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'Blood in pee': How nurses can help with the campaign

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Public Health England (PHE) is running a national campaign to raise awareness of 'blood in pee' as a symptom of bladder and kidney cancer. We need your continued support to make this campaign a success.

What is Be Clear on Cancer?

Be Clear on Cancer aims to achieve earlier diagnosis of cancer by raising awareness of the signs and symptoms. The campaigns encourage people with relevant symptoms to see their GP without delay.

What is the main message of the campaign?

The message for the public is: **If you notice blood in your pee, even if it's 'just the once', tell your doctor.**

Who is the campaign aimed at?

The campaign is aimed at men and women over the age of 50 from lower socio-economic groups, and their key influencers, such as friends and family.

Who is most at risk of bladder and kidney cancer?

These cancers affect both men and women, although they are more common in men. Other risk factors include:

- Age – people aged 50 and over make up more than 90% of bladder or kidney cancer diagnoses in England¹
- Smoking is estimated to cause nearly 4 in 10 bladder cancer cases and 1 in 4 kidney cancer cases
- Being overweight or obese accounts for 1 in 4 cases of kidney cancer
- Exposure to, or working with, certain chemicals – in the UK, around 7% of bladder cancer cases in men and 2% in women are linked to occupational exposures
- Some other medical conditions, such as kidney failure
- Having a family history of certain cancers.

Is there any evidence the 'blood in pee' campaign works?

Evaluation of the two previous national campaigns (which ran in autumn 2013 and autumn 2014) has shown²:

Impact on awareness: Following the second national campaign, 62% of those aware of any advertising or publicity about cancer symptoms spontaneously mentioned 'blood in pee' as a cancer symptom; up from 31% pre-campaign.³

Impact on urgent GP referrals: There were increases in the number of urgent GP referrals for suspected urological cancers for both national campaigns (34% increase in 2014 and 26% increase in 2013; both years compared to 2012).^{4,5}

Impact on diagnosis: Data from the first national campaign period show the number of bladder, kidney and urological cancer diagnoses resulting from an urgent GP referral for suspected cancer increased by 8.2%, 22% and 14%, respectively, when compared to 2012.^{4,5}

Impact on stage at diagnosis: Based on early data from the first national campaign period⁶:

- for bladder cancer⁷ in early 2014⁸ there appear to be higher than average stage I diagnoses and lower than average stage IV diagnoses, corresponding to around 50 extra stage I cases
- for kidney cancer⁹ in early 2014⁸ there appears to be a higher proportion of stage I/II diagnoses but limited evidence of a reduction in stage IV diagnoses, corresponding to around 30 extra stage I/II cases.

Avoidable deaths: Early data from the first national campaign indicate that around 68 deaths from bladder cancer may have been prevented due to detection of pre-malignant tumours and the increase in diagnoses of early stage cancers. An estimated 24 deaths from kidney cancer may have been prevented due to the increase in stage I diagnoses.

Key facts:

- Each year, around 17,450 people in England are diagnosed with bladder or kidney cancer, and approximately 7,600 die from these cancers¹
- If bladder and kidney cancers are diagnosed at the earliest stage, one-year survival is as high as 91–96%. At a late stage, it drops to just 28–38%¹⁰
- In 2013, 3,340 bladder and kidney cancers were diagnosed via emergency presentation when outcomes are usually poorer¹¹

Why focus on one symptom 'blood in pee'?

Visible haematuria is the main symptom of bladder cancer and a common symptom of kidney cancer.

However, when asked to name signs and symptoms of cancer, only 16% of people mentioned 'blood in pee'.¹²

Are any other symptoms being promoted to the public during the campaign?

In addition to visible haematuria, the public-facing leaflet for this campaign details the following symptoms to look out for:

Bladder cancer symptoms

- Recurring cystitis
- Pain when passing urine

Kidney cancer symptoms

- A constant pain below the ribs
- Weight loss

How can nurses support the campaign?

