



Be Clear on Cancer: First national breast cancer in women over 70 awareness campaign, 2014

Caveats: This summary presents the results of the metric on emergency presentations. 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.

Emergency Presentations

The campaign

The first national breast cancer in women over 70 awareness campaign ran from 3 February 2014 to 16 March 2014 in England.

Two key messages were promoted:

- 'One in three women who get breast cancer are over 70, so don't assume you're past it.'
- 'A lump isn't the only sign of breast cancer. If you're worried about any changes to your breasts, tell your doctor straight away.'

Metric: Proxy for Emergency Presentations

The Hospital Episode Statistics (HES) derived emergency presentation metric is calculated from inpatient data and uses the methodology set out in the cancer outcomes metric specification.¹ It measures the proportion of women diagnosed with breast cancer who first presented as an emergency.

Data were extracted on 19 October 2016 for women admitted in 2012 and 2014, resident in England with a primary diagnosis of breast cancer (ICD-10 C50). Numbers do not include women diagnosed via other routes, for example outpatient or general practice settings.

For each month, the proportion was calculated as the number of first inpatient admissions with breast cancer presenting through an emergency route, divided by the total number of first inpatient admissions with breast cancer, multiplied by 100. Binomial confidence intervals were calculated using the Wilson score method. As an earlier wave

Key messages

Based on the proxy measure, there were no significant differences in the proportions of female breast cancers diagnosed via emergency presentations in England for the campaign year (2014) compared to 2012.

¹ Public Health England. Indicator Specification: Proportion of cancer admissions diagnosed for the first time via emergency presentation. 2015.

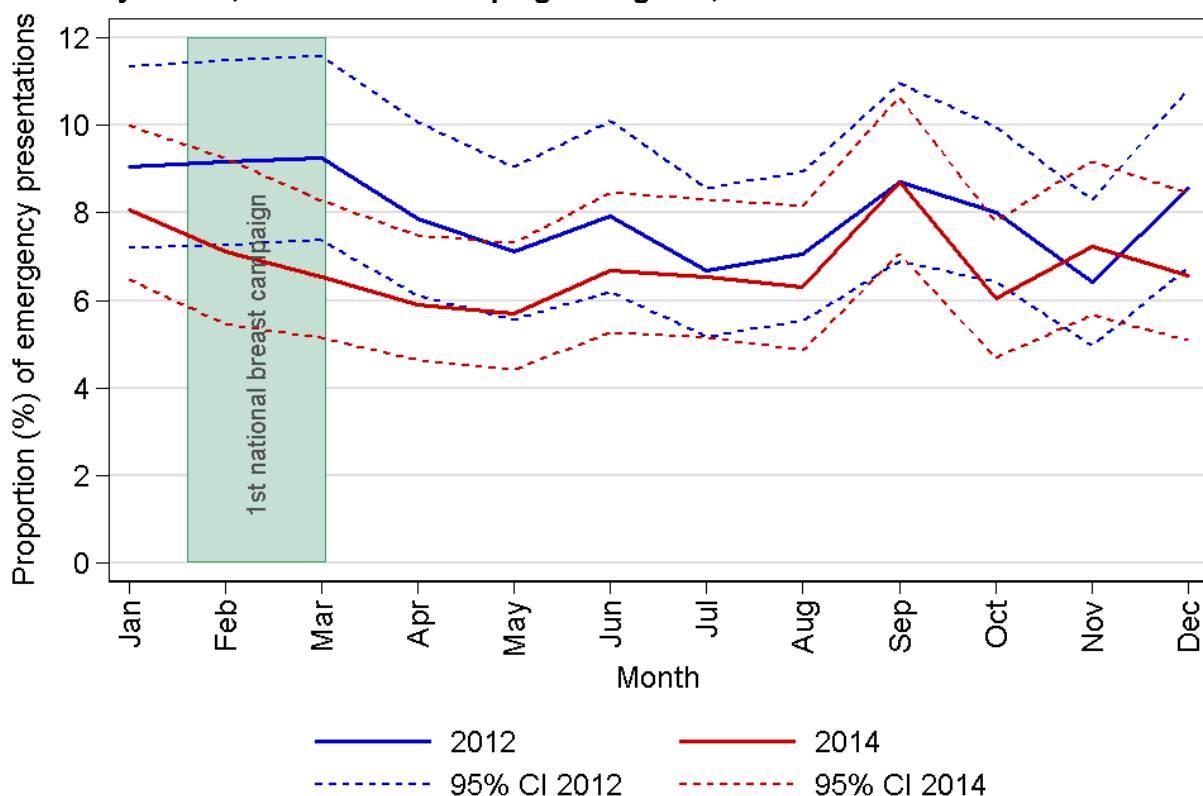
of the breast campaign was conducted in 2013, results for the campaign year (2014) were compared to 2012.

Results

There were 9,445 women admitted with breast cancer in 2012 and 749 were diagnosed through emergency presentation. In 2014, there were 10,967 and 742 respectively.

There were no significant differences in the proportions of women with breast cancer diagnosed via emergency presentation in England in 2014 compared to 2012 (Figure 1). The proportions of women with breast cancer diagnosed via emergency presentation were 7.1% in February and 6.5% in March 2014 compared to 9.2% and 9.3% for the same months in 2012.

Figure 1: Proportion of emergency presentations and 95% confidence intervals for breast cancer by month, first national campaign - England, 2012 & 2014



1st national breast campaign 03 Feb - 16 Mar 2014

Source: NCRAS Cancer Analysis System & the PHE Admitted Patient Care HES database

Conclusions

There were no significant differences in the proportions of women with breast cancer diagnosed via emergency presentation for the campaign year (2014) compared to 2012.

Other metrics being evaluated include the Cancer Waiting Times referrals, conversion and detection rate, 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/