**BREAST CANCER**

**What's the issue?**

“Breast cancer is the most common type of cancer in the UK. In 2011, just under 50,000 women were diagnosed with invasive breast cancer. About one in eight women are diagnosed with breast cancer during their lifetime. Most women who get it are over 50, but younger women, and in rare cases, men, can also get breast cancer. If it's treated early enough, breast cancer can be prevented from spreading to other parts of the body” [250]. There were 58 deaths among men and 9,698 deaths among women during 2012 in England from breast cancer giving a crude rate of 35.7 deaths per 100,000 population for women [251].

“As the causes of breast cancer aren't fully understood, it's not possible to know if it can be prevented altogether. Studies have looked at the link between breast cancer and diet and, although there are no definite conclusions, there are benefits for women who maintain a healthy weight, exercise regularly and who have a low intake of saturated fat and alcohol. It's been suggested that regular exercise can reduce your risk of breast cancer by as much as a third. Being overweight or obese, particularly after the menopause, causes more oestrogen to be produced, which can increase the risk of breast cancer” [250]. Family history is also an important risk factor for breast cancer. The risk of getting breast cancer by the age of 70 if you have BRCA1 or BRCA2 breast cancer gene faults is between 45 and 65% [252].

Screening for breast cancer is the single biggest factor that allows early diagnosis, and there is a national screening programme in place for breast cancer (discussed in the JSNA section on screening, www.hullpublichealth.org/jsna2017.html#46).

**What’s our situation?**

The age-standardised all age breast cancer incidence among women in Hull in 2012-2014 (152 per 100,000) was statistically significantly lower than England (170 per 100,000) [241]. During 2008/09-2010/11 there were 2,647 admissions among women in Hull due to breast cancer. The standardised admission rate (using the 1976 European Standard Population) for breast cancer was two thirds higher among women in the least deprived fifth of areas of Hull compared with women in the most deprived fifth of areas (793 versus 476 admissions per 100,000 women) [253]. For 2012-14, premature age-standardised breast cancer mortality rates in Hull (21.4 per 100,000 women) were similar to England (21.9 per 100,000 women) [78, 253]. There were 142 deaths over the three year period, 84 of which occurred in women under the age of 75 years [77, 83, 253]. One-year survival rates from breast cancer are high, at 96% among women in Hull diagnosed during 2014, similar to, but slightly lower, than that for England (97%), although the differences are not statistically significant. Five-year survival from breast cancer has been increasing in most years since 1985-1989, being 24% higher in relative terms in 2001-2005 than in 1985-1989, although at 81% it remains lower than both England (84%) and the Humber and Yorkshire Coast Cancer Network (83%), although the differences were not statistically significant. More recent data on 5-year survival were available for the Humber, Coast and Vale Cancer Alliance area (not published by local authority or CCG), which showed 5-year survival amongst those diagnosed during 2008-10 of 82%, similar to, but very slightly better than, the 81% seen for England [253].

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

**What are the strategic needs?**

As survival rates are high for most types of breast cancer provided it is detected in its early stages, it is vital that women check their breasts regularly for any changes and always get any changes examined by their GP. They should also attend screening when invited as this is the best available method of detecting an early breast lesion [250]. Healthcare providers and women need to be aware that family history of breast cancer is an important risk factor, and that the National Institute...
for Health and Clinical Excellence have produced guidelines in relation to breast cancer screening for women with a family history of breast cancer [254].

References