



Dr Jane Scott

Oesophago-gastric campaign

Information to help you prepare

26 January – 22 February 2015

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In January 2015, Public Health England will be launching a national campaign aimed at raising awareness of the symptoms of oesophago-gastric cancers.

What is Be Clear on Cancer?

Be Clear on Cancer aims to improve early diagnosis of cancer by raising awareness of the signs and symptoms, and encouraging people to see their GP without delay.

Why are you running a national 'oesophago-gastric' campaign?

Results from seven local oesophago-gastric (OG) pilot campaigns (Apr–Jul 2012) and a regional pilot campaign which ran in the Northern England Strategic Clinical Network (SCN) region (Feb–Mar 2014), have been promising. This evidence and encouraging feedback from NHS teams in the local and regional pilot areas has informed a decision to roll the campaign out nationally. With your support, we have great potential to improve survival rates for oesophago-gastric cancers.

'I am delighted to see this campaign progressing to a national roll out. We have a long way to go in improving the outcomes for patients with oesophago-gastric cancers, and this is a vital step in the process. We need patients to present earlier, and we want to encourage GPs to use their locally agreed pathways to review and refer at risk patients with dyspepsia symptoms that have been ongoing for 3 weeks or more, particularly those with recent onset. If we can identify more patients with early stage disease, or with precancerous conditions, we can increase the chances of intervening with curative and preventive treatments. Even if the dyspepsia isn't cancer, it will need to be addressed.'

William Allum, Immediate Past President of the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland, and Consultant Upper GI surgeon at the Royal Marsden NHS Foundation Trust

Is there any evidence this campaign will work?

Results from the regional pilot (Feb–Mar 2014) have been encouraging. Research showed a significant uplift post-campaign in spontaneous awareness of oesophageal cancer symptoms (ie heartburn and food sticking), and 63% agreed the advertising had told them something new¹. In terms of clinical outcomes, when comparing the campaign period with the same time the previous year, results showed:

- **52% increase² in urgent GP referrals** (two-week wait (2WW)) for suspected upper gastrointestinal (GI) cancers, compared with a 17% increase in the control areas (rest of England, excluding local and regional pilot areas)³
- Early indications of an increase in the number of Barrett's oesophagus cases diagnosed in a sample of hospital trusts (the significance of this increase isn't yet clear)⁴
- Total number of upper GI cancers diagnosed did not increase, however there was a significant increase, of **29 percentage points**,^{2,5} in the **proportion** of upper GI cancers diagnosed via a 2WW referral, among those aged 60–69 only.³

This last finding, for people in their 60s, is encouraging since we know:

- 1-year survival is worse for those diagnosed via emergency presentation compared with those diagnosed via 2WW referral
- older people are more likely to present via emergency presentation

However, more data are required to further understand the campaign's impact.

Findings from seven local pilots (2012) were also positive. When comparing the campaign period with the same time the previous year, results showed:

- **26% increase in 2WW referrals** for suspected upper GI cancer in pilot areas, compared with a 16% increase in control areas^{2,3}
- **20% increase in oesophageal cancers diagnosed** following a 2WW referral for suspected upper GI cancer in the pilot areas, compared with 3% increase in the control area (conversion rate did not change).³

Key facts:

- Every year, around 6,900 people are diagnosed with oesophageal cancer and around 6,000 people are diagnosed with stomach cancer in England⁶
- Annually, around 10,200 people die from oesophago-gastric cancers in England⁷
- It is estimated that nearly 950 deaths from oesophago-gastric cancers could be avoided each year in England if survival rates matched the best in Europe⁷

Why are you telling us about the campaign now?

It is anticipated that local teams across England are likely to experience pressures on endoscopy services as a result of the upcoming national oesophago-gastric campaign. To help manage this, the advertising will run for four weeks, rather than six. By providing four month's advance notice and sharing learnings from the regional pilot, it is hoped teams can begin conversations within their NHS trust and with CCGs early enough to accommodate an uplift in demand.

