

Improving health together



Cancer Awareness

Issue 25—Nov/Dec 2011

Welcome to this edition of Improving Health Together, which focuses on Cancer Awareness.

Cancer affects all of us. Even if we do not develop cancer ourselves, we all have family and friends who have had cancer.

The most recent policy [Improving Outcomes: A Strategy for cancer¹](#), identifies a range of actions needed to respond to this, but in particular we need to:

- ◆ reduce the incidence of cancers which are preventable by lifestyle changes;
- ◆ improve access to screening;
- ◆ achieve earlier diagnosis of cancer to improve outcomes;
- ◆ make sure all patients have access to the best possible treatment.

Key facts



Live a healthy life, cut your cancer risk



This image is taken from a cancer prevention leaflet produced by Cancer Research UK. To order these resources for free please visit www.cancerresearchuk.org/leaflets

- ◆ Over 250,000 people in England are diagnosed with Cancer every year. Around 130,000 people die from the disease¹.
- ◆ Up to 1 in 4 cases of cancer are diagnosed as an emergency. This has a big impact on survival and outcomes¹.
- ◆ Early deaths from cancer in York are lower than the England average and in North Yorkshire they are significantly lower [APHO Health Profiles 2011²](#).
- ◆ However, deaths from cancer are the second leading cause of mortality across North Yorkshire and York—North Yorkshire and York Health Inequalities: Developing a Framework for Action³.
- ◆ North Yorkshire and York spans three cancer networks, as shown in this [linked map](#). Cancer networks bring together providers and commissioners of cancer care to plan and deliver high quality cancer services.
- ◆ The Northern and Yorkshire Cancer Registry and Information Service provides summary information on

cancer incidence and mortality, based on PCT geography. There are significantly lower rates of incidence and mortality of all cancers in North Yorkshire and York compared to Yorkshire Cancer Network and North of England Cancer Network. Rates are lower, but not significantly so, when compared to Humber and Yorkshire Coast Cancer Network. ([PCT Factsheets \(2010\) NYCRIS⁴](#)).

- ◆ Older age is a key risk factor for cancer. In North Yorkshire and York the population is increasing and getting older—estimated increase by 4% by 2016 and 8% by 2021. However there will be a 27% increase in the over 65s by 2021. This group comes to represent 1 in 4 of the population. (ONS 2008 Population Projections⁵).

Reducing the incidence of preventable cancers

Lifestyle risk factors for cancer

- ◆ Deprivation is also a significant risk factor for cancer. Some areas within [North Yorkshire and York](#) are in the lowest quintile nationally for deprivation. Action to address modifiable lifestyle factors including smoking cessation, alcohol awareness, diet and exercise should be encouraged across all areas but particularly in areas where health inequalities exist.
- ◆ Many people believe that getting cancer is purely down to genes, fate or bad luck. Through scientific research, we know that our risk actually depends on a combination of our genes, with either our environment or aspects of our lives, many of which we can control. The risk of cancer is related to the interaction between non-modifiable risks and other modifiable lifestyle risk factors to increase or decrease overall risk. Experts estimate that up to half of these cases could be prevented by lifestyle changes (see below). To find out more about how cancer can be prevented—<http://info.cancerresearchuk.org/healthyliving/introducingcancerprevention/>.

◆ not smoking	◆ cutting back on alcohol	◆ keeping a healthy body weight
◆ keeping active	◆ eating a healthy, balanced diet	◆ staying safe in the sun

Further information on each of these risk factors can be found in other issues of our Improving Health Together factsheets—
www.northyorkshireandyork.nhs.uk/StayingHealthy/Factsheets.htm.

The National Institute for Health and Clinical Excellence (NICE) has produced a range of evidence based [Public Health Guidance](#) including brief interventions for alcohol, smoking cessation, behaviour change and physical activity, skin cancer prevention. <http://guidance.nice.org.uk/PHG>.

Reducing the risk of recurrence

- ◆ There is increasing evidence that lifestyle changes can reduce the risk of recurrence for cancer survivors, the impact of side effects of treatment and the burden of cancer survivors on the NHS and the benefits system. The clearest evidence for the impact on survival of lifestyle interventions following cancer diagnosis is for physical activity for survivors of breast cancer, colorectal cancer and prostate cancer.

Diagnosing Cancer Earlier

Cancer patients in England tend to have more advanced disease at diagnosis, and this is a factor in England's poorer survival rates, relative to the best in Europe. The National Awareness and Early Diagnosis Initiative (NAEDI) is a partnership between the DH, the NHS, and Cancer Research UK. The overall goal of NAEDI is to promote earlier diagnosis of cancer, and, through doing so, improve cancer survival rates and to reduce cancer mortality. <http://info.cancerresearchuk.org/spotcancerearly/naedi/AboutNAEDI/>.

