



Be Clear on Cancer: Fourth national blood in pee awareness campaign, 2018

Caveats: This summary presents the results of the metric on cancer diagnoses resulting from an urgent referral for suspected cancer. 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 resulting from an urgent GP referral for suspected cancer

The campaign

The fourth national blood in pee awareness campaign ran from 19 July 2018 to 16 September 2018 in England.

The core campaign message was:

- 'If you notice blood in your pee, even it's 'just the once', tell your doctor.'

Metric: Cancer diagnoses resulting from an urgent referral for suspected cancer

This metric considers whether the fourth national blood in pee awareness campaign had an impact on the numbers of bladder, kidney and urinary tract, urological (including prostate), and urological (excluding prostate) cancer diagnoses resulting from an urgent GP referral for suspected urological cancer. It uses data from the National Cancer Waiting Times Monitoring Dataset, provided by NHS England, presented by month first seen. The analysis period was July to October 2018 and was compared to the same four months in 2017. The analysis considered four cancer sites: bladder (ICD-10 C67), kidney and urinary tract (C64-C66 & C68), urological (including prostate) (C60-C61 & C63-C68), and urological (excluding prostate) (C60 & C63-C68)¹.

Key message

The fourth national blood in pee awareness campaign may have had some impact on the number of kidney and urinary tract cancer diagnoses resulting from an urgent GP referral for suspected urological cancer. There was no evidence to suggest the campaign had an impact on the number of such bladder cancer diagnoses.

¹ Further details on methodology used for Be Clear on Cancer campaign analysis can be found [here](#)

Results

The numbers of bladder, kidney and urinary tract, and urological (excluding prostate) cancer diagnoses resulting from an urgent GP referral for suspected urological cancer remained relatively stable from January 2017 to March 2019 (Figures 1 and 2). In contrast, an upwards trend can be seen in the number of urological (including prostate) cancer diagnoses especially since December 2017 with a peak from February to June 2018 (Figure 2).

Comparing July to October 2018 with the same months in the previous year:

- For bladder cancer, there were no statistically significant changes in the number of diagnoses resulting from an urgent GP referral for suspected urological cancer overall, nor by age, sex, or deprivation quintile.
- There was a statistically significant increase of 11.7% in the number of kidney and urinary tract cancer diagnoses resulting from an urgent GP referral for suspected urological cancer from 1,006 to 1,124 cases ($p=0.011$). There were significant increases among men (14.5%, $p=0.013$), those aged 80 and over (38%, $p=0.003$), and those in the second most deprived quintile (33.9%, $p=0.003$).
- There was a statistically significant increase of 12.8% ($p<0.001$) in the number of urological (including prostate) cancer diagnoses resulting from an urgent GP referral for suspected urological cancer, whereas the number of urological cancer (excluding prostate) diagnoses increased by 5.2% ($p=0.048$).

Figure 1: Monthly number of bladder, and kidney and urinary tract cancer diagnoses resulting from an urgent GP referral for suspected urological cancer from January 2017 to March 2019, England