What impact is the oesophago-gastric campaign likely to have on GP practices?

It is likely that GP practices will see an increase in the number of patients presenting with dyspepsia (heartburn) and dysphagia (difficulty swallowing food). Although the advertising doesn't talk about a specific at-risk age group, activity will be focused on the over-50s. There are signs the regional OG pilot campaign was successful in reaching this target group, since increases in 2WW referrals for upper GI cancers were largest for those in their 50s (85%) and 60s (69%)³.

What can GPs do now to prepare for the campaign?

Further advice and information will be provided in subsequent campaign briefings. However, it is recommended that GPs review the most recent [NICE guidance](#) (August 2014) and share this briefing with colleagues in their practice.

'In Durham, we certainly felt the impact of the regional pilot campaign on endoscopy services. Although it was a challenge, it wasn't insurmountable. We worked with our GP partners to implement a temporary secondary care pathway. We added extra endoscopy lists during weekends, and also reviewed our scheduled surveillance patients, moving non-urgent cases a little but still within guidelines. All of these measures enabled us to free up some capacity for upper GI procedures. I'd urge all teams to engage with their NHS trust and CCGs at least 3 months ahead of the campaign, to begin to implement measures aimed at maximising the capacity of endoscopy clinics during and immediately following the campaign. This is a fantastic opportunity to make a real impact on improving survival rates for these cancers.'

Anjan Dhar, Senior Lecturer in Gastroenterology, Consultant Gastroenterologist, County Durham

Check the [NAEDI website](#) regularly over the coming months for further information and briefings

Essential information

Where will activities take place and when?

Advertising will run from 26 January to 22 February 2015. Campaign plans are currently in development, but will probably include TV, radio, print and digital advertising.

What is the main message of the campaign?

The key message promoted in the TV advertising will be: 'Having heartburn, most days, for 3 weeks or more could be a sign of cancer – tell your doctor.'

A second message, promoted via other campaign materials, will be: 'Food sticking when you swallow could be a sign of cancer – tell your doctor.'

Who is the campaign aimed at?

Men and women who are over the age of 50 and from lower socioeconomic groups, and their key influencers, such as friends and family.

Why focus on the symptoms of heartburn and food sticking?

Based on a review of [current evidence](#) and the advice of a panel of experts, including clinicians and patient group representatives, these two symptoms were identified as holding a strong association with early stage 'OG' cancers. Data from the Northern Oesophago-gastric Unit indicate that 38% of patients with heartburn/indigestion (no dysphagia) referred between January 2008 and January 2013 had stage 1–2 oesophageal cancer.

Useful resources and tools

- Review recently updated [NICE guidance](#) (August 2014) for management of dyspepsia in adults in primary care
- Review [supplementary guidance](#) for the upper GI cancer pathway, developed by the Northern England Strategic Clinical Network during the regional OG pilot
- Review cancer decision support tools: [oesophageal cancer risk assessment tool](#) (RAT) and [Qcancer](#)
- Access BMJ learning online education tools: '[Tackling late diagnosis of cancer](#)' and '[Barrett's oesophagus – diagnosis and management](#)'
- Review [BSG guidance](#)
- Visit [NHS Choices](#) to familiarise yourself with the adverts

1 TNS BMRB on behalf of Public Health England, post-OG campaign survey of 300 adults aged over 50 interviewed face-to-face in the North East region, 12–25 March 2014

2 Statistically significant

3 Data from the National Cancer Waiting Times (CWT) Monitoring Dataset provided by NHS England and accessed via Public Health England's Knowledge & Intelligence Team (East Midlands)

4 Data supplied by individual NHS trusts who participated in the regional pilot (Northern England SCN area, Feb–Mar 2014)

5 Based on a relatively small number of cases

6 Incidence data supplied by West Midlands KIT based on NCRS and NCDR datasets

7 Deaths data supplied by West Midlands KIT based on ONS data
Note: 'Upper GI' refers to ICD10 C15-C16, C22-C25