

Cancer

Headlines

- Each year in Kirklees cancer kills more than 900 people and there are around 2,000 new cases.
- There are many different types of cancer. Breast, prostate, lung and bowel cancer accounted for over half (53%) of all new cases of cancer in Kirklees in 2007-2009.
- Lung cancer persists as a major killer as fewer than 10% of sufferers survive as long as five years. It is largely avoidable as it is mostly caused by smoking.
- Lung cancer is the second most common cancer for both men and women in Kirklees. Overall lung cancer accounted for 15% of all new cases of cancer in 2007-2009.
- The rate of new cases of lung cancer in women in Kirklees increased by 29% between 1999 and 2009, reflecting the fact that more women took up smoking in the 1990s.
- A substantial proportion of cancers could be avoided mainly through a combination of reducing smoking rates, improving diet and increasing physical activity.
- There is a steep social gradient in cancer, in both death rates and new cases; for example, more occur in people with low educational status and in those with poor mental health. The main risk factors such as smoking, physical inactivity and obesity also have a steep social gradient.
- In Kirklees the rate of new cases of cervical cancer and deaths is increasing and there is a continued need for women to attend for regular screening. This is particularly important in the younger age group where screening coverage has declined.

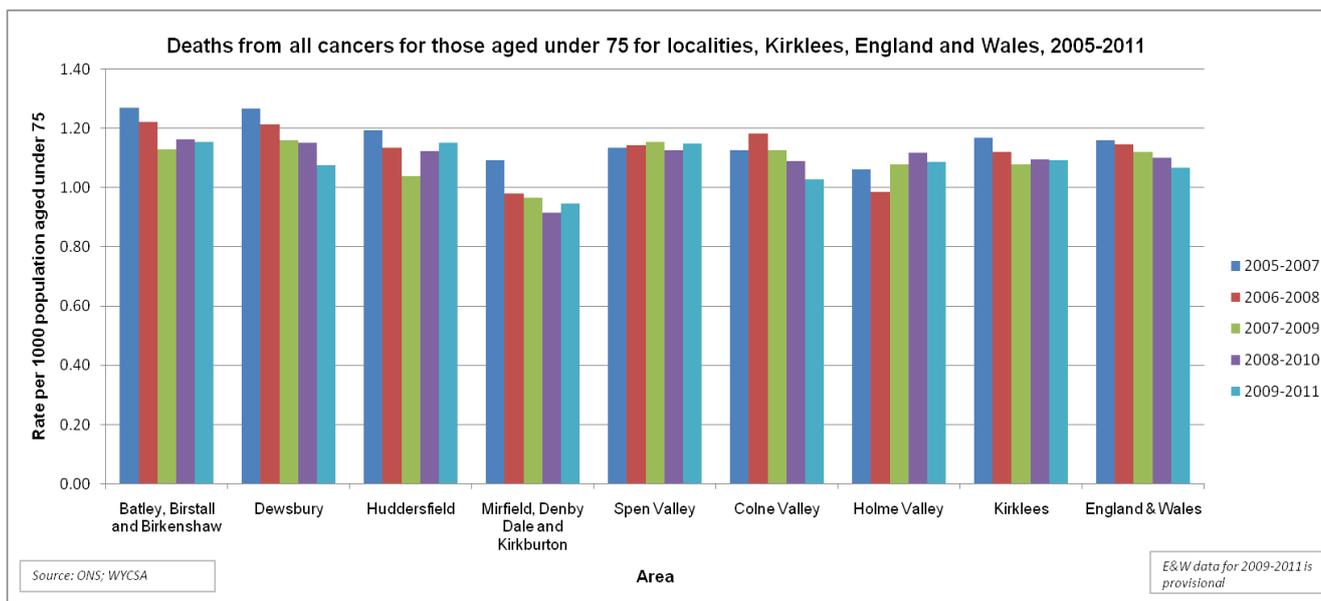
Why is this issue important?

