



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

Caveats: This summary presents the results of the metric on early stage at diagnosis. This is one of a series of summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation of the campaign incorporating a full evaluation of all the metrics is published separately. These metrics should not be considered in isolation.

Early stage at diagnosis

The campaign

The first national oesophago-gastric (OG) cancer 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.'

Metric: early stage at diagnosis

This metric considers whether the first national oesophago–gastric cancer campaign had an impact on the proportion of oesophageal (ICD-10 C15) and stomach (ICD-10 C16) cancers diagnosed at an early stage of 1 or 2, for men and women aged 50 and over, and all ages combined.

Data was extracted from the national cancer analysis system for the diagnosis period October 2013 to September 2015. The analysis period was defined as two weeks after the start of the campaign (week 7 of 2015) to two months after the end of the campaign (week 18 of 2015). The proportion of early staged cases per week during the analysis period was compared with the overall median proportion for October 2014 to September 2015. The campaign was considered to have a possible impact if a) the proportion per week was the same or higher than the median for five or more consecutive weeks and b) this sustained period started during the analysis period.

Results

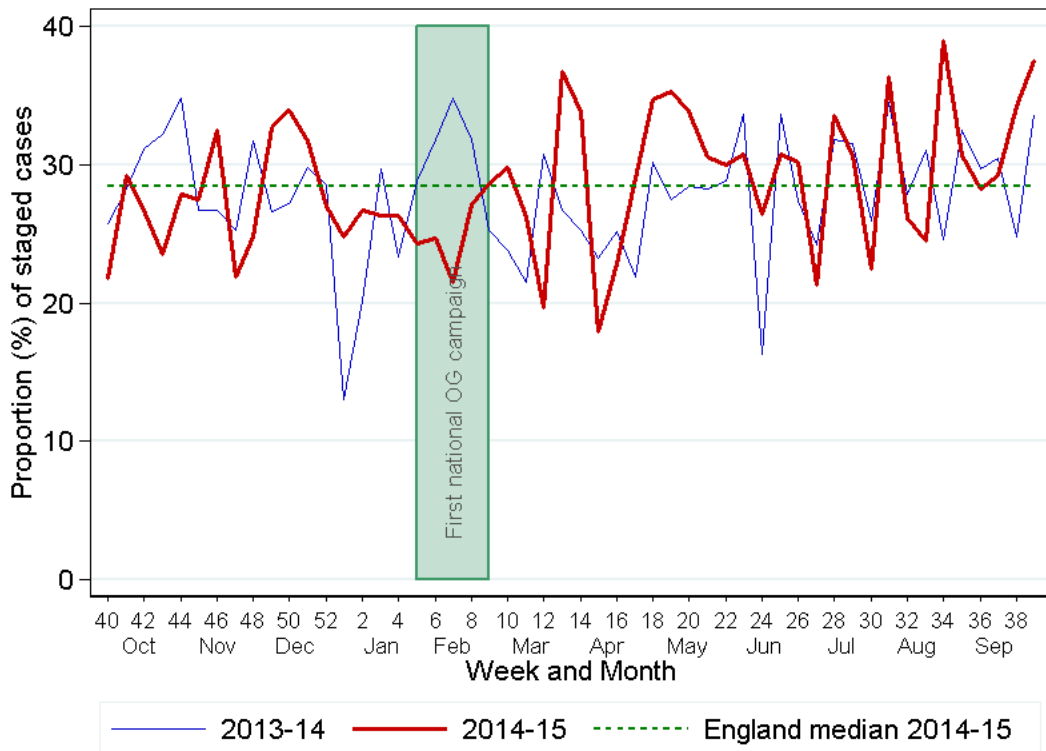
During the analysis period, there were no sustained periods where the proportion of early stage oesophageal or stomach cancers was higher than the 2014 to 2015 median (Figure 1 and Figure 2).

Key messages

The first national oesophago-gastric campaign does not appear to have had an impact on the proportion of oesophageal or stomach cancers diagnosed at an early stage, for persons aged 50 and over, or all ages combined.

