

Protecting and improving the nation's health

Be Clear on Cancer: Second national breast cancer in women over 70 awareness campaign, 2015

Caveats: This summary presents the results of the metrics on cancer diagnoses resulting from a two week wait referral and conversion rates. This is one of a series of 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.

Cancer diagnoses resulting from a two week wait referral and conversion rate

The campaign

The second national breast cancer in women over 70 awareness campaign ran from 13 July 2015 to 6 September 2015 in England.

Key messages

The campaign may have had some impact on the number of breast cancer diagnoses resulting from two week wait referrals but any changes might reflect the long term trend.

The campaign appears to have had an impact on the conversion rates from urgent GP referrals for suspected breast cancer and breast symptoms.

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: Cancer diagnoses resulting from a two week wait referral

This metric considers whether the campaign had an impact on the number of new breast cancer cases that resulted from a two week wait (TWW) referral, either as urgent GP referrals for suspected breast cancer or as breast symptom referrals.

Metric: Conversion rate

This metric considers whether the campaign had an impact on the percentage of TWW referrals resulting in a diagnosis of breast cancer (conversion rate). The conversion rate is broken down by the type of TWW referral: urgent GP referrals for suspected breast cancer or breast symptom referrals.

Data are taken from the National Cancer Waiting Times Monitoring Data Set, provided by NHS England. Results are presented by month first seen. For both metrics, the analysis

compared the campaign period July to September 2014 with July to September 2015 Breast cancer cases were defined as those with an ICD-10 diagnosis code of C50 or D05.

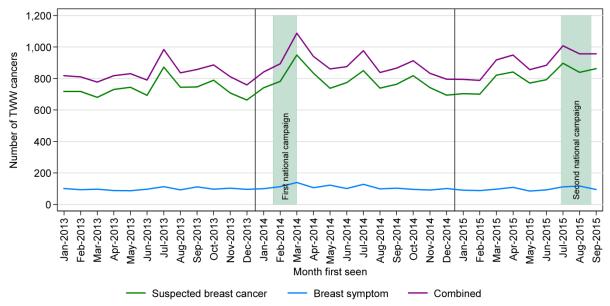
Results

There has been a slight upward trend in breast cancer diagnoses resulting from an urgent GP referral for suspected breast cancer for women aged 70 and over in England since January 2013 (Figure 1). For women aged 70 and over in England, there was a statistically significant 10% increase in the number of breast cancer diagnoses resulting from an urgent GP referral for suspected breast cancer between July to September 2014 and July to September 2015, from 2,352 to 2,598. However, the number of these diagnoses had been increasing from before the campaign, particularly from March 2015 onwards, and there was no clear peak following the campaign.

From July to September 2014 to July to September 2015, there was no change in the number of breast cancer diagnoses resulting from breast symptom referrals.

For women aged under 70, there was a statistically significant 7% increase over the same period in the number of breast cancer diagnoses resulting from an urgent GP referral for suspected breast cancer. As for women aged 70 and over, there was no change for women aged under 70 in the number of breast cancer diagnoses resulting from breast symptom referrals.

Figure 1: Monthly number of breast cancer diagnoses resulting from urgent GP referrals for suspected breast cancer, breast symptom referrals and combined referrals from January 2013 to September 2015, England, women aged 70 and over



There was a statistically significant 3.5 percentage point decrease in the conversion rate from suspected breast cancer referrals for women aged 70 and over between the periods July to September 2014 and the same months in 2015 in England. There was also a statistically significant decrease of 1.4 percentage points in the conversion rate from breast symptom referrals for women aged 70 and over.

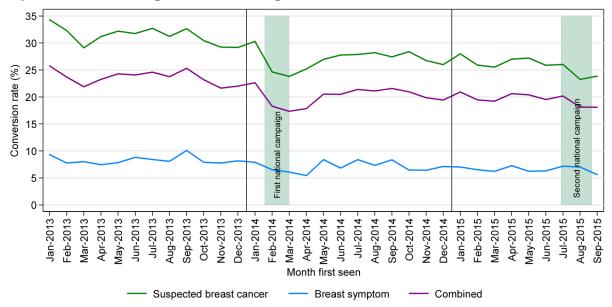
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Although clear decreasing trends in these conversion rates can be seen since at least from January 2013 (Figure 2), there is evidence that rates at the end of the campaign period in September 2015 were still lower than expected from the underlying trends.

The notable peak in the number of cancers resulting from a TWW referral in March 2014 shown in Figure 1 and the trough in conversion rates demonstrated in Figure 2 both follow the first national breast campaign (February to March 2014).

Figure 2: Monthly conversion rates for urgent GP referrals for suspected breast cancer, breast symptom referrals and combined referrals, from January 2013 to September 2015, England, women aged 70 and over



Conclusions

The campaign may have had an impact on the number of breast cancer diagnoses resulting from urgent GP referrals for suspected breast cancer, but it does not appear to have had an impact on the number of diagnoses resulting from breast symptom referrals, in the target age group. The campaign also appears to have had some impact on conversion rates from urgent GP referrals for suspected breast cancer and breast symptom referrals for women in the target age group.

Other metrics being evaluated include the number of TWW referrals, detection rates, 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.

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Considerations

In general, cancer incidence is increasing which may have an impact on trends over time for this and other metrics; 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

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