Introduction

The Department of Health’s programme of Be Clear on Cancer campaigns began in 2011

The initiation and development of the campaigns has been driven by the evidence base which highlights:
- low awareness of cancer signs amongst the public,
- inequalities in awareness across different groups,
- the importance of not realising the seriousness or significance of symptoms to the help-seeking process.

The campaigns

Campaigns targeting a range of cancer types have been developed, as well as a multi-symptom campaign featuring four broad symptoms associated with a range of common and less common cancers (Know4sure) – unusual bleeding, lumps, weight loss or pain

The selection of cancers has been informed by analyses of avoidable deaths – deaths which could be avoided if cancer survival here matched the best in Europe

The campaigns feature clear information about symptoms to look out for and when to act

They also feature real-life GPs to reinforce the message that seeing the doctor is justified

The target audience are men and women over 50, often from lower socioeconomic groups

The roll-out approach has been one of local followed by regional piloting, and then ultimately national activity depending on evaluation results (Figure 1)

Local activity generally uses a mix of advertising including posters, radio, press adverts and events.

Television advertising is incorporated into regional and national activity

Evaluation

A number of core metrics are used in the evaluation of the campaign activity, representing different points along the patient and early diagnosis pathway

These include:
- cancer and campaign awareness,
- presentations to primary care,
- urgent GP referrals for suspected cancer,
- diagnostic investigation activity.

Data are sourced from routinely available datasets where possible, with bespoke data collection where indicated

What questions have been answered in the evaluations?

Data from the evaluations of Be Clear on Cancer activity, particularly the colorectal and lung campaigns which have run nationally, paint a positive picture

- Cancer and campaign awareness trackers conducted amongst the target audience have shown increases in unprompted awareness of key signs and symptoms
- Analysis of Read coded symptom data from GP systems has shown an increase in presentations to primary care associated with campaign timings, but at a level that doesn’t overwhelm the system
- Analysis of Cancer Waiting Times data has shown clear increases in urgent GP referrals for suspected cancer, with increases sustained for several months after the end of activity
- Recent data on cancer and campaign awareness following the second national bowel campaign also support a positive, cumulative effect of repeat activity

Data on cancer incidence and staging take longer to come through, but the regional lung cancer awareness pilot yielded promising results in this area

What questions have the continuation of the programme and evaluation results raised?

As more is learnt about the impact of the campaigns on the target audience, on behaviour and on health services, other questions are raised

The research community can play an important role in answering some of these questions

The campaigns appear to drive fewer additional presentations to primary care from those at the upper end of the target audience – What can be done about this? Is it the messaging, the channels, a combination, or something else entirely? Is it possible to address this at all? What are the implications of including references to age in the messaging (as has been done in the oesophago-gastric campaign)?

Thinking more broadly, what is the best way to reach different groups, and the best mix to ensure sustainability and efficiency?

What are the implications of making people more informed?

- For endorsement of barriers, such as worried about what the doctor might find
- For inequalities
- For wellness and anxiety levels
- For response to symptoms in the future
- For the health service

What factors are driving the variations in impact within and across regions?

- For response to symptoms in the future
- For the health service

What can be transferred to other disease areas?

For more information contact projectsupport@cancer.org.uk

NAEDI is a public sector/third sector partnership which is led by the Department of Health, Public Health England, NHS England and Cancer Research UK, working with partners from other public and voluntary organisations, to support and drive forward work on early diagnosis.