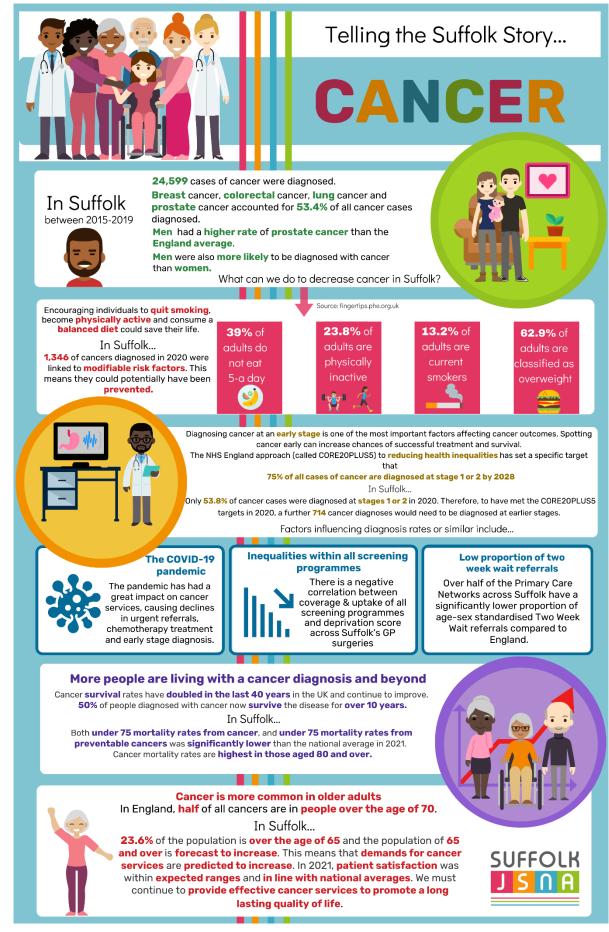


Public Health & Communities

Cancer Profile Executive Summary Suffolk 2023



Figure 1. The Suffolk Story - cancer infographic.





Around 1 in 2 people will develop some form of cancer during their lifetime. In the UK the 4 most common types of cancer are: breast, lung, colorectal and prostate. This is reflected across Suffolk, with breast, lung, colorectal and prostate cancer accounting for 53.4% of all cancers diagnosed between 2015-2019.

Suffolk had a statistically significantly lower age standardised cancer incidence rate when compared to the England average, with a total of 24,599 new cases diagnosed between 2015-2019. This is combined with Suffolk having a statistically significantly higher screening coverage for cervical, breast and bowel cancers than the England average in 2022. Specifically, Suffolk had statistically significantly lower breast and lung cancer incidence when compared to the national average, with a total of 3,457 and 2,643 cases diagnosed between 2015-2019 respectively. Although overall cancer- and some specific cancer types- are less common in Suffolk, prostate cancer incidence (age-standardised rates), were statistically significantly higher than the national average, with a total of 4,015 cases recorded between 2015-2019.

While Suffolk's age-standardised cancer incidence rates are lower than the national average, it is important to note that cancer is more common in older adults. 23.6% of Suffolk's population is aged 65 and over, this is expected to increase by 34% to over 250,000 older adults by 2042¹. Therefore, it is anticipated that there will be an increased demand for cancer services.

Successful cancer screening programmes allow early detection, meaning more cancers can be detected at earlier, more treatable stages. As mentioned above, cancer screening coverage in Suffolk for breast, cervical and bowel cancers was statistically significantly higher than the England average in 2022. Bowel cancer screening for 60–74-year-olds is particularly high, with almost 3 in 4 eligible Suffolk residents completing their screening in 2022. Conversely, 1 in 4 60–74-year-olds are not completing bowel cancer screening. There is variation across Suffolk's local authority areas for cancer screening however – Babergh, Mid Suffolk, East Suffolk and West Suffolk are all statistically significantly above the England average for breast, cervical and bowel screening in 2022. Ipswich was the only Suffolk lower tier local authority with statistically significantly lower screening programmes may vary with socio-economic status, with higher rates of access to these services in more affluent parts of the county. Across Suffolk's GP surgeries there is a negative correlation between uptake of all screening programmes and deprivation score. This means that populations in more deprived areas of Suffolk tend to have lower rates of screening coverage for cancer.

