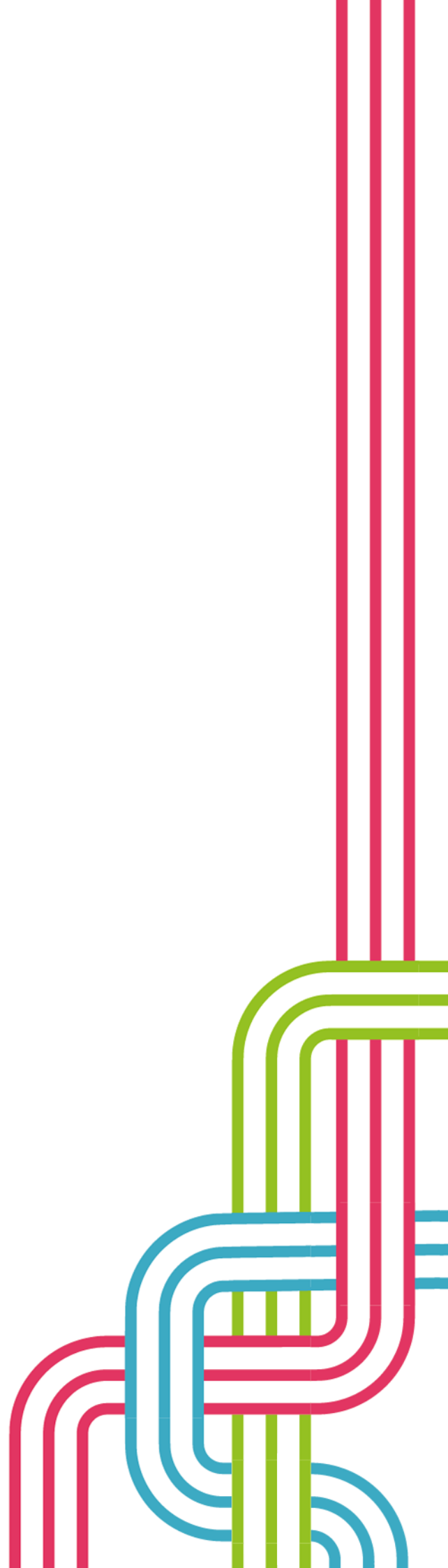


Lung Cancer
Suffolk
2023



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Key points

1. Lung cancer incidence rates are higher for men, accounting for 57.9% of cases within Suffolk and North East Essex (SNEE) ICB in 2020. However, lung cancer incidence rates for both men and women in SNEE ICB have remained statistically similar between 2011 to 2020 and remain below the England average.
2. Lung cancer incidence is higher for those aged 70 and above – accounting for 65.6% of all lung cancer cases in England, 2020 (72.0% for SNEE ICB).
3. Smoking is the single biggest risk factor for lung cancer, accounting for 70 out of 100 cases. Suffolk has a statistically similar prevalence of current smokers to the England average in 2021, with smoking prevalence in the county statistically significantly decreasing since 2011. Ipswich has a particularly high percentage of current smokers, with over 1 in 5 of the Ipswich population classified as a current smoker in 2021.
4. The lung cancer screening pilot has shown evidence of success, diagnosing smokers and those at risk of lung cancer earlier. The announcement in June 2023 for a national lung cancer screening programme is hugely positive and should enable lung cancers to be diagnosed earlier. However, with a 40% coverage for those deemed high risk by 2025, and an aspiration of 100% coverage by 2030, it will take several years to see a significant shift in the proportion of

lung cancers being diagnosed at earlier stages. As a result of the screening problem there is hope for improved survival outcomes in the future.

5. The highest percentage of lung cancers in England are diagnosed through emergency presentations (almost 1 in 3 [32.0%]). Of these emergency presentations, over 6 in 10 (61.1%) are diagnosed at stage 4 – the most advanced stage of the cancer, with the worst survival outcomes.
6. Survival outcomes are poor for lung cancer: Less than 1 in 2 (44.5%) SNEE residents survived for 1-year after their lung cancer diagnosis in 2020. Fewer than 1 in 5 (18.0%) SNEE residents survived their lung cancer diagnosis for 5 years or more after being diagnosed in 2016.

Introduction to lung cancer

Lung cancer is one of the most common and serious types of cancer, with over 43,000 people diagnosed with the condition each year in the UK¹. Lung cancer typically affects older adults and is rare in individuals under the age of 40. Nationally, over 4 in 10 people diagnosed with lung cancer are aged 75 and above. Smoking is the most common cause of lung cancer (estimated to account for more than 70 out of 100 cases), due to the toxic substances inhaled. While smoking is the most common cause, it is possible for people who have never smoked to develop lung cancer¹.

Survival outcomes for lung cancer are typically worse than other types of cancer. Nationally, around 40% of individuals with lung cancer survive for a year or longer, and 15% survive their cancer for 5 years or more². Typically, lung cancer does not cause noticeable symptoms until it has spread through the lungs or into other parts of the body – meaning it is more likely to be diagnosed at a later stage and is harder to treat.

This profile outlines the state of lung cancer in Suffolk covering:

- [Lung cancer incidence](#)
- [Lung cancer survival](#)
- [Lung cancer mortality](#)
- [Routes to diagnosis](#)
- [Stage of diagnosis](#)
- [Lung cancer screening](#)
- [Smoking](#)

Summary of lung cancer statistics

Figure 1 shows Suffolk's lung cancer profile compared to the England and East of England estimates. Results show that:

- Fewer people in Suffolk had lung cancer between 2015-19 compared to the England average. There were 2,643 incidences of lung cancer recorded in Suffolk between 2015-19. Suffolk's standardised incidence ratio for lung cancer of 79.9 was statistically significantly below the England average of 100.0, meaning Suffolk's lung cancer incidence was just over 20% lower than the England incidence rate over the same period.
- In Suffolk, 2021, 193 individuals under the age of 75 died from lung cancer, statistically similar to the England average.
- In Suffolk, 2021, 199 individuals aged 75 and over died from lung cancer, accounting for just over 1 in 2 lung cancer deaths (50.8%).
- Suffolk's overall mortality rate from lung cancer for all persons in 2021 at 42.7 per 100,000 is statistically significantly lower than the England average of 48.5 per 100,000. The lowest lung cancer mortality rate for an English local authority is 27.0 per 100,000.

Figure 1. Suffolk lung cancer profile from Fingertips, compared to the England and East of England estimates.

Indicator	Period	Suffolk		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Mortality rate from lung cancer, all ages (Persons)	2021	-	392	42.7	43.7	48.5	94.7		27.0
Mortality rate from lung cancer, all ages (Male)	2021	-	209	49.2	52.0	56.2	112.0		28.5
Mortality rate from lung cancer, all ages (Female)	2021	-	183	36.9	36.8	42.4	89.4		19.4
Lung cancer registrations	2017 - 19	-	1,634	63.1	67.1	77.1	163.1		49.2
Incidence of lung cancer, standardised incidence ratio	2015 - 19	-	2,643	79.9	-	100.0	206.2		45.1
Under 75 mortality rate from lung cancer (Persons)	2021	-	193	24.4	23.7	26.0	55.8		10.4
Under 75 mortality rate from lung cancer (Male)	2021	-	108	28.3	27.6	28.7	58.3		11.8
Under 75 mortality rate from lung cancer (Female)	2021	-	85	20.7	20.0	23.5	55.1		10.3

Compared to England:

Statistically lower/worse Statistically similar Statistically higher/better

Source: [Fingertips Public Health Data](#)

Table 1 shows the available lung cancer indicators for Suffolk, England, and Suffolk's districts, compared against the England average. Results show that:

- In 2021, none of Suffolk's districts had a statistically significantly worse lung cancer incidence or mortality rate when compared to England estimates.
- Mid Suffolk has several indicators statistically significantly better than the England average for lung cancer mortality and incidence rates.

Table 1. Indicators for Suffolk and districts from Fingertips for lung cancer, compared to the England average.

