Public Health England

Protecting and improving the nation's health

Be Clear on Cancer: Regional abdominal symptoms campaign, 2017

Caveats: This summary presents the results of the metrics on cancer diagnoses recorded in the Cancer Waiting Times database and detection rate. 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.

Cancer diagnoses recorded in the Cancer Waiting Times database and detection 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 may have had an impact on the number of abdominal cancers recorded in the Cancer Waiting Times database, particularly pancreatic cancers, and on the detection rate for pancreatic cancers. It does not appear to have had an impact on the number of cancers recorded or detection rate for other abdominal cancers.

Metric: Cancer diagnoses recorded in the CWT database

This metric considers whether the campaign had an impact on the number of abdominal cancer[1] diagnoses recorded in the Cancer Waiting Times (CWT) database.

Metric: Detection rates

This metric considers whether the campaign had an impact on the percentage of new CWT recorded abdominal cancer diagnoses which resulted from an urgent GP referral for suspected cancer, often referred to as two week wait referrals.

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[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.
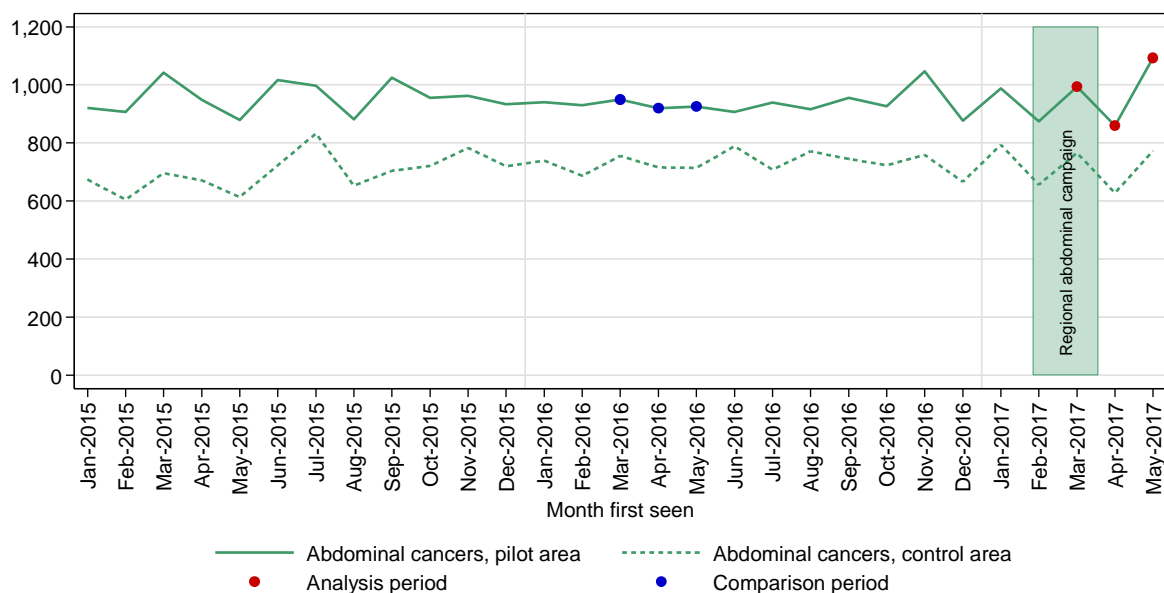
For both metrics data was taken from the National Cancer Waiting Times Monitoring Data Set, provided by NHS England. Results are presented by month of first treatment. Taking into consideration the average interval from date first seen to treatment start date, the analysis considered the impact of the campaign with data from March 2017 onwards. The analysis compared March to May 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 March to May 2016 and March to May 2017, the number of abdominal cancers recorded in the CWT database for the regional pilot area statistically significantly increased by 5.4% from 2,795 to 2,946 cases (p=0.046) for all ages, and by 6.5% (p=0.022) for those aged 50 and over. In comparison, a 0.8% decrease for people of all ages from the control area was not statistically significant. However, the trend in the number of abdominal cancers recorded in the CWT database for March to May 2017 was similar for the regional pilot and control areas (Figure 1).

