



Be Clear on Cancer: Regional oesophago-gastric campaign, 2014

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

A regional oesophago-gastric (OG) campaign ran from 10 February 2014 to 9 March 2014 in the North of England Cancer Network.

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: Survival

This metric considers whether the regional oesophago-gastric campaign had an impact on one-year survival for persons, aged 50 and over¹ 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 on residents in the regional pilot area (North of England Cancer Network) 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 (1 March 2014) to two months from the end of the campaign (30 April 2014). 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 of those in the analysis period was compared with those diagnosed from 1 January to 28 February 2014 and from 1 May to 31 December 2014.

Key message

The regional 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.

¹ 50 to 99 years

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 analysis period (March 2014 to April 2014) and comparison period (January, February, May to December 2014) (Table 1). One-year survival for persons diagnosed during the analysis period was 48.9% compared with 47.5% 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 March to 30 April 2014, compared with the rest of 2014

Site	Sex	Comparison period	Analysis period
		(01/01/2014 to 28/02/2014 and 01/05/2014 to 31/12/2014)	(01/03/2014 to 30/04/2014)
Oesophageal and stomach combined	Men	47.7% (95% CI: 41.0 - 56.9)	54.4% (95% CI: 44.7 - 64.2)
	Women	47.3% (95% CI: 43.1 - 52.3)	N/A*
	Persons	47.5% (95% CI: 40.7 - 53.9)	48.9% (95% CI: 41.0 - 56.9)

Source: Cancer Analysis System, September 2017

*because the pilot was regional there were insufficient numbers to calculate.

Conclusions

The regional 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

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