

Protecting and improving the nation's health

Be Clear on Cancer: First national oesophago-gastric campaign, 2015

Caveats: This summary presents the results of the metric on emergency presentations. This is one of a series of metric 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.

Emergency Presentations

The campaign

The first national oesophago-gastric campaign ran from 26 January 2015 to 22 February 2015 in England.

The campaign's key message was:

 Having heartburn, most days, for 3 weeks or more could be a sign of cancer – tell your doctor.'

Key messages

Based on the proxy measure, there were no significant differences in the proportions of oesophageal or stomach cancers diagnosed via emergency presentations in England for the campaign year (2015) compared to 2013.

Metric: Proxy for Emergency Presentations

The Hospital Episode Statistics (HES) derived emergency presentation metric is calculated from inpatient data and uses the methodology set out in the cancer outcomes metric specification.¹ It measures the proportion of people with oesophageal or stomach cancers who first presented as an emergency.

Data were extracted on 19 October 2016 for persons admitted in 2013 and 2015, in England with a primary diagnosis of oesophageal cancer (ICD-10 C15) or stomach cancer (ICD-10 C16). Numbers do not include persons diagnosed via other routes, for example outpatient or general practice settings.

For each month, the proportion was calculated as the number of first inpatient admissions of persons with oesophageal or stomach cancer presenting through an emergency route, divided by the total number of first inpatient admissions with oesophageal or stomach cancer, multiplied by 100. Binomial confidence intervals were calculated using the Wilson score method. As an earlier wave of the oesophago-gastric campaign ran in 2014, results for the campaign year (2015) were compared 2013.

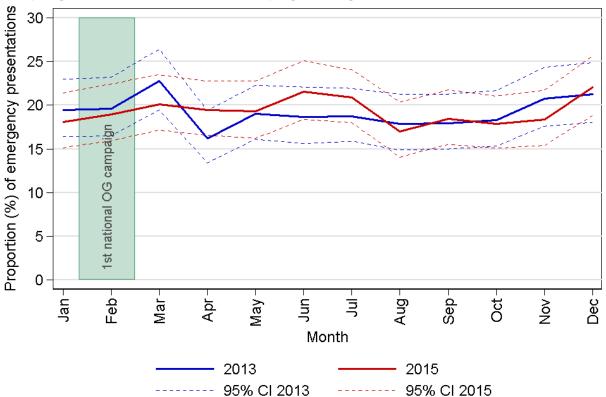
¹ Public Health England. Indicator Specification: Proportion of cancer admissions diagnosed for the first time via emergency presentation. 2015.

Results

There were 6,823 persons admitted with oesophageal cancer in 2013 and 1,308 were diagnosed through emergency presentation. In 2015, there were 7,106 and 1,375 respectively.

There were no significant differences in the proportions of oesophageal cancers diagnosed via emergency presentation for England in 2015 compared to 2013 (Figure 1). The proportion of oesophageal cancers diagnosed via emergency presentation during the first national campaign period was 19% in February compared to 20% for the same month in 2013.

Figure 1: Proportion of emergency presentations and 95% confidence intervals for oesophageal cancer, first national campaign - England, 2013 & 2015.



1st national OG campaign 26 Jan - 22 Feb 2015

Source: NCRAS Cancer Analysis System & the PHE Admitted Patient Care HES database

There were 4,723 persons admitted with stomach cancer in 2013 and 1,522 were diagnosed through emergency presentation. In 2015, there were 4,692 and 1,458 respectively.

There were no significant differences in the proportions of stomach cancers diagnosed via emergency presentation in England in 2015 compared to 2013 (Figure 2). The proportion of stomach cancers diagnosed via emergency presentation during the first national campaign period was 32% in February compared to 34% for the same month in 2013.

Proportion (%) of emergency presentations 45 40 35 30 25 campaign 20 0 15 national 10 5 st 0 Feb Mar Apr 8 May 크 Jan Month 2013 2015 95% CI 2013 95% CI 2015

Figure 2: Proportion of emergency presentations and 95% confidence intervals for stomach cancer by month, first national campaign - England, 2013 & 2015.

1st national OG campaign 26 Jan - 22 Feb 2015

Source: NCRAS Cancer Analysis System & the PHE Admitted Patient Care HES database

Conclusions

There were no significant differences in the proportions of patients with oesophageal or stomach cancer diagnosed via emergency presentation for the campaign year (2015) compared to 2013.

Other metrics being evaluated include the Cancer Waiting Times referrals, conversion and detection rate, 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, 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 (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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