Cancers

Background

About a third of people in England will develop cancer at some stage in their life and it will kill one in four. The Cancer Plan, published in 2000, provided a comprehensive strategy for bringing together prevention, screening, diagnosis, treatment and care for cancer. (1)

Cancers disproportionately affect people from deprived backgrounds – they are more likely to get cancer and are more likely to die from it. To address this inequality the Plan proposed actions to tackle the two biggest risk factors for cancer – smoking and poor diet – as well as improve access to services and the wider determinants of ill-health, such as poverty and unemployment. (1)

The government has identified Southwark as a Spearhead Area, one of eleven London PCTs whose populations have poor life expectancy, experience high deprivation and high mortality from cancers and heart disease. (2)

The South East London Cancer Network, is a partnership of local organisations delivering high standard quality cancer services across Lambeth, Southwark, Lewisham, Bexley, Bromley and Greenwich.

Cancers in Southwark

In 2006, just over one quarter of all deaths in Southwark were from cancers. Six percent of all deaths were due to lung cancer, approximately double the number of breast cancer deaths. This chapter will focus on the five cancers which cause the greatest morbidity and mortality – cervical, breast, prostate, colon and lung. (3)

Data analysis by the Thames Cancer Registry has established that there is a strong socio-economic gradient in incidence, mortality and survival after diagnosis for many cancers. Some reasons for this finding may be the stage of the disease when patients first present; co-morbidity patients suffer that could be affecting decisions about treatment; and possibly differences in access to treatment. (3)

Cervical cancer

Despite national and London wide declines in cervical cancer incidence and mortality Southwark rates remain particularly high. Cervical cancer incidence and mortality both increase with deprivation so high levels would be expected in Southwark but neighbouring boroughs, with similar levels of deprivation, report lower rates. Figure 5.1 compares age standardised mortality ratios for women in Southwark with women in other London primary care trusts. Southwark is among the top five PCTs in London for cervical cancer.
Breast cancer
Unlike most cancers the incidence of breast cancer is greater among the higher socio-economic groups. Although lower socio-economic groups have lower incidence of breast cancer they also experience lower survival. Nationally incidence of breast cancer is increasing but the mortality is decreasing. This is partly due to the National Breast Screening Programme detecting cancers sooner but also earlier and improved treatments.

Compared with other London boroughs Southwark has average breast cancer incidence rates but among the lowest mortality rates, Figure 5.2.

Prostate cancer
Overall the incidence of prostate cancer in London has been rising in recent years, as in the country as a whole, however mortality rates have stayed constant.

The incidence rates for prostate cancer in Southwark are among the higher rates in London but lower than neighbouring Lambeth and Lewisham. Mortality rates in Southwark are among the lowest in London (Figure 5.2) and much lower than Lambeth and Lewisham.

Colon cancer
Incidence and mortality for colon cancer remain the same across socio-economic groups. The incidence of colon cancer has stayed fairly constant over the past 20 years but the mortality has fallen. Incidence and mortality in Southwark from colon cancer are generally better than neighbouring boroughs Lambeth and Lewisham but not particularly low, Figure 5.2.

Lung cancer
Both the incidence and mortality from lung cancer in Southwark are high compared with much of the rest of London. Lung cancer is strongly associated with deprivation because the major risk factor for developing this cancer is tobacco smoking which is most prevalent among the most socio-economically deprived groups.

Lung cancer 5-year survival is also lower among the lower socioeconomic groups. Age standardised mortality for Southwark is markedly higher for men compared with women. The age standardised mortality rate for local men is ranked in the top six of London PCTs.

Overall the Standardised Mortality Ratios (SMRs) for Southwark show a similar picture to England and London for breast, cervical, colorectal and all cancers (Figure 5.2). However the lung cancer SMR for Southwark is 137, higher than neighbouring Lambeth and Lewisham, both with 126.
Figure 5.2  Standardised mortality ratios for selected cancers, Southwark, London and England

Screening uptake

Figure 5.3 shows that the breast screening coverage in Southwark has remained just above 60 percent in recent years – slightly above Lambeth and slightly lower than Lewisham and London as a whole. Coverage is considerably lower than the level achieved across England.

