Public Health England

Protecting and improving the nation's health

Be Clear on Cancer: First national respiratory symptoms campaign, 2016

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
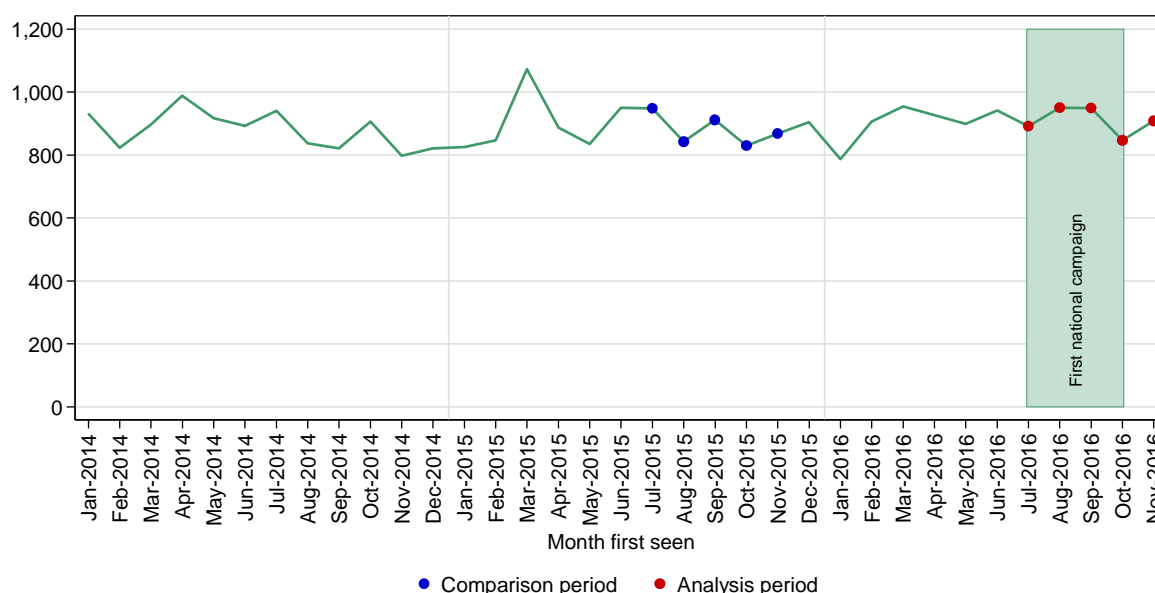
Key messages
There is no clear evidence of a campaign effect on the number of diagnoses resulting from an urgent GP referral for suspected lung cancer or on the conversion rate for persons aged 50 and over, or for all ages combined.

The campaign
The first national respiratory symptoms campaign ran from 14 July 2016 to 16 October 2016 in England.

The campaign's key messages were:
- 'If you've had a cough for three weeks or more, it could be a sign of lung disease, including cancer. Finding it early makes it more treatable. So don't ignore it, tell your doctor.'
- 'If you get out of breath doing things you used to be able to do, it could be a sign of lung or heart disease, or even cancer. Finding it early makes it more treatable. So don't ignore it, 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 lung cancer cases that resulted from an urgent GP referral for suspected lung 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 lung cancers resulting in a diagnosis of lung cancer (conversion rate).

Data is taken from the National Cancer Waiting Times Monitoring Data Set which is provided by NHS England. Results are presented by the month that the patient was first

seen. For both metrics, the analysis compared the campaign period, July to November 2016, with the same five months in 2015. Lung cancer cases were defined as those with an ICD-10 diagnosis code of C33-C34, C37-C39 or C45.
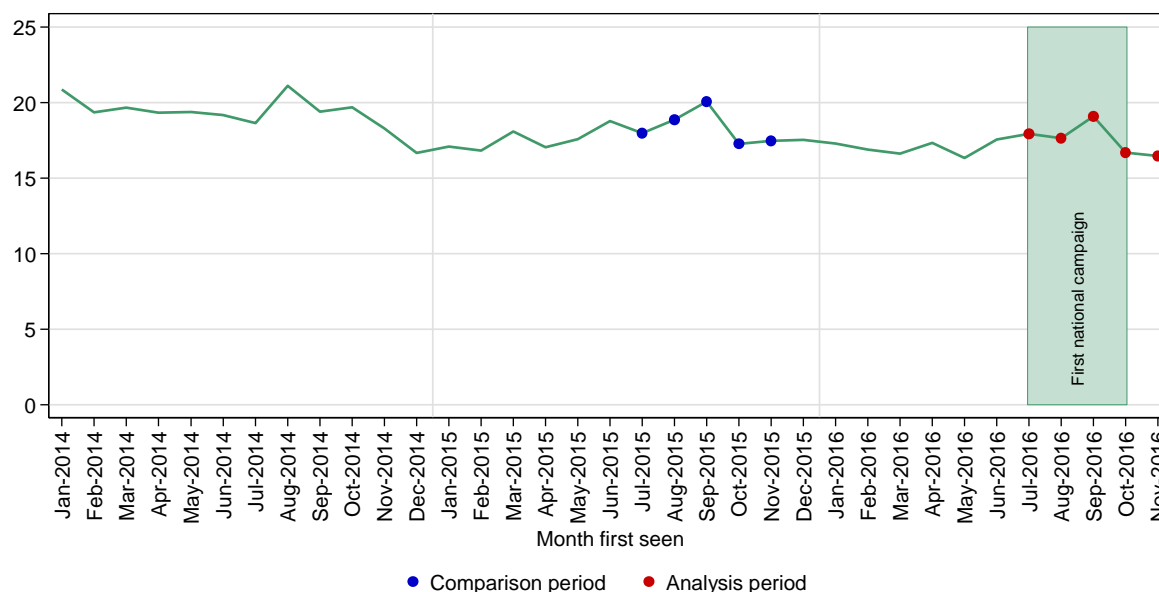
Results

Comparing July to November 2015 with July to November 2016, there was a 3% increase in the number of lung cancer diagnoses resulting from an urgent GP referral for all ages in England, from 4,399 to 4,545 cases (Figure 1). However, this increase was not statistically significant. Neither were there were any statistically significant changes in urgent GP referrals for those aged 50 and over.

Figure 1: Monthly number of lung cancer diagnoses resulting from an urgent GP referral for suspected lung cancer, January 2014 to November 2016, all ages, England

Comparing July to November 2015 with July to November 2016, there was a statistically significant 0.7 percentage point decrease in the conversion rate for England, from 18.3% to 17.5% (Figure 2). However, this appears to be in line with the long-term trend. There were similar changes in conversion rate for all age-groups, including those aged 50 and over, with all changes in line with long-term trends.

Figure 2: Monthly lung cancer conversion rates for urgent GP referrals for suspected lung cancers, January 2014 to November 2016, all ages, England

Conclusions

There is no clear evidence of a campaign effect on the number of lung cancer diagnoses resulting from an urgent GP referral for suspected lung cancer or on the conversion rate, neither for those aged 50 and over nor for all ages combined. Any statistically significant changes were generally small and appeared in line with long-term trends.

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

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