



Public Health  
England

Protecting and improving the nation's health

# Be Clear on Cancer: Prostate cancer awareness local pilot campaign

## Interim evaluation results

National Cancer Registration and Analysis Service

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
Tel: 020 7654 8000  
[www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: @PHE\_uk  
Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

For queries relating to this document, please contact: [colin.campbell@phe.gov.uk](mailto:colin.campbell@phe.gov.uk)

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## Introduction

Be Clear on Cancer campaigns aim to achieve earlier diagnosis of cancer by raising awareness of the signs and symptoms and encouraging people with those signs and symptoms to see their GP without delay.

The Be Clear on Cancer brand has been used to promote awareness and early diagnosis of specific cancer types since January 2011. Since 2013 the programme has been led by Public Health England, working in partnership with the Department of Health and NHS England. Each campaign is tested locally, with a view to rolling them out regionally and nationally if they prove to be effective at each stage<sup>1</sup>.

For each Be Clear on Cancer campaign there is a comprehensive evaluation process. Data is collected on a number of metrics to reflect possible campaign impact. These include whether campaigns are raising awareness of signs and symptoms of cancer; more people are being referred urgently for suspected cancer; there is an increase in diagnostic activity; those referred urgently for suspected cancer are diagnosed with cancer; there are increases in the number of cancers diagnosed and if there is evidence of a shift towards earlier stage disease.

Local pilots, such as this campaign, are the first stage in the Be Clear on Cancer evolution. They are used to test whether the proposed approach works, particularly in terms of how the target audience responds to the campaign and if, for example, the key message is being understood. They are also used to start to understand the impact the campaign will have on NHS services.

### Prostate cancer awareness local pilot campaign

The Be Clear on Cancer local pilot campaign to raise awareness of the increased risk of prostate cancer for black men ran from 20 October to 23 November 2014 in the six London Boroughs of Hackney, Haringey, Lambeth, Lewisham, Newham and Southwark. The campaign targeted black men over the age of 45 as well as important influencers, such as wives and partners, friends and family. The target age group was younger than the usual 50+ age range for Be Clear on Cancer campaigns as black men have been shown to be diagnosed with prostate cancer on average five years younger than white

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<sup>1</sup> The decision on which Be Clear on Cancer campaigns will run are informed by a steering group, whose members include primary and secondary care clinicians, analysts and key voluntary sector organisations. A number of factors are taken into account, including all available evaluation data

men<sup>2</sup>. The campaign's key message was '1 in 4 black men will get prostate cancer. Prostate cancer often has no obvious symptoms. If you are a black man over 45 and want to discuss your personal risk of prostate cancer, visit your GP.'

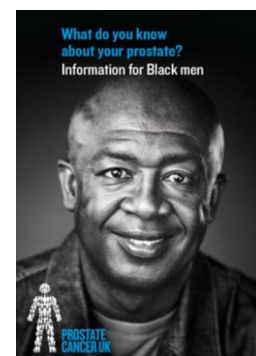
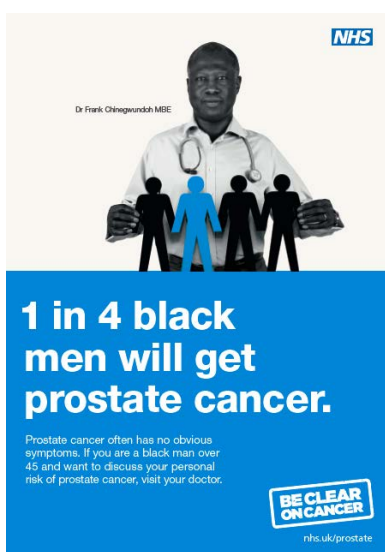
The campaign was delivered mainly through face to face activity, with a specialist marketing street team visiting targeted shopping streets, mosques and churches. This team also attended eight community-based events such as Black History Month celebrations, comedy shows and a presentation at a mosque. This was supported by community messaging on local radio and out of home advertising which comprised 160 roadside posters, 'six sheet' posters in relevant postal areas, 60 barber shop panels (A2 size) in relevant London boroughs and 40 railway station 'six sheet' posters in relevant postal areas.

A final evaluation report will be published when the analysis of all metrics is complete. This interim report provides the results available to date.

