



Be Clear on Cancer: Third national breast cancer in women over 70 awareness campaign, 2018

Caveats: This summary presents the results of the metric on GP attendances. 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.

GP attendances

The campaign

The third national breast cancer in women over 70 awareness campaign ran from 22 February 2018 to 31 March 2018 in England.

The core campaign messages were;

- '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: GP attendances

This metric considers whether the third national breast cancer campaign had an impact on the number of women aged 70 years and over visiting a GP to report breast symptoms¹.

Data on GP attendances for breast symptoms and a control symptom (back pain) were sourced from The Health Improvement Network (THIN) database for the period 22 August 2016 to 26 August 2018. The data was grouped into weeks and adjusted to account for bank holidays.

¹ Breast symptoms could include breast lump; changes in the size or shape of the breast, the skin of breast or the nipple; nipple discharge; and pain in breast or armpit.

Key message

The third national breast cancer in women over 70 campaign appears to have had an impact on the average number of GP attendances with breast symptoms.

Information on the number of GP practices submitting data each week (which decreased from 192 to 115 practices over the period considered²) was used to calculate the average number of attendances per practice per week.

The analysis considered three periods; a 10-week pre-campaign period (18 December 2017 to 25 February 2018), a 7-week campaign period (26 February 2018 to 15 April 2018) and a 10-week post-campaign period (16 April 2018 to 24 June 2018). It compared the average number of GP attendances per practice per week during these periods in 2018 with the same periods one year earlier, in 2017.

Results

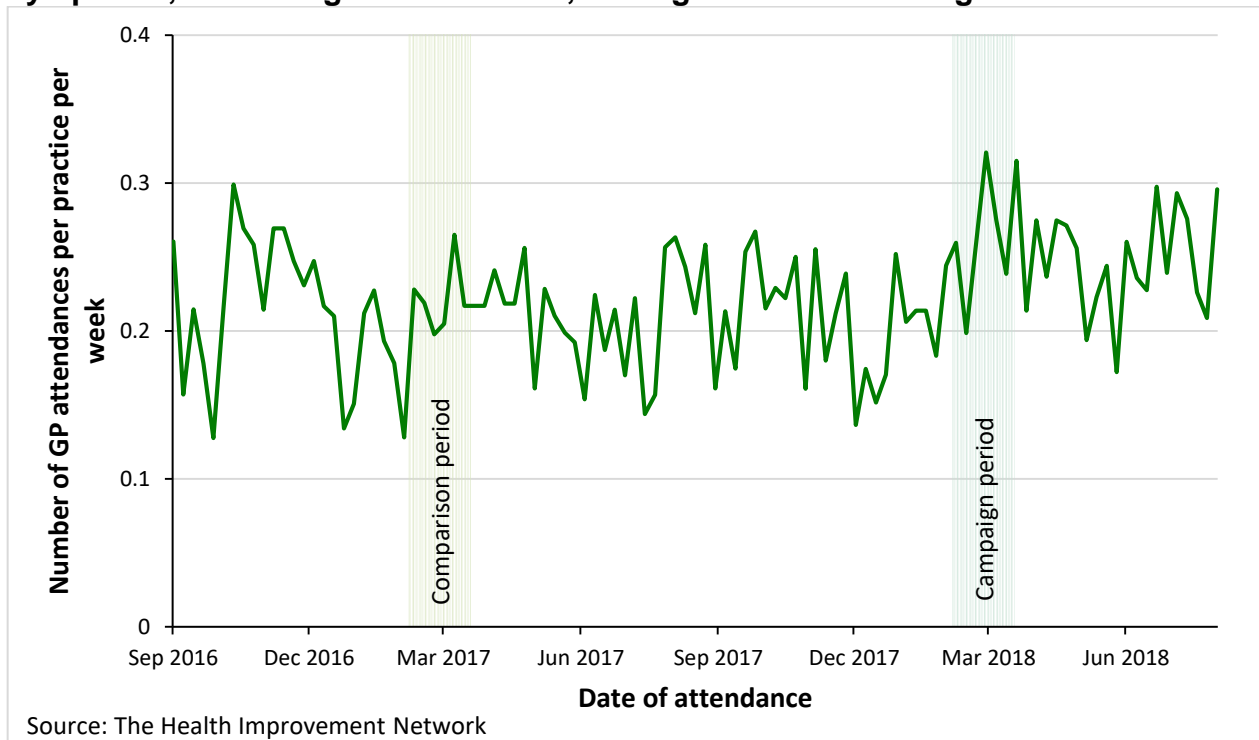
During the 2018 campaign period, for women aged 70 years and over, the average number of attendances for breast symptoms showed an increase of 15.2% when compared to the same period in 2017, from 0.23 visits per practice per week in 2017 to 0.26 visits per practice per week in 2018; however, this was not statistically significant ($p=0.135$). In comparison, results for the control symptom (back pain) showed a small decrease which was not statistically significant (1.9% decrease, $p=0.686$), from 0.94 attendances per practice per week in 2017 to 0.92 visits per practice per week during the 2018 campaign period.

There was a statistically significant 18.5% ($p=0.043$) increase in the average number of attendances per practice per week for breast symptoms during the post-campaign period, compared to the same period in 2017, from 0.20 visits per practice per week in 2017 to 0.24 visits per practice per week in 2018. In comparison, results for the control symptom (back pain) showed a non-significant 4.7% decrease ($p=0.228$).

The trend in the average number of attendances per practice per week for women aged 70 and over shows a lot of week-to-week variability (Figure 1). This average peaked during the first few weeks of the third national breast campaign, but similar peaks had occurred previously, in October 2016.

² Compared to all practices nationally, these practices had a similar age-sex population structure, but a less deprived population on average.

Figure 1: Average number of GP attendances, per practice per week, for breast symptoms, women aged 70 and over, 22 August 2016 to 26 August 2018



During the 2018 campaign period, compared to the same period in 2017, there was a small decrease in the number of GP attendances per practice per week for women under 70 years, although this was not statistically significant (1.7% decrease, $p=0.502$).

Conclusions

There was an increase in the average number of GP attendances for women aged 70 and over with breast symptoms during the campaign period and the post campaign period; this increase was statistically significant during the post campaign period. In comparison there was a small, non-statistically significant decrease in the average number of GP attendances with the control symptom, back pain.

The third national breast cancer in women over 70 campaign appears to have had an impact on the average number of GP attendances with breast symptoms.

Other metrics being evaluated include urgent GP referrals for suspected cancer, cancers diagnosed from an urgent GP referral, cancers diagnosed in the Cancer Waiting Times data, diagnostics in secondary care, numbers of cancers diagnosed, and stage at diagnosis.

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 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 and stage at diagnosis).

Find out more about Be Clear on Cancer at:

www.ncin.org.uk/be_clear_on_cancer

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