

Evaluation of 2012 Bowel Cancer Awareness and Early Diagnosis Campaign at a District General Hospital



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Introduction

Bowel cancer in the UK

Incidence: bowel cancer is the third most common cancer in the UK.

Mortality: it is the third most common cause of cancer death in the UK, accounting for 11% of all deaths from cancer.

Late diagnosis is a major problem 10,000 deaths could be avoided each year in England if our cancer survival rates matched those in the best countries (e.g. Australia, Canada and Sweden).

Bowel cancer accounts for 1700 of these avoidable deaths.

Late diagnosis is thought to be the single most important factor underlying poor survival.

The Government has set a goal that an additional 5000 lives p.a. should be saved by 2014/15. This would bring survival in England up to the average for Europe.

But.... low public awareness and late diagnosis (25% present as emergencies).

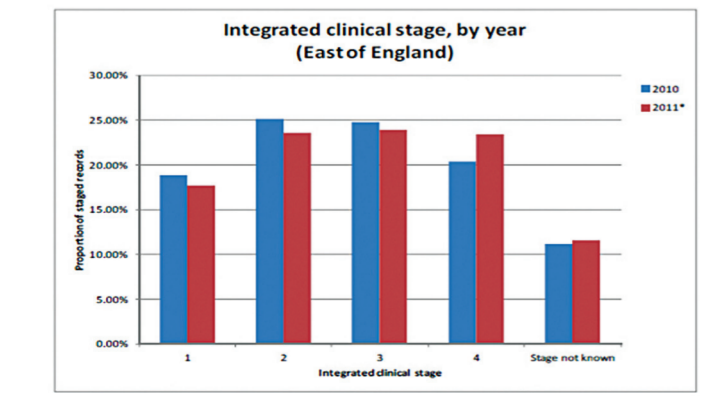
Hence.... Regional awareness pilots ran in two Regions (EoE and SW) over 7 weeks in late January – March 2011.

Emphasis on 2 key symptoms: loose poo and blood in poo continuing for 3 weeks or more.

Results of Regional Campaign pilots 2011

- The regional campaigns raised awareness of the signs and symptoms of bowel cancer. TV advertising (as expected) had the greatest impact.
- Attendances in primary care with relevant symptoms increased by 50%.
- 2ww colorectal referrals appeared to have increased markedly (34%) during the campaign.
- *The campaign appears to have had a positive effect by increasing the proportion of patients diagnosed with cancer being referred by the urgent GP referral route rather than other routes such as routine or emergency.*
- Given that urgent GP referrals (2WW) increased considerably within the pilot period, yet there were no additional new cancers detected (same as 2010) and conversion rates fell in the pilot areas.
- Colonoscopy rates increased markedly.
- The increase in colonoscopy activity is likely to have led to an increase in histopathology activity.
- The increase in endoscopy would almost certainly have led to increased polyps detection and hence to cancers being prevented. It was not possible as part of this evaluation to capture data on the number of polyps removed.
- The proportion of cancers detected at an early stage of disease (stage 1 and 2) compared with late stage disease (stages 3 and 4) was similar in 2010 compared to 2011.

Stages of new colorectal cancers in campaign pilot 2011



Source: Eastern Cancer Registry and Information Centre (ECRIC)

Following the regional Be Clear on Cancer campaign, the Department of Health launched a national bowel cancer awareness campaign from 30 January 2012. The campaign ran until the end of March.

What is the Be Clear on Cancer campaign?

Be Clear on Cancer is a Department of Health campaign which aims to improve early diagnosis of cancer by raising the public's awareness of the symptoms of cancer and encouraging people to see their doctor earlier.

The Be Clear on Cancer campaign is the first national Government campaign to raise awareness of the early signs and symptoms of bowel cancer.

Advertisements featured on national TV, radio and press; there were also online activity and advertising on local buses and public events across the country. The campaign encouraged people who have blood in their poo or loose poo for more than 3 weeks to see their doctor.

Who is the campaign aimed at?

The campaign targeted men and women over the age of 55 and their key influencers, such as friends and family.

In this audit;