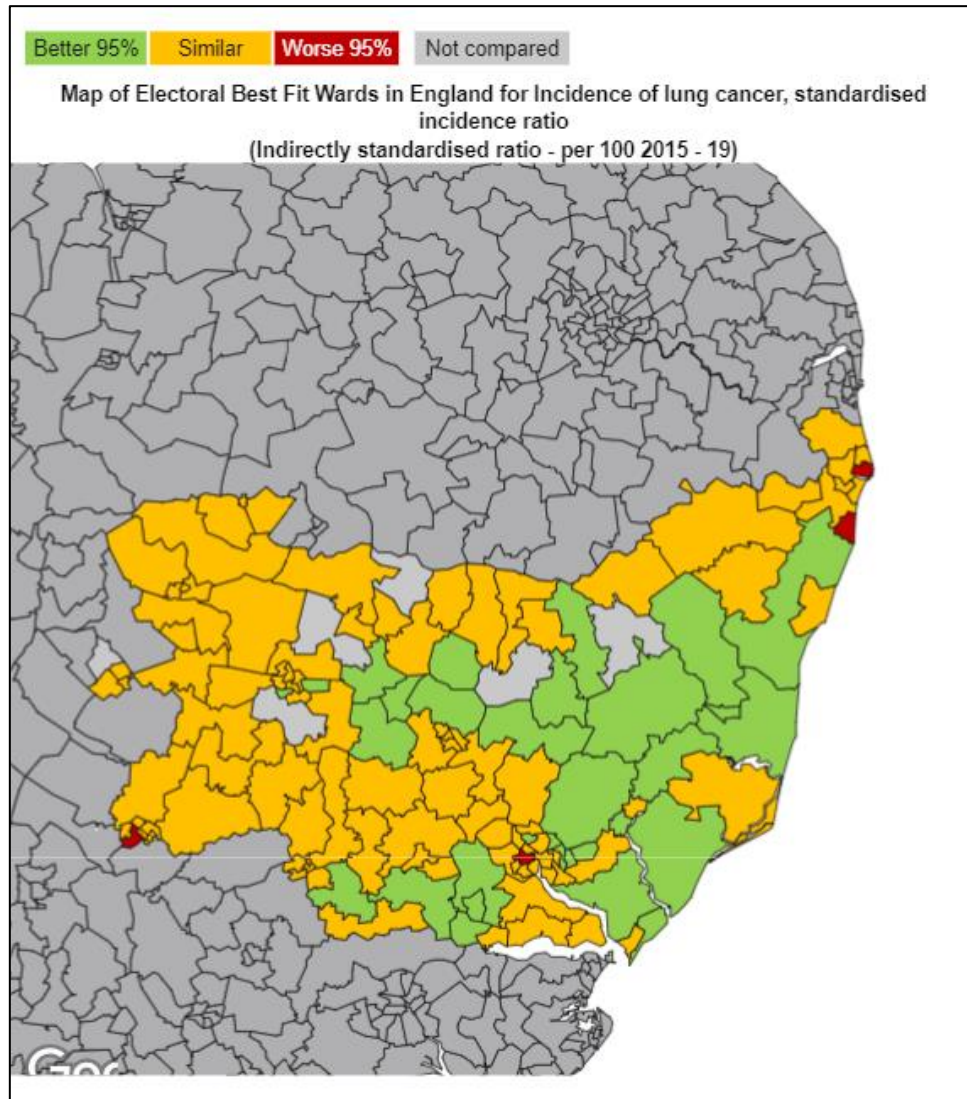
Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Mortality rate from lung cancer, all ages (Persons)	2021	48.5	42.7	33.5	47.9	58.0	26.8	40.7
Mortality rate from lung cancer all ages (Male)	2021	56.2	49.2	31.2	57.2	58.7	35.0	49.4
Mortality rate from lung cancer all ages (Female)	2021	42.4	36.9	35.2	40.1	58.3	19.1	32.1
Lung cancer registrations	2017-19	77.1	63.1	53.1	66.3	77.7	45.9	67.2
Incidence of lung cancer, standardised incidence ratio	2015-19	100.0	79.9	69.6	81.3	98.3	64.8	82.2
Under 75 mortality rate from lung cancer (Persons)	2021	26.0	24.4	18.9	27.3	32.0	13.0	25.4
Under 75 mortality rate from lung cancer (Male)	2021	28.7	28.3	20.4	31.5	33.0	16.8	31.6
Under 75 mortality rate from lung cancer (Female)	2021	23.5	20.7	17.5	23.3	31.1	*	19.4

Source: [Fingertips Public Health Data](#)

Figure 2 shows the variation in lung cancer incidence using the standardised incidence ratio for data between 2015-19, at ward level in Suffolk. Some wards in Suffolk are not compared to the England average due to low counts and values being suppressed for disclosure control. Most Suffolk wards share either a statistically similar or statistically significantly better lung cancer

incidence to the England average. Areas of the county where lung cancer incidence was statistically significantly above the England average include Gipping ward (Ipswich), Haverhill South (West Suffolk), and Harbour & Normanston and Kessingland (both East Suffolk). Many wards within Suffolk had statistically significantly lower lung cancer incidence than the England average between 2015-19, particularly across Babergh, East Suffolk and Mid Suffolk.

Figure 2: Map of lung cancer incidence in Suffolk at ward level, using a standardised incidence ratio between 2015-19, compared to England for statistical significance.



Source: [Fingertips Public Health Data](#)

Lung cancer Incidence

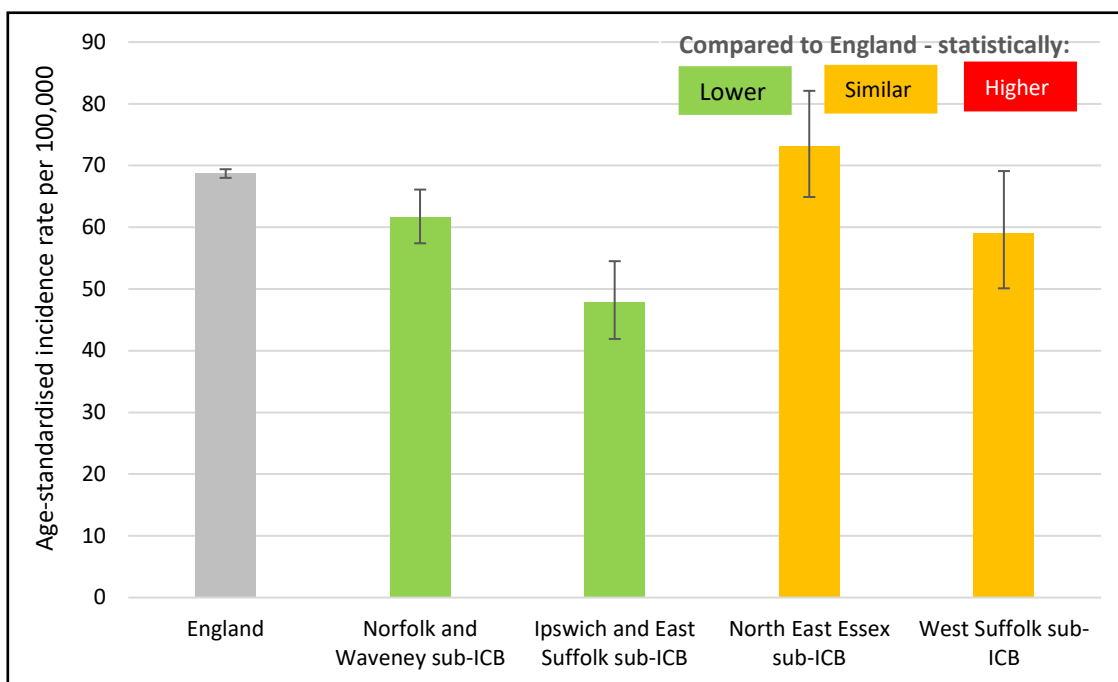
Lung cancer incidence, all persons

The England age-standardised cancer incidence rate for malignant neoplasm of the trachea, bronchus, and lung in 2020 was 68.7 per 100,000, totalling 37,237 cases. SNEE ICB had a statistically significantly lower incidence rate than England reporting an average of 59.1 per 100,000 and a total of 681 cases in 2020. The rate for Norfolk and Waveney ICB was also statistically significantly lower than the England average in 2020, at 61.6 per 100,000.

Figure 3 displays the age-standardised trachea, bronchus, and lung cancer incidence rates in 2020 for sub-ICB locations that sit within Suffolk's geographical footprint. Compared to the England lung cancer incidence rate in 2020, both Norfolk and Waveney and Ipswich and East

Suffolk sub-ICB had statistically significantly lower incidence rates compared to England, with North East Essex and West Suffolk sub-ICBs both statistically similar to the England average.

Figure 3. Trachea, bronchus and lung age-standardised cancer incidence rates per 100,000 for all persons, all ages for Suffolk sub-ICB locations, 2020.



