



Be Clear on Cancer: Regional abdominal symptoms campaign, 2017

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

Cancers diagnosed

The campaign

The regional abdominal symptoms campaign ran from 9 February to 31 March 2017 in the East and West Midlands.

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.'

Key messages

The regional abdominal symptoms campaign appears to have had an impact on the number of colorectal, kidney, pancreatic and stomach cancers diagnosed.

There was no evidence to suggest the campaign had an impact on the number of oesophageal or ovarian cancers diagnosed.

Metric: Cancers diagnosed

This metric considers whether the regional abdominal symptoms campaign had an impact on the number of newly diagnosed cases of abdominal cancer, for men and women aged 50 years and over, and for all ages combined. The analysis considered a combined abdominal cancers group and individual cancer sites: colorectal (ICD10 C18-C20), kidney (C64-C66, C68), oesophageal (C15), ovarian (C56-C57, C48 non-sarcoma), pancreatic (C25), and stomach (C16) cancers. The analysis also compared results for the regional campaign area (East and West Midlands) with those for a control area (South East).

Data was extracted from the national cancer analysis system for the diagnosis period October 2016 to September 2017. The analysis period was defined as two weeks after the start of the campaign (week 8 of 2017) to two months after the end of the campaign (week 22 of 2017). The numbers of cancers diagnosed per week in the analysis period were compared with the overall median for October 2016 to September 2017. The campaign was considered to have a possible impact if a) the number of cancers

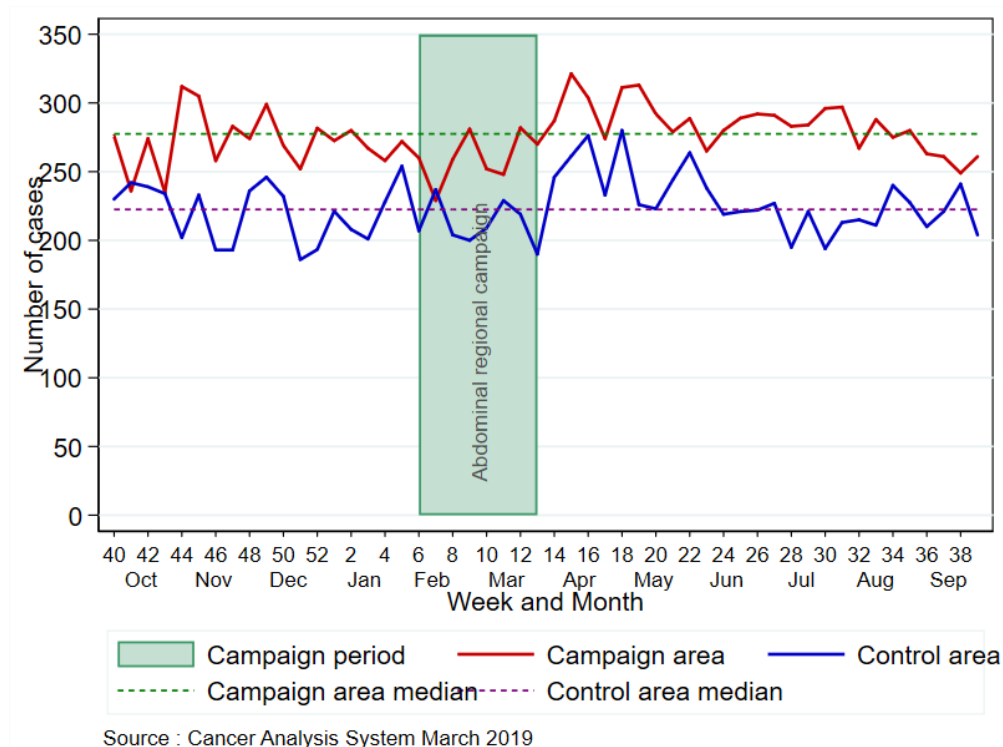
diagnosed per week were the same or higher than the median for five or more consecutive weeks and b) this sustained period started during the analysis period.

