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Improving access across the lung cancer care continuum

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The Cancer Care Continuum

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Inequalities in lung cancer

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- **Avoidable, unfair and systemic**
- **Differences in incidence, diagnosis, treatment and outcomes**
- **Multiple (often interacting) factors**
  - Personal characteristics
  - Socio-economic factors
  - Geography
  - Socially excluded groups

Outline: two examples

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SCREENING PATHWAY

1. **Pathway navigation for screening non-responders:** RCT with parallel mixed-methods process evaluation, informing translation to openly available e-learning

TREATMENT PATHWAY

2. **Distance and disadvantage:** place-based qualitative study with patients and carers, underpinning a ‘pathway guide’ prototype

Patient/pathway navigation

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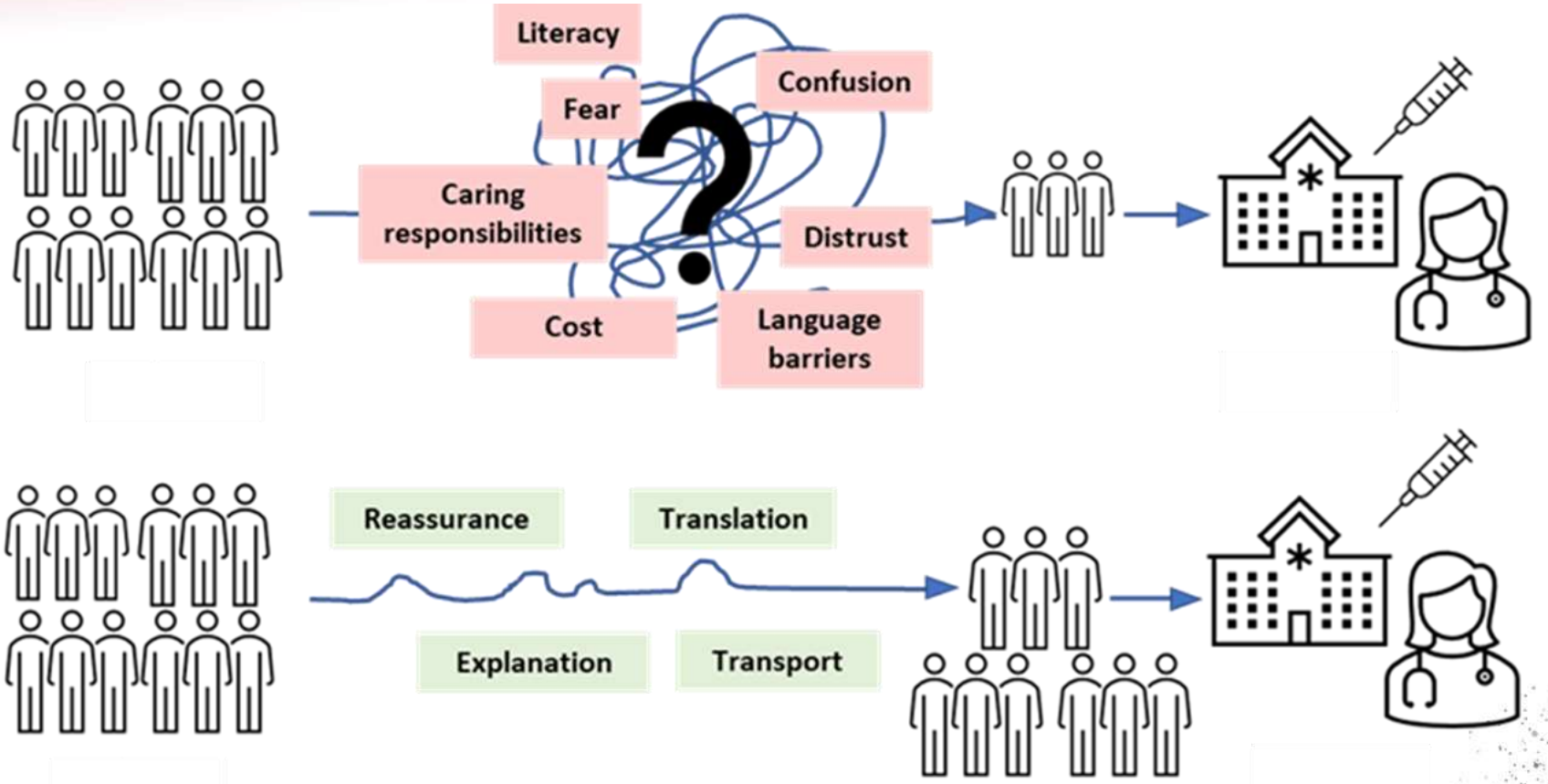

