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## #277 - Designing interventions to support use of complex genomic profiling in advanced cancer care

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### Objectives/aims

Complex genomic profiling (CGP) involves examining multiple tumour genes at the same time to inform cancer treatment options. CGP promises greater access to personalised treatment for patients with advanced cancers. However, oncologists report many challenges to use of CGP, particularly outside academic centres of excellence. Implementation science methodologies can inform the design of service interventions to overcome challenges and improve use of CGP in practice.

### Methods

*Phase 1:* Oncologists were given an opportunity to use CGP for patients with advanced cancer through the multicentre iPREDICT project<sup>1</sup>. Eleven of 14 oncologists approached took part in semi-structured interviews exploring experiences of service delivery, barriers and enablers relevant to implementation and workforce development and support needs. Data from interviews were initially

analysed thematically. Identified barriers were then coded to the Consolidated Framework for Implementation Science framework (CFIR)<sup>2</sup>, and matched implementation strategies identified using the Expert Recommendations for Implementing Change (ERIC)<sup>3</sup> tool. *Phase 2:* Service model interventions and related implementation strategies identified in Phase 1 were used to design an online data collection tool and a facilitator slide deck. Focus groups were held with oncologists (n = 10) from 6 sites spanning metropolitan and regional Victoria to gain their insights into how the service models might be operationalised in their settings and to understand their perspectives and priorities. Focus group transcripts and open text comments from the data collection tool were analysed as in Phase 1.

### **Main findings**

*Phase 1:* Challenges were identified at each stage of the CGP clinical process, from identifying patients who might benefit from CGP to returning results and using them to inform care. Three service model interventions able to address challenges across each stage of the CGP clinical process emerged: centralised experts, local superusers and point of care resources, and matched implementation strategies were identified.

*Phase 2:* Participants identified interpreting, disclosing and using CGP results as the most important challenge they faced and prioritised a number of implementation strategies to address this spanning all three service model interventions. Contextual factors that would influence operationalisation of the service model interventions were identified and included patient and clinician factors (e.g., knowledge and beliefs about intervention), and site factors (e.g., implementation climate and readiness for implementation).

Implementation strategies common to all service model interventions (e.g. promote network weaving) and strategies relevant to particular models (e.g. 'identify and prepare champions' for the local super user intervention) were identified. Theory informed, complex focus groups can generate meaningful findings, to take pragmatic strategies forward for implementation.

These implementation strategies will be tested in iPREDICT 2 project, to provide evidence to inform implementation of CGP across Victoria.

- 1 O'Haire et al. (2022) Target Oncol. 17:539
2. Damschroder (2009) Implement Sci IS. 4:50
3. Powell et al (2015) Implement Sci. 2015;10:21