



Cancer

2018 Annual Public Health Report

KENT PUBLIC HEALTH
OBSERVATORY



Executive Summary

The numbers of new cases of cancer diagnosed in the Kent population is increasing year on year with the age standardised incidence rate now higher than the national average.

The most common types of cancer in both males and females are bowel cancer and lung cancer, with breast in females and prostate in males also common.

Uptake of cancer screening programmes in Kent is generally better than the England average, but there is large variation in uptake based on where people live in Kent.

Early diagnosis rates vary by the place people live and the cancers people are diagnosed with; more emphasis needs to be placed on the earlier diagnosis of more cancers.

Four out of ten cancers are preventable, with tobacco use being the single greatest modifiable risk.

Mortality rates from cancer are declining, as is the national rate, with Kent being similar to the national rate.

Foreword



Cancer touches all our lives as we all live longer. We personally know, or know of people who have lived with or who continue to live with cancer. Cancer has never been so treatable but to give clinicians the best chance, we must find more cancers earlier and support prevention at scale when and where ever possible.

There is nationally much greater focus on the prevention, early diagnosis, good treatment and dignified support we all should expect and receive.

This report sets out the big challenges we face in Kent in joining systems up to achieve better and earlier care and outcomes.

Andrew Scott-Clark, Director of Public Health, Kent

Acknowledgements

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Ian Vousden, Programme Director, Kent & Medway Cancer Alliance, NHS England – South (South East)

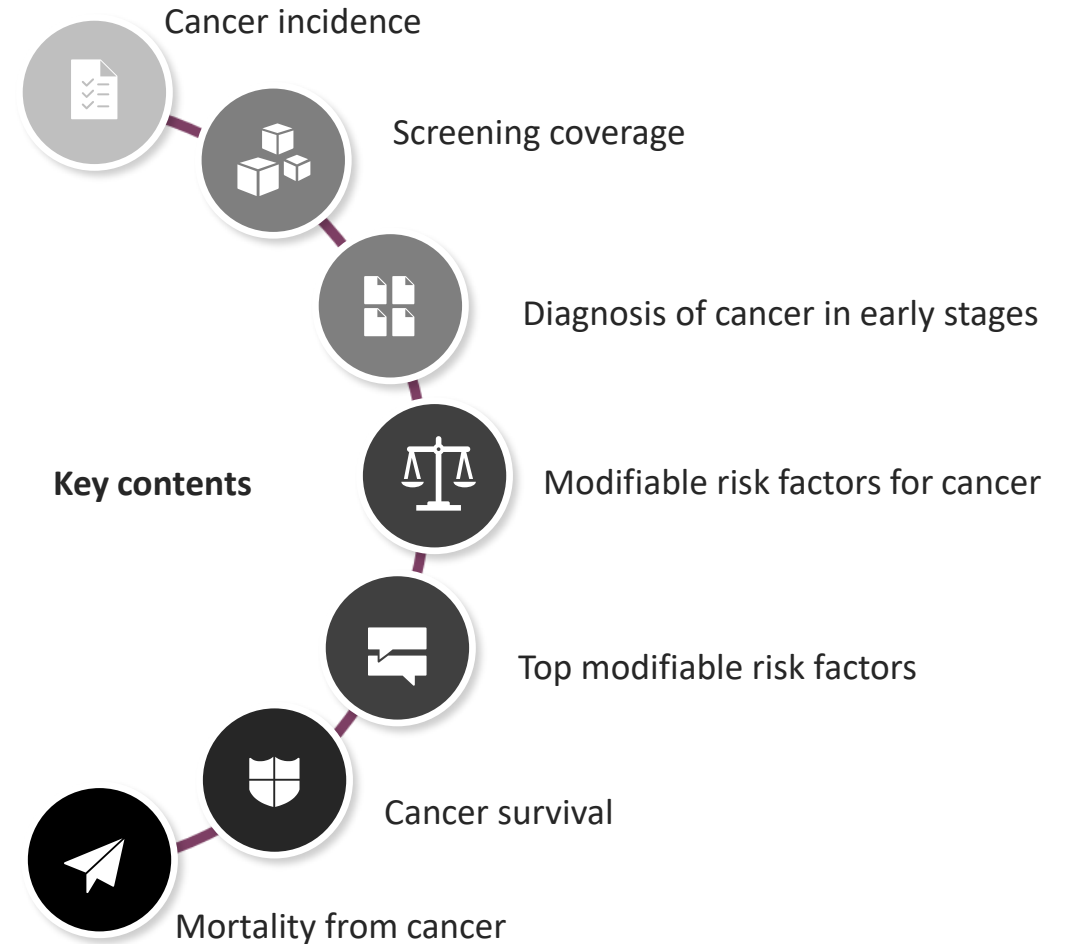
Introduction

What is Cancer?

