Joint Strategic Needs Assessment

People make healthy choices for healthy lifestyles - Cancer

Last updated: June 2015

Summary

- Prevalence – As at the end of 2010, around 5,100 people living on the Isle of Wight were living with cancer up to and beyond 20 years after diagnosis. This could rise to an estimated 9,900 by 2030.
- With regard to mortality rates, one year survival rates and patient experience (for persons) the Isle of Wight is in line with the England average.
- The incidence in males of all cancer (all ages) on the Isle of Wight is statistically significantly lower (better) than the England average.
- Mortality from cancer in males is significantly higher (worse) than in females for both the Isle of Wight and the England average.

Source: Cancer Intelligence Network

Background

There are significant inequalities in cancer, which contribute to the gap in life expectancy between the most deprived and least deprived areas. Cancer incidence (the number / rate of people newly diagnosed) and mortality are generally higher among:
• men compared with women;
• deprived groups compared with affluent groups (though breast cancer has a higher incidence in more affluent groups, mortality is actually higher in less affluent women);
• older compared with younger people.

These inequalities can occur at every stage of the patient pathway, including awareness, incidence, access to treatment and care, patient experience, survival and mortality. Potentially avoidable lifestyle factors (such as smoking, obesity, alcohol consumption and physical inactivity) almost certainly account for most of the variance in cancer incidence between the most and least deprived areas (Macmillan, 2015).

- Cancer is when abnormal cells divide in an uncontrolled way.
- Some cancers may eventually spread into other tissues.
- There are more than 200 different types of cancer.
- 1 in 3 people in the UK will get cancer in their lifetime.

Cancer starts when gene changes make one cell or a few cells begin to grow and multiply too much. This may cause a growth called a tumour. A primary tumour is the name for where a cancer starts. Cancer can sometimes spread to other parts of the body – this is called a secondary tumour or a metastasis.

Cancer and its treatments can affect body systems, such as the blood circulation, lymphatic and immune systems, and the hormone system. Most cancers start due to gene changes that happen over a person's lifetime. More rarely cancers start due to inherited faulty genes passed down in families (Cancer Research UK, 2014).

Cancer is one of the 3 main causes of death, both nationally and on the Isle of Wight (the others being cardiovascular disease and respiratory disease). In both England and the Isle of Wight, cancer accounted for 27% of all deaths in the period 2006-08.

This report shows information about cancer experienced by Isle of Wight residents, considering 'all cancers', and the 4 most common cancers (in terms of incidence and mortality) – breast, colorectal, lung and prostate cancer.

The level of population need

All cancers all ages (Incidence)

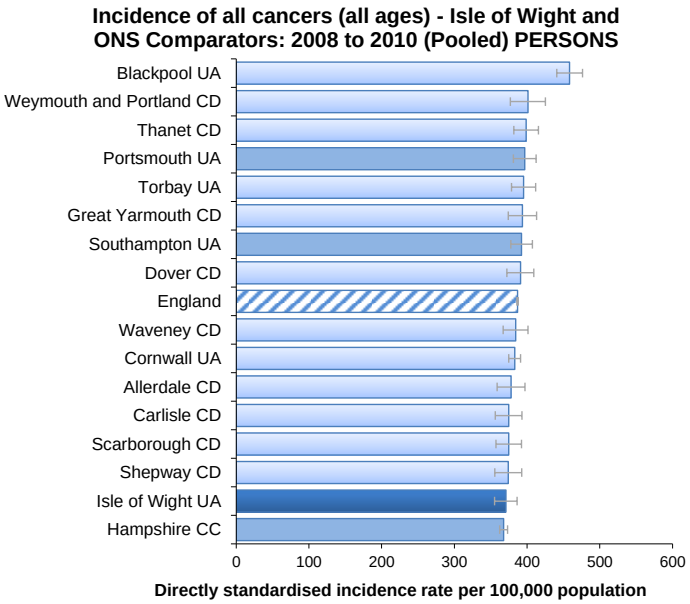
Figure 1 shows the incidence of all cancers (all ages) for the Isle of Wight and its comparator areas. For the pooled period 2008 to 2010, 2,671 (370.73 Directly Standardised Rate or DSR per 100,000) cases of cancer were diagnosed; the Isle of Wight is not statistically significantly different from the England average and is only statistically significantly lower (better) than one of its ONS comparator group. There has been no

statistically significant increase or decrease in the incidence of all cancers since the 1995.

