



Be Clear on Cancer: Regional ovarian cancer campaign, 2014

Caveats: This summary presents the results of the metric on CA125 tests. 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.

CA125 tests

The campaign

The regional ovarian cancer 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: CA125 tests

This metric considers whether the regional ovarian cancer campaign had an impact on the number of CA125 tests conducted for women living in the campaign area. CA125 is produced by some ovarian cancer cells and so a CA125 blood test is used as part of the diagnostic process for suspected ovarian cancer.

Data on CA125 tests carried out between 01 October 2012 and 08 June 2014 was obtained from The Health Improvement Network (THIN) database. Data was also extracted on the number of GP practices submitting data to THIN each week (which decreased from 420 to 353 over the period considered¹), to enable the calculation of the average number of tests per practice per week. Within these practices 65 (decreasing to 62) were from the campaign area, with the remaining practices from the rest of England acting as a control group.

Analysis considered three periods, a ten week pre-campaign period (02 December 2013 to 09 February 2014), a seven week campaign analysis-period (10 February 2014 to 30 March 2014), and a seven week post-campaign period (31 March 2014 to 08 June 2014). All three

¹ Compared to all practices nationally, these practices had a similar age-sex population structure, but a less deprived population on average.

Key messages

There were large, statistically significant increases in the average number of CA125 tests for women of all ages, women aged 50 and over, and also women under 50, during and following the regional ovarian cancer campaign in 2014 compared with same period in 2013.

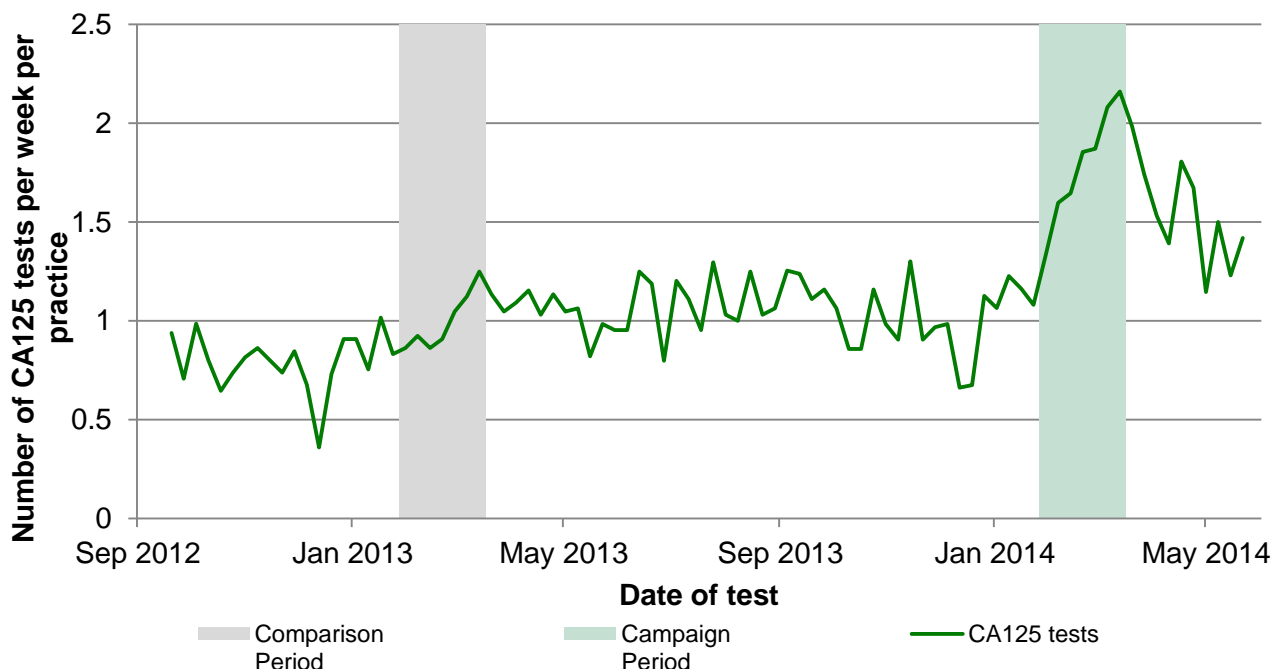
periods were compared with the corresponding period in 2012/13. In addition, results were compared for practices in the campaign area (North West) and for practices in a control area (rest of England).

Data was adjusted to account for bank holidays, the number of weeks in each period and the number of practices submitting data to THIN each week. Analysis considered the average number of CA125 tests per week per practice.

Results

The average number of CA125 tests per week per practice peaked during the campaign analysis-period. Although the number fell in the post-campaign period, it remained higher in June 2014 than before the campaign ([Figure 1](#)).

Figure 1: Average number of CA125 tests per week per practice, North West, women, all ages



Source: The Health Improvement Network

Comparing the campaign analysis-period in 2014 with the comparison period in 2013, there was a statistically significant increase of 80% ($p < 0.001$) in the average number of CA125 tests per week per practice for women of all ages in the campaign area ([Table 1](#)). **There was** a 54% ($p < 0.001$) increase in the average number of CA125 tests per week per practice for women 50 and over, compared to a larger, 123% ($p < 0.001$), increase for women aged under 50.

There was also an increase in the average number of CA125 tests per week per practice, when compared with the same months in 2012/13, for both the pre-campaign period (a statistically significant 27% increase) and the post-campaign period (a statistically significant 47% increase).

Table 1: Average number of CA125 tests per week per practice during the pre-campaign, campaign analysis and post-campaign periods in 2013/14, compared with the corresponding periods in 2012/13, North West, women, all ages of England

Period	2012/13	2013/14	Percentage change	p-value
Pre-campaign	0.78	0.98	26.7	<0.001
Campaign analysis	1.00	1.79	80.0	<0.001
Post-campaign	1.05	1.54	46.7	<0.001

For the control area (rest of England), there was a non-significant increase of 5.2% in the average number of CA125 tests per week per practice for women of all ages for the campaign analysis-period in 2014, when compared with the same period in 2013.

Conclusions

There were large, statistically significant increases in the average number of CA125 tests for women of all ages, women aged 50 and over and women aged under 50 during and following the regional ovarian cancer campaign in 2014 compared with same period in 2013. The increase in CA125 tests during the campaign was particularly large for women under 50. There was also an increase in the pre-campaign period when compared to the previous year, although this was not as large as the increase observed during the campaign-analysis period.

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