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<sup>2</sup> Metcalfe C, Evans S, Ibrahim F, Patel B, Anson K, Chinegwundoh F, et al Pathways to diagnosis for black men and white men found to have prostate cancer: the PROCESS cohort study. *British Journal of Cancer*, 2008 Oct 7; 99(7):1040-5  
<http://www.ncbi.nlm.nih.gov/pubmed/18797456>

## Examples of campaign posters and promotional material



## Public awareness and knowledge

This chapter considers whether the prostate cancer awareness local pilot campaign had an impact on the public awareness and knowledge of prostate cancer.

### Methods

Qualitative research was conducted by a specialist market research company called Ethnic Dimension and was undertaken among black men, the partners of black men, GPs and pharmacists in the six boroughs targeted by the campaign. The research comprised six mini group discussions (comprising six respondents in each and lasting about 75 minutes). These were among black men aged between 45 and 65, with three respondents being black Caribbeans living in Lambeth, Newham, Southwark and a further three being black African (a mix of Nigerian and Ghanaian) living in Lewisham, Hackney and Haringey.

As well as the mini groups, there were four paired depths (in-depth interviews with two people) of one hour's duration. These were amongst black women who have black partners aged between 45 and 65. Of the respondents two were black Africans living in Lambeth and Newham and two were black Caribbeans living in Lewisham, Hackney and Haringey.

In addition, there were sixteen face to face interviews with GPs across North and South London, a further six interviews with pharmacists who had campaign posters and/or leaflets with dispensers and nine telephone interviews with black men who had attended community events where the street marketing team had been present.

Interviews were conducted in North London (Hackney, Haringey, Newham) and South London (Lambeth, Lewisham, Southwark) between December 2014 and January 2015.

### Summary of main findings

#### Awareness and knowledge of prostate cancer

There was evidence of awareness of prostate cancer and the higher risk for black African and Caribbean men, with good recall of the different elements of the outreach and community engagement work. Among some black men and women there was also a good level of knowledge of what the prostate is, what could go wrong with it, what prostate cancer was, and how it could be diagnosed or treated, however, among others, this knowledge was more limited and variable.

Despite the campaign activity helping to spread awareness of prostate cancer among black men, GPs did not report a significant increase in their black patients visiting them as a result of the campaign. The campaign finished at the end of November and the fieldwork (interviewing) began in early December so it is entirely feasible that the impact on GP appointments had yet to be noticed.

## Campaign and media

The media, events, street team activity etc. were considered appropriate and relevant. The campaign messages '1 in 4 black men will get prostate cancer' and 'prostate cancer often has no symptoms' seem to have filtered through and attracted attention. Pharmacists were also found to be an effective route for raising awareness among the black community; some reported holding conversations with their black customers about prostate cancer symptoms.

## Outreach events

There was good recall of the different elements of the outreach and community engagement work among the target audience. Indeed the outreach and community engagement campaign helped to raise awareness and generated discussions in the community and within families. The Prostate Cancer UK leaflets distributed at the events were used by attendees to aid discussion with family and work colleagues. The campaign materials ('Errol' and 'Dr Frank' posters, Prostate Cancer UK leaflet information for black men, the Oyster card holder/Prostate Cancer UK 'Men United v Prostate Cancer' leaflet) were all well received.

## Prostate Cancer Risk Management Programme (PCRMP)

PCRMP exists to help primary care give clear and balanced information to men without symptoms who ask GPs about testing for prostate cancer. The PSA test is available free to any man aged 50 or over who requests it, after careful consideration of the implications of having a test.

There was little reported usage of the Prostate Cancer Risk Management Programme pack amongst GPs. GPs in the sample reported a preference for online guidelines. This has been fed into Public Health England's revision of the PCRMP materials.



## Urgent GP referrals for suspected cancer and related cancer diagnoses

This chapter considers whether the prostate cancer awareness local pilot campaign had an impact on the number of urgent GP referrals for suspected urological cancers or on Cancer Waiting Times (CWT) recorded information on urological cancer diagnoses.

### Methods

Full methodology details are provided in 'Interim evaluation reports for Be Clear on Cancer campaigns: Methodology' (NCIN 2016), with the following campaign-specific notes:

Analysis considers urgent GP referrals for suspected urological cancers, and diagnoses of prostate cancer (ICD10 C61) and urological cancers (ICD10 C60-C61, C63-C68).

