LUNG CANCER

What’s the issue?

The majority of lung cancer cases are preventable as it is estimated that 81% of all cases of lung cancer are directly attributable to smoking [99]. Changing lifestyle behaviours can have a dramatic effect with the risk of dying from lung cancer falling after 10 years to about half that of a person who is still smoking, and risk of cancer of the larynx after 10 years also decreases [111, 112]. Nationally, lung cancer has the fifth highest disability adjusted life years (DALY – the JSNA glossary, www.hullpublichealth.org/jsna2017.html#82) and thus has a substantial impact on the quality of people’s lives [81].

What’s our situation?

The age-standardised all age incidence of lung cancer among men in Hull in 2012-2014 (147 per 100,000) was 56% higher than for England (94 per 100,000); among women lung cancer incidence in Hull (113 per 100,000) was 72% higher than for England (66 per 100,000) [241]. During 2008/09-2010/11 there were 1,416 admissions in men and 1,158 in women due to lung cancer. The standardised admission rate (using the 1976 European Standard Population) for lung cancer was twice as high among men in the most deprived fifth of areas of Hull compared with men in the least deprived fifth of areas (473 versus 231 admissions per 100,000 men) and three times as high among women (526 versus 165 admissions per 100,000 women) [242]. For 2012-14, the age-specific mortality rates were around 50% higher in Hull compared to England for both men and women aged 75+ years and men aged 35-64 and 75+ years, more than 70% higher for both men and women aged 65-74 years, and among women aged 35-64 years the rate in Hull was more than double that of England (24.2 versus 54.5 deaths per 100,000 population) [78]. Directly standardised mortality rates (DSR) among women in Hull (84 deaths per 100,000 women) were 75% higher than England (48 deaths per 100,000 women), and for men the mortality rate was more than half as much again as England (117 versus 74 per 100,000 men) [78]. The under 75 lung cancer DSR was strongly associated with deprivation (88 per 100,000 persons in most and second least deprived fifth of areas of Hull compared to 27 per 100,000 persons in the least deprived fifth of areas of Hull) [242]. There were 622 deaths over the three year period 2013-15 representing 8% of all deaths, of which 282 occurred prematurely representing 12% of all premature deaths [77, 83, 242]. There was approximately the same number of deaths for men and women (180 male and 160 female deaths prior to 75 years, and 141 deaths each for men and women among those aged 75+ years) [83].

One-year survival rates from lung cancer are low, at 35% among people in Hull diagnosed during 2014 (having increased by 42% since 1999), but remain slightly below the England figure of 37%. Five-year survival from lung cancer remains much lower, at 9% among people diagnosed during 2008-2010 in the Humber, Coast and Vale Cancer Alliance area (not published at local authority or /CCG level), which is a little lower than the 9% in England [242].

Social marketing research completed in Hull during September 2009 to assess general public knowledge and perception of chronic obstructive pulmonary disease (COPD) found a perceived health danger relating to quitting smoking – “quit and you’ll die!” with a denial “it’s not related to me” attitude [9]. Whilst this work was around COPD, the findings were very relevant to lung cancer.

For more detailed information, see the JSNA Toolkit: Lung Cancer report.

What are the strategic needs?

Survival rates from most lung cancers are relatively low so prevention is extremely important. Not smoking should be seen as the norm, with the aim of creating a smoke free generation. 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. Health care providers need to work together within communities to realise the benefit of positive life changes. People need to
know that stopping smoking has immediate health effects and substantially reduces the risk of lung cancer within 5-10 years, and that coughing up blood, pain when coughing, and persistent chest infections, breathlessness and a cough can be a sign of lung cancer [243].

References