Embedded pathway navigation RCT

Yorkshire Lung Screening Trial

Repeat Non-Responders – people who have not responded to written invitations during the first two rounds of YLST

50% of repeat non-responders will receive the **Pathway Navigation** intervention

(randomly allocated)

50% of repeat non-responders will receive **usual care** (a standard re-invitation letter; no Pathway Navigation

(randomly allocated)

Disengaged Responders – people who completed the telephone triage in response to the first two rounds of YLST written invitations, but did not undergo the Lung Health Check CT scan.

All disengaged responders will receive the **Pathway Navigation** intervention

McInnerney *et al., 2024, BMJ Open*

Yorkshire Cancer Research

Queen Mary University of London
Barts and The London

The Leeds Teaching Hospitals NHS Trust

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YLST pathway navigation intervention

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Postal notification of pre-booked 'Introduction to Lung Health Checks' telephone appointment

Trained practitioners deliver **10-15 minute 'Introduction to Lung Health Checks' telephone appointment**

Motivational and practical support
(e.g. translators, transport, problem-solving) to overcome barriers discussed during appointment

McInnerney *et al., 2024, BMJ Open*

Pathway navigation RCT – early results (unpublished – please do not share)

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RESULTS REMOVED FOR SLIDE SHARING	Control group	Intervention group
Randomised participants		

Underwent initial telephone assessment		
Odds ratio (95% confidence interval)		

Underwent LDCT scan		
Odds ratio (95% confidence interval)		

Yorkshire Lung Screening Trial

Outline: two examples

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Odds of any active treatment

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Quartiles – deprivation distance	1	2	3	4 – most deprived
1	1	0.85	0.76	0.74
2	0.91	0.85	0.76	0.74
3	0.89	0.84	0.80	0.78
4-furthest	0.93	0.83	0.71	0.55