Considering that the campaign ran from 20 October to 23 November 2014, it is unlikely that many of the referrals first seen in October were related to the campaign. Also, the impact of the first national blood in pee awareness campaign (in October to November 2013) on the number of referrals, and related figures, for October 2013 onwards, would make a one year comparison difficult to interpret. Therefore, the campaign and comparison periods were defined as follows:

Period	<ul style="list-style-type: none"><li>- urgent GP referrals for suspected cancer</li><li>- cancer diagnoses resulting from an urgent GP referral for suspected cancer</li><li>- conversion rate</li></ul>	<ul style="list-style-type: none"><li>- cancer diagnoses recorded in the CWT-Db</li><li>- detection rate</li></ul>
Campaign	November to December 2014	December 2014 to January 2015
Comparison	November to December 2012	December 2012 to January 2013

As this was a local pilot campaign, results were compared to a control area, which was defined as the six London boroughs of Barking and Dagenham, Brent, Croydon, Enfield, Greenwich and Waltham Forest. As the prostate cancer awareness local pilot campaign particularly focussed on the risk of prostate cancer for black men, this control area was defined to try to reflect a reasonably similar black population, rather than comparing results to all other areas in England with a very different population in terms of ethnic mix. This similar control area was chosen to be as close to the local pilot area as possible, based on the black populations recorded in the 2011 census

([www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/rft-table-ks201ew.xls](http://www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/rft-table-ks201ew.xls)).

The second national blood in pee awareness campaign ran in England from 13 October to 23 November 2014, and so coincided with this prostate cancer awareness local pilot campaign. Referrals for suspected prostate cancer are not differentiated in the national Cancer Waiting Times data, and are also recorded as referrals for suspected urological cancers. Therefore, analysis cannot clearly differentiate between the possible impact of the blood in pee awareness campaign and the possible impact of the prostate cancer awareness local pilot campaign, nor indeed differentiate these from long-term trends or other possible factors. To try to consider the concurrent impact of the blood in pee awareness national reminder campaign, the referral results include a comparison between referrals for men (possibly affected by both campaigns) and referrals for women (unaffected by prostate cancer awareness local pilot campaign).

The number of urgent GP referrals for suspected cancer has continued to increase year-on-year, and so it is likely that some changes in the number of referrals will be due to this underlying trend. To provide an indication of increase in referrals that was not associated with the campaign, results for urgent GP referrals for suspected urological cancers were compared to results for urgent GP referrals for suspected head and neck cancers.

### Urgent GP referrals for suspected cancer

(Urgent GP referrals for suspected urological cancers, presented by month first seen.)

From November to December 2012 to November to December 2014, there was a statistically significant 42% increase in referrals for suspected urological cancers for men within the local pilot area (Table 1), however, there was a much larger corresponding increase in the control area of 71%. For women for the same period, the increase in referrals for suspected urological cancers in the local pilot area was much more similar to that in the control area, with increases of over 110% in both areas, suggesting the two areas are reasonably comparable.

The combined impact of the second national blood in pee and local pilot prostate cancer campaigns in the local pilot area appeared smaller than the impact of the blood in pee awareness campaign alone in the control area. The number of referrals for men in the local pilot area was higher in October than in either November or December, with October referrals more likely to be affected by the blood in pee awareness national reminder campaign as this started a week earlier than the prostate cancer awareness local pilot campaign (Figure 1).

There was a 21% increase in referrals for men for suspected head and neck cancers in the local pilot area (Table 2), however, considering the urological referral results for the women and the control area, it is likely that the larger increase in urological referrals was related to the second national blood in pee awareness campaign rather than the prostate cancer awareness local pilot campaign.

These results do not provide any evidence of a positive impact of the prostate cancer awareness local pilot campaign on the number of referrals for suspected urological cancers.

