

JSNA Blackpool

Joint Strategic Needs Assessment

Search

- Home
- Living and Working Well
- Health Conditions
- Cancer
- Cancer
- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Lung Cancer
- Prostate Cancer

Home > Living and Working Well > Health Conditions > Cancer

Cancer



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Introduction

Cancer occurs when abnormal cells within the body divide in an uncontrolled way. Some cancers may eventually spread into other tissues. Most cancers start due to gene changes that happen over a person's lifetime, with certain lifestyle and environmental factors increasing the risk of developing cancer. More rarely cancers start due to inherited faulty genes passed down in families.

Cancer is a common condition and one in two people living in the UK will develop the disease at some point in their lifetime. Over 250,000 people in England are diagnosed with cancer every year and around 130,000 die from the disease. Currently, in England, about 1.2 million people are living with and beyond a cancer diagnosis, with 4,723 of these people registered at NHS Blackpool CCG. Even if we do not develop cancer ourselves, we often have family and friends who have had cancer. Surveys show that people fear cancer more than anything else.¹

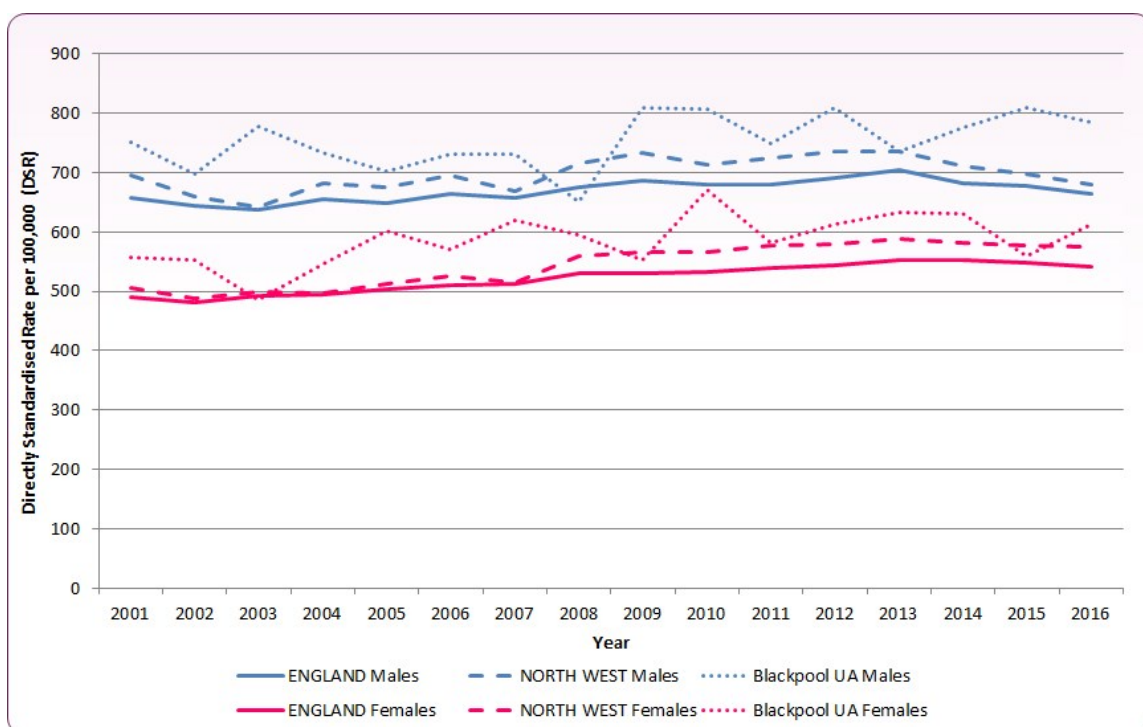
Incidence of Cancer

Incidence is defined as the number of new cases identified in a given period of time.

In Blackpool each year there are approximately 980 new case of caner identified. **Figure 1** shows the trend in the cancer incidence rate in Blackpool, the North West and England and Wales. The incidence rate (in this case per 100,000 population) is calculated to allow comparison between geographies of different population sizes and with different gender and age make ups.

