



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

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

One-year survival

The campaign

The third national blood in pee campaign ran from 15 February 2016 to 31 March 2016 in England.

The campaign's core message was:

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

Key message

There was no evidence to suggest that the third national blood in pee campaign had an impact on one-year survival for bladder or kidney cancer, for people aged 50 years and over.

Metric: Survival

This metric considers whether the campaign had an impact on one-year survival for persons, aged 50 years 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 2017 to obtain their last known vital status. The analysis period was defined from 29 February 2016 to 12 May 2016. 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 from 1 January 2016 to 28 February 2016 and 13 May 2016 to 31 December 2016.

¹ 50-99 years

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 (29 February 2016 to 12 May 2016) and comparison period (1 January 2016 to 28 February 2016 and 13 May 2016 to 31 December 2016) (Table 1).

Table 1: One-year net survival (%) for men, women and persons aged 50 and over diagnosed with bladder or kidney cancer during the analysis period, 29 February to 12 May 2016, compared with the rest of 2016

Site	Sex	Comparison period (01/01/2016 to 28/02/2016 and 13/05/2016 to 31/12/2016)	Analysis period (29/02/2016 to 12/05/2016)
Bladder	Men	75.1% (95% CI: 71.8 – 78.4)	73.6% (95% CI: 70.9 – 76.3)
	Women	54.8% (95% CI: 48.0 – 61.6)	58.8% (95% CI: 54.1 – 63.5)
	Persons	69.5% (95% CI: 66.4 – 72.5)	69.6% (95% CI: 67.2 – 71.9)
Kidney	Men	78.3% (95% CI: 75.7 – 80.9)	77.3% (95% CI: 74.5 – 80.1)
	Women	74.8% (95% CI: 71.9 – 77.7)	75.5% (95% CI: 71.7 – 79.3)
	Persons	77.0% (95% CI: 75.0 – 79.0)	76.7% (95% CI: 74.4 – 78.9)

Source: Cancer Analysis System, December 2018

One-year survival for persons diagnosed with bladder cancer during the analysis period was 69.6% compared with 69.5% for those diagnosed in the comparison period. One-year survival rates for women were statistically significantly lower than for men during both periods.

One-year survival for persons diagnosed with kidney cancer during the analysis period was 76.7% compared with 77.0% for those diagnosed in the comparison period. There was no significant difference in the one-year survival rate from kidney cancer when comparing the rates for men and women.

Conclusions

There appears to have been no change in the one-year net survival for persons aged 50 years and over diagnosed with bladder or kidney cancer.

There was no evidence to suggest that the third national blood in pee campaign had an impact on one-year survival for bladder or kidney cancer, for people aged 50 years and over.

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 (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 behavior (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
www.nhs.uk/be-clear-on-cancer/