It is estimated that 40% of all cancers diagnosed each year are linked to a combination of health behaviours and environmental factors², and an estimated total of 1,346 cancers diagnosed in Suffolk in 2020 could have potentially been prevented. To reduce the burden on cancer services, an upstream approach can be taken to positively influence several of the modifiable risk factors for cancer in Suffolk, such as improving healthy eating, reducing excess weight, improving physical activity, and tackling smoking and alcohol consumption.

Additionally, Core20PLUS5 is national framework to support integrated care systems to reduce healthcare inequalities. One of the '5' areas aims to improve rates of early cancer diagnosis, with a target of 75% of all diagnoses being made at stage 1 and 2 by 2028³. In 2020, just over half (53.8%) of cancers were diagnosed at stage 1 or 2 in Suffolk – statistically similar to the England average. Based on this 2020 figure, Suffolk would have needed a further 714 cancer diagnoses to be diagnosed at stage 1 or 2, to have met the Core20PLUS5 target. Early diagnosis has not statistically significantly improved in Suffolk between 2013 to 2020. In fact, early diagnosis rates in Suffolk decreased statistically significantly by 4.1 percentage points (57.9% to 53.8%) between



2019-2020. This could be attributed to the Covid-19 pandemic, resulting in reduced screening opportunities and fewer referrals, diagnoses and treatments than predicted⁴.

More people are living with a cancer diagnosis and beyond. Overall cancer mortality in Suffolk is statistically significantly lower than the England average. In 2021, 2,172 people in Suffolk died from cancer, a rate of 235.1 per 100,000. Over 8 in 10 deaths (86.0%) from cancer in Suffolk in 2021 were for individuals over the age of 65 (1,867 deaths). Under 75 cancer mortality for Suffolk has statistically significantly reduced since 2010 (137.4 per 100,000) to 2021 (110.6 per 100,000), and under 75 cancer mortality in Suffolk has been statistically significantly lower than the England rate each year since 2015. In particular, lung cancer mortality in Suffolk is also statistically significantly lower than the national average with an age-standardised rate of 42.7 deaths per 100,000 (392 people). Additionally, both breast cancer and colorectal cancer mortality rates for Suffolk are statistically similar to the England average. Survival outcomes are worst for lung cancer, but they have improved between 2005 to 2020. In 2005, just over 1 in 4 (28.9%) of lung cancer patients in England survived for at least 1 year after their diagnosis. In 2020, this percentage has almost doubled, to nearly 1 in 2 (48.1%) surviving for at least 1 year. The impact of the lung screening programme roll-out across England should continue to improve survival outcomes for those with lung cancer⁵.

There is a 7 year life expectancy gap when comparing males living in the most and least deprived areas of Suffolk (the gap is 5.4 years for females). Cancer is estimated to contribute 16.8% to the 7-year life expectancy gap for males, and 22.1% to the 5.4-year gap for females in Suffolk⁶. In 2020/21 it is estimated that there were 247 more deaths from cancer than would have occurred if all Suffolk populations accessed screening, diagnosis and treatment services at the same rate as the least deprived groups in our population. Our analysis found that cancer prevalence is higher in more affluent areas, which is likely due to better screening coverage in the county's more affluent areas. This means individuals are more likely to find out they have a cancer diagnosis earlier and survive for longer.

In conclusion...

- Overall cancer incidence and mortality rates in Suffolk are lower than the England average.
- Screening programmes in Suffolk for breast, cervical and bowel cancers have higher uptake than the England average, although over 1 in 4 eligible Suffolk residents are not completing screening when invited (across all three screening pathways).
- Since March 2020, around 34,000 fewer people in England have been diagnosed with cancer and started treatment compared to predictions⁷. This is thought to be due to lack of access to screening and diagnostics services during the pandemic it is necessary to find these lost diagnoses within Suffolk.
- Prostate cancer incidence rates for the county are statistically significantly higher than the England average.
- Cancer incidence is more common in older adults while Suffolk has a lower agestandardised incidence rate than England, with a forecasted increase to the population of older adults in the next 20 years, there will be increased demand for Suffolk's cancer services.
- Early identification of cancer (at stage one or two) is an NHS target however, in Suffolk there has been no statistically significant improvement to early cancer diagnosis since 2013.
- Inequalities within cancer are systematic differences between social groups. It is estimated by Cancer Research that 20,000 additional new cases of cancer each year are in the most



deprived areas of the UK⁸, with 247 excess deaths from cancer in Suffolk in 2020/21 associated with existing inequalities⁶.

• An individual's risk of cancer depends on many different things. The burden on cancer services in Suffolk could be reduced by influencing risk factors. These risk factors include adult excess weight, smoking or consuming tobacco, alcohol consumption, and dietary choices.

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