



Be Clear on Cancer: Regional abdominal symptoms campaign, 2017

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 regional abdominal symptoms campaign ran from 9 February to 31 March 2017 in the East and West Midlands.

The campaign's key message was:

'Don't ignore the warning signs. If you've been suffering from tummy troubles such as diarrhoea, bloating, discomfort or anything else that just doesn't feel right for three weeks or more, it could be a sign of cancer. Finding it early makes it more treatable. Tell your doctor.'

Key messages

The regional abdominal campaign may have had an impact on the number of urgent GP referrals for four cancer referral types combined, and particularly on referrals for suspected lower GI cancers.

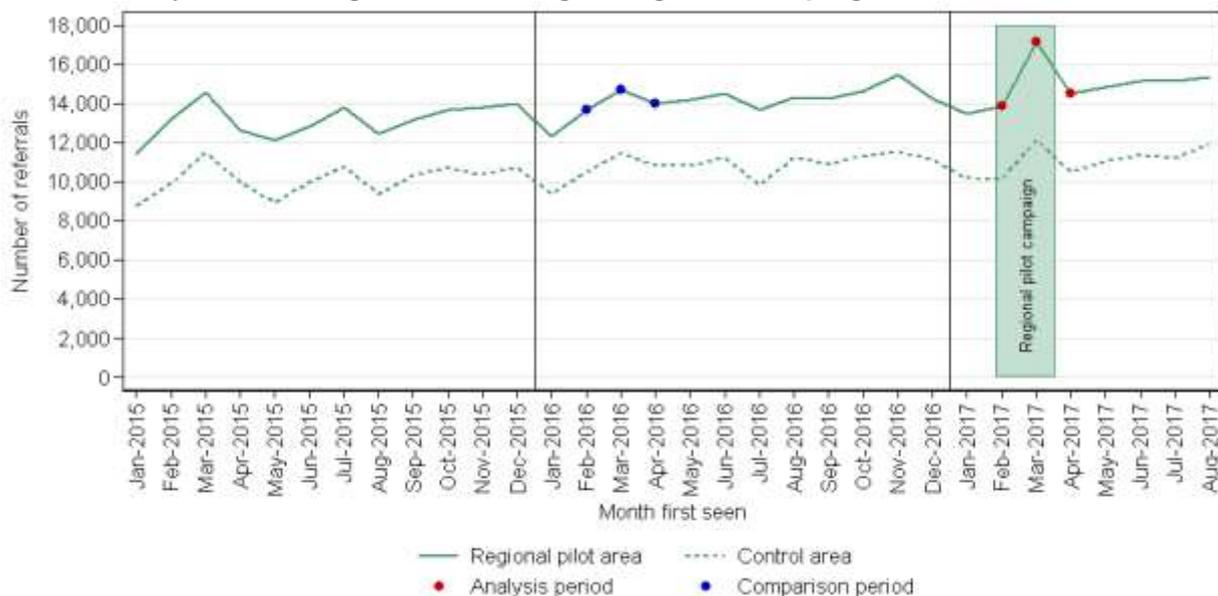
Metric: Urgent GP referrals for suspected cancer

This metric considers whether the regional abdominal symptoms campaign had an impact on the number of urgent GP referrals for suspected gynaecological, urological, upper gastro-intestinal (GI) and lower GI cancers, and all four suspected cancers combined. These referrals are often referred to as two week wait (TWW) referrals. It used data from the [National Cancer Waiting Times Monitoring Data Set](#), provided by NHS England. Results are presented by the month that a patient was first seen. The analysis compares the campaign period (February to April 2017) with the same months in 2016. The analysis also compares the regional campaign area (East and West Midlands PHE centres) with a control area (South East PHE centre).

Results

For all four referral types combined, there was a statistically significant 8% increase in the number of urgent GP referrals for suspected cancer, from 42,395 in February to April 2016 to 45,605 cases in February to April 2017. In comparison, there was no change in the number of referrals for all four referral types combined in the control area. The numbers of referrals for all four referral types combined increased steadily from January 2015 with a spike in March 2017 (Figure 1).