Cancer causes around a quarter of all deaths in England. More than 1 in 3 people will develop cancer at some point in their life¹. In Kirklees each year cancer kills more than 900 people and there are around 2,000 new cases². Deaths from cancer in both men and women aged under 75 years were higher in Kirklees than England overall but were similar to elsewhere in West Yorkshire and the Yorkshire and Humber region. Death rates from cancer in both men and women aged under 75 years continued to decline in Kirklees in line with regional and national trends. The death rate fell in men from 150 per 100,000 in

1998-2000 to 130 per 100,000 in 2008-2010 and in women from 108 per 100,000 to 102 per 100,000 over the same period.

Cancer is the most common cause of death in Kirklees in those aged under 75 years.

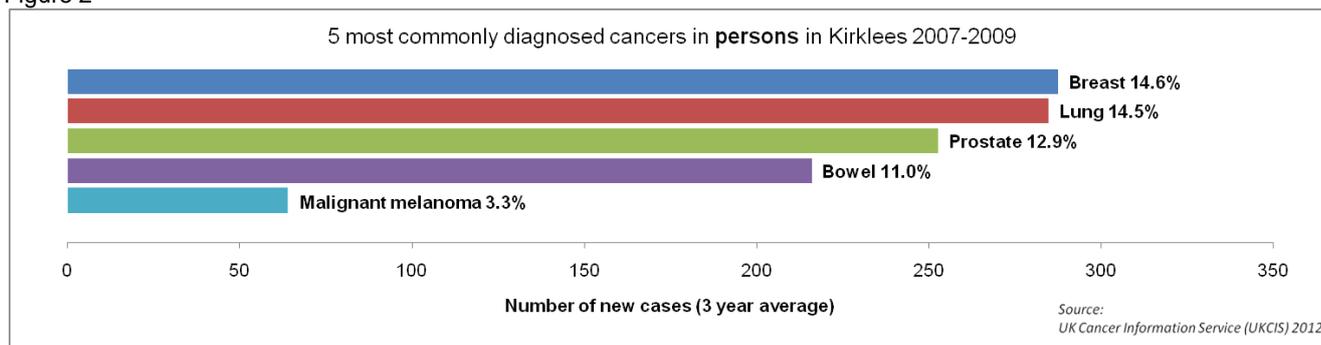
Newly diagnosed cancer cases rose by 19% between 1985 and 2009 and over the same period deaths due to cancer fell by 24%. However, differences between localities remain (see Figure 1)².



Survival rates continued to improve for all of the 21 most common cancers³, but between 5,000 and 10,000 deaths within five years of diagnosis could be avoided in England if efforts to promote earlier diagnosis and appropriate surgical management were more successful⁴.

The risk factors, rates of new cases and survival rates for cancers vary with the type of cancer. The four most common cancers occurring in Kirklees are breast, lung, prostate, and bowel cancer (see Figure 2). These accounted for over half (53%) of all new cases in Kirklees in 2007-2009 and almost half (49%) of all cancer deaths in Kirklees in 2008-2010². For women in Kirklees cancers of the uterus and ovary account for 9% of all cancers affecting women. Ovarian cancer is the fourth most common cause of death for women in Kirklees, causing 1 in 20 (5%) of all female cancer deaths.

Figure 2



Breast cancer

Breast cancer is the most commonly diagnosed cancer in women, affecting 1 in 8 women. In 2007-2009 breast cancer accounted for nearly 1 in 3 (30%) of all new cases of cancer for women in Kirklees. New diagnosis rates are similar in Kirklees, regionally and nationally. The annual rate of new cases of breast cancer diagnosed in Kirklees to 2009 continued to increase but not as rapidly as previously². The increase was attributed to a number of factors including: starting periods earlier, delaying starting a family, having fewer children (so spending less time breastfeeding), and prolonged use of hormone replacement therapy.

Deaths from breast cancer have declined over the last 15 years in Kirklees, regionally and nationally. However, it remains the second most common type of cancer death in women. In Kirklees in 2008-2010, almost 1 in 7 (15%) of all cancer deaths in women were from breast cancer.

