



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

Caveats: This summary presents the results of the metric on urgent GP referrals for suspected cancer. 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.

Urgent GP referrals for suspected cancer

The campaign

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

Key messages

The campaign did not appear to have had an impact on the number of urgent GP referrals for suspected lung cancer for persons aged 50 and over, or for all ages combined.

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: Urgent GP referrals for suspected cancer

This metric considers whether the first national respiratory symptoms campaign had an impact on the number of urgent GP referrals for suspected lung cancer, often referred to as two week wait (TWW) referrals. It used data from the [National Cancer Waiting Times Monitoring Data Set](#) which is provided by NHS England. Results are presented by the month that a patient was first seen. The analysis compared the campaign period (July to November 2016) with the same months in 2015.

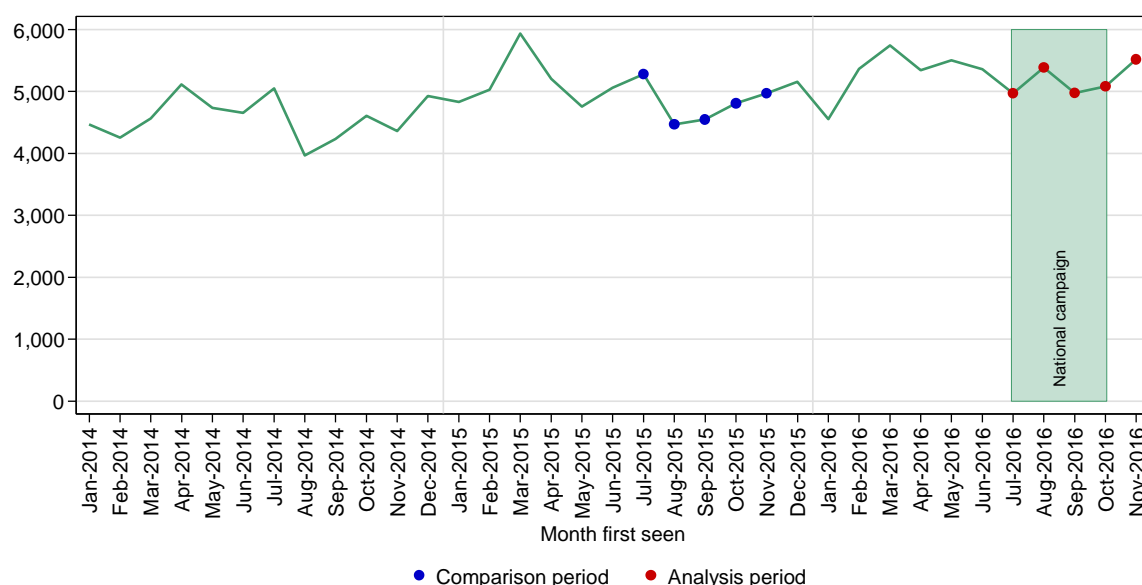
Results

From January 2014 to November 2016, there was an upward trend in the number of urgent GP referrals for suspected lung cancer, in England (Figure 1). Between July to November 2015 and July to November 2016, there was a statistically significant 8% increase in the number of urgent GP referrals for suspected lung cancer, from 24,066 to 25,925 referrals. However, the numbers of referrals remained relatively stable from April 2016 onwards with no clear change around the campaign period. In comparison, there was a larger increase in the number of urgent GP referrals for other suspected cancers¹ not part of the campaign (11%) over the same period (data not shown). Therefore, it appears that the increase in suspected lung cancer referrals reported for July

¹ Urgent GP referrals for other suspected cancers, excluding lung, breast, urological, upper GI or skin cancers.

to November 2016 was not associated with the campaign and instead probably reflects the general increasing trend in the number of urgent GP referrals for suspected cancer. Similarly, there was a statistically significant increase in urgent GP referrals for suspected lung cancer for those aged over 50, however, as for all ages; this is in line with the long term trend.

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



Conclusions

The first national respiratory symptoms campaign did not appear to have an impact on the number of urgent GP referrals for suspected lung cancer, for persons aged 50 and over, or for all ages combined.

Other metrics being evaluated include the cancer diagnoses resulting from an urgent GP referral for suspected cancer, conversion and detection rates, numbers of cancers diagnosed, stage at diagnosis and 1-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 and www.nhs.uk/be-clear-on-cancer/