



**TRAFFORD**  
**COUNCIL**

**HEALTH AND WELLBEING PRIORITY:  
IMPROVE CANCER EARLY DETECTION AND  
PREVENTION**

**JANUARY 2021**



# KEY MESSAGES

- Each day, more and more people in England are beating Cancer. It is vital to know what to do and when to do it.
- Watch out for any unusual signs including:
  - Any unexplained lumps or bumps
  - Cough for 3 weeks or more
  - Blood that does not come from any obvious injury
  - Unexplained significant weight loss
  - Unexplained pain that does not go away.
- Chances are that there is nothing serious but if you notice any of these signs, contact your GP to book an appointment.
- Breast, cervical and colon cancers have a 90% survival rate if detected early. Please attend your GP surgery when you are invited for your screening.
- As we get older, we are more likely to get cancer. Simple changes in your behaviour can protect you from cancer. These include
  - Stop smoking
  - Drink less alcohol
  - Watch your weight
  - Think about what you eat
  - Be more active and move more
  - Stay safe in the sun



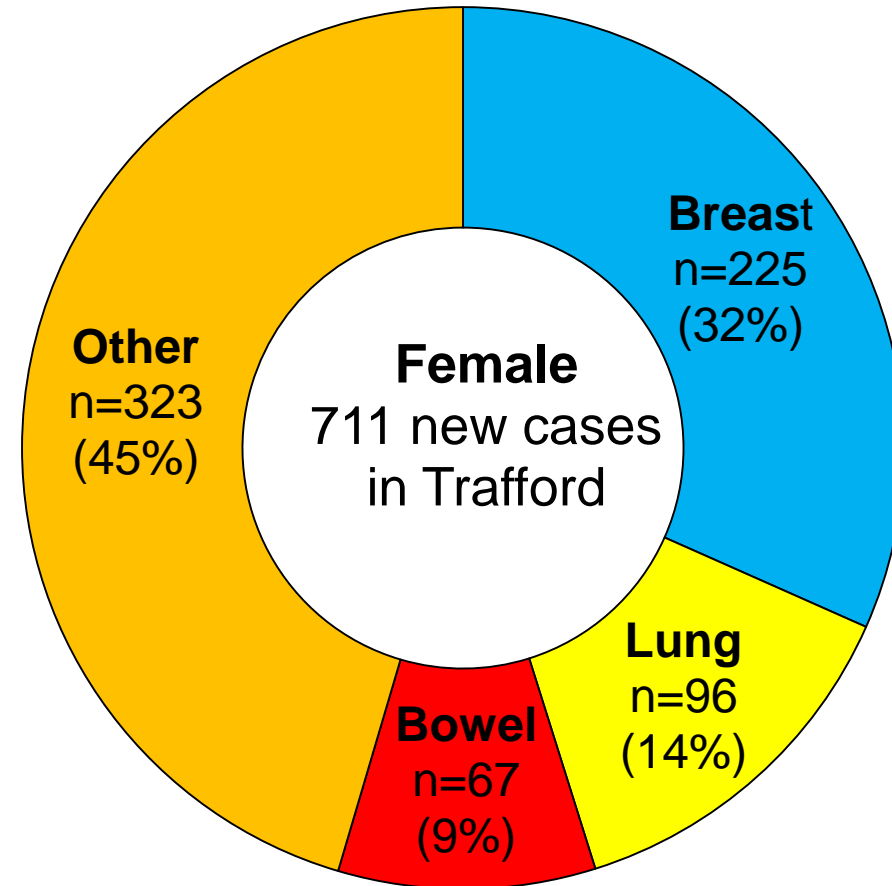
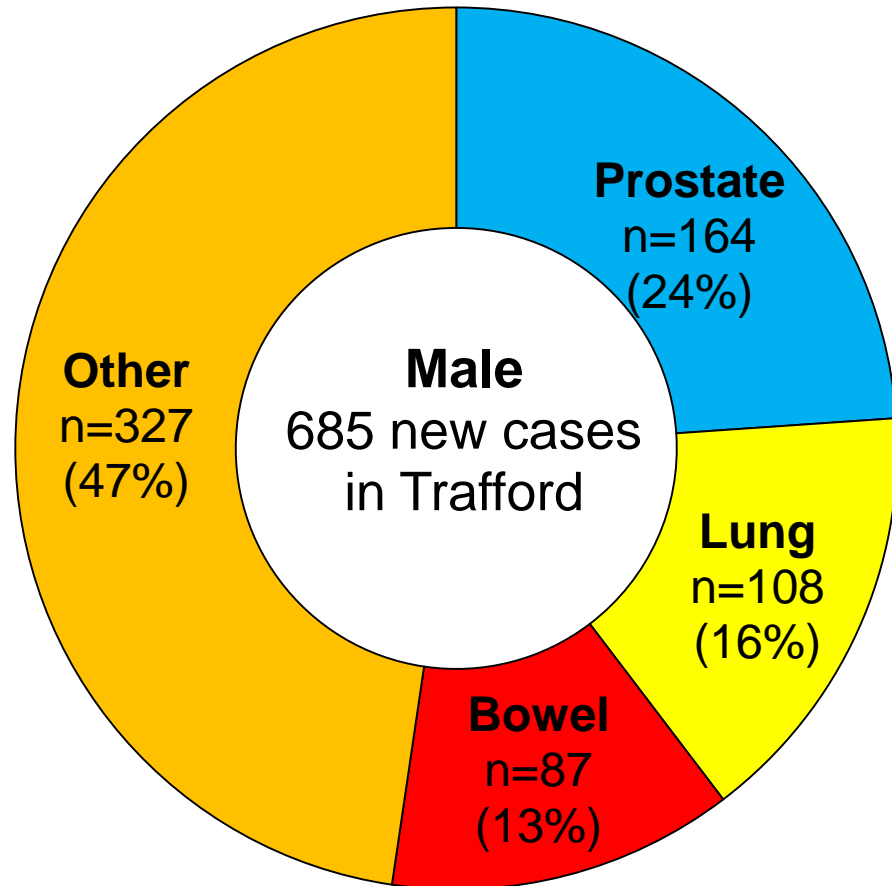
# WHY IS THIS A PRIORITY IN TRAFFORD?



