Public Health England

Protecting and improving the nation's health

National Cancer Registration and Analysis Service

Be Clear on Cancer: National oesophago-gastric cancer awareness campaign (January/February 2015)

Interim evaluation results

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About Public Health England

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Contents

Introduction

Be Clear on Cancer awareness campaigns

Be Clear on Cancer campaigns aim to achieve earlier diagnosis of cancer by raising awareness of the symptoms and encouraging people with those symptoms to see their GP without delay.

The Be Clear on Cancer brand has been used to promote awareness and early diagnosis of specific cancer types since January 2011. Since 2013 the programme has been led by Public Health England, working in partnership with the Department of Health and NHS England. Each campaign is tested locally, with a view to rolling them out regionally and nationally if they prove to be effective at each stage[1].

For each Be Clear on Cancer campaign there is a comprehensive evaluation process. Data is collected on a number of metrics to reflect possible campaign impact. These include whether campaigns are raising awareness of signs and symptoms of cancer; more people are being referred urgently for suspected cancer; there is an increase in diagnostic activity; those referred urgently for suspected cancer are diagnosed with cancer; there are increases in the number of cancers diagnosed and if there is evidence of a shift towards earlier stage disease.

Oesophago-gastric cancer awareness campaign

The Be Clear on Cancer oesophago-gastric awareness campaign ran for four weeks from 26 January to 22 February 2015 in England with the aim of raising public awareness of symptoms of oesophageal and stomach cancers and encouraging those with symptoms to go to their GP. The campaign targeted men and women aged over 50 from lower socioeconomic groups, with a secondary audience of their key influencers such as family and friends.

The campaign's primary key message was: 'Having heartburn, most days, for three weeks or more could be a sign of cancer – tell your doctor' with a secondary message: 'Food feeling like it's sticking in your throat when you swallow could be a sign of cancer – tell your doctor.'

[1] The decision on which Be Clear on Cancer campaigns will run are informed by a steering group, whose members include primary and secondary care clinicians, analysts and key voluntary sector organisations. A number of factors are taken into account, including all available evaluation data

The decision to run a national campaign was taken following encouraging results from a regional pilot which ran in the North East of England and North Cumbria in February to March 2014.

The campaign activity included advertising, face to face events and public relations. Advertising channels included television, press, radio, online and out of home advertising (pharmacy bags and on GP TV screens). PR activity was used to communicate the key messages with the support of case studies and clinical spokespeople. Face to face events ran in public settings such as shopping centres. There was also support from key partners, particularly pharmacies. The campaign website (nhs.uk/ogcancer) was updated and leaflets were distributed via GP surgeries and at football matches. Campaign materials, including leaflets and posters, were made available to partner organisations for distribution locally.

A final evaluation report for the national oesophago-gastric cancer awareness campaign will be published when the analysis of all metrics is complete. In advance of the final evaluation report this interim report provides the results available to date.

Public awareness and knowledge

This chapter considers whether the oesophago-gastric cancer awareness campaign had an impact on the public awareness and knowledge of oesophago-gastric cancers.

Methods

Each Be Clear on Cancer campaign collects information through pre and post campaign surveys, which are conducted face to face with a representative sample of the target population. These are carried out by a specially commissioned market research agency (TNS-BMRB) and questionnaires are tailored to extract information about each specific campaign

A range of topics are covered including awareness of cancer advertising and symptoms, beliefs and attitudes towards cancer and early diagnosis and knowledge and recognition of the relevant campaign material. The aim of the evaluation is to look at changes in campaign recognition and knowledge between pre and post stage interviews. For local and regional campaign pilots a test and control approach has been used to allow for comparisons between areas with and without campaign activity.

For the oesophago-gastric cancer awareness campaign, face to face surveys were conducted among a representative sample of adults aged 50 and over in England. Samples of approximately 900 adults aged 50 and over were interviewed at both pre and post campaign stages.

Summary of main findings

Awareness and recall

There was a significant increase in the proportion saying they had seen symptom publicity about the key campaign symptoms (heartburn for three weeks or more and food sticking), from one in 10 (10%) to four in 10 (40%), demonstrating clear campaign impact. The most recalled symptom was heartburn (6% to 33%) which saw the biggest increase and reflects the fact that this was the main symptom in the messaging. Awareness of food sticking as a symptom also increased post campaign but to relatively low levels (13%).

Prompted recognition

Seven in 10 respondents (72%) recognised at least one element of the campaign with the majority of this being driven by the television ad (63%), reflecting the higher spend on this channel. One in four (23%) recognised the radio ad, one in five (20%) the press ad, one in seven (15%) the leaflet and one in seven (13%) the YouTube pre roll advert (video commercial that appears prior to an online video).

Campaign communication

The ‘call to action’ and ‘act early’ messages were successfully conveyed by the advertisements and people were easily able to make the link between the campaign symptoms and cancer.

The call to action (‘go to the doctor’) was well recalled and was mentioned by over half (54%) after seeing the advertisements. The act early/quickly message (see your doctor early/act quickly, don’t delay) was mentioned by one in five (19%).

Only one in 20 respondents (6%) spontaneously mentioned heartburn for three weeks or more but, when prompted, around eight in 10 (83%) agreed that the advertisements made them realise that the key campaign symptoms could be signs of cancer. It was widely agreed that it is important that advertisements like this are shown and the same proportion agreed that the advertisements were clear and easy to understand (91% each) in line with previous BCOC campaigns.