Cancer incidence has risen slightly both nationally and locally, particularly in females. Cancer incidence in Blackpool has remained consistently, and significantly higher than that seen nationally.

Figure 1 - Incidents of All Cancers - 1995-2016 Annual Trend



Source: HSCIC Indicators

The report [Cancer and equality: key metrics 2015](#) (Public Health England, 2015) states that, in England:

- For most cancers, males have higher incidence rates than females. This is in part expected with certain lifestyle and environmental exposure causes of cancer such as smoking and asbestos exposure also being higher in males. Cancers of the bladder, oesophagus, stomach and liver all had incidence rates more than twice as high in men than women.
- Inequalities in cancer incidence in relation to socio-economic deprivation are one of the major concerns. Incidence rates for cancers of the lung, larynx, liver (in males) and oral cavity (in males) are at least double in the most deprived groups compared to the least deprived. Incidence rates were also significantly higher in the most deprived groups for cancers of the oropharynx, oral cavity (females), oesophagus, stomach, pancreas, colorectal (in males), anus, vulva, cervix, penis, kidney, bladder, Hodgkin lymphoma (males), non-Hodgkin lymphoma (females) and acute myeloid leukaemia in males.

Prevalence of Cancer

Prevalence refers to the number of people who have previously received a diagnosis of cancer and who are still alive at a given time. This reflects both the incidence of cancer and its associated survival pattern. High prevalence indicates high incidence and/or long survival, whereas low prevalence indicates low incidence and/or short survival.

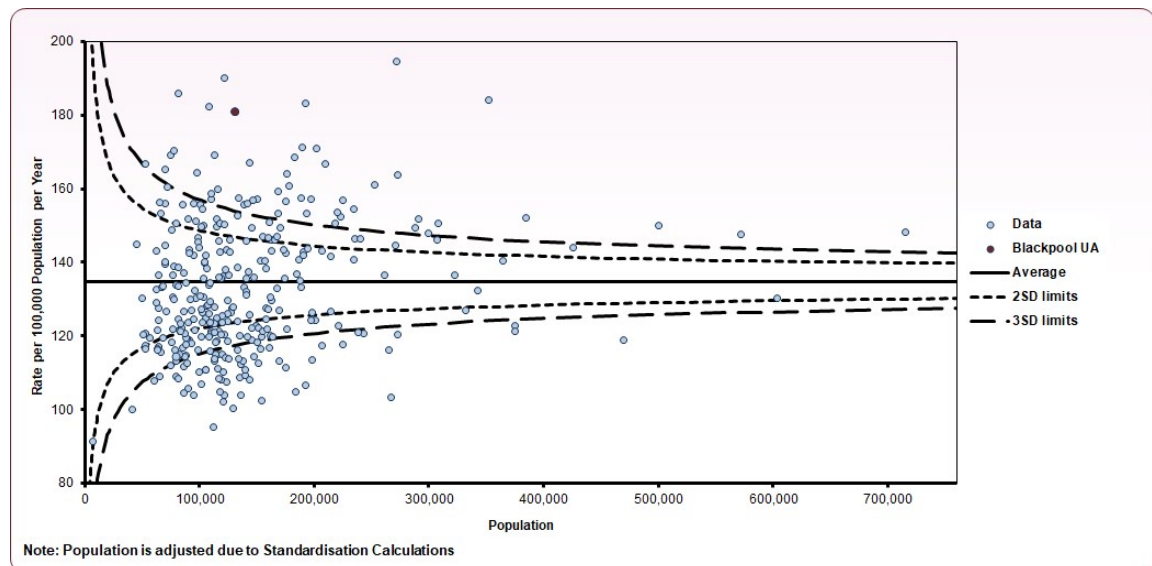
Overall NHS Blackpool CCG has a slightly higher recorded prevalence of cancer compared with the national picture. During 2017/18 there were 5,501 people registered at NHS Blackpool CCG GP practices who had a previous diagnosis of cancer. This is a prevalence rate of 3.1% of the registered population of NHS Blackpool CCG which is significantly higher than the national prevalence rate of 2.7%.