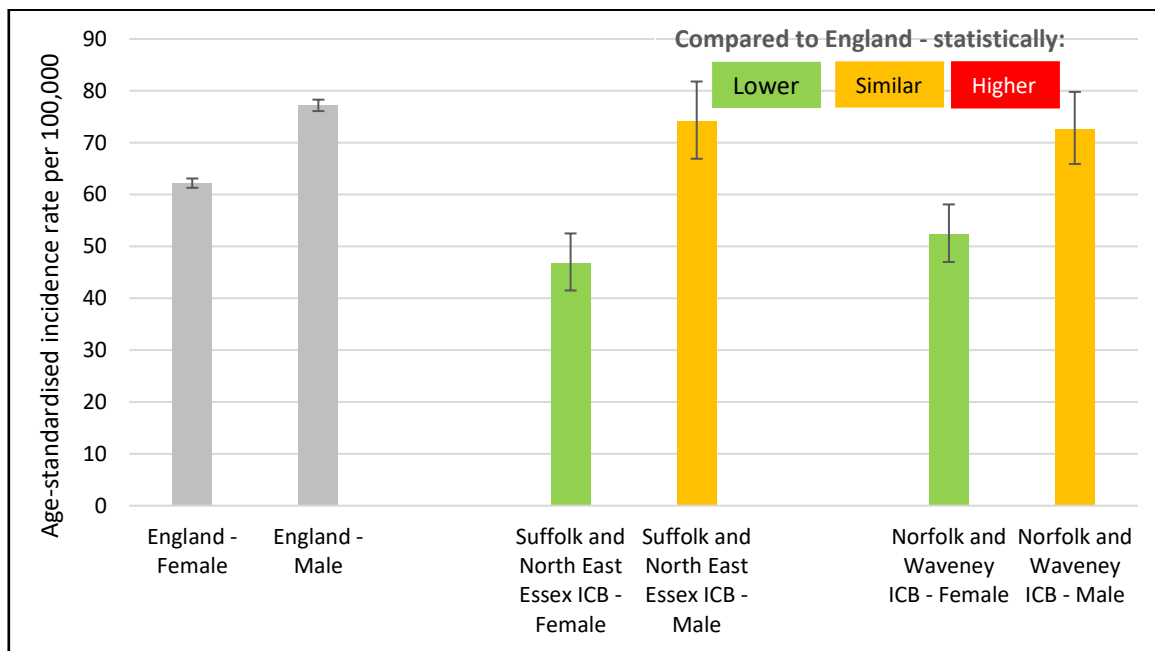
Source: [CancerData](#)

Lung cancer is more likely to be diagnosed at a later stage. It is important to consider that an average incidence rate that is lower than England may indicate underdiagnosis of lung cancer cases. While Ipswich has a higher smoking prevalence than England, lung cancer incidence is expected to be higher. Given the size of Ipswich and East Suffolk sub-ICB location, lung cancer incidence rates could be masked.

Lung cancer incidence variation by gender

Figure 4 shows trachea, bronchus and lung age-standardised cancer incidence rates for males and females, for SNEE and Norfolk and Waveney ICB in 2020, compared to England estimates. Results show that, males had a statistically significantly higher lung cancer incidence compared to females, and both SNEE ICB and Norfolk and Waveney ICB mirror the national variation in lung cancer incidence. Males in SNEE ICB had an age-standardised lung cancer incidence of 74.1 per 100,000, accounting for 57.9% (394 cases) of all lung cancer cases within the ICB, statistically similar to the England rate of 77.2 per 100,000. Females in SNEE ICB had an age-standardised lung cancer incidence rate of 46.8 per 100,000, accounting for 42.1% (287 cases) of all lung cancer cases within the ICB, statistically significantly lower than the England female age-standardised lung cancer rate of 62.2 per 100,000.

Figure 4. Trachea, bronchus and lung age-standardised cancer incidence rates per 100,000 for males and females, for Suffolk and North East Essex ICB and Norfolk and Waveney ICB, compared to England, 2020.

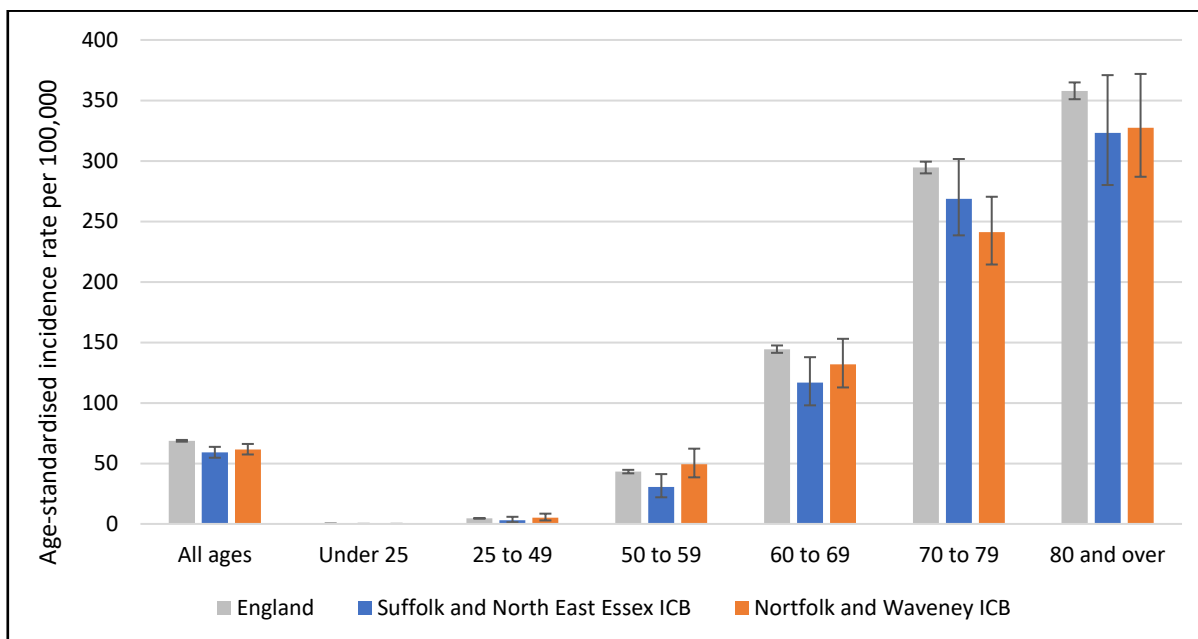


Source: [CancerData](#)

Lung cancer incidence variation by age

Lung cancer incidence increases with age. In England, almost 2 in 3 (65.6%) of lung cancer cases occurred in individuals aged 70 and over in 2020. The same trend was evident for both Suffolk and North East Essex ICB and Norfolk and Waveney ICB shown in figure 5.

Figure 5. Trachea, bronchus and lung cancer incidence rates per 100,000 for SNEE ICB, Norfolk and Waveney ICB, and England, for all ages and selected age groupings, all persons, 2020.



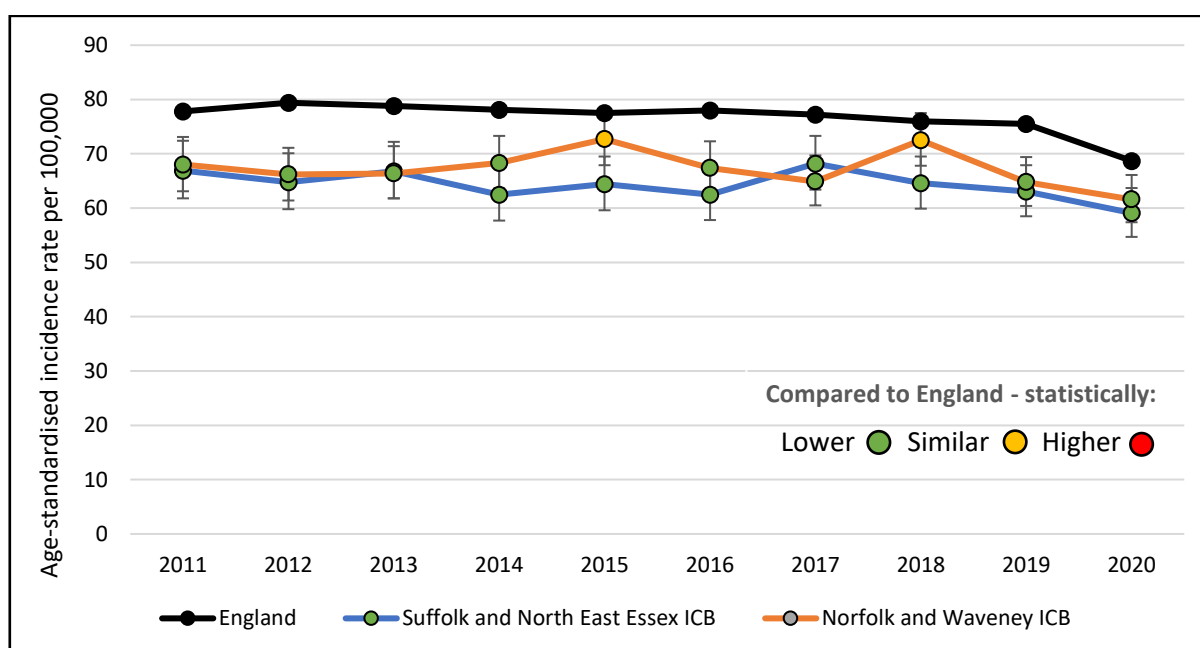
Source: [CancerData](#)

Lung cancer incidence trend

Figure 6 shows the trachea, bronchus, and lung age-standardised cancer incidence rates per 100,000 for SNEE and Norfolk and Waveney ICB, all persons, all ages between 2011-2020, compared to England. Results show that lung cancer age standardised incidence for SNEE ICB and Norfolk and Waveney ICB have remained statistically similar between 2011 and 2020, and nationally, lung cancer incidence statistically significantly decreased in 2020.

