Public Health England

Protecting and improving the nation's health

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

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

Survival

Key message

The second national respiratory symptoms campaign may have had some impact on the one-year survival of patients diagnosed with lung cancer.

The campaign

The second national respiratory symptoms campaign ran from 18 May 2017 to 31 August 2017 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: Survival

This metric considers whether the second national respiratory campaign had an impact on one-year survival for persons aged 50 years and over[1] with lung cancer (ICD10 'C33-C34') diagnosed during and following the second national respiratory campaign.

Data was extracted from the national cancer analysis system for persons diagnosed with lung cancer between 1 January 2015 and 31 December 2017. Persons were followed up until 31 December 2018 to obtain their last known vital status. 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 net survival for those diagnosed in the analysis period was compared with the same period in 2015 (hereafter called the

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[1] 50-99 years

'comparison period')[2]. The analysis period was defined as 1 June 2017 to 31 October 2017. The estimated hazard ratio (analysis period relative to comparison period), with p value was calculated using Cox regression.

Results

One-year survival for persons diagnosed with lung cancer during the analysis period was 41.1% compared with 38.8% for those diagnosed in the comparison period. There was evidence of improved survival in the analysis period, relative to the comparison period (Hazard Ratio 0.95, $p < 0.001$).

When considering gender, there was evidence of improved survival in the analysis period compared to the same period in 2015 for women only (Hazard Ratio 0.84, $p<0.01$). One-year survival for women diagnosed with lung cancer during the analysis period was 45.6% compared with 42.3% for those diagnosed in the comparison period.

However, there is an increasing trend in one-year survival for persons, men and women diagnosed with lung cancer each month between January 2015 and December 2017 (Figure 1).
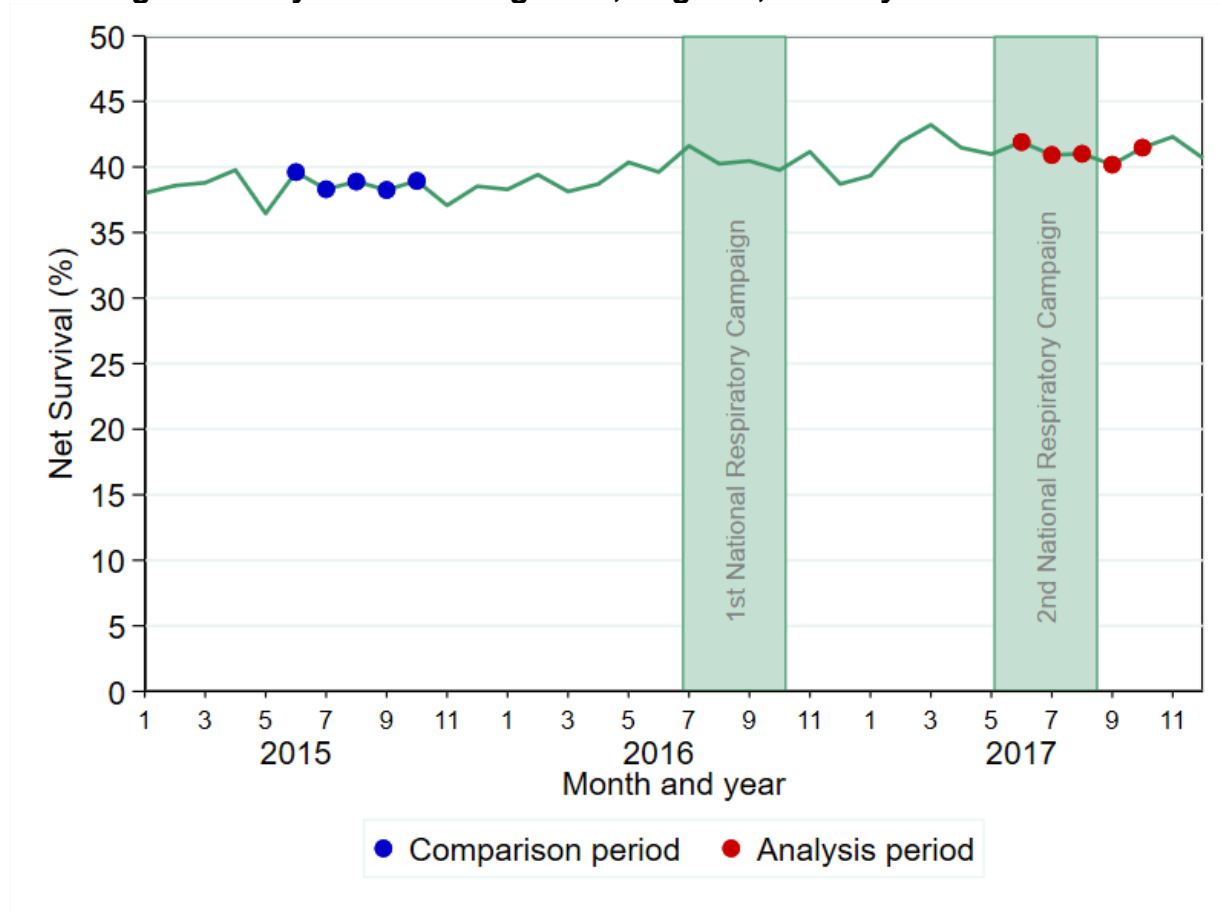
Table 1: One-year net survival (%) for men, women and persons aged 50 years and over diagnosed with lung cancer during the analysis period, 1 June to 31 October 2017, compared with the same period in 2015

Site	Sex	Comparison period (01/06/2015 to 31/10/2015)	Analysis period (01/06/2017 to 31/10/2017)
Lung	Men	35.7% (95% CI: 34.6 – 36.8)	37.1% (95% CI: 36.1 – 38.2)
	Women	42.3% (95% CI: 41.1 – 43.4)	45.6% (95% CI: 44.4 – 46.7)
	Persons	38.8% (95% CI: 38.0 – 39.6)	41.1% (95% CI: 40.3 – 41.9)

Source: Cancer Analysis System, February 2019

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[2] Data was not compared to the same period in the previous year (2016) as data for this period may be affected by the first national respiratory symptoms campaign which ran from 14 July 2016 to 16 October 2016.

Figure 1: One-year net survival (%) for persons aged 50 years and over diagnosed with lung cancer by month of diagnosis, England, January 2015 to December 2017

Source: Cancer Analysis System, February 2019

Conclusions

There was a statistically significant increase in the one-year survival of patients diagnosed with lung cancer, though this appears to be in line with the long-term trend.

The second national respiratory symptoms campaign may have had some impact on the one-year survival of patients diagnosed with lung cancer.

Other metrics being evaluated include emergency presentations, the number of 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 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, 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/