Encouragingly, the campaign delivered high levels of new news (62% agreed). This is likely to be related to the low pre-existing knowledge of the heartburn symptom which genuinely represented ‘new news’ for many people.

Knowledge and attitudes

There was higher existing spontaneous knowledge of the ‘food sticking’ symptom’ but this remained stable after the campaign (20% to 22%). For heartburn there was lower existing knowledge beforehand, with one in 10 (9%) aware, but this increased significantly after the campaign to 17% and is what we might expect given persistent heartburn was the lead campaign symptom.

There was no change in the proportion indicating that they do not know any symptoms of oesophago-gastric cancer (42% to 43%). This may indicate low awareness of oesophago-gastric cancer in general rather than a lack of knowledge of the symptoms.

The proportion of people who thought that persistent heartburn was a definite sign of oesophago-gastric cancer increased significantly after the campaign, from 13% to 24%.

Therefore, the overall proportion who thought persistent heartburn was a warning sign increased from 66% to 77%. Knowledge of the food sticking symptom started at higher level and also increased, albeit by a much smaller amount (75% to 79%), reflecting its lower prominence in the campaign materials.

Campaign impact

The campaign had a good call to action, with eight in 10 (82%) agreeing that the advertising would persuade them to go to the GP if they had the symptoms and were concerned about them, in line with previous campaigns. Encouragingly, one in four (23%) of those who recognised the oesophago-gastric cancer campaign stated that they had taken some action as a result. This is high compared with other Be Clear on Cancer national campaigns for which the average is 19%.

The most common action taken was making a GP appointment, which around one in 10 (8%) said they had done and this is at the higher end of what we tend to see for these types of campaigns. The second most common action was talking to friends/family about symptoms (6%) followed by talking to friends/family to advise about the information in the advertisements (5%) and thinking about making a GP appointment (4%).

Urgent GP referrals for suspected cancer and related cancer diagnoses

This section considers whether the national oesophago-gastric cancer awareness campaign had an impact on the number of urgent GP referrals for suspected upper gastrointestinal (upper GI) cancers or on cancer waiting times (CWT) recorded information on upper GI cancer diagnoses.

Methods

Full methodology details are provided in 'Interim evaluation reports for Be Clear on Cancer campaigns: Methodology' (NCIN 2016), with the following campaign-specific notes.

Analysis considers urgent GP referrals for suspected upper GI cancers and diagnoses of oesophageal cancer (ICD10 C15), stomach cancer (ICD10 C16) and all upper GI cancers (which includes oesophageal and stomach cancers, together with liver, gallbladder and pancreatic cancers, ICD10 C15-C16, C22-C25).

Considering that the campaign ran from 26 January to 22 February 2015, it is unlikely that many of the referrals first seen in January were related to the campaign (as the campaign started in late January most would have already been seen or referred for their appointment before the campaign). Also, the impact of the regional pilot oesophago-gastric cancer awareness campaign (February to March 2014) on the number of referrals and related figures for February 2014 onwards would make a one year comparison difficult to interpret. Therefore, the campaign, post-campaign and comparison periods were defined as follows:

Period	- Urgent GP referrals for suspected cancer - Cancer diagnoses resulting from an urgent GP referral for suspected cancer - Conversion rate	- Cancer diagnoses recorded in the CWT database - Detection rate
Campaign	February – March 2015	March – April 2015
Comparison	February – March 2013	March – April 2013
Post campaign	April – June 2015	May – July 2015
Post campaign comparison	April – June 2013	May – July 2013

The number of urgent GP referrals for suspected cancer has continued to increase year-on-year, so it is likely that some changes in the number of referrals will be due to

this underlying trend. To provide an indication of the increase in referrals that was not associated with the campaign, results for urgent GP referrals for suspected upper GI cancers were compared to results for urgent GP referrals for other suspected cancers (excluding referrals for suspected upper GI, head and neck, breast, urological or testicular cancers and referrals for non-cancer breast symptoms).

The regional pilot campaign ran in the Tyne Tees and Border TV region. For the purposes of analysis, the regional pilot area was defined by the North of England Strategic Clinical Network. The control area was defined as England excluding both the regional pilot area and the local pilot areas[2].

Urgent GP referrals for suspected cancer

(Urgent GP referrals for suspected upper GI cancers, presented by month first seen.)

Comparing the campaign period February to March 2015 with the same months in 2013, there was a very large increase in urgent GP referrals for suspected upper GI cancers in England with an 84% increase from 21,521 to 39,604 referrals respectively (Table 1). There was also a substantial increase in urgent GP referrals for other suspected cancers in England for the same period with a 32% increase from 97,242 to 128,353 referrals during the same comparative periods respectively (Table 2). However, this increase in other referrals was much smaller than the increase in upper GI referrals, and seemed broadly in line with the long-term trend.

Comparing the post-campaign period April to June 2015 with the same months in 2013, there was a statistically significant increase in urgent GP referrals for suspected upper GI cancers in England of 47%, from 32,245 to 47,424 referrals. Comparing the two time periods for urgent GP referrals for other suspected cancers in England, a 29% increase was seen, from 158,916 to 204,952 referrals.

There has been a gradual upward trend in the number of referrals for suspected upper GI cancers nationally but the increase in the campaign period was much larger than the long-term trend (Figure 1). The numbers of referrals decreased in the post-campaign period following the clear peak during the campaign period in February and March. However, compared to the long-term trend, the number of referrals remained notably higher in April 2015 and appeared to be slightly higher in May and June 2015.

