



## Be Clear on Cancer: Second national respiratory 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 second national respiratory symptoms awareness campaign ran from 18 May to 31 August 2017 in England.

#### Key message

The second national respiratory campaign did not appear to have had an impact on the number of urgent GP referrals for suspected lung cancer.

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

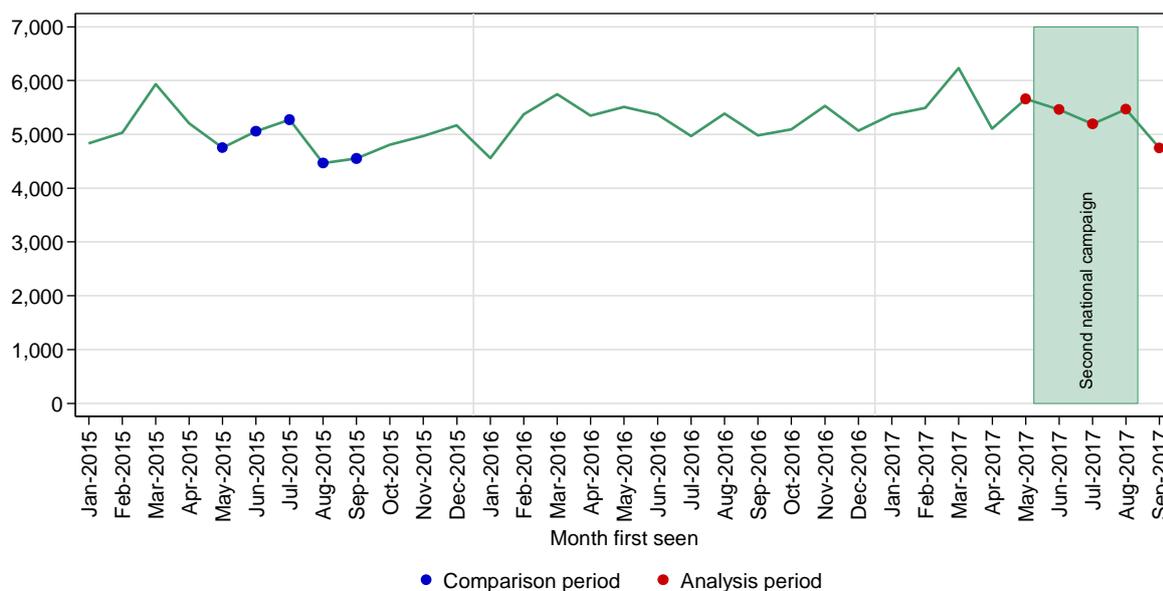
This metric considers whether the second national respiratory symptoms campaign had an impact on the number of urgent GP referrals for suspected lung cancer, often referred to as two week wait (TWW) referrals. It uses data from the [National Cancer Waiting Times Monitoring Data Set](#) which is provided by NHS England. Results are presented by the month that a patient was first seen. As a previous wave of the respiratory campaign ran nationally in 2016, the analysis compared the campaign period (May to September 2017) with the same months in 2015.

#### Results

From January 2015 to September 2017, there was a slight upward trend in the number of urgent GP referrals for suspected lung cancer, in England (Figure 1), with no clear peaks in the trend around the campaign period. Between May to September 2015 and May to September 2017, there was a statistically significant 10% increase in the number of urgent GP referrals for suspected lung cancer, from 24,106 to 26,522 referrals ( $p < 0.001$ ) for people of all ages. There was also a statistically significant 10% increase for those aged 50 and

over. In comparison, there was a larger increase in the number of urgent GP referrals for other suspected cancers<sup>1</sup> (22%) for all ages over the same period. Therefore, the increase in suspected lung cancer referrals reported for May to September does not seem to be associated with the campaign, and instead probably reflects the general increasing trend in the number of urgent GP referrals for suspected cancer.

**Figure 1: Monthly number of urgent GP referrals for suspected lung cancer from January 2015 to September 2017, England, all ages**



## Conclusions

The second national respiratory symptoms campaign did not appear to have an impact on the number of urgent GP referrals for suspected lung cancer.

Other metrics being evaluated include cancer diagnoses resulting from an urgent GP referral for suspected cancer, conversion and 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 (e.g. 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 (e.g. symptom awareness and GP attendance with relevant symptoms) and

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

use of the healthcare system (e.g. urgent GP referrals for suspected cancer), compared to disease metrics (e.g. incidence, stage at diagnosis, and survival).

Find out more about Be Clear on Cancer at:

[www.ncin.org.uk/be\\_clear\\_on\\_cancer](http://www.ncin.org.uk/be_clear_on_cancer)

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