



Be Clear on Cancer: Fourth national blood in pee awareness campaign, 2018

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 fourth national blood in pee campaign ran from 19 July 2018 to 16 September 2018 in England.

The core campaign 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 the campaign had an impact on the proportion of early stage bladder, or kidney and urinary tract cancers.

Metric: Early stage at diagnosis

This metric considers whether the fourth national blood in pee campaign had an impact on the proportions of malignant bladder cancer (ICD-10 C67) and kidney and urinary tract (ICD-10 C64-C66, C68) in persons aged 50 years and over, and for all ages combined. For bladder cancer, early stage was defined as stage 1 only, because stage 2 bladder cancer has grown into the muscle layer of the bladder. For kidney cancer, early stage was defined as stages 1 or 2.

Data was extracted from the national cancer analysis system, provided by the National Disease Registration Service for the diagnosis period January 2017 to December 2018. The data was grouped into weeks and adjusted to account for bank holidays. Analysis considered the proportions of cancers diagnosed in the analysis period compared with the number of cancers diagnosed in the same period the year before. The analysis period was defined as two weeks after the start of the campaign (week 32 of 2018) to two months after the end of the campaign (week 46 of 2018). A likelihood ratio test was used to calculate the p-value for statistical significance between the two periods.

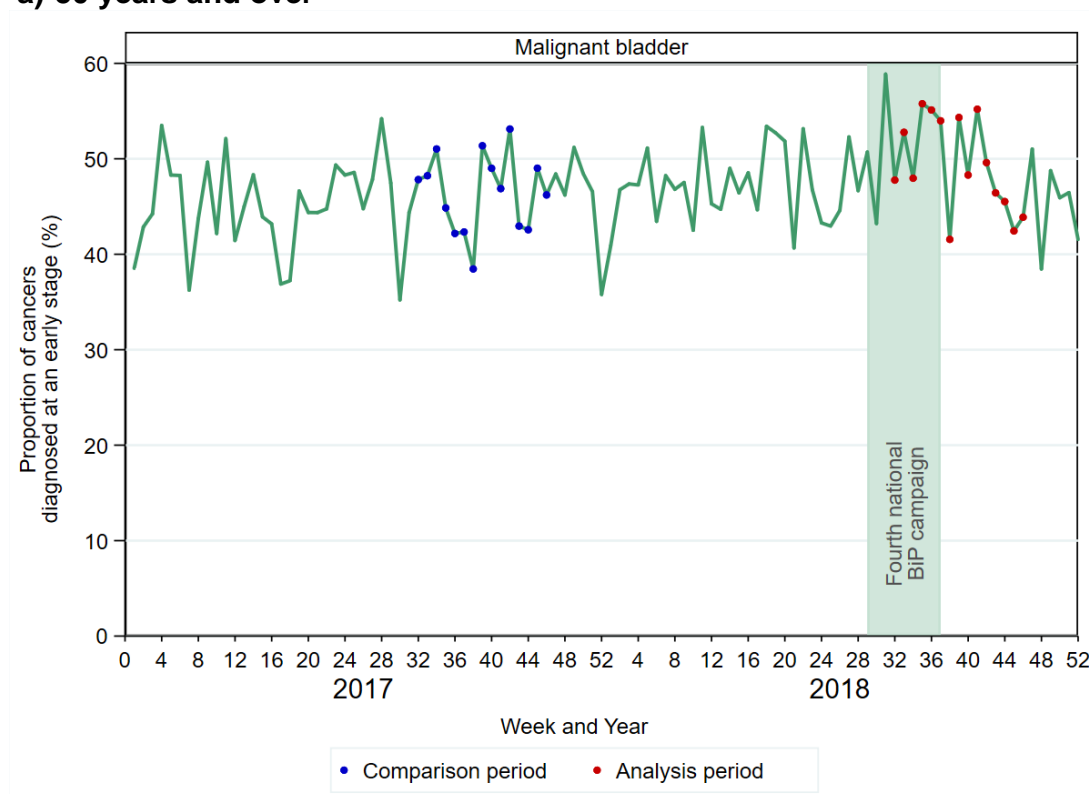
Results

Comparing the analysis period with the comparison period:

