



## Be Clear on Cancer: Third national blood in pee awareness campaign, 2016

**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 an urgent GP referral for suspected cancer and conversion rates

#### The campaign

The third national blood in pee awareness campaign ran from 15 February 2016 to 31 March 2016 in England.

The campaign's key message was:

- 'If you notice blood in your pee, even it's just the once, tell your doctor.'

#### Key message

The third national blood in pee awareness campaign may have had a small impact on the number of bladder cancer cases resulting from an urgent GP referral for suspected urological cancers, particularly for those aged 70-79, but did not appear to affect the number of such kidney cancers.

It does not appear to have had an impact on the conversion rate from urgent GP referrals for suspected urological cancers.

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

This metric considers whether the campaign had an impact on the number of new bladder, kidney or urological cancer cases that resulted from an urgent GP referral for suspected urological cancers, often referred to as two week wait (TWW) referrals.

#### Metric: Conversion rates

This metric considers whether the campaign had an impact on the percentage of urgent GP referrals for suspected urological cancers resulting in a diagnosis of bladder, kidney or urological cancer (conversion rate).

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 February to April 2015 to February to April 2016. The analysis considers how changes in bladder (ICD-10 C67), kidney (ICD-10 C64-65) and all urological cancers (ICD-10 C60-61, C63-68) may differ.

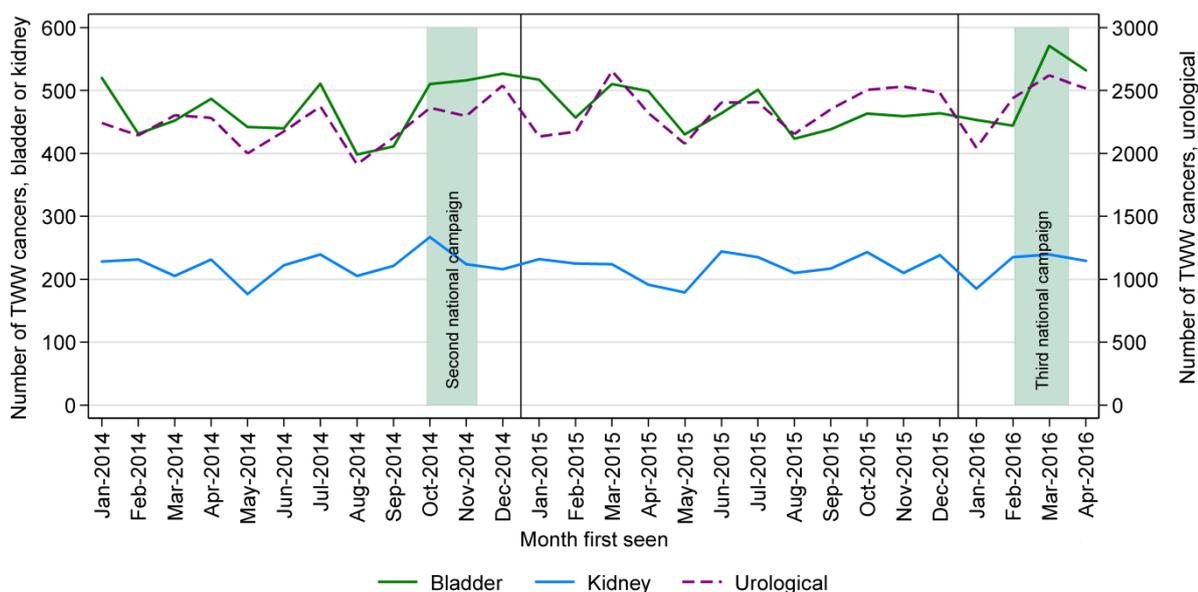
## Results

Comparing February to April 2015 to February to April 2016, for England, changes in the number of bladder and kidney cancer diagnoses resulting from an urgent GP referral for suspected urological cancers were not statistically significant, although there was a statistically significantly increase in such urological cancers, by 6% from 7,148 to 7,574 cases. However, these urological cancer numbers appeared to be in line with long-term trends, with no changes clearly associated with the campaign (Figure 1).

