



Be Clear on Cancer: Second national respiratory 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 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:

This metric considers whether the second national respiratory symptoms campaign had an impact on the number of x-rays and CT scans conducted by the NHS for suspected lung cancer.

The data on the total number of x-rays and CT scans conducted for suspected lung cancer, (hereafter referred to as x-rays and CT scans) were obtained from the Diagnostic Imaging Dataset (DID) held on NHS Digital's iView system (<https://iview.hscic.gov.uk/Home/About>). Data was restricted to x-rays and CT scans referred via GP surgeries.

Key message

The second national respiratory symptoms campaign appears to have had an impact on the number of x-rays and CT scans conducted for suspected lung cancer.

This metric compares the difference in the monthly number of x-rays and CT scans between the analysis period of May 2017 to October 2017 and the comparison period of May 2015 to October 2015.

Results

Comparing the months May 2017 to October 2017 with May 2015 to October 2015, there was a statistically significant 15.4% increase ($p < 0.001$) in the number of x-rays and CT scans for individuals aged 50 and over, and a 13.9% increase ($p < 0.001$) in the number of x-rays and CT scans in all ages (Table 1).

Table 1: Number of x-rays and CT scans in May 2015 to October 2015 and May 2017 to October 2017, England

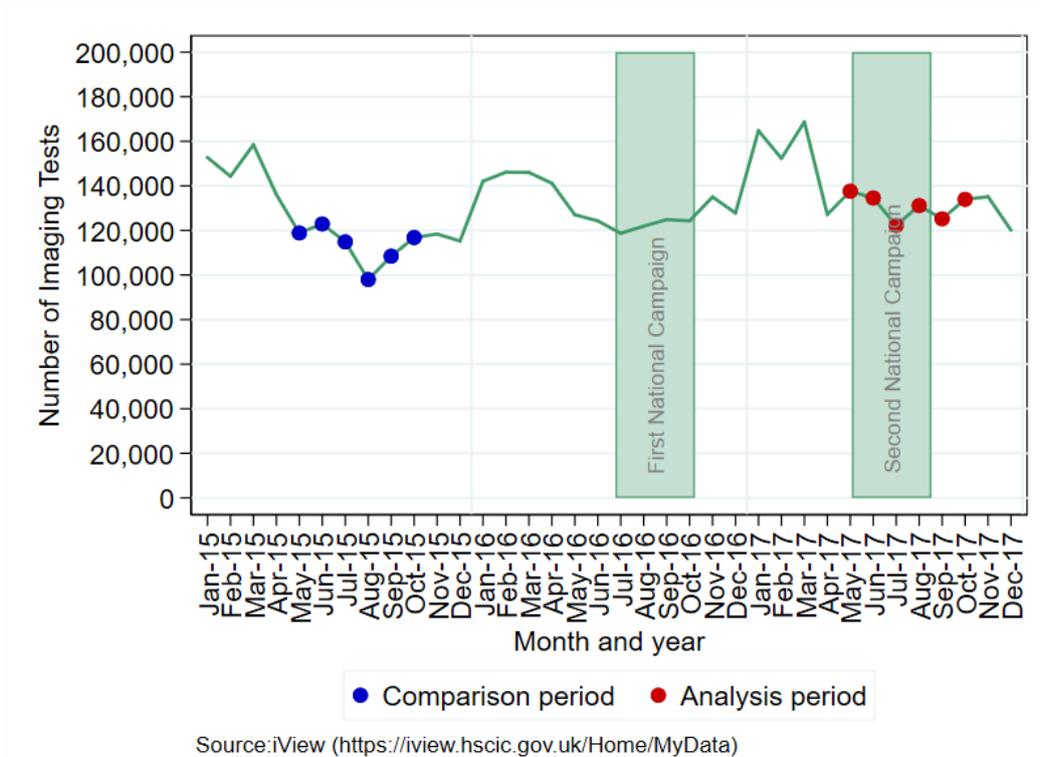
Tests	Age group	May 2015 to October 2015	May 2017 to October 2017	Percentage change	p-value
x-rays and CT scans	50 and over	679,875	784,735	15.4	<0.001
	All ages	921,790	1,049,815	13.9	<0.001
x-rays	50 and over	659,050	756,525	14.8	<0.001
	All ages	897,860	1,018,155	13.4	<0.001
CT scans	50 and over	20,825	28,210	35.5	<0.001
	All ages	23,930	31,660	32.3	<0.001

