

The background features a stylized illustration of a hand holding a capsule. The hand is rendered in shades of blue and purple, with the fingers gently cupping the capsule. The capsule is depicted in green and blue tones. The overall background is a gradient of blue and purple, with the hand and capsule appearing as semi-transparent overlays.

NHS

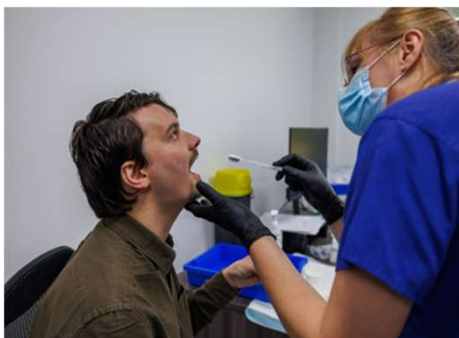
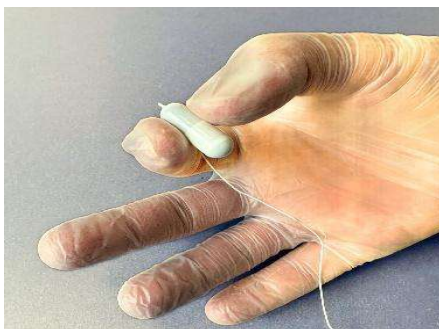
Wessex
Cancer Alliance

Capsule Sponge tests



What are capsule sponge tests?

- Capsule sponge tests are a single-use device that consists of a capsule on a string, which, when swallowed, expands into a small, rough-textured sponge in a person's stomach.
- The sponge is then removed after 7 minutes and pulled back up (through the person's mouth), collecting some of the cells lining the oesophagus.
- These samples can then be processed for cell abnormalities which can help to identify those at high risk of dysplasia or cancer.



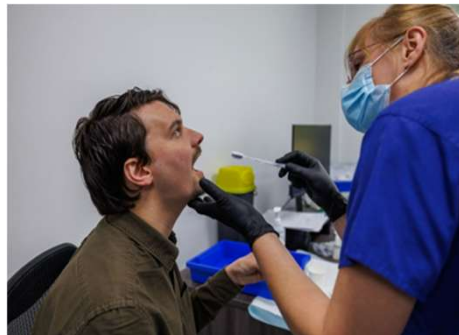
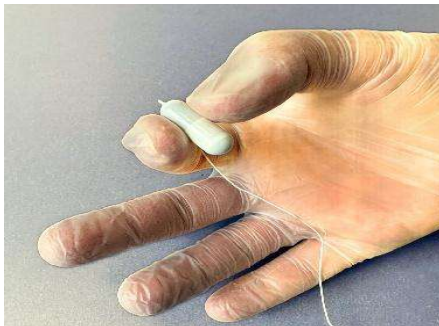
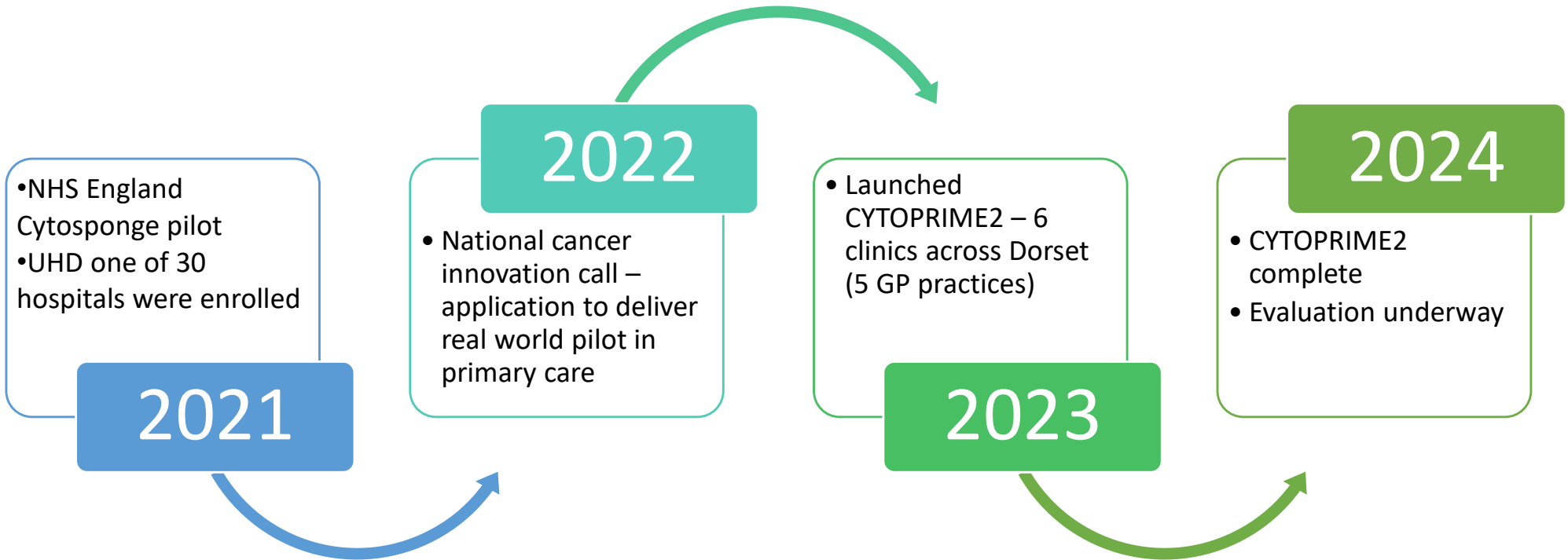


