

Be Clear on Cancer

Bowel Cancer campaign

Q What is the Be Clear on Cancer campaign?

A 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. Initiatives have been run for breast, bowel and lung cancer in different parts of the country. Next year, PCTs will run local Be Clear on Cancer campaigns focusing on oesophagogastric cancer, the symptom blood in urine (common to kidney and bladder cancer) and breast cancer in women over 70. The Department of Health will run the first national bowel cancer awareness campaign at the end of January 2012.

Q What will the Be Clear on Cancer national bowel cancer awareness campaign consist of?

A The national Be Clear on Cancer bowel cancer awareness campaign will feature on national TV, radio and press, and there will be online promotion and advertising on local buses. The campaign will encourage people with **blood in their poo or looser poo for three weeks** to visit their GP. There will also be local face to face events in areas such as shopping centres.

Q What is the aim of the campaign?

A The aim of the campaign is:

- make people aware of the symptoms of bowel cancer and get people with symptoms to see their doctor early
- get more people with the key symptoms to be seen in secondary care in order to rule out or confirm a diagnosis of bowel cancer
- ensure people with bowel cancer are diagnosed earlier and improve their chances of being successfully treated
- improve survival rates in England which are below the European average

Q Who is the campaign aimed at?

A The campaign will target men and women from lower socioeconomic groups over the age of 55 and their key influencers, such as friends and family.

Q When is the campaign taking place?

A The campaign will run from 30 January 2012 to the end of March 2012.

Q How will the campaign improve detection and survival rates?

A In England, it is estimated that around 1700 deaths from bowel cancer could be prevented each year if survival rates matched the best in Europe¹. If diagnosed early, bowel cancer is highly treatable. However, currently only 9% of patients in the UK are diagnosed at the very earliest stage of the disease², known as Dukes A. Five-year survival rates are lower for patients diagnosed at later stages of the disease. Less than 10% of patients diagnosed at Dukes D survive five years or more.

Dukes Stage	% of cases	Five Year Relative Survival
A	8.7%	93.2%
B	24.2%	77.0%
C	23.6%	47.7%
D	9.2%	6.6%
Unknown	34.3%	35.4%

** Relative survival takes into account the fact that the person may have died even if they did not have cancer; it is relative to the rest of the population*

1. Richards, M A, *British Journal of Cancer* (2009) 101, S125–S129. www.bjcancer.com, *The size of the prize for earlier diagnosis of cancer in England*

2. Cancerresearchuk.org/type/bowel-cancer/treatments

Q What is the evidence to support a national campaign?

A The bowel cancer pilot campaigns that ran in the South West and East of England for six weeks at the beginning of 2011 have had the following positive results:

- **48% increase in the number of people over the age of 50 who visited their GP with symptoms**
- **32% increase in urgent referrals to hospitals over six months compared with the six months for the same period in the previous year**
- **75% of the public were aware of the campaign in the two regions where it ran**

Further information can be found at the First Annual Report of the Cancer Outcomes Strategy at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131690

Q Why is the campaign focusing on blood in poo or looser poo as key symptoms?

A These symptoms were chosen based on clinical advice and evidence shows that loose poo and rectal bleeding are the most common symptoms in people diagnosed with bowel cancer. Keeping the message simple is important for any health campaign to be effective.

Q Why does the campaign tell people to visit their GP if they experience symptoms for 3 weeks when NICE guidance tells GPs to urgently refer if patients experience these symptoms for 6 weeks?

A The Department of Health recognise that the '3-weeks' timescale is earlier than the NICE Guidelines for urgent GP referrals for suspected bowel cancer, which state 6 weeks. It is hoped that this shorter

timescale will encourage people with potentially serious symptoms to go and see their GP promptly. GPs will of course need to exercise their clinical judgement about the appropriate handling for the individual patient. In other words, not every patient who presents to their GP with these symptoms should be referred on the urgent referral pathway for suspected bowel cancer. Standard outpatient referral and/or straight to test referrals may also be appropriate for some patients.

Q If direct access to flexible-sigmoidoscopy and colonoscopy is available locally, should I refer patients who meet the current NICE referral guidelines?

