COLORECTAL CANCER

What’s the issue?

“Bowel cancer is a general term for cancer that begins in the large bowel. Depending on where the cancer starts, bowel cancer is sometimes called colon or rectal cancer. Bowel cancer is one of the most common types of cancer diagnosed in the UK, with around 40,000 new cases diagnosed every year. About one in every 20 people in the UK will develop bowel cancer during their lifetime. There is an increased risk of bowel cancer among those aged 60+ years, who eat a diet high in red or processed meats and low in fibre, who are overweight or obese, physical inactive or smokers, have a high alcohol intake, have a family history of bowel cancer, or have another medical conditions such as severe ulcerative colitis or Crohn’s disease” [244].

A national screening programme is in place for bowel cancer (see the JSNA section on screening, www.hullpublichealth.org/jsna2017.html#46).

What’s our situation?

The age-standardised all age colorectal cancer incidence in Hull in 2012-2014 was 103 per 100,000 men which was 14% higher than England (90 per 100,000), and was 61 per 100,000 women (similar to England at 60 per 100,000) [241]. During 2008/09-2010/11 there were 1,397 admissions among women in Hull due to colorectal cancer. The standardised admission rate (using the 1976 European Standard Population) for colorectal 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 (475 versus 243 admissions per 100,000 men), while among women admission rates were lower among those in the most deprived fifth of areas compared to those in the least deprived areas (103 versus 176 admissions per 100,000 women) but highest for those in the second most deprived fifth of areas (250 admissions per 100,000 women) [245]. For 2012-14, premature age-standardised colorectal cancer mortality rates in Hull (20.7 per 100,000 men and 12.4 per 100,000 women) were slightly higher than those for England (16.1 and 10.2 per 100,000 men and women respectively) [78].

Premature colorectal cancer mortality is associated with deprivation with 18.3 and 11.6 deaths per 100,000 population in the most and least deprived fifth of areas of Hull respectively [77, 245]. There were 195 deaths over the three year period (108 men and 87 women), 83 of which occurred under the age of 75 years (50 men and 33 women) [77, 83, 245]. One-year survival rates from colorectal cancer are 74% among people in Hull diagnosed during 2014 (having increased by 16% since 1999), but remain lower than for England (77%). Five-year survival from colorectal cancer has increased since 1985-1989 by one third in Hull, reaching 49% among patients diagnosed during 2001-2005. Despite this it remains lower than for both the Humber and Yorkshire Coast Cancer Network (52%) and England (53%), although the differences were not statistically significant. More recent survival data are based only on cancers of the colon, and are presented for the Humber Coast and Vale Cancer Alliance area (not published at local authority or CCG level), nut these show five-year survival of 54% among those diagnosed during 2008-10, slightly below the 56% seen for England [245].

For more detailed information, see the JSNA Toolkit: Colorectal Cancer 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 providers need to work together with different communities to use existing assets to realise the benefit of positive life changes, and treating people as individuals. In relation to poor diet, the family or household environment can have a strong influence, so any approach to improving diet which involves the entire family is more likely to have a better degree of success than dealing with just the individuals. People need to have the knowledge and confidence to cook cheap,
healthy meals, and further education or training may be necessary to help with this. People need to be able to access good quality fresh fruit and vegetables. Maintaining a healthy weight and improving diet should be tackled using a life course whole system approach (see the JSNA section on overweight and obesity, [website](https://www.hullpublichealth.org/jsna2017.html#28)) looking at a combination of strategies and settings.

**References**