Breast cancer survival rates have steadily improved. The five-year survival rate for women diagnosed with breast cancer in England during 2006-2010 was 84%. Breast cancer had a higher survival rate for older women compared with younger women (five-year survival for women aged 15-39 years at diagnosis was 84% and for women aged 40-69 years was 89-90%³). In Kirklees the five-year survival rate for women diagnosed with breast cancer in 2003-2005 was 85%.

Prostate cancer

Prostate cancer is the most common cancer in men accounting for around 1 in 4 of cancer cases locally and nationally. The rate of new cases of prostate cancer in Kirklees was similar to national rates continuing to slowly increase¹. Prostate cancer is the second most common cause of death in men. In Kirklees in 2008-2010, 1 in 8 (12%) of all cancer deaths in men were from prostate cancer.

Survival from prostate cancer five years after diagnosis was 80% in England in 2006-2010³. Prostate cancer survival rates have steadily improved. In Kirklees the five-year survival rate for men diagnosed with prostate cancer in 2003-2005 was 85%.

Lung cancer

Lung cancer is the second most common cancer in men and the third most common in women in England⁵. However, in Kirklees, lung cancer is now the second most common cancer in both men and women. Overall lung cancer accounted for 15% of all new cases of cancer in 2007-2009.

Since 1997 the rate of new cases of lung cancer in Kirklees has increased in women and decreased in men. These rates were significantly higher than the rates for England. The highest rates continued to be amongst men aged over 65 years. However, whilst the rates in older men gradually declined, the rates in women aged over 65 years increased. This gradual convergence of lung cancer incidence rates for men and women reflects the regional and national trend.

More men and women died from lung cancer than from any other type of cancer. In Kirklees in 2008-2010, 1 in 4 (25%) of all cancer deaths were from lung cancer. The death rate for lung cancer in both men and women in Kirklees was also significantly higher than in England. As with new diagnoses, death rates reduced in men but increased in women. Lung cancer has one of the lowest survival outcomes of any cancer because more than 2 in 3 patients are diagnosed at a late stage, when curative treatment is not possible. Survival rates are increasing very slowly and national five-year survival for lung cancer patients diagnosed during 2006-2010 was 9% in men, 11% in women³. In Kirklees the five-year survival rate was just over 7% for people diagnosed with lung cancer in 2003-2005.

Bowel cancer

About 1 in 20 people in the UK will develop bowel (colon) cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with more than 16,000 people dying from it nationally each year. Bowel cancer is the third most common cancer for both men and women in Kirklees. Overall bowel cancer accounted for 11% of all new cases of cancer in 2007-2009². The rate of new cases has gradually increased in the last 10-15 years in Kirklees, reflecting the regional and national trend. In 2008-2010 the rate of new cases of colon cancer in men in Kirklees was significantly higher than the rate for females.

Bowel cancer was the second most common cause of cancer death for people in Kirklees. In 2008-2010, 11% of all cancer deaths were from bowel cancer.

In England for 2006-2010, five-year bowel cancer survival was 55% in men and 56% in women; an improvement of 1.5% and 1.6% respectively compared with the preceding five-year period³.

Regular bowel cancer screening reduces the risk of dying from bowel cancer by 16%⁶. The bowel cancer screening service locally offers screening every two years to all men and women aged 60-75 years.

Cervical cancer

New cases of cervical cancer have reduced by about a third in England over the last 20 years, and deaths have more than halved. This is largely due to the establishment of the national cervical screening programme in 1998. The percentage of women attending for screening has, however, declined over recent years, especially in the younger age group⁷. Although nationally, the overall rate of new cases of cervical cancer has shown little fluctuation over the last 10 years, in Kirklees the incidence rate increased. In 2007-2009 the rates of new cases of cervical cancer in Kirklees (12.2 per 100,000), West Yorkshire (10.3 per 100,000) and the Yorkshire and Humber region (10.7 per 100,000) were all significantly higher than in England (8.9 per 100,000)².

Skin cancer

Cases of melanoma (a type of skin cancer) continue to rise. Skin cancer is largely preventable².

