

Lessons from a collaborative project: Freelite in primary care

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Background

- Aim: to assess whether a serum free-light chain assay is more accurate and cost-effective than urine electrophoresis at identifying myeloma in the primary care population.
- Stakeholders:
 - Oxford DEC, Churchill Immunology lab, Binding Site (manufacturers), Churchill Haematology unit
- Methods:
 - Observational study at Churchill
 - Economic evaluation
 - Retrospective analysis of routinely collected health care data from another site

Current status

- About to finish the prospective study
- One preliminary model already developed and will be redeveloped with the final data

Advantages of the collaboration

- Face validity
 - Could get an overview of the full patient pathway, from GP through to secondary care, enabling the model to capture real world experience of the health system
- Resource use
 - Accurate costings obtainable from Churchill
 - Methods used by the lab, and change in workload, captured
 - Implementation of different tests in clinical practice
- Motivated to provide a rigorous assessment: more reliable evidence available for future development

Challenges

- Difficult getting everyone in the room at the same time
- Face the same data challenges as any other project
 - Have had to drop retrospective study
- Lack of clear leadership has lead to stalling
 - Lack of direction and initial planning

Conclusions

There are numerous benefits from having a diverse investigative group, with clinical, industry and academic input, but there must be clear leadership and definition of the aims, to enable common purpose.