Improving the early diagnosis of oesophago-gastric cancers: findings from the seven local Be Clear on Cancer pilots

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Background

- Estimates suggest nearly 1,000 deaths from oesophago-gastric (OG) cancer could be avoided each year if five-year survival rates matched the best in Europe.
- Seven local pilots across 25 PCTs in England were funded by the Department of Health to promote the early diagnosis of these cancers, targeting over 55s.
- Campaign materials were developed under the ‘Be Clear on Cancer’ brand.
- Main message: Tell your over 55s.
- Public-facing activity (e.g. local press activity) generally ran 24/7.
- Interventions varied slightly (both provided by Trent Cancer Registry)

Methods

- Awareness data collected by five out of seven pilots, ‘pre’ and ‘post’ campaign.
- Feedback from pharmacists on the impact of the local pilots.

Objectives

- Evaluate the impact of the campaign on public awareness, and two-week wait (2WW) referrals and diagnoses (following these referrals).
- Collect feedback from pharmacists on the impact of the local pilots.

Results

Table 1: Results from analysis of the 2WW data

<table>
<thead>
<tr>
<th>Referrals</th>
<th>Intervention area (n=25 PCTs)</th>
<th>Control area (n=128 PCTs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2WW referrals for suspected upper GI cancer</td>
<td>6,489</td>
<td>8,190</td>
</tr>
<tr>
<td>Change (p-value)</td>
<td>+26* (p&lt;0.001)</td>
<td>+16* (p&lt;0.001)</td>
</tr>
</tbody>
</table>

Diagnoses

- Diagnoses of any upper GI cancer (ICD-10: C22, C25) following a 2WW referral for suspected upper GI cancer: 355 (9%), 387 (9%)
- Diagnoses of oesophageal cancer (ICD-10: C15) following a 2WW referral for suspected upper GI cancer: 177 (20%), 212 (20%)

Conversion rate

<table>
<thead>
<tr>
<th>% of referrals for suspected upper GI cancer which resulted in a diagnosis of upper GI cancer (ICD-10: C22, C25)</th>
<th>April–July 2011</th>
<th>April–July 2012</th>
<th>% point change</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.5%</td>
<td>April–July 2012</td>
<td>+0.7</td>
<td>p=0.04</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of referrals for suspected upper GI cancer which resulted in a diagnosis of oesophageal cancer (ICD-10: C15)</th>
<th>April–July 2011</th>
<th>April–July 2012</th>
<th>% point change</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7%</td>
<td>April–July 2012</td>
<td>+0.3</td>
<td>p=0.01</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Key Findings

- Awareness (Figures 1 and 2)
  - Prompted and spontaneous awareness of indigestion, and difficulty swallowing, saw statistically significant increases across many projects.
- 2WW referrals for suspected upper GI cancer (Table 1, Figures 3 and 4)
  - 26% increase in intervention area vs. 16% increase in control area; intervention area had a significantly larger increase (p<0.005).
- Intervention area: Increase from 3.2 to 4.0 referrals per PCT, per working day (p<0.001) (Data not shown)
- Control area: Increase from 2.7 to 3.2 referrals per PCT, per working day (p<0.005) (Data not shown)

Diagnoses of upper GI cancer following a 2WW referral for suspected upper GI cancer (Table 1)

- 9% increase in intervention area vs. 5% increase in control area; no evidence that the intervention area had a statistically significantly larger increase.
- Small and significant decrease in conversion rate to all upper GI cancers following a 2WW referral for suspected upper GI cancer.
- No change in conversion rate to oesophageal cancer following a 2WW referral for suspected upper GI cancer in the intervention area (2.7% to 2.6%, p=0.60), but a small and significant decrease in the control area (2.9% to 2.6%, p<0.01).

Feedback from pharmacists

- 56% of pharmacists interviewed reported that staff had conversations with customers about OG cancer.
- 52% of pharmacists interviewed said they had talked to customers about OG cancer.

Conclusions

Encouraging results in both prompted and spontaneous awareness of the campaign symptoms were seen. The campaign also had an impact on behaviour with more people being referred via the 2WW referral route for suspected upper GI cancer. There also appeared to be an increase in the number of diagnoses of oesophageal cancer made from these referrals although numbers were small and this did not reach statistical significance. Positive feedback from pharmacists involved in the activity indicated support for this campaign.

Acknowledgements:

- Trent Cancer Registry and Department of Health

For more information about the Be Clear on Cancer programme of work, email 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.

Figure 1: Spontaneous awareness of difficulty swallowing as a symptom of cancer

Figure 2: Spontaneous awareness of indigestion as a symptom of cancer

Figure 3: 2WW referrals for suspected upper GI cancer in the intervention area

Figure 4: 2WW referrals for suspected upper GI cancer in the control area

Acknowledgements:

- Trent Cancer Registry and Department of Health