Public Health England

Protecting and improving the nation's health

Be Clear on Cancer: First national respiratory symptoms campaign, 2016

Caveats: This summary presents the results of the metrics on cancer diagnoses recorded in the Cancer Waiting Times database and detection rate. 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.

Cancer diagnoses recorded in the Cancer Waiting Times database and detection rate

Key messages
There was no clear evidence that the number of lung cancer diagnoses recorded in the CWT database or the detection rate for lung cancers were affected by the campaign for persons aged 50 and over, or for all ages combined.

The campaign
The first national respiratory symptoms campaign ran from 14 July 2016 to 16 October 2016 in England.

The campaign's key messages were:
- 'If you've had a cough for three weeks or more, it could be a sign of lung disease, including cancer. Finding it early makes it more treatable. So don't ignore it, tell your doctor.'
- 'If you get out of breath doing things you used to be able to do, it could be a sign of lung or heart disease, or even cancer. Finding it early makes it more treatable. So don't ignore it, tell your doctor.'

Metric: Cancer diagnoses recorded in the CWT database
This metric considers whether the first national respiratory symptoms campaign had an impact on lung cancer diagnoses recorded in the Cancer Waiting Time (CWT) database.

Metric: Detection rates
This metric considers whether the campaign had an impact on the proportion of new CWT database recorded lung cancers diagnoses which resulted from an urgent GP referral for suspected cancer, often referred to as two week wait referrals.
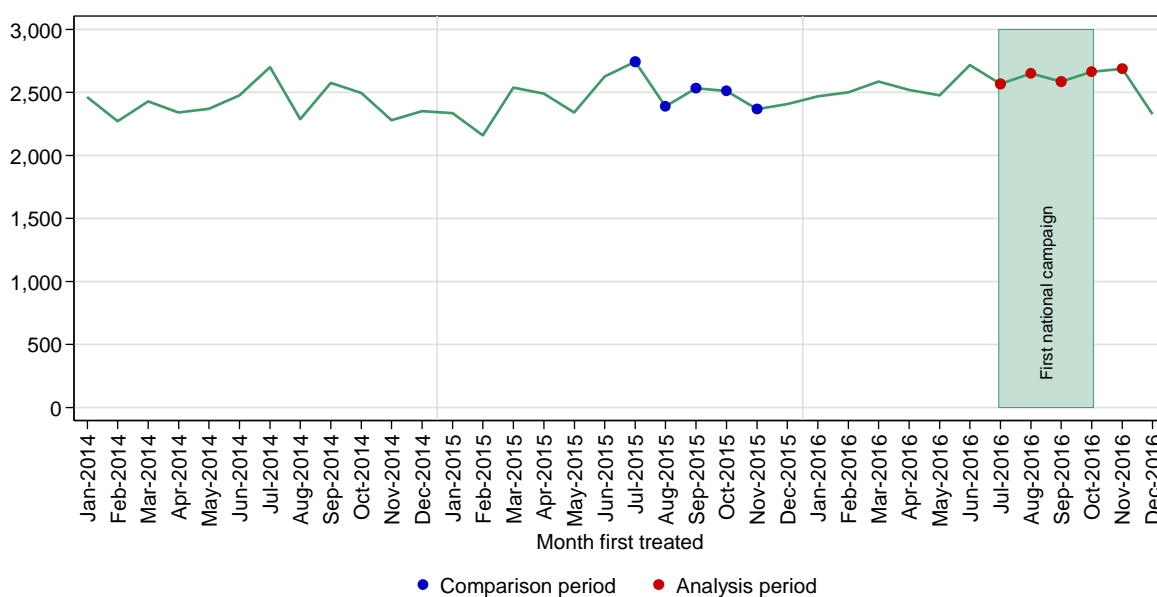
Data is taken from the National Cancer Waiting Times Monitoring Data Set which is provided by NHS England. Results are presented by the month that the patient had their first treatment.

