Public Health England

Protecting and improving the nation's health

Be Clear on Cancer: Second national respiratory 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 summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation of the campaign incorporating a full evaluation of all the metrics is published separately. These metrics should not be considered in isolation.

Cancer diagnoses recorded in the Cancer Waiting Times database and detection rate

The campaign

The second national respiratory symptoms campaign ran from 18 May to 31 August 2017 in England.

The core campaign messages were:

- If you've had a cough for 3 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.

Metric: Cancer diagnoses recorded in the CWT database

This metric considers whether the second national respiratory symptoms campaign had an impact on lung cancer diagnoses recorded in the Cancer Waiting Time (CWT) database.

Metric: Detection rates

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

Key messages

The second national respiratory symptoms campaign may have had some impact on the number of lung cancer diagnoses recorded in the Cancer Waiting Times database and on the detection rate, for persons aged 50 and over and for all ages combined.

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Data are taken from the [National Cancer Waiting Times Monitoring Data Set,](#) provided by NHS England. Results are presented by month of first treatment.

For these 2 metrics, the analysis used data from June 2017 (mid campaign) onwards, accounting for a delay in impact from the start of the campaign, due to the average time from the date that a patient is first seen to the treatment start date. For both metrics, the analysis compared June to October 2017 with the same five months in 2015[1]. Lung cancer cases were defined as those with an ICD-10 diagnosis code of C33-C34, C37-C39 or C45.

