Cancer Early Detection Priorities in some of Manchester's Underserved Communities

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Project Background

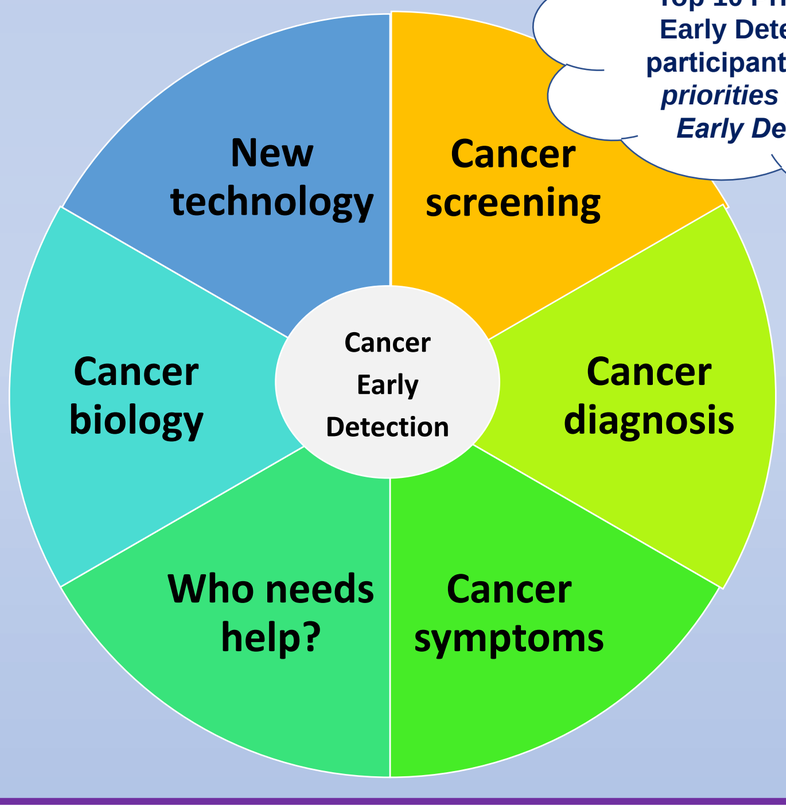
Following the completion of the 2019 James Lind Alliance (JLA) Priority Setting Partnership (PSP), 'Top ten research priorities for detecting cancer early.' [1], the project was presented to the Black, Asian and Minority Ethnic Research Advisory Group (BRAG). BRAG reviewed the project and made recommendations for an **extension of the work focusing on underserved populations in Greater Manchester (GM).** BRAG's feedback included that (1) the survey did not include diverse GM residents, (2) a community first approach was required and (3) more time for community engagement was needed.

We are therefore extending this project working with **four identified underserved GM communities.**

Project Aims

We aim to run a series of **co-designed workshops** with community partners. These workshops will **provide spaces** for some of **Manchester's underserved communities to discuss their cancer early detection priorities and rank priorities from their perspective**.
Priorities will be established unprompted with separate questions displayed on laminated cards. This will provide **an interactive discussion** where **participants will rank priorities and identify any that might be missing.**

We are delivering interactive workshops by unpacking the Top 10 Priorities for Cancer Early Detection and asking participants: "*Where do your priorities sit on the Cancer Early Detection Wheel?*"



Next Steps

- Collate outputs from priority setting workshops (held Sept-Oct 2022) to inform final action planning workshop (Nov-22).
- Deliver action planning workshop (Nov 22) which will bring together all community partners, 1 public rep from each community group and researchers.
- Produce actionable plan to further this work and embed priorities across GM cancer ED research (Dec 22).

Panel: Top ten research priority questions for detecting cancer early

1. What simple, non-invasive, painless, cost-effective, and convenient tests can be used to detect cancer early?
2. Can a blood test be used to detect some or all cancers early, and how can it be included into routine care?
3. Would increasing access to tests to diagnose cancer within General Practices improve the number of cancers detected early, and is it cost effective?
4. What cultural, religious, gender (including transgender), and behavioural issues (including stigma associated with illness) prevent a person from reporting early symptoms of cancer?
5. How can genetic testing be effectively used to identify individuals at risk of developing cancer?
6. Can we use a cancer-relevant diagnostic tool (eg, reminders in medical records) to help recognise patients presenting on multiple occasions with similar symptoms?
7. Can effective screening tests be developed for cancers we do not currently screen for (eg, lymphoma, ovarian, pancreatic, and prostate cancer)?
8. Can we use data from patients who have already been diagnosed with cancer to look for early warning signs that might have been missed or not investigated appropriately at first appointment?
9. What is the best way to coordinate information between different health-care sectors and professionals to improve early detection of cancer?
10. Can we predict how a tumour develops more accurately, and would this approach help to reduce unnecessary investigations and treatment (ie, overdiagnosis)?

2019 PSP: Demographics of completers of survey 1
554 respondents (66% patients and carers; 75% women; 87% white; 92% UK-based)

2019 PSP: Demographics of completers of survey 2
241 participants (70% patients and carers; 71% women; 98% white; 96% UK-based)

Community Engagement Method

Community collaboration and co-creation
A community and researcher design workshop was held to begin the co-design process. Principles of the workshop was informed by community engagement practices [2]. Workshops have been designed to fit the needs of each community.

Creating spaces for Manchester communities to unpick, rephrase and rank cancer early detection priorities
Through 4 half- day interactive workshops, we are delivering group activities asking participants to un-pack the top 10 priorities, ask what they mean to them, and rank their cancer early detection priorities.

Collating outputs from all Priority Setting workshops
These will be compared against the outputs from the previous 2019 PSP.

Bringing communities and researchers together for final action planning workshop
Including community partners, and at least 1 public representative from each Manchester community group we will devise an action plan to inform the next steps for this work.

Embedding cancer early detection priorities in Cancer PED
We will look to share our outputs across Manchester ED research and across specialist patient public and engagement groups. We will also link with the JLA to discuss inclusivity of the JLA methodology.

WITH THANKS TO OUR COMMUNITY PARTNERS

References:
[1] Badrick E, Cresswell K, Ellis P, Crosbie P, Hall PS, O'Flynn H, et al. Top ten research priorities for detecting cancer early. Lancet Public Heal [Internet]. 2019 Nov 1;4(11):e551. Available from: https://doi.org/10.1016/S2468-2667(19)30185-9
[2] Pratt B. Developing a toolkit for engagement practice: sharing power with communities in priority-setting for global health research projects. BMC Med Ethics [Internet]. 2020;21(1):21. Available from: https://doi.org/10.1186/s12910-020-0462-y