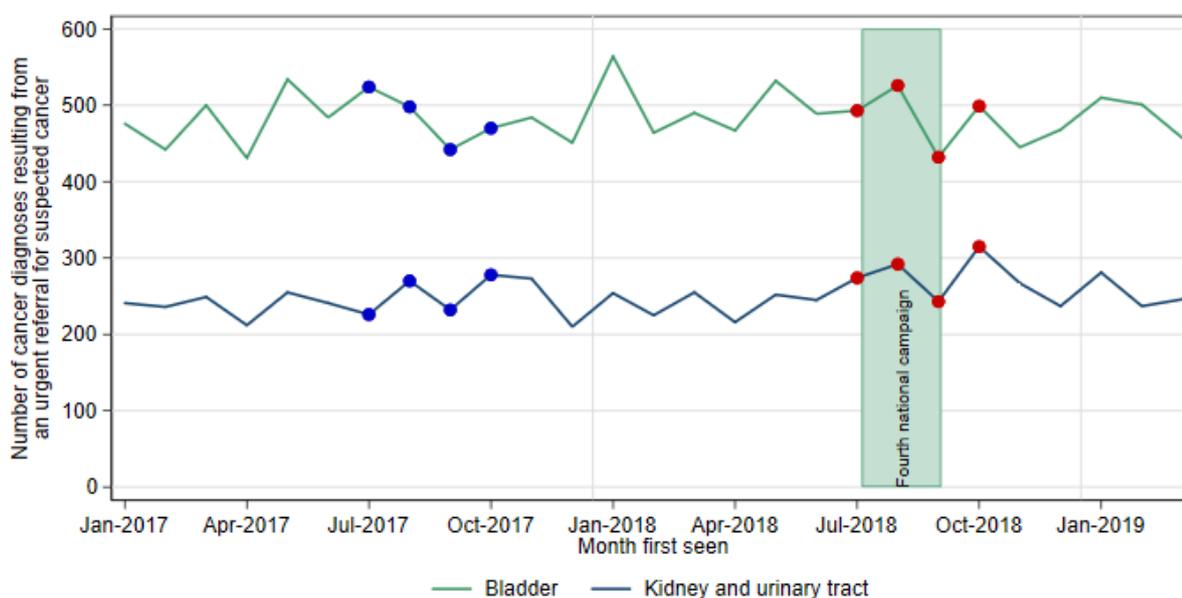
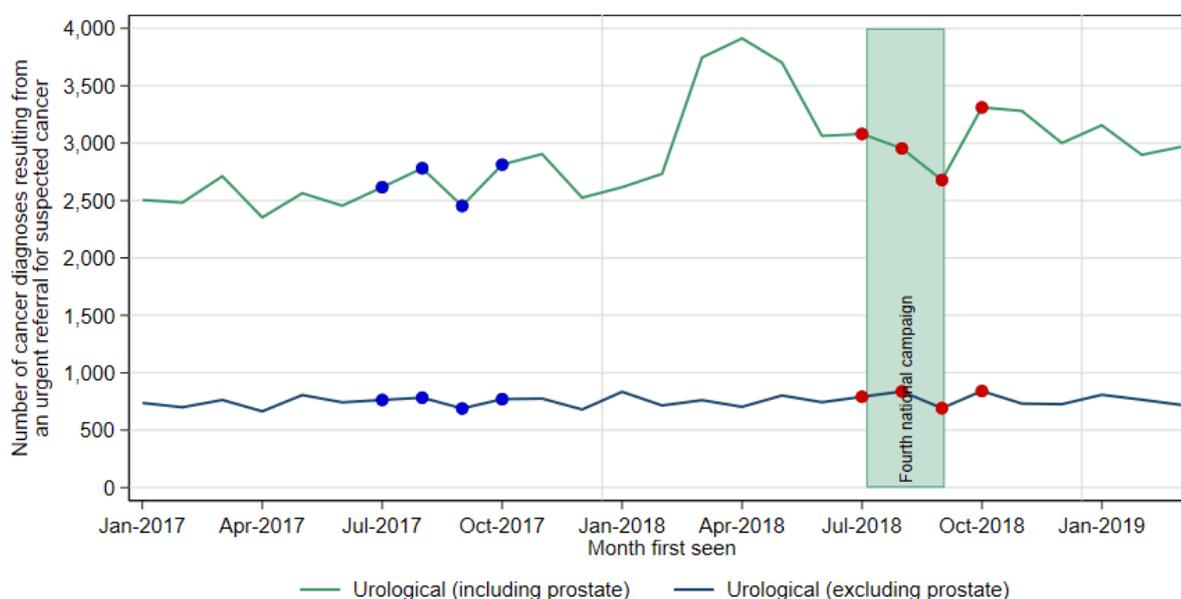


Figure 2: Monthly number of urological, and urological excluding prostate cancer diagnoses resulting from an urgent GP referral for suspected urological cancer from January 2017 to March 2019, England



Conclusion

There were statistically significant increases in the numbers of kidney and urinary tract, and urological (including prostate) cancer diagnoses resulting from an urgent GP referral for suspected urological cancer. There appears to have been no changes in the number of bladder cancer diagnoses.

It is worth noting that in the same year that the campaign was run, two high-profile public figures announced their prostate cancer diagnoses. The increase in the number of urological (including prostate) cancer diagnoses resulting from an urgent GP referral for suspected urological cancer from February 2018 onwards may be related to the media coverage of the prostate cancer diagnoses for these two public figures.

The fourth national blood in pee awareness campaign may have had some impact on the number of kidney and urinary tract cancer diagnoses resulting from an urgent referral for suspected urological cancer. There was no evidence to suggest the campaign had an impact on the number of bladder cancer diagnoses resulting from an urgent GP referral for suspected cancer.

Other metrics being evaluated include cancer diagnoses recorded in the Cancer Waiting Times database and urgent GP referrals for suspected cancer.

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/