Why need we need capsule sponge tests?

- Oesophageal cancer is the 14th most common cancer in the UK which when detected at stage 1, 55% will survive their diagnosis for 5 or more years.
- In Wessex, interim data shows that of just under 700 oesophageal cancers diagnosed, 27% are diagnosed early.
- Reason for late-stage presentation follows symptoms of this type of cancer only occurs once the tumour has invaded adjacent structures.
- Barrett's oesophagus, a benign condition is known to increase individual risk of oesophageal cancer by approximately 10 times therefore active surveillance of this condition is noted to be an effective way to detect oesophageal cancer earlier.



How have we used them?





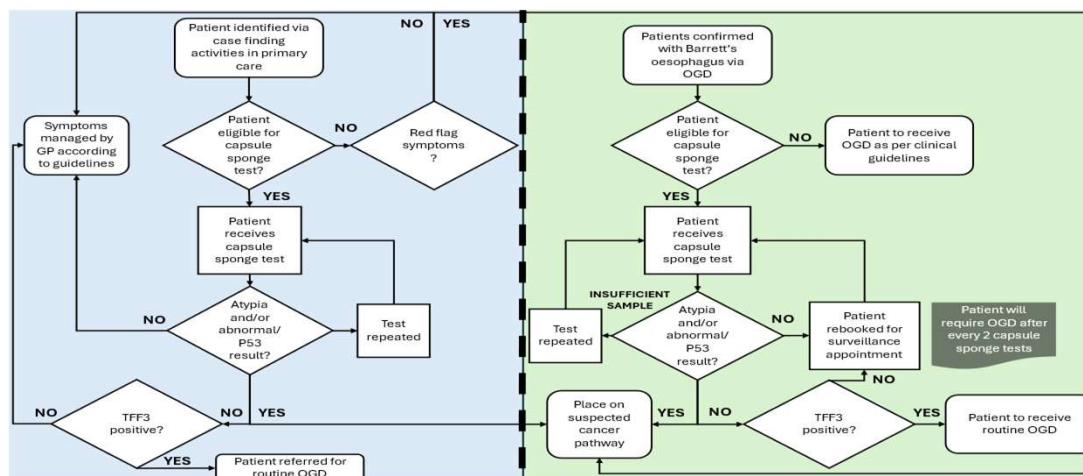
What did we find?

When used in secondary care:

- can be effective in reducing OGD demand: 78% who had test were discharged,
- could be an effective triaging tool: no cases of BO were detected in patients who had a negative Cytosponge

When used in community and primary care:

- can support earlier diagnosis: 3 cancers across 3 Cancer Alliances
- supported detection of BO: 45% who had urgent referral had confirmed BO (18% required an urgent OGD).





What's happening next?

- Awaiting official CYTOPRIME2 evaluation
- Cyted in conversation with BSG and NICE around integration into guidelines
- Spreading in two more CDC sites in Wessex for Barrett's surveillance

