



Be Clear on Cancer: Regional abdominal symptoms campaign, 2017

Caveats: This summary presents the results of the metrics 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 abdominal symptoms campaign ran from 9 February 2017 to 31 March 2017, in the East and West Midlands.

Key message

There was no evidence to suggest that the regional abdominal symptoms campaign had an impact on the number of imaging tests carried out for suspected abdominal cancers.

The core campaign 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.'

Metric: Diagnostics in secondary care

This metric considers whether the regional abdominal symptoms campaign had an impact on the number of imaging tests conducted by the NHS for diagnoses related to the campaign symptoms. Imaging tests included but were not limited to x-rays, ultrasounds, CT scans and MRIs.¹

The data on the total number of imaging tests conducted for suspected abdominal cancers in the East and West Midlands (campaign area) and South East England (control area) were obtained from the Diagnostic Imaging Dataset (DID) held on NHS Digital's iView system (<https://iview.hscic.gov.uk>). Data was restricted to imaging tests referred via GP surgeries.

This metric compares the difference in the monthly number of imaging tests between the analysis period of February 2017 to May 2017 and the comparison period of February 2016 to May 2016.

¹ Due to limitations of the data, imaging tests are not restricted to tests conducted for suspected cancer

Results

Comparing the months February 2017 to May 2017 with February 2016 to May 2016 in the campaign area, there was a 0.3% decrease in the number of imaging tests for individuals aged 50 and over, and a 2.6% decrease in the number of imaging tests for persons of all ages (Table 1). However, these decreases were not statistically significant.

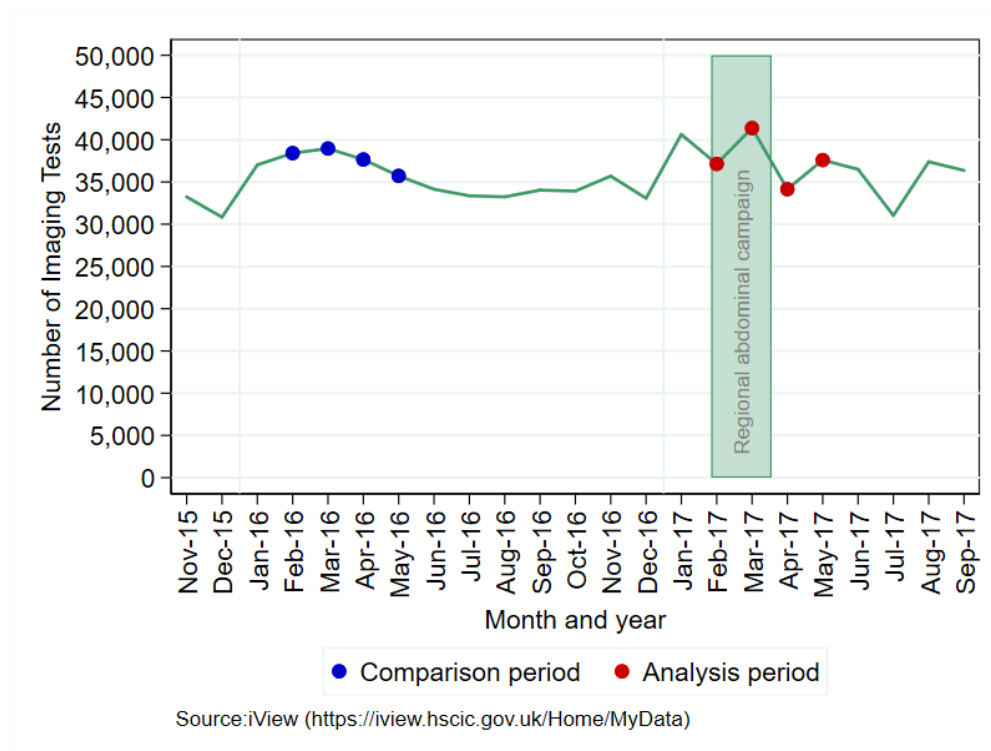
Comparing the months February 2017 to May 2017 with February 2016 to May 2016 in the control area, there was an increase in the number of imaging tests for individuals aged 50 and over and persons of all ages of 4.2% and 1.5% respectively. These increases were not statistically significant.

Table 1: Number of imaging tests in February 2017 to May 2017 and February 2016 to May 2016, East and West Midlands

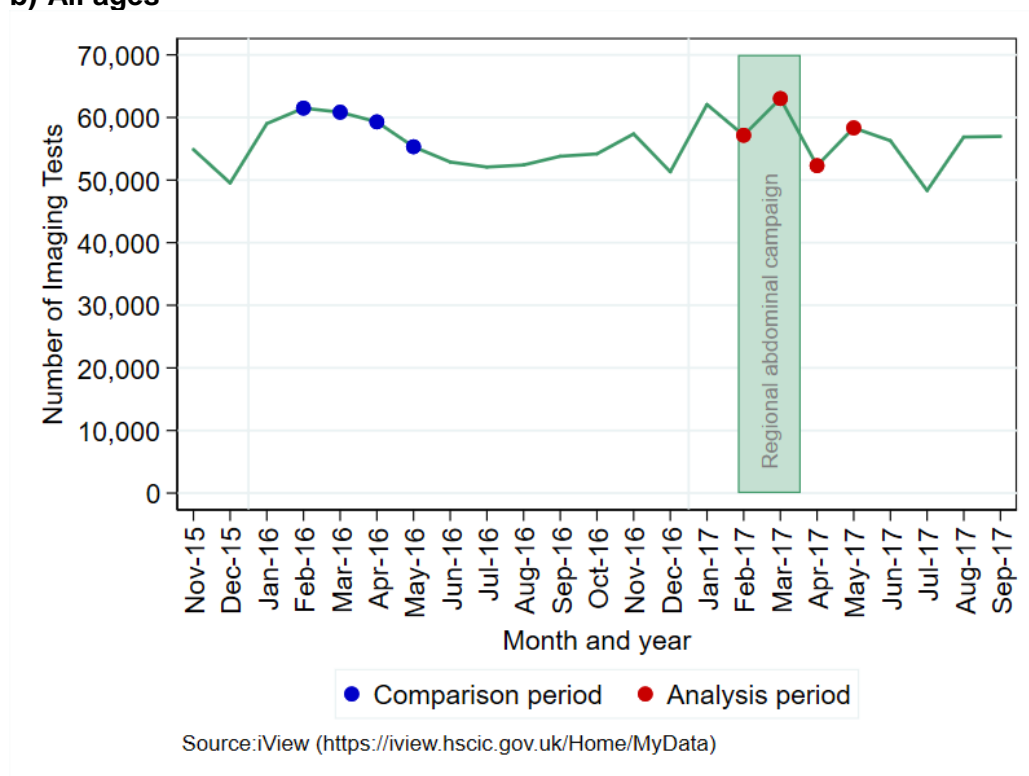
Tests	Age group	February 2016 to May 2016	February 2017 to May 2017	Percentage change
Number of imaging tests	50 and over	150,760	150,265	-0.3
	All ages	236,960	230,830	-2.6

Figure 1: Monthly number of imaging tests in November 2015 to September 2017, East and West Midlands a) 50 and over b) All ages

a) 50 years and over



b) All ages



Conclusion

There was a decrease in the number of imaging tests carried out for suspected abdominal cancers in the campaign area, however this was not statistically significant.

There was no evidence to suggest that the regional abdominal symptoms campaign had an impact on number of imaging tests carried out for suspected abdominal-related cancers.

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/