



Be Clear on Cancer: First national blood in pee awareness campaign, 2013

Caveats: This summary presents the results of the metrics on cancer diagnoses resulting from an urgent GP referral for suspected cancer and conversion rate. This is one of a series of summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation about the campaign is not included here as this requires a full evaluation of all the metrics. The full evaluation will be part of the final campaign report which will be published in due course. These metrics should not be considered in isolation.

Cancer diagnoses resulting from an urgent GP referral for suspected cancer and conversion rate

The campaign

The first national blood in pee awareness campaign ran from 15 October 2013 to 20 November 2013 in England.

The campaign's key message was:

- 'If you notice blood in your pee, even if it's just the once, tell your doctor.'

Metric: Cancer diagnoses resulting from an urgent GP referral for suspected cancer

This metric considers whether the campaign had an impact on the number of new bladder, kidney or urological cancer cases that resulted from an urgent GP referral for suspected urological cancers, often referred to as two week wait (TWW) referrals.

Metric: Conversion rate

This metric considers whether the campaign had an impact on the percentage of urgent GP referrals for suspected urological cancers resulting in a diagnosis of bladder, kidney or urological cancer (conversion rate).

Data are taken from the National Cancer Waiting Times Monitoring Data Set, provided by NHS England. Results are presented by month first seen. For both metrics, the analysis compared the campaign period (October to December 2013) with the same three months in 2012. The analysis considers how changes in bladder (ICD-10 C67), kidney (ICD-10 C64–65) and all urological cancers (ICD-10 C60–61, C63–68) may differ.

Key message

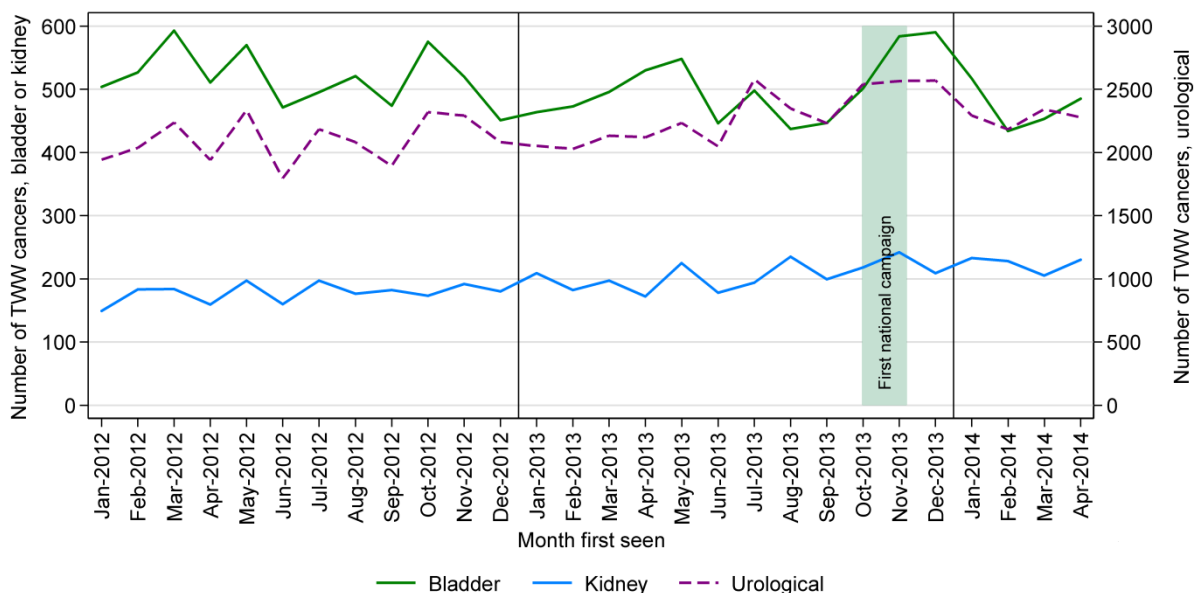
There is some evidence that the first national blood in pee awareness campaign had an impact on the number of bladder, kidney and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers, particularly for bladder cancer.

Results

From January 2012 to April 2014, there appears to be an overall trend for increasing numbers of kidney and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers (Figure 1), with a possible peak in urological cancer diagnoses around the time of the campaign. However, for bladder cancer diagnoses, a clear peak in diagnoses following the campaign contrasts with a generally decreasing trend.

