

# Cancer

## Headlines

- Each year in Kirklees cancer kills more than 900 people and there are around 1,700 new cases.
- There are more than 200 different types of cancer, but breast, lung, bowel (colon) and prostate accounted for over half of new cases in 2004-6 and just under half of all cancer deaths in 2005-7 in Kirklees.
- Survival rates are improving, 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 successful.
- Lung cancer persists as a major killer as fewer than 10% of sufferers survive as long as five years. It is largely avoidable as over 90% is caused by smoking.
- Smoking remains the main preventable cause of cancer, especially lung cancer.
- 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, not just in death rates but also 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.
- The rate of new cases of lung cancer in women in Kirklees increased by 11% between 2000 and 2007, reflecting the fact that more women took up smoking in the 1990s.
- Whilst new cases of cervical cancer and deaths from cervical cancer have declined over the last 20 years, this reduction has slowed recently and there is a continued need for women to attend for regular screening.

## Why is this issue important?

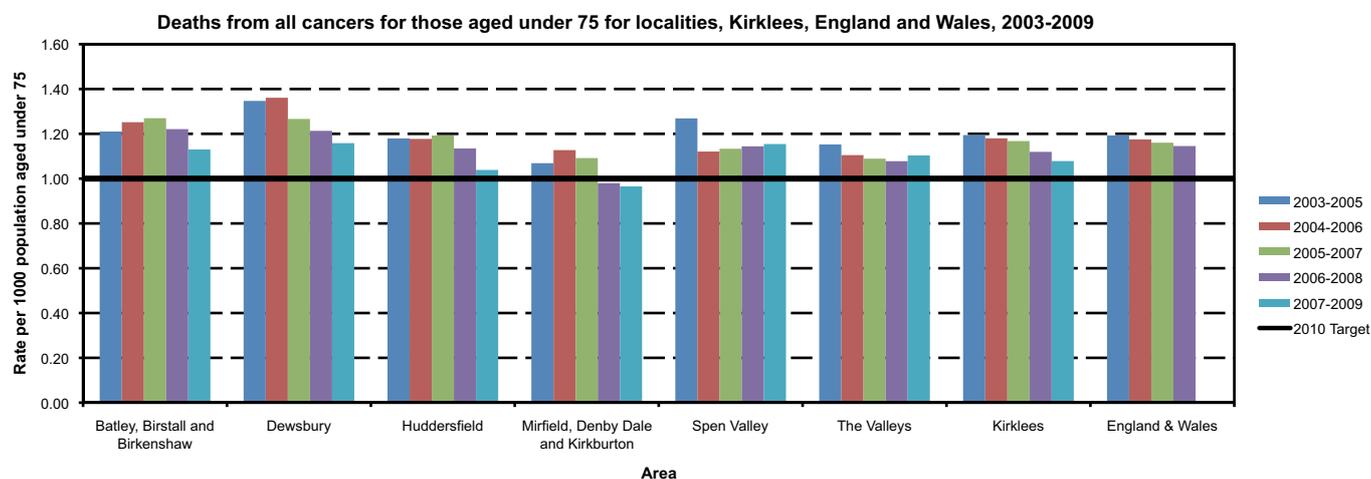
Each year in Kirklees cancer kills more than 900 people and there are around 1,700 new cases<sup>1</sup>. Deaths from cancer in people aged under 75 years have been declining in recent years, both nationally and locally, but there are differences between localities<sup>1</sup>.

Survival rates are improving, 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 successful<sup>2</sup>.

