

Protecting and improving the nation's health

## Be Clear on Cancer: Third national blood in pee awareness campaign, 2016

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 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.

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

#### The campaign

The third national blood in pee awareness campaign ran from 15 February to 31 March 2016 in England.

The campaign's key message was:

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

### Metric: Cancer diagnoses recorded in the CWT database

This metric considers whether the third national blood in pee awareness campaign had an impact on bladder, kidney or urological 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, bladder, kidney or urological cancer diagnoses which resulted from an urgent GP referral for suspected cancer, often referred to as two week wait referrals.

Data are taken from the National Cancer Waiting Times Monitoring Data Set, provided by NHS England. Results are presented by month of first treatment. Taking into consideration the average interval from date first seen to treatment start date, the analysis considers the impact of the third national campaign for these two metrics with data from March 2016 onwards. The analysis compared March to May 2016 with the same three months in 2015. The analysis considers how changes in bladder (ICD-10 C67), kidney (ICD-10 C64–65) and all urological cancers (ICD-10 C60–61, C63–68) may differ.

#### Key messages

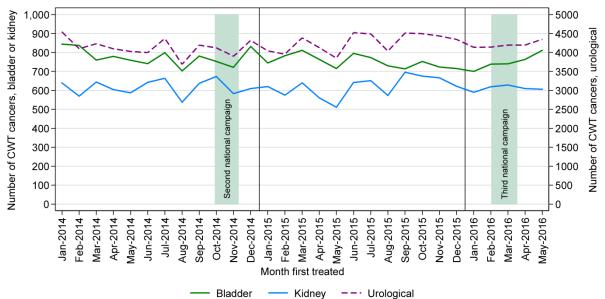
There was no clear evidence that the number of urological cancer diagnoses recorded in the Cancer Waiting Times database or the detection rate for these cancers was affected by third national blood in pee awareness the campaign.

#### Results

Between March to May 2015 and March to May 2016, there was a statistically significant increase of 3% in the number of all urological cancer diagnoses recorded in the CWT database. For the same period, there was a statistically significant increase of 8% in the number of kidney cancer diagnoses recorded in the CWT database. However, for kidney and all urological cancers, the numbers of diagnoses for the campaign months appear in line with the general trend with no clear change around the campaign (Figure 1).

Over the same period, there was a non-significant 1% increase in the number of bladder cancer diagnoses recorded in the CWT database. There were increases each month from January 2016, contrasting to a previously decreasing trend in these numbers.

Figure 1: Monthly number of bladder, kidney and urological cancer diagnoses recorded in the CWT database, January 2014 to May 2016, England.



There was no evidence of any change in the detection rates for bladder and kidney cancers between March to May 2015 and March to May 2016. The detection rate for urological cancers increased by 2.1 percentage points (p<0.001), but this change appeared to be generally in line with long-term trend (Figure 2).

There is some evidence of an increase in the urological cancer detection rate for those aged 70-79, with a statistically significant increase of 4 percentage points and a possible increase in the trend for March to May 2016.

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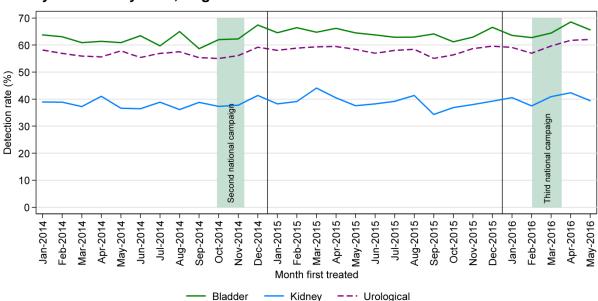


Figure 2: Monthly detection rates for bladder, kidney and urological cancer diagnoses, January 2014 to May 2016, England

#### **Conclusions**

There was no clear evidence that the numbers of bladder, kidney and urological cancer diagnoses recorded in the CWT database were affected by the campaign. Similarly, the change in detection rate for bladder, kidney and urological cancers when comparing March to May 2015 and March to May 2016, appeared to be consistent with long-term trends.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, conversation rates, 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**

Cancer incidence is increasing for most cancers, but declining for some (notably, bladder cancer), which may have an impact on trends over time for this and other metrics. 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: <a href="https://www.ncin.org.uk/be\_clear\_on\_cancer">www.ncin.org.uk/be\_clear\_on\_cancer</a> www.nhs.uk/be-clear-on-cancer

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