SNEE ICB has had a statistically significantly lower lung cancer incidence compared to the England average in each year between 2011 to 2020. However, lung cancer incidence for both SNEE and Norfolk and Waveney remain statistically similar in 2020, to the 2011 rate.

Figure 6. Trachea, bronchus, and lung age-standardised cancer incidence rates per 100,000 for Suffolk and North East Essex ICB, Norfolk and Waveney ICB, all persons, all ages between 2011-2020, compared to England.



Source: [CancerData](#)

Lung cancer survival

Lung cancer survival is published for England and ICB locations. This data reports the percentage of people who had a lung cancer diagnosis who were still alive 1 year, or 5 years after their initial diagnosis. Confidence intervals are not reported with this dataset, so we cannot state whether a difference is statistically significant.

Lung cancer survival outcomes are poor compared to other tumour types, with less than 1 in 2 people surviving for at least a year after their diagnosis in England. This is primarily due to most lung cancers being diagnosed through emergency presentations, where lung cancers are more developed and harder to treat.

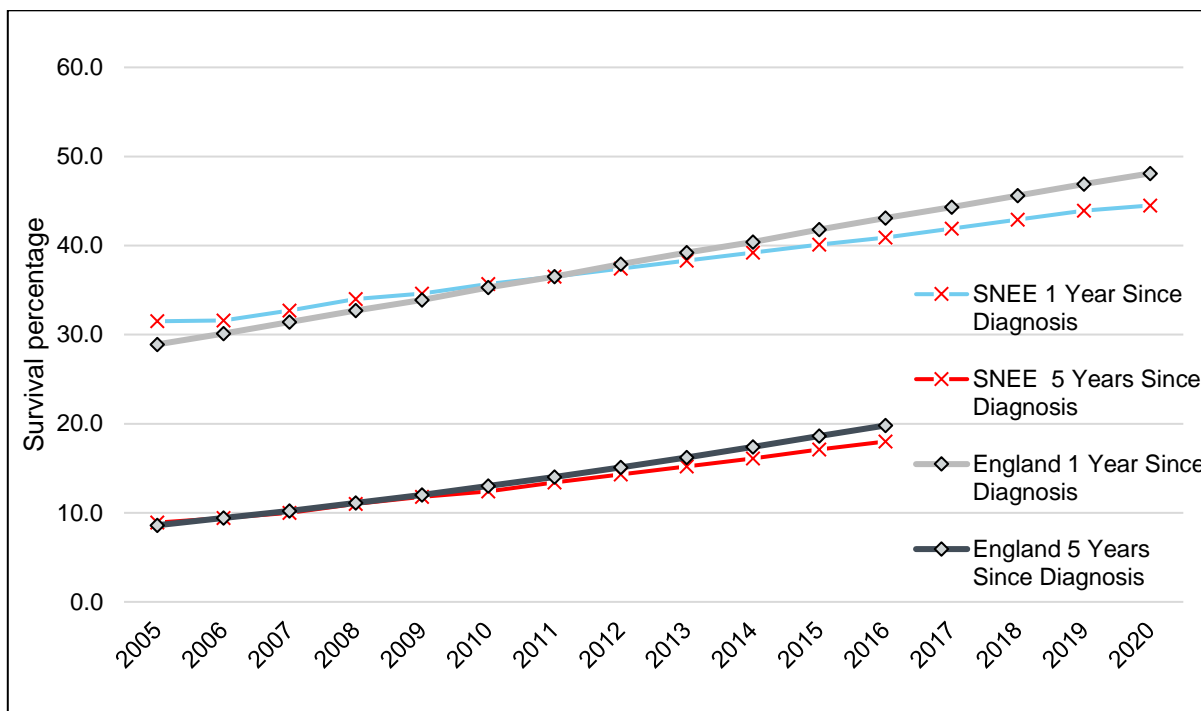
Where lung cancers are diagnosed earlier, survival outcomes are better. The roll-out of the lung cancer screening programme is intended to improve earlier diagnosis of lung cancer and enable individuals to live for longer. For instance, in England more than 55% of people with stage 1 lung cancer survive for 5 years or longer after diagnosis, but only 5% of individuals with stage 4 lung cancer survive for 5 years or more².

Figure 7 shows Lung cancer 1-year and 5-year net survival percentages by calendar year of diagnosis, for all adults (aged 15 to 99) for Suffolk and North East Essex ICB and England. Results

show that, in 2020, 48.1% of individuals who had a lung cancer diagnosis survived for at least 1 year after their initial diagnosis in England. This percentage was lower for Suffolk and North East Essex ICB residents, at 44.5%.

Additionally, for 5-year survival, less than 1 in 5 people (19.8%) survived their lung cancer for 5 years or more after being diagnosed in England 2016. This rate is also lower for SNEE residents, at 18.0%.

Figure 7. Lung cancer 1-year and 5-year survival net survival percentages by calendar year of diagnosis, for all adults (aged 15 to 99) for SNEE ICB and England



Source: [Cancer survival: Index for sub-Integrated Care Boards, 2005 to 2020](#)

Lung cancer mortality

Lung cancer mortality, all persons

Fingertips data for lung cancer mortality covers 2021 and provides a breakdown by Suffolk districts. CancerData provides lung cancer mortality data for 2020 at sub-ICB level. Both are presented below.

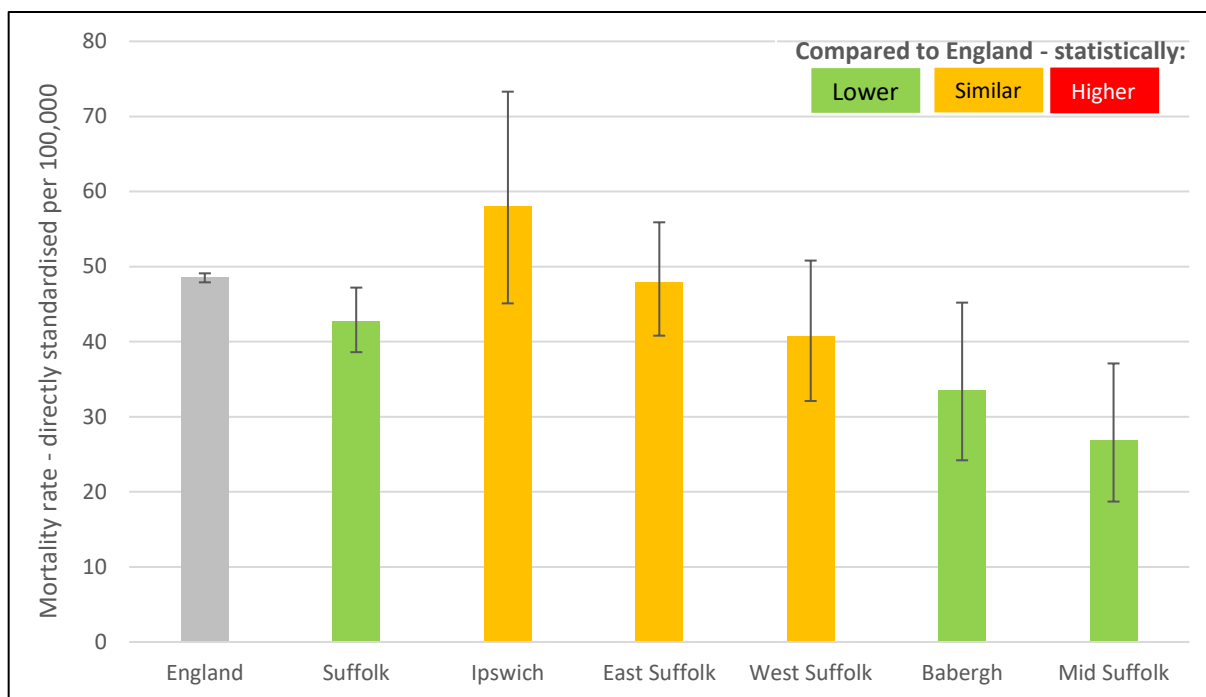
In Suffolk, 2021 – 392 individuals died from lung cancer. Those 392 deaths were distributed around the county accordingly:

- Ipswich: 70 deaths.
- East Suffolk: 165 deaths.
- West Suffolk: 78 deaths.
- Babergh: 43 deaths.
- Mid Suffolk: 36 deaths.

