# Facilitators and barriers to early diagnosis of malignant mesothelioma (FILMM): A qualitative study

**PRESENTED BY**

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# Research Team

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- Thoracic Surgeon
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## Dr Paul Beckett

- Consultant Chest Physician
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# INTRODUCTION

- Prognosis with malignant mesothelioma (MM) is poor, yet evidence indicates a better chance of survival at earlier diagnosis (Bibby et al., 2016; Odisio et al., 2017; Kirschner, 2019).

- There has been little attention to MM patients' experiences prior to diagnosis (i.e. early symptom awareness, help-seeking decisions and subsequent treatment pathways) as available studies have focused on their lived experiences after diagnosis

# RATIONALE

- To investigate variability in MM patients’ experiences from symptom awareness and symptom appraisal to diagnosis and treatment.

- The outcomes of this study will contribute:
  - To knowledge of the patient’s experience of their pathway to diagnosis over time

  - Increase understanding of subtle, and recurrent symptoms and help-seeking actions during the pathway to diagnosis

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# THEORETICAL BASIS OF THE STUDY

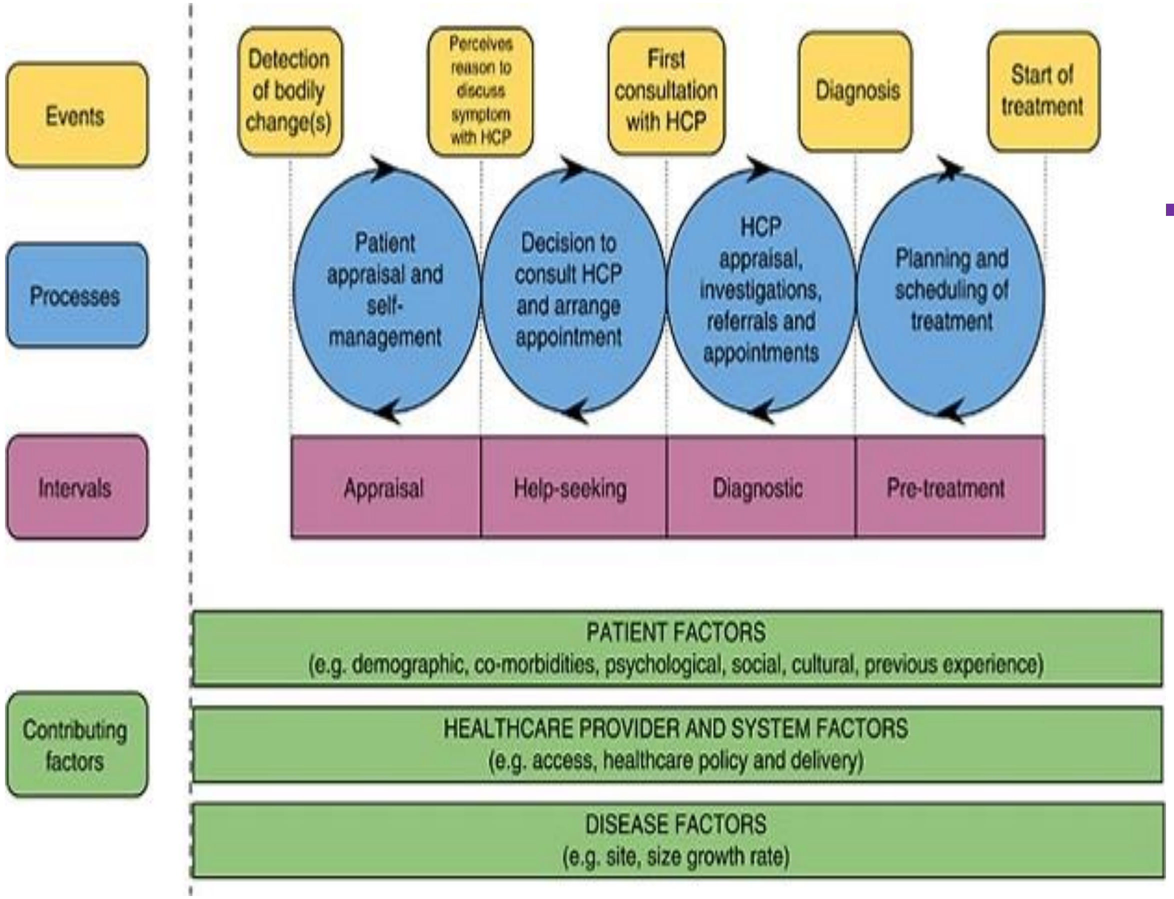

*Figure 1: Models of pathway to treatment (taken from Walter et al, 2012)*

- Models of pathway to treatment
  - Based on the revised Psychophysiological Comparison Model originally proposed by Anderson (Walter, et al. 2012)

# AIM AND OBJECTIVES

## AIM

The study aims to explore the barriers and facilitators to early diagnosis of MM from a patient's perspective by examining the patient's experience from symptom recognition to MM diagnosis

- In order to identify potential areas for improvement and identify significant delays along the pathway to diagnosis

## OBJECTIVES

***Primary objectives***

- To explore the factors which affect patients' diagnostic pathway from first symptom experience to diagnosis

