



## CANCER Fact Sheet

### **Background**

Cancer refers to a number of conditions where the body's cells begin to grow and reproduce in an uncontrollable way. There are over 200 different types of cancer. The most common in the UK are breast, prostate, lung, colon or rectum, bladder and ovarian cancer. Nationally, cancer and circulatory disease are the main causes of death.<sup>1</sup> More than one in three people in England will develop some form of cancer during their life.

Treatments include surgery, chemotherapy and radiotherapy. Some cancers can be cured if detected early, therefore high achievement in screening programmes is vitally important to treat appropriately. Survival rates for many types of cancer have risen significantly over time.

Cancer occurs mostly in older people, with three quarters of cases diagnosed in people aged 60 and over, and more than a third of cases in people aged over 75.<sup>2</sup> The incidence of some cancer types is growing exponentially in certain ethnic groups and the overall risk is predicted to rise as these populations age.<sup>3</sup>

### **Risk factors**

Risk factors include smoking, drinking too much alcohol, being overweight or obese, having a poor diet, being physically inactive and prolonged exposure to sunlight.

For most cancers, survival is worse for deprived groups and this gap has tended to increase as survival rates have increased overall.<sup>4</sup> This may be due to a number of factors but in particular later diagnosis of cancer, access to screening services, and wider factors such as social support.

### **The Local Picture**

#### *Prevalence*

In 2014-15 there were 3,723 Sutton patients on a GP register for cancer (QOF data). The prevalence of cancer in Sutton (i.e. the percentage of people with the disease) based on these GP Registers was 2%: that is about 1 in 51 people. This is similar prevalence as for England overall.

Prevalence varies for different types of cancer, for example breast for women and prostate for men are the most common forms and will be more common than for example bowel cancer or leukaemia.

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<sup>1</sup> NHS Choices. Cancer pages. <http://www.nhs.uk/conditions/cancer/pages/introduction.aspx>

<sup>2</sup> Cancer Research UK, 2015.

<sup>3</sup> BME Cancer Alliance.

<sup>4</sup> The Kings Fund. How to improve cancer survival. 2011.



### *Incidence*

Incidence rates in Sutton for all cancers (i.e. new cases), are in line with national and regional averages. Sutton has a Directly Standardised Rate (DSR) of 574 per 100,000 population (2011-13 pooled), which is higher compared to the DSR of 569 for London, but lower than the DSR of 598 for England, though not significantly.

### *Mortality*

In Sutton in 2014, 438 people (all ages) died of cancer, 215 males and 223 females.

Nearly half were aged under 75 years, 210 people in this age group died of cancer, 106 males and 104 females.

It has been estimated that around 40% of all cancers are avoidable and can be directly attributable to lifestyle and behaviour including smoking, diet, alcohol and obesity.<sup>5</sup> Fig. 1 indicates that rates of cancer in Sutton for people aged under 75 have remained fairly constant in recent years, though there was a slight increase for females.

### **Fig. 1: Trend in mortality from all cancers, persons aged under 75, by gender**

Fig. 2 shows that overall Sutton's cancer mortality rate for people under 75 years is higher than the regional average, though differences are not statistically significant.

### **Fig. 2: Mortality from all cancers, aged less than 75, Sutton compared with London authorities**

Fig. 3 indicates a fairly constant trend in the rate of cancer mortality for those of all ages.

### **Fig. 3: Trend in mortality from all cancers, all ages**

Figs 4 to 6 profile trends in cancer mortality by specific disease group in Sutton. Overall, since 1995-97 there has been a decrease in rates for breast, lung and colorectal cancer. However, there have been fluctuations, in particular for breast cancer where rates have been rising since 2009-11.

### **Fig. 4: Trend in mortality from breast cancer**

### **Fig. 5: Trend in mortality from lung cancer**

### **Fig. 6: Trend in mortality from colorectal cancer**

Figs 7 to 8 show maps of rates respectively for people aged under 75 years and people of all ages by electoral ward. The higher rates are in some of our most deprived wards.

### **Fig. 7: Standardised Mortality Ratio by ward for all cancer, less than 75 years, 2008-12**

### **Fig. 8: Standardised Mortality Ratio by ward for all cancer, all ages, 2008-12**

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<sup>5</sup> British Journal of Cancer (2011) 105, S1–S1. doi:10.1038/bjc.2011.473.  
<http://www.nature.com/bjc/journal/v105/n2s/full/bjc2011473a.html>



### Assets

Sutton benefits from being the home of the Royal Marsden Hospital, Surrey, which leads in the field of cancer treatment and research. The hospital, located in Downs Road in the South of the borough, provides inpatient, day care and outpatient services for all cancers. It is a pioneer in cancer nursing, treatment and drug development and was the world's first hospital dedicated to cancer. Its relationship with The Institute of Cancer Research aids the development of new treatments.<sup>6</sup>

### Issues and problems

Currently rates of some screening services, i.e. breast screening in Sutton are lower than national levels. This is potentially reflected in mortality rates for women where the rate of decline is slower than regional and national trends.