Your role is pivotal to the success of the campaign. Patients may feel more comfortable talking to you about their symptoms, or seek your guidance on if they should book an appointment with their GP. Keep a look out for patients who are most at risk as part of your day-to-day work, e.g. during specialist clinics or new patient checks. If you are treating patients for long-term conditions, you're in an ideal position to ask them if they've noticed any unexplained symptoms.

Referral and assessment

NICE guidelines for suspected cancer were updated in June 2015. For bladder and kidney cancer the guidelines recommend a suspected cancer pathway referral (for an appointment within two weeks) if a patient is aged 45 and over and has:

- unexplained visible haematuria without urinary tract infection (UTI), or
- visible haematuria that persists or recurs after successful treatment of UTI

And, for bladder cancer only, if:

- a patient is aged 60 and over and has unexplained non-visible haematuria and either dysuria or a raised white cell count on a blood test.

A non-urgent referral for bladder cancer should be considered for people aged 60 and over with recurrent or persistent unexplained UTIs.

Research has found that women are over twice as likely as men to see their GP three or more times before being referred for diagnostic tests for bladder or kidney cancer, even in the presence of visible haematuria.

What to expect during the 'blood in pee' campaign

During the first national 'blood in pee' campaign (2013) there were an additional 0.15 visits per GP practice, per week (analysis of data from a sample of 265 GP practices).²

Following the 2014 'blood in pee' campaign, on average, each trust saw approximately six extra urgent GP referrals for suspected urological cancers per week. The peak of referrals was approximately two months after the campaign activity started.⁵ For more details on the impact on secondary care and diagnostic services, take a look at the briefing for NHS trusts.

Three things you can do

1 Make every contact count. The campaign may prompt people who have ignored symptoms or have had recurring UTIs to talk to you. But they may be afraid, embarrassed, or worry they're wasting your time. If a patient comes to see you about something else, use it as an opportunity to ask if they have any other concerns.

2 Give permission. Our target audience may delay going to see their GP and seek reassurance from other healthcare professionals before they make a GP appointment. Where relevant, encourage patients to visit their GP. Suggest they mention the nurse sent them – it may be the nudge they need to make an appointment. And if symptoms persist, recommend they go back to their GP.

3 Encourage your colleagues to support the 'blood in pee' campaign. In order to make the campaign as successful as possible, it is important that colleagues who work within the community setting – including pharmacies, GP practices and healthy lifestyle groups – are all aware of the campaign. Display posters in key places and use the advertising as an opportunity to start the discussion about cancer symptoms. It's a great opportunity to discuss healthy lifestyle changes too.

Find out more

- Visit naedi.org/beclearoncancer/bloodinpee for more information and resources
- Visit the public-facing website for the 'blood in pee' campaign: nhs.uk/bloodinpee
- Email beclearoncancer@nhs.uk and include 'blood in pee' in the title of your email
- Order free campaign materials, such as leaflets, posters and symptom cards from the Campaign Resource Centre or call the Orderline on: **0300 123 1002**

References

- 1 Incidence and Mortality data supplied by PHE based on the NCRS dataset (2009–2013)
- 2 Data analysis supplied by PHE unless otherwise stated
- 3 TNS BMRB on behalf of PHE
- 4 The result is statistically significant
- 5 Pathway covers several cancer types in addition to bladder and kidney cancers. Data supplied by PHE using the Cancer Waiting Times Database
- 6 There is missing stage data which might affect this interpretation
- 7 Bladder cancers – ICD10 code C67
- 8 The analysis uses a week-on-week approach as the number of weekends in a month affects the total diagnoses. It uses a 2013 median weekly diagnosis as a baseline
- 9 Kidney cancer – ICD10 code C64
- 10 Due to data completeness, stage distribution is based on 2013 data only. The survival is relative period survival for 2009–2013 diagnosis (1 year). Data supplied by PHE, January 2016
- 11 Data supplied by PHE using Routes to Diagnosis 2006–2013
- 12 Cancer Awareness Measure 2014, unpublished data provided by CRUK

For full academic references please refer to the NAEDI website