



CANAssess study – plain English summary of results

TAKE HOME MESSAGE

The CANAssess study found that meeting with a health practitioner to assess the impact of living with cancer helped improve patients' level of need, symptoms, and quality of life after six months. However, there wasn't any noticeable benefit after just one or three months.

WHY WAS THE RESEARCH DONE?

People living with cancer often have poorly controlled symptoms such as pain, need for information about their disease, treatment or the future, money worries, family concerns, difficulties with ability to carry out everyday living activities.

In a smaller trial, we found that a healthcare practitioner (e.g., GP or practice nurse) appointment, where the practitioner uses a holistic (whole-person) consultation guide (the Needs Assessment Tool – Cancer [NAT-C]) to explore all aspects of cancer's impact on the patient, was feasible to deliver.

WHAT DID WE DO?

The CANAssess research team tested the NAT-C in a larger trial to see if the consultation guide could help reduce unmet needs in people living with cancer compared with care as usual (Usual Care). Forty-one GP Surgeries across England took part and were chosen by chance to be taught how to use the NAT-C and offer an appointment to their patients, or to continue with Usual Care. Patients and carers were involved in and advised on the research processes from beginning to end.

A total of 788 people living with cancer and registered with CANAssess GP Surgeries took part in the study, and their carers if they had one.

We asked everyone to complete questionnaires about their unmet needs, symptoms and quality of life after agreeing to take part and one and three months later. We also asked most people to complete questionnaires after six months.

WHAT DID WE FIND?

- At the start of the study, we found that just over half of participants had at least one moderate to severe unmet need.
- At one and three month follow-up, there was no noticeable benefit from the NAT-C compared to Usual Care in participants reported level of unmet need, symptoms or quality of life.
- By six month follow-up, there was however consistent evidence of a benefit from the NAT-C in terms of unmet need, particularly psychological and physical needs, pain, appetite loss, and quality of life.
- Overall, participants in GP Surgeries which delivered the NAT-C spent less time as a hospital in-patient, and overall costs to the NHS were lower.
- No differences were seen for carer outcomes.

We also asked the healthcare practitioners taking part whether they felt the NAT-C could be used in everyday care.

- Practitioners told us the NAT-C helped them deliver the standard of care they felt they should be providing, and it was valuable for providing proactive care for people with all stages of cancer.
- Challenges to everyday use included lack of time and money, and that the patients involved sometimes were not sure why such a wide range of topics were covered at the appointment or of its purpose.

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