Cancer Awareness Measure (CAM)

Linked to NAEDI, cancer awareness surveys were undertaken in England in February 2010. They highlight that current awareness of symptoms within the population needs to be raised. Full details and results for North Yorkshire can be found here [NHS North Yorkshire and York - CAM Survey Report \(June 2010⁶\)](#)

Increased awareness of symptoms that can be associated with cancer

The local CAM survey identified symptom awareness is dominated by the obvious—lumps or swelling, bleeding and pain. Symptoms which creep up more slowly, such as changes to bowel or bladder habits, cough, weight loss and loss of appetite have lower salience in people's minds, and result in people seeking diagnosis less quickly. The dangers of sunburn and skin cancer are not taken seriously enough.

Guidelines for earlier cancer diagnosis

A simple guide to the clinical guideline on referral for suspected cancer, issued to the NHS in England and Wales, is available from The National Institute for Health and Clinical Excellence (NICE)⁷ www.nice.org.uk/nicemedia/pdf/CG027publicinfo.pdf. Cancer research UK has a user friendly informative web site which includes information on Spotting Cancer Early <http://info.cancerresearchuk.org/spotcancerearly/>.

Stage at diagnosis and diagnostic delay

Cancer is a progressive disease. The stage at diagnosis denotes how far it has spread and is related to survival. In many cancers early diagnosis (stage 1 breast cancer or stage A bowel cancer) has a five year survival of over 90%. There is strong evidence that stage at diagnosis explains some of the difference between England and other countries. This is because survival differences tend to be greatest in the first year after diagnosis where the stage at diagnosis has the greatest effect on mortality. The range of factors that can impact on the speed of diagnosis and treatment are multi-factorial and illustrated in the table below.

Factors influencing delay in diagnosis of symptomatic cancer

Factor	Description
1 Patient factors	Factors that influence beliefs about symptoms and how and when they are presented to the doctor
2 Complex presentation	Multiple symptoms including other chronic conditions presented in a single consultation
3 Knowledge/experience	Lack of experience, expertise or not using guidelines and reliance on symptoms rather than examination
4 Misdiagnosis	Not considering cancer and treating other possible causes of symptoms
5 Investigation	Not investigating cancer as possible cause for symptoms or poor access to diagnostic tests
6 Continuity and follow-up	Not linking previous consultations or arrange explicit follow-up or secondary care referral

Adapted from: How to improve cancer survival. The King's Fund, June 2011⁸ www.kingsfund.org.uk/publications/cancer_survival.html.

NHS Cancer Screening Programme

Information about the NHS Cancer Screening Programme for England (NHS CSP) can be found at www.cancerscreening.nhs.uk/index.html. The cancer screening programmes of England are nationally coordinated and include the [NHS Breast Screening Programme](#), the [NHS Cervical Screening Programme](#) and the [NHS Bowel Cancer Screening Programme](#). There is no formal screening programme for prostate cancer but a [Prostate Cancer Risk Management](#) programme has been introduced. The table below is a summary of NHS CSP.

Cancer	Eligibility	Future Developments	Access to Screening
Bowel Cancer <ul style="list-style-type: none"> ◆ 1 in 20 in UK will develop during lifetime ◆ 3rd most common cancer in UK ◆ 2nd leading cause of death ◆ Regular screening reduces risk by 16%⁹ 	<ul style="list-style-type: none"> ◆ Men and women 60-69 years ◆ Screening every 2 years 	<ul style="list-style-type: none"> ◆ 70-75 age group ◆ Introduction of diagnostic flexible sigmoidoscopy at 55-60 years 	<ul style="list-style-type: none"> ◆ Invitation via GP Surgery, faecal occult blood testing at home. ◆ Referral for colonoscopy for positive results.
Breast Cancer <ul style="list-style-type: none"> ◆ Most common cancer in women ◆ 1 in 9 women develop breast cancer during lifetime¹⁰ 	<ul style="list-style-type: none"> ◆ Women aged 50-70 years ◆ Women assessed as being at significant increased risk of familial breast cancer 	<ul style="list-style-type: none"> ◆ Women aged 47-50 years ◆ Women aged 70-73 years ◆ Will increase screened population by 40% 	<ul style="list-style-type: none"> ◆ Invitation via GP Surgery for testing at fixed or mobile location. ◆ NYY screening take up above 8% national target. ◆ Achievement of quality standard amongst highest in region.
Cervical Cancer <ul style="list-style-type: none"> ◆ 900 women die in England each year¹¹ 	<ul style="list-style-type: none"> ◆ Women aged 25-50 every 3 years ◆ Women aged 51-64 every 5 years 		<ul style="list-style-type: none"> ◆ Invitation via GP Surgery for screening at GP Practice or Family Planning Clinic. ◆ NYY Screening achieves national quality standard.