A GPs should continue to follow locally agreed protocols for urgent referrals for a suspected cancer based on NICE referral guidelines.

The Department of Health will be producing information for GPs on best practice referral pathways in the new year to support GP direct access to key tests for cancer, including lower GI investigations for colorectal cancer.

The National Cancer Action Team, with the support of Cancer Networks, will be making a Risk Assessment Tool for colorectal cancer available for use. For further information visit: <http://www.ncat.nhs.uk/our-work/diagnosing-cancer-earlier/gps-and-primary-care>.

Q Why is the campaign being run from January – which is already a busy time of the year time for GPs?

A There will always be challenges regardless of what time of year a campaign of this kind is run. The Department of Health wrote to NHS chief executives in August to inform them of the plans for the national campaign and the importance of preparing early. Cancer Network leads are also working with local providers to help prepare for the expected response to the campaign.

Q Will GP practices be inundated with people as a result of the campaign?

A Evidence from the bowel cancer awareness pilot in January 2011 showed that the impact on primary care was very manageable. There was a 48% increase in the number of people over 50 who visited their GP with relevant symptoms, which equates to one additional patient per practice per week.

Q What if the campaign raises anxiety in people without symptoms?

A Some people without symptoms - but for example, with some history in their family of bowel cancer – may have concerns about their risk of developing bowel cancer. Your response as a GP will depend upon their relative risk, outlined below.

People with a first degree relative (such as mother, father, brother, sister, child) under 45 - or with two or more first degree relatives with bowel cancer may have a small increased risk of developing the disease and should be considered for screening. People with diabetes or who have an inflammatory bowel condition, such as Crohn's disease or ulcerative colitis, or who have had previous polyps removed, may also be at an increased risk.

A summary of recommendations from the updated guidance on Colorectal Screening and Surveillance in moderate to high-risk groups is available here: www.bowelcanceruk.org.uk/be-clear-on-cancer-bowel.

Q If a patient of bowel screening age presents with symptoms should they be told to wait until they are sent a kit by the NHS Bowel Cancer Screening Programme?

A No. If a patient of bowel screening age presents with significant symptoms, they should be referred for an outpatient appointment in secondary care under the current urgent GP referral (two week wait) pathway. More information about the NHS Bowel Cancer Screening Programme can be found at Bowel Cancer UK's website (www.bowelcanceruk.org.uk/be-clear-on-cancer-bowel).

What about the impact of increased public awareness and GP referrals on other services like endoscopy or the NHS Bowel Cancer Screening Programme?

The evaluation of the pilot campaign found an increase in the number of people waiting for a colonoscopy in both the East of England (28.5%) and the South West of England (16.4%). There also appeared to be some effect on screening uptake. The two screening hubs undertook different approaches to monitoring the impact on screening of the bowel cancer awareness pilot campaign. The East of England Cancer Registry looked at screening uptake and found a 5% increase which was consistent with the hub covering the East of England.

The Department of Health has estimated that there will be an additional 15,000 colonoscopy procedures as a result of the campaign and for an average sized trust this equates to an additional 10 procedures (2 extra sessions per week) during the period of the campaign. Additional funding was put into PCT baselines to meet the costs of extra treatment arising from the work to improve early diagnosis of cancer.

The Department of Health is working closely with local NHS teams to estimate the potential increase in referrals and therefore help them to plan for the increases in demand.

Modelling has shown that, over the next 4-5 years, the NHS will need to plan for a 10-15% year on year increase in lower GI endoscopy activity. The details of this have been shared with SHA Clusters and Cancer Networks.

The Operating Framework for the NHS in England for 2012/13 states that there is now an expectation that less than 1% of patients should wait more than 6 weeks for a diagnostic test. To support the Cancer Outcomes Strategy, funding for additional diagnostic tests and treatment in order to deliver earlier diagnosis of cancer has been put into PCT baselines over the next 4 years.

For information about the Department of Health Be Clear on Cancer campaign you can email naedi@cancer.org.uk. Please reference the Be Clear on Cancer campaign in your subject heading.