



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

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

Cancers diagnosed

The campaign

The fourth national blood in pee 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 if it's 'just the once', tell your doctor.'

Metric: Cancers diagnosed

This metric considers whether the fourth national blood in pee campaign had an impact on the number of newly diagnosed cases of malignant bladder cancer (ICD-10 C67), kidney & urinary tract (ICD-10 C64-C66,C68), carcinoma in situ of bladder (ICD-10 D09.0), and non-invasive papillary carcinoma (pTa) of the bladder (ICD-10 D41.4) in persons aged 50 years and over, and for all ages combined.

Data was extracted from the national cancer analysis system, provided by the National Disease Registration Service for the diagnosis period January 2017 to December 2018. The data was grouped into weeks and adjusted to account for bank holidays. Analysis considered the proportion of cancers diagnosed in the analysis period compared with the number of cancers diagnosed in the same period the year before. The analysis period was defined as two weeks after the start of the campaign (week 32 of 2018) to two months after the end of the campaign (week 46 of 2018). A likelihood ratio test was used to calculate the p-value for statistical significance between the two periods.

Key message

The fourth national blood in pee campaign appears to have had an impact on the number of carcinoma in situ of bladder diagnosed.

Results

For those aged 50 years and over, comparing the analysis period with the same months in the previous year:

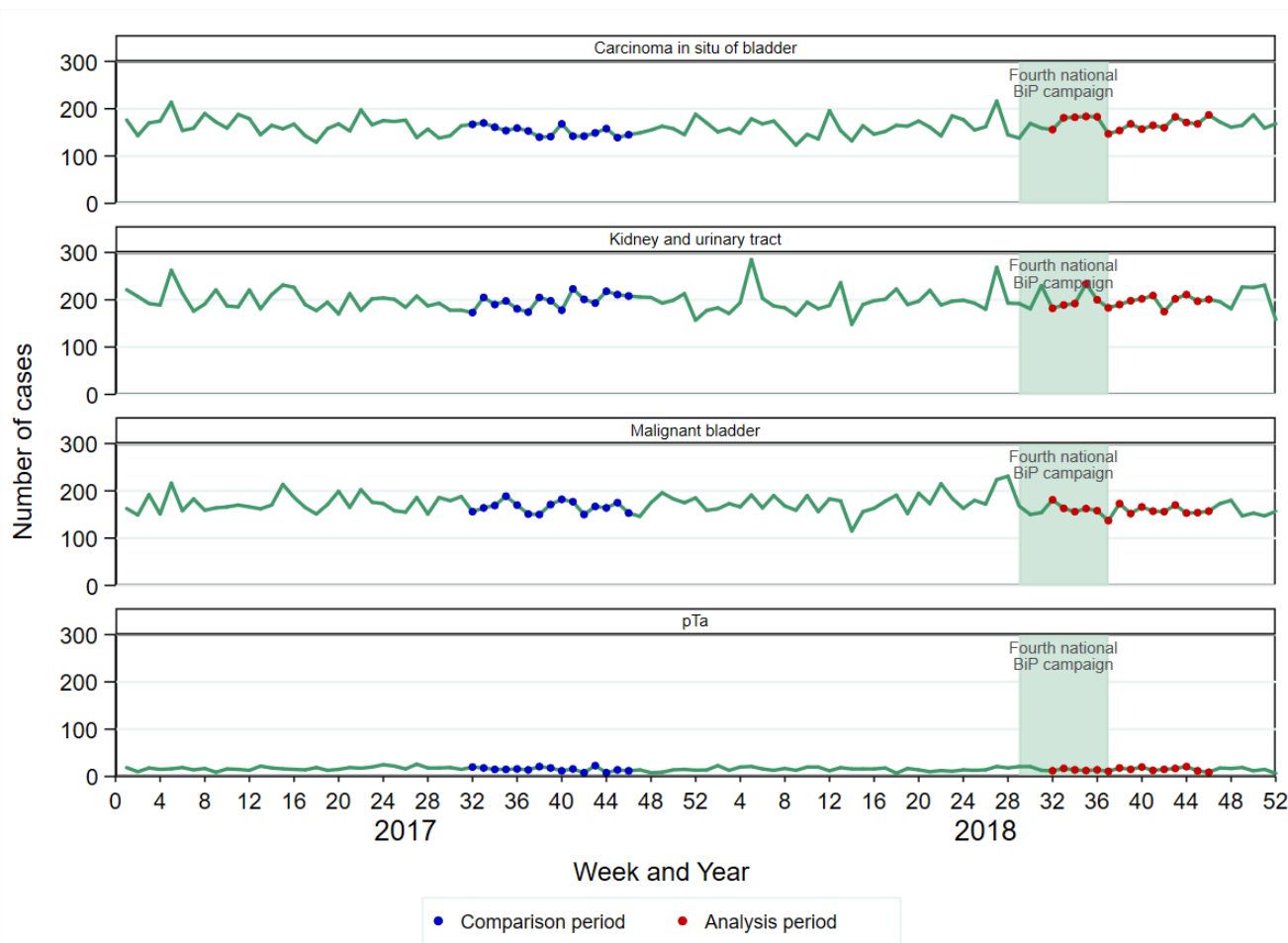
- There was a statistically significant increase in the number of carcinoma in situ of bladder of 11.3% (2,287 in 2017 to 2,545 in 2018; $p<0.001$).
- The number of kidney and urinary tract cancers increased by 0.3% (2,955 in 2017 to 2,964 in 2018; $p=0.904$).
- The number of malignant bladder cancers decreased by 3.7% (2,487 in 2017 to 2,395 in 2018; $p=0.187$).
- The number of non-invasive papillary carcinoma (pTa) of the bladder decreased by 4.1% (230 in 2017 to 220 in 2018; $p=0.654$) (Figure 1a).