**Table 1. Number of urgent GP referrals for suspected urological cancers, with referral rate and percentage change in number of referrals, from November to December 2012 and November to December 2014, for men and women, local pilot area and control area**

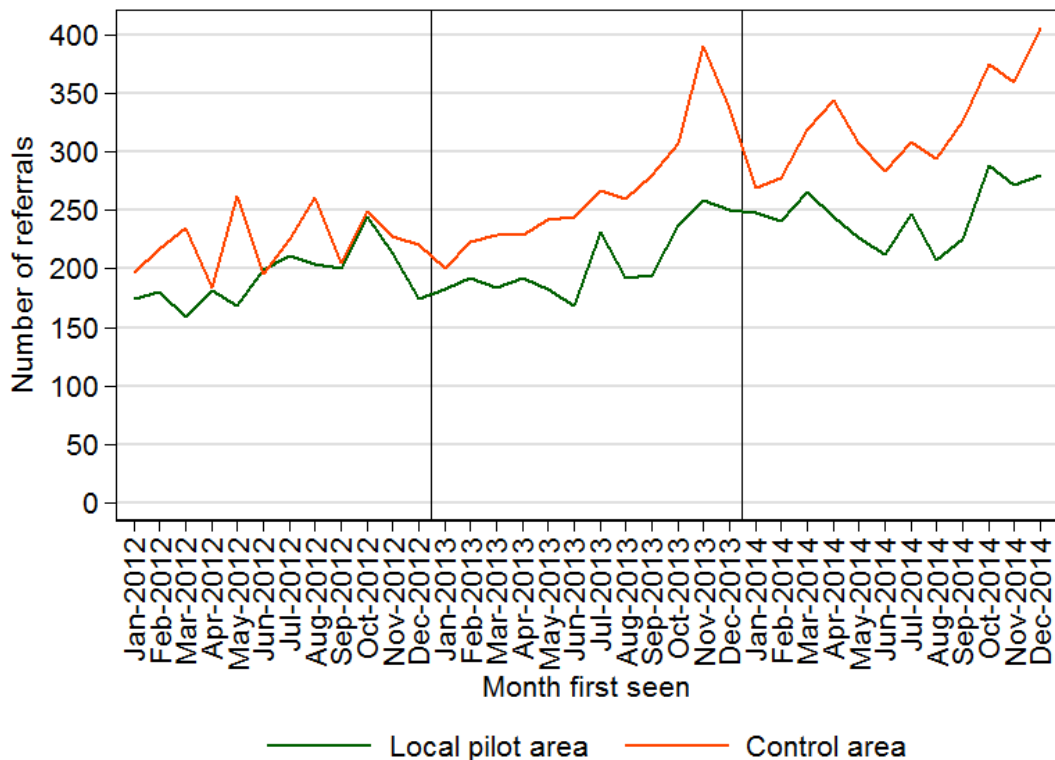
Overall			November to December				
			Referrals	% change in number	P-value	Referral rate	
Estimate	95% CI						
Men	Local pilot area	2012	389	41.9	<0.001	592.0	(530.4, 658.1)
		2014	552			755.7	(688.7, 827.0)
	Control area	2012	449	70.6	<0.001	537.7	(487.4, 591.3)
		2014	766			886.5	(822.6, 953.6)
Women	Local pilot area	2012	94	116.0	<0.001	111.9	(89.3, 138.2)
		2014	203			235.1	(202.4, 271.3)
	Control area	2012	107	110.3	<0.001	102.2	(83.4, 123.8)
		2014	225			201.9	(175.7, 230.8)

**Table 2. Number of urgent GP referrals for suspected head and neck cancers, with referral rate and percentage change in number of referrals, from November to December 2012 and November to December 2014, for men, local pilot area**

Men, overall			November to December				
			Referrals	% change in number	P-value	Referral rate	
Estimate	95% CI						
Local pilot area	2012	195	21.0	0.048	209.6	(177.7, 245.3)	
	2014	236			259.3	(223.1, 299.5)	

In the local pilot area, there were large increases in urological referrals for men aged under 45 and aged 45 to 64, but it appears likely that these increases were related to the second national blood in pee awareness campaign or were explained by the inherent monthly variation.

**Figure 1. Monthly number of urgent GP referrals for suspected urological cancers from January 2012 to December 2014, for men, local pilot area and control area**



## Cancer diagnoses resulting from an urgent GP referral for suspected cancer

(Those urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers, presented by month first seen.)

The number of prostate and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers were higher in November to December 2014 than in November to December 2012, in both the local pilot area and the control area (Table 3), however, in the local pilot area, the 19% increase in such prostate cancer diagnoses and 12% increase in such urological cancer diagnoses were not statistically significant. These increases were also smaller than the statistically significant increases in the control area, which saw increases of 55% for prostate cancer diagnoses and 35% for urological cancer diagnoses.