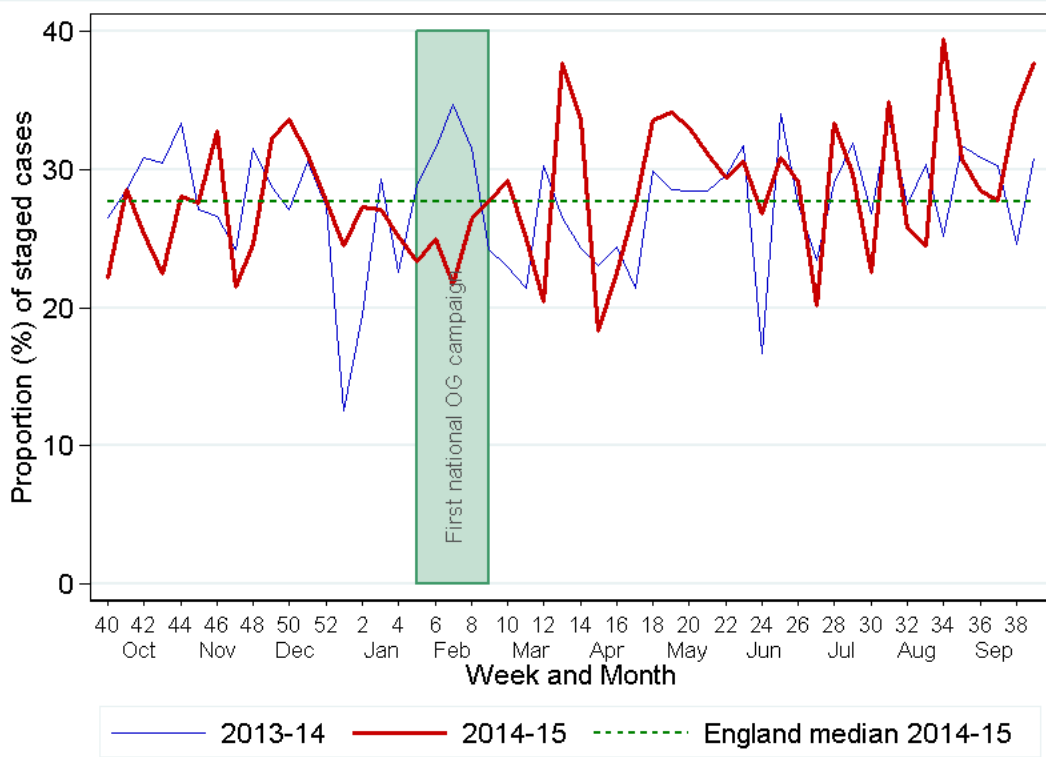
Figure 1: Proportion of oesophageal cancers diagnosed at stage 1 or 2 by week, England, October 2013 to September 2015, a) 50 and over, and b) all ages

