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Dear Colleague

***Be Clear on Cancer* - national campaign to promote earlier diagnosis of bowel cancer**

You may have already heard about the plans to run a national campaign to raise awareness among the public of the symptoms of bowel cancer and to achieve earlier diagnosis. This letter provides you with more information.

Why are we running this campaign?

As you will know, bowel cancer is one of the biggest cancer killers and is the tumour site where we believe there is the most scope for improvement in outcomes. Over 90% of bowel cancer patients diagnosed with the earliest stage of disease survive five years from diagnosis compared with only 6.6% of those diagnosed with advanced disease. Whilst survival rates for the more common cancers have improved significantly in recent years, England's survival rates still lag behind the European average. It is estimated that 1,700 deaths could be avoided each year if our bowel cancer survival rates were as good as the best in Europe. Later diagnosis is seen as a key reason for the poorer survival rates.

From research, we know that the public has a low level of knowledge about the symptoms of bowel cancer and are reluctant to present if they have the symptoms, citing issues such as worrying about wasting their GPs' time and feeling embarrassed.

Health economic analyses undertaken during the development of the Cancer Outcomes Strategy (January 2011) indicated that additional investment in earlier diagnosis is likely to be a highly cost-effective way of improving survival rates. The Strategy was accompanied by funding of over £450m which has been put into PCT baselines over a 4-year period to support earlier diagnosis for cancer – to meet the costs of additional tests and additional treatment.

In summary, our aim is to get people with appropriate symptoms to present earlier and, where appropriate, referred on promptly for investigation.

What will the campaign involve?

The campaign will start on 30 January 2012 and run to the end March. It will run on national television and radio and in the press (a copy of the press ad is attached). There will also be online and outdoor activity. It is designed to:

- give simple information about bowel cancer symptoms
- provide a clear call to action to see the doctor
- give a reassuring message that earlier diagnosis improves the chances of successful treatment.

The campaign will be aimed at people over the age of 55 from lower socio-economic backgrounds. The message will be that, if a person has had loose poo or blood in their poo for more than 3 weeks, then they should go to see their GP. The message has been developed with a range of key stakeholders and was successfully trialed in pilots earlier this year.

We recognise that the “3 weeks” timescale is earlier than the NICE Guidelines for urgent GP referrals for suspected bowel cancer, which state 6 weeks. What we are concerned to do is to ensure that people with potentially serious symptoms go and see their GP promptly - GPs will of course exercise their clinical judgement about the appropriate handling for the individual patient. In other words, we are not saying that 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.

We also recognise that the great majority of those presenting and referred on to secondary care will not have bowel cancer; and the fact that they may well have other conditions that require health care interventions will create additional demand for services.

What sort of impact are we expecting?

The national campaign follows pilot work in the East of England and South West earlier this year. This led to more people visiting their GP - there was about a 50% increase in people over the age of 50 with the symptoms used in the campaign. On the basis of these results, we estimate that each GP practice is likely to get about one extra patient presenting a week.

The pilots produced similar increases in referrals to secondary care and, again on the basis of the results, we have estimated the likely increases in work for secondary care – particularly in terms of endoscopies – and asked trusts to prepare to meet those increases.

The increase in referrals to secondary care is likely to have a large impact on endoscopy services in the short term. Close co-operation with secondary care within your health community is vital to ensure the campaign benefits are maximised.

We recognise that we are not going to be able to solve the problem of late diagnosis of bowel cancer with a single campaign - long-term and sustainable activity is needed to deliver major improvements.

Further information for GPs

To support GPs:

- Bowel Cancer UK will be producing supporting information in electronic format for primary care (they provided information for the pilots, and they are now revising this to take account of feedback)
- Cancer Research UK is working with doctors.net on producing practical resources for clinicians on cancer and early diagnosis
- Cancer Networks will be keeping local GPs and practice staff informed about the progress and implementation of the campaign (the Networks are also working with secondary providers to prepare for the campaign)
- NCAAT, with the support of Cancer Networks, will be making a Risk Assessment Tool for colorectal cancer available for wider dissemination and use in the New Year.

If you have any comments or questions, please could you email Beth.Capper@dh.gsi.gov.uk.

Best wishes



Professor Sir Mike Richards CBE
National Clinical Director for Cancer



Dr Cathy Burton

**If for the last
3 weeks you've
had blood in
your poo or it's been
looser, don't sit
there, just tell me.**

Chances are it's nothing to worry about, but it could be the early signs of bowel cancer. Tell your doctor. Finding it early makes it more treatable, and could save your life.



nhs.uk/bowelcancer