- Cancer is one of the three most common cause of death in Trafford (alongside cardiovascular & respiratory diseases) and two thirds of these deaths are preventable <sup>(1)</sup>.
- An estimated 38% of new cancer cases each year are preventable by tackling lifestyle risk factors – ***this amounts to around 491 cases per year in Trafford***<sup>(2)</sup>
- Cancer screening saves lives. It can detect cancers at an early stage and in some cases even prevent cancers from developing in the first place.



# KEY INDICATORS: INCIDENCE (NEW CASES) OF CANCER



- In 2018, there were 1,292 new cancer registrations in Trafford.
- Subgroup analysis is not available for 2018 to date. Data from 2017 suggests that 49% of cancers were in males and 51% in females <sup>(1)</sup>.



# KEY INDICATORS: INCIDENCE (NEW CASES) RATE OF CANCER

- Incidence rate of all cancers in Trafford (568 per 100,000) was statistically higher than England average (529 per 100,000) <sup>(1)</sup>.
- Across different tumour sites <sup>(2)</sup>:



Number of new cases of breast cancers are **similar (statistically similar)** to England average



Number of new cases of bowel cancers are **similar (statistically similar)** to England average



Number of new cases of lung cancers are **higher (statistically significant)** than England average



Number of new cases of pancreatic cancers are **lower (statistically significant)** than England average



# KEY INDICATORS: TIME TRENDS - INCIDENCE

- Incidence rates of all cancers have risen both locally and nationally during the period 2009/2010-2017/2018. Trafford rates have remained **statistically similar** to England average during this period <sup>(1)</sup>.
- Time trends for tumour sites from 2001-2003 (baseline) to 2013-2015 show <sup>(2)</sup>:



**Increase** in new cases of breast cancers (may be explained in part by increased breast screening).



**Decrease** in new cases of bowel cancers



**Increase** new cases of lung cancers



**Decrease** in new cases of pancreatic cancers



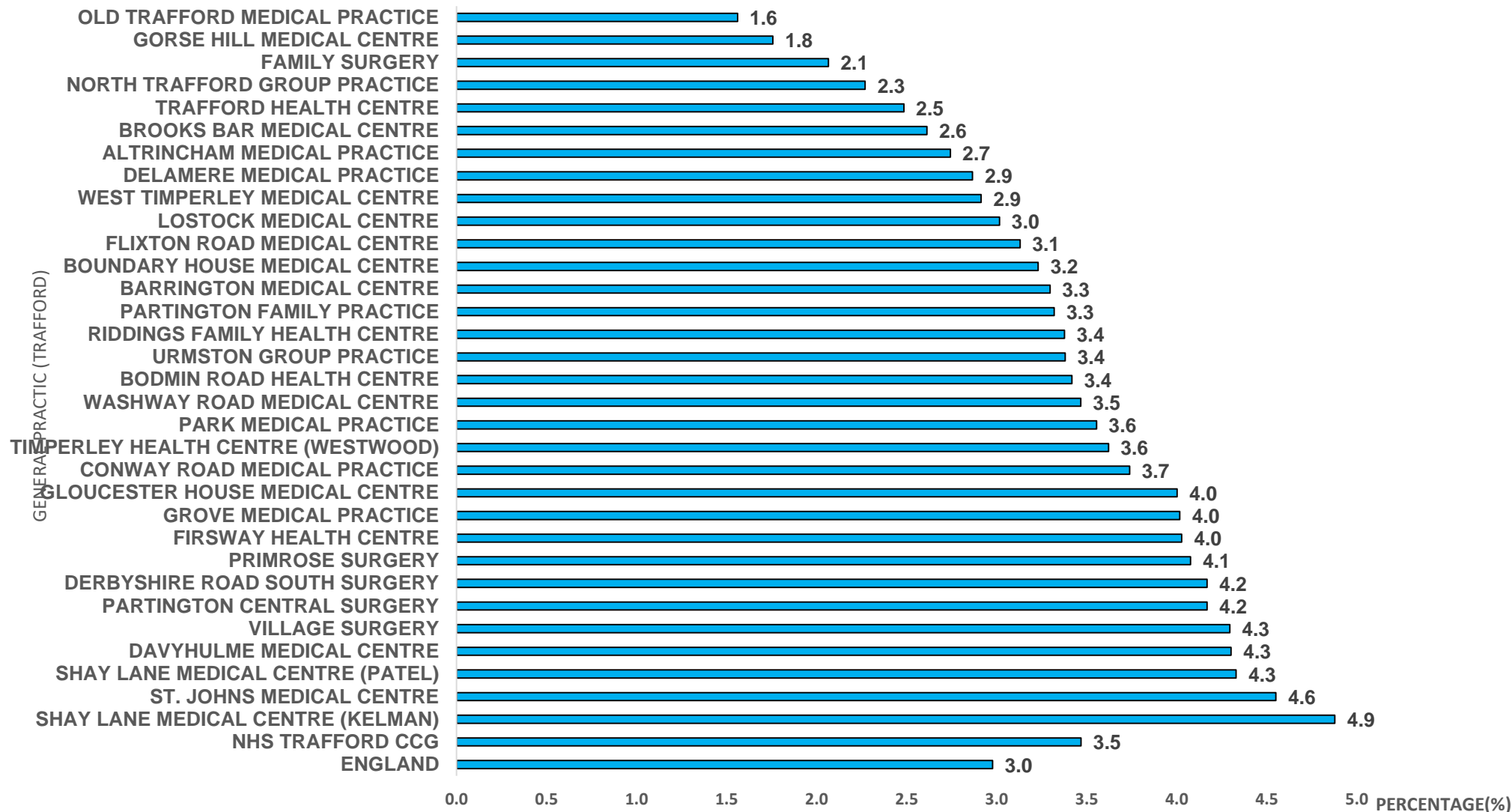
# KEY INDICATORS: PREVALENCE – NUMBER OF GP REGISTERED CASES



- In the year 2019, there were 8,446 patients on Trafford GP cancer registers, representing 3.5% of registered patients; this is slightly higher than the England prevalence of 3%.
- The number of cancer patients on Trafford GP registers increased by 737 between July 2018 and July 2019.
- Prevalence of cancer was higher in female (4.1%) compared with males (3.4%) in the year 2017.
- According to GP practices within Trafford, registered cancer prevalence ranges more than 2.5 fold from 1.6% to 4.9%. Crude prevalence is strongly associated with age structure, with practices with an older age structure having higher prevalence.