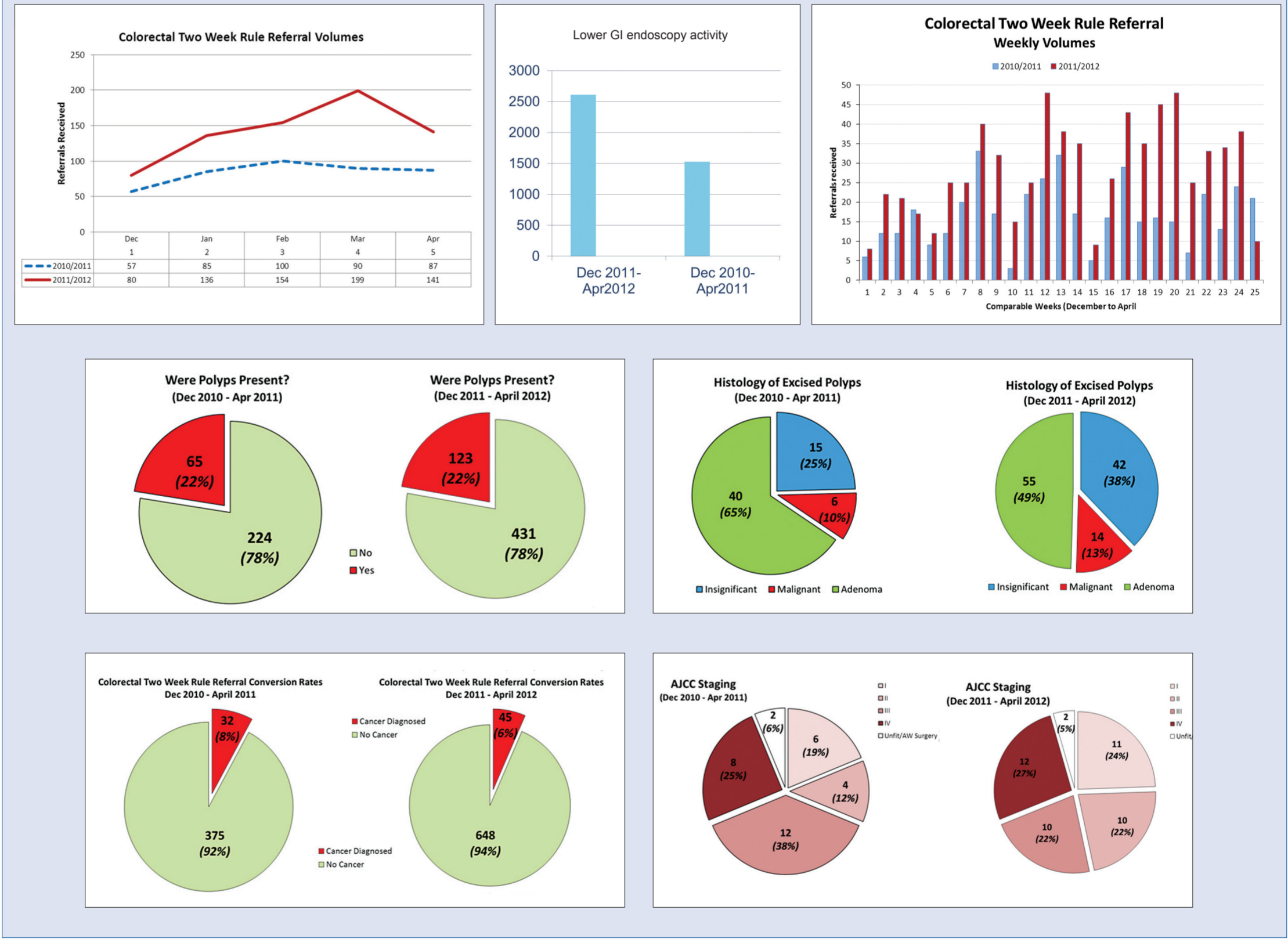
Aim: to evaluate the impact of the 2012 campaign through answering the following questions:

- 1 Did the campaign increase the volumes of TWR referrals?
- 2 Has the conversion rate changed for TWR referrals?
- 3 Did we identify and excise more polyps?
- 4 Of the polyps excised, has there been a change in the percentage of adenomas (pre-cancerous) reported?
- 5 Has the staging of tumours at diagnosis changed?

Methods

Data were collected from Somerset database, endoscopy unit, APEX pathology database at East Surrey Hospital for all patients referred on TWR for suspected lower GI cancer from 01/12/2011-30/04/2012 and compared with a cohort group of TWR from 01/12/2010-30/04/2011.

Results



Summary of results

- 1 TWR referrals increased by 69% around the campaign time compared same period last year
- 2 Consequently, there was a remarkable increase in the lower GI endoscopy workload. 2611 colonoscopy/flexible sigmoidoscopy around the campaign period compared to 1525 done during same time last year, i.e. 71.2% increase.
- 3 There was 37.5% increase in the absolute number of newly diagnosed cancers at SASH.
- 4 There was 30.9% increase in the absolute number of the adenomatous polyps detected, but the percentage did not increase.
- 5 46% of detected cancers around the campaign were at an early stage (stage I & II) compared to 31% last year.

Conclusions

The Bowel cancer awareness campaign has, at least in this trust, achieved its actual aim to detect more polyps and bowel cancers at an early stage in order to improve the treatment outcome and survival rates.

There was a significant increase in the workload (clinics, endoscopy, pathology...) at the secondary care trusts as a result of the campaign.

(Special thanks to Andrew Deighton, Cancer Service department, SASH for his valued help in this audit)