Figure 5.4 shows that cervical screening coverage in Southwark has remained just above 70 percent in recent years. This is slightly below the neighbouring boroughs of Lewisham and Lambeth and well below the national target of 80 percent and the England coverage of 79 percent.

Note: coverage figures are women screened (within last three years) as a percentage of all women in the population aged 50 to 64, at 31 March 1996-2001, and thereafter women aged 53 to 64, at 31 March 2002-06. The change in the age range from 2002 onwards better reflects true cover, because women may be called at any time in a three year period after reaching age 50.
Screening inequalities

There are no clear and consistent data on screening uptake by ethnicity but local surveys show that ethnic groups have different attitudes towards screening. People who do not speak English are likely to find it more difficult to access health services, and many are from countries without free cancer screening programmes.

Southwark’s population is highly mobile and many people are not registered with a GP holding their current address. As a result these people are not receiving invitations for breast and cervical screening.

There are geographical variations in screening uptake. Mapping of cervical screening shows that the lowest uptake is among women living in the north of the borough, particularly around Elephant and Castle and Surrey Quays.

There are also variations by age in engagement with the screening programmes. This is particularly marked both nationally and locally in the cervical screening programme, which has poor uptake by women aged less than 35 years, Figure 5.5.

Figure 5.5 Cervical screening coverage by age, in Lambeth, Southwark and Lewisham, March 2007
Treatment waiting times

There are National Targets for waiting times for cancer treatment, which are monitored locally.

- In Southwark the target to ensure a maximum waiting time of 14 days from urgent GP referral to first outpatient is consistently met.
- The second target to ensure a maximum waiting time of one month from diagnosis to treatment for all cancers from December 2003 is also consistently met.
- The third target to ensure a maximum waiting time of two months from urgent referral to treatment for all cancers from December 2003 is not consistently met, Figure 5.6. Numbers waiting in excess of 62 days are generally low.

Figure 5.6 Southwark cancer wait times – 62-day National Target performance, 2006-07

Hospital admissions

Figure 5.7 shows that in Southwark there are fewer hospital admissions relating to cancers than for London. This underutilisation of hospital services by Southwark residents is a pattern that has remained consistent over recent years. This could be due to general underutilisation of services, or greater use locally of outpatient treatment.

Figure 5.7 Standardised admission ratios in Southwark, 1996 – 2008
Figure 5.8 shows that most Southwark wards have fewer hospital admissions for cancers than would be expected. The exceptions are Village, College and East Dulwich wards, with more affluent populations, who use health services at the same rate as the rest of London.

**Cancer prevention**

Smoking causes around 90 percent of deaths from lung cancer. There is a marked social gradient in smoking rates. The *Southwark Tobacco Alliance* has been delivering the *Southwark Tobacco Control and Smoking Prevention Strategy* for several years with the aim to reduce smoking, particularly among vulnerable groups such as pregnant women and young people.

Obesity, lack of physical activity, high calorie diet, diet low in vegetables and dietary fibre and high in saturated fats are all thought to contribute to the risk of developing bowel cancer. The *Southwark Obesity Prevention and Management Strategy* is a programme to support the local community in making healthy choices about the food they eat; the activities they engage in; and how to manage their weight.

**Recent developments**

Since 2000 there have been some major changes that are expected to reduce both cancer morbidity and mortality.

- The *Five-a-Day* campaign and schools *Free Fruit and Vegetables* scheme have contributed to increasing the consumption of fruit and vegetables, especially among children.

- The *Smoke-free public places legislation*, introduced in July 2007, had an immediate impact on reducing passive smoking and is expected to help smokers wanting to quit and reduce uptake of smoking by non-smokers.