Mortality from Cancer

Each year in Blackpool there are approximately 430 deaths from cancer and cancer accounts for 25% of all deaths in the area. The directly standardised mortality rate (in this case per 100,000 population) is calculated to allow comparison between geographies of different population sizes and with different gender and age make ups. Overall, mortality rates for cancers are significantly higher in Blackpool compared to the regional and national figures. The most common causes of death from cancer in Blackpool are lung, bowel and breast cancer. Lung cancer accounts for a greater proportion of cancer deaths in Blackpool compared to England and Wales amongst people of all ages (24.7% compared to 21.6%) and for under 75s (27.2% compared to 23.5%).

Just over half of cancer deaths occur to people aged under 75 (52% in Blackpool and 47% in England and Wales). Amongst the under 75s, mortality rates are around 40% higher in Blackpool compared with the national average.

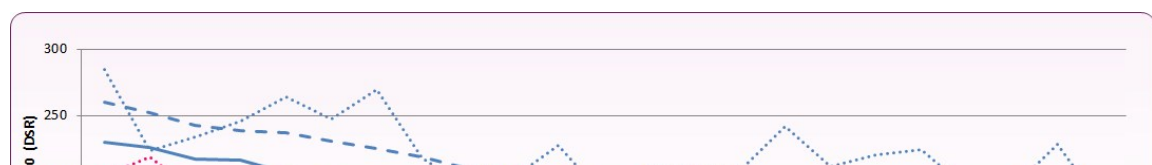
Figure 2 - Mortality from all Cancers Aged Under 75 - 2015-2017 - Lower Tier Local Authorities

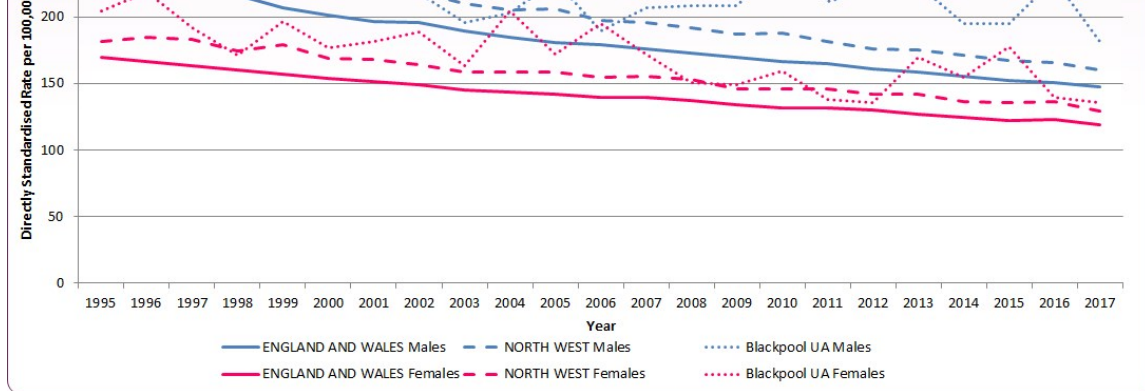


Source: HSCIC Indicators

Over the last 19 years, cancer mortality rates amongst under 75s have shown an overall improvement, however the mortality rate in Blackpool has remain consistently higher than seen nationally and in the north west.

Figure 3 - Trend in Aged Under 75 Cancer Mortality 1995-2017





Source: IC Indicators

The report *Cancer and equality: key metrics 2015* (Public Health England, 2015) states that, in England:

- Deaths from the 4 most common cancers account for 45% of all cancer deaths.
- For the majority of cancer types, males have higher cancer mortality rates than females. For bladder and oesophageal cancers, mortality rates were more than two and a half times higher for males, and for all cancers combined (excluding non-melanoma skin cancer, breast, lung and sex specific cancers) mortality rates for males are around 70% higher than females.
- As for cancer incidence, mortality rates for most cancers are significantly higher amongst the most deprived groups compared to the least deprived.

Cancer Survival

Cancer survival rates give an indication of successful service provision, and variations could indicate practice that may need to be investigated further.