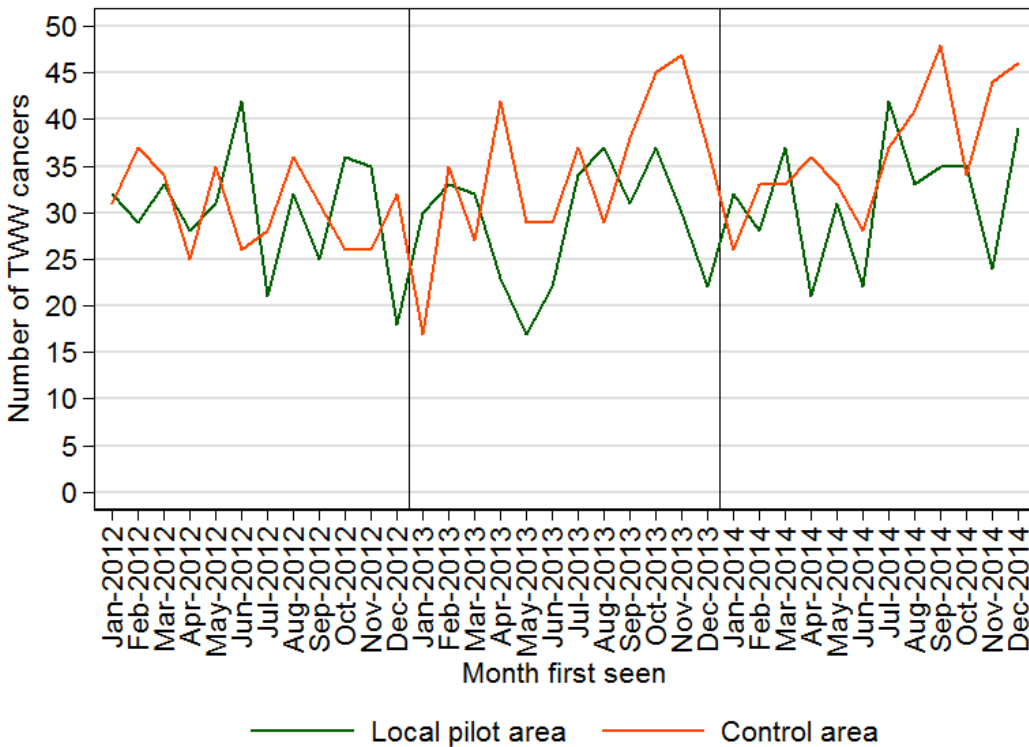
Trends in the number of prostate and urological cancer diagnoses resulting from an urgent GP referral show considerable monthly variability for both the local pilot area and the control area (Figure 2). In the local pilot area, there were fewer such prostate and urological cancers in November and December 2014 than in some earlier months in 2014.

These results indicate that the prostate cancer awareness local pilot campaign did not have an impact on the number of diagnoses resulting from an urgent GP referral for suspected urological cancers.

**Table 3. Number of prostate and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers for men, with percentage change in number of cancers, from November-December 2012 and November-December 2014, local pilot area and control area**

Cancer Type	Men, overall	November to December			
		TWW Cancers 2012	TWW Cancers 2014	% change in number	P-value
Prostate	Local pilot area	53	63	18.9	0.353
	Control area	58	90	55.2	0.008
Urological	Local pilot area	67	75	11.9	0.502
	Control area	74	100	35.1	0.048

**Figure 2. Monthly number of prostate cancer diagnoses resulting from an urgent GP referral for suspected urological cancers for men from January 2012 to December 2014, local pilot area and control area**



### Conversion rate

(Percentage of urgent GP referrals for suspected urological cancers resulting in a diagnosis of urological cancer, presented by month first seen.)