What significant factors are affecting this issue?

There are some risk factors for cancer that can be adjusted or prevented to help stop cancer occurring. Many of these are health behaviours. Early diagnosis is crucial in improving cancer outcomes, and so it is vital that people are aware of the symptoms and risk factors.

Breast cancer

Being physically inactive and being overweight or [obese](#) after the menopause increase the risk of breast cancer. Having a first degree relative with breast cancer doubles the risk, although 8 in 9 breast cancers occur in women without a family history of breast cancer⁵. Research has shown that drinking alcohol slightly increases the risk of a woman developing breast cancer⁸. Alcohol boosts levels of oestrogen in the blood, and abnormally high levels of this hormone have been linked to breast cancer⁸.

The main form of prevention for breast cancer is the national breast cancer screening programme. This targets women aged 50-70 years every three years to enable early detection and treatment of breast cancer. The age range is being extended (roll-out due to be completed in 2016) to include women aged 47-49 and 71-73 years. In 2008-2011, 78% of women aged 53-70 in Kirklees were screened⁹, similar to nationally¹⁰, but this reduced from 2009-2010 by 0.7%.

*Prostate cancer*⁵

No modifiable risk factor for prostate cancer has been identified. The factors known to increase risk are age, family history and ethnicity. Risk increases two to three times for men with a first degree relative diagnosed with prostate cancer. If the relative is under 60 years old at diagnosis, or more than one relative is affected (at any age), the individual's risk is four times the average. Men of black African or black Caribbean origin have a higher risk and Asian men have a lower risk than the national average.

Lung cancer

Around 87% of lung cancers in men and 74% in women are estimated to be caused by the use of tobacco, either smoked directly or through indirect exposure¹¹. People who stop [smoking](#), even well into middle age, avoid most of their subsequent risk of lung cancer, and a recent study¹² showed that stopping smoking before age 40 in women avoids more than 90% of the excess mortality caused by continuing smoking; stopping before age 30 avoids more than 97% of it.

Given the high rates of women smoking at the birth of their child in some Kirklees localities, this does not bode well for future trends of this disease in women (see tobacco section).

Bowel cancer

Overweight men have about 25% increased risk of bowel cancer and obese men about 50% increased risk. For women the increased risk from being overweight is less, possibly due to the protective effect of oestrogen. Other risk factors are poor diet and family history or a first degree relative having had bowel cancer⁵.

Which groups are most affected by this issue?

All population groups are affected by cancer, although different genders and ethnic groups are at higher risk from certain cancers, as well as the impact of age.

Age

Cancer occurs predominantly in older people; 3 in 4 cases diagnosed affected people aged 60 years and over, and more than 1 in 3 cases were in people aged 75 years and over. Less than 1% of all cancer cases occurred in children aged 0-14 years, and of these 1 in 3 (32%) were leukaemia⁵.

For breast cancer 4 in 5 cases occurred in women aged over 50 years, especially those aged 50-69 years⁵.

Prostate cancer risk is strongly related to age: 3 in 4 cases occurred in men aged over 65 years, especially aged 70-74, with very few cases in men aged under 50 years⁵.

Lung cancer is more common in older people. Nearly 3 in 4 new cases (75%) locally were aged over 65 years in 2007-2009². This is partly due to the time lag of at least 10 years between smoking and diagnosis⁵.

About 3 in 4 people with bowel cancer are aged over 65 years⁵. New diagnoses increased in those aged over 50, peaking in those aged over 80.

