



Be Clear on Cancer: Regional ovarian cancer campaign, 2014

Caveats: This summary presents the results of the metric on diagnostics in secondary care. 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.

Diagnostics in secondary care

The campaign

The regional ovarian cancer campaign ran from 10 February to 16 March 2014 in the North West of England (Greater Manchester, Lancashire & South Cumbria, Cheshire and Merseyside).

The campaign's core message was:

- 'Feeling bloated, most days, for 3 weeks or more could be a sign of ovarian cancer. Tell your doctor'.

Key messages

There was no evidence to suggest that the regional ovarian cancer campaign had an impact on the number of ultrasounds, CT scans and MRIs carried out in the North West of England.

Metric: Diagnostics in secondary care

This metric considers whether the regional ovarian cancer campaign had an impact on the number of imaging tests conducted by the NHS. These include ultrasounds for suspected ovarian cancer, and CT scans and MRIs of the abdomen and pelvis.

The data on the total number of ultrasounds for suspected ovarian cancer, and CT scans and MRIs of the abdomen and pelvis (hereafter referred to as imaging tests) was obtained from the Diagnostic Imaging Dataset (DID) held on NHS Digital's iView system (<https://iview.hscic.gov.uk/Home/About>). The data contains details of referrals by GPs, consultants and other healthcare professionals.

This metric compares the difference in the monthly number of imaging tests between the analysis period of February to May 2014 and the comparison period of April to July 2013. The comparison period of April to July 2013 was used for this analysis as collection of imaging tests in the DID did not commence until April 2013.

Results

Comparing the months of February to May 2014 with April to July 2013, there was a 4.4% decrease in the number of imaging tests for individuals aged 50 years and over, and a 2.5% decrease in the number of imaging tests for all ages combined (Table 1). The changes in the number of imaging tests were not statistically significant.

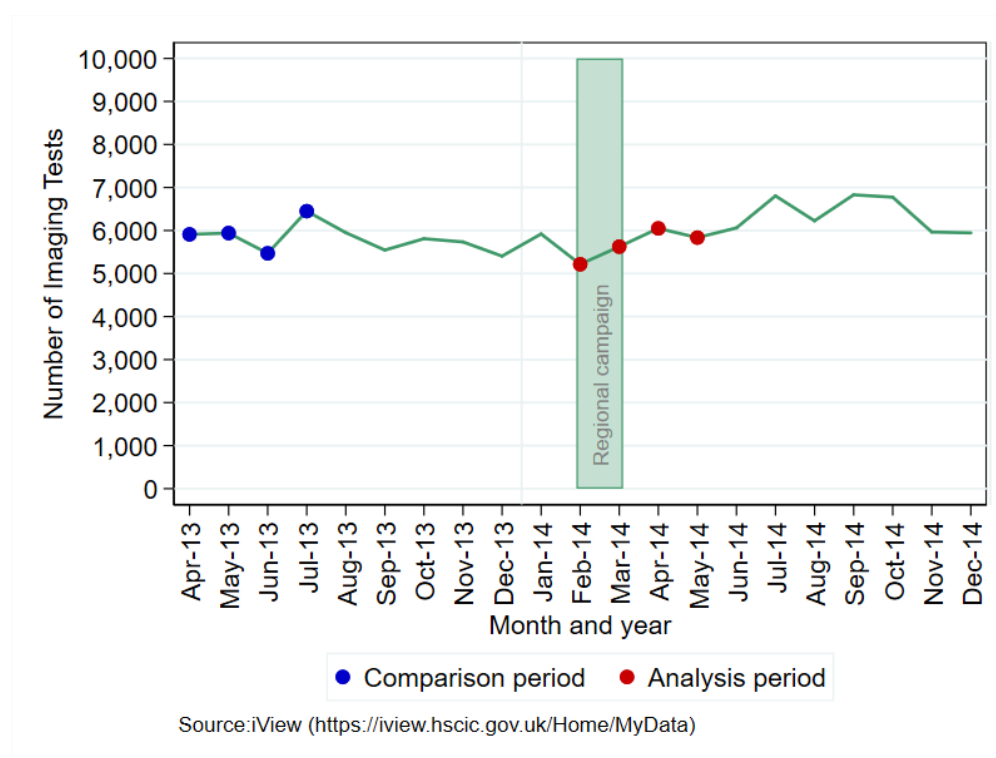
Table 1: Number of ultrasounds, CT-scans and MRIs in April to July 2013 and February to May 2014, North West of England (Greater Manchester, Lancashire & South Cumbria, Cheshire & Merseyside)

