



Be Clear on Cancer: Second national blood in pee awareness campaign, 2014

Caveats: This summary presents the results of the metrics on cancer diagnoses resulting from an urgent GP referral for suspected cancer and conversion 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 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 resulting from an urgent GP referral for suspected cancer and conversion rate

Key message

During and following the second national blood in pee awareness campaign, the number of bladder, kidney and urological cancer cases resulting from an urgent GP referral for suspected urological cancers, as well as the conversion rate, appeared consistent with long-term trends.

The campaign

The second national blood in pee awareness campaign ran from 13 October 2014 to 23 November 2014 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 resulting from an urgent GP referral for suspected cancer

This metric considers whether the campaign had an impact on the number of new bladder, kidney or urological cancer cases that resulted from an urgent GP referral for suspected urological cancers, often referred to as two week wait (TWW) referrals.

Metric: Conversion rate

This metric considers whether the campaign had an impact on the percentage of urgent GP referrals for suspected urological cancers resulting in a diagnosis of bladder, kidney or urological cancer (conversion rate).

Data are taken from the National Cancer Waiting Times Monitoring Data Set, provided by NHS England. Results are presented by month first seen. As a previous wave of the blood in pee campaign ran in 2013, for both metrics, the analysis compared the campaign period October to December 2014 with the same three months in 2012. 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.

Results

Comparing the campaign period to the same months in 2012, the number of urological cancers resulting from an urgent GP referral for suspected urological cancers increased by 9% ($p < 0.001$), from 6,696 to 7,281 in England. For bladder cancers, there was no evidence of an increase; while for kidney cancer, there was an increase of 30% ($p < 0.001$). However, when considering the underlying trends and variation, these numbers do not show clear evidence of any particular changes during the campaign period (Figure 1).

Figure 1: Monthly number of bladder, kidney and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers, January 2012 to December 2014, England

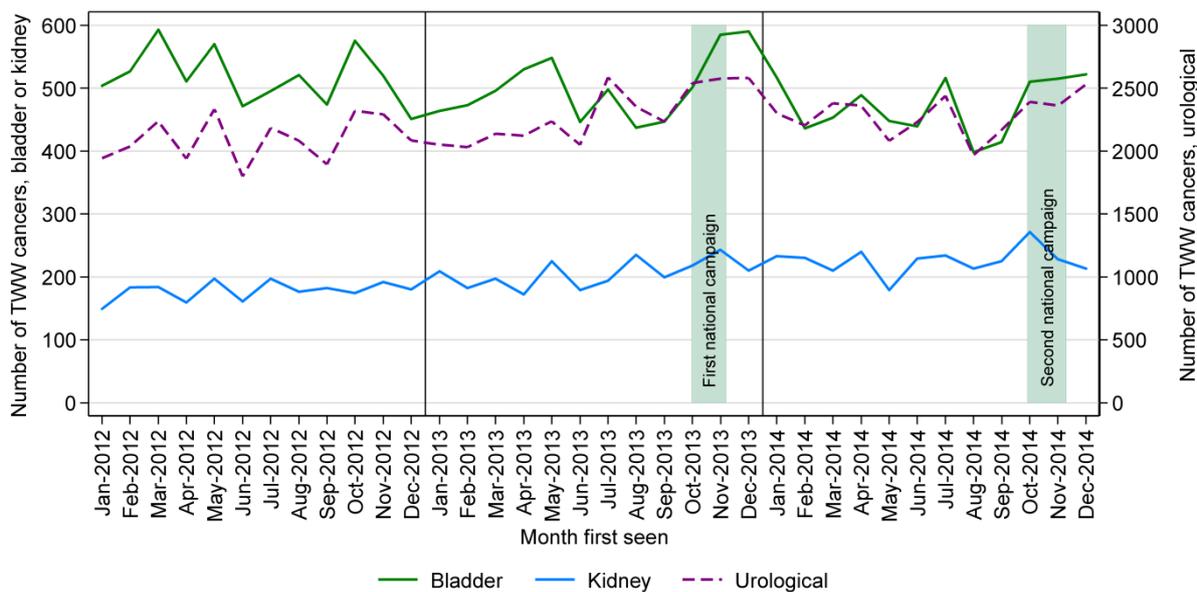
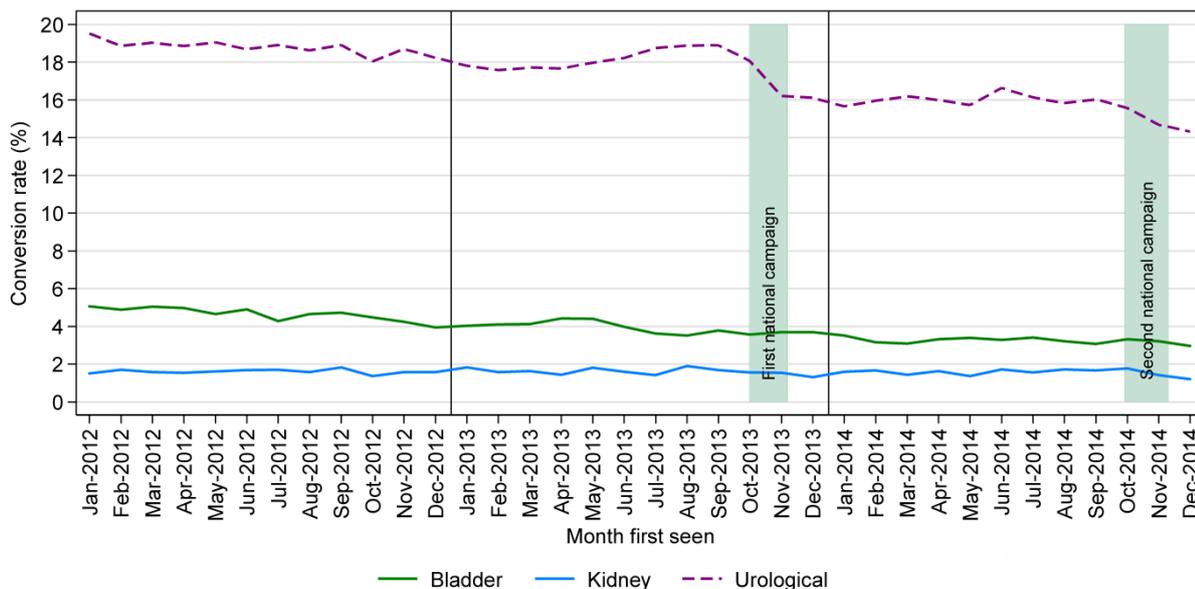


Figure 2: Monthly bladder, kidney and urological cancer conversion rates for urgent GP referrals for suspected urological cancers, January 2012 to December 2014, England



The campaign did not appear to have an impact on the conversion rate for October to December 2014. Conversion rates for urgent GP referrals for suspected urological cancers have been falling since at least January 2012, and changes during the campaign appear consistent with these long-term trends (Figure 2).

Conclusions

The second national blood in pee awareness campaign does not appear to have had an impact on urological cancer diagnoses resulting from urgent GP referrals for suspected urological cancers. It does not appear to have had an impact on the conversion rate for urgent GP referrals for suspected urological cancers.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, detection 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:

www.ncin.org.uk/be_clear_on_cancer

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