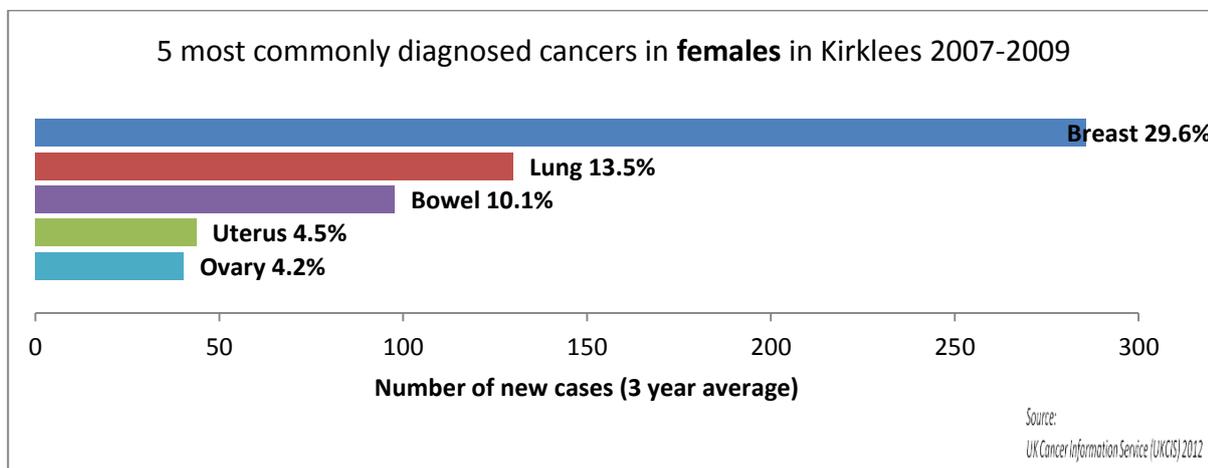
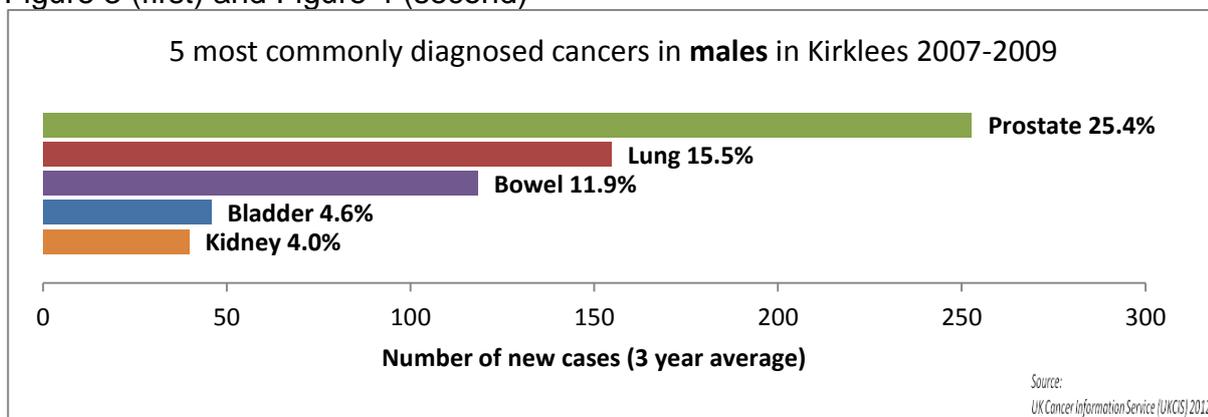
Melanoma (skin cancer) is one of the few cancers to affect young adults and is the second most common cancer amongst 15-34 year olds. Even so, a person's risk of developing melanoma increases with age¹³.

Five-year net survival is over 80% for cancers of the breast in women, prostate and testis in men. Generally survival among younger patients is higher than in older patients, but not for breast and prostate cancer³.

Gender

There are significant differences between the sexes in both new cases of (see Figures 3 and 4) and deaths (see Figures 5 and 6) from cancer. In general, men are at significantly greater risk of both getting and dying from nearly all of the common cancers that occur in both sexes⁵.

Figure 3 (first) and Figure 4 (second)



For lung cancer, in England, the rate of new cases in men fell from 0.72 per 1,000 in 1997-1999 to 0.58 per 1,000 in 2007-2009. In women, however, the rate continued to increase slightly from 0.34 per 1,000 to 0.38 over the same period. In Kirklees these rates have decreased slightly less in men from 0.82 per 1,000 in 1997-1999 to 0.67 per 1,000 in 2007-2009 and increased more sharply in women from 0.35 per 1,000 to 0.46 per 1,000 over the same period. Nationally in 2007-2009, less than 44% of new lung cancer cases were in women – the Kirklees figure has been gradually increasing and is 46% for that time period. This increase in lung cancer in women is concerning.