Results

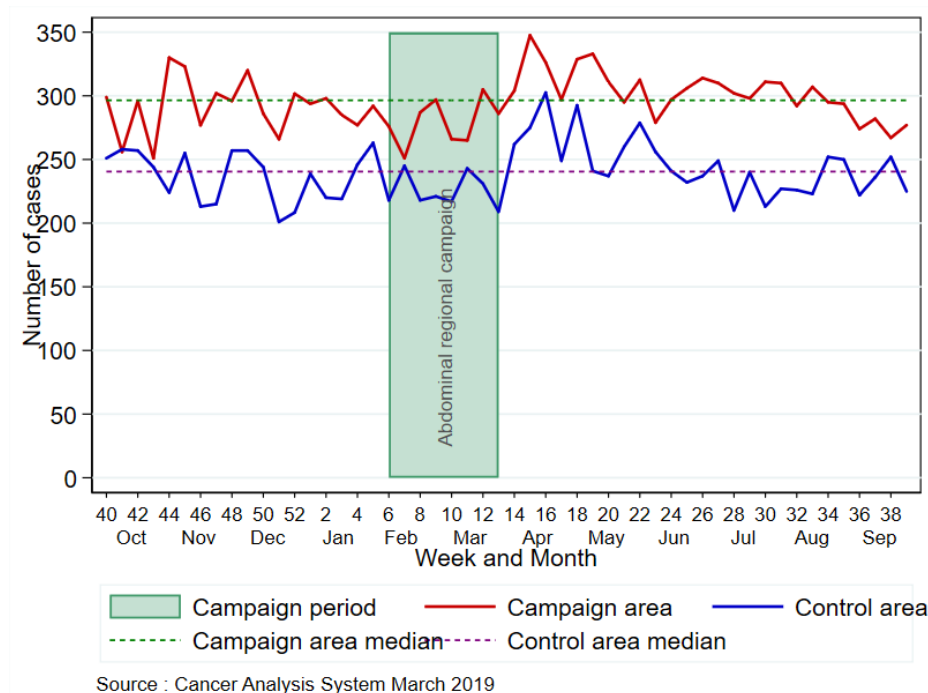
The numbers of abdominal cancer within the regional campaign area were similar to, or higher than, the 2016 to 2017 median (Figure 1) from weeks 18 to 22 in 2017 for persons aged 50 years and over, and from weeks 14 to 20 in 2017 for all ages combined. Across this period, an additional 97 cancers were diagnosed compared with the expected number based on the median (1,388 cancers) for persons aged 50 years and over. An additional 172 cancers were diagnosed compared with the expected number based on the median (2,076 cancers) for all ages combined. However, there were also sustained increases observed in the control area (Figure 1).

Figure 1: Number of newly diagnosed cases of abdominal cancer by week, England, October 2016 to September 2017, a) 50 and over and b) all ages

a) 50 and over



b) all ages



There was a sustained period where the numbers of pancreatic cancer were similar to, or higher than, the 2016 to 2017 median for people aged 50 years and over, and all ages combined in the regional campaign area. During weeks 14 to 22 of 2017, an additional 102 cancers were diagnosed compared with the expected number based on the median (284 cancers) for ages 50 years and over. During the same period, an additional 101 cancers were diagnosed compared with the expected number based on the median (297 cancers) for all ages combined. In comparison, there were no sustained increases observed in the control area.

There was a sustained period where the numbers of stomach cancer were similar to, or higher than, the 2016 to 2017 median for people aged 50 years and over, and all ages combined in the regional campaign area. During weeks 14 to 19 of 2017, an additional 17 cancers were diagnosed compared with the expected number based on the median (126 cancers) for ages 50 years and over. During the same period, an additional 23 cancers were diagnosed compared with the expected number based on the median (132 cancers) for all ages combined. In comparison, there were no sustained increases observed in the control area.

There was a sustained period where the numbers of colorectal cancer were similar to, or higher than, the 2016 to 2017 median for people aged 50 years and over in the regional campaign area. During weeks 15 to 22 of 2017, an additional 61 cancers were diagnosed compared with the expected number based on the median (1,056 cancers). In comparison, there were no sustained increases observed in the control area.

There was a sustained period where the numbers of kidney cancer were similar to, or higher than, the 2016 to 2017 median for people of all ages combined in the regional

campaign area. During weeks 18 to 25 of 2017, an additional 51 cancers were diagnosed compared with the expected number based on the median (320 cancers). In comparison, there were no sustained increases observed in the control area.

There were no sustained periods where the numbers of oesophageal or ovarian cancers were the same as or higher than the 2016 to 2017 median.

Conclusions

There was a sustained period where the numbers of abdominal cancer were similar to, or higher than, the 2016 to 2017 median for both the campaign area and the control area.

For colorectal (aged 50 years and over), kidney, pancreatic and stomach cancers there were sustained periods where the numbers of cancers diagnosed were similar to, or higher than, the 2016 to 2017 median in the campaign area but not in the control area.

The regional abdominal symptoms campaign appears to have had an impact on the number of colorectal, kidney, pancreatic and stomach cancers diagnosed. There was no evidence to suggest the campaign had an impact on the number of oesophageal or ovarian cancers diagnosed.

Other metrics being evaluated include GP attendance, urgent GP referrals, conversion and detection rates, and emergency presentations.

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