



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

Caveats: This summary presents the results of the metric on one-year survival. 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.

One-year survival

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.'

Key messages

The first national respiratory symptoms campaign appears to have had an impact on the one-year survival rate for persons diagnosed with lung cancer.

Metric: Survival

This metric considers whether the campaign had an impact on one-year survival for persons aged 50 years and over¹ with lung cancer (ICD10 'C33-C34') diagnosed during and following the campaign, compared with the rest of the year.

Data was extracted from the national cancer analysis system. Persons were followed up until December 2017 to obtain their last known vital status. The analysis period was defined from 28 July 2016 to 11 December 2016. One-year age specific net survival was calculated using the methodology outlined in the [Office for National Statistics: Cancer Survival Statistical Bulletins](#). Net survival refers to the probability of surviving cancer accounting for other causes of death. The one-year survival for those diagnosed in the analysis period was

¹ 50-99 years

compared with those diagnosed from 1 January 2016 to 10 July 2016 and 12 December 2016 to 31 December 2016.

Results

One-year survival for persons diagnosed with lung cancer during the analysis period was statistically significantly higher than for persons diagnosed in the comparison period, 40.1% compared with 37.8% (Table 1). The increase appears to be greater than the background year-on-year trend.

When stratified by sex, one-year survival was higher for males and females diagnosed with lung cancer during the analysis period compared to the comparison period, however these differences were not statistically significant (Table 1).

Table 1: One-year net survival (%) for men, women and persons aged 50 years and over diagnosed with lung cancer during the analysis period, 28 July to 11 December 2016, compared with the rest of 2016

Site	Sex	Comparison period	Analysis period
		(01/01/2016 to 27/07/2016 and 12/12/2016 to 31/12/2016)	(28/07/2016 to 11/12/2016)
Lung	Men	35.3% (95% CI: 33.8 – 36.9)	37.2% (95% CI: 36.1 – 38.3)
	Women	40.6% (95% CI: 38.5 – 42.7)	43.3% (95% CI: 42.1 – 44.6)
	Persons	37.8% (95% CI: 36.5 – 39.1)	40.1% (95% CI: 39.2 – 40.9)

Source: Cancer Analysis System, December 2018

Conclusions

There was a statistically significant increase in one-year survival for persons aged 50 years and over diagnosed with lung cancer during the analysis period, which appears greater than the year-on-year trend. When stratified by sex, there was an increase in one-year survival for both males and females, however it was not statistically significant.

The first national respiratory campaign appears to have had an impact on the one-year survival rate for persons diagnosed with lung cancer.

Other metrics being evaluated include emergency presentations, urgent GP referrals for suspected cancer, conversion rates, numbers of cancers diagnosed and stage at diagnosis.

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 behavior (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, 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/