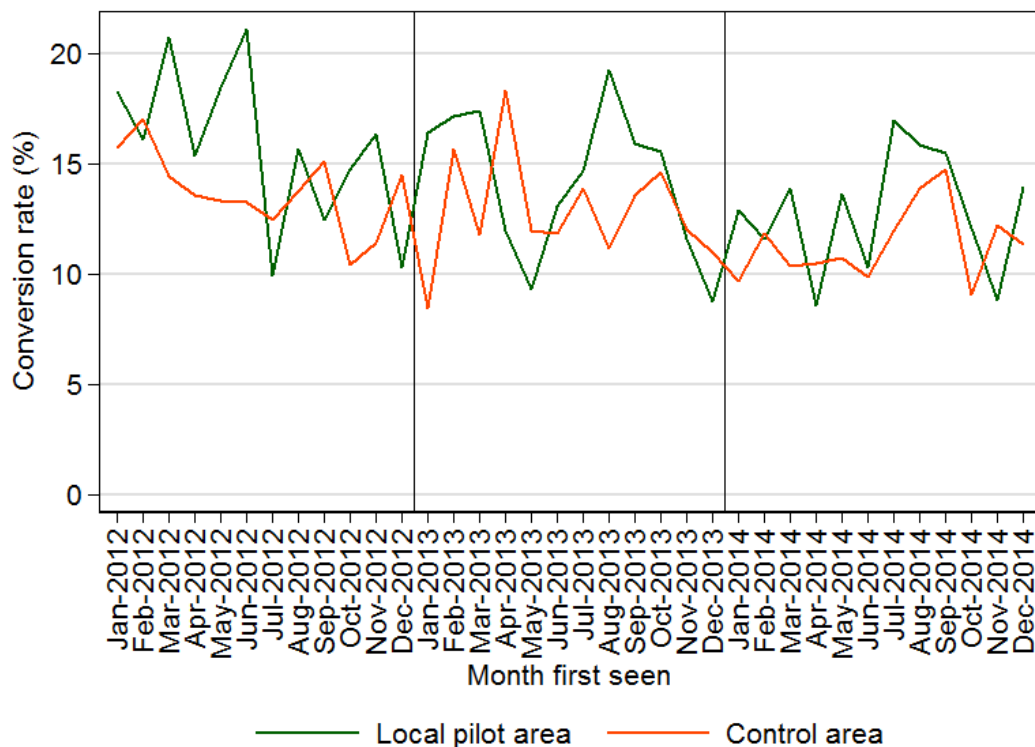
From November to December 2012 to November to December 2014, there were small and not statistically significant decreases in the prostate and urological cancer conversion rates for urgent GP referrals for suspected urological cancers (Table 4). The changes were similar for both local pilot and control areas. These conversion rates have been generally decreasing in both areas during at least 2012 to 2014, although with monthly variability (Figure 3).

There was no evidence that the prostate cancer awareness local pilot campaign had an impact on the prostate or urological cancer conversion rates.

**Table 4. Prostate and urological cancer conversion rates for urgent GP referrals for suspected urological cancers for men, with change, from November to December 2012 and November to December 2014, local pilot area and control area**

Cancer Type	Men, overall	November to December					
		2012		2014		%Point Change	P-value
		Conv. Rate (%)	95% CI	Conv. Rate (%)	95% CI		
Prostate	Local pilot area	13.6	(10.6, 17.4)	11.4	(9.0, 14.3)	-2.2	0.310
	Control area	12.9	(10.1, 16.3)	11.7	(9.7, 14.2)	-1.2	0.548
Urological	Local pilot area	17.2	(13.8, 21.3)	13.6	(11.0, 16.7)	-3.6	0.125
	Control area	16.5	(13.3, 20.2)	13.1	(10.9, 15.6)	-3.4	0.100

**Figure 3. Monthly prostate cancer conversion rates for urgent GP referrals for suspected urological cancers for men from January 2012 to December 2014, local pilot area and control area**



## Cancer diagnoses recorded in the Cancer Waiting Times database

(All urological cancer diagnoses recorded in the CWT database (CWT-Db), presented by month of first treatment.)