Ethnicity

The association between ethnicity and cancer is complicated, with different ethnic groups having a greater risk of certain cancers and differences in survival rates. A national analysis of cancer rates and survival by ethnic group carried out in 2009¹⁴ identified that people from the BME groups examined were at a significantly lower overall risk of getting cancer than the white ethnic group. Differences were found for some specific cancer sites. The risk of prostate cancer is affected by ethnicity. In the UK, black Caribbean and black African men have approximately two to three times the risk of being diagnosed with, or dying from, prostate cancer than white men. Asian men generally have a lower risk than overall⁵.

Within the UK, less south Asians develop lung cancer than non-south Asians but new cases are increasing in south Asian men, in contrast to the rest of the UK male population. South Asian women also have increasing lung cancer trends similar to the rest of the UK female population¹⁴.

Socioeconomic factors

Risk factors for cancer, especially smoking, are strongly linked to lower income. Rates of new cases and deaths from lung cancer have a particularly strong association with low income groups, as does bowel cancer in men¹⁵. Nationally, cervical cancer survival is worse in women living in the most deprived fifth of areas nationally compared with the least deprived fifth⁷.

Breast, prostate and skin cancers have the opposite relationship, being more common in higher income groups¹⁵.

There is a steep social gradient in cancer, not just in death rates but also in new cases; for example, more occur in people with low educational status and in those with poor mental health. The main risk factors, such as smoking, physical inactivity and obesity, also have a steep social gradient^{16(p52)}, as they are linked to lower income.

Where is this causing greatest concern?

Rates of new cases of breast cancer were highest in [Denby Dale & Kirkburton](#).

Rates of new cases of prostate cancer were significantly higher in the Valleys, supporting the relationship with higher income groups.

Rates of new cases of lung cancer were highest for men in [Dewsbury](#) and [Spen](#), and for women in Spen and in Dewsbury, again linked to smoking rates. For men, the rate of new cases of lung cancer was significantly higher in Dewsbury than Denby Dale².

Rates of new cases of bowel cancer were highest for men in Huddersfield North and for women in the Valleys.

Views of local people

Insight gathered from local people about the risk factors tobacco, alcohol and food are summarised in the relevant behaviours sections.

A recent cancer awareness survey¹⁷ to assess Kirklees people's awareness of cancer and the symptoms of cancer found that 75% of all those who took part knew someone who had suffered cancer. Whilst people were very aware of the more obvious symptoms (such as finding a lump) the more subtle changes (e.g. to the skin or bowel habits, weight loss or a cough) were less easily recognised as possible cancer symptoms so people were less likely to visit their doctor. Participants grossly underestimated the rate of occurrence of skin cancer and the danger of excessive sun or sunbed exposure. Just over half, 57%, thought that tobacco was a cause of cancer. Nearly 1 in 4 participants felt that chance was the main factor in developing cancer. The Kirklees survey was not large enough to explore demographic differences, but when combined with the rest of the Yorkshire Cancer Network survey results¹⁸ these showed that:

- Men had less awareness than women.
- Younger people had less awareness than those aged over 55 years.
- People of south Asian origin had less awareness than the general population, particularly regarding heredity as a factor.

Results from the CLiK 2012 survey showed:

- The prevalence of self-reported cancer was 3%. This represents over 10,000 adults in Kirklees.
- Cancer was more prevalent in those aged over 65 (10%).

- People with cancer had a very similar average positive wellbeing (WEMWBS) score to people without cancer but rated their overall health lower.
- “Poor” health overall was reported by more than twice as many people with cancer.
- Co-morbidity is a clear cause for concern. 36% of people with cancer reported having four or more long-term conditions compared with just 12% of people without cancer.