[2] Local pilots of the oesophago-gastric cancer awareness campaign ran during April to July 2012 in 25 former Primary Care Trust (PCT) areas: Dudley, County Durham, Darlington, Sandwell, Wolverhampton City, Wandsworth, Newcastle, North Tyneside, Northumberland Care Trust, Cumbria Teaching, South Tyneside, Gateshead, Sunderland Teaching, Hartlepool, Middlesbrough, Redcar & Cleveland, Stockton-on-Tees Teaching, Bedfordshire, Cambridgeshire, Peterborough, Suffolk, Norfolk, Great Yarmouth & Waveney, Hertfordshire and Luton

In summary, the national oesophago-gastric cancer awareness campaign appears to have resulted in a large increase in referrals during the campaign period and it may have had a small continuing impact on urgent GP referrals for suspected upper GI cancers for April to June 2015.

Table 1: Number of urgent GP referrals for suspected upper GI cancers, with referral rate and percentage change in number of referrals, from February-March 2013 and February-March 2015, England

Overall		February-March				
		Referrals	% Change in number	P-value	Referral rate	
					Estimate	95% CI
England	2013	21,521	84.0	<0.001	279.7	(275.9, 283.5)
	2015	39,604			488.6	(483.8, 493.5)

Figure 1: Monthly number of urgent GP referrals for suspected upper GI cancers from January 2013 - June 2015, England

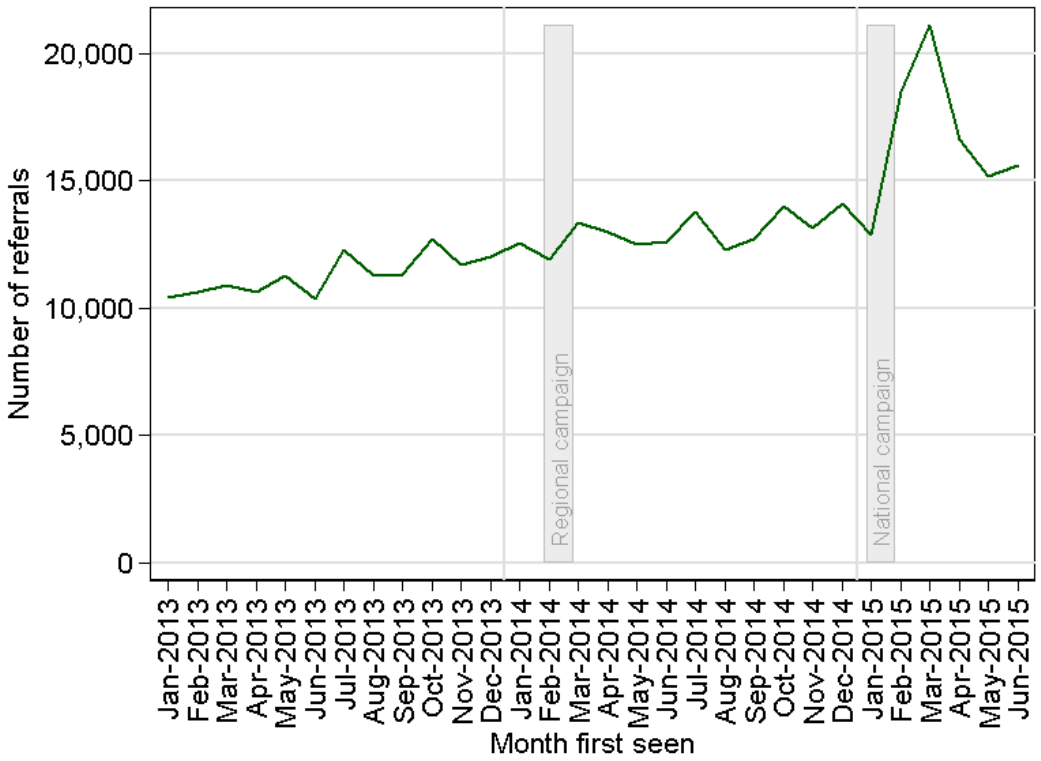


Table 2: Number of urgent GP referrals for other suspected cancers[3], with referral rate and percentage change in number of referrals, from February-March 2013 and February-March 2015, England

Overall		February-March				
		Referrals	% Change in number	P-value	Referral rate	
					Estimate	95% CI
England	2013	97,242	32.0	<0.001	1,237.6	(1,229.7, 1,245.4)
	2015	128,353			1,558.0	(1,549.4, 1,566.7)

The increases in the number of urgent GP referrals for suspected upper GI cancers was smaller in the regional pilot area (69% for the campaign period, 34% for the post-campaign period) than in the control area (87% and 50% respectively).

Larger increases in urgent GP referrals for suspected upper GI cancers were found for those aged in their 50s (111% and 65% respectively) and 60s (95% and 65%), with a smaller increase for those aged 80 and over (58% and 30%).

The campaign period increase in urgent GP referrals for suspected upper GI cancers was a little larger for men (87%) than for women (82%). In contrast, the post-campaign increase for women (49%) was a little higher than that for men (45%). However, there was not enough evidence of a clear difference in the impact of the campaign

Cancer diagnoses resulting from an urgent GP referral for suspected cancer

(Those upper GI cancer diagnoses resulting from an urgent GP referral for suspected upper GI cancers, presented by month first seen. Sometimes referred to as two week wait cancers [TWW cancers].)