# KEY INDICATORS: GP REGISTERED CANCER PREVALENCE TRAFFORD CCG

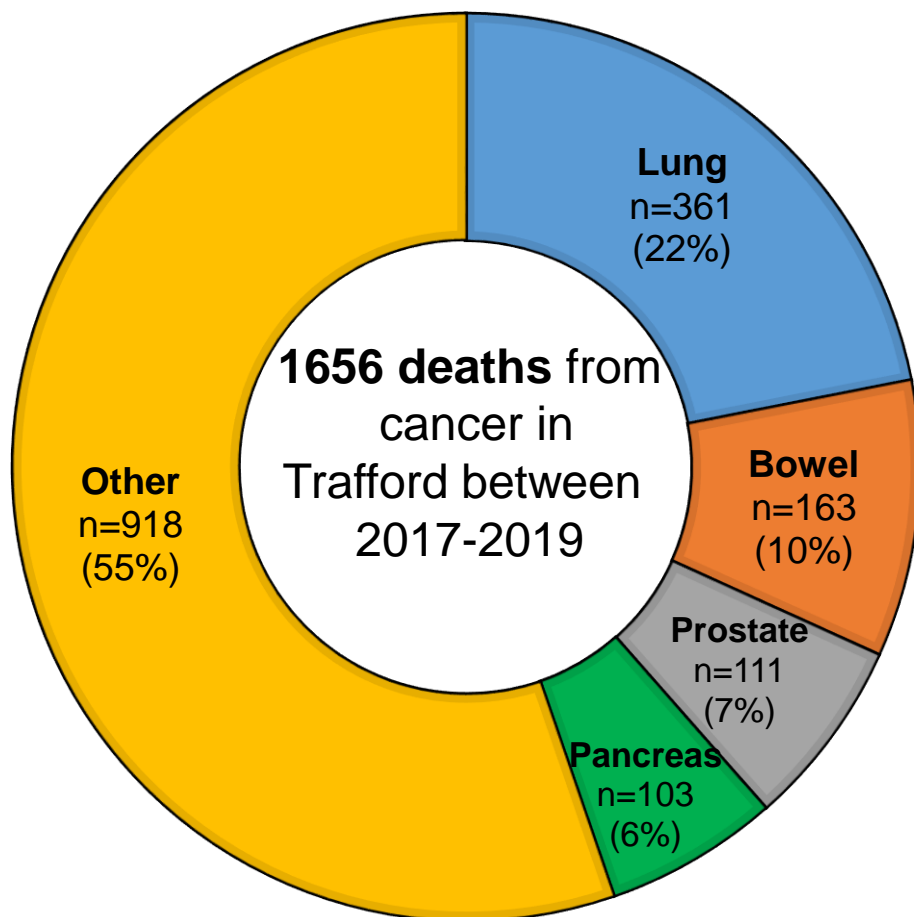






# MORTALITY FROM CANCER

For the period 2017-2019, there were 1656 deaths (27% of all deaths) from cancer in Trafford.

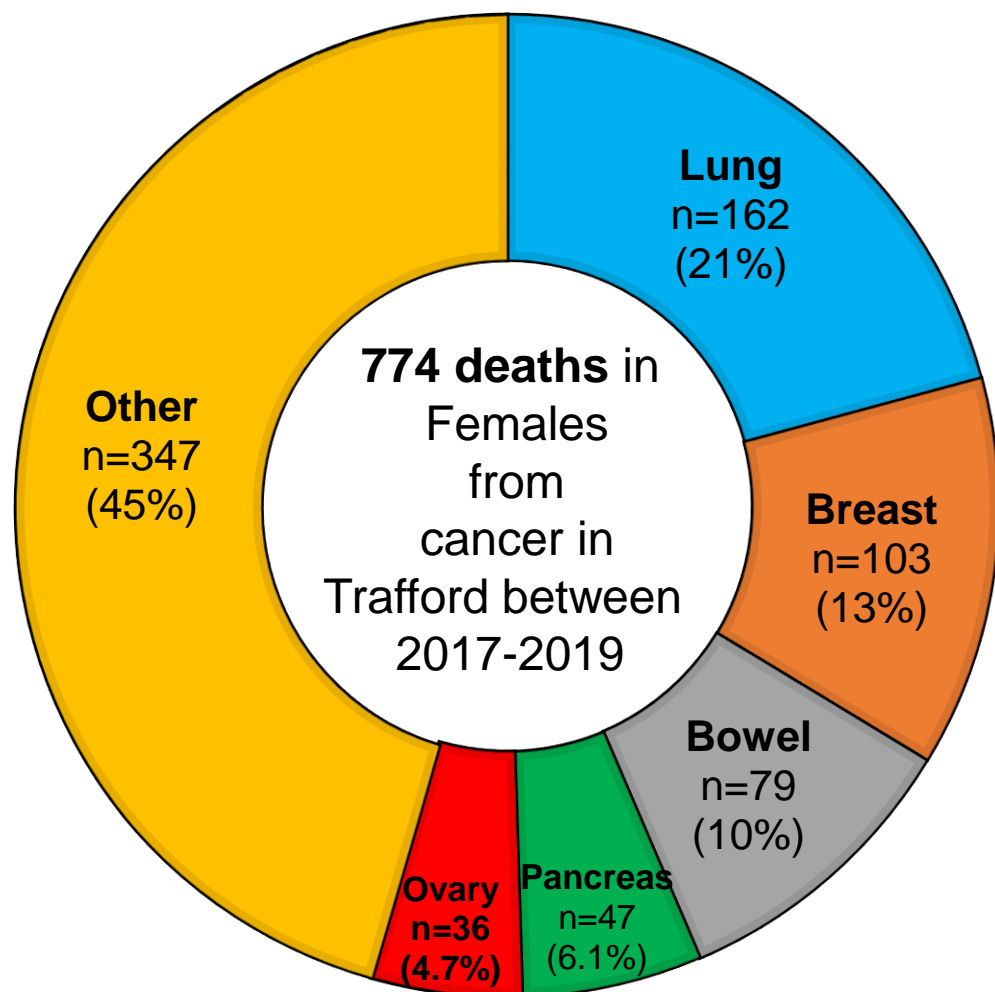


- The age standardised mortality rate from cancer in Trafford during the same time period was 252 per 100,000 population.
- Most common forms of cancer leading to death were lung cancers (21.8% of all cancer deaths), colorectal cancers (9.8% of all cancer deaths) and prostate cancers (6.7% of all cancer deaths)



# MORTALITY FROM CANCER BY GENDER: FEMALE

For the period 2017-2019, there were 774 deaths in Females (47% of all cancer deaths by gender) from cancer in Trafford.

