ALL CANCERS

What's the issue?

"Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably destroying healthy tissue including organs and can spread to other parts of the body (metastasis). There are over 200 different types of cancer, each with its own methods of diagnosis and treatment. Cancer is very common. In 2011, over 330,000 people were diagnosed with cancer, and one in three people will develop some form of cancer in their lifetime. In the UK, breast cancer, lung cancer, prostate cancer and bowel cancer account for just over half (53%) of all new cases" [235]. "Treatment is often simpler and more likely to be effective when cancer is diagnosed at an early stage, so finding cancer early can make a real difference" [236]. "There are two major components of early detection of cancer: education to promote early diagnosis, and screening" [237]. With the ageing population, it is likely that the incidence and prevalence of cancer will increase [238, 239].

In Hull for 2012-14, it is estimated that mortality from cancer is responsible for just under one-third of the life expectancy gap between Hull and England (28.9% for men and 32.4% for women). Over the three year period, there would be 229 fewer male and 207 fewer female deaths and life expectancy would increase by 0.78 and 0.82 years for males and females respectively if Hull experienced the same cancer mortality rates as England [240].

"Healthy eating, taking regular exercise and not smoking helps lower the risk of developing cancer" [235]. Changing lifestyle behaviours can have a dramatic effect. For instance, the health benefits from quitting smoking reduces cancer risk within 5-10 years [110], specifically after five years, the risk of cancer of the mouth, throat, oesophagus and bladder are cut in half, and the cervical cancer risk falls to that of a non-smoker [112, 113], and after 10 years, the risk of dying from lung cancer is about half that of a person who is still smoking, and risk of cancer of the larynx and pancreas decreases [111, 112].

Screening programmes are in place for cancers of the breast, cervical and bowel (see page Error! Bookmark not defined.).

What's our situation?

All-age cancer incidence in 2012-2014 for all cancers excluding non-melanoma skin cancer was 15% higher among men in Hull than in England, 9% higher among women (compared to 17% and 11% respectively for 2011-13). Among men, the incidence of stomach cancer was 75% higher in Hull than in England, lung cancer 56% higher, oesophageal cancer 34% higher, bladder cancer 24% higher, colorectal cancer 14% higher, with prostate cancer incidence 9% lower in Hull. Among women, the incidence of lung cancer 69% was higher in Hull than in England, cervical cancer 39% higher, bladder cancer 30% higher, oesophageal cancer 16% higher and colorectal cancer 2% higher, although incidence from breast cancer was 11% lower than England. The incidence of malignant melanoma in Hull was 35% and 41% lower than England for men and women respectively [241].

Between 2008/09 and 2010/11 there were 10,026 admissions with a primary diagnosis of cancer (3,342 per year or 9 per day) [241]. Lung cancer accounted for the highest proportion of clinician episodes (13%), followed by breast cancer (12%), colorectal and bladder cancer (10% each).

For 2012-14, the age-specific mortality rates in Hull compared to England were around 30% higher for men aged 35-64 and 65-74 years, around 20% higher for men aged 75+ years and women aged 65-74 and 75+ years, and 44% higher for women aged 35-64 years [78, 241]. The under 75 standardised mortality ratio (SMR) for cancer was 132 for Hull men and 133 for Hull women, (so 32% and 33% higher than England), and high relative to comparator areas. There were 2,084 deaths (1,104 men and 980 women) over the three year period representing 28% of all deaths [83]. Cancer accounted for 39% of all premature deaths (573 men and 490 women) [83]. Of these 1,063
premature deaths, 687 of these were considered preventable through public health interventions (354 men and 333 women) [26, 77, 82, 83].

For more detailed information, see the JSNA Toolkit: All Cancers report.

What are the strategic needs?

It is necessary to work together to ensure people understand the benefit of positive life choices and know how to access information and seek early support to change. In order to do this effectively, health care organisations need to work together with different communities to use existing assets to realise the benefit of positive life changes, and treating people as individuals.

Everybody should know the importance of early diagnosis, and should be encouraged to seek medical help early if they experience symptoms, and undertake screening for cancer when eligible. People need to know that stopping smoking has immediate health effects and substantially reduces the risk of most cancers within 5-10 years.

References