The numbers of bladder cancer diagnoses resulting from an urgent GP referral for suspected cancer were higher in March and April 2016 than in any months in 2014 or 2015, which may reflect a small impact of the campaign.

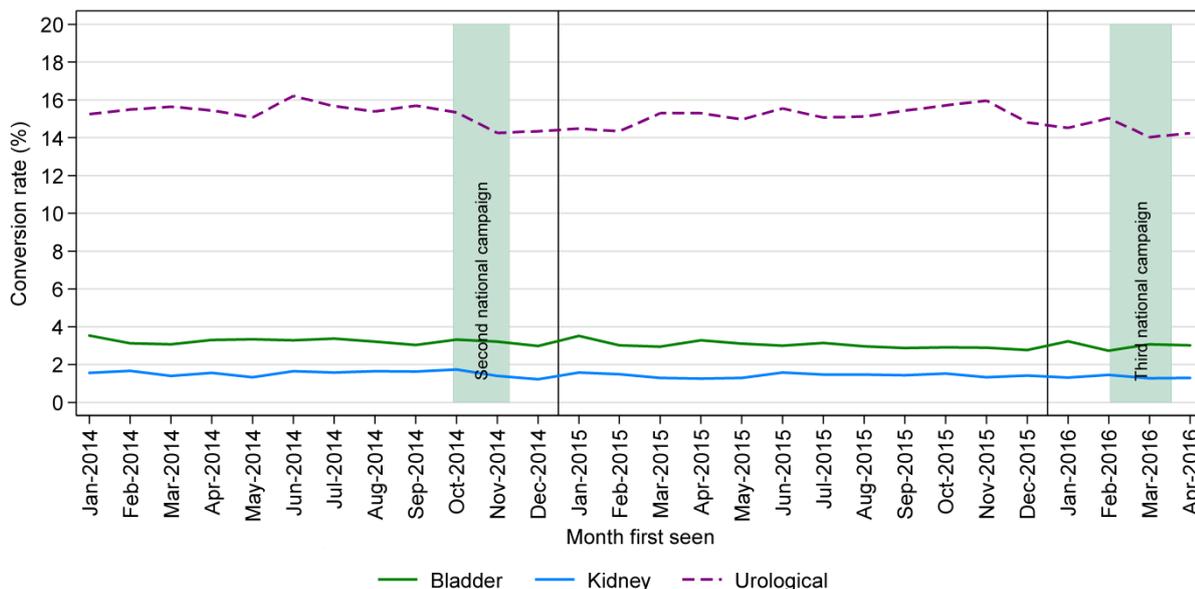
For those aged 70 to 79, there appeared to be above-trend increases in the number of bladder and urological cancers resulting from urgent GP referrals for suspected urological cancers, with 20% and 13% increases respectively, for February to April 2016, compared to the same period in 2015.

**Figure 1: Monthly number of bladder, kidney and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers, January 2014 to April 2016, England**



Comparing February to April 2016 to the same months in the previous year, there was no evidence of any changes in the conversion rates for bladder or kidney cancers in England. For urological cancers, the conversion rate statistically significantly decreased by 0.6 percentage points. However, these changes appeared to be in line with long-term trends (Figure 2).

**Figure 2: Monthly bladder, kidney and urological cancer conversion rates for urgent GP referrals for suspected urological cancers, January 2014 to April 2016, England**



## Conclusions

The third national campaign does not appear to have had a clear impact on the number of bladder, kidney or all urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers, although it may have had a small impact on the number of bladder cancer diagnoses particularly for those aged 70-79. It does not appear to have had an impact on the bladder, kidney or urological cancer conversion rates from urgent GP referrals for suspected urological cancers.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, 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.

## Considerations

Cancer incidence is increasing for most cancers, but declining for some (notably, bladder cancer), which may have an impact on trends over time for this and other metrics. 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](http://www.ncin.org.uk/be-clear-on-cancer)  
[www.nhs.uk/be-clear-on-cancer](http://www.nhs.uk/be-clear-on-cancer)