



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

**Caveats:** This summary presents the results of the metric on early stage at diagnosis. This is one of a series of summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation of the campaign incorporating a full evaluation of all the metrics is published separately. These metrics should not be considered in isolation.

### Early stage at diagnosis

#### The campaign

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

Core campaign 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.'

#### Key messages

The first national respiratory symptoms campaign appears to have had no impact on the proportion of lung cancer cases diagnosed at an early stage for persons aged 50 and over, or for all ages combined.

#### Metric: early stage at diagnosis

This metric considers whether the first national respiratory symptoms campaign had an impact on the proportion of lung cancers (ICD10 C33-34) diagnosed at an early stage of 1, 2 or 3a, 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 April 2016 to March 2017. The analysis period was defined as two weeks after the start of the campaign (week 30 of 2016) to two months after the end of the campaign (week 50 of 2016). The proportion of early staged cases diagnosed per week in the analysis period was compared with the overall median for April 2016 to March 2017. The campaign was considered to have a possible impact if a) the proportion per week was the same or higher than the median for five or more consecutive weeks and b) this sustained period started during the analysis period.

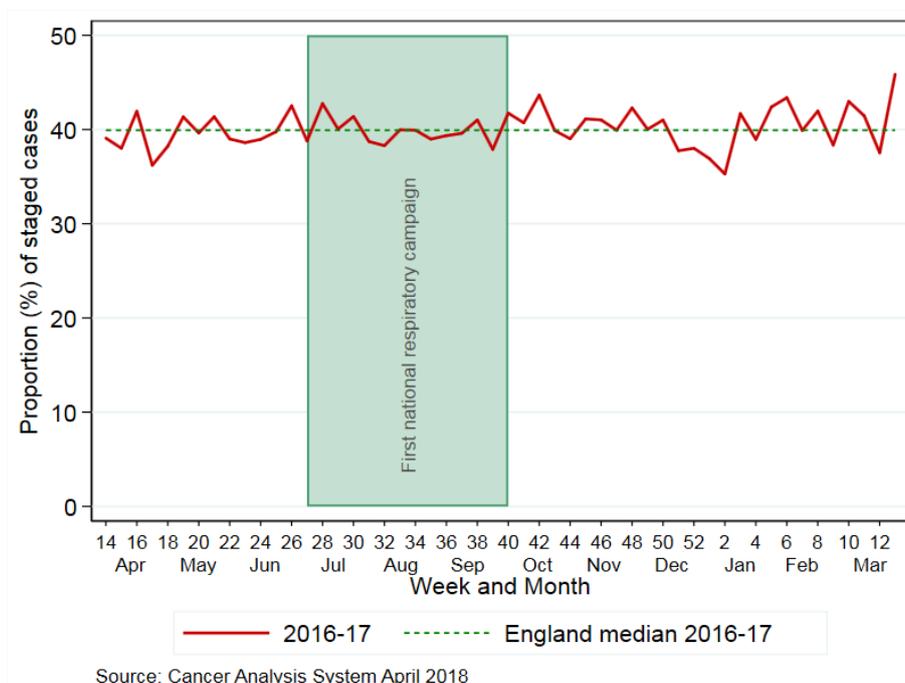
#### Results

For those aged 50 and over, there were no sustained periods where the proportion of early stage lung cancer was higher than the median for 2016-17 (see Figure 1a). There were no

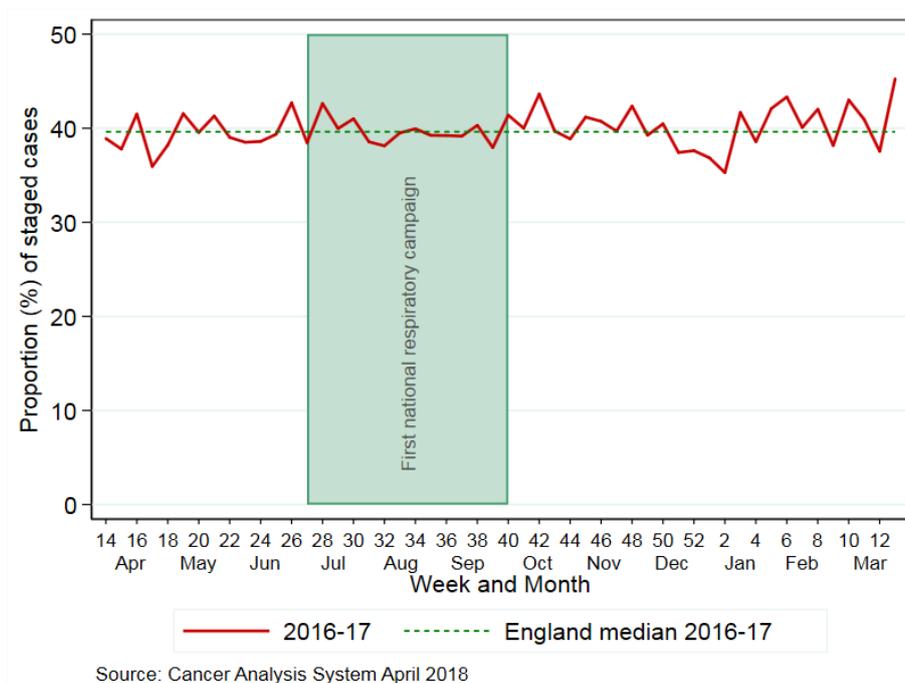
sustained periods where the proportion of early staged cases exceeded the median (see Figure 1b) for all ages combined.

**Figure 1: Proportion of lung cancer diagnosed at stage 1, 2 or 3a by week, England, April 2016 to March 2017, a) 50 and over and b) all ages**

**a. 50 and over**



**b. All ages**



## Conclusions

The first national respiratory symptoms campaign appears to have had no impact on the proportion of lung cancer cases diagnosed at an early stage for persons aged 50 and over, or for all ages combined.

Other metrics being evaluated include GP attendance, urgent GP referrals, conversion and detection rate, emergency presentations and one-year survival.

## 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.

The proportion of staged cases for the Be Clear on Cancer (BCoC) metric summaries was calculated using denominators which excluded cases with unknown stage. Other National Cancer Registration and Analysis Service (NCRAS) outputs on proportion of staged cases include cases with unknown stage in the denominator. Therefore the proportions of staged cases reported in the BCoC metrics are different to other NCRAS publications. Excluding cases with unknown stage ensures greater comparability across years for the BCoC metrics, as the proportion of cases with a completed stage has increased since 2014.

Where the results are statistically significant there is some evidence for an impact of the campaign, although underlying trends and other external factors (for example 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 (for example symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (for example urgent GP referrals for suspected cancer), compared to disease metrics (for example incidence, stage at diagnosis, and survival).

Find out more about Be Clear on Cancer at:

[www.ncin.org.uk/be\\_clear\\_on\\_cancer](http://www.ncin.org.uk/be_clear_on_cancer)

[www.nhs.uk/be-clear-on-cancer](http://www.nhs.uk/be-clear-on-cancer)