Higher rates of cancer are found in the more deprived areas of the borough, in the more disadvantaged areas of the Northern wards (St Helier and the Wrythe).

### Sutton progress

Sutton GPs are high users of the Electronic Palliative Care Clinical Communication System (EPaCCs), Coordinate My Care (CMC). This has been developed to give people with chronic health care conditions and/or life-limiting illnesses an opportunity to create a personalised care plan in order that they might express their wishes and preferences for how and where they are treated and cared for. This care plan can be shared electronically with all legitimate providers of urgent care, especially in an emergency situation. All the organisations involved have signed formal agreements that govern how care plan information is used and protected, and they undertake to provide CMC with updated lists of staff that are trained and authorised to access the system.

Sutton CCG has put money into the Cancer Collaborative for Commissioning, hosted by North West London.

Performance measures (April 2013 – February 2014):

- Referral to treatment time
  - 99.4% of patients received their first definitive treatment within one month (31-days) of a cancer diagnosis; standard is minimum of 96%
- 2 week waits
  - 96.9% of patients urgently referred with suspected cancer by their GP were seen within 2 weeks; standard is minimum of 93%

The CCG recognises this as a priority area and has appointed a GP clinical lead for cancer.

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<sup>6</sup> NHS Choices. The Royal Marsden Hospital, Surrey.  
<http://www.nhs.uk/Services/hospitals/Overview/DefaultView.aspx?id=933>



## **What works**

As would be expected, NICE provides a wealth of guidance on cancer from the link as follows: <http://guidance.nice.org.uk/Topic/Cancer>

There is too much information to summarise here, but guidance is grouped according to disease type as follows.

## **Topics**

- Bladder cancer
- Blood and bone marrow cancers
- Brain cancers
- Breast cancer
- Cancer: general and other
- Cervical cancer
- Colorectal cancer
- Complications of cancer
- Endometrial cancers
- Head and neck cancers
- Liver cancers
- Lung cancer
- Metastases
- Oesophageal cancer
- Ovarian cancer
- Pancreatic cancer
- Penile and testicular cancer
- Prostate cancer
- Renal cancer
- Sarcoma
- Skin cancer
- Stomach cancer
- Upper airways tract cancers

In addition NICE Public Health Guidance includes guidance and Local Government briefings on preventing premature mortality and smoking cessation. Tobacco is recognised as the single greatest cause of deaths in England leading to cancer and respiratory disease.

NICE advice (LGB24). Tobacco. 2015.  
<http://www.nice.org.uk/advice/lgb24/chapter/Introduction>

## **Key indicators and targets**

Relevant indicators from the Public Health Outcomes Framework  
<http://www.phoutcomes.info/>

- *Health Improvement domain: 2.14 Smoking prevalence*
- *Healthcare and premature mortality domain: 4.05 Under 75 mortality rate from cancer*



### Links to further information

- See separate Factsheets on **Tobacco Control, Adult Obesity, and Screening For Cancer**
- NHS Choices. Information on cancer and useful links <http://www.nhs.uk/conditions/cancer/pages/introduction.aspx>
- NICE. <http://guidance.nice.org.uk/Topic/Cancer>
- Public Health England. Cancer. <https://www.gov.uk/guidance/phe-data-and-analysis-tools>

Links include:

- National Cancer Intelligence Network (NCIN). <http://www.ncin.org.uk/home>
- NCIN. The Cancer Commissioning Toolkit. PCT and CCG Profiles. <https://www.cancertoolkit.co.uk/>
- NCIN. Cancer E Atlas. [http://www.ncin.org.uk/cancer\\_information\\_tools/eatlas/](http://www.ncin.org.uk/cancer_information_tools/eatlas/)
- Cancer Mortality Profiles. <http://www.swpho.nhs.uk/resource/browse.aspx?RID=76240>
- NCIN. Gynaecological Cancer Profiles. [http://www.ncin.org.uk/cancer\\_type\\_and\\_topic\\_specific\\_work/cancer\\_type\\_specific\\_work/gynaecological\\_cancer/gynaecological\\_cancer\\_hub/profiles](http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/gynaecological_cancer/gynaecological_cancer_hub/profiles)

### Priorities for Sutton

It is a priority to improve uptake of all cancer screening services, so that early identification can prevent cancers becoming untreatable and improve outcomes (See separate Factsheet on **Screening for Cancer**). This needs to be targeted appropriately according to need, i.e. to more deprived areas and disadvantaged groups in the community where uptake of screening programmes is generally lower. Services should be integrated between prevention, screening, and treatment.

Specific actions include:

- Enabling Sutton residents to achieve healthier lifestyles (i.e. by stopping smoking, increasing physical activity, eating more healthily and reducing harmful drinking)
- Improving access to LiveWell particularly for those at increased risk of disease
- Implementing evidence-based practice in smoking in pregnancy service
- Ensuring smoking cessation services commissioned meet evidence-based, cost-efficient guidance
- Promoting the NHS Health Check service to population and practices with its links to Smoking Cessation, LiveWell and Leisure services

The CCG recognises cancer is a priority area and has appointed a GP clinical lead for cancer and a Macmillan GP.