For the pooled period 2008 to 2010 the incidence for the Isle of Wight of all cancers (all ages) for males (DSR 376 per 100,000) is statistically significantly lower (better) than the England average (DSR 419 per 100,000. The incidence in females (DSR 372 per 100,000) is not statistically significantly different from the England average (DSR 365 per 100,000). Also, for the Isle of Wight the incidence of all cancer (all ages) between males and females, although higher (worse) in males is not statistically significant from the incidence in females.

NB Directly standardised rate (DSR) is a rate that is calculated using the standard population and the local age specific rates applied. This is done to overcome the effect of confounding variables such as the age structure of a population.

Figure1:

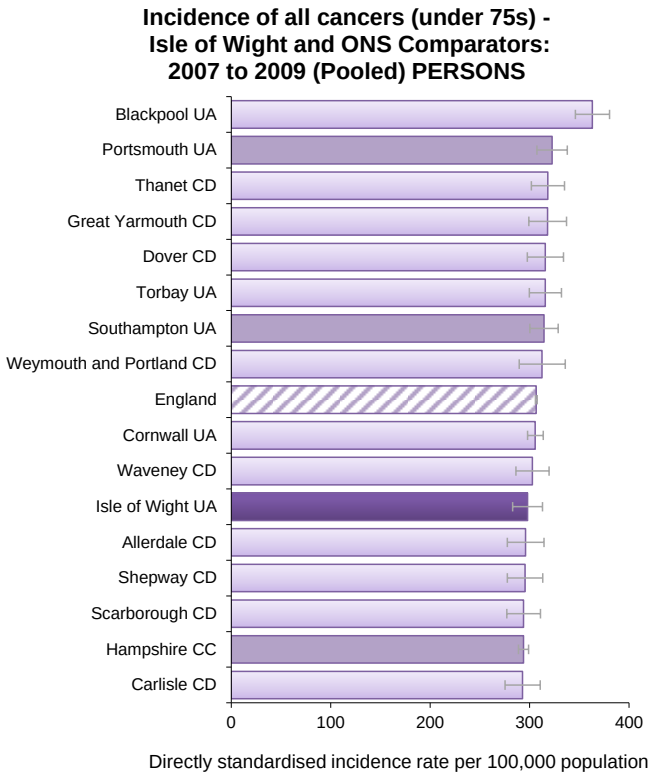


Source: Compendium of Population Health Indicators, NHS Information Centre https://indicators.ic.nhs.uk

All cancers aged under 75 (Incidence)

Figure 2 shows the incidence of all cancers (under 75) for the Isle of Wight and its comparator areas. For the pooled period 2007 to 2009 there were 1,634 (298 DSR per 100,000) Isle of Wight residents aged under 75 diagnosed with cancer. The Isle of Wight is not statistically significantly different from the England average and is only statistically significantly lower (better) than one of its ONS comparator group. There has been no statistically significant increase or decrease in the incidence of all cancers (under 75) since 1995.

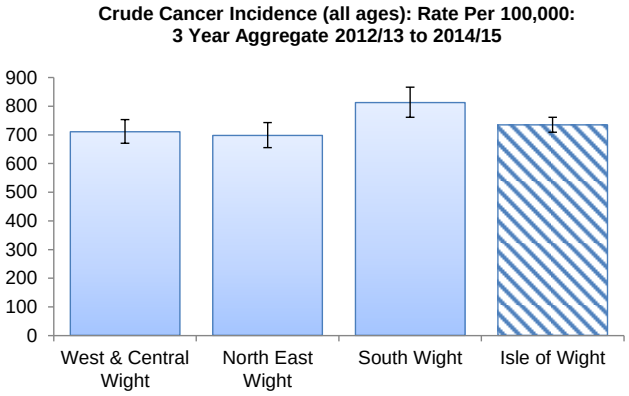
Figure 2:



Source: Compendium of Population Health Indicators, NHS Information Centre https://indicators.ic.nhs.uk

Figure 3 shows the incidence of cancer over a 3 year aggregate period comparing the three localities of the Isle of Wight

Figure 3:



Source: Somerset Cancer Registry

Breast cancer (Incidence)

Breast cancer is the most common cancer in the UK. Around 55,000 people are diagnosed with breast cancer each year. Of these, about 350 are men. Nationally, just over 80% of breast cancers occur in women who are over the age of 50. Nearly half of all cases are diagnosed in people in the 50-69 age group.