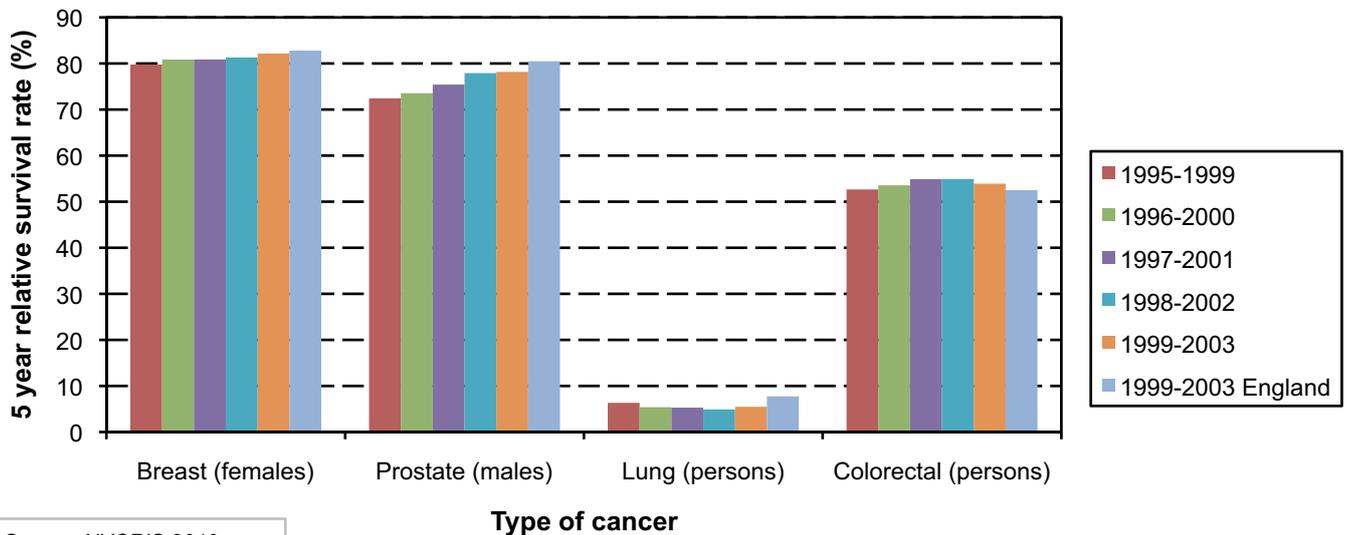
The risk factors, rates of new cases and survival rates for cancers vary with the type of cancer. The four most common cancers occurring in Kirklees are breast, lung, bowel (colon) and prostate. These accounted for over half of new cases in 2004-6 and just under half of all cancer deaths in 2005-7 in Kirklees<sup>1</sup>.

## Breast cancer

Breast cancer is by far the most common cancer in women, affecting 1 in 8 and accounts for almost 1 in 3 cases locally and nationally. The annual rates of new cases of breast cancer in England and in Kirklees have continued to rise since 2003-2005, although not as rapidly as previously<sup>1</sup>. The increase in breast cancer has been attributed to a number of factors. These include: starting periods earlier, delaying starting a family, having fewer children (so spending less time breastfeeding), and prolonged use of hormone replacement therapy. Five year survival for women diagnosed with breast cancer nationally during 1999-2003 was 83%. This was 0.8% higher than for women diagnosed in the previous five year period<sup>3</sup>.

