**University of Leicester**

|  |  |
| --- | --- |
| **Project Reference** | BRC Studentships |

|  |  |
| --- | --- |
| **First Supervisor** | Dr Esther Moss |
| **School/Department** | Cancer Research Centre |
| **Email**  | ​em321@le.ac.uk  |

|  |  |
| --- | --- |
| **Second Supervisor** | Dr Gianina-Ioana Postavaru​  |
| **School/Department** | School of Psychology and Vision Sciences​  |
| **Email**  | gp259@le.ac.uk   |

|  |  |
| --- | --- |
| **Additional Supervisor** | ​Dr Holly Knight​ (external) |

**Section 2 – *Project Information***

|  |  |
| --- | --- |
| **Project Title** | Looking into the future: alleviating psychological impact of circulating tumour DNA monitoring following cancer treatment​ |
| **Project Highlights:** | 1. | The candidate will work at the interface of psychological, clinical and knowledge translation methods |
| 2. | Development of a new evidence-based cognitive behavioural therapy |
| 3. | Highly translational project with impact on patient care |
| **Project Summary** Circulating tumour DNA (ctDNA) has been shown to be highly predictive in detecting cancer recurrence in many tumour types. However, ctDNA can also be highly prognostic, with a positive result predicating recurrence up to several years before a measurable lesion is identified on imaging. The introduction of ctDNA monitoring for many cancers is on the horizon; however, this development, whilst enabling stratified follow-up of patients and earlier detection of recurrence, potentially could result in severe negative psychological impacts to the patients who receive a positive result. Transitory or low levels of fear of recurrence (FCR) can be adaptive, by allowing a patient to self-monitor for signs of recurrence and adopt healthy behaviours. However, persistent and excessive FCR can result in debilitating emotional and behavioural consequences particularly in younger women including maladaptive coping strategies, anxious avoidance, intrusive thoughts, denial, self-blame and poorer quality of life. The number of FCR interventions being developed and evaluated is rapidly expanding. Cognitive behaviour therapy (CBT) has proven to be more effective than usual care in reducing FCR; however, there is a paucity of FCR studies for cervical cancer or in multi-ethnic populations. In addition, a recent reviewhighlights only two CBT-related randomized control trials in the UK but none of these targeted FCR associated with prognostic ctDNA testing. The development of a cognitive therapeutic package for the management of psychological impact of circulating tumour DNA monitoring following treatment that can be delivered routinely by non-specialist staff is vital if FCR is to be tackled effectively.This project will co-develop a novel evidence-based CBT for delivery by non-specialist staff aimed at alleviating the psychological impact of tumour DNA monitoring following cancer treatment. Cognitive–behavioural clinical assessment interviews and qualitative research methods with cervical cancer survivors from diverse ethnic and social backgrounds will be used in order to create and feasibility test the designed CBT.The student will gain extensive experience in both theoretical and clinical aspects of CBT development. High-impact peer review publications, international presentations and future grant applications will come from this proposal. This is a highly translational project that aims to increase patient engagement with prognostic ctDNA.  |
|  |