Cancer is the uncontrolled growth and spread of cells. It can affect any part of the body. The growths often invade surrounding tissue and can spread to other sites in the body known as metastasises or secondaries.

Between 30-50% of cancers can currently be prevented by avoiding risk factors and implementing existing evidence based prevention strategies. The cancer burden can also be reduced through early detection of cancer and the good management of patients who develop cancer. Many cancers have a high chance of cure if diagnosed early and treated adequately.

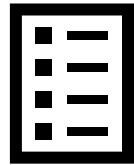
This report is presented in infographic style and summarises the main findings in our review work to support the Kent and Medway Cancer Alliance and its work to improve cancer outcomes for the population of Kent.



Cancer incidence

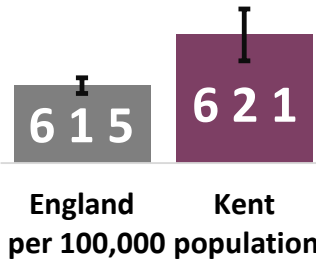
Key facts for Kent

Incidence

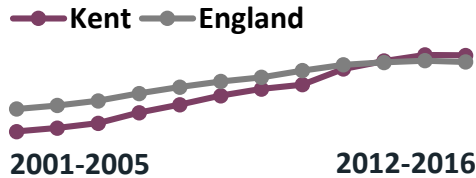


9k

new cases diagnosed in the Kent population between 2012-2016



the age-standardised incidence rate for all cancers is now **higher than England in 2012-2016**



the age-standardised incidence trend has been **increasing at a faster rate of change than England**

Incidence is **higher** for the following groups:



50% of all tumours were in **people aged 70 and over**

age is a risk factor for cancer development



People living in **areas of deprivation** (the most deprived decile) experience

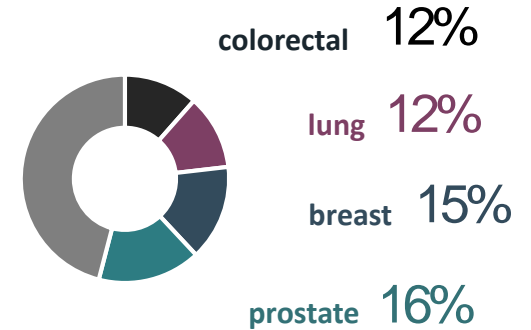
13%

more cancer cases compared to the general population in England

Type

over 1/2

of new cases diagnosed in the Kent population between 2012-2016 were for:



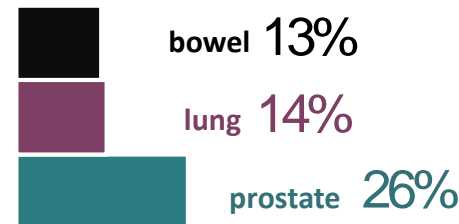
The incidence of all cancers by type varies by **sex**:



males

over 1/2

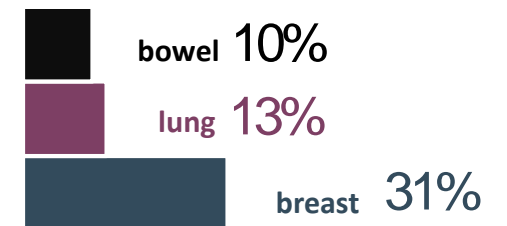
of new cases diagnosed in Kent males between 2012-2016 were for:



females

over 1/2

of new cases diagnosed in Kent females between 2012-2016 were for:



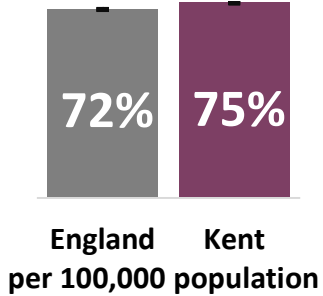
Screening coverage

Key facts for Kent

The national cancer screening programs - with coverage of the Kent population in 2017/18

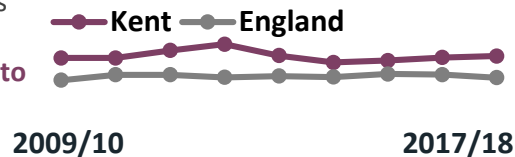
Participation in screening programs is one of the key ways to find cancer and treat it appropriately.