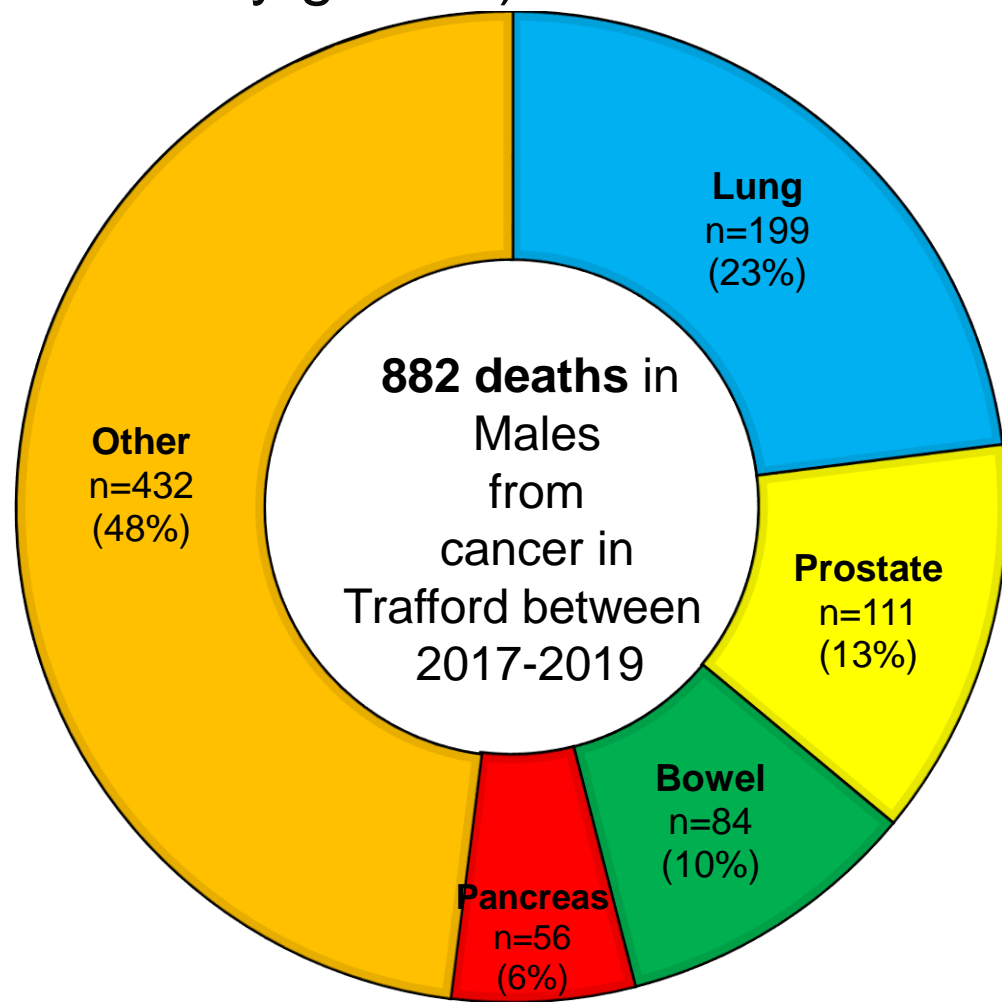


- The age standardised mortality rate for females from cancer in Trafford during the same time period was 211 per 100,000 population.
- Most common forms of cancer leading to death in females were lung cancers (20.9% of all cancer deaths in females), breast cancers (13.3% of all cancer deaths in females) and bowel cancers (10.2% of all cancer deaths in females)



