

HORIZONS - exploring the short, medium and long-term consequences of cancer diagnosis and treatment: lessons learnt during the pilot phase

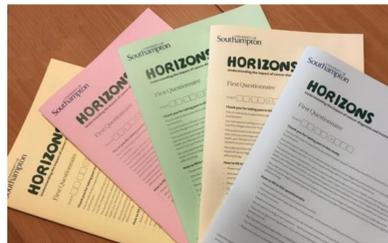
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Background

- The number of cancer survivors worldwide is growing¹
- Many will face challenges during recovery following primary treatment²
- Improved understanding of these challenges will help prepare future patients for what to expect and enable health professionals to better care for people living with and beyond cancer
- The HORIZONS Programme will provide robust and comprehensive data on which to build improved understanding of the challenges encountered during recovery



Aims

The HORIZONS Programme aims to answer the following questions:

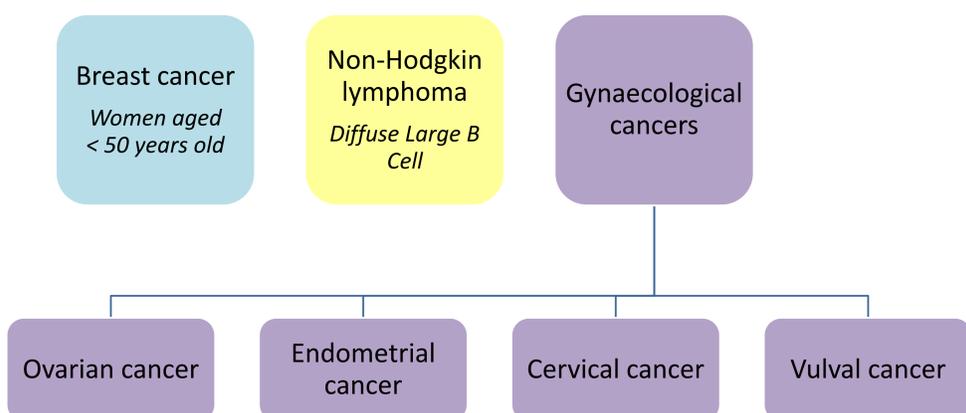
- What impact does cancer and its treatment have on people diagnosed with cancer in the short, medium and long term?
- What are the health outcomes, experiences and self-management activities over the life-course across different cancer types and what influences these?
- How do people connect with and mobilise resources which enable them to self-manage consequences of cancer and its treatment?

Pilot Phase Aim

- To test the feasibility of HORIZONS study procedures including participant recruitment and data collection

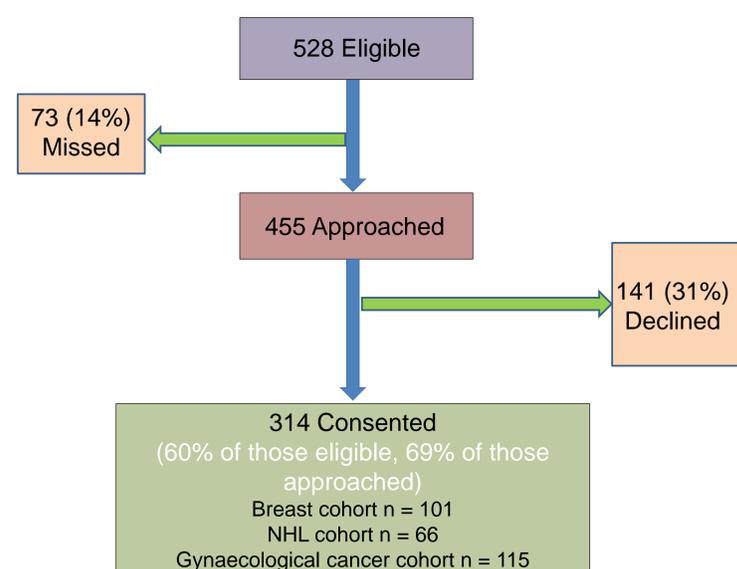
Methods

Figure 1: HORIZONS cohorts



- HORIZONS is a prospective, longitudinal cohort study of adults treated for non-metastatic cancer
- 3,000 patients will be recruited from 79 NHS treatment centres (over 100 hospitals) across the UK
- Participants are awaiting curative treatment for breast cancer (diagnosed <50years), gynaecological cancer or high grade, B cell non-Hodgkin lymphoma (NHL)
- Recruitment is expected to continue until Spring 2019
- Data is collected using questionnaires and Case Report Forms (CRFs) administered at regular intervals from baseline (pre-treatment)
- The study was piloted in 2016/17 in 22 sites across the UK – the results from the pilot phase are described below

Figure 2: Patient recruitment in the pilot phase of HORIZONS



Results

The feasibility of establishing cohorts of cancer patients from across the UK and measuring a range of outcomes at regular intervals from before treatment was demonstrated:

- As shown in Figure 2, 314 patients from 22 NHS centres consented to take part in HORIZONS during the pilot phase (69% of patients invited to take part)
 - Patients were recruited from a range of hospitals across the UK. The hospitals had differing characteristics in terms of size, type and the socio-economic make-up of the populations served
 - Baseline questionnaires were completed by 89% of the consenters
 - Baseline Case Report Forms were completed for 98% of the consenters
- Invaluable lessons were learnt during the pilot phase which led to improvements in study procedures and refinement of study documents:
- User representatives and HORIZONS participants fed back on study documents
 - Staff at recruiting sites fed back on patient pathways and recruitment
 - Clinical and academic experts fed back on study procedures and eligibility criteria

Conclusions

The success of recruitment and data collection in the pilot phase of HORIZONS indicates that we will reach our target of 3,000 HORIZONS participants by Spring 2019. The pilot phase has also demonstrated the feasibility of assessing a range of participant outcomes using our study documents.

Feedback and collaboration in the pilot phase allowed us to refine and improve study procedures and study documents. This will maximise recruitment and data collection in the larger HORIZONS study. Overall, we demonstrated the ability of the HORIZONS study to collect comprehensive, UK wide cohort data on which to build improved understanding of the challenges encountered during recovery from a cancer diagnosis.

References

1. Maddams, J., Utley, M. and Møller, H. (2012). Projections of cancer prevalence in the United Kingdom, 2010–2040. *British Journal of Cancer*, 107 (7): 1195-1202.
2. Foster, C. and D. Fenlon, (2011). Recovery and self-management support following primary cancer treatment. *British Journal of Cancer*, 105 (Suppl 1): S21-8.

