

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 one-year survival. 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.

# **One-year survival**

## 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.'

## Key message

The first national oesohago-gastric campaign does not appear to have had an impact on the one-year survival for persons aged 50 and over diagnosed with oesophageal or stomach cancer.

#### **Metric: Survival**

This metric considers whether the first national oesophago-gastric campaign had an impact on one-year survival for persons, aged 50 and over with their first oesophageal (ICD10 C15) or stomach (ICD10 C16) cancer diagnosed during and following the campaign, compared with the rest of the year.

Data was extracted from the national cancer analysis system. Persons were followed up until December 2016 to obtain their last known vital status. The analysis period was defined as two weeks from the start of the campaign (9 February 2015) to two months from the end of the campaign (30 April 2015). One-year age specific net survival was calculated using the methodology outlined in the Office for National Statistics: Cancer Survival Statistical Bulletins. Net survival refers to the probability of surviving cancer accounting for other causes of death. The one-year survival for those diagnosed in the analysis period was compared with those diagnosed from 1 January to 8 February 2015 and from 1 May to 31 December 2015.

#### Results

There were no significant differences in one-year survival for men, women or persons aged 50 and over diagnosed with oesophageal or stomach cancer combined between the

<sup>&</sup>lt;sup>1</sup> 50 to 99 years

analysis period (February 2015 to April 2015) and comparison period (January, February, May to December 2015) (Table 1). One-year survival for persons diagnosed during the analysis period was 44.7% compared with 44.5% for those diagnosed in the comparison period.

Table 1: One-year net survival (%) for men, women and persons aged 50 and over diagnosed with oesophageal or stomach cancer during the analysis period, 1

August to 30 October 2015, compared with the rest of 2015

		Comparison period ( 01/01/2015 to 08/02/2015 and	Analysis period
Site	Sex	01/05/2015 to 31/12/2015 )	(09/02/2015 to 30/04/2015)
Oesophageal	Men	45.8% (95% CI: 44.6 - 47.1)	45.7% (95% CI: 43.4 - 48.0)
and stomach	Women	41.8% (95% CI: 40.0 - 43.6)	42.7% (95% CI: 39.4 - 45.9)
combined	Persons	44.5% (95% CI: 43.5 - 45.6)	44.7% (95% CI: 42.8 - 46.6)

Source: Cancer Analysis System, September 2017

#### **Conclusions**

The first national oesophago-gastric campaign does not appear to have had an impact on the one-year survival for persons aged 50 and over diagnosed with oesophageal or stomach cancer.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, conversion rates, numbers of cancers diagnosed and stage at diagnosis. A full evaluation on the campaign metrics will be published as a final report 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 behavior (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/