# MORTALITY FROM CANCER BY GENDER: MALE

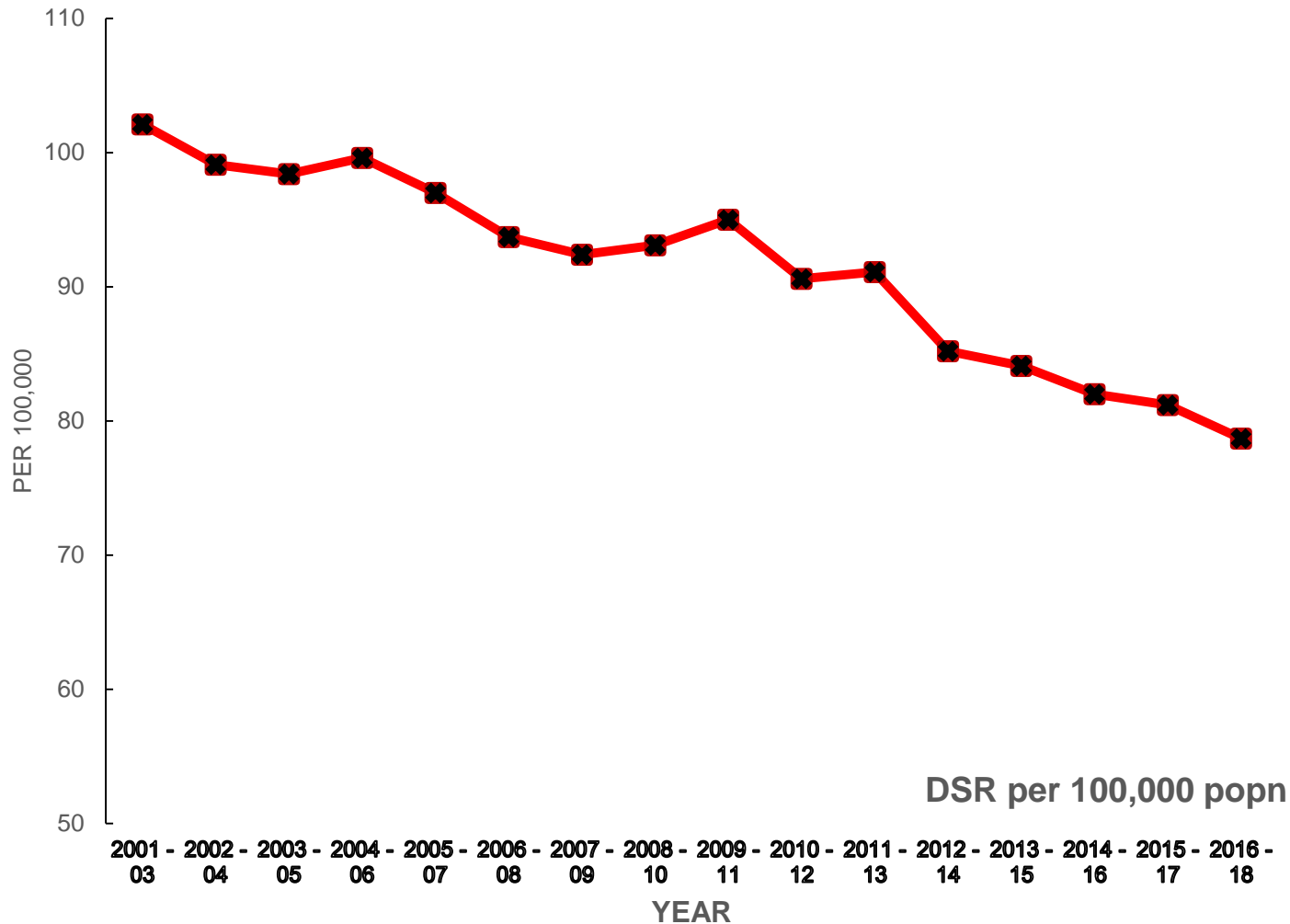
For the period 2017-2019, there were 882 deaths in Males (53% of all cancer deaths by gender) from cancer in Trafford.



- The age standardised mortality rate for males from cancer in Trafford during the same time period was 307 per 100,000 population.
- Most common forms of cancer leading to death in males were lung cancers (22.6% of all cancer deaths in males), prostate cancers (12.6% of all cancer deaths in males) and bowel cancers (9.5% of all cancer deaths in males)



# PREMATURE MORTALITY FROM CANCER CONSIDERED PREVENTABLE



- Between 2017 and 2019, there were 729 cancer deaths for individuals under 75 deaths years of age (PHOF, 2019)
- Of these, almost two thirds (454 or 62%) are considered preventable (PHOF, 2019)
- Premature preventable death rate continues to decline and remains statistically similar to the England average but ranks 5<sup>th</sup> highest among a group of 15 similar authorities.
- 22% of premature deaths are from lung cancer (Mortality Profile, 2019)



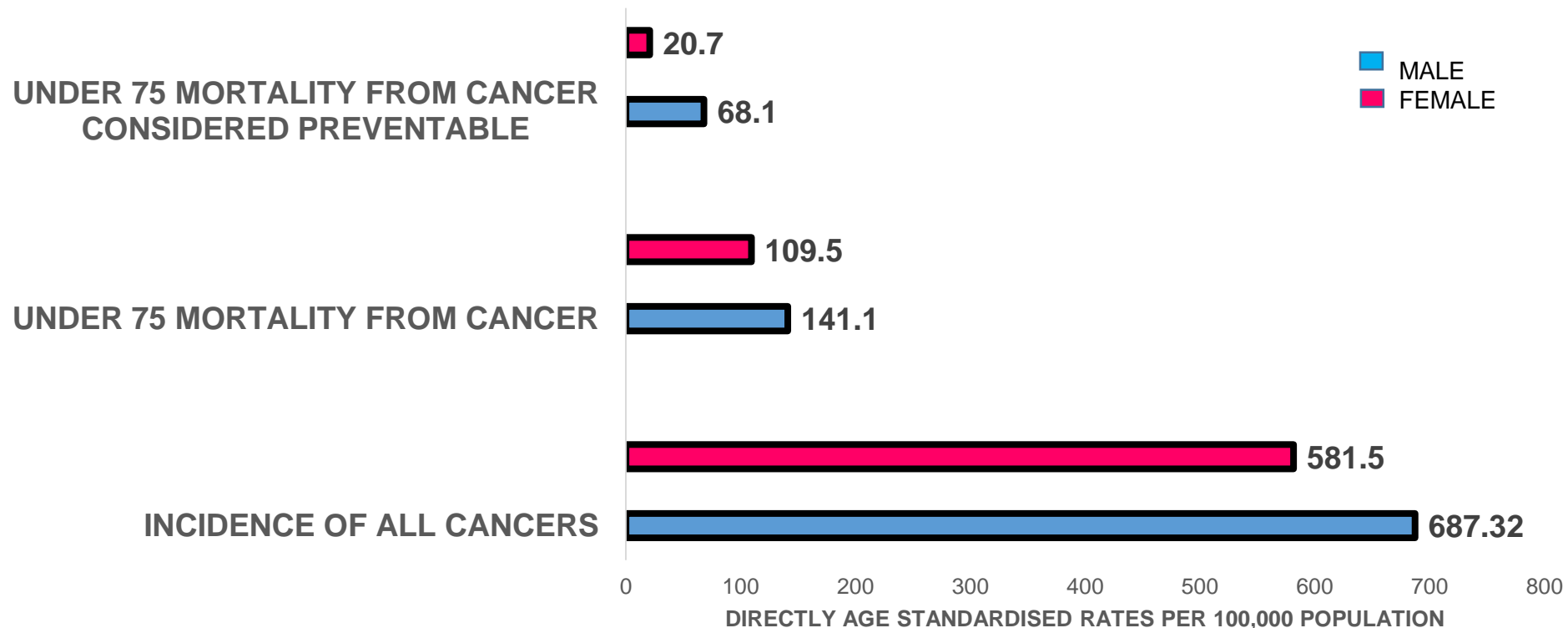
# EARLY DIAGNOSIS

- Emergency presentations: Around 1 in 5 (22.6%) of patients in NHS Trafford CCG are diagnosed with cancer through emergency route (similar to England average of 19.3%) (CADEAS, 2019).
- Early stage at diagnosis: The proportion of staged cancers that are diagnosed early (at stage 1 or 2) in NHS Trafford CCG (56.4%) is statistically similar to England average (51.8%) (CADEAS, 2018).
- 95% of new cancer cases (among patients registered at the practice) were referred using the urgent **two week wait** referral pathway (CADEAS, 2020).



