



Be Clear on Cancer: Second national breast cancer in women over 70 awareness campaign, 2015

Caveats: This summary presents the results of the metric on GP attendances. 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.

GP attendances

The campaign

The second national breast cancer in women over 70 campaign ran from 13 July 2015 to 6 September 2015 in England.

The campaign's two key messages were:

- 'One in three women who get breast cancer are over 70, so don't assume you're past it.'
- 'A lump isn't the only sign of breast cancer. If you're worried about any changes to your breasts, tell your doctor straight away.'

Key message

The 2015 campaign may have led to a statistically significant increase in the number of GP attendances by women aged 70 years and older with breast symptoms, but this increase may also reflect long-term variability.

Metric: GP attendances

This metric considers whether the campaign had an impact on the number of women aged 70 and over visiting a GP to report breast symptoms¹.

Data on GP attendances for breast symptoms and a control symptom (back pain) were sourced from The Health Improvement Network (THIN) database for the period 7 April 2014 to 13 December 2015. The data was grouped into weekly samples and adjusted to account for bank holidays. Information on the number of GP practices submitting data each week (which decreased from 370 to 222 practices over the period considered²) was extracted to enable the calculation of the average number of attendances per practice per week.

Analysis considered three periods; a twelve week pre-campaign period (20 April 2015 to 12 July 2015), a ten week campaign period (13 July 2015 to 20 September 2015) and a twelve week post-campaign period (21 September 2015 to 13 December 2015). It compared the average number of GP attendances per practice per week during these periods in 2015 with the same periods one year earlier, in 2014.

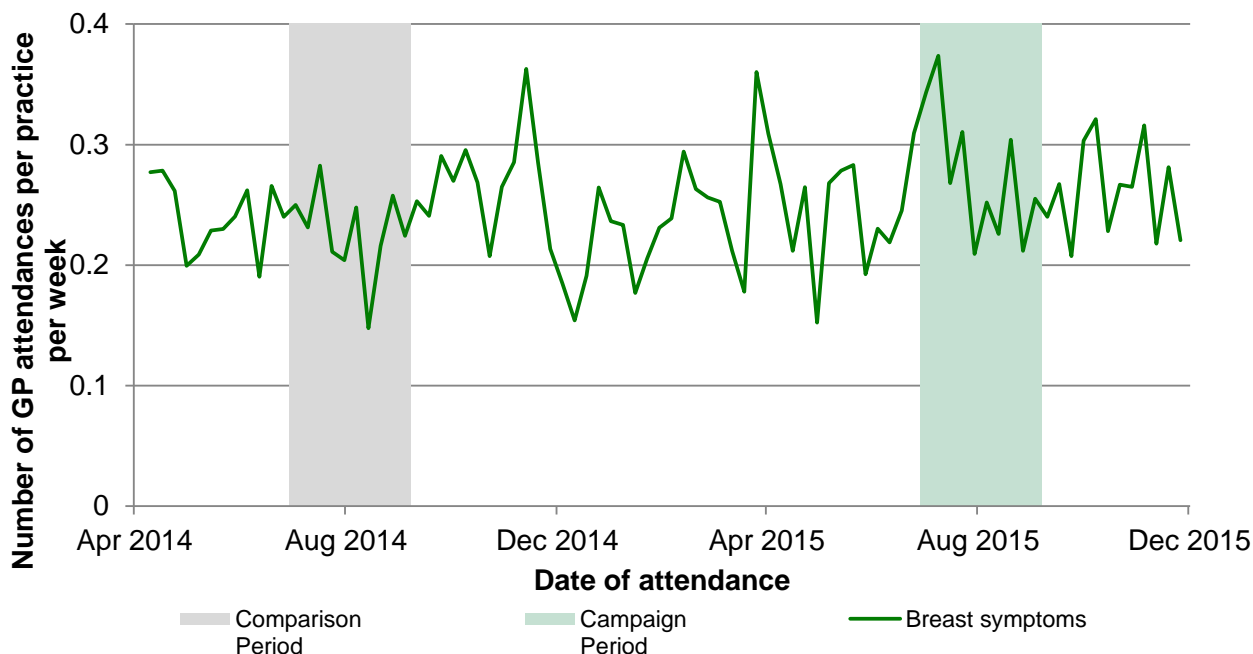
Results

During the 2015 campaign period, for women aged 70 and over, the average number of attendances for breast symptoms showed a statistically significant increase of 21.4%

($p < 0.001$) when compared to the same period in 2014, (from 0.23 visits per practice per week in 2014 to 0.28 visits per practice per week in 2015). In comparison, results for the control symptom (back pain) showed a small decrease which was not statistically significant (2.4% decrease, $p = 0.35$), from 1.12 attendances per practice per week in 2014 to 1.10 visits per practice per week during the 2015 campaign period. There was no statistically significant change in the average number of attendances per practice per week for breast symptoms during the post campaign period, compared to the same period in 2014.

The trend in the average number of attendances per practice per week for women aged 70 and over shows a lot of week-to-week variability (Figure 1). This average peaked during the first few weeks of the second national breast campaign, but similar peaks had occurred previously, in November 2014 and April 2015.

Figure 1: Average number of GP attendances, per practice per week, for breast symptoms, women aged 70 and over, 7 April 2014 to 13 December 2015



Source: The Health Improvement Network

During the 2015 campaign period, compared to the same period in 2014, there were also statistically significant increases in the average number of attendances per practice per week for breast symptoms for women aged under 70. This included a 21.8% increase ($p < 0.001$) in attendances for women aged 60-69, from 0.26 visits per practice per week in 2014 to 0.31 visits per practice per week during the 2015 campaign period.

Conclusions

There was a statistically significant increase in the average number of GP attendances with breast symptoms during the second national breast cancer campaign for women aged 70 years and over, but it's not clear if this resulted from the campaign as there was long-term variability in the average number of attendances.

Other metrics being evaluated include the number of urgent GP referrals for suspected cancer, 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/

¹ Breast symptoms could include breast lump; changes in the size or shape of the breast, the skin of breast or the nipple; nipple discharge and pain in breast or armpit.

² Compared to all practices nationally, these practices had a similar age-sex population structure, but a less deprived population on average.