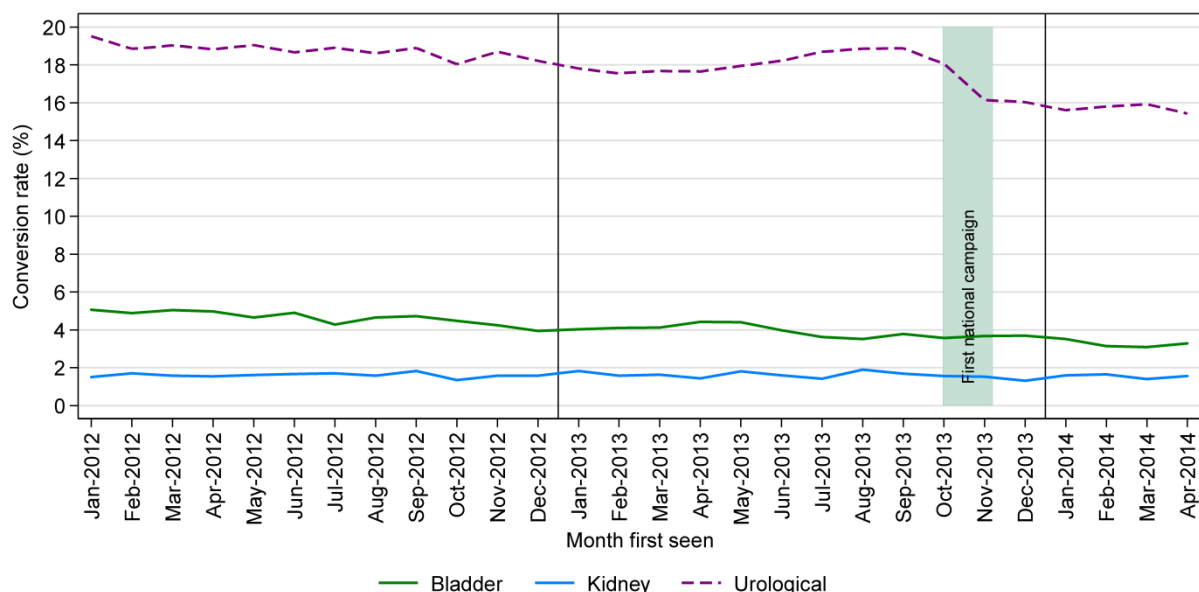
Comparing the campaign period (October to December 2013) to the same months in 2012, the number of bladder cancer diagnoses increased by 8% ($p=0.025$), the number of kidney cancer diagnoses increased by 22% ($p<0.001$) and the number of urological cancer diagnoses increased by 14% ($p<0.001$).

Figure 1: Monthly number of bladder, kidney and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers, January 2012 to April 2014, England



From October to December 2012 to October to December 2013, the bladder cancer conversion rate decreased by 0.6 percentage points, from 4.2% to 3.6% ($p<0.001$) and the urological cancer conversion rate by 1.7 percentage points, from 18.3% to 16.6% ($p<0.001$). Although the conversion rates have been gradually decreasing over time, there was a clear drop in the urological cancer conversion rate from November 2013 (Figure 2).

Figure 2: Monthly bladder, kidney and urological cancer conversion rates for urgent GP referrals for suspected urological cancers, January 2012 to April 2014, England



Conclusions

There is some evidence that the first national blood in pee awareness campaign had an impact on the number of bladder, kidney and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers, although for kidney and urological cancers these changes may, at least partially, reflect long-term trends. The campaign appears to have led to a decrease in the urological cancer conversion rate.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, detection rates, numbers of cancers diagnosed, stage at diagnosis and one-year survival. A full evaluation report will be published on the campaign metrics when all of the results are available.

Considerations

Cancer incidence is increasing for most cancers, but declining for some (notably, bladder cancer), which may have an impact on trends over time for this and other metrics. Results must be considered with these underlying trends in mind.

Where the results are statistically significant there is some evidence for an impact of the campaign, although underlying trends and other external factors (eg other awareness activities, changing referral guidance) may also affect the results.

Campaigns are more likely to have a greater impact on metrics relating to patient behaviour (eg symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (eg urgent GP referrals for suspected cancer), compared to disease metrics (eg incidence, stage at diagnosis, and survival).

Find out more about Be Clear on Cancer at:
www.ncin.org.uk/be_clear_on_cancer
www.nhs.uk/be-clear-on-cancer