



Be Clear on Cancer: Regional abdominal symptoms campaign, 2017

Caveats: This summary presents the results of the metrics on cancer diagnoses resulting from an urgent GP referral for suspected cancer and conversion rate. This is one of a series of 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.

Cancer diagnoses resulting from an urgent GP referral for suspected cancer and conversion rate

The campaign

The regional abdominal symptoms campaign ran from 9 February to 31 March 2017 in the East and West Midlands.

The campaign's key message was:

'Don't ignore the warning signs. If you've been suffering from tummy troubles such as diarrhoea, bloating, discomfort or anything else that just doesn't feel right for three weeks or more, it could be a sign of cancer. Finding it early makes it more treatable. Tell your doctor.'

Key messages

The regional abdominal symptoms campaign does not appear to have had an impact on the number of abdominal cancer diagnoses resulting from an urgent GP referral for suspected gynaecological, urological, upper GI or lower GI cancers, although an effect may be seen for those aged 70-79. The campaign does not appear to have had an impact on the conversion rate for these cancers.

Metric: Cancer diagnoses resulting from an urgent GP referral for suspected cancer

This metric considers whether the campaign had an impact on the number of new abdominal cancer¹ cases that resulted from an urgent GP referral for suspected gynaecological, urological, upper GI or lower GI cancers, often referred to as two week wait (TWW) referrals.

¹ Within this analysis, abdominal cancer includes cancers of the lower gastrointestinal (lower GI) tract, pancreas, oesophagus, stomach, ovary or kidney. These cancer sites are those most likely to present with the symptoms highlighted by the campaign.

Metric: Conversion rate

This metric considers whether the campaign had an impact on the percentage of urgent GP referrals for suspected gynaecological, urological, upper GI or lower GI cancers resulting in a diagnosis of abdominal cancer (conversion rate).

For both metrics data was taken from the [National Cancer Waiting Times Monitoring Data Set](#), provided by NHS England. Results are presented by month first seen. The analysis compared the campaign period (February to April 2017) with the same three months in 2016. The analysis considered a combined abdominal cancers group and also individual cancer sites: lower GI (ICD10 C17-C21, C26), pancreatic (C25), oesophageal (C15), stomach (C16), ovarian (C56-C57) and kidney (C64) cancers. The analysis also compared results for the regional pilot area (East and West Midlands) with those for a control area (South East).

Results

Between February to April 2016 and February to April 2017, there was no significant change in the number of abdominal cancer diagnoses resulting from an urgent GP referral for suspected gynaecological, urological, upper GI or lower GI cancers combined, for either the regional pilot area or the control area, for either all ages (Figure 1) or those aged 50 and over. Neither were there any significant changes, over the same period, for lower GI, pancreatic, oesophageal, stomach, ovarian or kidney cancers.

For those aged 70 to 79, there was a statistically significant 22% increase in the number of abdominal cancer diagnoses resulting from an urgent GP referral for suspected cancer. For this age-group, the numbers of abdominal cancers diagnosed each month for February, March and April 2017 were similar to previously high numbers in the long-term trend, but may be slightly higher for the three months combined due to the campaign.

Between February to April 2016 and February to April 2017, there was no significant change in the conversion rate for abdominal cancers combined, in either the regional pilot area or the control area, for either all ages (Figure 2) or those aged 50 and over. Neither were there any significant changes, over the same period, in the conversion rates for lower GI, pancreatic, oesophageal, stomach, ovarian or kidney cancers.

Figure 1: Monthly number of abdominal cancer diagnoses resulting from an urgent GP referral for suspected gynaecological, urological, upper GI or lower GI cancers, January 2015 to April 2017, regional pilot area and control area, all ages