In England, for the campaign period months of February to March 2015, there was a statistically significant 12% increase in the number of upper GI cancers diagnosed following an urgent GP referral for suspected upper GI cancers compared to February to March 2013 (Table 3). For the months after the campaign, April to June 2015, there was a statistically significant 8.5% increase in the number of such upper GI cancer diagnoses in comparison to April to June 2013.

However, there was no obvious peak in the number of such upper GI cancer diagnoses in February and March 2015, with the largest number of diagnoses seen in October

[3] excluding referrals for suspected upper GI, head and neck, breast, urological or testicular cancers and referrals for non-cancer breast symptoms

2014, several months before the campaign and only slightly lower numbers after the campaign (Figure 3). The number of diagnoses each month for February 2015 to June 2015 appear consistent with the long term trend and the monthly variability in these numbers.

For England, between February to March 2013 and February to March 2015, there was also a 20% increase in the number of oesophageal cancer diagnoses resulting from an urgent GP referral for suspected upper GI cancers (from 544 cancers for February to March 2013 to 655 cancers for the same months in 2015). Although the numbers of cancers in February and March 2015 were higher than in the preceding few months, there had been higher or similar numbers in January 2014 and October 2014 (Figure 2). For April to June 2015, compared to the same months in 2013, the percentage change in the number of oesophageal cancer diagnoses resulting from an urgent GP referral for suspected upper GI cancers (9.2%) was larger than for all upper GI cancers (8.5%) but it was not statistically significant and the number of these diagnoses appeared to be consistent with the underlying trend and the variability in this trend.

There were no statistically significant differences in the number of stomach cancer diagnoses resulting from urgent GP referrals for suspected upper GI cancers for either February to March 2015 or April to June 2015 when compared to the same months in 2013. The number of these stomach cancer diagnoses did appear to peak in February and March 2015 for England when compared to the previous few months (Figure 2). However, there was notable variation in the long-term trend and particularly in 2013, with a higher number of these diagnoses in some months in 2013 than in either February or March 2015.

This suggests that the national oesophago-gastric cancer awareness campaign may have had an impact on the number of oesophageal cancer diagnoses resulting from urgent GP referrals for suspected upper GI although there had previously been higher numbers of these cancers in occasional months before the campaign. There was no clear evidence that it had an impact on the number of such stomach cancer diagnoses. Neither is there any clear evidence of a persisting or later impact, for April to June 2015, on the numbers of oesophageal, stomach or upper GI cancers resulting from an urgent GP referral for suspected upper GI cancers.

Table 3: Number of oesophageal, stomach and upper GI cancer diagnoses resulting from urgent GP referrals for suspected upper GI cancers, with percentage change in number of cancers, from February-March 2013 and February-March 2015, England

Site	February-March			
	TWW Cancers		% Change in number	P-value
	2013	2015		
Oesophageal	544	655	20.4	0.001
Stomach	216	225	4.2	0.668
Upper GI	1,123	1,254	11.7	0.007

Figure 2: Monthly number of oesophageal and stomach cancer diagnoses resulting from an urgent GP referral for suspected upper GI cancers from January 2013-June 2015, England