The estimated risk of developing breast cancer according to age:

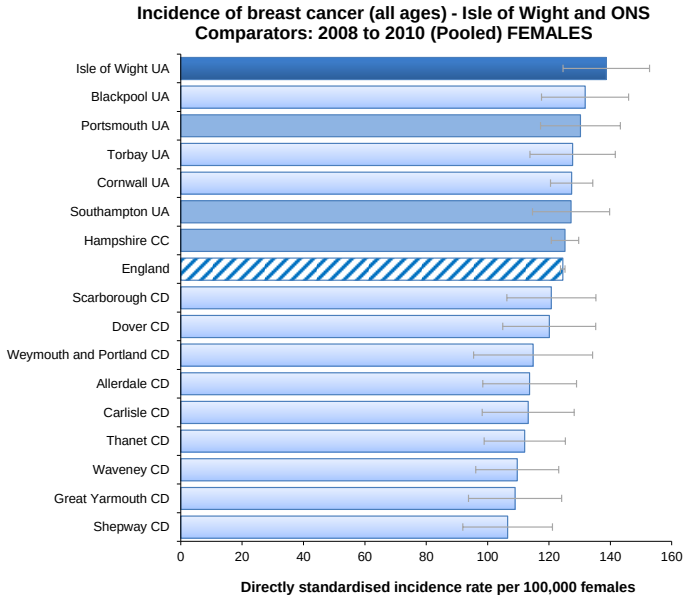
Risk up to age 29, 1 in 2,000.
Risk up to age 39, 1 in 215.
Risk up to age 49, 1 in 50.
Risk up to age 59, 1 in 22.
Risk up to age 69, 1 in 13.
Lifetime risk, 1 in 8

(Breast Cancer Care, 2015).

Because breast cancer is more common in women who are over the age of 50, women aged 50 to 70 are invited for routine breast screening every three years.

Figure 4 shows the incidence of breast cancer (all ages) for the Isle of Wight and its comparator area. For the pooled period 2008 to 2010 there were 449 women diagnosed with breast cancer (138.67 DSR per 100,000). Although the Isle of Wight has the highest (worse) incidence of breast cancer it is not statistically significantly different to the England average and is only statistically significantly higher than Shepway. There has been no statistically significant increase or decrease in the incidence of breast cancer since 1995.

Figure 4:

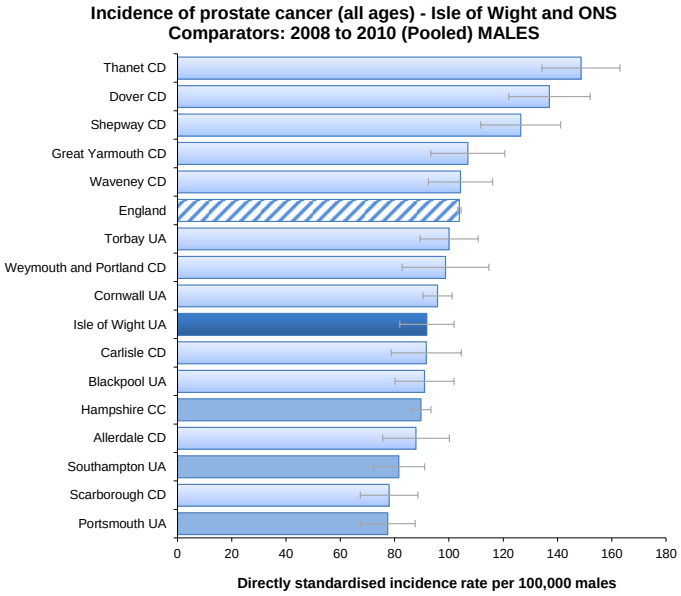


Source: Compendium of Population Health Indicators, NHS Information Centre https://indicators.ic.nhs.uk

Prostate cancer (Incidence)

Figure 5 shows the incidence of prostate cancer (all ages) for the Isle of Wight and its comparator areas. For the pooled period 2008 to 2010 there were 346 men diagnosed with prostate cancer (91.9 DSR per 100,000). The Isle of Wight has a statistically significantly lower (better) rate than three of its comparator areas, but is not statistically significantly different to the England average. For the Isle of Wight, the incidence of prostate cancer has been increasing over time; for the period 1995/97 the rate was 62.3 DSR per 100,000 statistically significantly lower (better) than the 2008/10 rate (91.9). This trend is in line with the England average.

