

# GCaPPS: Genetic Cancer Prediction through Population Screening

<b>Submission date</b> 15/07/2008	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 21/07/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 26/10/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-testing-ashkenazi-jewish-people-for-cancer-gene-gcapps>

## Study website

<http://www.instituteforwomenshealth.ucl.ac.uk/gcapps/index.htm>

## Contact information

### Type(s)

Scientific

### Contact name

Prof Ian Jacobs

### Contact details

Gynaecological Cancer Research Centre  
EGA Institute for Womens Health  
University College London  
First Floor  
Maple House  
149 Tottenham Court Road  
London  
United Kingdom  
W1T 7DN

## Additional identifiers

EudraCT/CTIS number

IRAS number

**ClinicalTrials.gov number**

**Secondary identifying numbers**

08/0141

## **Study information**

### **Scientific Title**

Genetic Cancer Prediction through Population Screening

### **Acronym**

GCaPPS

### **Study objectives**

1. Systematic population testing detects more mutations than testing on the basis of family history alone
2. There is no increase in psychological morbidity with systematic population testing compared to genetic testing based on family history

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Great Ormond Street Hospital and Institute for Child Health Research Ethics Committee, 09/06/2008, ref: 08/H0713/44

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Other

### **Study type(s)**

Screening

### **Participant information sheet**

Patient information can be found at: <http://www.instituteforwomenshealth.ucl.ac.uk/gcapps/layversion.htm>

### **Health condition(s) or problem(s) studied**

Genetic testing for BRCA founder mutations

### **Interventions**

10,000 volunteers will be recruited in total; this number includes a pilot phase of 1,000 volunteers in the first year.

This is a randomised controlled trial comparing a systematic population based approach to genetic testing for germ-line cancer predisposition to the current approach based on family history. Interventions include the following:

1. Genetic counselling: All volunteers will receive pre-test education and counselling prior to decision making regarding testing.
2. Genetic testing: Genetic analysis for the 3 Jewish FM: 185 delAG, 5382 insC (in BRCA1) and 6174 delT (in BRCA2) will be performed on peripheral blood samples obtained in those individuals who consent to testing following counselling. All individuals in the systematic screening group and those individuals who have a positive family history of cancer in the family history group will undergo testing.
3. Questionnaires used include:
  - 3.1. Baseline questionnaire (collected before counselling)
  - 3.2. Post-counselling assessment questionnaire (after counselling, at decision making)
  - 3.3. Exit questionnaire (for those declining testing after counselling)
  - 3.4. Follow-up Questionnaire-1 (day 7 and 3 months after receiving test result)
  - 3.5. Follow-up Questionnaire-2 (1 year after receiving test result)
  - 3.6. Follow-up Questionnaire-3 (2 and 3 years after receiving test result)

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome measure**

1. Number of founder mutations (FM) detected, assessed by the genetic test result
2. Acceptability
  - 2.1. Perception, attitudes towards BRCA1/2 testing: benefits, risks, limitations; cultural/religious influences; interest and intention, assessed by the baseline questionnaire and post-counselling assessment questionnaire
  - 2.2. Satisfaction with counselling: Genetic Counselling Satisfaction Scale (GCSS), assessed as part of post-counselling assessment questionnaire and exit questionnaire (for those declining testing after counselling)
  - 2.3. Uptake of testing
  - 2.4. Reasons for declining testing, assessed by the exit questionnaire (for those declining testing after counselling)
3. Psychological impact, assessed by the baseline questionnaire, Follow-up Questionnaires 1, 2 and 3. These included the following:
  - 3.1. Hospital Anxiety and Depression Scale (HADS): General well being, depression and anxiety
  - 3.2. Short Form 12 (SF12): Psychological Quality of life (QoL) tool
  - 3.3. Health Anxiety Inventory (HAI)
  - 3.4. Multidimensional Impact of Cancer Risk Assessment (MICRA). This measure is used in Follow-up Questionnaires 1, 2 and 3 to assess the impact of test result
4. Uptake of screening and preventive strategies. Behavioural outcomes assessed by the baseline questionnaire, Follow-up Questionnaires 2 and 3. They included the following assessments:
  - 4.1. Lifestyle behaviours (diet, exercise, alcohol, vitamins, etc.)
  - 4.2. Cancer screening behaviours

4.3. Prophylactic surgery and chemoprevention

5. Health economics will be assessed by the baseline questionnaire, Follow-up Questionnaires 1, 2 and 3. This will involve within trial analysis of the counselling, screening and preventive strategies undertaken as well as modelling to estimate resource impact based on standard practise.

5.1. Quality adjusted life years (QALYs)

5.2. Cost-effectiveness, cost per case detected

6. The following will also be recorded:

6.1. Socio-demographics, identity scale and women's health by the baseline questionnaire

6.2. Knowledge assessment by the baseline questionnaire, post-counselling assessment questionnaire, and exit questionnaire (for those declining testing after counselling)

6.3. Perceived risk, assessed by the baseline questionnaire, post-counselling assessment questionnaire, Follow-up Questionnaires 1, 2 and 3

6.4. Fertility intention, assessed by the baseline questionnaire, Follow-up Questionnaire-2

6.5. Impact of result on fertility intention, assessed by the Follow-up Questionnaires 1 and 2

See Interventions for timepoints at which the questionnaires will be carried out.

### **Secondary outcome measures**

No secondary outcome measures

### **Overall study start date**

01/09/2008

### **Completion date**

01/09/2016

## **Eligibility**

### **Key inclusion criteria**

This is a healthy volunteer trial for Ashkenazi Jewish men and women. Inclusion criteria include:

1. Individuals over 18 years

2. Ashkenazi Jewish ethnicity (based on self-reported history of 4 Ashkenazi Jewish grandparents)

### **Participant type(s)**

Healthy volunteer

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

Both

### **Target number of participants**

10,000

**Total final enrolment**

1034

**Key exclusion criteria**

1. Known BRCA mutation in an individual
2. First degree relative (FDR) of an individual with known BRCA mutation
3. Individuals who have already undergone BRCA founder mutation (FM) testing

**Date of first enrolment**

01/09/2008

**Date of final enrolment**

01/09/2016

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

University College London

London

United Kingdom

W1T 7DN

**Sponsor information****Organisation**

University College London (UK)

**Sponsor details**

c/o Dr Oke Avwenagha

Research Governance Co-ordinator

Joint UCLH/UCL Biomedical Research Unit

Rosenheim Wing

Ground Floor

25 Grafton Way

London

England

United Kingdom

WC1E 5DB

+44 (0)20 7380 9928

avwenagha@ucl.ac.uk

**Sponsor type**

University/education

**Website**

<http://www.ucl.ac.uk>

**ROR**

<https://ror.org/02jx3x895>

## Funder(s)

**Funder type**

Charity

**Funder Name**

Eve Appeal (UK)

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan**

Not provided at time of registration

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/07/2016		Yes	No
<a href="#">Results article</a>		10/11/2021	11/11/2021	Yes	No
<a href="#">Results article</a>	Long term secondary lifestyle behavioural outcomes	04/07/2022	06/07/2022	Yes	No
<a href="#">Plain English results</a>			26/10/2022	No	Yes