Crawford, *et al*. Br J Cancer 2009

CANCER RESEARCH UK

NHS Barts Health NHS Trust

NHS United Lincolnshire Hospitals NHS Trust

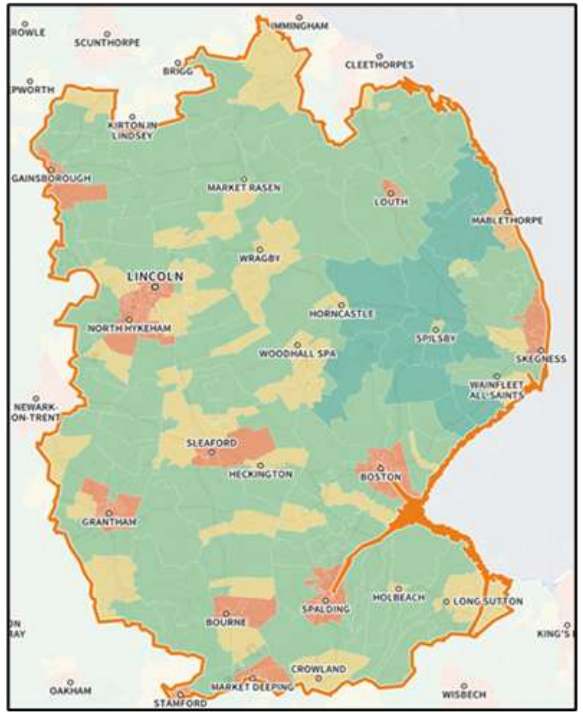
Urban and rural settings

North East London

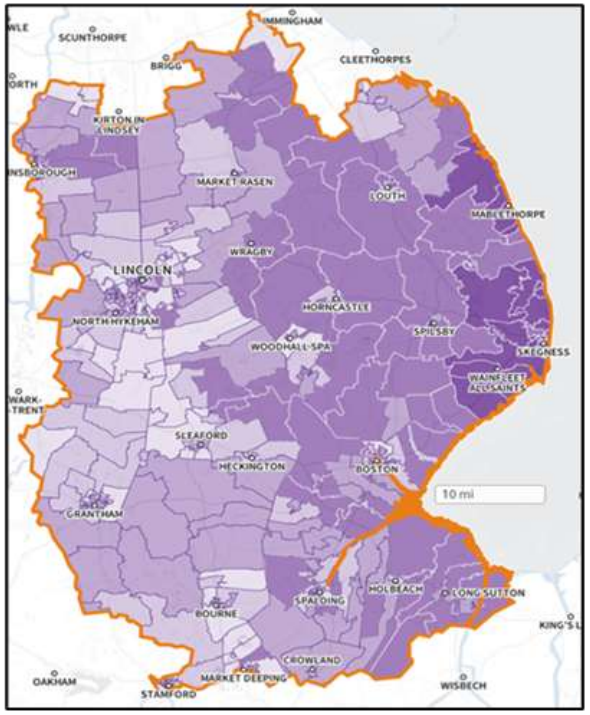
Lincolnshire

A) Urban/Rural classification (ONS) - NE London

B) Index of Multiple Deprivation map - NE London



C) Urban/Rural classification (ONS) - Lincs



D) Index of Multiple Deprivation map - Lincs

Place-based interviews (n=86)

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- Commissioned, clinician- and PPI- driven
- Semi-structured, individual or dyadic interviews
- Purposive sampling for diversity in age, gender, ethnicity
- Framework analysis, COM-B framework
- Stakeholder workshops to interpret and apply findings

Cohorts	Total
Patients	55
Surgery	20
Advanced	21
Radiotherapy	14
Carers	31

Location factors and system

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*"Yes that was my choice…. Mile End was always **my choice of easy venues**"*

Patient, Surgery, Urban London

*"We **had to go** to Grantham for one of the tests, and then we had to go to Hull for another one, because they cancelled the PET scan….. we were **very stressed**"*

Carer, Advanced, Urban Lincolnshire

*"having the Freedom card, because anything after 9 o'clock, **you can just use it, and it doesn't cost you anything**… I wouldn't be going anywhere if I had to pay that money all the time."*

Patient, Surgery, Urban London

*"I was supposed to be at Nottingham for 7:30 in the morning for my op, and there's **no way you could get public transport there**, you would have to ring up and ask them to send hospital transport, and hope for the best…You have to **travel the day before**"*

Patient, Surgical, Coastal Lincolnshire

Many themes were shared

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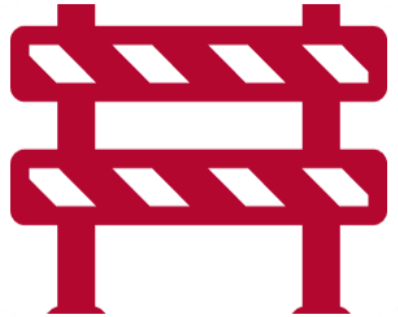
Location factors and systems

