



Be Clear on Cancer: Third national blood in pee campaign, 2016

Caveats: This summary presents the results of the metric on cancers diagnosed. 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.

Cancers diagnosed

The campaign

The third national blood in pee campaign ran from 15 February 2016 to 31 March 2016 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: Cancers diagnosed

This metric considers whether the third national blood in pee campaign had an impact on the number of newly diagnosed cases of bladder cancer (ICD-10 C67) and kidney cancer (ICD-10 C64), for men and women aged 50 and over, and for all ages combined.

Data was extracted from the national cancer analysis system for the diagnosis period October 2014 to September 2016. The analysis period was defined as two weeks after the start of the campaign (week 9 of 2016) to two months after the end of the campaign (week 22 of 2016). The numbers of cases diagnosed per week in the analysis period were compared with the overall median for October 2015 to September 2016. The campaign was considered to have a possible impact if a) the numbers of cases per week were the same or higher than the median for five or more consecutive weeks and b) this sustained period started during the analysis period.

Results

The numbers of bladder cancer cases were similar to or higher than the 2015 to 2016 median (Figure 1) from weeks 11 to 22 in 2016 for persons aged 50 and over, and for all ages combined. Across this period, an additional 244 cases were diagnosed compared with the expected number based on the median (1,944 cases) for persons aged 50 and over. An additional 277 cases were diagnosed compared with the expected number based on the median (1,980 cases) for all ages combined.

Key messages

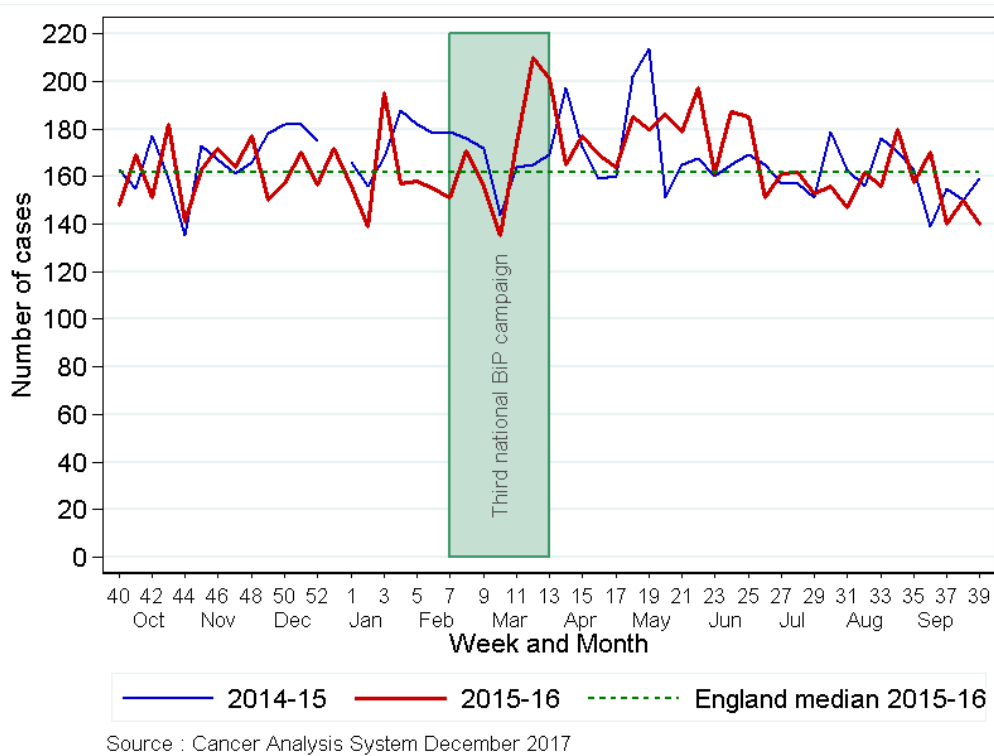
The third national blood in pee campaign appears to have had an impact on the numbers of bladder cancers diagnosed for persons aged 50 and over, and all ages combined. No impact was seen on kidney cancer diagnoses.

There were no sustained periods where the numbers of kidney cancers were the same as or higher than the 2015 to 2016 median (Figure 2).