Figure 8 shows the directly standardised mortality rate from lung cancer (all ages, all persons) per 100,000 in 2021 for Suffolk and districts, compared to the England average. Suffolk has a statistically significantly lower lung cancer mortality rate than the England average, at 42.7 per 100,000. Both Babergh (33.5 per 100,000), and Mid Suffolk (26.8 per 100,000), have statistically significantly lower lung cancer mortality rates per 100,000 compared to England. Ipswich, East

Suffolk, and West Suffolk have statistically similar lung cancer mortality rates compared to the England average (48.5 per 100,000) in 2021.

Figure 8. Lung cancer mortality rate (directly standardised) per 100,000 for Suffolk and districts, compared to England in 2021.



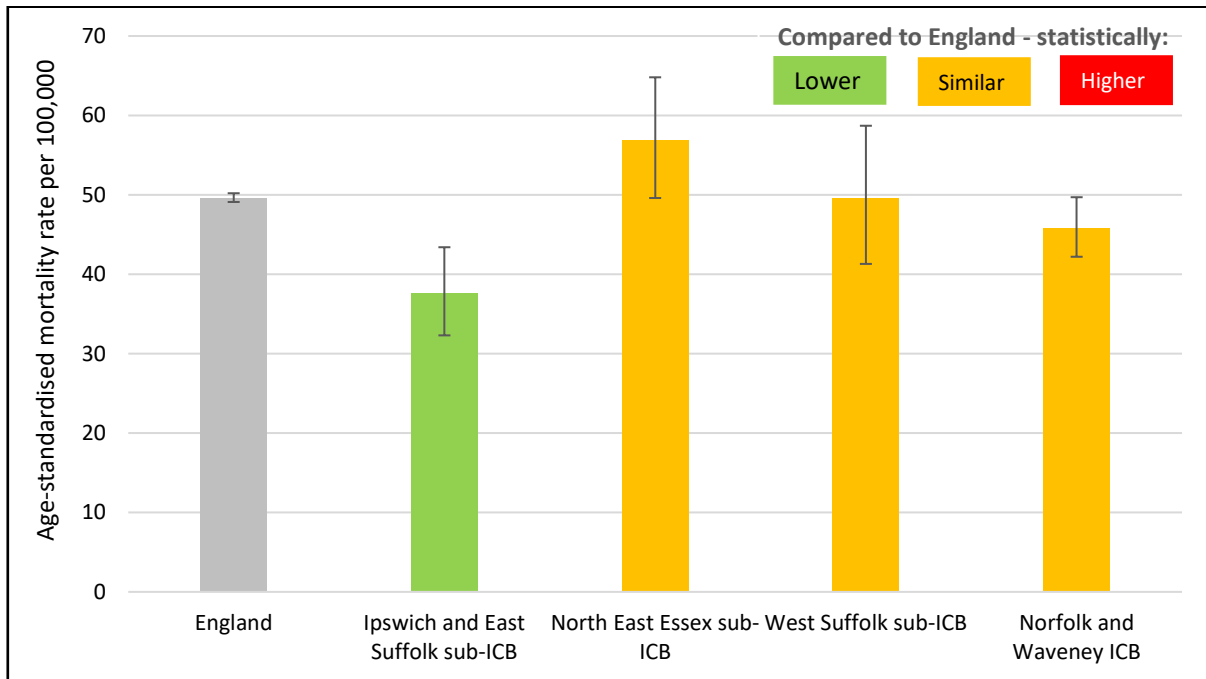
Source: [Fingertips Public Health Data](#)

Figure 9 shows the trachea, bronchus and lung cancer age-standardised mortality rates for all persons, all ages, for Suffolk sub-ICB locations, compared to England, 2020. The England age-standardised mortality rate from malignant neoplasm of the trachea, bronchus, or lung in 2020 was 49.6 per 100,000, accounting for 26,936 deaths. SNEE ICB's age-standardised mortality rate for lung cancers in 2020 was statistically similar to the England average at 46.8 per 100,000, accounting for 541 deaths. Norfolk and Waveney ICB also had a statistically similar lung cancer mortality rate to the England average at 45.8 per 100,000.

Across Suffolk's sub-ICB areas (covering Suffolk's geographical footprint), Ipswich and East Suffolk sub-ICB was the only sub-ICB location to have a statistically significantly lower lung cancer mortality rate than the England average at 37.6 per 100,000. The 541 lung cancer deaths from lung cancer across SNEE ICB in 2020 were distributed across sub-ICB locations accordingly.

- Ipswich and East Suffolk sub-ICB – 185 deaths, rate of 37.6 per 100,000. Statistically significantly lower than England.
- North East Essex sub-ICB – 225 deaths, rate of 56.8 per 100,000. Statistically similar to England.
- West Suffolk sub-ICB – 131 deaths, rate of 49.5 per 100,000. Statistically similar to England.

Figure 9. Trachea, bronchus and lung cancer age-standardised mortality rates per 100,000 for all persons, all ages, for Suffolk sub-ICB locations, 2020.



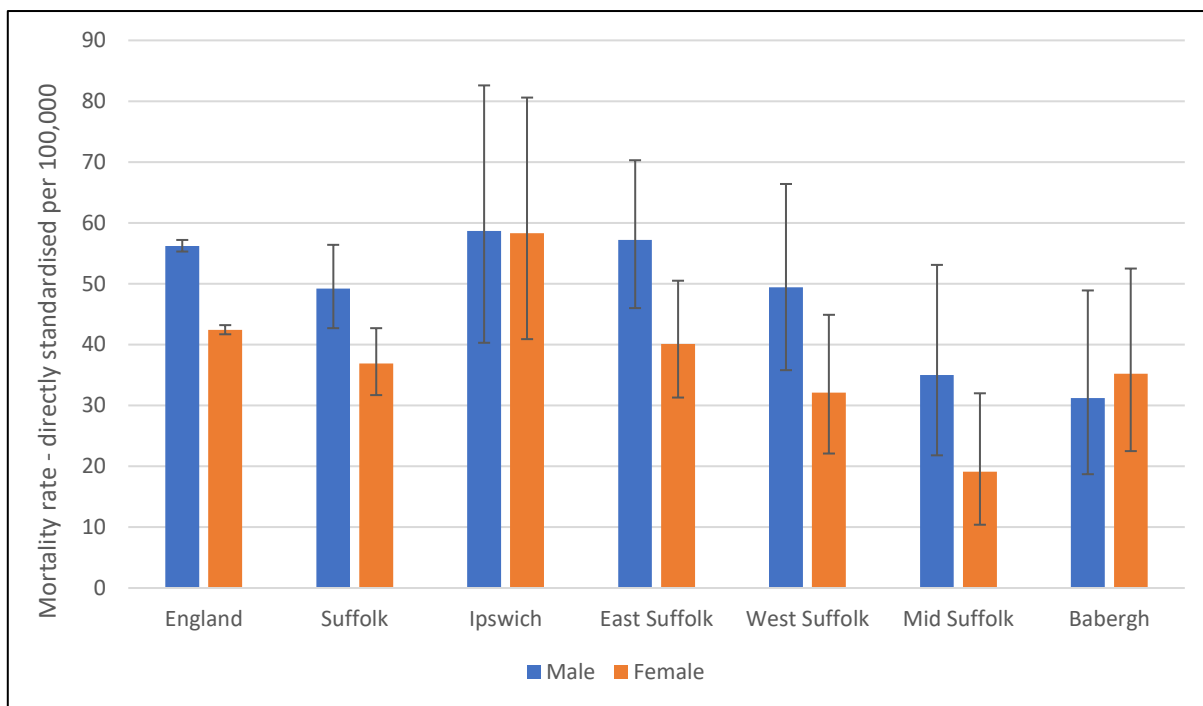
Source: [CancerData](#)

Lung cancer mortality variation by gender

Fingertips again provides lung cancer mortality rates per 100,000 for England, Suffolk and districts in 2021 for all persons, males and females. CancerData also provides this data for males and females, but for health geography boundaries, and for 2020. Both are presented below.

Of the 392 lung cancer deaths in Suffolk in 2021, over half (209 deaths/53.3%) were for males, with 183 deaths (46.7%) for females. Figure 10 shows that for England and Suffolk, males had a statistically significantly higher mortality rate from lung cancer in 2021 than females. At Suffolk district level, males and females had statistically similar lung cancer mortality rates (due to small numbers leading to large confidence intervals).