One year cancer survival is defined as the proportion of individuals that survive for a year after diagnosis, in this case for individuals diagnosed in 2014. One year cancer survival is 68% for NHS Blackpool CCG patients. This is not significantly different to the England average of 70%. One year cancer survival, for NHS Blackpool CCG patients, has improved significantly and in line with the improvement seen nationally, rising from 59% in 2002.

The report *Cancer and equality: key metrics 2015* (Public Health England, 2015) states that, in England:

- Relative survival by age highlights the poorer relative survival rates for older cancer patients. For the four main cancers, those aged over 75 have significantly poorer survival rates than younger age groups.
- Survival is higher for females than males with lung cancer and melanoma. Male colorectal cancer patients have better survival rates than females.
- Residents of more deprived areas have worse survival for colorectal, lung and ovarian cancer.

Summary of cancer incidence, mortality and survival in Blackpool

Figure 4 shows the most common types of cancer and summarises incidence, mortality and survival rates using directly standardised rates per 100,000 resident population.

Figure 4 - Summary of cancer incidence, mortality and survival in Blackpool

	Incidence - all ages 2012-16	Mortality- age under 75 2014-16	Mortality - all ages 2014-16	1 year Survival 2015
Breast (females only)	163.6 ●	20.5 ●	31.9 ●	95.9% ●
Lung	112.1 ●	61.8 ●	85.7 ●	35.6% ●
Prostate (males only)	176.1 ●	24.0 ●	55.1 ●	
Colorectal	82.9 ●	17.9 ●	40.7 ●	78.2% ●
Cervical (females only)	18.3 ●	4.6 ●	5.5 ●	

- Significantly better than England
- Significantly worse than England
- No Significant difference

Cancer and equality

The report *Cancer and equality: key metrics 2015* (Public Health England, 2015) explores where there are differences between groups in aspects of cancer patients' diagnosis, care and outcomes. The report states that, in England:

- Inequalities in cancer incidence in relation to socio-economic deprivation are one of the major concerns.
- Cancer mortality in the most deprived populations are 50% higher than in the least deprived.
- Emergency presentations, a marker of late diagnosis and worse prognosis, increases with age and has a clear socioeconomic gradient that worsens with deprivation.
- Patient surveys consistently identify a need for easier to understand information for patients across all age groups, and especially amongst younger cancer patients.
- Patient reported outcomes measures show socioeconomic gradient with poorer outcomes reported by more disadvantaged groups.
- For screening coverage, low rate of uptake of cervical screening amongst young women and the lower rates of uptake of colorectal screening in men are highlighted.

National and local strategies (current best practices)

- [Improving outcomes - a strategy for Cancer](#) (Department of Health, 2011)
- [Suspected cancer: recognition and referral](#) (National Institute for Health and Care Excellence, 2015)

Risk Factors

Cancer Research UK have recently published work on the number of cancer cases in the UK that could be prevented by known lifestyle and environmental factors.² The list below is taken from this work and lists these factors in order of relative magnitude:

- Tobacco - smoking any form of tobacco, or exposure to environmental tobacco smoke
- Overweight - having a BMI of 25 kg/m² or over
- Low fruit and veg diet - getting fewer than five portions a day
- Alcohol - drinking of any type of alcohol
- Occupation - being exposed to cancer causing chemical or conditions at work
- Sunlight & sunbeds - getting more UV than was typical for people born in 1903
- Infections - exposure to cancer causing infections like HPV and hepatitis B or C
- Red meat - eating any red or processed meat
- Radiation - being exposed to any ionising radiation, including background levels such as those released from the earth
- Low fibre diet - having less than 23 grams of fibre a day
- Inactivity - being moderately active for less than 150 minutes a week
- Not breastfeeding - breastfeeding each child for less than 6 months
- Salt - having at least 6 grams a day
- HRT - taking any type of hormone replacement therapy

Lifestyle factors associated with poorer health tend to reflect levels of relative disadvantage within the population.

[1] <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2011-08-15-people-fear-cancer-more-than-other->

[2] <http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-Zero>

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