Figure 5:



Source: Compendium of Population Health Indicators, NHS Information Centre https://indicators.ic.nhs.uk

Colorectal cancer (Incidence)

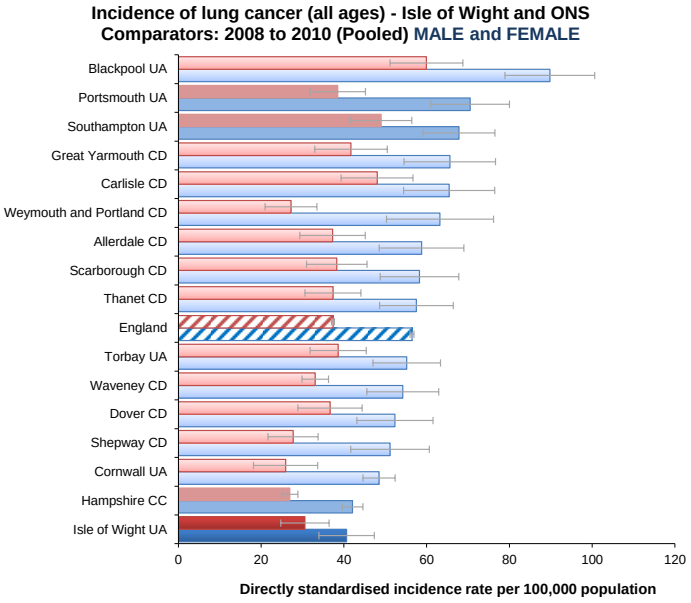
For the pooled period 2008 to 2010 the number of people on the Isle of Wight diagnosed with colorectal cancer is 180 males (DSR 51.3 per 100,000) and 155 females (DSR 38.6 per 100,000). These rates are not statistically significantly different to the Isle of Wight comparator areas or the England average, which is 58.9 for men and 38.5 for females. There is no statistically significant difference in the incidence of colorectal cancer between males and females for the Isle of Wight, however for the England average male incidence is statistically significant worse (higher) than for females.

Lung cancer (Incidence)

Figure 6 shows the incidence of lung cancer on the Isle of Wight and its comparator areas. For the pooled period 2008 to 2010, 152 (DSR 40.64 per 100,000) males and 136 females (DSR 30.57 per 100,000) were diagnosed with lung cancer. The rate for females is statistically significantly better (lower) than the England average (DSR 37.3 per 100,000) and 3 of the Isle of Wight's comparator area. For males, the incidence is statistically significantly better than the England average (DSR 56.5 per 100,000) and 10 of the Isle of Wight comparator area. Although the incidence is higher in males than females, this difference is not statistically significant for the Isle

of Wight, however for the England average male incidence is statistically significant worse (higher) than for females.

Figure 6:



Source: Compendium of Population Health Indicators, NHS Information Centre https://indicators.ic.nhs.uk

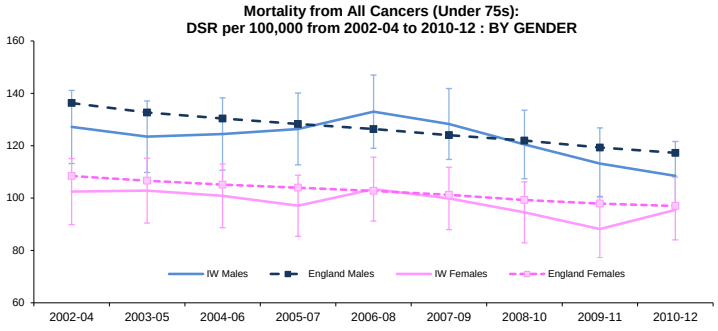
There has been a steady decline in the incidence of lung cancer since 1985 when the DSR per 100,000 for persons was 56.6 compared to 35.1 in 2010, this decline is statistically significant.