For all ages combined, comparing the analysis period with the same months in the previous year:

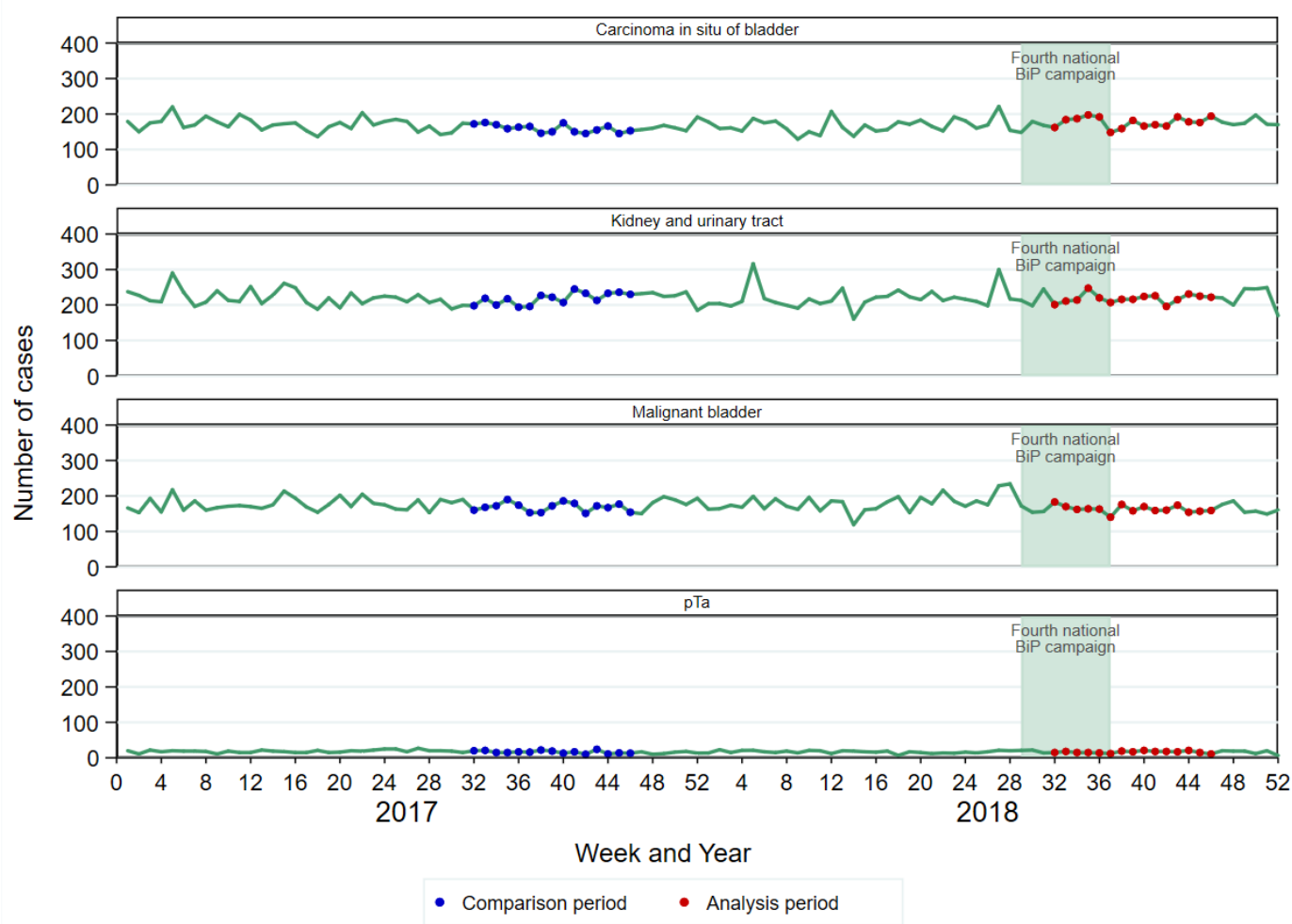
- There was a statistically significant increase of 11.0% (2,389 in 2017 to 2,653 in 2018; $p<0.001$) in the number of carcinoma in situ of bladder.
- The number of kidney and urinary tract cancers increased slightly (3,270 in 2017 to 3,271 in 2018; $p=0.990$).
- The number of malignant bladder cancers decreased by 3.1% (2,528 in 2017 to 2,448 in 2018; $p=0.261$).
- The number of non-invasive papillary carcinoma (pTa) of the bladder decreased by 0.4% (247 in 2017 to 246 in 2018; $p=0.964$) (Figure 1b).

Figure 1: Number of newly diagnosed cases of carcinoma in situ of bladder, kidney and urinary tract, malignant bladder, and non-invasive papillary carcinoma (pTa) of bladder by week, England, January 2017 to December 2018, a) 50 years and over and b) all ages

a) 50 years and over



b) all ages



Conclusions

There was a statistically significant increase in the number of carcinoma in situ of bladder diagnosed in individuals aged 50 years and over, and for all ages combined.

The fourth national blood in pee campaign appears to have had an impact on the number of carcinoma in situ of bladder diagnosed in those aged 50 years and over, and for all ages combined.

Other metrics being evaluated include GP attendance, urgent GP referrals, and emergency presentations.

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).

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. The data is collated, maintained and quality assured by the National Cancer Registration and Analysis Service, which is part of Public Health England (PHE).

Find out more about Be Clear on Cancer at:

www.ncin.org.uk/be_clear_on_cancer

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