We have seen promising results from previous Be Clear on Cancer lung cancer campaigns. We now need your help to keep the momentum going and continue to improve cancer outcomes.

What is Be Clear on Cancer?
Be Clear on Cancer aims to improve early diagnosis of cancer by raising awareness of symptoms and encouraging people to see their GP earlier.

What activities will be taking place and when?
Adverts will run on TV, radio and in the press from 10 March – 30 April 2014, highlighting the symptom of a persistent three-week cough in line with NICE guidelines.

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

Why does the campaign focus on the cough symptom?
In England, lung cancer has one of the lowest survival rates of any cancer because over two-thirds of patients are diagnosed at a late stage when curative treatment is not possible. An estimated 1,300 deaths from lung cancer could be avoided in England each year if survival rates matched the best in Europe.

More than 90% of patients with lung cancer are symptomatic at diagnosis, with cough being the most common presenting symptom. NICE guidelines state that a persistent three-week cough is a potential symptom which requires urgent referral for a chest X-ray.

Have the previous lung campaigns had positive results?
Results to date indicate that Be Clear on Cancer is changing levels of public awareness. There are also early indications that clinical outcomes are improving too. These are some of the statistically significant findings following the first national lung campaign in 2012:

- Increases in unprompted awareness of cough/hoarseness (41% pre-campaign to 50% post-campaign) and persistent/prolonged cough (12% pre-campaign to 15% post-campaign);
- Increase of 32% in two-week-wait referrals for suspected lung cancer in the campaign months compared with the same period in the previous year. The majority of additional referrals were over 50;
- Around 700 more people were diagnosed with lung cancer when compared with the same period in the previous year;
- Around 400 more people had their cancer diagnosed at an early stage;
- Around 300 additional patients had surgery as a first treatment of diagnosed lung cancer.

However, despite these promising results, there is still a great deal of potential to improve lung cancer survival in England, and for this reason, Public Health England is running the lung cancer campaign again.

Sean Duffy, National Clinical Director for Cancer at NHS England, said: ‘I am delighted that results suggest that hundreds of patients received potentially life-saving surgery following the first national campaign for lung cancer. Be Clear on Cancer, alongside continued work to improve access to diagnostics and treatments, is helping to move things in the right direction for lung cancer.’
Lung cancer risk factors
Lung cancer is more common in older age, with 97% of people diagnosed in England aged over 50. Tobacco is by far the biggest cause of lung cancer – smoking causes more than 8 in 10 lung cancers in the UK. People who smoke, used to smoke, or have been exposed to second-hand smoke have an increased risk of developing the disease.

But it’s important to remember that an estimated 17% of lung cancers in the UK are caused by factors other than being a current or past smoker.

Lung cancer symptoms
NICE guidelines highlight haemoptysis and the following symptoms when ‘unexplained or persistent (that is, lasting more than 3 weeks)’:
- Cough
- Chest/shoulder pain
- Dyspnoea
- Weight loss
- Chest signs
- Hoarseness

Assessment and referral
If a patient presents with any of these symptoms, NICE guidelines recommend making an urgent referral for a chest X-ray as a first step. Chest X-ray is a key diagnostic test for the detection of lung cancer. The average cost for a plain film X-ray is £30 and radiation exposure is equivalent to three days of normal background radiation. If the chest X-ray is suggestive of lung cancer, NICE recommends referring the patient urgently under the two week wait referral system.

Continue to use your clinical judgement and remember, if the chest X-ray is normal but you have good reason to suspect lung cancer, you can still make an urgent two week referral. An urgent two week referral is also recommended for smokers and ex-smokers older than 40 years with persistent haemoptysis.

‘This ‘reminder’ campaign is an ideal opportunity to start conversations with patients about a symptom that some may think isn’t worth mentioning to us. As GPs, we know that while a persistent cough could be a sign of cancer, it could also be a symptom of something else, like COPD. Reassuring people they’re not wasting our time is vital. I want my patients to know that, even if their chest X-ray comes back normal, I want to help them get to the bottom of what is causing their symptoms and get them the treatment they need as soon as possible.’
Dr Russell Thorpe, GP from Lancashire

What to expect
With this being a ‘reminder’ campaign, the frequency and intensity of the adverts will be less than when it first ran in 2012.

GP attendance data for the first national lung campaign showed that more people with a persistent cough went to their GP.
- When looking at the period May – July 2012 compared with May – July 2011, the number of patients aged 50+ presenting with a persistent cough went up 64% – the equivalent to around 3.1 additional visits per practice per week;
- More patients were referred for a chest X-ray by a GP during the first month of the campaign compared to the month prior to the campaign – up 20%.

Three things you can do:
1. Talk about the campaign. People who have previously ignored their symptoms may be prompted to come along to your surgery. But they may be afraid, not find it easy to communicate their symptoms, or worry they’re wasting your time. Even if the patient doesn’t have cancer, it’s a great opportunity to discuss prevention or lifestyle changes.

2. Make the most of available support. There is a wealth of additional information to support you, including:
   - NICE guidelines for lung cancer;
   - Cancer decision support tools, including lung cancer risk assessment tools (RATs) and QCancer;
   - BMJ Learning online education tools – ‘Suspected lung cancer: when you should refer – in association with NICE’ and ‘Tackling late diagnosis of cancer – in association with the Department of Health’;
   - ‘Direct access to diagnostic tests for cancer: best practice referral pathways for general practitioners’;
   - Your CCG may have a GP cancer lead who can give you further information relating to your area.

3. Encourage your colleagues to support the campaign. The whole practice team has an important role to play. Ensure everyone is aware of the campaign, so they can support it – there are separate briefing sheets for nurses and for practice teams. Prepare for more patients coming to your practice as a result of the campaign.

Find out more
- Visit naedi.org/beclearoncancer/lung for more information for health professionals
- The public-facing website for Be Clear on Cancer is nhs.uk/lungcancer

38% of lung cancer patients present as emergencies, compared to 23% across all cancers

Around 70% of lung cancer patients in England are diagnosed at a late stage