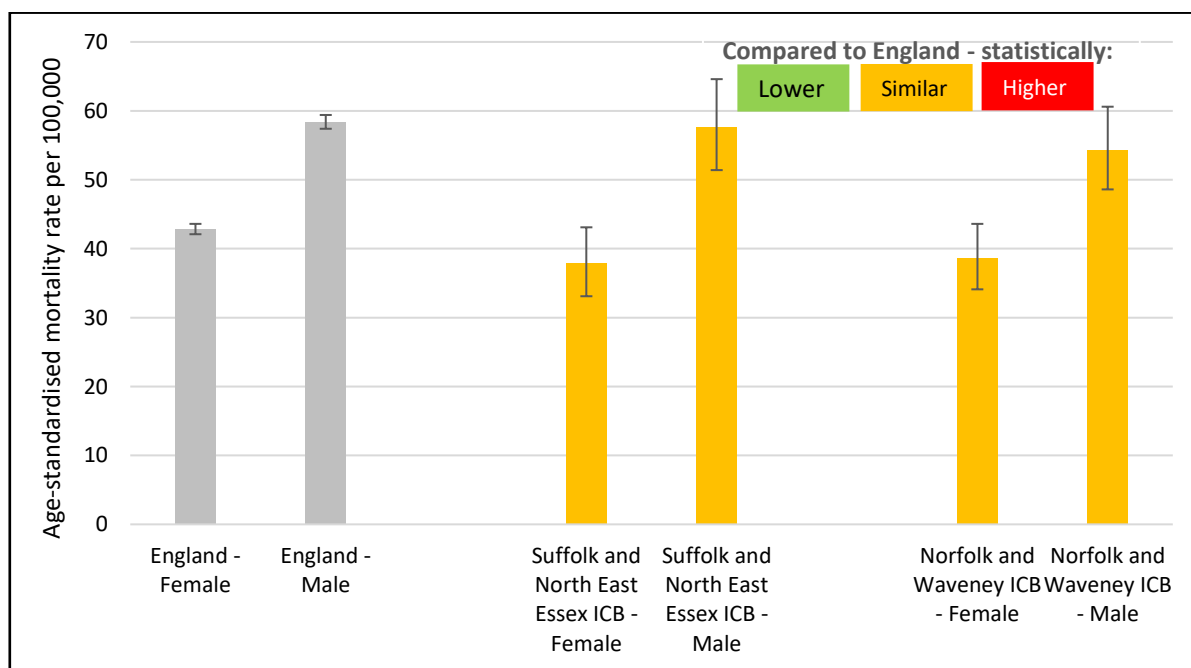
Figure 10. Lung cancer mortality rate (directly standardised) per 100,000 for males and females in Suffolk and districts, 2021.



Source: [Fingertips Public Health Data](#)

Figure 11 shows the trachea, bronchus, and lung age-standardised cancer mortality rates for males and females, for SNEE and Norfolk and Waveney ICB, compared to England, 2020. SNEE and Norfolk and Waveney ICBs have statistically similar lung cancer mortality rates for males and females when compared to the England estimate. For both England and ICB level, males had a statistically significantly higher lung cancer mortality rates than females. The female lung cancer age-standardised mortality rate for SNEE ICB was 37.9 per 100,000, accounting for 234 deaths (43.3% of all lung cancer mortality deaths in SNEE) in 2020. Males in Suffolk had an age-standardised lung cancer mortality rate of 57.7 per 100,000, accounting for 307 deaths (56.7% of all lung cancer mortality deaths in SNEE) in 2020.

Figure 11. Trachea, bronchus and lung age-standardised cancer mortality rates per 100,000 for males and females, for Suffolk and North East Essex ICB and Norfolk and Waveney ICB, compared to England, 2020.



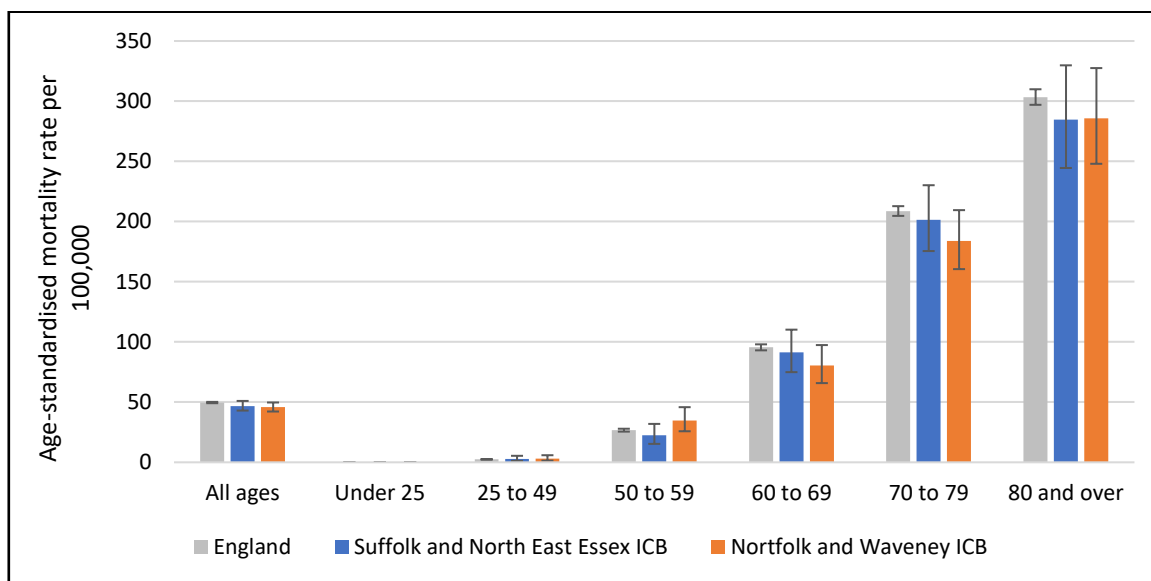
Source: [CancerData](#)

Lung cancer mortality variation by age

Alike incidence, lung cancer mortality rates also increase significantly with age. Nationally, over 9 in 10 (90.7%) of all lung cancer deaths occurred in individuals aged 60 and over. This was a similar trend for SNEE ICB, with 92.8% (502 out of 541) of lung cancer deaths occurring in individuals aged 60 and over.

Figure 12 shows trachea, bronchus, and lung cancer mortality rates for England, SNEE and Norfolk and Waveney ICBs, for all ages and selected age grouping, all persons, in 2020. Results indicate how mortality rates per 100,000 increases with each age group, both for England, SNEE, and Norfolk and Waveney ICBs. Both ICBs have statistically similar lung cancer mortality rates to the England average within each age grouping.

Figure 12. Trachea, bronchus and lung cancer mortality rates per 100,000 for Suffolk and North East Essex ICB, Norfolk and Waveney ICB, and England, for all ages and selected age groupings, all persons, 2020.

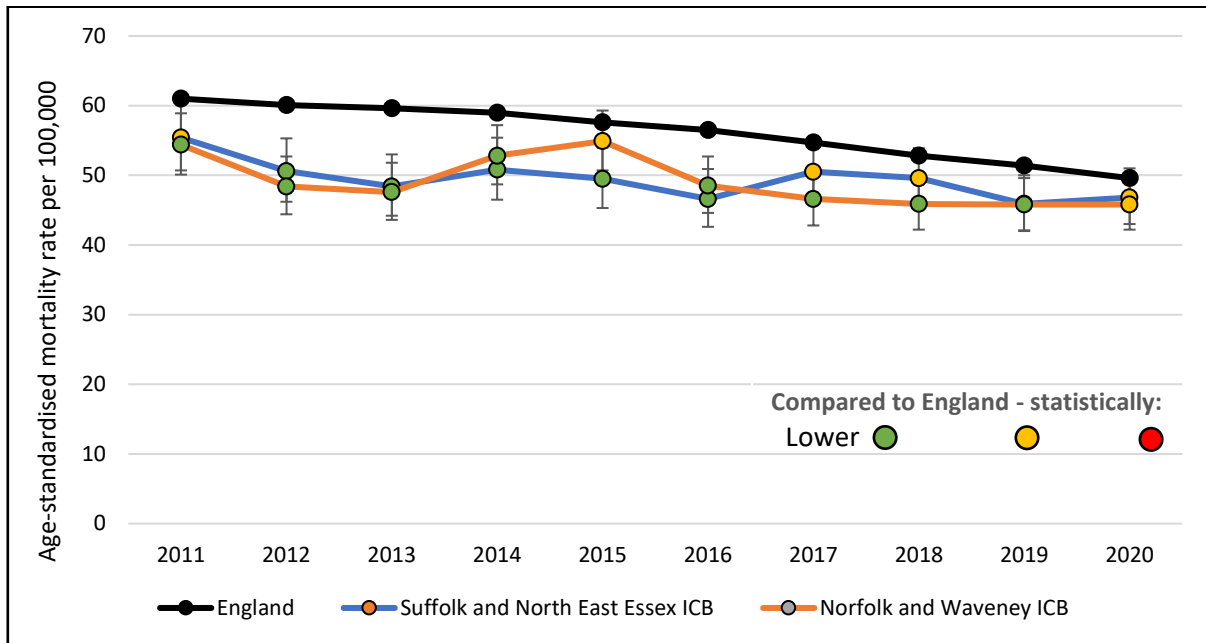


Source: [CancerData](#)

