



Be Clear on Cancer: Regional ovarian cancer campaign, 2014

Caveats: This summary presents the results of the metric on diagnostics in secondary care. 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.

Diagnostics in secondary care

The campaign

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

The campaign's main message was:

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

Key messages

There was no statistically significant change in the number of ultrasounds, CT-scans and MRIs carried out during or following the regional ovarian cancer campaign, when compared with the year before.

Metric: Diagnostics in secondary care

This metric considers whether the regional ovarian campaign had an impact on the number of imaging tests conducted by the NHS. These include ultrasounds, CT-scans and MRIs conducted for suspected ovarian cancer and other medical conditions.

The data on the total number of ultrasounds, CT-scans and MRIs conducted for suspected ovarian cancer and other medical conditions (hereafter referred to as imaging tests) was obtained from Diagnostic Imaging Dataset (DID) held on NHS Digital's iView system (<http://content.digital.nhs.uk/iview>). The data contains details of referrals by GPs, consultants and other referral sources.

This metric compares the difference in monthly number of imaging tests between the analysis period of February to May 2014 and the comparison period of April to July 2013. The comparison period of April to July 2013 was used for this analysis because of the lack of data on the numbers of ultrasounds, CT-scans and MRIs carried out in the months of February to March 2013 in the North West of England (Greater Manchester, Lancashire & South Cumbria, Cheshire & Merseyside).

Results

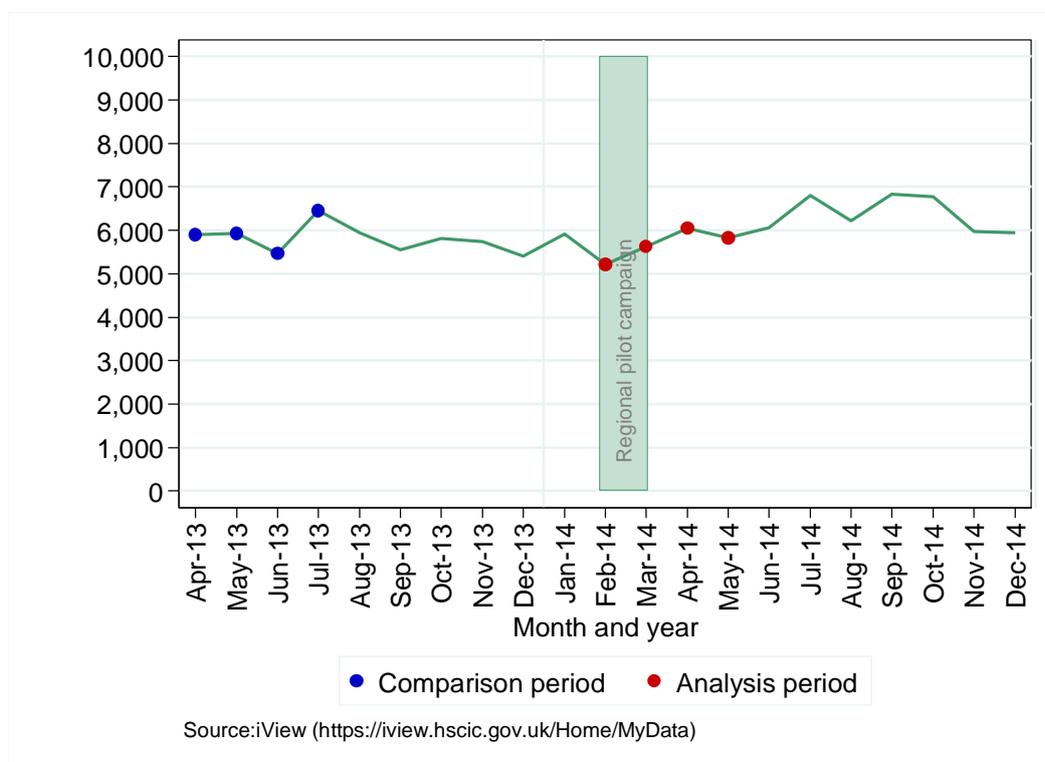
Comparing the months of February to May 2014 with April to July 2013, there was a 4.3% decrease in the number of imaging tests for individuals aged 50 and over, and a 4.1% increase in the number of imaging tests for all ages combined (Table 1). However, the changes in the number of imaging tests were not statistically significant.

