



Department  
of Health



Public Health  
England



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To:  
CCG Clinical Leads  
Be Clear On Cancer Stakeholders  
Strategic Clinical Network Associate Directors  
Local Authority Chief Executives  
Directors of Public Health  
Public Health England Centre Directors  
Foundation Trust Chief Executives & Medical Directors  
Trust Chief Executives & Medical Directors

CC:  
NHS England Regional Medical Directors  
Accountable Officers  
Area Team Directors

20 December 2013

Dear Colleague

**February - March 2014 - *Be Clear on Cancer* symptom awareness campaigns**

We are writing to:

- let you know about a national breast cancer in women aged 70 years+ campaign running from 3rd February to 16th March
- let you know about a national lung cancer reminder campaign running from 10th March to end March/April
- update you on two regional campaigns:
  - i) Ovarian cancer running from 10<sup>th</sup> February to 16<sup>th</sup> March in the North West TV region covering primarily Merseyside and Cheshire, Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks
  - ii) Oesophago-gastric cancer running from 10<sup>th</sup> February to 9<sup>th</sup> March in the North East & Border TV regions covering North of England Strategic Clinical Network
- let you know about a local campaign in the South West Strategic Clinical Network area on skin cancer (melanoma) running in March/April
- ask you to cascade this information to your local teams and colleagues.

## Background

1. The *Be Clear on Cancer (BCOC)* symptom awareness campaigns are designed to tackle late presentation of patients with possible cancer symptoms and thereby to promote earlier diagnosis of cancer, when the cancer is more treatable. As highlighted in the recently published Mandate for 2014/15 more needs to be done to prevent people from dying prematurely and earlier diagnosis can make an important contribution to this.
2. *Be Clear on Cancer* began in 2011 and has covered a number of tumour sites including bowel, lung, kidney and bladder cancers. A process of testing locally and then regionally is conducted to ensure the messages are correct for the target audience and to assess the impact on NHS services. If appropriate, campaigns are then run nationally across England.
3. The campaigns are run by Public Health England, in partnership with NHS England and the Department of Health.

## National

4. The national breast cancer in women aged 70years+ campaign will run 3<sup>rd</sup> February to 16<sup>th</sup> March 2014.

The initial results from the regional pilot suggest that GPs may see more patients coming to their practices with breast cancer symptoms or mentioning them during home visits, but this is not likely to represent a major additional pressure. It is difficult to predict the exact increase for trusts, but based on the increase in referrals seen in the regional pilot area, it is anticipated that the impact of the national campaign will equate to around one extra two week wait referral per week per trust. We are still awaiting data on the impact of the regional pilot on breast screening services.

The key message of the campaign is:

*'1 in 3 women who get breast cancer are over 70, so don't assume you're past it'*

The campaign will run on TV, in national press, direct mail and out-of-home media.

5. The decision to run a further lung cancer reminder campaign at a national level is based on evaluation data from the first national campaign which ran May - June 2012. For the first time we are able to demonstrate the clinical impacts of a *Be Clear on Cancer* campaign and a shift towards earlier diagnosis. Early results are extremely encouraging and show an additional 700 cancers were diagnosed during the campaign period (two months of the campaign plus the following month) and around 300 additional patients had surgery as a first treatment for diagnosed lung cancer.

Further details are below:

- Significant increases in unprompted awareness of symptoms amongst the target audience, and a significant increase of approximately 30% in two week wait referrals for suspected lung cancer in the campaign months, which in turn led to

extremely positive changes in the number of cancers diagnosed, stage and treatment of lung cancers within the campaign period.

- There was a statistically significant increase of 9.1% in the number of lung cancers diagnosed in patients first seen for lung cancer during the campaign months (May-July 2012) in comparison to the same months in 2011, whilst the increase for the control period (February-April 2011 compared to February-April 2012) did not reach statistical significance.
- There was also a statistically significant shift towards an earlier stage distribution for Non-Small Cell Lung Cancers (including carcinoid tumours) over the campaign months in comparison to the same months the previous year, which was not seen for the control months.
- There was a statistically significant increase of 2.3 percentage points for the proportion of patients receiving surgical resection as a first definitive treatment for those first seen for lung cancer during the campaign months in comparison to the same months in the previous year, whilst there was no statistically significant change in this proportion during the control period.

The national lung campaign will run from 10<sup>th</sup> to the 31<sup>st</sup> March 2014, with a possibility of it being extended into April.

The key message of the campaign is:

*'If you've been coughing for three weeks or more tell your doctor'*

The campaign will run on TV, in national press, radio and out-of-home media.

