



Be Clear on Cancer: Regional oesophago–gastric cancer campaign, 2014

Caveats: This summary presents the results of the metric on cancers diagnosed. 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.

Cancers diagnosed

The campaign

A regional oesophago-gastric (OG) campaign ran from 10 February 2014 to 9 March 2014 in the North of England Cancer Network.

The campaign's key message was:

'Having heartburn, most days, for 3 weeks or more could be a sign of cancer – tell your doctor.'

Key message

The regional oesophago-gastric campaign does not appear to have had an impact on the numbers of oesophageal or stomach cancers diagnosed in the North of England.

Metric: Cancers diagnosed

This metric considers whether the regional oesophago–gastric cancer campaign had an impact on the number of newly diagnosed cases of oesophageal cancer (ICD-10 C15) and stomach cancer (ICD-10 C16), for men and women of all ages combined resident in the North of England Cancer Network.

Data was extracted from the national cancer analysis system for the diagnosis period October 2012 to September 2014. The analysis period was defined as two weeks after the start of the campaign (week 9 of 2014) to two months after the end of the campaign (week 20 of 2014). The numbers of cases diagnosed per week in the analysis period were compared with the overall median for October 2013 to September 2014. The campaign was considered to have a possible impact if a) the numbers of cases per week were the same or higher than the median for five or more consecutive weeks and b) this sustained period started during the analysis period.

Results

There were no sustained periods where the numbers of oesophageal or stomach cancers were the same as or higher than the 2013 to 2014 median (Figure 1 and Figure 2).

Figure 1: Number of newly diagnosed cases of oesophageal cancer by week, North of England Cancer Network, October 2012 to September 2014, all ages

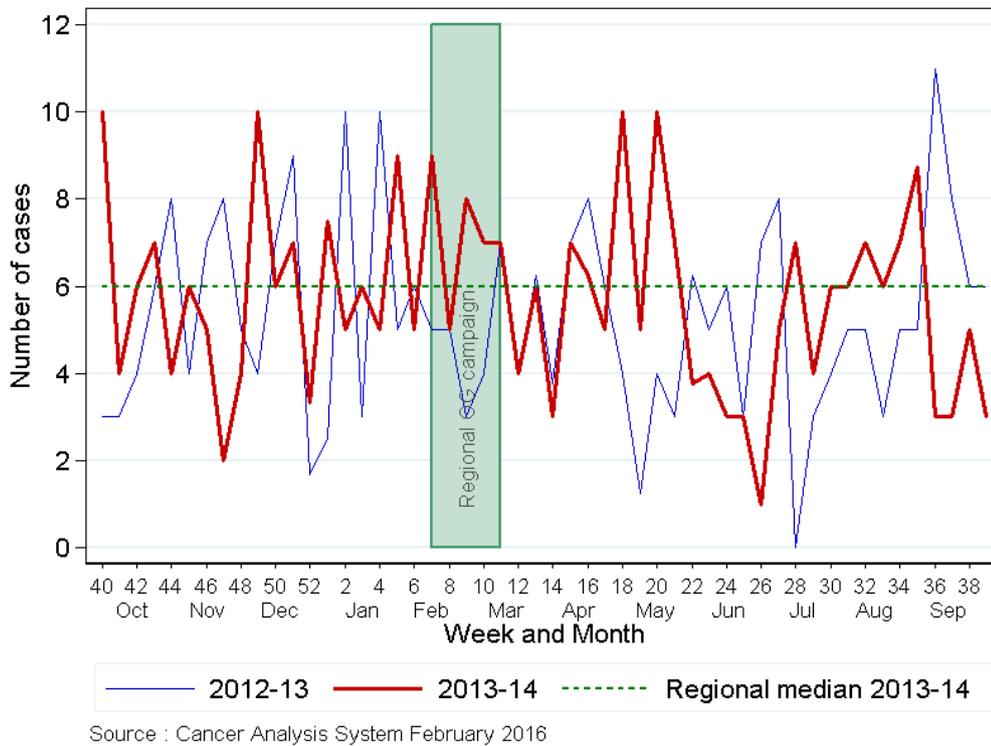
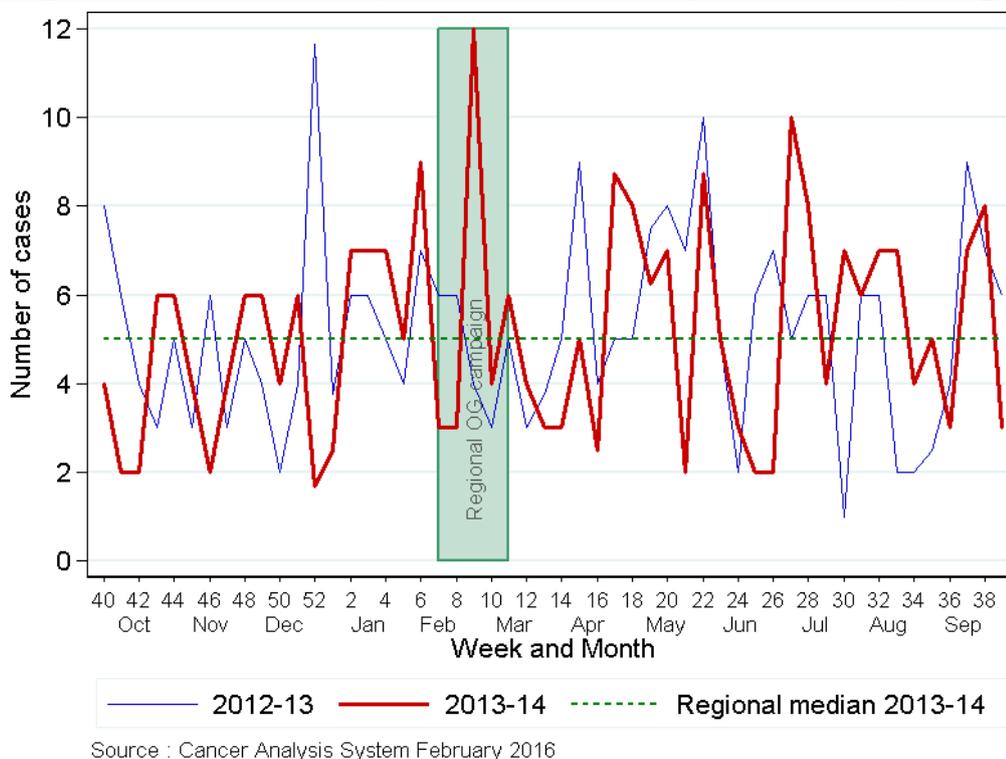


Figure 2: Number of newly diagnosed cases of stomach cancer by week, North of England Cancer Network, October 2012 to September 2014, all ages



Conclusions

The regional oesophago-gastric campaign does not appear to have had an impact on the numbers of oesophageal or stomach cancers diagnosed in the North of England Cancer Network.

Other metrics being evaluated include GP attendance, urgent GP referrals, conversion and detection rate, emergency presentations 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