All cancer aged under 75 (Mortality)

Figure 7 shows that mortality from cancer in those aged under 75 on the Isle of Wight has declined steadily in line with the England average. It also shows that in deaths from cancer in males is significantly higher (worse) than for females.

It should be noted that there is no statistically significant difference in the incidence of all cancer (all ages) between males and females on the Isle of Wight.

Figure 7:

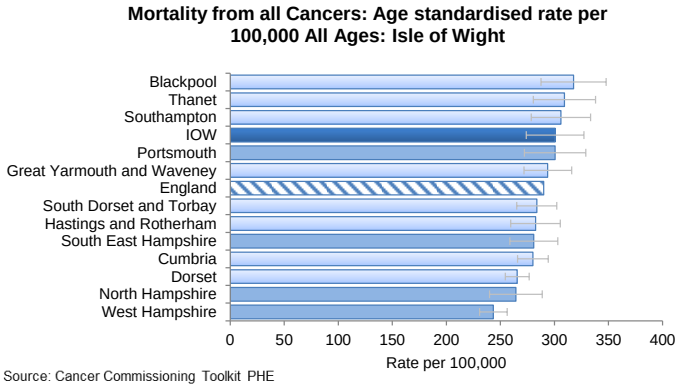


Sources: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk or nww.nchod.nhs.uk).

All cancer all ages (Mortality)

Figure 8 shows the age standardised mortality rate per 100,000 from all cancer all ages for the Isle of Wight and its comparator areas. The Isle of Wight (DSR 300.1 per 100,000) is not statistically significantly different to the England average (DSR 290per 100,000) but is statistically significantly higher (worse) than West Hampshire (ONS comparator area).

Figure 8:

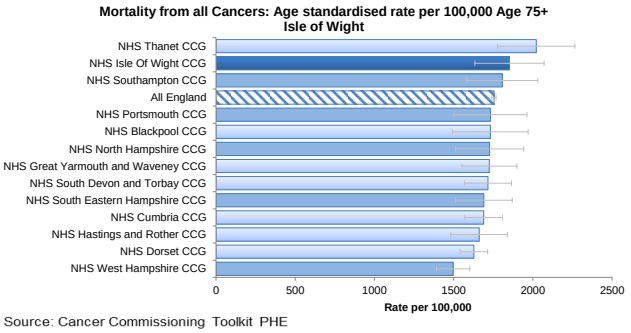


Source: Cancer Commissioning Toolkit PHE

All cancer age 75+ (Mortality)

Figure 9 shows the age standardised mortality rate age 75+ for the Isle of Wight and its ONS comparator area. The Isle of Wight rate (DSR 1851.8 per 100,000) is not statistically significantly different to the England average rate (DSR 1754 per 100,000), but is statistically significantly higher (worse) than West Hampshire (ONS comparator area).

Figure 9:



Source: Cancer Commissioning Toolkit PHE

Childhood cancer 1-14 year olds

Childhood cancer is rare, in the UK between 2010 and 2012 there were an average of 245 deaths per year. The Isle of Wight figures have been supressed due to small numbers (less than 5). The Isle of Wight is not an outlier for childhood cancer.

References

Breast Cancer Care. (2015, June). *What is breast cancer*. Retrieved June 15, 2015, from Breast Cancer Care: https://www.breastcancercare.org.uk/information-support/have-i-got-breast-cancer/what-breast-cancer

Cancer Research UK. (2014). *What is cancer*. Retrieved January 26, 2015, from Cancer Research UK: http://www.cancerresearchuk.org/about-cancer/what-is-cancer

Macmillan. (2015). *About Cancer*. Retrieved January 26, 2015, from Macmillan: http://www.macmillan.org.uk/Cancerinformation/Aboutcancer/AboutcancerHome.aspx

Useful websites

Cancer Intelligence Network http://www.ncin.org.uk/home

Cancer Research UK http://www.cancerresearchuk.org

Breast cancer care https://www.breastcancercare.org.uk/information-support/have-i-got-breast-cancer/what-breast-cancer