



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

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

Survival

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.'

Metric: Survival

This metric considers whether the fourth national blood in pee campaign had an impact on one-year survival for persons with bladder cancer (ICD-10 C67) or kidney and unspecified urinary cancer (ICD-10 C64-C66, C68), further referred to as kidney cancer, diagnosed during and following the campaign.

Data was extracted from the national cancer analysis system for persons diagnosed with bladder or kidney cancer between 1 January 2017 and 31 December 2018. Persons were followed up until 31 December 2019 to obtain their last known vital status.

One-year 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 in the absence of any other causes of death. The one-year net survival estimates for persons diagnosed in 6 August to 18 November 2018 were compared with the estimates for those diagnosed 7 August to 19 November 2017.

Key message

The fourth national blood in pee awareness campaign does not appear to have had an impact on the one-year survival for persons diagnosed with bladder or kidney cancer.

Results

One-year net survival was similar for persons diagnosed with bladder cancer during the analysis period and comparison period (both 70.5%). One-year net survival for persons diagnosed with kidney cancer during the analysis period was slightly higher compared to those diagnosed in the comparison period (79.6% versus 78.6%), however this was not statistically significant (see Table 1).

There were no significant differences in one-year net survival for men and women diagnosed with either bladder or kidney cancer between the analysis and comparison periods.

Women diagnosed with bladder cancer have lower one-year net survival than men.

The one-year net survival estimates for persons aged 50 years and over were similar to the observed for all ages combined (results not shown).

Table 1: One-year net survival (%) for men, women and persons diagnosed with bladder or kidney cancer during the analysis period, 6 August to 18 November 2018, compared with the same period in 2017

Site	Sex	Comparison period	Analysis period
		(07/08/2017 to 19/11/2017)	(06/08/2018 to 18/11/2018)
Bladder	Men	74.2% (95% CI: 72.0 – 76.5)	75.7% (95% CI: 73.4 – 77.9)
	Women	60.3% (95% CI: 56.3 – 64.2)	55.8% (95% CI: 51.7 – 59.9)
	Persons	70.5% (95% CI: 68.5 – 72.4)	70.5% (95% CI: 68.5 – 72.5)
Kidney	Men	79.4% (95% CI: 77.4 – 81.3)	79.6% (95% CI: 77.7 – 81.5)
	Women	77.3% (95% CI: 74.8 – 79.8)	79.7% (95% CI: 77.2 – 82.2)
	Persons	78.6% (95% CI: 77.0 – 80.1)	79.6% (95% CI: 78.2 – 81.1)

Source: Cancer Analysis System, November 2020

Conclusions

The fourth national blood in pee awareness campaign does not appear to have had an impact on the one-year net survival for persons diagnosed with bladder cancer.

There appears to have been no change in the net survival for persons diagnosed with kidney cancer.

Other metrics being evaluated include emergency presentations, the number of urgent GP referrals for suspected cancer, 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, 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/