References/Policy Context

- 1 Improving Outcomes: A Strategy for cancer DH, January 2011.
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123394.pdf
- 2 Health Profiles 2011. APHO, June 2011.
www.apho.org.uk/resource/view.aspx?RID=50215®ION=50152&SPEAR=
- 3 North Yorkshire and York Health Inequalities: Developing a Framework for Action. NHS North Yorkshire and York, October 2011. (On PCT website Nov)
- 4 PCT Factsheets 2010. Northern and Yorkshire Cancer Registry and Information Service, August 2010.
www.nycris.nhs.uk/reports/pct_factsheets/
- 5 Population projections. Office for National Statistics, 2008. www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Projections
- 6 CAM Survey for NHS North Yorkshire and York. NHS Yorkshire Cancer Network, June 2010.
www.yorkshire-cancer-net.org.uk/html/downloads/cancerawarenessmeasure_nyorksandyork_june2010.pdf
- 7 Referral Guidelines for Suspected Cancer Understanding NICE guidance—Information for people with suspected cancer, their families and carers, and the public. NICE, June 2005.
www.nice.org.uk/nicemedia/pdf/CG027publicinfo.pdf
- 8 How to Improve Cancer Survival. Explaining England's relatively low rates. The King's Fund, June 2011.
www.kingsfund.org.uk/publications/cancer_survival.html
- 9 National Bowel Cancer Screening Programme—Remit of Research Committee. NCRI, June 2011.
www.cancerscreening.nhs.uk/bowel/remmit-research-committee.pdf
- 10 All Breast Cancer Report. An UK analysis of all symptomatic and screen-detected breast cancers diagnosed in 2006. West Midlands Cancer Intelligence Unit/National Cancer Intelligence Network. October 2009. www.cancerscreening.nhs.uk/breastscreen/all-breast-cancer-report.pdf
- 11 Cervical Cancer UK Mortality Statistics. Cancer Research UK <http://info.cancerresearchuk.org/cancerstats/types/cervix/mortality/>

Websites

NHS Choices

www.nhs.uk/Conditions/Cancer/Pages/Symptoms.aspx



Signs and symptoms of cancer.

Cancer Research UK—Spot Cancer Early

<http://info.cancerresearchuk.org/spotcancerearly/>



Information on the most important signs and symptoms of cancer.

CancerStats

<http://info.cancerresearchuk.org/cancerstats/>

National cancer data on [incidence](#), [mortality](#) and [survival](#) is available from Cancer Research UK

National Awareness and Early Diagnosis Initiative

<http://info.cancerresearchuk.org/spotcancerearly/naedi/AboutNAEDI/>

The overall goal of NAEDI is to promote earlier diagnosis of cancer, improve cancer survival rates and to reduce cancer mortality.

NHS Cancer Screening Programmes

www.cancerscreening.nhs.uk/



Information on the national screening Programmes in England

Macmillan

www.macmillan.org.uk/Cancerinformation/Aboutcancer/Signssymptoms.aspx



Information on the possible signs and symptoms of cancer

Local Cancer Networks

Yorkshire Cancer Network

www.yorkshire-cancer-net.org.uk/index.htm

Hull & East Yorkshire Coast Cancer Network

www.hyccn.nhs.uk/AboutUs/index.htm

North of England Cancer Network

www.cancernorth.nhs.uk/Public

Resources

Department of Health

Bower Cancer Signs & Symptoms campaign

leaflet—Product Code CANCER1

A3 Campaign Poster—Product Code CANCER1POSTER

These items support the National Bowel Cancer symptom awareness campaign launching in January 2012

Be clear on cancer—lung cancer

Leaflet—Product Code 407524, A3 posters—Product Codes 407525/6

Tel: **0300 123 1002** or order online at

www.orderline.dh.gov.uk



Cancer Research UK

A range of healthy living leaflets to reduce the risk of cancer, including:

Live a healthy life, cut your cancer risk

Leaflet—Product Code RTR300A

A3 Poster—Product Code RTR20A

View leaflets and order online at

<http://publications.cancerresearchuk.org/>

(registration required) or telephone **020 3469 8333**



Macmillan

November is Lung Cancer Awareness month. A5 leaflet

(Product Code MAC4065 0910A5)

and posters available online at

<http://be.macmillan.org.uk/>



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