Breast



this is the percentage of women aged 50-70 screened for breast cancer in the previous 36 months to 2017/18

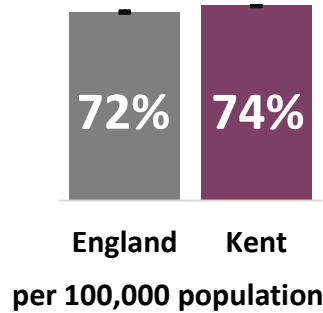
the trend in breast cancer screening in women aged 50-70 has been **stable and has a similar rate of change to England**



People living in **areas of deprivation** (the most deprived decile) experience

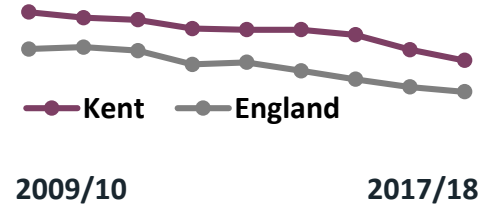
64% vs. **74%**
lower percentages of screening than the least deprived decile nationally

Cervical



this is the percentage of women aged 25-64 attending cervical screening in the 5.5 years prior to 2017/18

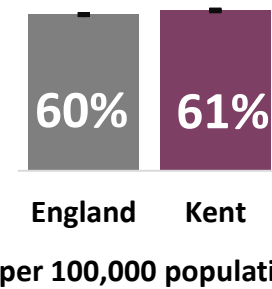
the trend in cervical cancer screening in women aged 25-64 has been **decreasing at a similar rate of change to England**



People living in **areas of deprivation** (the most deprived decile) experience

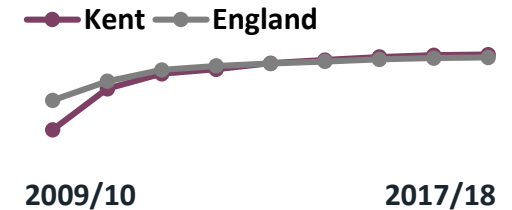
67% vs. **74%**
lower percentages of screening than the least deprived decile nationally

Bowel



this is the percentage of persons aged 60-74 screened for bowel cancer in the last 30 months prior to 2017/18

the trend in bowel cancer screening in persons has been **increasing at a similar rate of change to England**



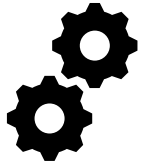
People living in **areas of deprivation** (the most deprived decile) experience

51% vs. **63%**
lower percentages of screening than the least deprived decile nationally

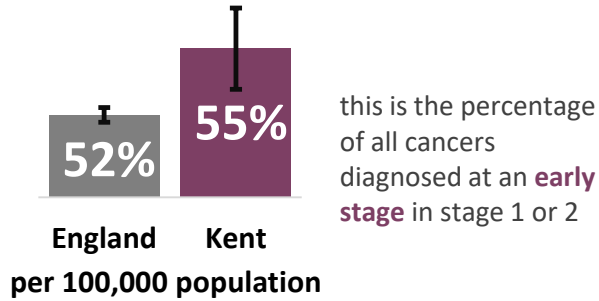
Diagnosis of cancer in early stages

Southeast statistics

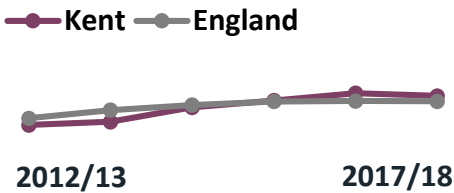
Survival



the **earlier the diagnosis of cancer** the more likely the cancer can be successfully treated

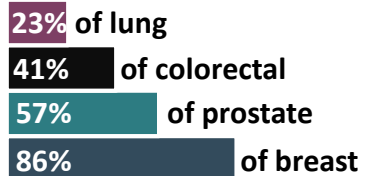


this is the percentage of all cancers diagnosed at an **early stage** in stage 1 or 2



the trend in the proportion of cancers diagnosed at an early stage has been **increasing at a similar rate of change to England**

the percentage of cancers diagnosed at an early stage varied **by cancer type** in 2015:

