

Protecting and improving the nation's health

Be Clear on Cancer: First national blood in pee campaign, 2013

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

Cancers diagnosed

The campaign

The first national blood in pee campaign ran from 15 October 2013 to 20 November 2013 in England.

The campaign's key 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 first national blood in pee campaign had an impact on the number of newly diagnosed cases of bladder cancer (ICD-10 C67) and kidney cancer (ICD-10 C64), for men and women aged 50 and over, and for all ages combined.

Data was extracted from the national cancer analysis system for the diagnosis period June 2012 to May 2014. The analysis period was defined as two weeks after the start of the campaign (week 44 of 2013) to two months after the end of the campaign (week 4 of 2014). The numbers of cases diagnosed per week in the analysis period were compared with the overall median for June 2013 to May 2014. The campaign was considered to have a possible impact if a) the numbers of cases per week were the same or higher than the median for five or more consecutive weeks and b) this sustained period started during the analysis period.

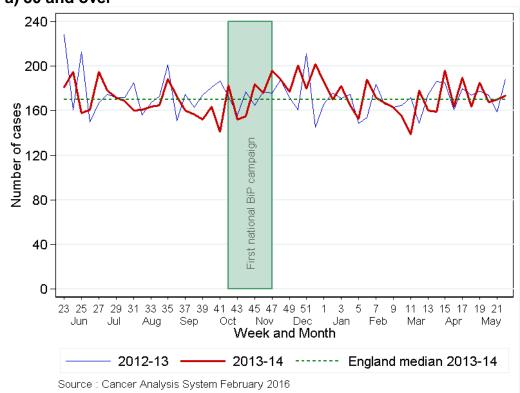
Results

For persons aged 50 and over, and for all ages combined, the numbers of bladder cancers were the same as or higher than the 2013 to 2014 median (Figure 1) from week 45 in 2013 to week 3 in 2014. During this eleven week period, an additional 168 cases were diagnosed compared with the expected number based on the median (1,925 cases) for all ages combined. An additional 172 cases were diagnosed compared to the expected number (1,870 cases) for persons aged 50 and over.

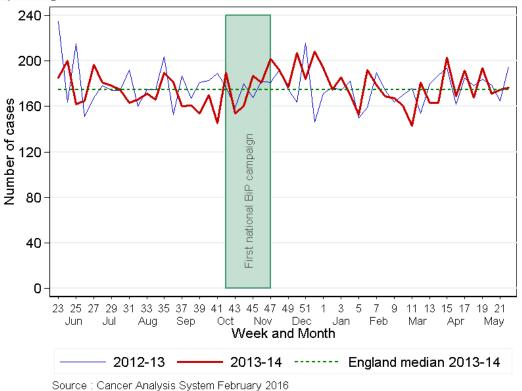
Key messages

The first national blood in pee campaign appears to have had an impact on the numbers of bladder and kidney cancers diagnosed for persons aged 50 and over, and for all ages combined.

Figure 1: Number of newly diagnosed cases of bladder cancer by week, England, June 2012 to May 2014, a) 50 and over and b) all ages a) 50 and over



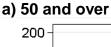


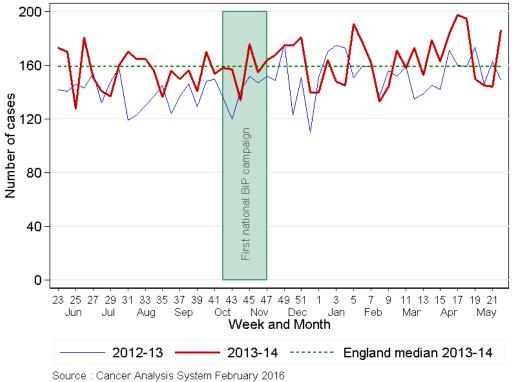


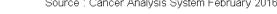
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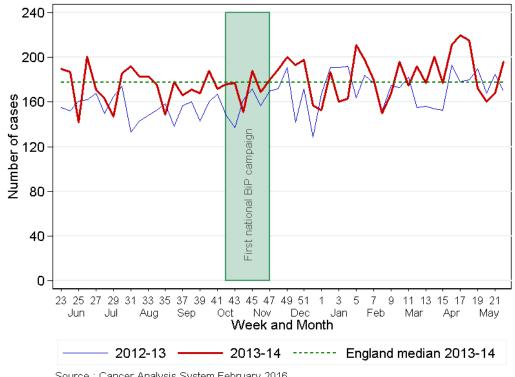
Figure 2: Number of newly diagnosed cases of kidney cancer by week, England, June 2012 to May 2014, a) 50 and over and b) all ages











Source: Cancer Analysis System February 2016

For persons aged 50 and over, and for all ages combined, the numbers of kidney cancers were higher than the 2013 to 2014 median at weeks 47 to 51 in 2013 (Figure 2). During this five week period, an additional 73 cases were diagnosed compared to the expected number based on the median (888 cases) for all ages combined. An additional 68 cases were diagnosed compared with the expected number based on the median (795 cases) for persons aged 50 and over.

Conclusions

The first national blood in pee campaign appears to have had an impact on the numbers of bladder and kidney cancers diagnosed for persons aged 50 and over, and for all ages combined.

Other metrics being evaluated include GP attendance, urgent GP referrals, conversion and detection rate, emergency presentations and one-year survival. A full evaluation report will be published on the campaign metrics when all of the results are available.

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 (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

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