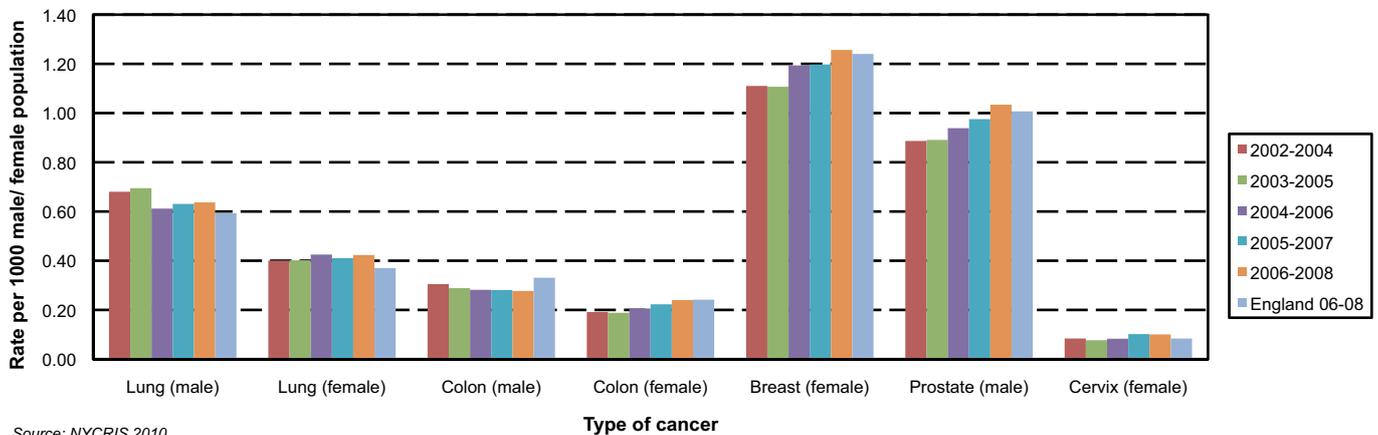


## 5 year relative survival rates for cancers in Kirklees, 1995-2003



Source: NYCRIS 2010

## Rates of new cases of cancers in Kirklees, 2002-2008



Source: NYCRIS 2010

### Prostate cancer

Prostate cancer is the most common cancer in men accounting for 1 in 4 (24%) of cancer cases in men locally and nationally. The average annual number of new cases of prostate cancer in England has remained static since 2003-2005 and in Kirklees the rate is similar<sup>1</sup>. Survival from prostate cancer five years after diagnosis was 80% in England during 1999-2003, 2.7% higher than it was in the previous five years<sup>3</sup>, similarly in Kirklees<sup>1</sup>.

### Lung cancer

Lung cancer is the second most common cancer in men and the third most common in women - overall 13% of all new cancer cases are lung cancers<sup>4</sup>. 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. National five year survival for lung cancer patients diagnosed during 1999-2003 was 7.2% in men, 8.7% in women<sup>3</sup>.

### 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. In England in 2006-2008 the rate of new cases was 0.33 per 1,000 for men and 0.24 per 1,000 for women. In Kirklees the rate of new cases was 0.28 per 1,000 men and 0.24 per 1,000 women; so the rate for men in Kirklees is lower than nationally<sup>1</sup>.

Nationally in 1999-2003, 51% of men and 52% of women survived to five years after diagnosis; an improvement of 0.02% and 0.6% respectively compared with the previous five year period<sup>3</sup>.

Regular bowel cancer screening reduces the risk of dying from bowel cancer by 16%<sup>5</sup>. The bowel cancer screening service locally offers screening every two years to all men and women aged 60-69 years and will be extended from April 2011 to include screening for men and women over 70 years.

## Cervical cancer

New cases of cervical cancer have halved in England over the last 20 years, and deaths have reduced by almost two thirds; 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 group, and the rate reduction in new cases has slowed<sup>6</sup>.

## Skin cancer

Cases of melanoma (skin cancer) are rising and are largely preventable<sup>1</sup>.

## 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 doubles the risk although 8 in 9 breast cancers occur in women without a family history of breast cancer<sup>4</sup>. Research has shown that drinking alcohol slightly increases the risk of a woman developing breast cancer<sup>7</sup>. Alcohol boosts levels of oestrogen in the blood, and abnormally high levels of this hormone have been linked to breast cancer<sup>7</sup>.

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. From April 2011 the age range will be extended to include women aged 47-49 and 71-73 years. In 2005-08, 79% of eligible women in Kirklees were screened, similar to nationally<sup>8</sup>.

## Prostate cancer<sup>4</sup>

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 90% of lung cancers in men and 83% in women are estimated to be caused by the use of tobacco, either smoked directly or through indirect exposure<sup>3</sup>. People who stop smoking, even well into middle age, avoid most of their subsequent risk of lung cancer, and stopping before middle age avoids more than 90% of this risk attributable to tobacco<sup>3</sup>. Given the high rates of women smoking at

the birth of their child in some Kirklees localities in 2010, this does not bode well for future trends of this disease in women (see tobacco section).