Figure 1: Monthly number of urgent GP referrals for all four suspected cancers combined from January 2015 to August 2017, all ages, regional campaign area and control area



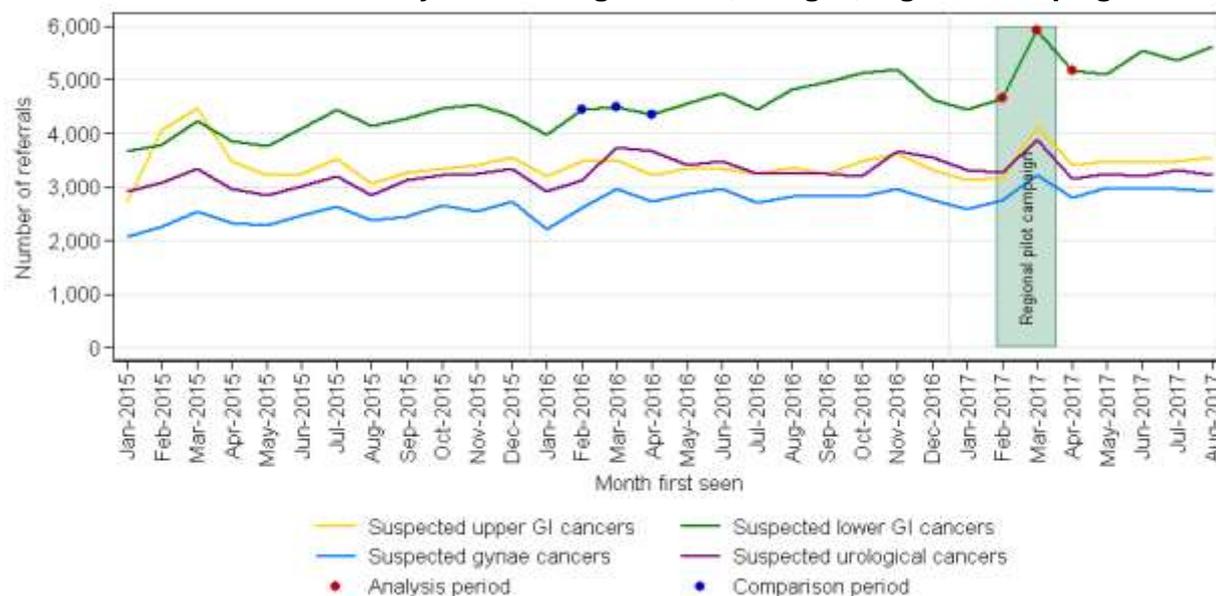
Between February to April 2016 and February to April 2017, there was a statistically significant 6% increase in the number of referrals for suspected gynaecological cancers, from 8,318 cases to 8,786 cases. This change was larger than the non-significant change in the control area (-1.2%, data not shown) but referrals for these months are in line with long-term trends (Figure 2).

There was no significant change in the number of referrals for suspected urological cancers between February to April 2016 and February to April 2017. However, there was a statistically significant 9% decrease in the control area (data not shown).

Between February to April 2016 and February to April 2017, there was a statistically significant 5% increase in the number of referrals for suspected upper GI cancers, from 10,235 to 10,723 cases. However, the trend for the regional campaign area (Figure 2) was similar to the control area (data not shown), although the control area did not have a statistically significant change over these months.

There was a statistically significant 19% increase in the number of referrals for suspected lower GI cancers between February to April 2016 and February to April 2017 in the regional campaign area, from 13,286 to 15,768 cases. This increase was larger than the 9% increase in the control area. For the regional campaign area, the trend in the number of referrals for suspected lower GI cancers steadily increased from January 2015 onwards with a spike in March 2017 (Figure 2).

Figure 2: Monthly number of urgent GP referrals for gynaecological, urological, upper GI and lower GI cancers from January 2015 to August 2017, all ages, regional campaign area



Conclusions

The regional abdominal symptoms campaign may have had an impact on the number of urgent GP referrals for four combined referral types, and particularly on referrals for suspected lower GI cancers.

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