# INEQUALITIES - GENDER

- Males in Trafford have a higher risk of getting cancer and of dying prematurely from preventable cancer (Mortality Profile, 2019).
- Latest available data from the year 2017 shows a higher prevalence of cancer in females (4.1%) compared with males (3.4%) (CancerData, 2017)





# INEQUALITIES – GEOGRAPHICAL

Public Health England's Local Health portal ([www.localhealth.org](http://www.localhealth.org)) provides small area (electoral wards/MSOAs) on the following indicators:

- Cancer incidence (all ages)
  - All cancers
  - Breast cancer
  - Colorectal
  - Lung
  - Prostate
- Cancer mortality
  - All cancers, all ages
  - All cancers, under 75 years
- Five years pooled data - 2012 to 2016
- Figures published are ***Indirectly Standardised Ratios*** – small areas are compared to England with England value set at 100



# GEOGRAPHICAL INEQUALITIES IN CANCER INCIDENCE WITHIN TRAFFORD

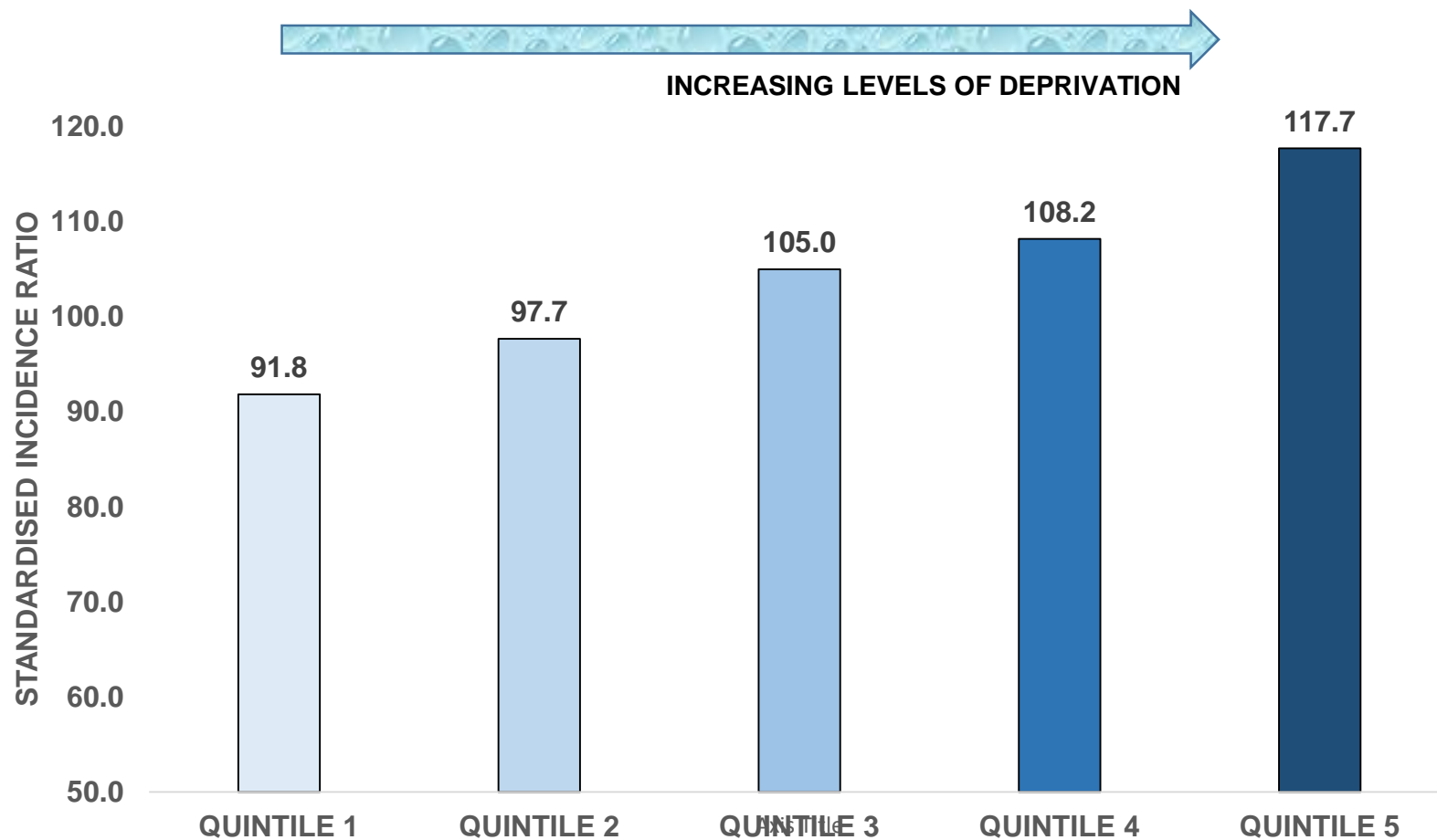


- The three least deprived wards in Trafford are Timperley, Hale Barns and Bowden. The three most deprived wards in Trafford are Bucklow-St Martins, Clifford and Stretford.
- Standardised incidence ratios for all cancers range from 87.3 in Bowden ward (i.e. 12.7% fewer cases than would be expected if Bowden had the same age specific rates as England) to 134.5 in Bucklow-St-Martin (i.e. 34.5% more cases).
- There is a trend towards higher ratios in more deprived wards
- There is a moderate association between increasing levels of ward deprivation and the incidence of lung cancer.
- There is no association between ward deprivation and incidence of colon cancer
- On the other hand, prostate and breast cancer incidence show weaker associations with deprivation. However, incidence of both these cancers decrease as ward deprivation decreases.