### Regional

6. Based on evidence received from local pilots, two regional campaigns, to include TV advertising, will run as follows:

i) Oesophago-gastric – North East & Border TV Regions – 10<sup>th</sup> February – 9<sup>th</sup> March 2014

The local pilot campaign ran early in 2012 and targeted C2DE men and women aged 50 years and over and focussed on key symptoms of oesophageal and stomach cancers – dysphagia and dyspepsia. There were two sets of messaging for the local pilot:

*'If food is sticking when you swallow, tell your doctor.'*

*'If you've had indigestion or heartburn on and off for 3 weeks, tell your doctor.'*

We have consulted with a range of experts to help refine the messaging. This has now been agreed as heartburn for the TV commercial and a mix of heartburn and food sticking for leaflets, radio, press and posters. The target group for the 2014

regional pilot will be the same and age, where referenced, will be 50 years and over.

ii) Ovarian – North West TV Region – 10<sup>th</sup> February – 16<sup>th</sup> March 2014

The local campaign ran early in 2013 and targeted women aged 50 years and over and focussed on the key symptom of ovarian cancer – persistent bloating. The message for the public was:

*'Feeling bloated most days for 3 weeks or more could be a sign of ovarian cancer'*

The regional campaign will target the same group and use the same key message. There will be some minor changes, eg there will be inclusion of bowel symptoms in the literature associated with the campaign and the colour used for the advertisements will change to teal.

Local

7. Skin cancer (malignant melanoma) has been chosen as the next cancer type to pilot a campaign at local level because it poses a significant yet largely avoidable public health threat. Rates are rising significantly, with the incidence having quadrupled since the 1970s. In 2011, there were 11,121 newly diagnosed cases of melanoma and 1,088 people died from melanoma in the same year. Based on research evidence it is estimated that around 190 deaths from melanoma could be avoided each year if survival rates in England matched the best in Europe.
8. The skin cancer pilot will run in the South West Strategic Clinical Network focusing on encouraging earlier detection of malignant melanoma and will run from mid- March through to the end of April 2014.
9. Recent statistics published by ONS showed that over the last ten years, rates of newly diagnosed melanoma skin cancer were highest in the South West and the South East regions of England. The region has also worked on a number of skin cancer initiatives with Cancer Research UK and are therefore ideally placed to support this initiative.
10. The various teams from Public Health England, the Department of Health, NHS England and NHS Improving Quality will work with the South West Strategic Clinical Network to determine the exact geographical spread and work through the various elements of the pilot including media selection, and identifying what information we need for evaluation. An expert group has been convened to provide advice on evidence and messages to support the development of the creative campaign.

Evaluation update of local campaigns

11. The individual BCOC campaigns are subject to comprehensive evaluation and, in some cases, data can take up to 18 months to extract and collect. Local campaigns by their very nature have limited evidence and it is only when campaigns are scaled up to a regional level more comprehensive statistics become available. Below are the results available for the two local pilots which are being scaled up to regional tests:

#### i) Local ovarian (January to March 2013)

- Confidence in knowledge of symptoms of ovarian cancer increased significantly in the Anglia/Essex pilot area after the campaign, up from 20% to 31% saying “very/fairly confident”
- 57% of women agreed that “the advertising told me something new”
- During the campaign, within the target area there was a 21.9% increase in visits per week for patients aged 50years + with the key symptom highlighted in the publicity campaign: unexplained bloating, compared with the same period in the previous year. The increase in activity was equivalent to 0.04 additional visits per practice per week (adjusted for bank holidays).
- Within the site-specific campaign areas there were some statistically significant increases in the number of referrals for suspected gynaecological cancer, particularly for those aged 40-49 and 50-59, of 13% and 14% respectively.

#### ii) Local oesophago-gastric (April-July 2012)

- Statistically significant increase in spontaneous awareness of the symptom difficulty swallowing, (7% to 13%). NB\* Only five out of seven local projects collected awareness evaluation data
- 26% increase in urgent referrals for suspected upper GI cancer in pilot area compared with 16% increase in control area
- 20% increase in oesophageal cancers (177 to 212) diagnosed following a 2WW referral for suspected upper GI cancer in the pilot area compared with a 3% increase (827 to 853) in the control area.

#### Preparations

12. As for previous campaigns, NHS Improving Quality, as part of NHS England, will be working with Strategic Clinical Networks to help ensure the NHS is prepared for the forthcoming campaigns, whilst Public Health England is working with local authorities. Briefing sheets for healthcare professionals and others, as well as campaign materials, will be provided to support the preparation and delivery of the campaigns. These will be available on the [NAEDI website](#) and cascaded late December 2013 and January 2014. In the meantime you may want to be preparing primary and secondary care colleagues, looking at the capacity for diagnostic tests as well as treatment, and forward plan.

Please can you share this information with colleagues and local teams so they can start to think about how they can work together to help promote this campaign in your local community.

13. For more information, or if you have any queries, please contact the project support desk [beclearoncancer@nhsiq.nhs.uk](mailto:beclearoncancer@nhsiq.nhs.uk)

14. Finally, we would like to thank you for your support with the *Be Clear on Cancer* campaigns to date and look forward to working with you to deliver the remainder of the 2013/14 programme.

Yours sincerely



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