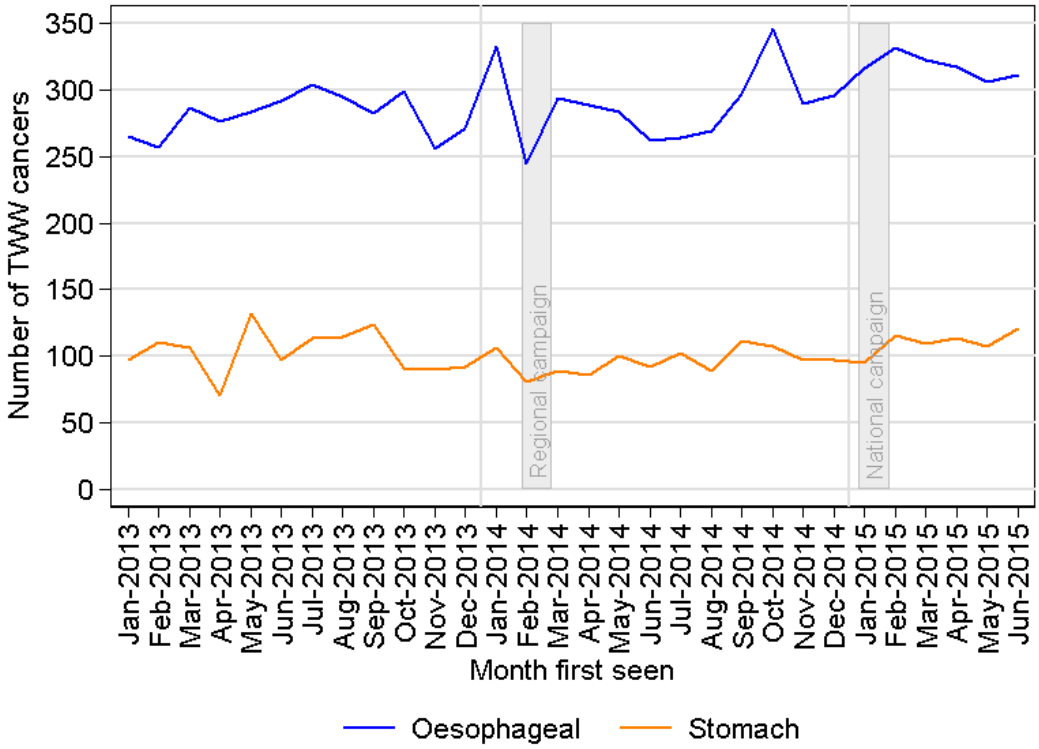
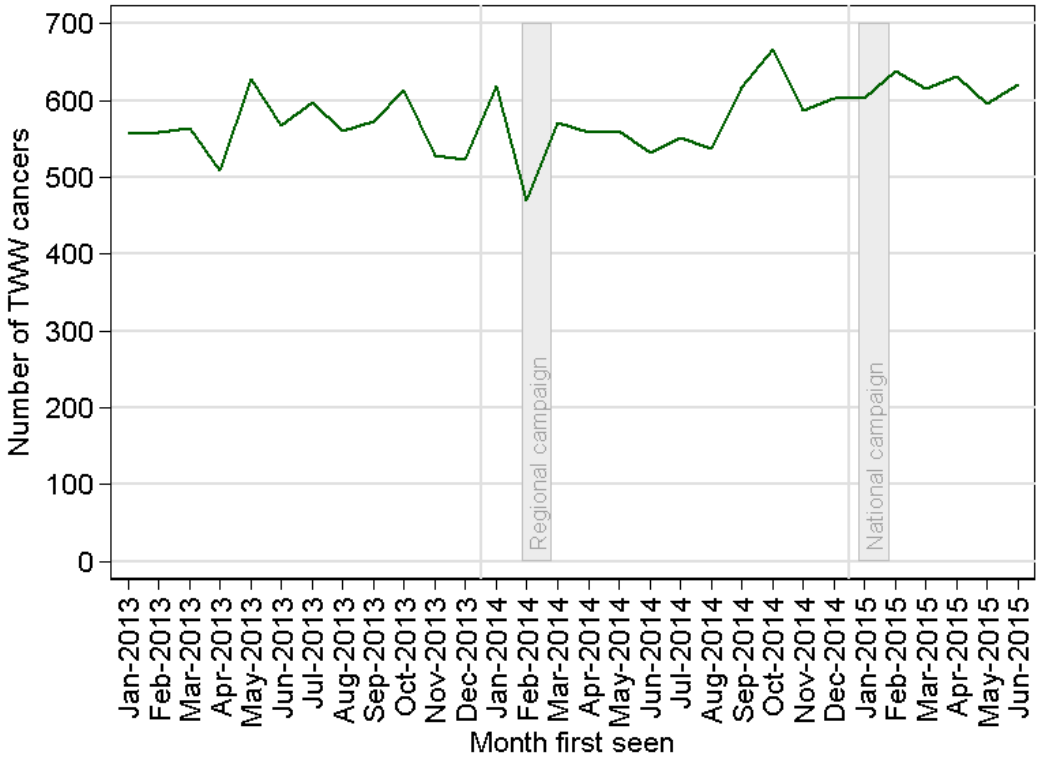


Figure 3: Monthly number of upper GI cancer diagnoses resulting from an urgent GP referral for suspected upper GI cancers from January 2013-June 2015, England



As reported above, there was a national increase between February to March 2013 and the same months in 2015 in the number of oesophageal cancer diagnoses resulting from an urgent GP referral for suspected upper GI cancers (20%). However, the increase was mainly seen in the control area[4] from the regional pilot campaign (23% increase compared to no significant change in the regional pilot area). This increase in oesophageal cancer diagnoses also appeared to be larger for men (22% statistically significant increase in England) than for women (16% but not significant increase).

Conversion rate

(Percentage of urgent GP referrals for suspected upper GI cancers resulting in a diagnosis of upper GI cancer, presented by month first seen.)

Between February to March 2013 and the campaign period, there were statistically significant decreases in the oesophageal, stomach and upper GI cancer conversion rates for referrals for suspected upper GI, with the largest decrease of 2.1 percentage points seen for the conversion rate to all upper GI cancers (Table 4). There has been a

[4] England excluding both the regional pilot area and the local pilot areas

gradual decreasing trend in the oesophageal, stomach and upper GI cancer conversion rates shown since January 2013 (Figure 4). However, particularly for oesophageal cancer and upper GI cancers, there appeared to be a larger decrease in conversion rate for February 2015 with a similar rate for March 2015.