# INEQUALITIES – STANDARDISED INCIDENCE RATIOS OF ALL CANCERS BY WARD DEPRIVATION QUINTILE



There is a visible trend of increasing incidence ratios of all cancers as the level of deprivation by ward increases (Higher percentage of new cancers cases in more deprived wards compared with least deprived wards ).



# GEOGRAPHICAL INEQUALITIES IN CANCER MORTALITY WITHIN TRAFFORD



- Standardised mortality ratios for all cancers across all ages, range widely from 68.6 in Hale Barns (i.e. 31.4% fewer deaths than would be expected if Hale Barns had the same age specific rates as England) to 139.1 in Bucklow-St-Martin (i.e. 39.1% more deaths).
- There is a trend towards higher ratios in more deprived wards and the variation in deprivation across wards explains over three quarters of the variation in mortality ratios. This is stronger and steeper than the association between incidence and deprivation.
- The variation in premature mortality from all cancers ranges from 61.7 in Bowdon to 156.5 in Bucklow St Martin. There is moderate association between premature mortality and deprivation by ward.

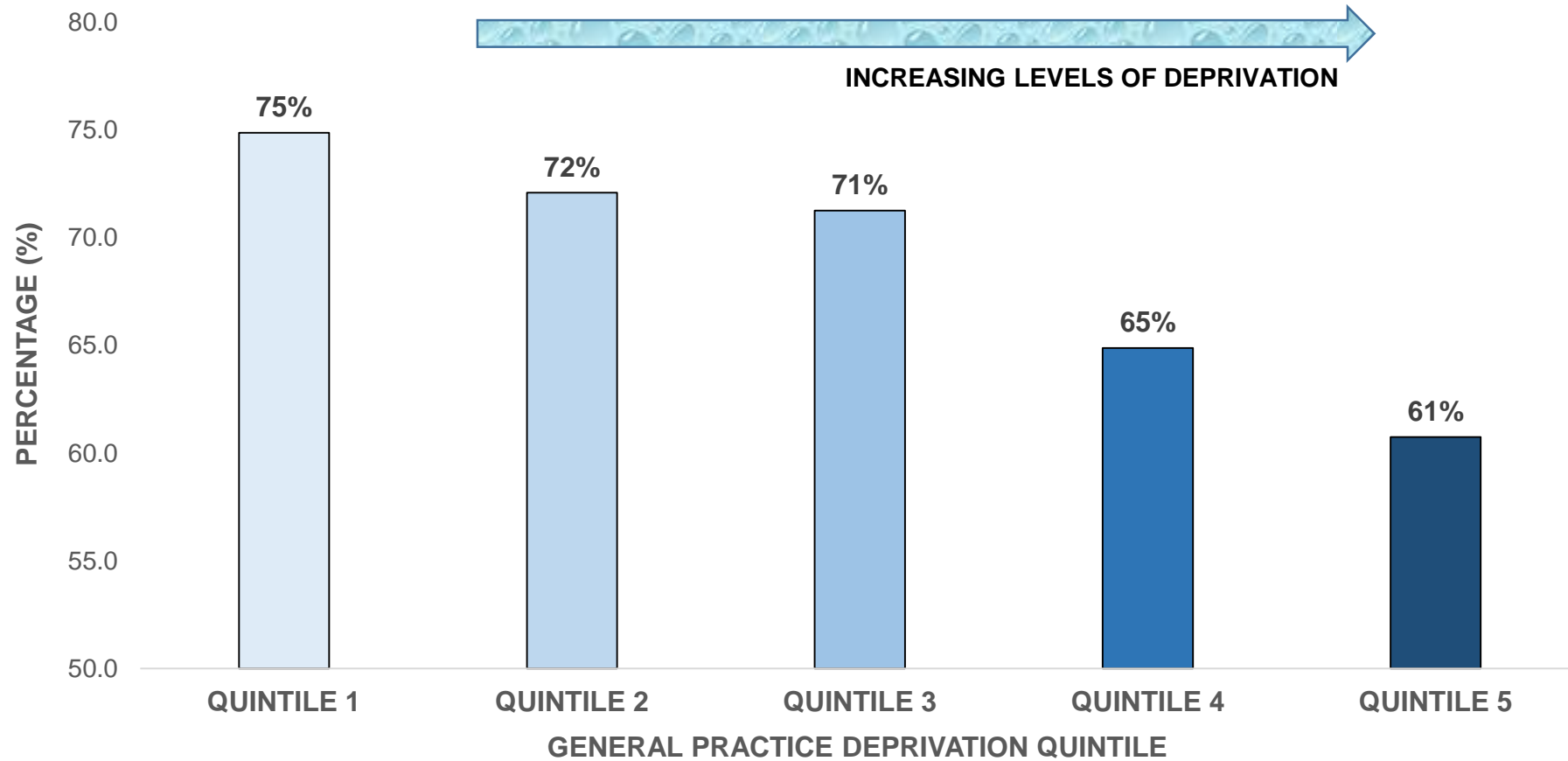


# BREAST CANCER SCREENING

- Overall coverage across Trafford CCG for 2018/19 was 70.4% - lower (statistically significant) than the average for England (71.6%)
- Trafford coverage for breast cancer screening is following an upwards trend (increasing)
- There is wide variation in general practice level coverage – from 57.8% to 83%.
- Thirteen general practices have lower (statistically significant) coverage for breast cancer screening than the average for England.
- Coverage in the most deprived fifth of GP practices within Trafford (61%) is lower than coverage in the least deprived fifth (75%) but the statistical association is weak by deprivation.



# INEQUALITIES – BREAST CANCER SCREENING COVERAGE FOR THE PAST 36 MONTHS BY GENERAL PRACTICE DEPRIVATION QUINTILE (2018/2019)



There is a visible trend of decreasing breast cancer screening coverage as the level of deprivation by ward decreases (Lower percentage of women aged 50-70 years screened for breast cancer in the past 36 months in more deprived wards compared with least deprived wards ).