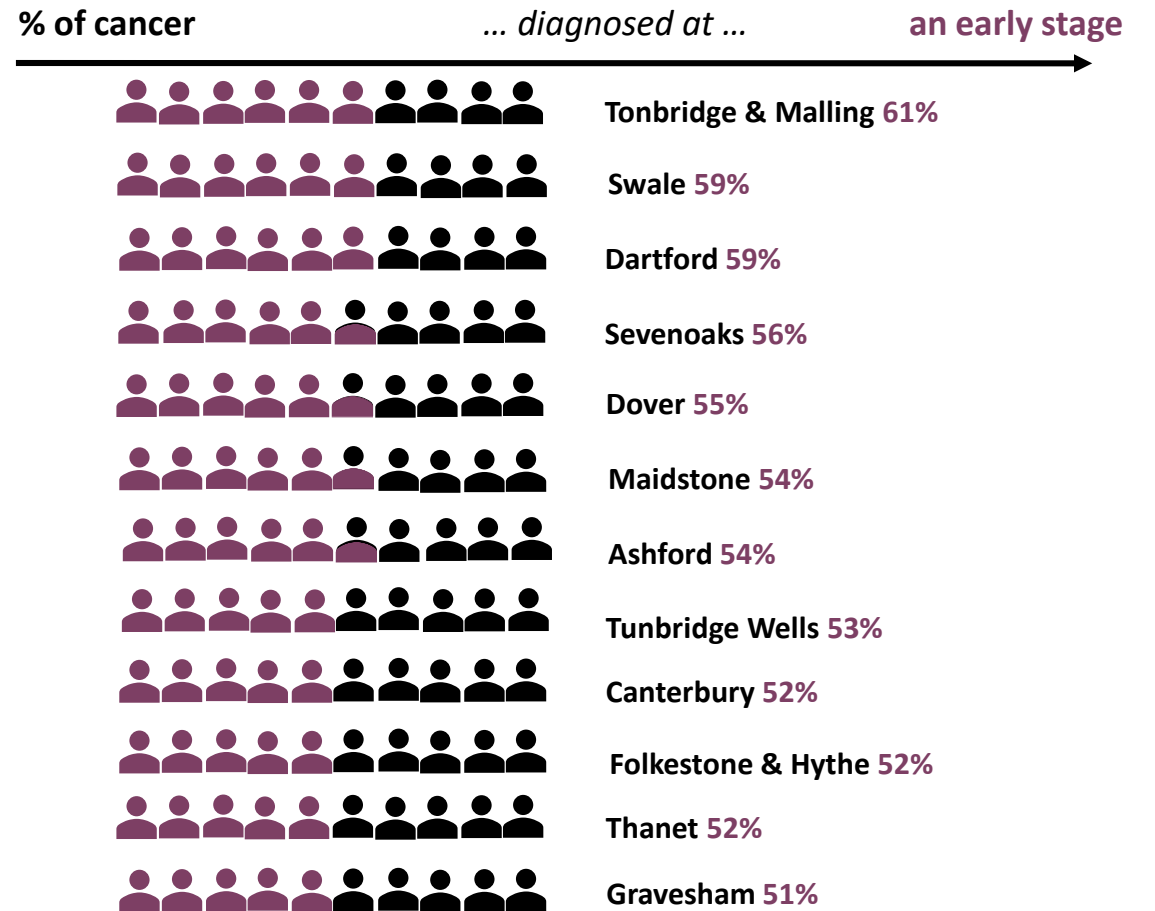


The case mix of cancers in an area will impact on the percentage of early stage cancers. For example, an area with a high percentage of breast cancer may have higher percentages diagnosed at an early stage.

this also varies by area of residence

1 or 5 year

Diagnosis at an early stage varies across the Kent resident population:



Modifiable risk factors for cancer

Key facts for Kent

Modifiable risk factors

4 in 10 cancer cases are attributed to modifiable risk factors that can be potentially preventable