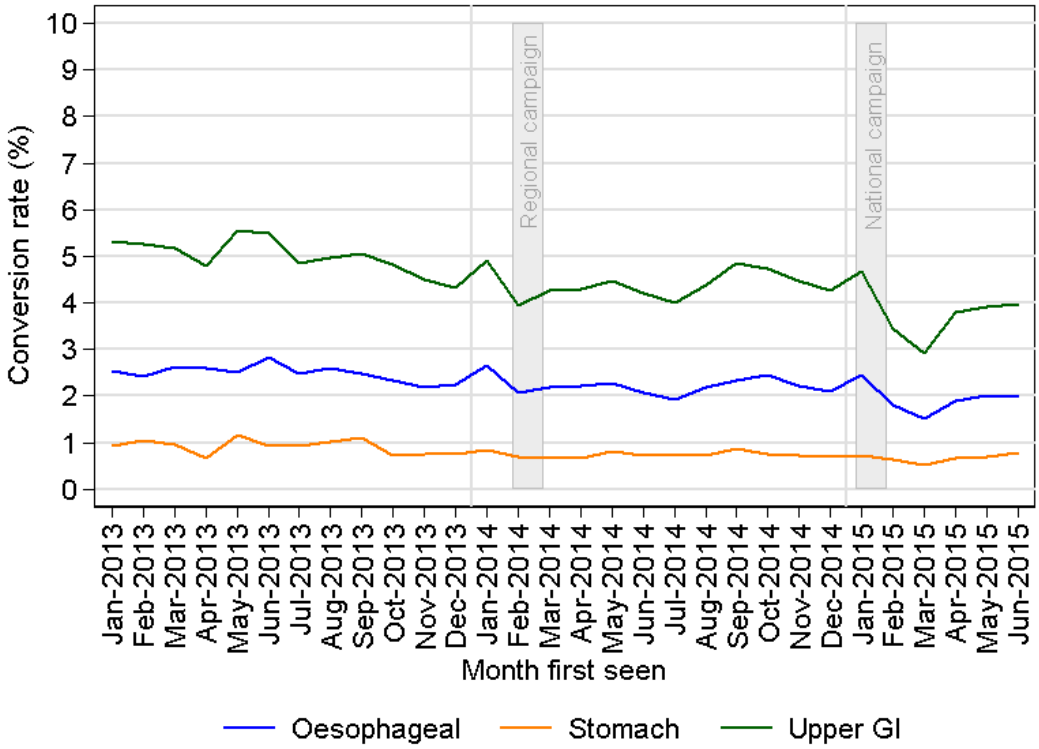
The oesophageal, stomach and upper GI cancer conversion rates for April to June 2015 were also statistically significantly lower than for the same months in 2013. However, the conversion rates for April to June 2015 do appear in line with the long-term decreasing trend. For the oesophageal and upper GI cancer conversion rates, this reflects a return to expected levels following the decrease during the campaign period.

The national oesophago-gastric cancer awareness campaign does appear to have had an impact on conversion rates to upper GI cancers for the campaign period. However, this impact does not appear to have persisted with evidence of a return to levels expected from the underlying trend for April to June 2015.

Table 4: Oesophageal, stomach and upper GI cancer conversion rates for urgent GP referrals for suspected upper GI cancers, with change, from February-March 2013 and February-March 2015, England

Site	February-March					
	2013		2015			
	Conv. Rate (%)	95% CI	Conv. Rate (%)	95% CI	%-Point Change	P-value
Oesophageal	2.5	(2.3, 2.7)	1.7	(1.5, 1.8)	-0.9	<0.001
Stomach	1.0	(0.9, 1.1)	0.6	(0.5, 0.6)	-0.4	<0.001
Upper GI	5.2	(4.9, 5.5)	3.2	(3.0, 3.3)	-2.1	<0.001

Figure 4: Monthly oesophageal, stomach and upper GI cancer conversion rates for urgent GP referrals for suspected upper GI cancers from January 2013-June 2015, England



The statistically significant decreases in the conversion rates were seen for most age groups with the exception of the younger age groups (particularly those aged under 50).

There were larger decreases in the conversion rates for men than for women. For example, the upper GI cancer conversion rate decreased by three percentage points for men compared to a 1.4 percentage point decrease for women.

Cancer diagnoses recorded in the cancer waiting times database

(All upper GI cancer diagnoses recorded in the CWT database (CWT-Db), presented by month of first treatment. Sometimes referred to as CWT cancers.)

There were no statistically significant changes in the number of oesophageal, stomach or upper GI cancer diagnoses recorded in the cancer waiting times database, when March to April 2015 was compared with the same months in 2013 (Table 5). Neither were there any statistically significant changes for May to July 2015 compared with May to July 2013.

The number of oesophageal and upper GI cancer diagnoses recorded in the CWT database appear to have been relatively stable over time, although with considerable monthly variation (Figures 5 and 6). The number of stomach cancer diagnoses may

have decreased slightly over time although there was more monthly variation in these numbers (Figure 5).

The national oesophago-gastric cancer awareness campaign does not appear to have had an impact on the number of oesophageal, stomach or upper GI cancer diagnoses recorded in the cancer waiting times database.

Table 5: Number of oesophageal, stomach and upper GI cancer diagnoses recorded in the cancer waiting times database, with percentage change in number of cancers, from March-April 2013 and March-April 2015, England

Site	March-April			
	CWT cancers		% Change in number	P-value
	2013	2015		
Oesophageal	1,070	1,148	7.3	0.098
Stomach	570	568	-0.4	0.953
Upper GI	3,038	3,181	4.7	0.070

Figure 5: Monthly number of oesophageal and stomach cancer diagnoses recorded in the cancer waiting times database, from January 2013-July 2015, England