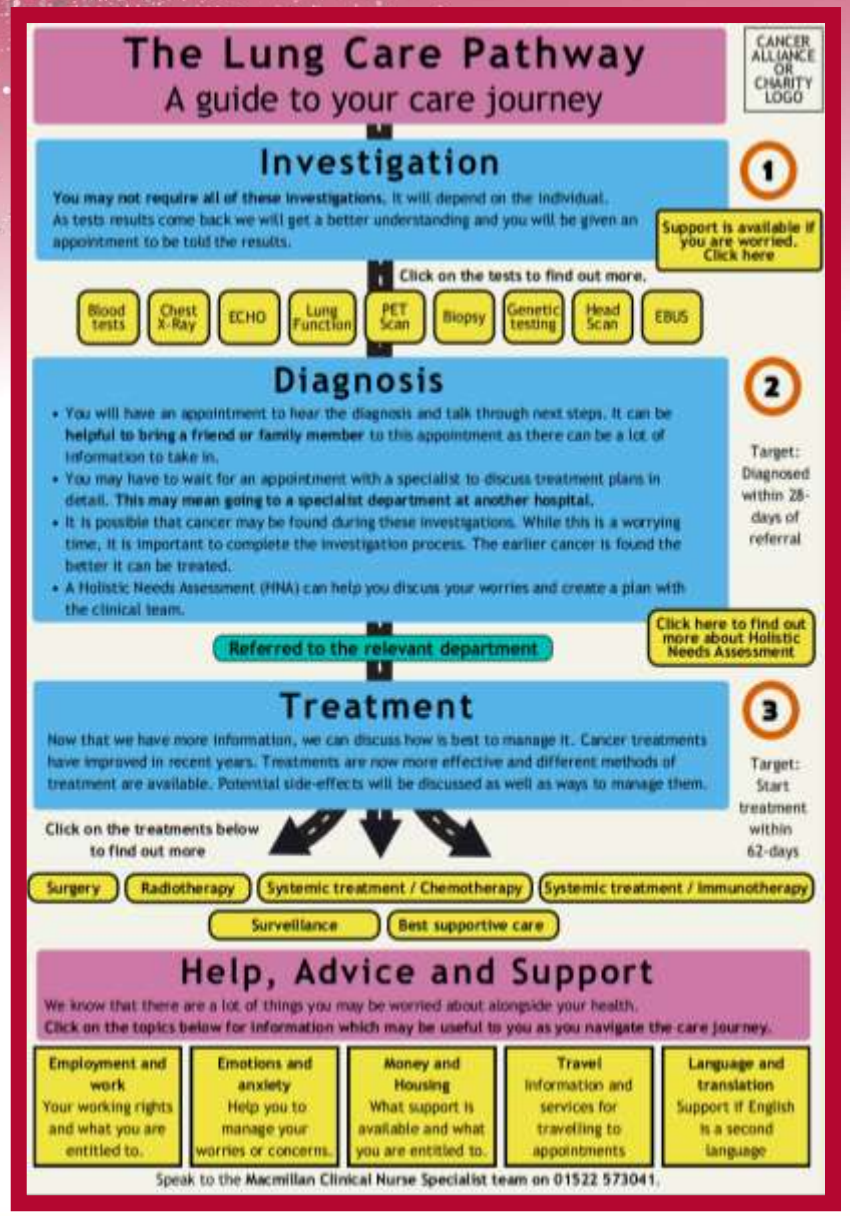
Communication and collaboration

Emotions and coping through cancer

Knowledge and understanding



Social and physical restrictions



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Interactive ‘pathway guide’

Maps the lung cancer care pathway for patients and carers, providing clear and localised guidance and support for understanding and managing their treatment journey.

Key features

- **Timelines and purpose of expected tests, results, appointments**
- **Checklist of challenges identified by health professionals**
- **Sign-posting to relevant and local resources**
- **Addressing misconceptions and misunderstandings**
- **Goal-setting to instil hope / purpose**

Closing insights

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- **Integrated, whole-pathway approach**
  - Multi-component, tailored interventions dispersed across the care continuum
- **Common solutions within complexity**
  - Shared strategies can work across diverse settings
- **Act early for impact**
  - Prevention and early support likely to outperform late intervention
- **Innovation and collaboration**
  - Lots ongoing nationally – progress which is creating opportunities to join forces to enhance care

Acknowledgements

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Yorkshire Cancer Research

The Leeds Teaching Hospitals NHS Trust

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