In February 2017, Public Health England (PHE) will be launching a pilot campaign in the Midlands. It aims to raise awareness of symptoms that could be a sign of cancer.

What is Be Clear on Cancer?
Be Clear on Cancer aims to help improve the early diagnosis of cancer by raising awareness of the signs and symptoms. The campaigns encourage people with relevant symptoms to see their GP without delay.

How does Be Clear on Cancer help the NHS deliver improved outcomes?
If the ambitions of ‘Achieving World-Class Cancer Outcomes: A strategy for England 2015–2020’ are achieved it is estimated that an additional 30,000 patients per year will be surviving cancer for 10 years or more by 2020. Of these, almost 11,000 will be through earlier diagnosis. The 2015-2020 strategy outlines that Be Clear on Cancer is an important part of the work to improve earlier diagnosis.

Why are you running a pilot in the Midlands?
As with previous Be Clear on Cancer campaigns, it is important during the development phase of a new campaign to test the advertising and understand its impact. The Midlands has been chosen for a number of reasons including: cancer incidence and mortality; the mix of rural and urban areas; ethnic diversity; population size; and the support of both the East and West Midlands Strategic Clinical Networks (SCNs).

Why is this campaign focused on a body area rather than a cancer type?
The abdominal symptoms campaign marks a new strategic approach for Be Clear on Cancer – a broadening of the message that will hopefully enable more cancers, including some less common cancers, to be the subject of the awareness raising activity. It is important that PHE can widen the reach of Be Clear on Cancer, to maximise the impact that can be achieved.

Essential Information
Where will activities take place and when?
Advertising will run from 9 February to 31 March 2017. The campaign will cover the East and West Midlands area (predominantly the footprint of the SCNs). It will include radio, print, digital and out of home advertising (eg bus shelters and pharmacy bags). It will not include TV.

What is the main message of the campaign?
If you've had tummy troubles for three weeks or more, it could be a sign of cancer, tell your doctor.

The supporting message will be “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. It’s probably nothing serious but finding cancer early makes it more treatable. Tell your doctor.”

Who is the campaign aimed at?
Men and women who are over the age of 50 from lower socioeconomic groups, and their key influencers, such as friends and family.

Are any other symptoms being promoted?
The main three symptoms the campaign is promoting are diarrhoea, bloating and discomfort. The leaflet that will be made available to the public during the campaign also highlights that it is appropriate to ‘tell your doctor’ if the following symptoms are experienced: constipation, nausea/feeling sick, or blood in poo, for three weeks or more. It encourages those with other unusual changes like a lump in the tummy area, postmenopausal bleeding or unexplained weight loss, to visit their GP as well.

www.cruk.org/abdominal-symptoms-campaign
Key facts

- Around 55,800 people are diagnosed with cancer in the Midlands every year\(^1\)
- The cancer mortality rate is higher in the Midlands compared to England\(^2\)
- 89% of people diagnosed with cancer in the Midlands in 2014 were aged 50 or older\(^3\)

Why are you focusing on abdominal symptoms?
PHE commissioned Cancer Research UK to review the current evidence base for the top 20 cancers by mortality. CRUK looked at key criteria including epidemiology, symptom awareness and barriers to presenting to primary care. Scenarios were then created to identify symptoms and cancers that could potentially be grouped together and communicated to the public. Following input from clinical and marketing experts, abdominal symptoms were selected for campaign development. This decision was based on the ambition to broaden the number of cancer types associated with the promoted symptoms and therefore the potential reach of the campaign within the target audience.

What will the campaign look like?
Unlike previous Be Clear on Cancer campaigns, the GP will not be the key image on the advertising materials. In testing, it was found that ‘warning signs’ such as those you see on the dashboard of a car, are a useful prompt for our target audience. When this is combined with imagery of the body part, the tummy area, the key messages were more successfully recalled by the target audience. The usual Be Clear on Cancer image of a real GP providing reassurance will appear in the leaflet and digital elements of the campaign.

Are less common cancers included in this campaign?
The symptoms being promoted in this campaign are possible signs of a number of different tumour types. With the three key symptoms of diarrhoea, bloating and discomfort we hope to highlight one of the most common cancers, colorectal, but also some of the less common cancers such as ovarian and uterine.

What impact are you expecting the abdominal campaign to have?
This will be the first time the ‘abdominal symptoms’ campaign has run. Therefore, we don’t have any previous data from which we can model the possible impact. TV advertising will not be used in this pilot campaign and we know from previous Be Clear on Cancer activity that it is the TV advertising which creates the greatest impact. This pilot is more about assessing if the messages work for our target audience, which will be tracked through a pre and post campaign survey with the public. The evaluation of the pilot will also assess the impact of the campaign on the demand for healthcare services. We are not expecting to see big changes in clinical outcomes at this stage due to the scale of the pilot campaign.

What can local teams do to help prepare for the campaign?

- Spread the word. Tell your colleagues that the campaign is coming, share this briefing sheet with them.
- Think about areas that may experience an increase in demand, for example GP appointments, diagnostic tests and surgery. Make sure colleagues in the relevant teams are aware of the potential increase in demand.
- Be prepared that people in your community may see the advert and have questions about symptoms they are experiencing.

As part of the campaign development, PHE has worked with a group of clinicians, charity representatives and academics from a range of specialist areas. Professor Willie Hamilton, a GP and Professor of Primary Care Diagnostics, has been part of this group. He explains: “We have balanced the need the public have for clear and simple messages, including time frames suggesting when they should go to see their GP, with what we know clinically about the early symptoms of cancer. The evidence base around the risks each symptom poses has progressed in recent years, though there are still some gaps in our knowledge. We used the available evidence supplemented by our clinical insight and intuition where the evidence was thinner.”

Useful resources and information

- The revised NICE guideline [NG12] for suspected cancer, published in 2015 can be reviewed by symptom type
- Take the opportunity to review the tools and resources available on the new NICE guidelines.
- This is an overview briefing and more information on the development of the campaign and the potential impact on GP practices can be found at www.cruk.org/abdominal-symptoms-campaign
- The public-facing website for this campaign is nhs.uk/tummytroubles. This will go live around a week before the campaign launch
- Materials for the campaign such as posters and leaflets will be available free of charge and details can be found on the Campaign Resource Centre
- For any queries about the ‘abdominal symptoms’ campaign email partnerships@phe.gov.uk

---

1 National Cancer Registration and Analysis Service’s CancerStats
* Based on those diagnosed between 2010 and 2014
** Based on those who died between 2010 and 2014
*** Based on those diagnosed in 2014