What could commissioners and service planners consider?

What could commissioners and service planners consider?

As a substantial proportion of cancers are preventable^{19(p9)}, the key focus for commissioners and service planners needs to be on prevention, raising awareness of cancer symptoms and earlier diagnosis. This means:

- Ensuring that people are aware of symptoms that can indicate cancer and know when to see their GP.
- Increasing the numbers of people attending for breast, bowel and cervical screening.
- Ensuring patients are diagnosed without unnecessary delay, including screening.
- Reducing the risk factors – tobacco consumption, alcohol misuse, unhealthy diets, physical inactivity, obesity and excessive sun/sunbed exposure.
- Skin cancer awareness needs to be better communicated to the public.

Figure 5

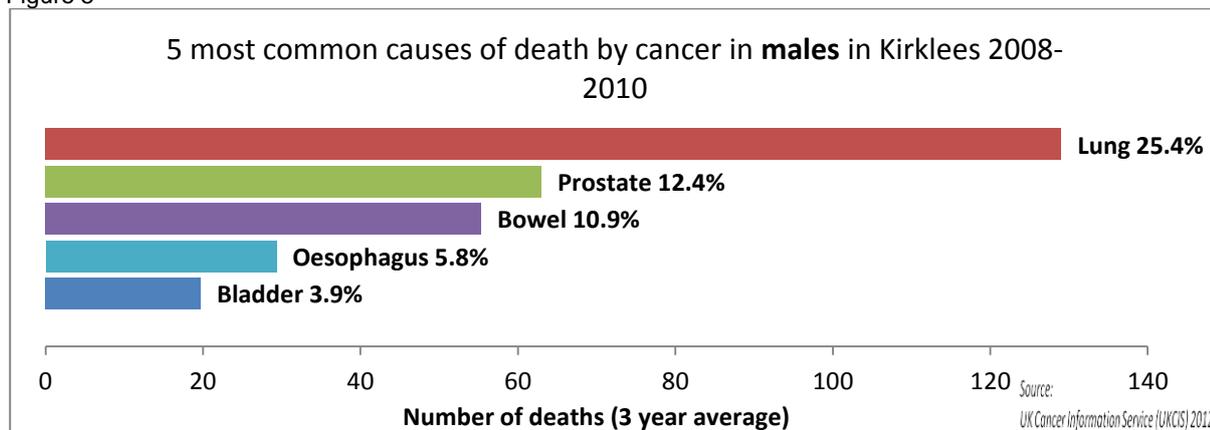
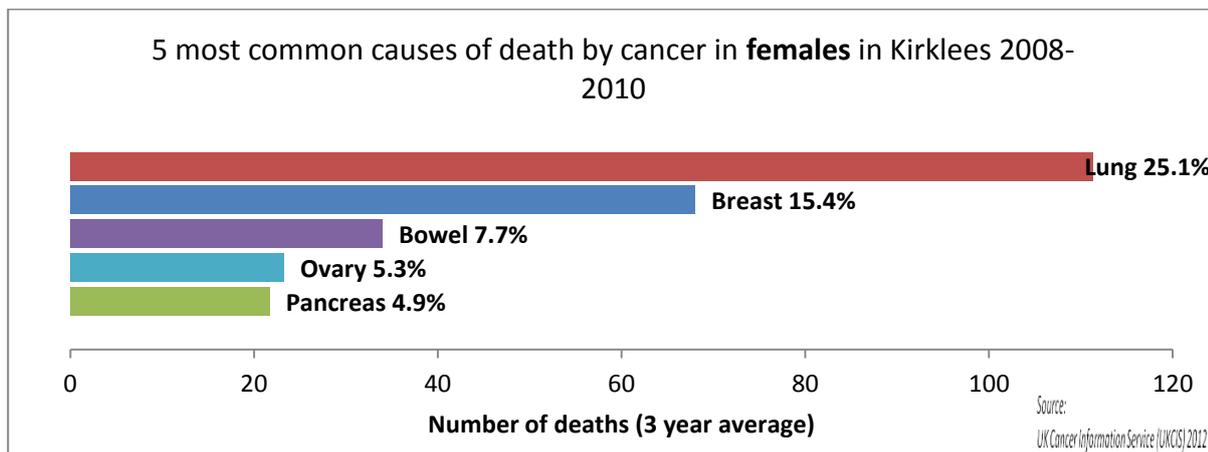