# CERVICAL CANCER SCREENING

- Overall cervical cancer screening coverage for females aged 25-64 years across Trafford CCG for 2018/2019 was 77.3% - higher than the average for England (72.6%)
- Trafford coverage for cervical cancer screening is following an upwards trend (increasing)
- There is wide variation in GP practice level coverage – from 63.7% to 83.8%.
- Three general practices have lower (statistically significant) coverage for cervical cancer screening than the average for England.
- Coverage in the most deprived fifth of GP practices within Trafford (70%) is lower than coverage in the least deprived fifth (78%) but the statistical association is weak by deprivation.



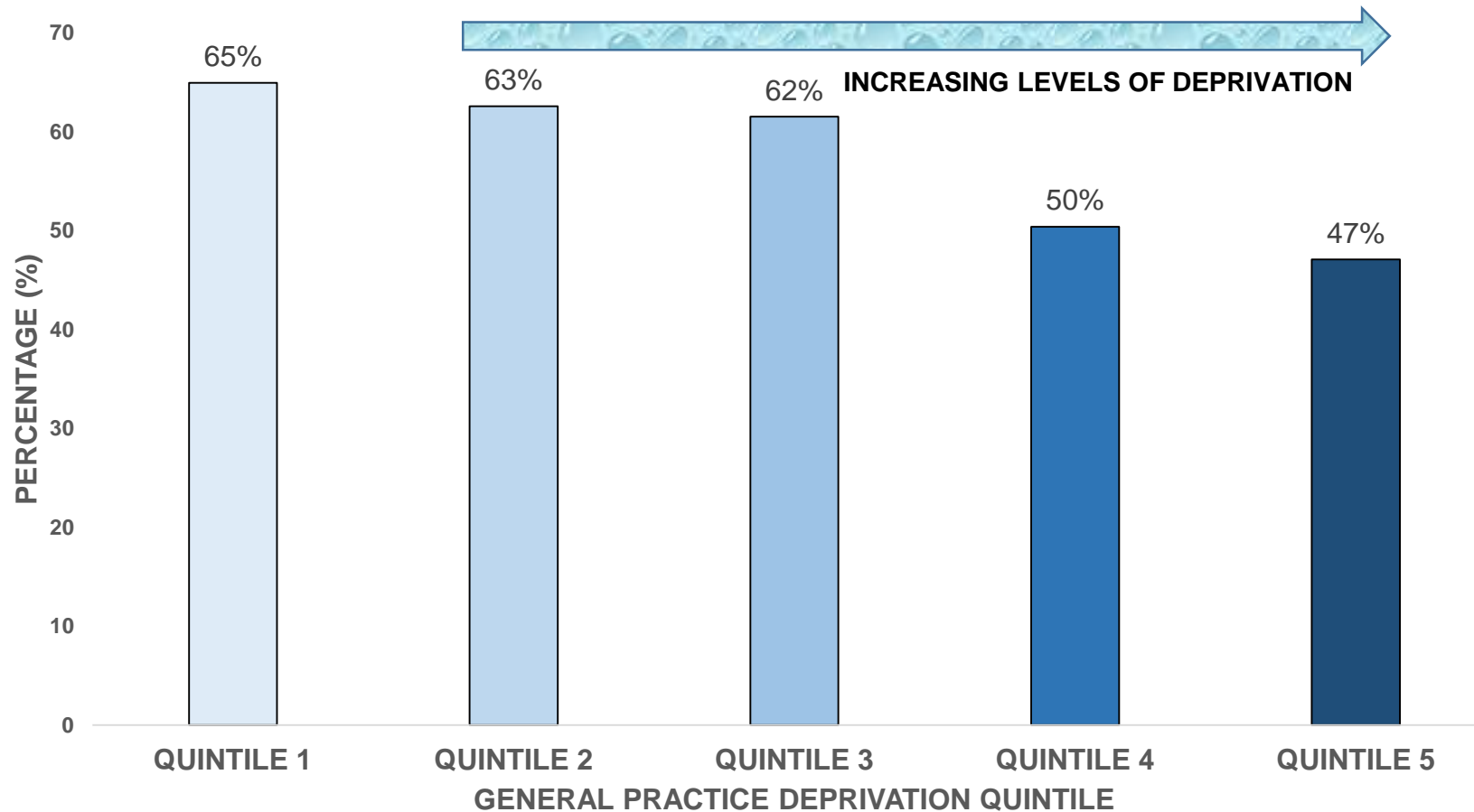
# BOWEL CANCER SCREENING



- Overall coverage across Trafford CCG for 2018/2019 was 60.7% - similar to England average (60.5%)
- Trafford coverage for bowel cancer screening is following an upwards trend (increasing)
- There is wide variation in GP practice level coverage – from 63.7% to 39%.
- Six general practices have lower (statistically significant) coverage for bowel cancer screening than the average for England.
- Coverage in the most deprived fifth of GP practices within Trafford (47%) is lower than coverage in the least deprived fifth (64.9%) and there is moderate association with levels of deprivation in Trafford.



# INEQUALITIES – BOWEL CANCER SCREENING COVERAGE (60-74 YEARS OF AGE) IN THE LAST 30 MONTHS BY GENERAL PRACTICE DEPRIVATION QUINTILE (2018/2019)



There is a visible trend of decreasing colon cancer screening coverage (60-74 years of age) as the level of deprivation by ward decreases (Lower percentage of individuals aged 60-74 years screened for colon cancer in the past 36 months in more deprived wards compared with least deprived wards ).



# SERVICE TO IMPROVE CANCER EARLY DETECTION AND PREVENTION



- Cancer screening can detect cancers at an early stage and in some cases even prevent cancers from developing in the first place.
- Across all of the main cancer screening programmes in Trafford (breast, bowel and cervical) coverage in the most deprived 20% of GP practices is significantly lower than coverage in the least deprived 20% of practices. Work to narrow this gap can be expected to impact on the geographical and social inequalities in cancer incidence and mortality.
- There are also a variety of groups and organisations which are in place for support when it comes to cancer. They include:
  - Cancer Research
  - Jo's Trust
  - Macmillan
  - Beating Bowel Cancer