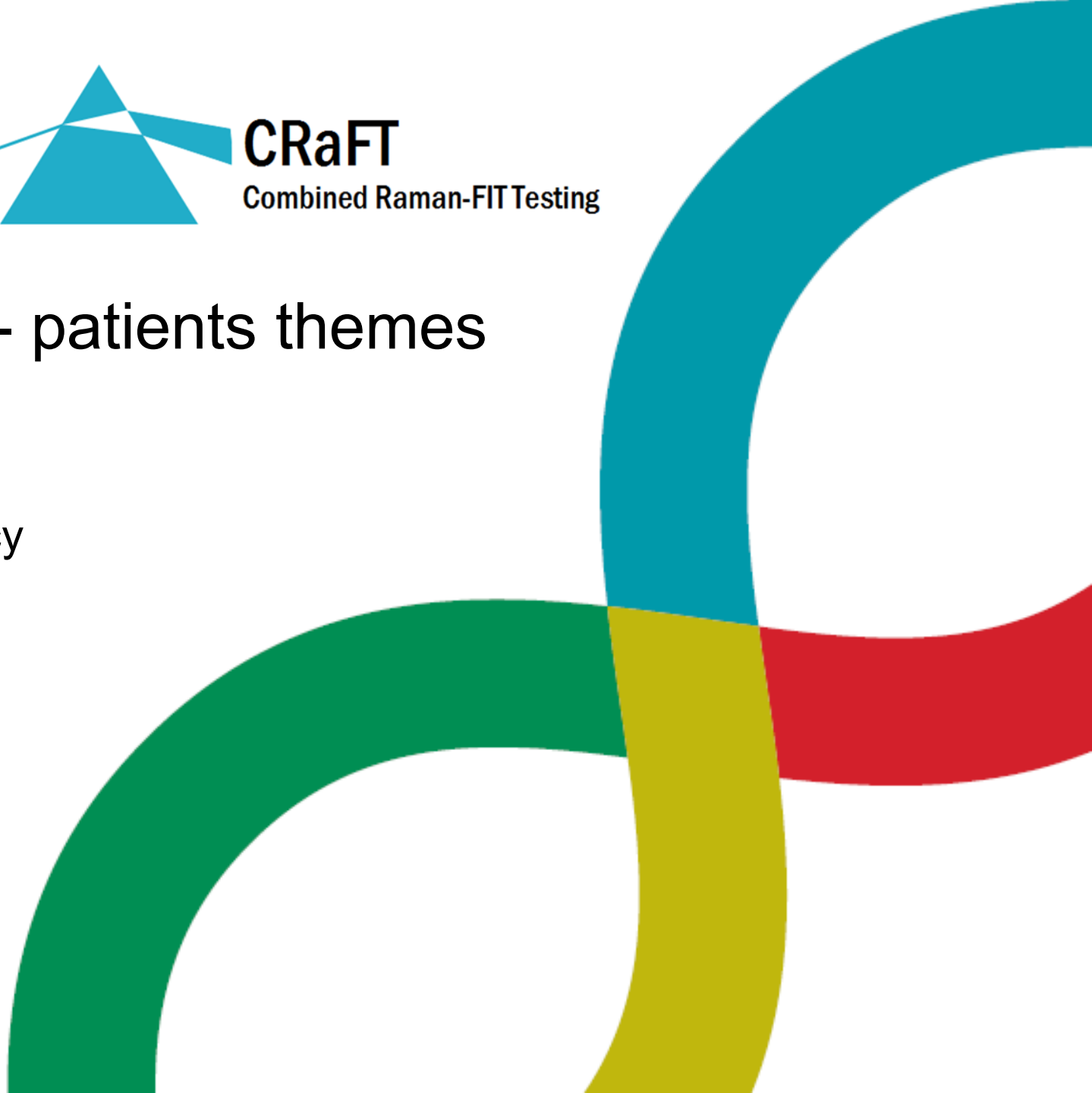
- Why did I become involved and why PPI was important for this study?
- What duties did I undertake?
- How did COVID affect my role?
- What did I gain from taking part?



CRaFT
Combined Raman-FIT Testing

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





CRaFT
Combined Raman-FIT Testing



improvement indication
 raman-fit
 psychological-wellbeing reassurance
simple quicker-access
 brilliant faecal-sample familiar-blood access
 turnaround speed confident convenience
amazing accuracy
 marvellous **backlog** easier
 quicker less-invasive difficulty physical-wellbeing
convenient off-work test
 bowel-preparation straightforward
 instant happy



CRaFT
Combined Raman-FIT Testing

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