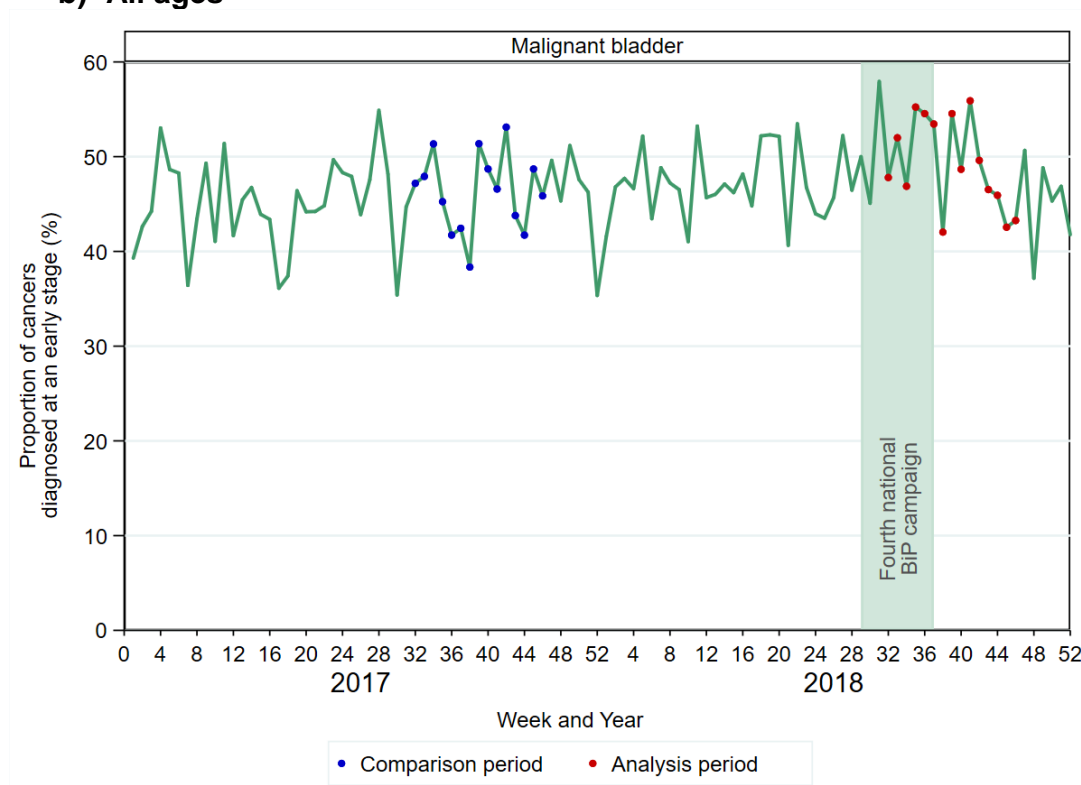
- For those aged 50 years and over, the proportion of early stage bladder cancer increased by 2.7% (46.4% in 2017 to 49.1% in 2018; $p=0.076$) (Figure 1a).
- For all ages combined, the proportion of early stage bladder cancer increased by 2.8% (46.3% in 2017 to 49.1% in 2018; $p=0.067$) (Figure 1b).
- However, these changes were not statistically significant.

Figure 1: Proportion of bladder cancers diagnosed at stage 1 by week, England, January 2017 to December 2018, a) 50 years and over and b) all ages

