

Protecting and improving the nation's health

Be Clear on Cancer: Local prostate cancer campaign, 2014

Caveats: This summary presents the results of the metric on emergency presentations. This is one of a series of metric 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.

Emergency Presentations

The campaign

A local prostate cancer campaign ran from 20 October 2014 to 23 November 2014 in six London boroughs (Hackney, Haringey, Lambeth, Lewisham, Newham and Southwark).

Key messages

Based on the proxy measure, there were no significant differences in the proportion of prostate cancers diagnosed via emergency presentations in London pilot area for the campaign year (2014) compared to 2013.

The campaign's key message was:

 '1 in 4 black men will get prostate cancer. Prostate cancer often has no obvious symptoms. If you are a black man over 45 and want to discuss your personal risk of prostate cancer, visit your GP'

Metric: Proxy for Emergency Presentations

The Hospital Episode Statistics (HES) derived emergency presentation metric is calculated from inpatient data and uses the methodology set out in the cancer outcomes metric specification.¹ It measures the proportion of men diagnosed with prostate cancer who first presented as an emergency.

Data were extracted on 19 October 2016 for men admitted during 2013-14 and 2014-15 financial years, resident in the corresponding London clinical commissioning groups with a primary diagnosis of prostate cancer (ICD-10 C61). Numbers do not include men diagnosed via other routes, for example outpatient or general practice settings.

For each month, the proportion was calculated as the number of first inpatient admissions with prostate cancer presenting through an emergency route, divided by the total number of first inpatient admissions with prostate cancer, multiplied by 100.

¹ Public Health England. Indicator Specification: Proportion of cancer admissions diagnosed for the first time via emergency presentation. 2015.

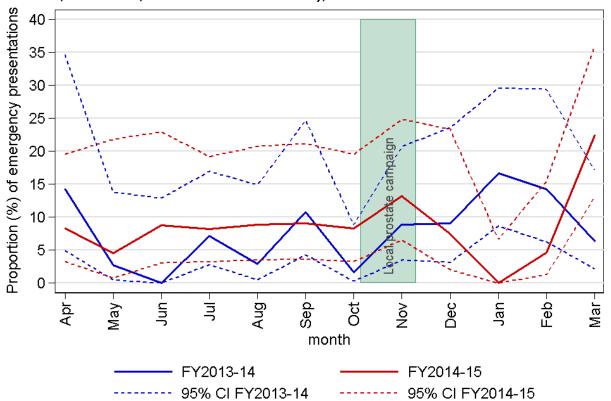
Binomial confidence intervals were calculated using the Wilson score method. Results for the campaign year (FY2014-15) were compared to the previous year (FY2013-14).

Results

There were 479 men admitted with prostate cancer in 2013-14 and 37 were diagnosed through emergency presentation. In 2014-15, there were 516 and 46 respectively.

There were no significant differences in the proportions of prostate cancers diagnosed via emergency presentation for the local pilot area in 2014 compared to 2013 (Figure 1). The proportions of men with prostate cancer diagnosed via emergency presentation during the local prostate campaign period were 8.3% in October and 13% in November 2014 compared to 1.7% and 8.9% for the same months in 2013.

Figure 1: Proportion of emergency presentations and 95% confidence intervals for prostate cancer by month, local pilot campaign – London boroughs (Hackney, Haringey, Lambeth, Lewisham, Newham and Southwark), 2013-14 & 2014-15



Local prostate campaign period 20 Oct - 23 Nov 2014

Source: NCRAS Cancer Analysis System & the PHE Admitted Patient Care HES database

Conclusions

There were no significant differences in the proportions of men with prostate cancer diagnosed via emergency presentation for the local campaign year (FY2014-15) compared to FY2013-14.

Other metrics being evaluated include the Cancer Waiting Times referrals, conversion and detection rate, numbers of cancers diagnosed, stage at diagnosis and one-year

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survival. A full evaluation report will be published on the campaign metrics when all of the results are available.

Considerations

In general, cancer incidence is increasing which may have an impact on trends over time for this and other metrics, and so the 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/