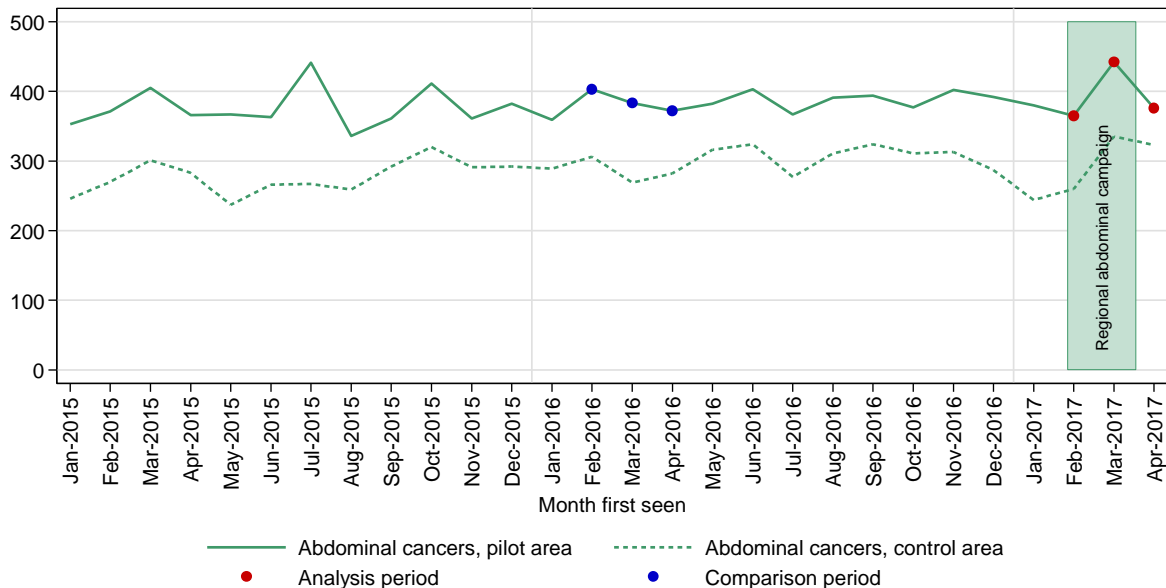
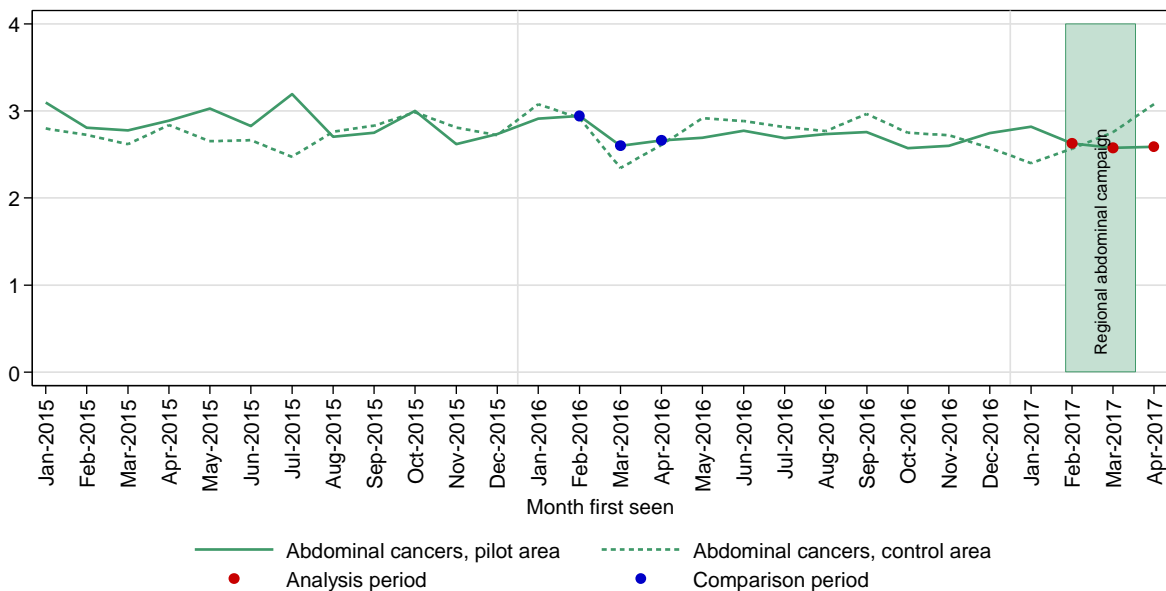


Figure 2: Monthly abdominal cancer conversion rate for urgent GP referrals for suspected gynaecological, urological, upper GI or lower GI cancers, January 2015 to April 2017, regional pilot area and control area, all ages



Conclusions

The regional abdominal symptoms campaign does not appear to have had an impact on the number of abdominal cancer diagnoses resulting from an urgent GP referral for suspected gynaecological, urological, upper GI or lower GI cancers generally, although it may have had an impact for those aged 70 to 79. It does not appear to have had an impact on the conversion rate for these cancers.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, detection 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