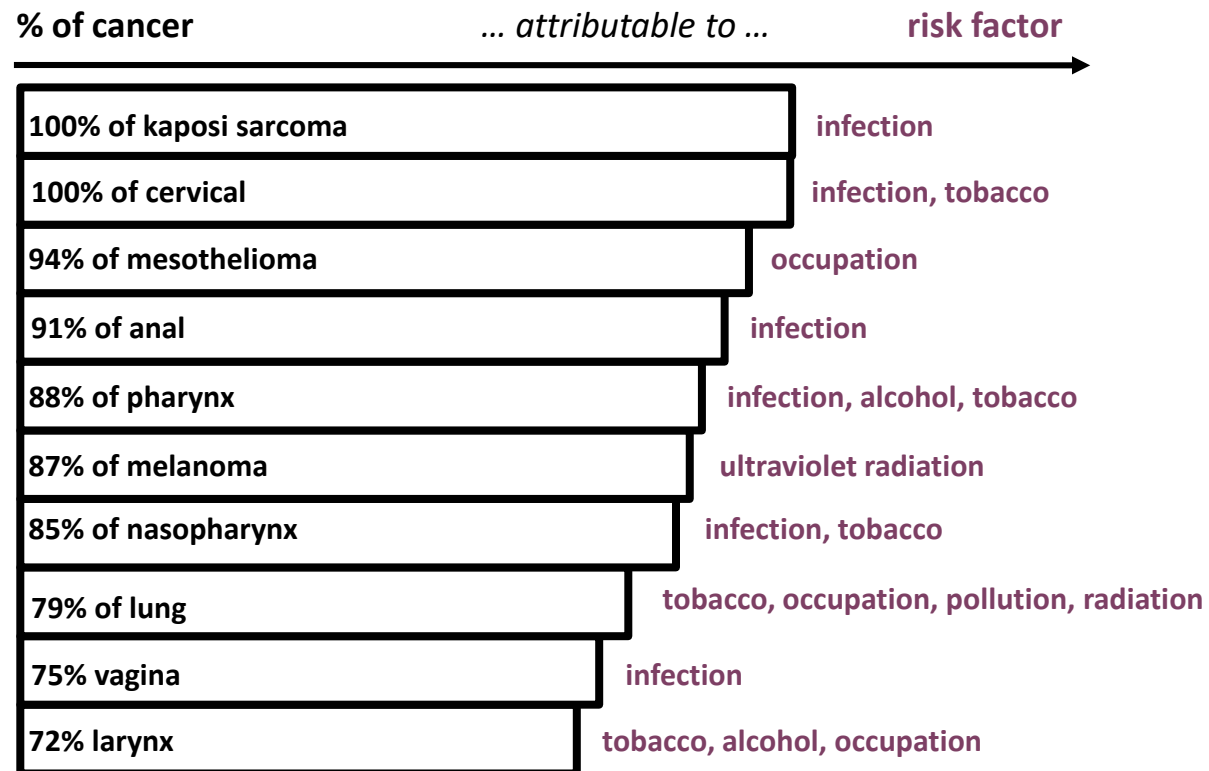
tobacco and overweight/obesity are the top modifiable risk factors attributed to cancer

Key risk factors:

- tobacco
- physical inactivity, diet, overweight & obesity
- alcohol
- environmental pollution
- non-ionising radiation
- chronic hepatitis B infection
- human papilloma virus (HPV)
- radiation

Type

Modifiable attributable risk contributes significantly to the incidence of some cancers:



Brown et al (2018) The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *British Journal of Cancer* 118:1130–1141