Lung cancer mortality trend

Figure 13 shows the trachea, bronchus and lung age-standardised cancer mortality rates per 100,000 for SNEE and Norfolk and Waveney ICBs, all persons, all ages between 2011-2020 compared to England. Results show that, nationally, lung cancer mortality has statistically significantly decreased from 61.0 per 100,000 in 2011 to 49.6 per 100,000 in 2020. For SNEE ICB, rates are statistically similar between 2011 (55.4 per 100,000) and 2020 (46.8 per 100,000), whereas Norfolk and Waveney experienced a statistically significant decrease in lung cancer mortality from 54.4 per 100,000 in 2011, to 45.8 per 100,000 in 2020.

Figure 13. Trachea, bronchus and lung age-standardised cancer mortality rates per 100,000 for Suffolk and North East Essex ICB, Norfolk and Waveney ICB, all persons, all ages between 2011-2020 compared to England.



Source: [CancerData](#)

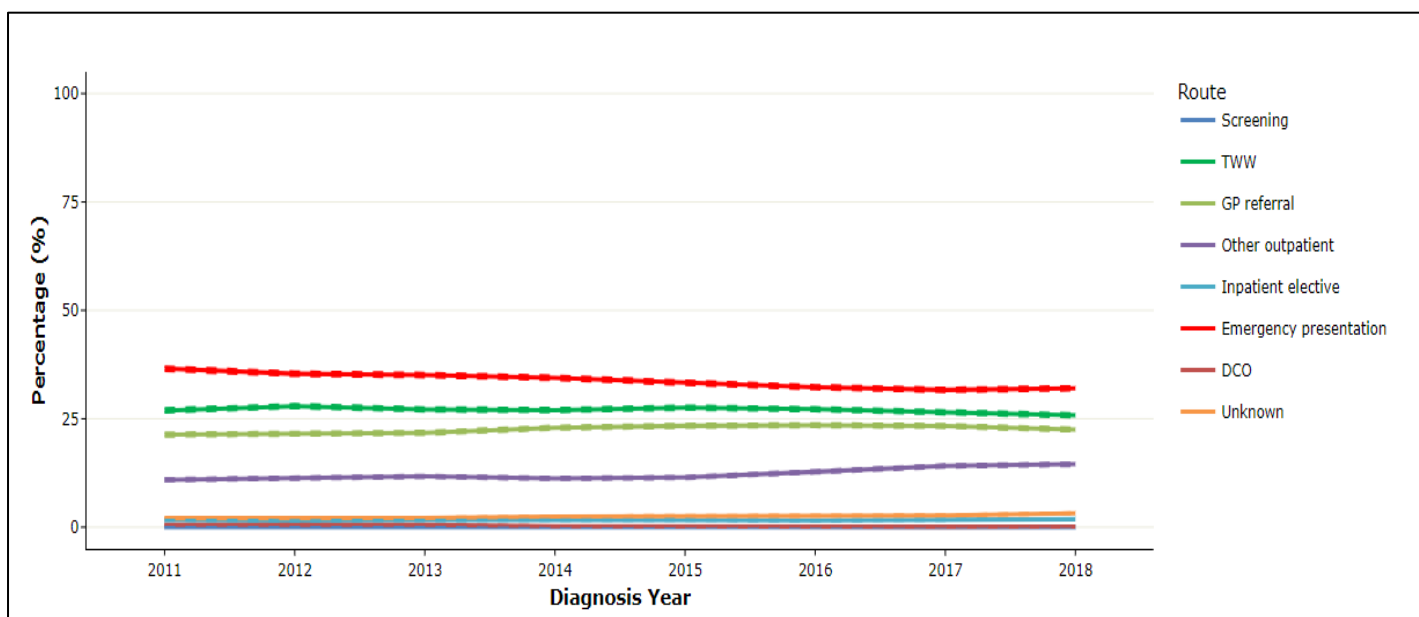
Routes to diagnosis

Compared to the European average, cancer survival for all cancer types in England is low. Studies suggest this difference could be due to later diagnosis when cancers are more advanced and harder to treat³⁻⁵.

Figure 14 summarises national routes to diagnosis for lung, trachea, and bronchus cancers between 2011 to 2018⁶. The primary route of diagnosis for cancers remains emergency presentations, with almost 1 in 3 (32.0%) lung cancer cases diagnosed through this method. There has been a statistically significant reduction in emergency presentations since 2011 (36.6%). In 2018, lung cancers nationally were diagnosed from these routes:

- Emergency presentation (an emergency route via A&E, emergency GP referral or emergency admission): 32.0%
- Two-week wait referral (urgent GP referrals with a suspicion of cancer): 25.8%
- GP referral (routine and urgent referrals with a suspicion of cancer, where the patient was not referred under the TWW referral route): 22.5%
- Other outpatient (elective route with an outpatient appointment): 14.5%
- Unknown: 3.2%
- Inpatient elective (no earlier information found prior to admission from a waiting list, booked or planned): 1.8%
- DCO (diagnosis by death certificate only): 0.1%

Figure 14. Lung, trachea, and bronchus cancers routes to diagnosis between 2011 to 2018 for England.

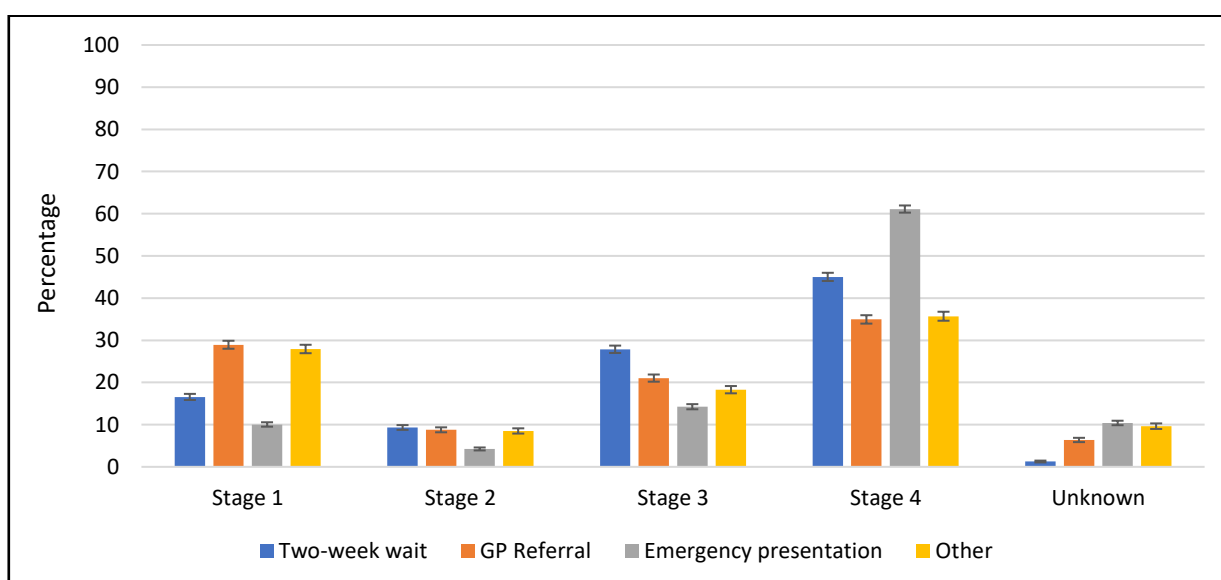


Source: [CancerData](#)

Stage of diagnosis

Figure 15 summarises the percentage of lung cancers diagnosed at each stage by the route to diagnosis, for England in 2018. Results show that, for the most common routes to diagnosis for lung cancers (emergency presentations, two-week waits and GP referrals), most cases were diagnosed at late stages, where survival outcomes are worst. Over 6 in 10 (61.1%) of lung cancers diagnosed through emergency presentations were at stage 4. Just below half (45.0%) of lung cancers diagnosed through two-week waits were also at stage 4. The routes which had the highest percentages of earlier diagnoses for lung cancers were GP referrals (28.9% diagnosed at stage 1), and other (27.9% at stage 1). It will take a number of years to see the impact of the lung screening programme, which will hopefully allow for more lung cancers to be diagnosed at stage 1 or 2.

