



Be Clear on Cancer: Second national blood in pee campaign, 2014

Caveats: This summary presents the results of the metric on one-year survival. 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.

One-year survival

The campaign

The second national blood in pee campaign ran from 13 October 2014 to 23 November 2014 in England.

The key message promoted:

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

Key message

The second national blood in pee campaign does not appear to have had an impact on one-year survival for persons aged 50 and over diagnosed with bladder or kidney cancer

Metric: Survival

This metric considers whether the second national blood in pee campaign had an impact on one-year survival for persons, aged 50 and over¹ with their first bladder (ICD10 C67) or kidney (ICD10 C64) cancer diagnosed during and following the campaign, compared with the rest of the year.

Data was extracted from the national cancer analysis system. Persons were followed up until December 2016 to obtain their last known vital status. The analysis period was defined as two weeks after the start of the campaign (1 November 2014) to two months after the end of the campaign (31 January 2015). One-year age specific net survival was calculated using the methodology outlined in the [Office for National Statistics: Cancer Survival Statistical Bulletins](#). Net survival refers to the probability of surviving cancer accounting for other causes of death. The one-year survival for those diagnosed in the analysis period was compared with those diagnosed during 1 January 2014 to 31 October 2014.

Results

There were no significant differences in one-year survival for persons, men or women aged 50 and over diagnosed with bladder or kidney cancer between the analysis period (November 2014 to January 2015) and comparison period (January to October 2014)

¹ 50 to 99 years

(Table 1). One-year survival for persons diagnosed with bladder cancer during the analysis period was 73.7% compared with 70.6% for those diagnosed in the comparison period. One-year survival for persons diagnosed with kidney cancer during the analysis period was 75.5% compared with 75.1% for those diagnosed in the comparison period. One-year survival from bladder cancer was statistically significantly higher for men compared to women.

Table 1: One-year net survival (%) for men, women and persons aged 50 and over diagnosed with bladder and kidney cancer during the analysis period, 1 November 2014 to 31 January 2015, compared with the rest of 2014

Site	Sex	Comparison period (01/01/2014 to 31/10/2014)	Analysis period (01/11/2014 to 31/01/2015)
Bladder	Men	73.9% (95% CI: 72.6 - 75.3)	76.3% (95% CI: 73.9 - 78.6)
	Women	61.1% (95% CI: 58.7 - 63.5)	66.4% (95% CI: 62.1 - 70.6)
	Persons	70.6% (95% CI: 69.4 - 71.7)	73.7% (95% CI: 71.6 - 75.8)
Kidney	Men	76.0% (95% CI: 74.7 - 77.3)	76.3% (95% CI: 73.9 - 78.6)
	Women	73.6% (95% CI: 71.9 - 75.3)	74.3% (95% CI: 71.3 - 77.4)
	Persons	75.1% (95% CI: 74.1 - 76.1)	75.5% (95% CI: 73.7 - 77.4)

Source: Cancer Analysis System, September 2017

Conclusions

The second national blood in pee campaign does not appear to have had an impact on one-year survival for persons aged 50 and over diagnosed with bladder or kidney cancer.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, conversion rates, numbers of cancers diagnosed and stage at diagnosis. A full evaluation on the campaign metrics will be published as a final report 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 behavior (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/