Top modifiable risk factors

Key facts for Kent

Tobacco



tobacco use is the largest contributor to attributable cancer risk

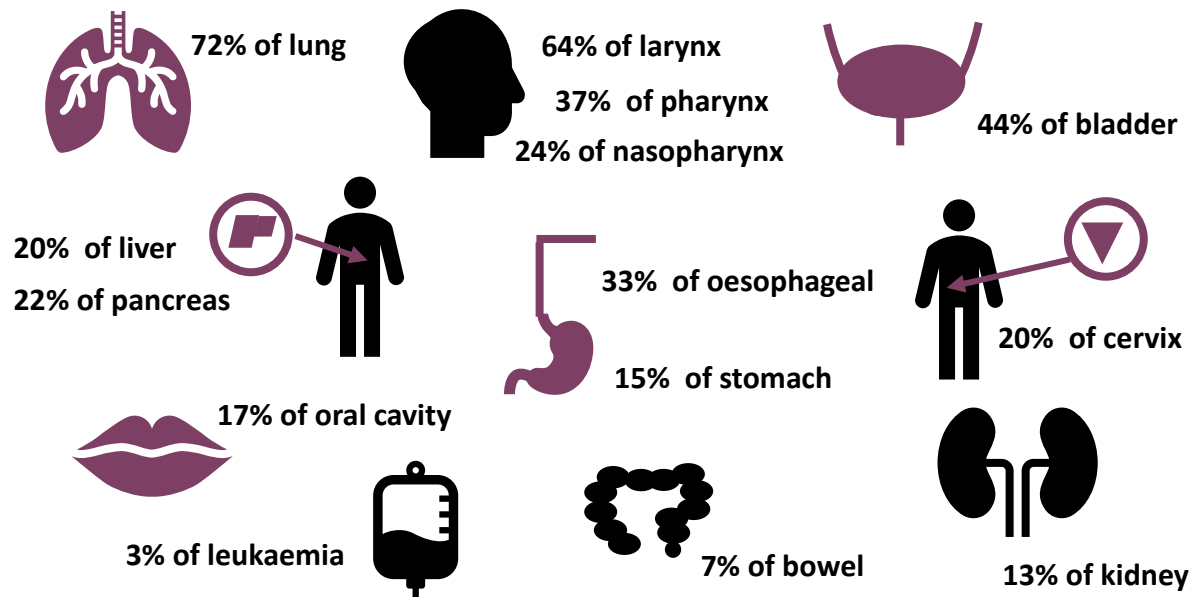
there is no safe level of tobacco use



15%

of cancer cases are attributed tobacco that can be potentially preventable

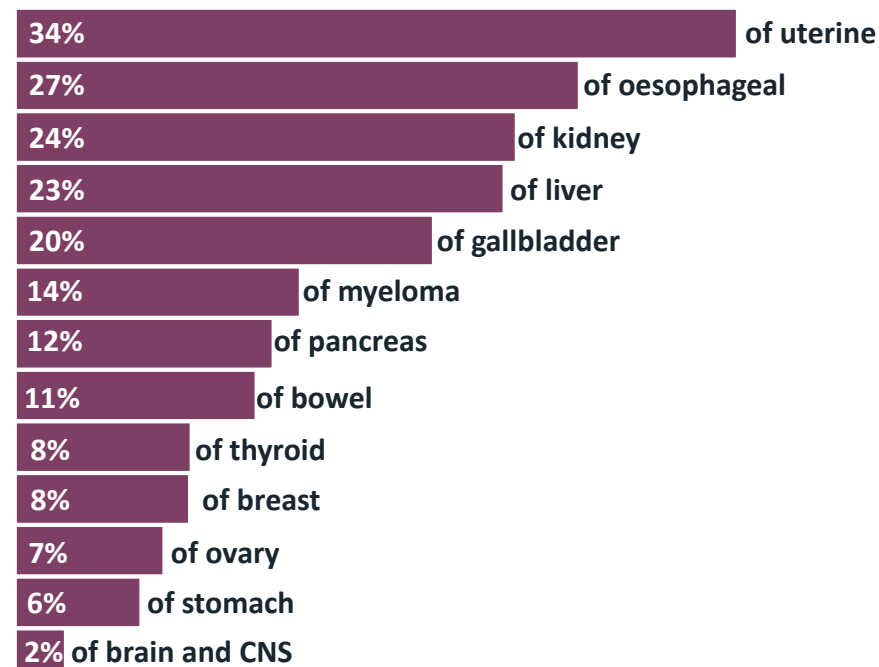
Tobacco use causes many cancer types:



Overweight and obesity

Overweight & obesity is the second largest contributor to attributable modifiable risk:

% of cancer ... attributable to ... **overweight and obesity**



Brown et al (2018) The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *British Journal of Cancer* 118:1130–1141

