



Be Clear on Cancer: Regional ovarian cancer campaign, 2014

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

A regional ovarian campaign ran from 10 February 2014 to 16 March 2014 in the North West of England (Merseyside & Cheshire, Greater Manchester, Lancashire and South Cumbria).

The campaign's key message was:

- 'Feeling bloated, most days, for three weeks or more could be a sign of ovarian cancer. Tell your doctor.'

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 women diagnosed with ovarian cancer who first presented as an emergency.

Data were extracted on 19 October 2016 for women admitted in 2013 and 2014, for women resident in the North West of England with a primary diagnosis of ovarian cancer (ICD-10 C56-57). Numbers do not include women 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 with ovarian cancer presenting through an emergency route, divided by the total number of first inpatient admissions with ovarian cancer, multiplied by 100. Binomial confidence intervals were calculated using the Wilson score method. Results for the campaign year (2014) were compared to 2013.

Key messages

Based on the proxy measure, there was no significant difference in the proportions of ovarian cancers diagnosed via emergency presentations in the North West for the campaign year (2014) compared to 2013.

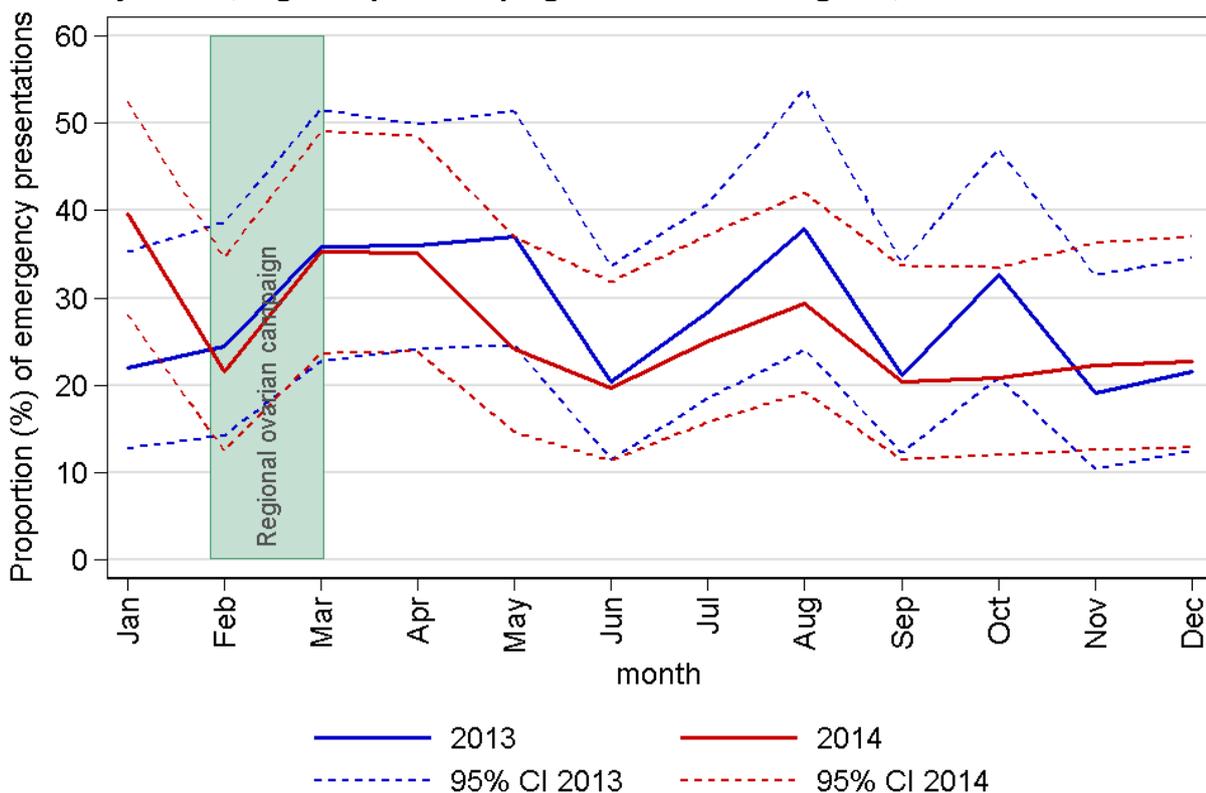
¹ Public Health England. Indicator Specification: Proportion of cancer admissions diagnosed for the first time via emergency presentation. 2015.

Results

There were 572 women admitted with ovarian cancer in 2013 and 158 were diagnosed through emergency presentation. In 2014, there were 633 and 168 respectively.

There were no significant differences in the proportions of ovarian cancers diagnosed via emergency presentation for the regional pilot area in 2014 compared to 2013 (Figure 1). The proportions of women with ovarian cancer diagnosed via emergency presentation during the regional ovarian campaign period were 22% in February 2014 and 35% in March 2014 compared to 24% and 36% for the same months in 2013.

Figure 1: Proportion of emergency presentations and 95% confidence intervals for ovarian cancer by month, regional pilot campaign – North West England, 2013 & 2014



Regional ovarian campaign period 10 Feb - 16 Mar 2014

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

Conclusions

There were no significant differences in the proportions of women with ovarian cancer diagnosed via emergency presentation for the regional campaign year 2014 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.

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/