***Secondary objectives***

- To explore patients' experience of symptoms, reasons for seeking medical help and process of interaction with health care professionals during the journey to diagnosis
- To explore how patients', help-seeking and time of diagnosis were affected by the COVID19's lockdown

# RECRUITMENT

- The Glenfield Hospital in Leicester which has a regional mesothelioma MDT that meets weekly to discuss approximately 16-20 cases, also manages the country’s second highest number of mesothelioma patients (200 new cases in 2018) annually (Royal College of Physicians, 2020).
  - Based on the annual number of MM patients treated in both the Leicester and Derby NHS Trusts, we hope to meet the recruitment target of **20 participants** by recruiting two patients per week and this will be kept under review by the study’s management group.
- The majority of participants will be recruited within a year of their diagnosis.
  - However, given the rarity of the cancer, we will also include patients who were diagnosed more than a year ago from the time of the study if necessary

# ENTRY CRITERIA

## *Eligibility criteria*

- Patients who have received a mesothelioma diagnosis and have a good performance status as assessed by the mesothelioma clinicians.
- Patients who are able to give written or witnessed verbal informed consent.

## *Exclusion criteria*

- Cognitive impairment
- Poor performance status as assessed by the mesothelioma clinicians

## STUDY PROGRESS

- Obtained ethics approval
- Completing Health Research Authority (HRA) approval, which will give us NHS organisational ethic approval

## Next step

- Recruitment
- Interview
- Data analysis

# FOLLOW UP STUDY

- The outcome of this qualitative study will be used to adapt a validated cancer questionnaire for MM patients, which will be used in a follow-up study to quantify the delay identified along MM patients' pathway to diagnosis.
    - Permission has been obtained from the author of the Cancer Symptom Interval Measure (C-SIM) validated questionnaire (Neal et al., 2014) to adapt it for MM patients,
    - This will be used to quantify the delay identified along MM patients' pathway to diagnosis (figure 2).

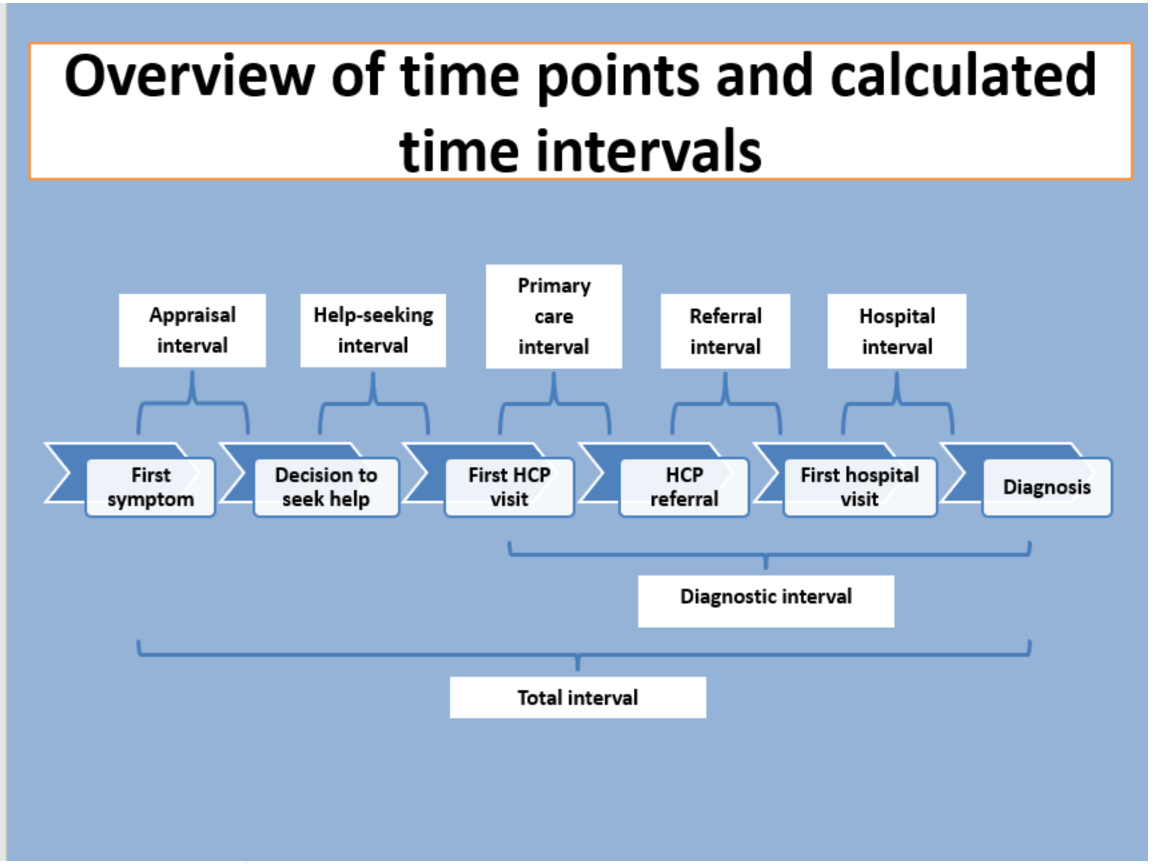

Figure 2: time points from first symptom to diagnosis

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# THANK YOU

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