- Legislation which raised the minimum age to purchase tobacco products to 18, and the proposed introduction of pictorial warnings on tobacco products.

- The age range for being invited for breast screening has been extended from 50 up to 70 years. In 2008 it is planned to regularly invite women aged 47 to 73 years.

- In cervical cancer screening a new technology, liquid based cytology, has been introduced which reduces the proportion of smear tests which need to be repeated from ten percent to around two percent. There are proposals to notify test results within two weeks.
The new national screening programme for bowel cancer is being rolled out in Southwark in 2008 and will be offered to people aged 60 to 69 every two years. The programme involves distributing home testing kits which are sent for analysis, with follow-up colonoscopy and treatment as necessary. A health promotion programme will be developed to encourage uptake of this programme.

**What are we doing to reduce inequalities in screening?**

- Breast screening coverage in Southwark is too low to effectively contribute to reducing breast cancer mortality, although this level is being met nationally. To increase coverage in Southwark we are mapping the patient pathway to identify opportunities to make the breast screening programme more accessible.

- We are working with local GP practices to send letters emphasising the importance of screening to their patients prior to invitation for breast screening, and to follow up any non-attendance. Used elsewhere this approach increased screening uptake by six percent.

- *Cancer: a Family Affair* is a local, community-based counselling service for people who are concerned about their family history of cancer. It assesses their cancer risks and refers them to appropriate services. The service is a valuable element in the cancer care-pathway but is currently restricted for lack of finance and requires longer-term funding to continue.

- We are currently developing a network of community-based cervical screening services for women who are unregistered with a GP or unable to reach their GP during office hours. This will require a reconfiguration of local services and additional funding, but is expected to make services more accessible to some of the more mobile population groups who are less likely to attend for screening.

- We have developed a leaflet in the ten most commonly used languages in Southwark to accompany letters inviting women for cervical screening. This should help women who do not read English understand the content of the letter.

- To help to reduce waiting times for colposcopy we are implementing direct referral by the laboratories whenever they identify an abnormal smear test needing further investigation.

- Prostate cancer is the most common cancer in men and second most common cause of cancer death among men. There is presently no effective test for early identification suitable for a population-wide screening programme. There has been demand nationally from men for the PSA (Prostate Serum Antigen) test. However raised PSA levels are not an accurate indicator of disease in that in two thirds of men with raised PSA levels will not have cancer. As a result a *Prostate Cancer Informed Choice Programme* has been launched. All GPs have been sent information packs to help them counsel men who enquire about the PSA test to ensure that these men receive clear and balanced information both about the test and treatments for prostate cancer.

**Patient and user concerns**

The Lambeth and Southwark Supportive Care Public Information Pack was developed locally in 2006, this provides comprehensive information for patients and carers as well as a directory of local services.

We have been conducting focus group interviews with women from local ethnic minority groups for their views on breast screening and barriers to engaging with the breast screening service. Analysis of these data will take place summer of 2008 and will inform recommendations for service improvement.
Cancer summary

- Incidence and mortality for lung cancer are significantly higher for Southwark compared with London and England.
- Mortality for prostate cancer is lower than London or England.
- Southwark has a higher incidence of cervical cancer compared with Lambeth and Lewisham. However, when compared to other cancers, the numbers are small — an average of 13 new cases per year.

Recommendations for the JSNA process

- Further analysis of incidence, utilisation of services and survival by gender, age, area of residence and deprivation.
- Further analysis of uptake of breast and cervical screening by deprivation and risk groups.

Service priorities

- Continue to promote smoking cessation services in Southwark targeting particularly the high need groups, i.e. those most at risk of developing lung and other smoking-related cancers.
- Improve breast screening coverage, which is lower than the national target of 70 percent.
- Improve cervical screening coverage.
- Ensure that the 62-day target for urgent referral to treatment is met.