Figure 1: Number of newly diagnosed cases of bladder cancer by week, England, October 2014 to September 2016, a) 50 and over and b) all ages

There is a week 53 in 2015 but not in 2014 hence the gap in the blue line for 2014-15

a) 50 and over



b) all ages

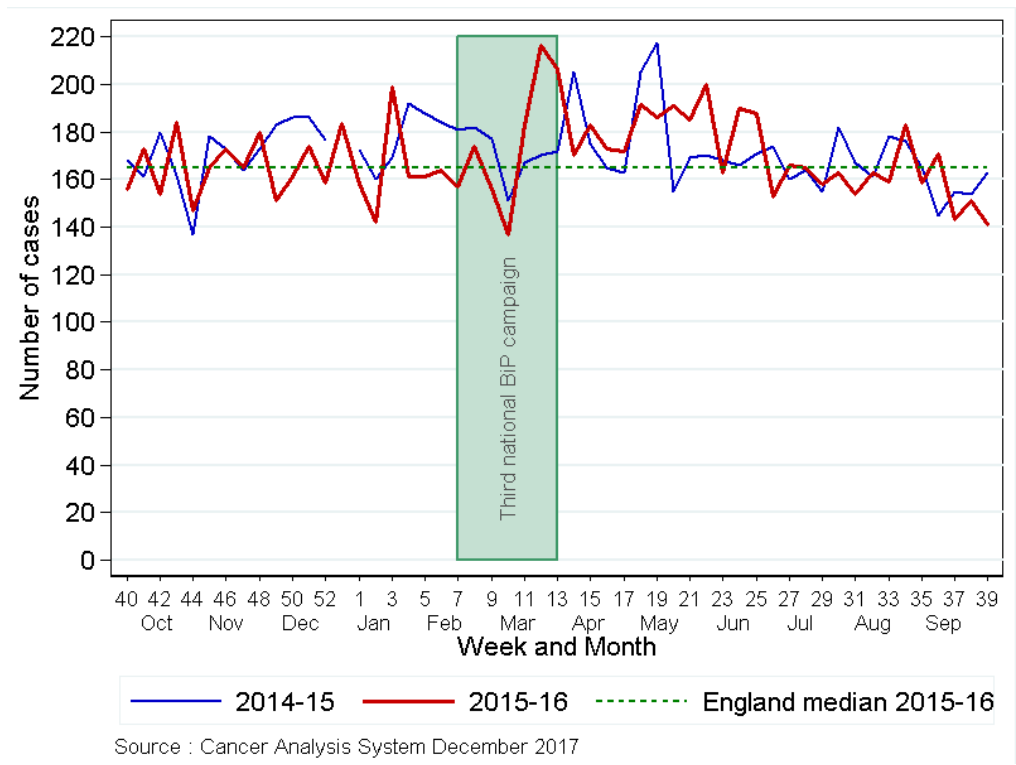
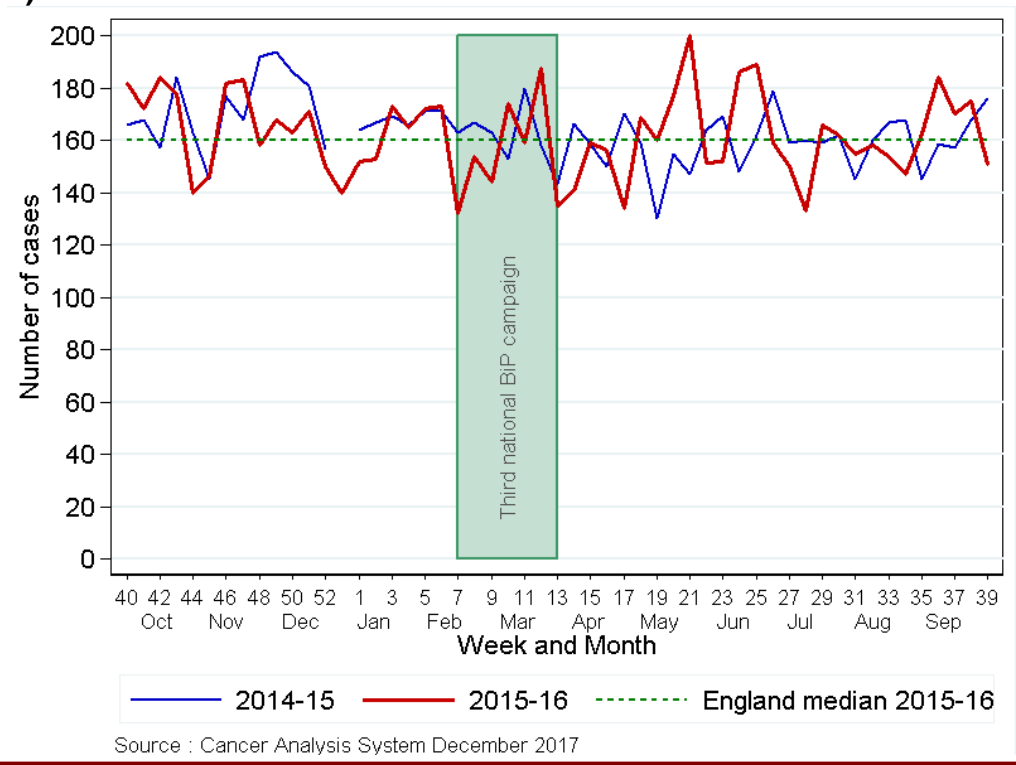
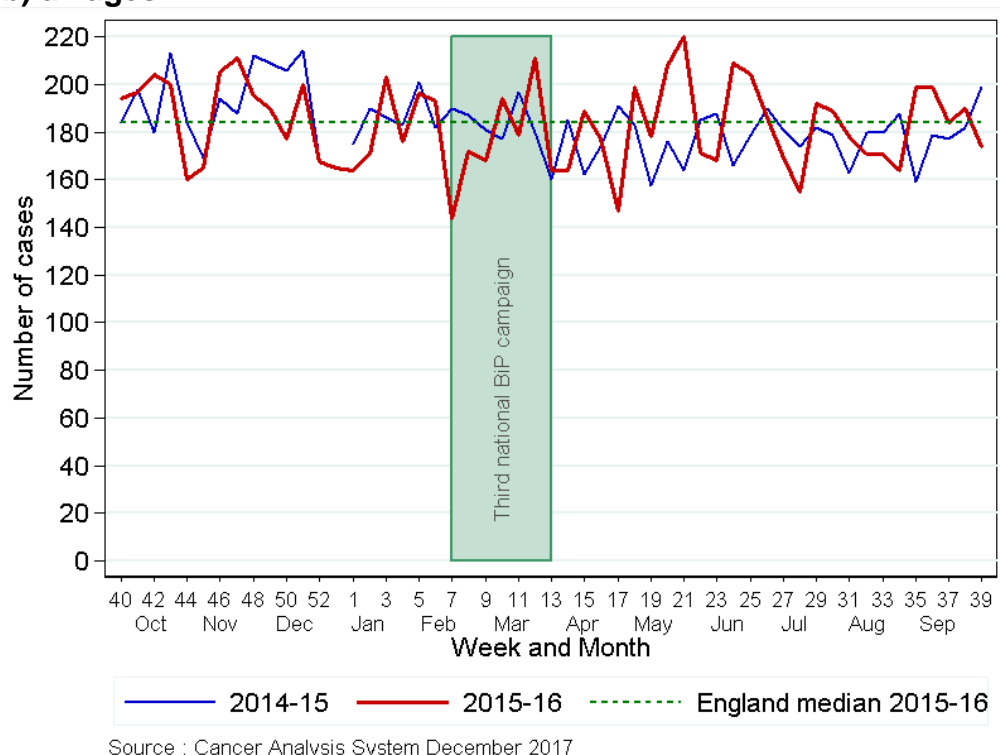


Figure 2: Number of newly diagnosed cases of kidney cancer by week, England, October 2014 to September 2016, a) 50 and over and b) all ages
 There is a week 53 in 2015 but not in 2014 hence the gap in the blue line for 2014-15

a) 50 and over



b) all ages



Conclusions

The third national blood in pee campaign appears to have had an impact on the numbers of bladder cancers diagnosed for persons aged 50 and over, and for all ages combined. The campaign does not appear to have had an impact on the numbers of kidney cancers.

Other metrics being evaluated include GP attendance, urgent GP referrals, conversion and detection rate, emergency presentations 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