Figure 1: Monthly number of abdominal cancer diagnoses recorded in the CWT database, January 2015 to May 2017, regional pilot area and control area, all ages
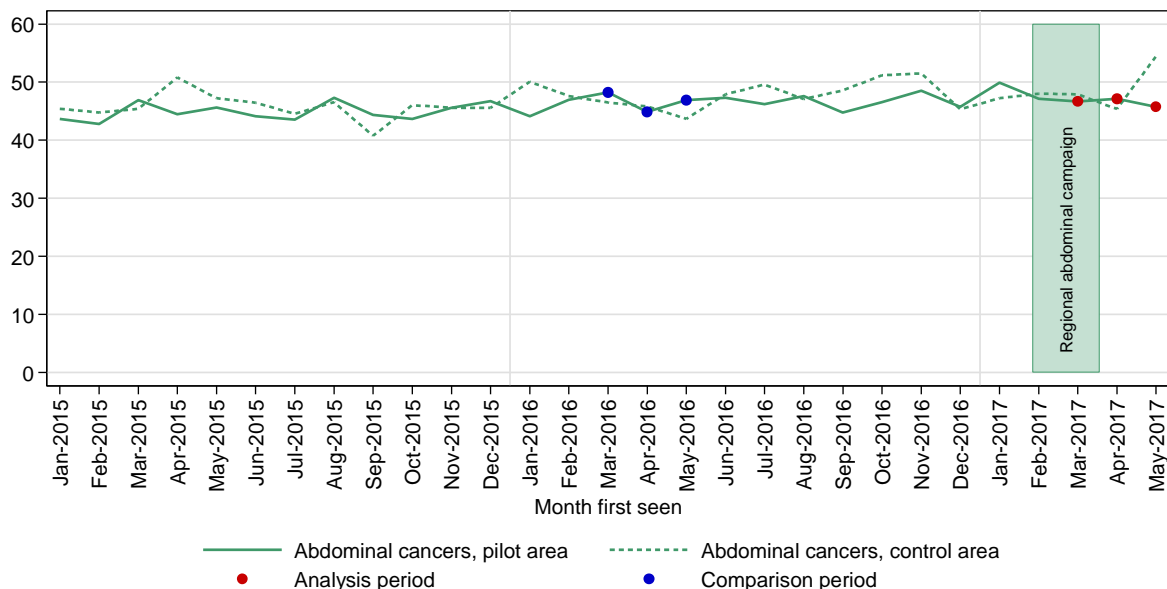

There was a statistically significant 33% increase in the number of pancreatic cancers recorded in the CWT database for people of all ages from the regional pilot area between March to May 2016 and March to May 2017, from 221 to 295 cases (p=0.001). In comparison, the 4% decrease for the control area was not statistically significant. For the regional pilot area, there was a slight peak in May 2017 after the campaign which was not replicated for the control area.

Over the same period, there were no statistically significant changes in the number of lower GI, oesophageal, stomach, ovarian or kidney cancers recorded in the CWT database.

Between March to May 2016 and March to May 2017, there was no significant change in the detection rate for abdominal cancers in the regional pilot area, for either all ages (Figure 2) or those aged 50 and over. However, there was a statistically significant 4.2 percentage point increase in the detection rate for abdominal cancers in the control area, from 45.4% to 49.5% (p=0.006).

Similarly, there was no significant change in the detection rate for lower GI cancers in the regional pilot area in contrast to a statistically significant 6.3 percentage point increase in the control area, from 36.2% to 42.5% (p=0.002). Over the same period, there were no statistically significant changes in the detection rate for ovarian, kidney or stomach cancers in either the regional pilot area or control area.

Figure 2: Monthly detection rates for abdominal cancer diagnoses, January 2015 to May 2017, regional pilot area and control area, all ages

Between March to May 2016 and March to May 2017, there was a statistically significant 8.1 percentage point decrease in the detection rate for pancreatic cancers for people of all ages from the regional pilot area, from 33.5% to 25.4% (p=0.046). This is possibly related to the increase in the number of pancreatic cancers recorded in the CWT database, as there was no change in the number of pancreatic cancers resulting from an urgent GP referral for a similar period (see metric summary). However, this might not be an impact of the campaign as the detection rate for March to May 2017 is in line with long-term variability in the trend.

Conclusions

The regional abdominal symptoms campaign may have had an impact on the number of abdominal cancers recorded in the CWT database, particularly pancreatic cancers, and on the detection rate for pancreatic cancers. It does not appear to have had an impact on the

number of cancers recorded in the CWT database or detection rate for other abdominal cancers.

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