There was a statistically significant 14.8% and 13.4% increase in the number of x-rays comparing the analysis and comparison periods, for persons aged 50 years and over and all ages, respectively (Table 1).

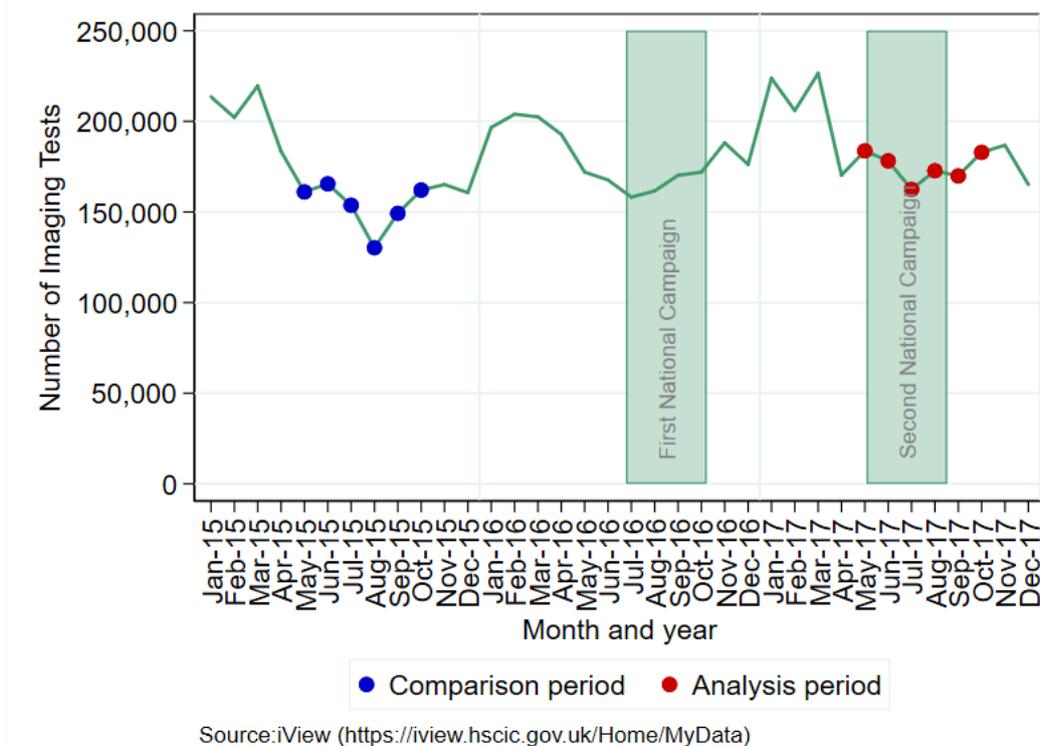
There was a statistically significant 35.5% and 32.3% increase in the number of CT scans comparing the analysis and comparison periods, for persons aged 50 years and over and all ages, respectively (Table 1).

Figure 1: Monthly number of x-rays and CT scans, January 2015 to February 2018, England a) 50 years and over b) All ages

a) 50 years and over



b) All ages



Conclusion

There was a statistically significant increase in the number of x-rays and CT scans conducted for suspected lung cancer, which appears to be above the long-term trend.

The second national respiratory symptoms campaign appears to have had an impact on the number of x-rays and CT scans conducted for suspected lung cancer.

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/