## Bowel cancer

Overweight men have a 25% increased risk of bowel cancer and obese men a 50% increased risk. For women the increased risk from being overweight appears only to be 9%, 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 cancer<sup>3</sup>.

## Which groups are affected most by this?

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 affect people aged 60 years and over, and more than 1 in 3 cases are in people aged 75 years and over. Less than 1% of all cancer cases occurred in children (0-14 years), and of these 32% were leukaemia<sup>4</sup>.

For breast cancer, 4 in 5 cases occurred in women aged over 50 years, especially those aged 50-69 years<sup>4</sup>.

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 years. It is estimated from post-mortem data that around half of all men in their fifties have evidence of cancer in the prostate; this rises to 80% by age 80, but only 3.8% of men will die from this disease. In other words, men are more likely to die from other causes than from their prostate cancer<sup>4</sup>.

Lung cancer is more common in older people, 76% of new cases locally were aged over 64 years in 2006-2008<sup>1</sup>. This is partly due to the time lag of at least 10 years between smoking and diagnosis<sup>4</sup>.

Over 3 in 4 people with bowel cancer are aged over 65 years<sup>4</sup>.

Melanoma (skin cancer) is one of the few cancers to affect young adults and it is the most common cancer amongst 15-34 year olds. Even so, a person's risk of developing melanoma increases with age<sup>9</sup>.

### Gender

There are significant differences between the sexes in both new cases of and deaths 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 sexes<sup>4</sup>. In England, the rate of new cases in men fell from 1.03 per 1,000 in 1985-1987 to 0.59 per 1,000 in 2006-2008. In women, however, this increased from 0.32 per 1,000 to 0.37 over the same period. In Kirklees these rates have decreased slightly less from 0.95 per 1,000 to 0.64 per 1,000 in men and increased from 0.31 per 1,000 to 0.42 per 1,000 in women between 1985-1987 and 2006-2008<sup>1</sup>.

In men, the rate of new cases of lung cancer in Kirklees dropped by 21% between 1998-2000 and 2005-07, but increased in women by 11% in the same time period<sup>1</sup>. This is because the rate of smoking in men has fallen much faster since the 1950s whereas more women took up smoking in the 1990s<sup>2</sup>. Nationally in 2007, 42% of new lung cancer cases were in women – the Kirklees figure is similar at 41% in 2007<sup>1</sup>.

## Ethnicity

The association between ethnicity and cancer is complicated, with different ethnic groups having greater risk of certain cancers and differences in survival rates. A national analysis of cancer rates and survival by ethnic group carried out in 2009<sup>8</sup> identified that people from the BME ethnic 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.

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 or dying from prostate cancer than white men. Asian men generally have a lower risk than overall<sup>4</sup>.

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 population<sup>10</sup>.

## Socio-economic 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 men<sup>11</sup>. Breast, prostate and skin cancers have the opposite relationship, being more common in higher income groups<sup>11</sup>.

There is a steep social gradient in cancer, not just in death rates but also 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<sup>12(p52)</sup>, as they are linked to lower income.

## Where is this causing greatest concern?

Rates of new cases of breast cancer were highest in Huddersfield south and in Spen.

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, Batley, Birstall & Birkenshaw and Huddersfield south, but for women rates were highest in Spen and in Dewsbury, again linked to smoking rates.

Rates of new cases of bowel cancer were highest for men in the Valleys and for women in Batley, Birstall & Birkenshaw and Dewsbury.

## Views of local people

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

A recent cancer awareness survey<sup>13</sup> to assess Kirklees people's awareness of cancer and the symptoms of cancer has 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, only just over half, 57%, felt that tobacco is a cause of cancer. Nearly 1 in 4 of 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 results<sup>14</sup> these showed that:

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

## What could commissioners and service planners consider?

As a substantial proportion of cancers are preventable<sup>15(p9)</sup>, the key focus for commissioners and service planners needs to be on prevention, raising awareness of cancer symptoms and earlier diagnosis. This means:

- Ensuring the public 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.

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