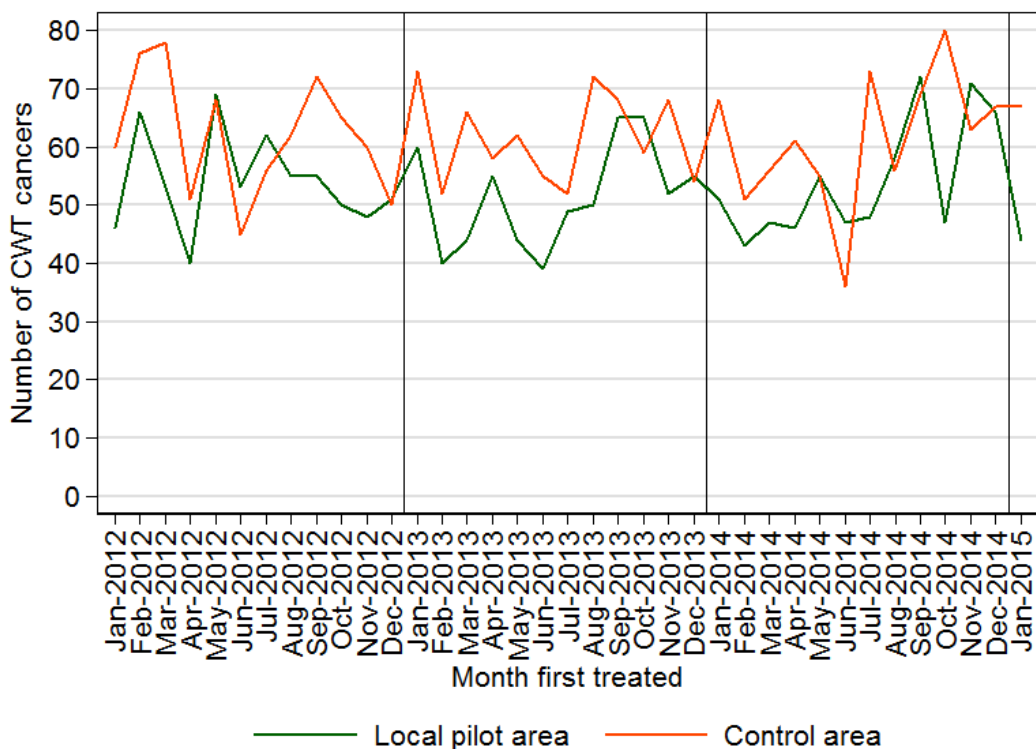
Comparing December 2014 to January 2015 with December 2012 to January 2013, there were no statistically significant changes in the number of prostate or urological cancer diagnoses recorded in the Cancer Waiting Times database, for either the local pilot area or control area (Table 5). There was no evidence that the prostate cancer awareness local pilot campaign had an impact on the number of prostate or urological cancer diagnoses recorded in the Cancer Waiting Times database.

**Table 5. Number of prostate and urological cancer diagnoses recorded in the Cancer Waiting Times database for men, with percentage change in number of cancers, from December 2012 to January 2013 and December 2014 to January 2015, local pilot area and control area**

Cancer Type	Men, overall	December to January			
		CWT Cancers		% change in number	P-value
		2012/13	2014/15		
Prostate	Local pilot area	111	110	-0.9	0.946
	Control area	123	134	8.9	0.493
Urological	Local pilot area	144	142	-1.4	0.906
	Control area	151	154	2.0	0.864



**Figure 4. Monthly number of prostate cancer diagnoses recorded in the Cancer Waiting Times database for men, from January 2012 to January 2015, local pilot area and control area**



## Detection rate

(Percentage of CWT-Db recorded urological cancer diagnoses which resulted from an urgent GP referral for suspected urological cancers, presented by month of first treatment.)

Between December 2012 to January 2013 and December 2014 to January 2015, there were no statistically significant changes in the local pilot area in the detection rate for prostate or urological cancer diagnoses, although the observed rate decreased by 10 percentage points for prostate cancer, and by 8 percentage points for urological cancer (Table 6). In contrast, the detection rates had increased significantly in the control area, by 22 percentage points for prostate cancer and by 19 percentage points for urological cancer.