Cancer survival

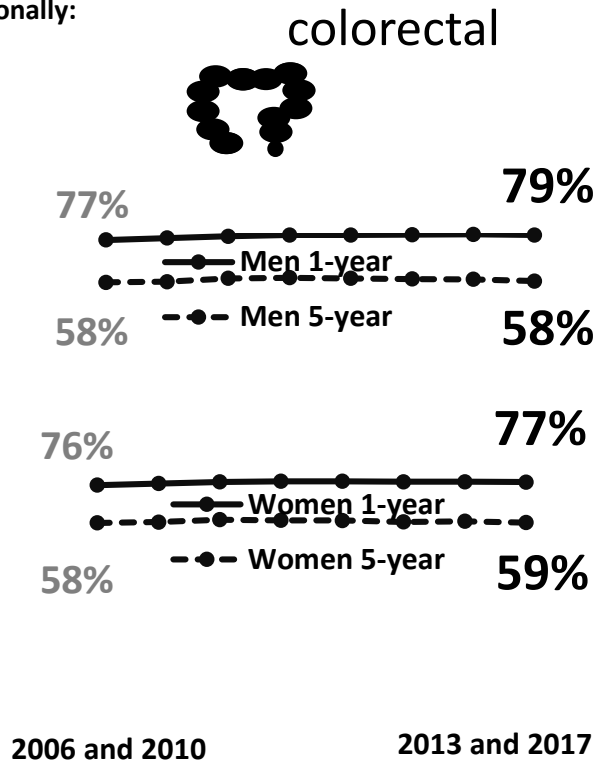
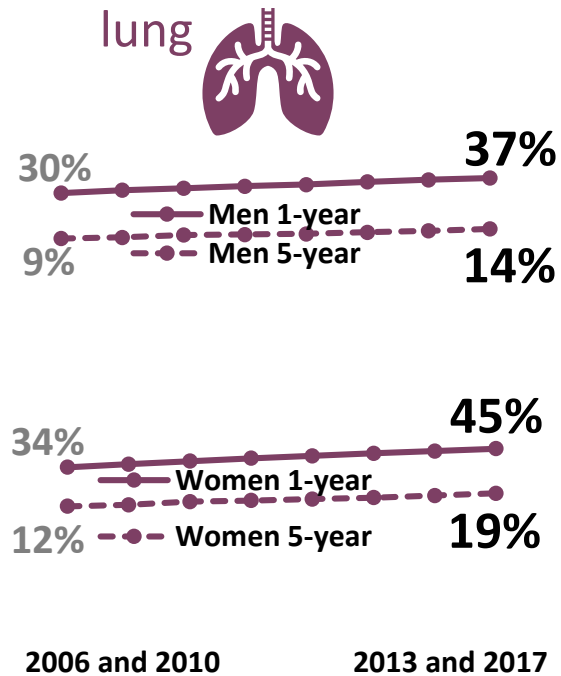
National statistics

Survival

the other method of assessing how well early diagnosis and treatment is being managed is to look at survival which is measured nationally at **one year and five years**



survival trends are generally getting better nationally:

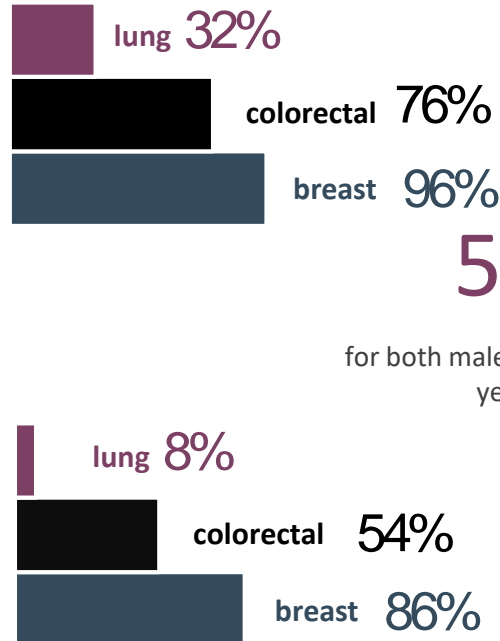


1 and 5 years survival

percentages surviving for 1 and 5 years by cancer type:

