Clinician perspectives on the implementation of multi-cancer early detection (MCED) tests in primary care

A qualitative assessment

VCU School of Medicine
Family Medicine and Population Health

Qualitative focus group interviews were conducted with **45 practicing physicians** and **18 patients** and community members.

Interviews elicited **perspectives on benefits, challenges, and suggestions** for implementing MCED tests into primary care settings and to inform the Vanguard study design.

Clinicians are uncertain about the value of MCED tests and called for additional studies to determine the impact on patients and providers

The overriding sentiment from clinicians was **deep uncertainty** about the utility of MCED tests, and the need for more comprehensive, practice-based, community-engaged studies to assess the implications of implementing them into clinical practice.

Clinicians currently **do not recommend MCED tests** to patients who express interest, largely due to what they perceive as a lack of clarity on specificity and sensitivity measures, the ambiguity of interpreting test results, and uncertainty about appropriate follow-up testing.

"We need just as much **research about how this impacts the patients and their providers** as what is the predictive value of the tests."

"The conversations I have in standard practice is about the limits and the lack of applicability of that kind of blood cancer screening test, that **there's nothing that we would consider effective in that space right now**."

"The consent for a study like this would have to be incredibly detailed for patients to understand: **We're doing a blood test. We don't know what it means. We don't know what a positive means. We don't know what a negative means.** The negative doesn't mean you're safe. The positive means you will probably get other scans and maybe procedures for what turns out to be nothing."

Clinicians question lack of guidance for appropriate follow-up testing

In the absence of guidance for appropriate follow-up steps to positive test results, clinicians asserted that "more isn't always better" when it comes to testing. Further, clinicians questioned the utility and even the ethics of screening for cancers for which no best practices for early treatment have been studied. To alleviate this uncertainty, they **expressed a need for additional clarity** on the ability of MCED tests to distinguish between cancers across different organ systems, and clear guidelines on how to work up positive test results for various abnormalities that may be detected.

"**Not knowing the parameters or characteristics of the test, what do we actually do with an abnormal?** …If we get an abnormal screen off of this – if it says there might be something in this organ, but there's no best practice as to how to evaluate that organ – is it more imaging? Is it a specialist? What if the specialist does not know what to do with it? So that's a really important question. **Not knowing what the test means, how do we know what evaluation would be needed?**"

"A lot of times it's not just one additional test. Sometimes that one test leads to other tests, and **then you're kind of chasing down the rabbit hole trying to figure out what means what, and what's really important, and how to counsel the patient, and where to go from there**...and it becomes a huge process, possibly for nothing, possibly for something, but it's not just necessarily one follow-up test."

Clinicians are concerned that positive test work-ups may cause unnecessary testing and patient harm

Clinicians expressed concern that most **patients do not understand the implications of MCED tests** and the associated risks, potentially leading to harm caused by inaccurate test results or invasive follow-up testing.

"A false positive on a test with uncertain benefits that leads to an invasive procedure that might have complications has a lot of **implications beyond just the medical care piece**."

"I don't think that there is clear understanding on the patient's part, and it takes a long time to do the discussions. And I feel like the risk or the **potential for a lot of extra strife and testing with something that tests for 1 million things versus one is even greater**."

Clinicians were similarly concerned that a lack of guidance on how to appropriately work-up positive test results, combined with the potential for false positives, may create **cascading, uncompensated demands on their time and resources**. Specifically, clinicians worried that they would not be able to adequately counsel patients on how to interpret highly ambiguous test results or to manage any anxiety further testing may cause. Due to the lack of additional resources available to help with this work, and the lack of compensation for providing these services, many clinicians currently see implementing MCED tests as an unjustified burden on their practice and patients.

"**To be honest, I would not be signing up to participate.** I have plenty to do and this would not be my top priority because this would be a lot of work."

"**A lot of this anxiety and extra testing all happens outside of an office visit** and through the inbox. And we only get compensated in RVUs when we see the patient in a visit…**A lot of this work in our current fee-for-service [payment system] we're not compensated for.**"

"**I have a lot of hesitation** because until we prove that we're not just finding a bunch of latent early whatever cancers, I'm going to be the person that has to deal with all of the anxiety and all of the fallout when somebody has a positive test. And if it is a positive test that truly is going to change their life, great. **But if it's something that is just going to make people more anxious and lead them down a path of more unnecessary testing…I'm not sure I want to be the person who's dealing with that.**"

Clinicians are concerned about professional liability for inaccurate results or complications from follow-up testing

Finally, clinicians worried that participating in the MCED clinical trial would **expose them to undue legal liability**. This primarily stemmed from concern for harms caused to patients by inaccurate test results, overdiagnosis, or complications from follow-up testing.

"**What if we have somebody who goes through the study, is told that they're totally fine, and then two years later has a malignancy detected**, what does that mean? And, what if somebody goes through the test and they have a false positive, but the follow-up evaluation includes invasive testing only to find that there was nothing there after all."

"If we get guidance from the outside board that we have to order this follow-up imaging scan or biopsy and then something bad happens, the outside board's not the one that ordered it. The outside board can say, 'Well, we just gave advice to the PCP. The PCP should have been better about warning the patient about the complications and the consequences.' **So, there's a real risk of the PCP being hung out to dry.**"

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