For these two metrics, the analysis used data from August 2016 (mid campaign) onwards, accounting for a delay in impact from the start of the campaign, due to the average time from the date that a patient was first seen to the treatment start date. For both metrics, the analysis compared August to December 2016 with the same five months in 2015. Lung cancer cases were defined as those with an ICD-10 diagnosis code of C33-C34, C37-C39 or C45.
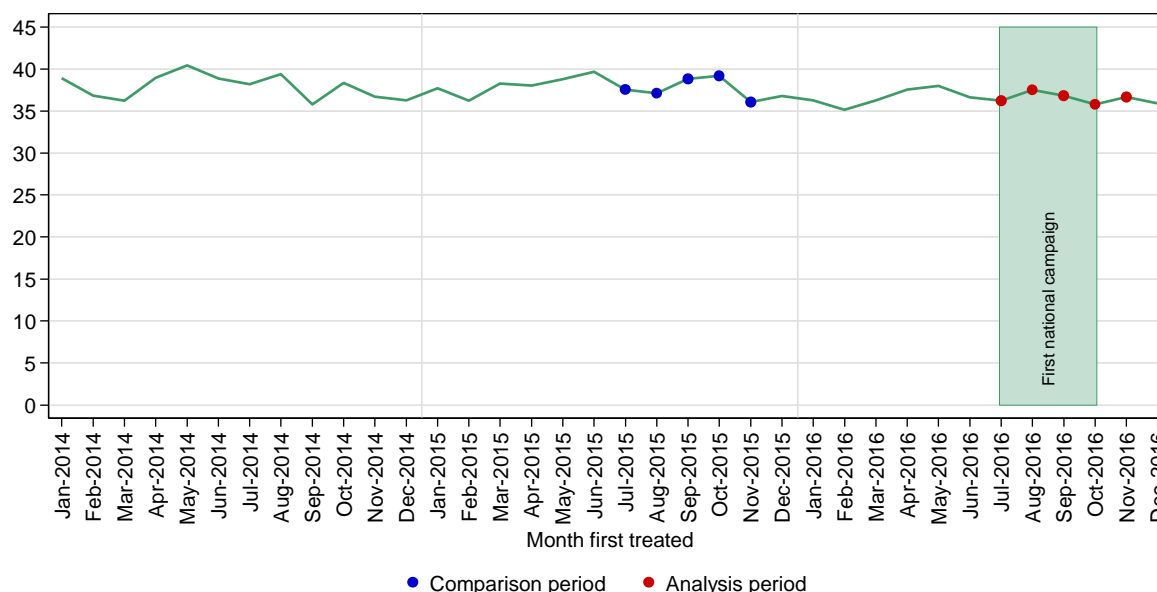
Results

Comparing August to December 2015 with August to December 2016, there was a statistically significant 6% increase (from 12,208 to 12,911 cases) in the number of lung cancer diagnoses recorded in the CWT database for all ages in England. However, this increase is in line with long-term trends with no obvious increases in such lung cancer diagnoses around the campaign period (Figure 1). Similarly, the statistically significant increase in the number of lung cancer diagnoses for those aged 50 and over appeared in line with long-term trends.

Figure 1: Monthly number of lung cancer diagnoses recorded in the CWT database, January 2014 to December 2016, all ages, England.

Comparing August to December 2015 with August to December 2016, there was a 1.1 percentage point decrease in the detection rate for all ages, from 37.6% to 36.6%. However; this result was not statistically significant (Figure 2). There were no statistically significant changes in lung cancer detection rate for any age-groups, including those aged 50 and over.

Figure 2: Monthly detection rates for lung cancers diagnoses, January 2014 to December 2016, all ages, England

Conclusions

There was no clear evidence that the number of lung cancer diagnoses recorded in the CWT database or the detection rate for lung cancers were affected by the campaign, neither for those aged 50 and over, nor for all ages combined.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, conversation 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

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/