Figure 25. Stage of diagnosis for the four main routes to diagnosis for lung, trachea, and bronchus cancers in England, 2018.



Source: [CancerData](#)

Lung cancer screening

Lung cancer screening aims to identify lung cancer at an early stage, where there are more treatment options available, and survival outcomes are improved.

In June 2023, targeted lung cancer screening in England has been announced to detect lung cancer sooner and speed up diagnosis. It is intended to be offered to all individuals between the ages of 55 and 74 who either smoke or used to smoke to be assessed. Those deemed high risk will be offered a low dose CT scan of the lungs.

This announcement follows the successful first phase of the targeted lung health check scheme, where 76% of lung cancers in those tested were caught at an earlier stage. This follows the UK National Screening Committee's recommendation of a targeted lung cancer screening programme to be offered across the UK, as previously evidence of success was unclear. Recent evidence from the targeted lung health checks pilots that began in 2019 determined that screening high risk individuals for lung cancer saves lives and the benefits outweigh the harms⁷, reducing lung cancer mortality by 26% in men and between 39% and 61% in women⁸.

The first phase of the national lung cancer screening programme aims to reach 40% of the eligible population by March 2025, with the aim of 100% coverage by March 2030 – in line with the government's smokefree 2030 target⁹.

More information on lung cancer screening, the process of getting a CT scan, and the benefits and risks of lung cancer screening can be seen on [Cancer Research UK's screening for lung cancer website](#).

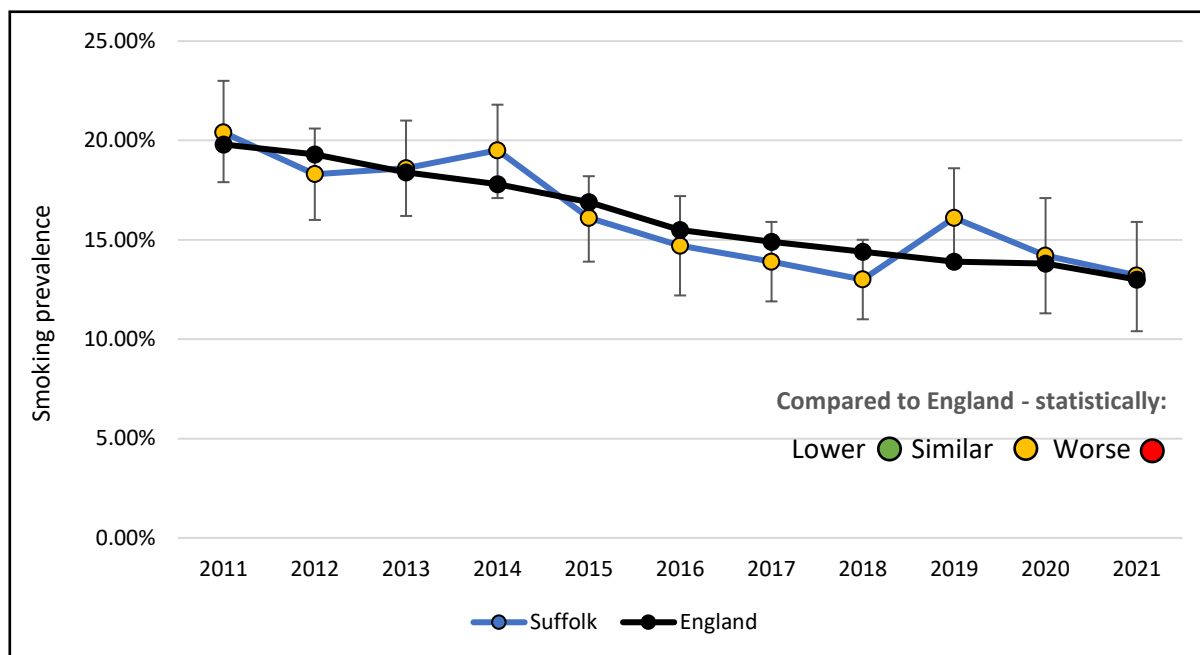
Smoking

Tobacco smoke contains more than 60 different toxic substances which are known to be carcinogenic (cancer-producing). Those who smoke more than 25 cigarettes a day are 25 times more likely to get lung cancer than an individual who does not smoke¹⁰.

Furthermore, passive smoking (exposure to other people's tobacco smoke) can increase risk of developing lung cancer. More information can be seen on Cancer Research UK's website [Smoking, tobacco and cancer](#), or [Macmillan's causes and risk factors of lung cancer](#).

Figure 16 displays the Suffolk adult (18+) smoking prevalence for current smokers from 2011 to 2021. Since 2011, the percentage of smokers in Suffolk has statistically significantly decreased from 1 in 5 (20.4%) to just over 1 in 10 (13.2%). This decrease in smoking prevalence in Suffolk mirrors the national decrease over the same period, with the national target of making England smokefree by 2030 (achieving a smoking prevalence of below 5%)¹¹. It is worth noting that vaping has played a major role in the decrease in smoking prevalence in the UK, with 4.9% of respondents to the Opinions and Lifestyle Survey reporting they were daily users of an e-cigarette in 2021, with a further 2.8% reporting they were occasional users¹².

Figure 16. Smoking prevalence in adults (18+) – current smokers in Suffolk, compared to England, between 2011 to 2021.

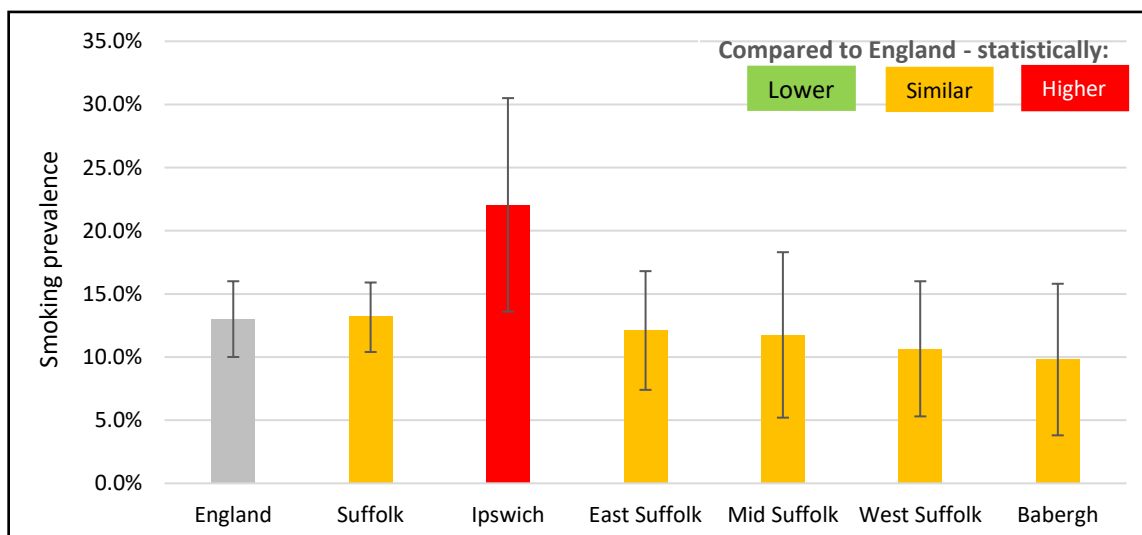


Source: [Fingertips Public Health Data](#)

While Suffolk has a statistically similar smoking prevalence to the England average in 2021, Ipswich has a statistically significantly higher prevalence of current smokers compared to the England average, shown in figure 15. Over 1 in 5 (22.0%) Ipswich residents are current smokers. Given the link between smoking and lung cancer, it is therefore expected for Ipswich to have a higher prevalence of lung cancers to other Suffolk districts. However, only Gipping ward had a statistically significantly higher incidence rate of lung cancer than the England average between 2015-19. Therefore, lung cancer cases may present over time within Ipswich, unless smoking prevalence in the district decreases.

Figure 17 also indicates that all other Suffolk local authority areas have statistically similar smoking prevalence rates to the England average in 2021. In 2021, the highest smoking prevalence for a county in England was 27.8% in Fenland, and the lowest smoking prevalence recorded at 3.2% in Oadby and Wigston.

Figure 17. Smoking prevalence in adults (18+)- current smokers in Suffolk and districts, compared to England estimates, 2021.



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