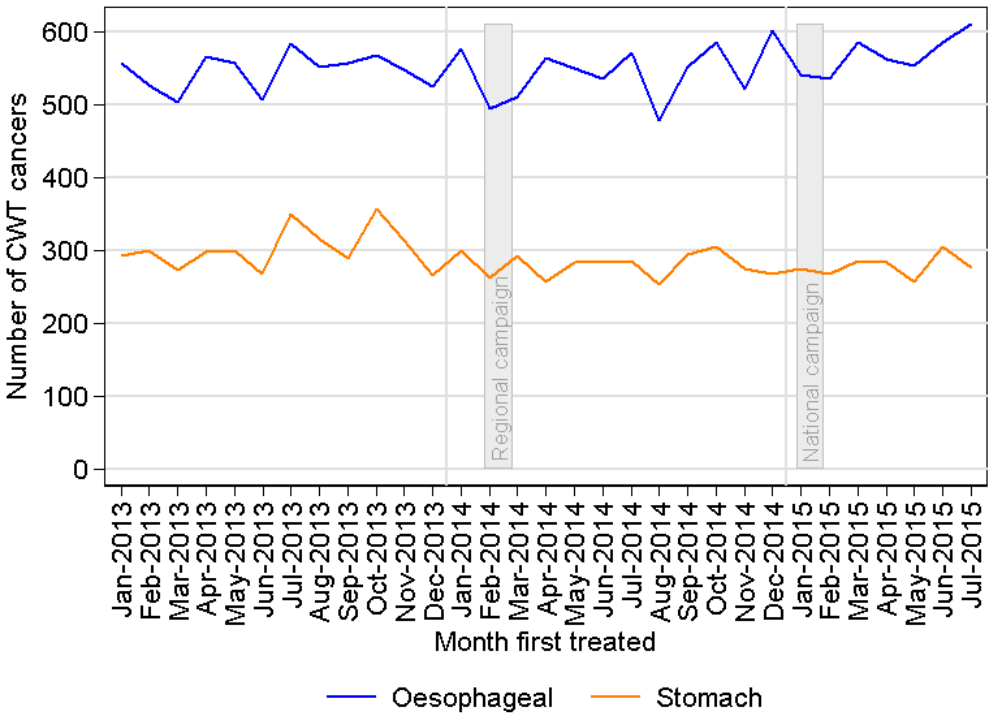
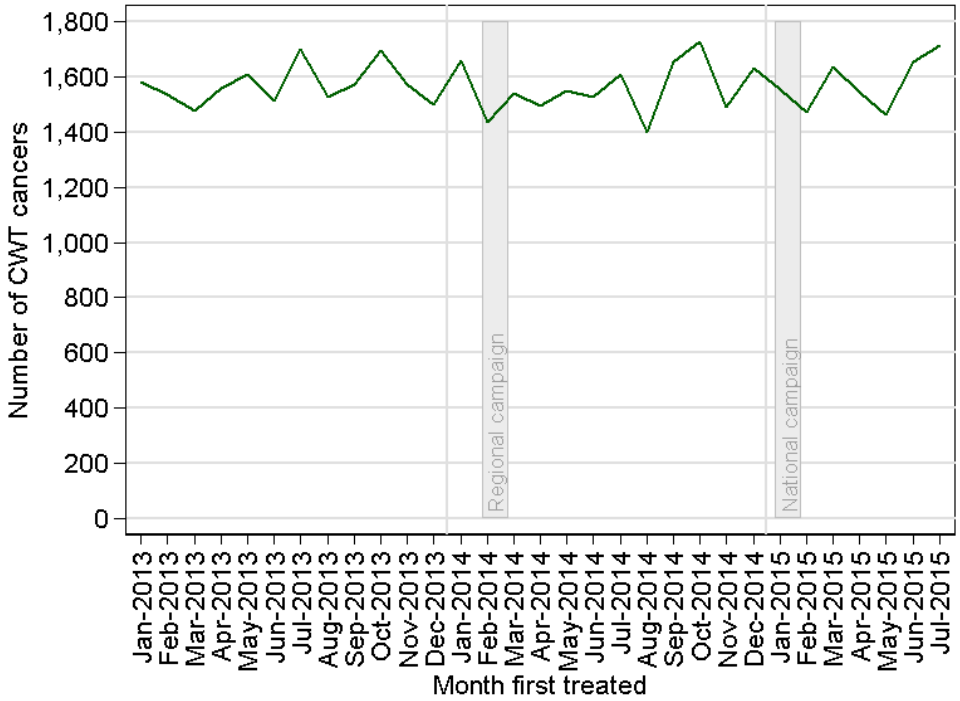


Figure 6: Monthly number of upper GI cancer diagnoses recorded in the Cancer waiting times database, from January 2013 - July 2015, England



Detection rate

(Percentage of CWT-Db recorded upper GI cancer diagnoses which resulted from an urgent GP referral for suspected upper GI cancers, presented by month of first treatment.)

In England, the oesophageal, stomach and upper GI cancer detection rates appear to have been relatively stable over 2013 and 2014 (Figure 7). For oesophageal and upper GI cancers, there seems to have been a slight increase in these rates since November 2014 although with a peak in March 2015. There has been some increase in the stomach cancer detection rate after January 2015.

There was a statistically significant four percentage point increase in upper GI cancer detection rates in England when March to April 2013 and the same months in 2015 were compared (Table 6). Increases in detection rates for oesophageal and stomach cancer were also seen, with a six percentage point increase in the oesophageal cancer detection rate to 59% and a nine percentage point increase in the stomach cancer detection rate to 44%.