Table 1: Number of ultrasounds, CT-scans and MRIs in April to July 2013 and February to May 2014, North West of England (Greater Manchester, Lancashire & South Cumbria, Cheshire & Merseyside)

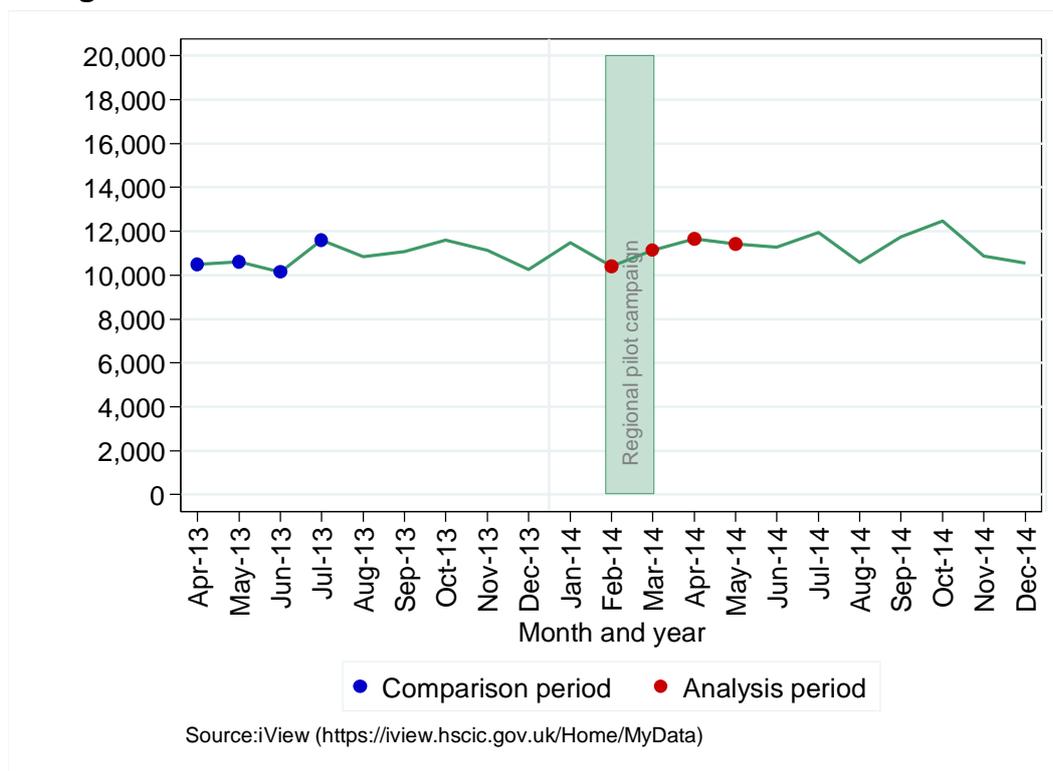
Tests	Age group	April to July 2013	February to May 2014	Percentage change
Number of imaging tests	50 and over	23,755	22,725	-4.3
	All ages	42,850	44,605	4.1

Figure 1: Monthly number of ultrasounds, CT-scans and MRIs in April 2013 to December 2014, North West of England (Greater Manchester, Lancashire & South Cumbria, Cheshire & Merseyside) a) 50 and over b) All ages

a) 50 and over



b) All ages



Conclusions

The regional ovarian cancer campaign did not appear to have an impact on the number of ultrasounds, CT-scans and MRIs carried out in the North West of England.

Other metrics being evaluated include 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/