A systematic scoping review of the use of cancer risk assessment tools for early detection of cancer risk in primary care consultations

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Introduction

- Cancer risk assessment tools are designed to predict cancer risk using risk factors and symptoms of individuals.
- These tools could prompt investigations and referral for specialist attention, leading to early diagnosis and treatment and a potential reduction in the high mortality of cancer.

Aims

- We aimed to scope the evidence relating to the use of cancer risk assessment tools for early detection of cancer in primary care.

Data extraction process

- Six databases searched using specific search terms
- 481 papers from initial database search
- 48 studies excluded because they did not meet the inclusion criteria
- 72 full text papers remained, of which 48 studies were excluded because these did not meet the inclusion criteria
- The remaining 24 studies were included in the review. These included: randomised controlled trials (2); cohorts (11), survey (2); case control (3); qualitative (3), critical reviews (1) and other unspecific designs (2).
- This review found limited evidence on: novel cancer risk assessment tools being used; perceptions of users and outcomes of using the tools.
- While there was some evidence pointing to the usefulness of cancer risk assessment tools, there was limited evidence on how best to communicate cancer risk to patients when using a cancer risk assessment tool.

Methodology

- Using the framework proposed by Arksey and O’Malley, we conducted a systematic scoping review of the literature published in the English language from 2004 to 2015 to ensure relevance to current practice.
- Our search strategy included specific search terms which were used to search six electronic databases: Medline; CINAHL; Scopus; Cochrane; Science Direct and Psych INFO. A narrative approach was used to synthesis the papers identified.

Results

- We retrieved 481 papers from the initial database search. After sifting titles and abstracts,
- 72 full text papers remained, of which 48 studies were excluded because these did not meet the inclusion criteria.
- The remaining 24 studies were included in the review. These included: randomised controlled trials (2); cohorts (11), survey (2); case control (3); qualitative (3), critical reviews (1) and other unspecific designs (2).
- This review found limited evidence on: novel cancer risk assessment tools being used; perceptions of users and outcomes of using the tools.
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Limitations

- Only studies conducted in the English language were selected for the review. Any relevant studies reported in languages other than English might have been excluded.
- No quality of assessment of studies

Conclusion

- The evidence available on the use of cancer risk assessment tools in primary care was limited.
- Further research is needed to explore how best cancer risk can be communicated to patients when using a cancer risk assessment tool in primary care consultations.

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