



## Be Clear on Cancer: First national respiratory symptoms campaign, 2016

**Caveats:** This summary presents the results of the metrics on emergency presentations. 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.

### Emergency presentations

#### The campaign

The first national respiratory symptoms campaign ran from 14 July 2016 to 16 October 2016 in England.

The campaign's key messages were:

- 'If you've had a cough for three weeks or more, it could be a sign of lung disease, including cancer. Finding it early makes it more treatable. So don't ignore it, tell your doctor.'
- 'If you get out of breath doing things you used to be able to do, it could be a sign of lung or heart disease, or even cancer. Finding it early makes it more treatable. So don't ignore it, tell your doctor.'

#### Key message

The first respiratory campaign appears to have no impact on the proportion of lung cancers diagnosed through emergency presentation during or following the campaign.

#### Metric: Proxy for Emergency presentations

The Hospital Episode Statistics (HES) derived emergency presentation metric is calculated from inpatient data and uses the methodology set out in the cancer outcomes metric specification.<sup>1</sup> It measures the proportion of diagnoses of lung cancer that first presented as an emergency.

Data were extracted on 18 October 2017 for persons admitted between April 2015 and March 2017, resident in England with a primary diagnosis of lung cancer (ICD-10 C33-34). Numbers do not include persons diagnosed via other routes, for example outpatient or general practice settings.

For persons aged 50 and over, and for all ages combined, the monthly proportion was calculated as the number of first inpatient admissions with lung cancer presenting through an emergency route, divided by the total number of first inpatient admissions with lung cancer, multiplied by 100. Binomial confidence intervals were calculated using

<sup>1</sup> Public Health England. Indicator Specification: Proportion of cancer admissions diagnosed for the first time via emergency presentation. 2015.

the Wilson score method<sup>2</sup>. Results are illustrated for each year from April to March. To assess whether the campaign had an impact on the proportion of lung cancers diagnosed through emergency presentations, the results for the campaign period plus two months post-campaign, July to December 2016, were compared with the same months in 2015.

## Results

For all ages combined, there were 25,535 persons admitted with lung cancer between April 2015 and March 2016, and 9,048 were diagnosed through emergency presentation. Between April 2016 and March 2017, there were 25,852 and 8,963 respectively.

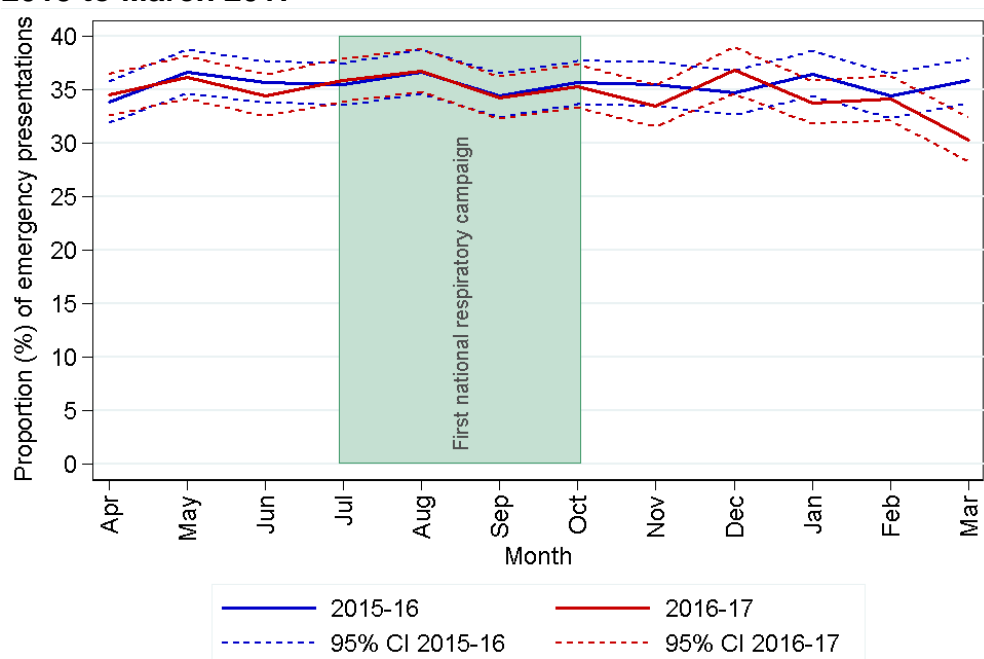
For persons aged 50 and over, there were 24,761 persons admitted with lung cancer between April 2015 and March 2016, and 8,829 were diagnosed through emergency presentation. Between April 2016 and March 2017, there were 25,087 and 8,753 respectively.

There were no statistically significant differences between July to December 2016 compared with the same months in 2015 for those aged 50 and over or for all ages combined. There was a statistically significant difference in the proportion of lung cancers diagnosed through emergency presentation in March 2016 compared with March 2017 (ages 50 and over 35.8% vs 30.3%, all ages combined 36% vs 30.4% (**Figure 1**)). For all ages, the proportion of patients with lung cancer diagnosed via emergency presentation during the campaign period ranged from 34.2% to 36.8% for July to October 2016 compared with 34.4% to 36.7% for the same months in 2015.

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<sup>2</sup> A method for calculating confidence intervals for proportions

**Figure 1: Proportion of emergency presentations and 95% confidence intervals for lung cancer by month, first national campaign, all ages combined, England, April 2015 to March 2017**



First national respiratory campaign 14 Jul - 16 Oct 2016

Source: NCRAS Cancer Analysis System & the PHE Admitted Patient Care HES database

## Conclusions

The first respiratory campaign appears to have had no impact on the proportion of lung cancers diagnosed through emergency presentation during or shortly following the campaign.

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; 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](http://www.ncin.org.uk/be_clear_on_cancer)  
[www.nhs.uk/be-clear-on-cancer](http://www.nhs.uk/be-clear-on-cancer)