Figure 6



References

1. Davies SC. Annual Report of the Chief Medical Officer, Volume One, 2011, On the State of the Public's Health. London: Department of Health; 2012. Available from: <https://www.gov.uk/government/publications/cmo-annual-report-2011-volume-one-on-the-state-of-the-public-s-health>
2. National Cancer Information Service; 2012. Available from: <http://nww.ncis.nhs.uk/Ardentia/portal/jsp/index.jsp> (accessed Dec 2012).
3. ONS. Cancer Survival in England: Patients Diagnosed 2006–2010 and Followed up to 2011; 23 October 2012. Available from: http://www.ons.gov.uk/ons/dcp171778_283644.pdf
4. Richards MA. The National Awareness and Early Diagnosis Initiative in England: Assembling the Evidence. British Journal of Cancer; 2009. 101, S1–S4. doi:10.1038/sj.bjc.6605382. Available from: <http://www.nature.com/bjc/journal/v101/n2s/abs/6605382a.html>
5. CancerStats Key Facts on Cancer. Cancer Research UK. Available from: <http://info.cancerresearchuk.org/cancerstats/keyfacts/index.htm>
6. NHS Bowel Cancer Screening Programme. Available from: <http://www.cancerscreening.nhs.uk/bowel/about-bowel-cancer-screening.html>
7. National Cancer Intelligence Network. Profile of Cervical Cancer in England: Incidence, Mortality and Survival; October 2012. Available from: http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/gynaecological_cancer/gynaecological_cancer_hub/resources/cervical_cancer.aspx
8. Cancer Research UK. Available from: <http://scienceblog.cancerresearchuk.org/2011/02/04/why-are-breast-cancer-rates-increasing/>

9. North East, Yorkshire and the Humber Quality Assurance Reference Centre: KC63 Breast Screening Coverage Data 1st April 2010-31st March 2011; March 2012.
10. Breast Screening Programme, England 2010-11; March 2012. Available from: <https://catalogue.ic.nhs.uk/publications/screening/breast/bres-scre-prog-eng-2010-11/bres-scre-prog-eng-2010-11-rep.pdf>
11. Health and Social Care Information Centre (HSCIC), Lifestyles Statistics. Statistics on Smoking: England 2012; August 2012. Available from: <https://catalogue.ic.nhs.uk/publications/public-health/smoking/smok-eng-2012/smok-eng-2012-rep.pdf>
12. Pirie K, Peto R, Reeves GK et al. The 21st Century Hazards of Smoking and Benefits of Stopping: A Prospective Study of One Million Women in the UK. The Lancet, Early Online Publication; 27 October 2012. doi:10.1016/S0140-6736(12)61720-6.
13. Cancer Research UK. Available from: <http://www.sunsmart.org.uk/skin-cancer-facts/about-skin-cancer/index.htm>
14. Cancer Incidence UK and National Cancer Intelligence Network: Cancer Incidence and Survival by Major Ethnic Group, England, 2002-2006; 2009. Available from: www.ncin.org.uk
15. Cancer Incidence by Deprivation England, 1995 – 2004. Available from: <http://www.ncin.org.uk>
16. Marmot M. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post 2010; 2010. Available from: <http://www.marmot-review.org.uk/>
17. Quadrant Consultants. Report for the YCN Awareness and Early Diagnosis Initiative CAM Survey for the Kirklees Primary Care Trust; 2010.
18. Quadrant Consultants. Main Report CAM Survey for the Yorkshire Cancer Network; 2010.
19. Department of Health. Our Health and Wellbeing Today; 2010.

Date this section was last reviewed

29/07/2013 (PL)