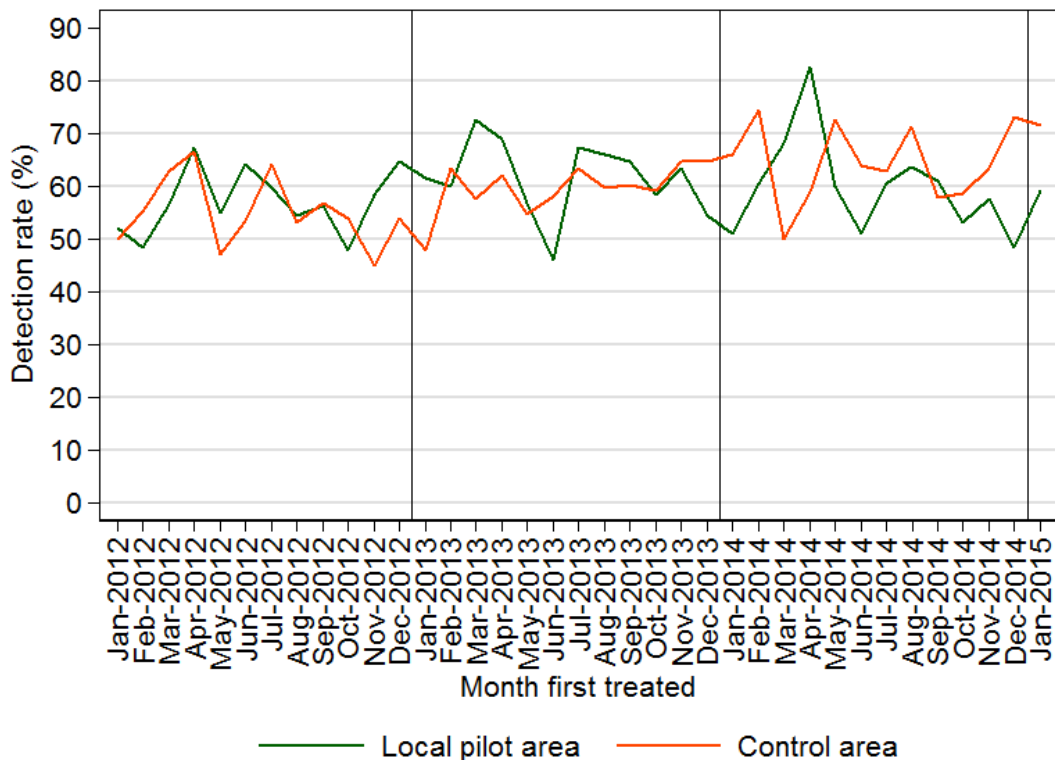
For the control area, the increases in detection rate may be related to the blood in pee awareness national reminder campaign, although the detection rates had already been higher in at least February 2014 than in either December 2014 or January 2015 (Figure 5), however, the blood in pee awareness national reminder campaign had also been running in the prostate cancer awareness campaign's local pilot area, and so had the potential to affect the detection rates in the local pilot area too.

There was no evidence that either the prostate cancer awareness local pilot campaign or the blood in pee awareness national reminder campaign had any impact on the detection rates for the local pilot area.

**Table 6. Detection rates for prostate and urological cancer diagnoses for men, with change, from December 2012 to January 2013 and December 2014 to January 2015, local pilot area and control area**

Cancer Type	Men, overall	December to January					
		2012/13		2014/15		%Point Change	P-value
		Det. Rate (%)	95% CI	Det. Rate (%)	95% CI		
Prostate	Local pilot area	63.1	(53.8, 71.5)	52.7	(43.5, 61.8)	-10.3	0.120
	Control area	50.4	(41.7, 59.1)	72.4	(64.3, 79.3)	22.0	<0.001
Urological	Local pilot area	58.3	(50.2, 66.1)	50.0	(41.9, 58.1)	-8.3	0.157
	Control area	49.0	(41.2, 56.9)	68.2	(60.5, 75.0)	19.2	<0.001

**Figure 5. Monthly detection rates for prostate cancer diagnoses for men, from January 2012 to January 2015, local pilot area and control area**



## Conclusion

There was evidence of awareness of prostate cancer and the higher risk for black African and Caribbean men after the campaign. The outreach and community engagement campaign helped to spread awareness and generated discussions within the community and within families.

The prostate cancer awareness local pilot campaign does not appear to have had a positive impact on the number of referrals for suspected urological cancers. Although, the campaign period saw statistically significant increases in referrals for men within the local pilot area, there were much larger increases in referrals for men in the control area and for women in both the local pilot and control areas. These results indicate that the combined impact of the prostate cancer awareness local pilot campaign and blood in pee awareness national reminder campaign was smaller for men in the local pilot area than the impact of the blood in pee awareness campaign alone for women or for men in the control area.

Neither does the campaign appear to have had an impact on cancer diagnoses as measured by metrics derived from Cancer Waiting Times data. For the local pilot area, there were no statistically significant changes in the number of diagnoses resulting from an urgent GP referral for suspected urological cancers, the conversion rate, the number of cancer diagnoses recorded in the Cancer Waiting Times database or the detection rate.

Evaluation of this campaign will continue as data becomes available for further metrics, including cancer registration data, and a final evaluation report will be published when the analysis of all metrics is complete.