For May to July 2015, compared to May to July 2013 the detection rates for stomach and upper GI cancer diagnoses were statistically significantly higher but the small change in the oesophageal cancer detection rate was not statistically significant. For stomach cancer, the detection rate of 41% for May to July 2015 was 6.5 percentage

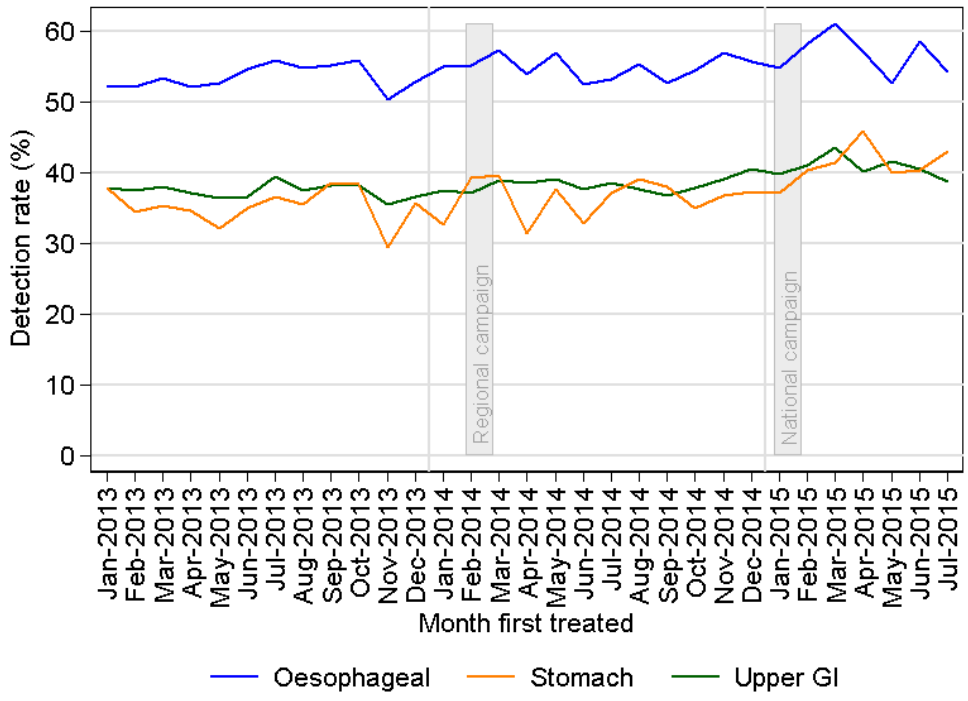
points higher than for the same months in 2013 and, although this rate was a little lower than during the campaign period, it still appeared to be a little higher than expected from the long-term trend. For upper GI cancer, the 40% detection rate for May to July 2015 was lower than during the campaign period and appeared to be consistent with the long-term trend.

The national oesophago-gastric cancer awareness campaign does appear to have an impact on the detection rate for oesophageal, stomach and upper GI cancers during the campaign period. For stomach cancer, there may also have been some persisting impact on the detection rate.

Table 6: Detection rate for oesophageal, stomach and upper GI cancer diagnoses, with change, from March-April 2013 and March-April 2015

Site	March-April					
	2013		2015			
	Det. Rate (%)	95% CI	Det. Rate (%)	95% CI	%-Point Change	P-value
Oesophageal	52.7	(49.7, 55.7)	59.1	(56.3, 62.0)	6.4	0.002
Stomach	34.9	(31.1, 38.9)	43.7	(39.6, 47.8)	8.7	0.003
Upper GI	37.6	(35.9, 39.3)	41.9	(40.2, 43.7)	4.3	<0.001

Figure 7: Monthly detection rate for oesophageal, stomach and upper GI cancer diagnoses, from January 2013 - July 2015, England



Conclusion

The campaign's primary message 'Heartburn most days for three weeks or more could be a sign of cancer – tell your doctor' represented new news with knowledge of this symptom increasing post campaign. Encouragingly, one in four (23%) of those who recognised the oesophago-gastric cancer campaign stated that they had taken some action as a result. The most common action taken was making a GP appointment which around one in 10 (8%) said they had done

The national oesophago-gastric cancer awareness campaign also appears to have resulted in large increases in the number of urgent GP referrals for suspected upper GI cancers. There was an 84% increase in urgent GP referrals for suspected upper GI cancers in the campaign period February to March 2015 compared to February to March 2013. In comparison, there was a 32% increase in urgent GP referrals for other suspected cancers. There is also evidence of a continuing, but smaller, impact on referrals during April to June 2015 with a 47% increase in urgent GP referrals for suspected upper GI cancer from the same months in 2013, compared to a 29% increase in urgent GP referrals for other suspected cancers.

The campaign may also have had an impact on the number of oesophageal cancer diagnoses resulting from an urgent GP referral for suspected upper GI cancers (20% increase from February to March 2013 to February to March 2015). However, there was no clear evidence of an impact on the number of stomach cancer diagnoses resulting from an urgent GP referral for suspected upper GI cancers. Neither does there appear to have been an impact on the number of oesophageal, stomach or upper GI cancer diagnoses recorded in the cancer waiting times database.

The campaign does appear to have caused a further decrease in the conversion rates during, and immediately after, the campaign period in addition to the long-term trend, particularly for oesophageal cancer and upper GI cancers.

The campaign also appears to have had an impact on the detection rates for oesophageal, stomach and upper GI cancers in the few months after the campaign. For March to April 2015, compared to the same months in 2013, there was a six percentage point increase in the oesophageal cancer detection rate to 59% and a nine percentage point increase in the stomach cancer detection rate to 44%.

Evaluation of this campaign will continue as data becomes available for further metrics, including cancer registration data, and a final evaluation report will be published when the analysis of all metrics is complete.