a) 50 years and over



b) All ages

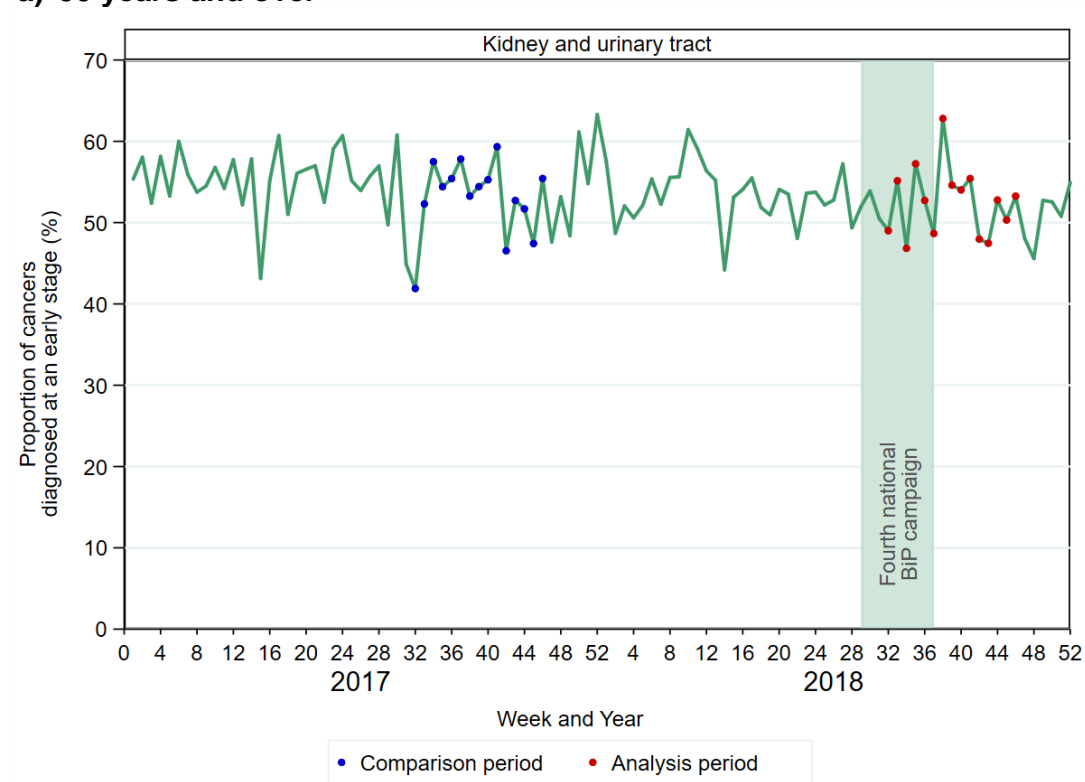


Comparing the analysis period with the comparison period:

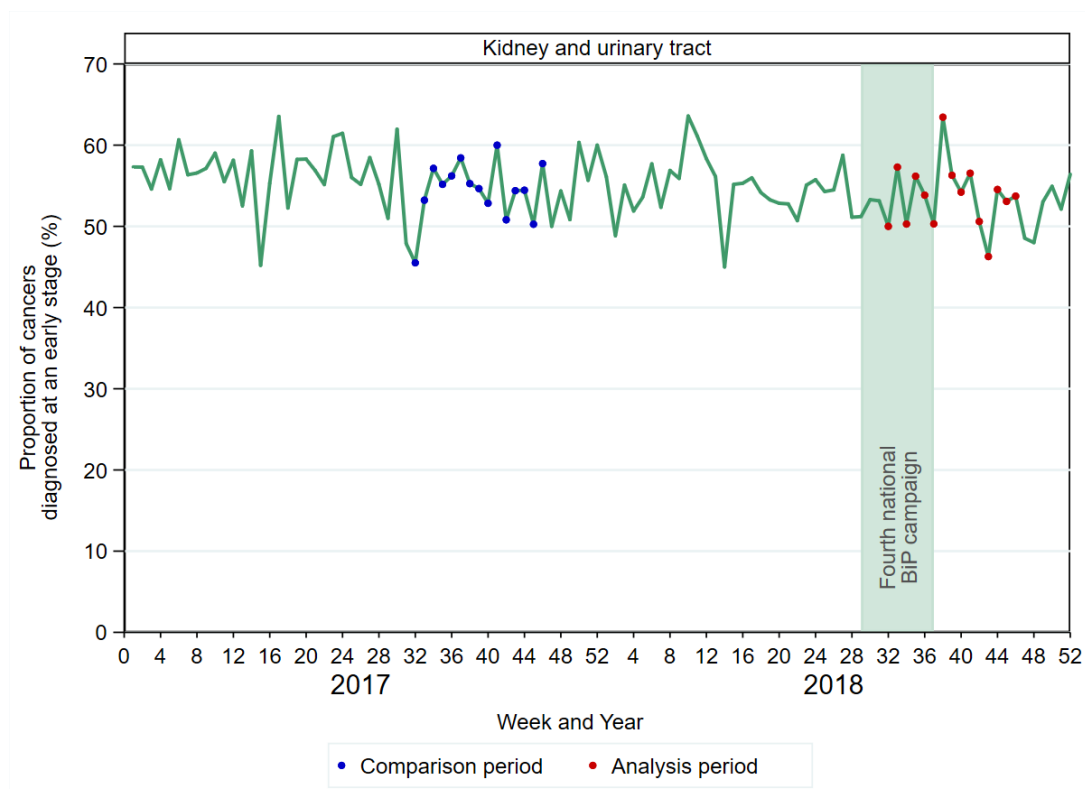
- For those aged 50 years and over, the proportion of early stage kidney and urinary tract cancers decreased by 0.4% (53.1% in 2017 to 52.7% in 2018; $p=0.779$) (Figure 2a).
- The proportion of early stage kidney and urinary tract cancers decreased by 0.6% for those of all ages (54.4% in 2017 to 53.8% in 2018; $p=0.668$) (Figure 2b).
- These changes were not statistically significant.

Figure 2: Proportion of kidney and urinary tract cancers diagnosed at stage 1 or 2 by week, England, January 2017 to December 2018, a) 50 years and over and b) all ages

a) 50 years and over



b) All ages



Conclusions

There was an increase in the proportion of early stage bladder cancer, however this was not statistically significant. There appears to have been no change in the proportion of early stage kidney & urinary tract cancer.

There was no evidence to suggest the campaign had an impact on the proportion of early stage bladder, or kidney and urinary tract cancers.

Other metrics being evaluated include GP attendance, urgent GP referrals, and emergency presentations.

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).

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. The data is collated, maintained and quality assured by the National Cancer Registration and Analysis Service, which is part of Public Health England (PHE).

Find out more about Be Clear on Cancer at:

www.ncin.org.uk/be_clear_on_cancer

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