Tests	Age group	April to July 2013	February to May 2014	Percentage change
Number of imaging tests	50 and over	23,770	22,725	-4.4
	All ages	41,605	40,550	-2.5

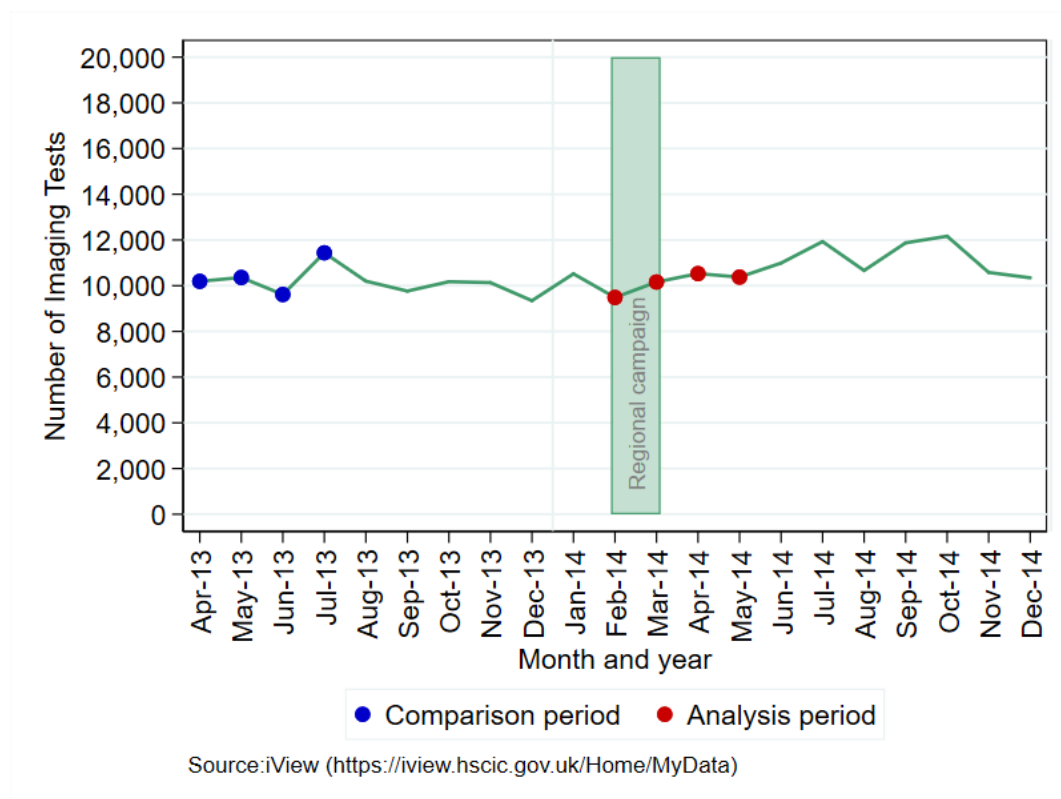
Figure 1 shows that the trend in the number of ultrasounds, CT scans and MRIs was stable from April 2013 to December 2014.

Figure 1: Monthly number of ultrasounds, CT-scans and MRIs in April 2013 to December 2014, North West of England (Greater Manchester, Lancashire & South Cumbria, Cheshire & Merseyside) a) 50 and over b) All ages

a) 50 and over



b) All ages



Conclusions

There appears to have been no change in the number of ultrasounds for suspected ovarian cancer, and CT scans and MRIs of the abdomen and pelvis.

There was no evidence to suggest that the regional ovarian cancer campaign had an impact on the number of ultrasounds, CT scans and MRIs carried out in the North West of England.

Other metrics being evaluated include Cancer Waiting Times 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, 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 (for example 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 (for example symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (for example urgent GP referrals for suspected cancer), compared to disease metrics (for example incidence and stage at diagnosis).

Find out more about Be Clear on Cancer at:

- www.ncin.org.uk/be_clear_on_cancer
- www.nhs.uk/be-clear-on-cancer