a) 50 and over



Source : Cancer Analysis System February 2016

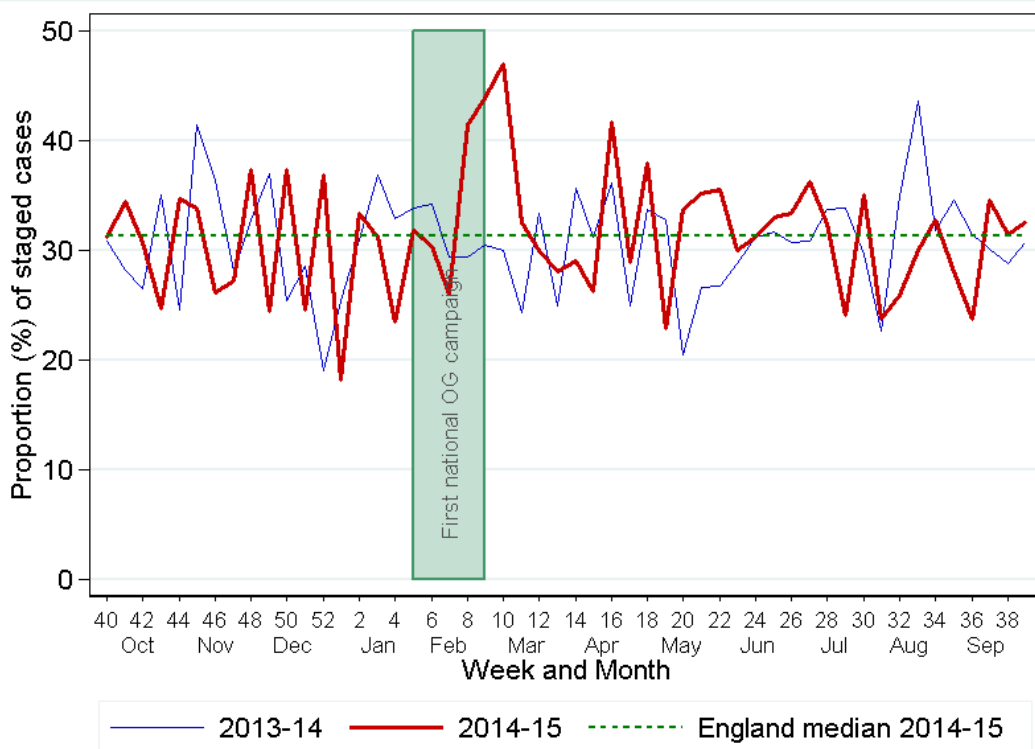
b) all ages



Source : Cancer Analysis System February 2016

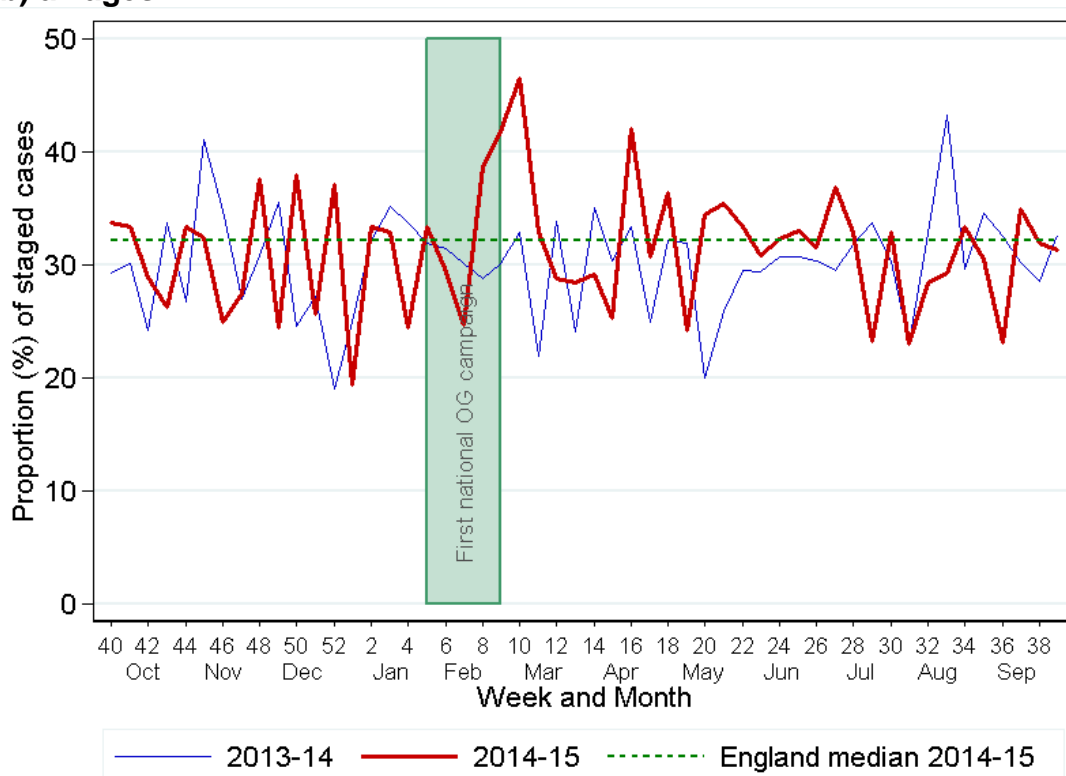
Figure 2: Proportion of stomach cancers diagnosed at stage 1 or 2 by week, England, October 2013 to September 2015, a) 50 and over and b) all ages

a) 50 and over



Source : Cancer Analysis System February 2016

b) all ages



Source : Cancer Analysis System February 2016

Conclusions

The first national oesophago-gastric campaign does not appear to have had an impact on the proportion of oesophageal or stomach cancers diagnosed at an early stage, for persons aged 50 and over, or for all ages combined.

Other metrics being evaluated include GP attendance, urgent GP referrals, conversion and detection rate, emergency presentations and one-year survival.

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.

The proportion of staged cases for the Be Clear on Cancer (BCoC) metric summaries was calculated using denominators which excluded cases with unknown stage. Other National Cancer Registration and Analysis Service (NCRAS) outputs on proportion of staged cases include cases with unknown stage in the denominator. Therefore the proportions of staged cases reported in the BCoC metrics are different to other NCRAS publications. Excluding cases with unknown stage ensures greater comparability across years for the BCoC metrics, as the proportion of cases with a completed stage has rapidly increased since 2014.

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