



Be Clear on Cancer: Second national respiratory symptoms campaign, 2017

Caveats: This summary presents the results of the metrics on major resections. 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.

Major resections

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 three 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.'

Key message

The second national respiratory symptoms campaign may have had some impact on the proportion of patients diagnosed with lung cancer who had a major resection within six months of diagnosis.

Metric: Major resections

This metric measures the proportion of men and women, diagnosed with lung cancer (ICD-10 C33-34) at age 50 years and over, and all ages combined, who had a major resection within six months after their diagnosis.

Data was extracted from the national cancer analysis system, for patients diagnosed with lung cancer for the first time between January 2015 and December 2017.

The monthly proportion of patients diagnosed with lung cancer who had a major resection within six months of their diagnosis was calculated. The proportions for those diagnosed in the analysis period was compared to the same period in 2015. The analysis period was defined as June to October 2017. The period in 2015 was chosen as a comparator to avoid the first national respiratory symptoms campaign which ran from July to October 2016.

Results

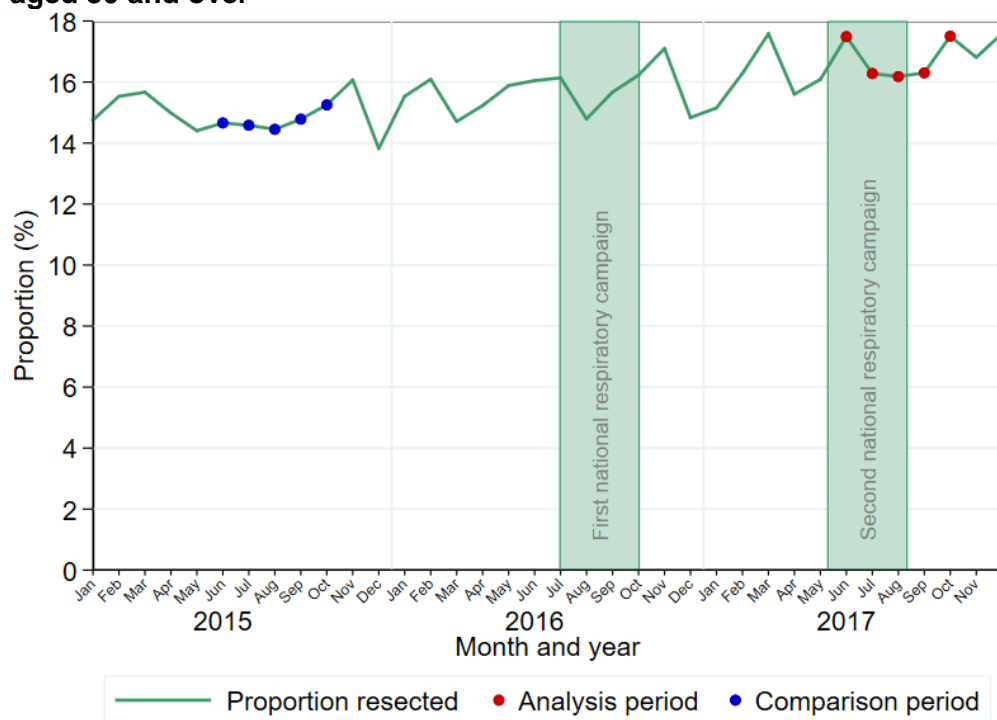
There was a statistically significant 2.0%-point increase in the proportion of patients diagnosed with lung cancer at any age who had a major resection, from 15.0% in June to October 2015 to 17.0% in June to October 2017. A similar statistically significant increase was observed for patients diagnosed age 50 years and over (14.7% to 16.8%).

Within the campaign's target age group (50 years and over), there was variation in the proportion having a resection by deprivation. There was a statistically significant increase in the proportion having a resection among the least deprived group (3.4%-point increase from 16.5% to 19.9%) but not among the most deprived group.

There was a general increase in the proportion of patients with lung cancer who had a major resection between January 2015 and December 2017 (Figure 1), suggesting that there is an underlying increasing trend which should be considered when interpreting the results.

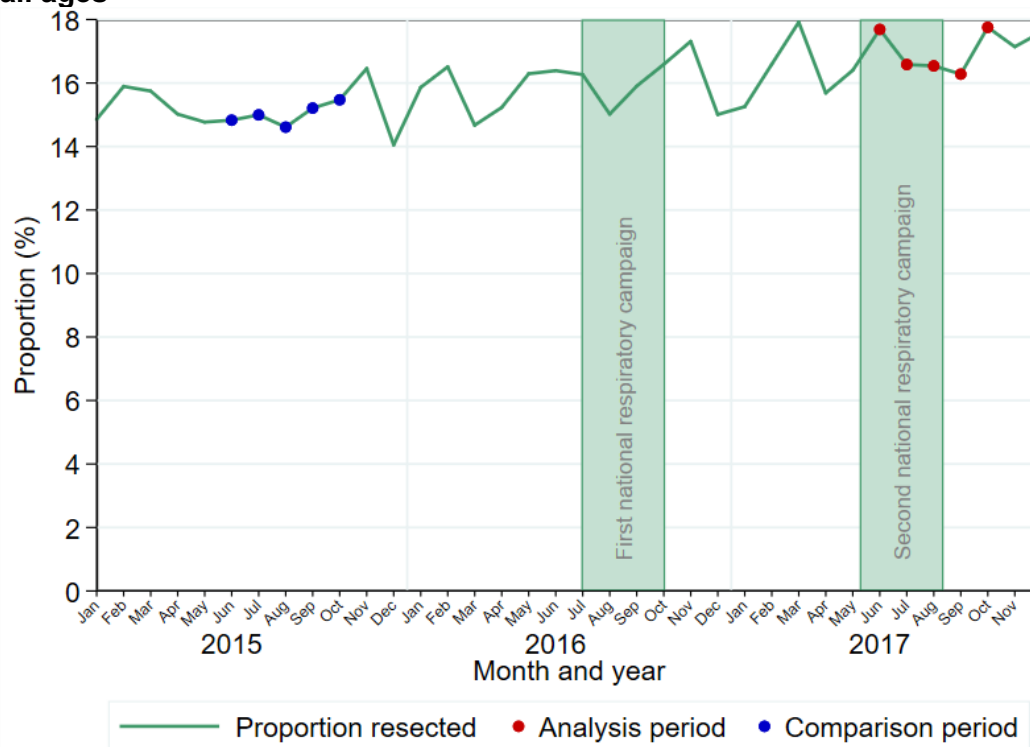
Figure 1: Proportion of patients diagnosed with lung cancer, who had a major resection per month of diagnosis, January 2015 to December 2017, England, a) aged 50 and over and b) all ages.

a) aged 50 and over



Source: Cancer Analysis System May 2019

b) all ages



Source: Cancer Analysis System May 2019

Conclusions

There was a statistically significant increase in the proportion of patients diagnosed with lung cancer who had a major resection within 6 months, however this was in line with the long-term trend.

The second national respiratory symptoms campaign may have had some impact on the proportion of patients diagnosed with lung cancer who had a major resection within six months of diagnosis.

Other metrics being evaluated include emergency presentations, the number of urgent GP referrals for suspected cancer, conversion rates, numbers of cancers diagnosed, and stage at diagnosis.

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, and stage at diagnosis).

Find out more about Be Clear on Cancer at:

www.ncin.org.uk/be_clear_on_cancer

www.nhs.uk/be-clear-on-cancer/