



Be Clear on Cancer: Second national respiratory symptoms campaign, 2017

Caveats: This summary presents the results of the metric on emergency presentations. 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.

Emergency presentations

The campaign

The second national respiratory symptoms campaign ran from 18 May 2017 to 31 August 2017 in England.

The campaign's core 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 message

The second national respiratory symptoms campaign may have had some impact on the proportion of patients diagnosed with lung cancer who presented as an emergency.

Metric: Emergency presentations

The Hospital Episode Statistics (HES) derived emergency presentation metric is calculated from inpatient data and uses the methodology set out in the cancer outcomes metric specification¹. It measures the proportion of diagnoses of lung cancer that first presented as an emergency.

Data was extracted on 18 February 2019 for persons admitted between January 2015 and December 2017, resident in England with a primary diagnosis of lung

¹ Public Health England. Indicator Specification: Proportion of cancer admissions diagnosed for the first time via emergency presentation. 2015.

cancer (ICD-10 C33-34). Numbers do not include persons diagnosed via other routes, for example outpatient or general practice settings.

For persons aged 50 years and over, and for all ages combined, the monthly proportion was calculated as the number of first inpatient admissions with lung cancer presenting through an emergency route, divided by the total number of first inpatient admissions with lung cancer, multiplied by 100. To assess whether the campaign had an impact on the proportion of lung cancers diagnosed as an emergency presentation, the proportion for the campaign period plus two months post-campaign, May to October 2017, were compared with the same months in 2015. 2015 was used as a comparison because of a previous respiratory campaign which ran nationally in 2016.

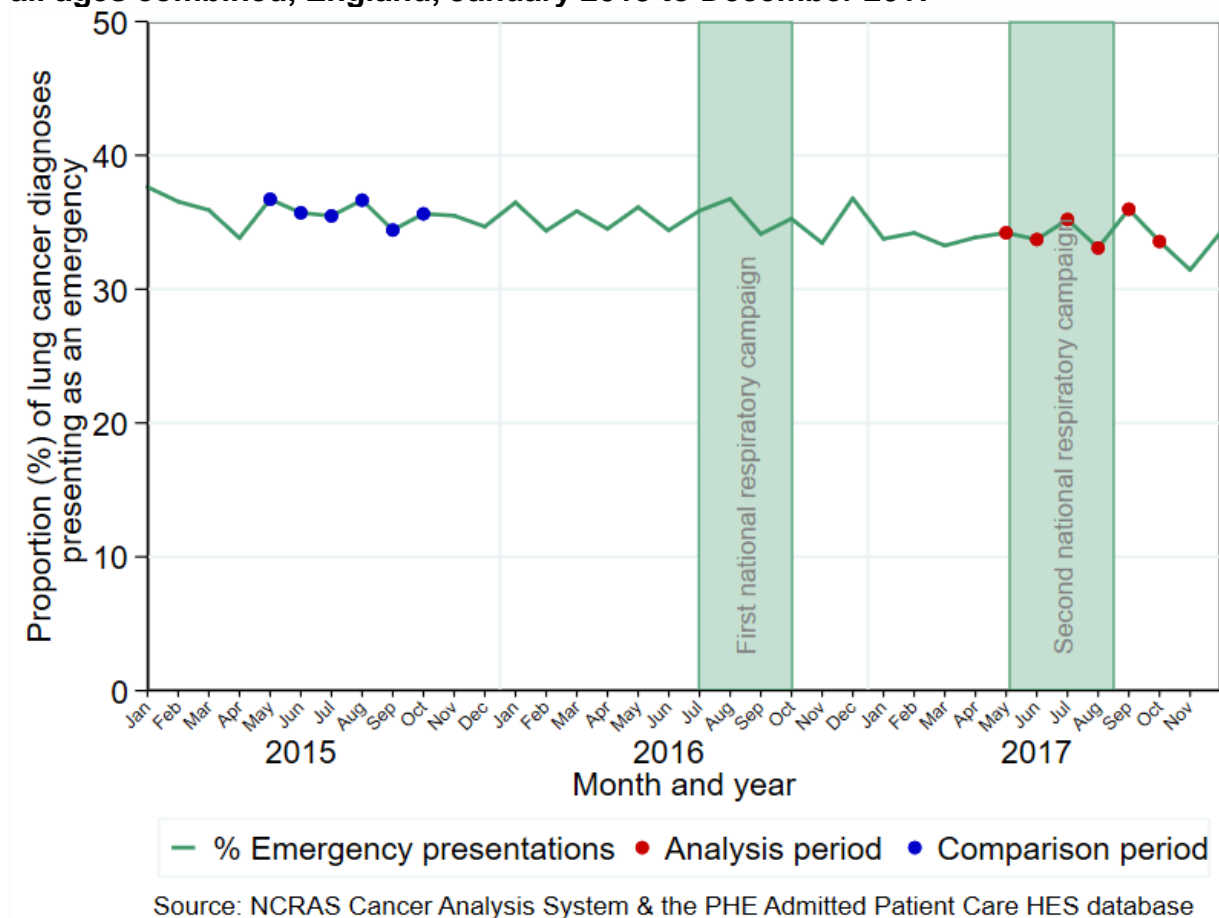
Results

There was a statistically significant 1.5%-point decrease in the proportion of patients diagnosed with lung cancer who presented as an emergency, from 35.8% in May to October 2015 to 34.3% in May to October 2017. A similar decrease was observed for patients diagnosed age 50 years and over (35.9% to 34.4%).

By gender, there was variation in the proportion of women presenting as an emergency but not for men. For women there was a statistically significant 2.8%-point decrease in the proportion of emergency presentations from 36.6% (May to October 2015) to 33.8% (May to October 2017). A similar decrease was observed for women diagnosed age 50 years and over (36.8% to 34.0%).

There was a very slight general decrease in the proportion of patients with lung cancer presenting as an emergency between January 2015 and December 2017 (Figure 1), suggesting that there is an underlying decreasing trend which should be considered when interpreting the results.

Figure 1: Proportion of emergency presentations for lung cancer by month, all ages combined, England, January 2015 to December 2017



Conclusions

There was a statistically significant decrease in the proportion of patients diagnosed with lung cancer who presented as an emergency, however this was in line with the long-term trend.

The second national respiratory symptoms campaign may have had some impact on the proportion of patients diagnosed with lung cancer who presented as an emergency.

Other metrics being evaluated for this campaign include Cancer Waiting Times referrals, conversion and detection rate, 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; 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