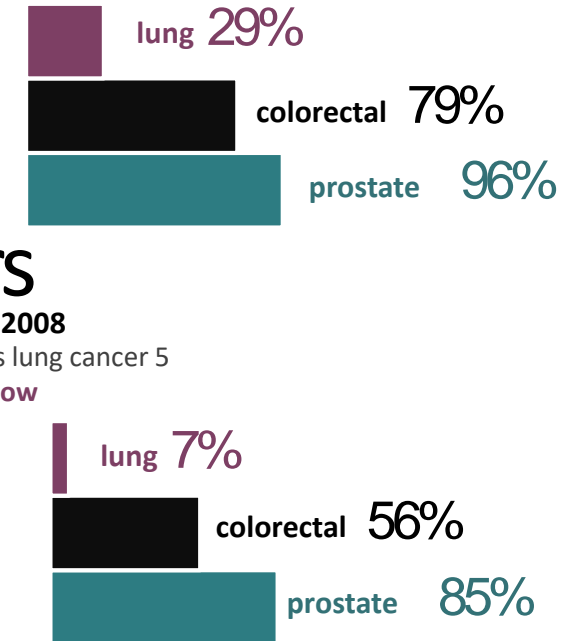
females

when diagnosed at an early stage breast cancer survival in females is **generally high (over 90%)**



males

when diagnosed at an early stage prostate cancer survival in males is **generally high (over 90%)**



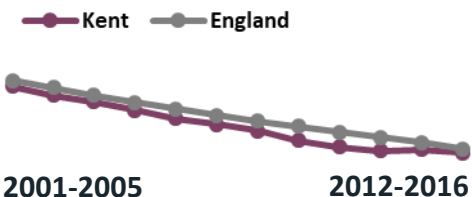
Mortality from cancer

Key facts for Kent

Mortality

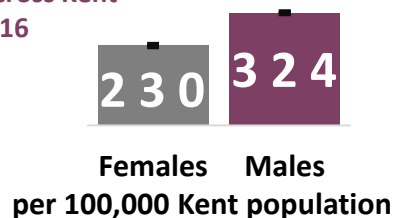
X 4k
deaths from cancer in Kent each year between 2012-2016

45% or **1.8k** of these cancer deaths are considered premature occurring under the age of 75 years



Mortality is **higher** for the following groups:

the age-standardised mortality rate for all cancers is **higher in males across Kent 2012-2016**



People living in **areas of deprivation** (the most deprived decile) experience

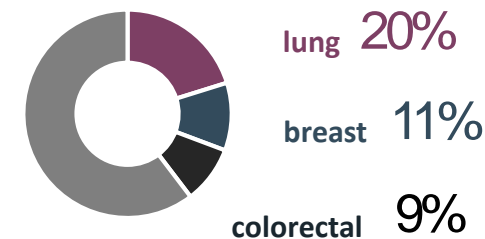
28%

more cancer deaths compared to the general population in England

Potential years of life lost

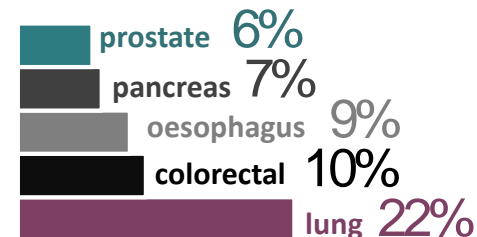
Potential years of life lost is a measure of how long someone would have lived if they hadn't died prematurely, under 75 years of age.

40% of cancer potential years of life lost in the Kent population between 2012-2016 were for:

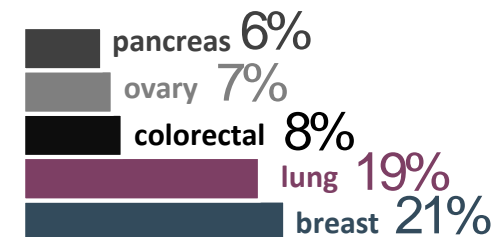


Cancer potential years of life lost by type varies by sex:

males
the top causes of cancer potential years of life lost in Kent males between 2012-2016 were for:



females
the top causes of cancer potential years of life lost in Kent females between 2012-2016 were for:



Recommendations

For health services



Ensure support for modifiable risks is provided at scale for all of the Kent population. Especially support for stopping smoking.



Focus on diagnosis at an earlier stage, especially lung and colorectal cancers.



Focus on improving uptake for the national cancer screening programs and reducing differences in uptake across the Kent population.



Review capacity of cancer services, both surgical and treatment, to manage the increasing demand.

For the people of Kent



Participate in cancer screening programs when invited by the NHS.



Remember the earlier that cancer is found the better the chance of successful treatment.



Consult your GP if you have a worrying or nagging symptom that hasn't responded to treatment.



If you would like help to reduce your risk of cancer in the future, support is available: <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent>



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