

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 metric on major resections. This is one of a series of summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation of the campaign incorporating a full evaluation of all the metrics is published separately. These metrics should not be considered in isolation.

Major resections

The campaign

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

The core campaign 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: Major resections

This metric measures the proportion of men and women, diagnosed with lung cancer (ICD-10 C33-34) at age 50 and over, and all ages combined, who had a major resection within six months after their diagnosis.

Data was extracted from the national cancer analysis system, for patients diagnosed with lung cancer for the first time between January 2015 and December 2016.

The monthly proportion of patients diagnosed with lung cancer who had a major resection within six months of their diagnosis was calculated, with 95% confidence intervals using the Wilson score method¹. The proportions for those diagnosed in July to December 2016 were compared with those diagnosed in the same months in 2015.

Results

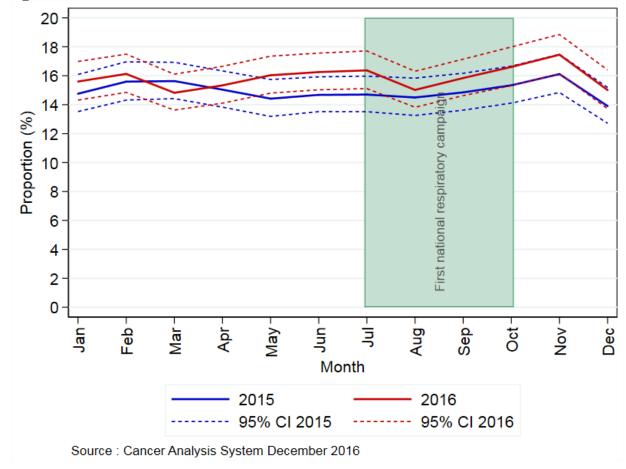
Comparing the months July to December 2016 and July to December 2015, there was a higher proportion of patients diagnosed with lung cancer, who had a major resection, for those ages 50 and over and for all ages combined (Figure 1). However this increase was not statistically significant and was observed prior to the campaign period.

There is no evidence to suggest that the first national respiratory symptoms campaign had an impact on the proportion of patients diagnosed with lung cancer, who had a major resection.

¹ A method for calculating confidence intervals for proportions

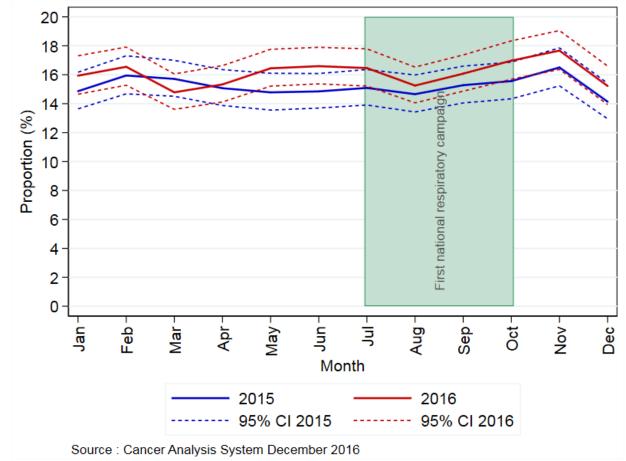
Figure 1: Proportion of patients diagnosed with lung cancer, who had a major resection per month of diagnosis, January to December 2015 and January to December 2016, England, a) ages 50 and over and b) all ages.

a) ages 50 and over



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b) all ages



Conclusions

The proportion of patients diagnosed with lung cancer who had a major resection was not statistically significantly higher during the first national respiratory campaign. The first national respiratory symptoms campaign therefore appears to have had no impact on the proportion of patients diagnosed with lung cancer, who had a major resection.

Other metrics being evaluated include emergency presentations, urgent GP referrals, conversion and detection rate, numbers of cancers diagnosed, stage at diagnosis and one-year survival.

Considerations

In general, cancer incidence is increasing which may have an impact on trends over time for this and other metrics; 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 (for example other awareness activities, changing referral guidance) may also affect the results.

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Campaigns are more likely to have a greater impact on metrics relating to patient behaviour (for example symptom awareness and GP attendance with relevant symptoms) and 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
www.nhs.uk/be-clear-on-cancer/

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