Results

Comparing June to October 2015 with June to October 2017, there was a statistically significant 7% increase in the number of lung cancer diagnoses recorded on the CWT database from 12,804 to 13,703 cases, for all ages. However, this result appears to follow long-term trends (Figure 1). Results were similar for those aged 50 and over.
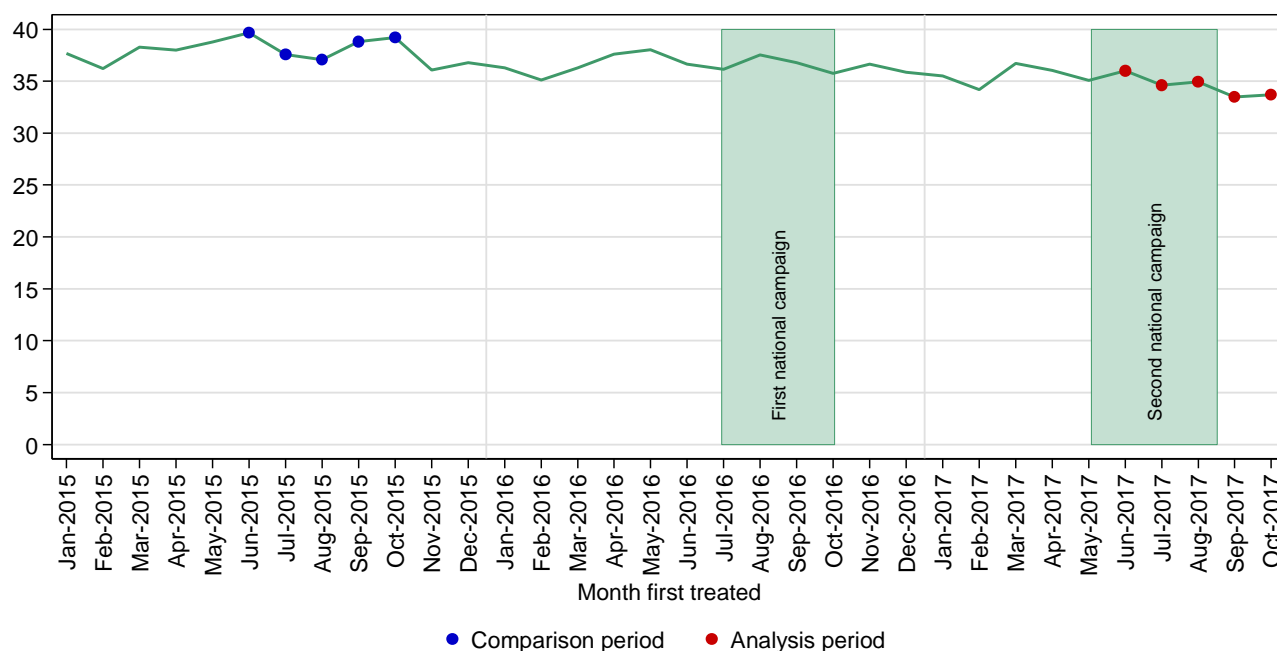
Figure 1: Monthly number of lung cancer diagnoses recorded in the CWT database, January 2015 to October 2017, all ages, England.
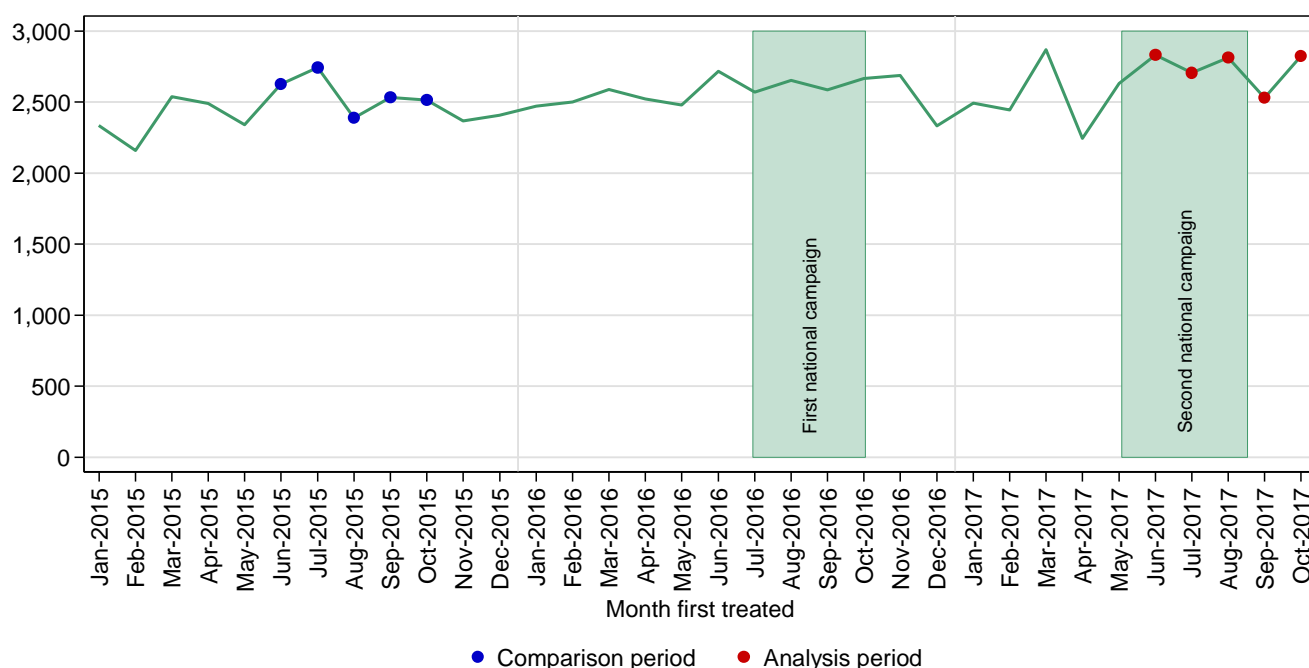
Comparing June to October 2015 with June to October 2017, there was a statistically significant 4 percentage point decrease in the detection rate for lung cancers in England, for all ages. However, the result appears to follow long-term trends (Figure 2). Results were similar for those aged 50 and over.

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[1] Data was not compared to the same period in the previous year (2016) as data for this period may be affected by the first national respiratory symptoms campaign which ran in England from 14 July to 16 October 2016.

Figure 2: Monthly detection rates for lung cancers diagnoses, January 2014 to October 2017, all ages, England

Conclusions

There was a statistically significant increase in the number of lung cancer diagnoses recorded in the Cancer Waiting Times database and a statistically significant decrease in the detection rate, for persons aged 50 and over and for all ages combined, though these changes appear to be in line with the long-term trends. The campaign may therefore have had some impact on the number of lung cancer diagnoses recorded in the Cancer Waiting Times database and on the detection rate, for persons aged 50 and over and for all ages combined.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, conversion rates, numbers of cancers diagnosed, stage at diagnosis and one-year survival. A full evaluation on the campaign metrics will be published, as a final report, when all 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 (for example 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 (for example symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (for example urgent GP referrals for suspected cancer), compared to disease metrics (for example 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/