



Be Clear on Cancer: Regional ovarian cancer campaign, 2014

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

GP attendances

The campaign

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

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: GP attendances

This metric considers whether the campaign had an impact on the number of women aged 50 and over living in the campaign area attending a GP with unexplained bloating.

Data on GP attendances for bloating and control symptoms¹ was collected from 265 practices² (39 in the campaign area, with the remaining 226 outside this area acting as a control group) for nine defined periods between December 2011 and May 2014. These were the eight week pre-campaign period (16 December 2013 to 9 February 2014), the five week campaign period (10 February 2014 to 16 March 2014) and the eight week post-campaign period (17 March 2014 to 11 May 2014), and the same weeks in the previous two years.

Data was adjusted to account for bank holidays and the number of weeks in each period.

Key messages

The 2014 campaign appears to have led to an increase in the number of GP attendances recorded with unexplained bloating during the campaign and in the following months.

The increase during the campaign period was particularly large, and so it is very likely that this change results from the campaign.

¹ These were: headache or migraine; knee, shoulder or neck pain and; urinary tract infection.

² Organised by local commissioning groups, these practices volunteered to provide data for this project in return for a fixed payment. Compared to all practices nationally, practices submitting data had a similar age-sex population structure but a slightly less deprived population.

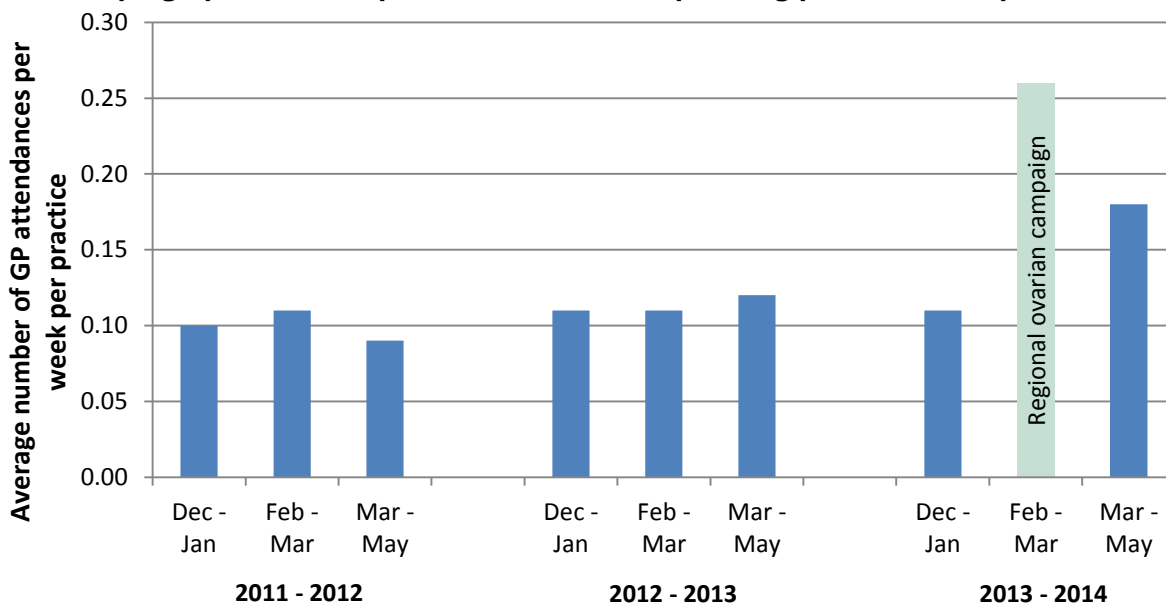
Results

Amongst women aged 50 and over in the campaign area, the number of GP attendances for bloating per week per practice was higher during the campaign period than for all of the previous periods. It also remained higher in the post-campaign period than in any of the periods before the campaign. The number of attendances during the campaign period (50 attendances) was significantly higher than the average during all the other periods combined (22.9 attendances after adjustment, $p=0.001$).

There was a statistically significant increase of 127% in the number of attendances for bloating for women aged 50 and over in the campaign area, when comparing the campaign period with the same period in 2013 ($p<0.001$). By comparison, over the same period, there was a 3% decrease in attendances for bloating in the control area ($p=0.759$), and 1% increase in attendances for control symptoms in the campaign area ($p=0.873$), both non-significant.

The increase in attendances for bloating during the campaign period, compared to the corresponding period in 2013, was larger for those aged under 50 (222%, statistically significant, $p<0.001$), although based on a small number of attendances.

Figure 1: Average number of GP attendances for bloating per week per practice (adjusted for bank holidays) for women aged 50 and over in the campaign area during the pre, live and post campaign periods compared with the corresponding periods in the previous two years.



Conclusions

The 2014 regional ovarian cancer awareness campaign seems to have led to a large and statistically significant increase in the number of GP attendances recorded with bloating during the campaign. This effect may have been maintained to a certain degree in the months following the campaign.

Other metrics being evaluated include urgent GP referrals for suspected cancer, 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/