



Cancer Equity Profile North East Lincolnshire



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1.0 Summary

Lifestyle Risk Factors

- North East Lincolnshire has the second highest estimated smoking prevalence in the Yorkshire and the Humber and is significantly higher than the Y&H regional average.
- Model based estimates show that North East Lincolnshire has a higher percentage of obese adults than the Yorkshire and Humber regional average.
- North East Lincolnshire ranks 4th highest in the region for binge drinking and has the third highest rate of hospital admissions for alcohol related harm.

All cancers

- East Marsh Ward has the highest mortality rate from cancer in North East Lincolnshire; people living in the East Marsh Ward are significantly more likely to die from cancer than people in the rest of North East Lincolnshire.
- North East Lincolnshire has the third lowest rate of cancer incidence in the region but the 7th highest mortality rate (out of 14 PCOs in the Y&H SHA Region).
- People living in the most deprived areas of North East Lincolnshire are no more likely to get cancer but they are significantly more likely to die from it.
- Lung cancer is the leading cause of cancer death in both males and females in North East Lincolnshire. Males are significantly more likely to die from lung cancer than females.
- North East Lincolnshire has the second lowest rate of colorectal cancer in the region; however the death rate is the third highest in the region. Males are significantly more likely to die from colorectal cancer than females.
- North East Lincolnshire has the fifth lowest rate of prostate cancer registrations in the Y&H region, however the death rate is the region's highest.
- North East Lincolnshire has the second highest incidence of cervical cancer and the highest mortality rate in the region.

Premature Mortality

- People living in North East Lincolnshire are significantly more likely to die prematurely (under 75 years) from cancer than the England average.
- North East Lincolnshire has the highest rate of premature mortality from colorectal cancer and the second highest rate of premature mortality from prostate cancer in the Y&H region.

Cancer Staging

- Colorectal cancer has the lowest proportion of cases diagnosed at stage 1 compared to breast, cervical and skin cancer.
- North East Lincolnshire has a larger proportion of breast cancer cases diagnosed at stage 1 than the Yorkshire and Humber average.

Five Year Survival

- Lung cancer has the lowest relative survival rate out of the six cancers analysed (lung, breast, cervical, colorectal, skin and prostate). North East Lincolnshire has a lower survival rate than the Yorkshire and Humber, although the difference is not statistically significant.

2.0 Introduction & Context

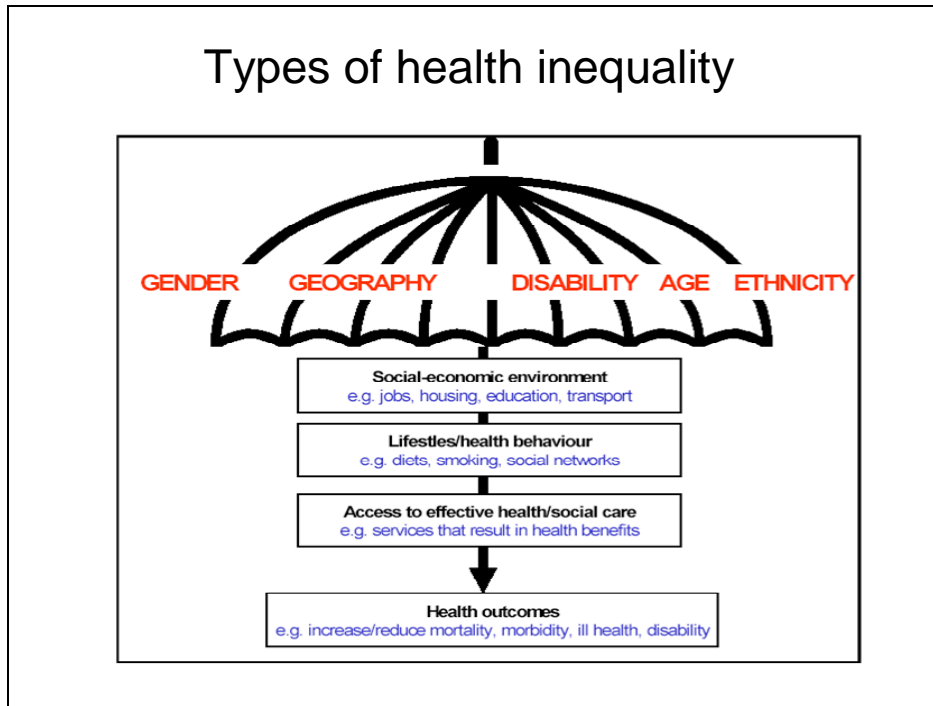
Cancer is a major cause of illness with more than 280,000 people diagnosed each year in the UK. It is also the biggest cause of death in the UK, accounting for 1 in 4, or around 125,000 individuals a year¹. There are significant inequalities in cancer incidence, mortality and survival. Survival from almost all cancers is better in affluent areas than in deprived ones, for a variety of reasons². In July 1999 the government set a “tough” target: “to reduce the death rate from cancer in people under 75 years by at least a fifth (20%) by 2010 [compared with 1997]—saving up to 100 000 lives”.³ The current trend of a falling death rate from cancer in people aged under 75 is largely determined by the cancers which cause most deaths: lung, breast, colorectal, stomach, and prostate. The overall incidence of lung cancer, which is usually fatal, has decreased substantially in men, in whom two thirds of cases occur, but increased in women,^{4,5} reflecting the pattern of tobacco smoking in recent decades. The death rate from breast cancer in women fell during the 90s.

Inequalities in health and health care (Figure 1) were documented in the Black Report in the early 1980s⁶. In 1998, the Acheson Report demonstrated that health inequalities not only still existed, but the gap between the most affluent and most disadvantaged communities had increased⁷. The Government have identified reducing health inequalities as one of its nine priorities in its Priorities and Planning Framework⁸. These remain high priorities in more recent policy documents such as ‘National Standards, Local Action’ and the new Public Health White Paper, ‘Choosing Health: Making Healthy Choices Easier’ and implementation of these national policies will be imperative in reducing health inequity in relation to cancer.

In 2003, Tackling Health Inequalities, A Programme for Action⁹ heralded two national targets to tackle inequalities in life expectancy and in infant mortality. Key interventions for the life expectancy target included reducing smoking in manual groups and tackling poverty and other risk factors for CHD and cancers such as poor diet, obesity, physical activity and hypertension, through primary care and public health interventions particularly targeting the over 50s.

3.0 Health Equity Audit

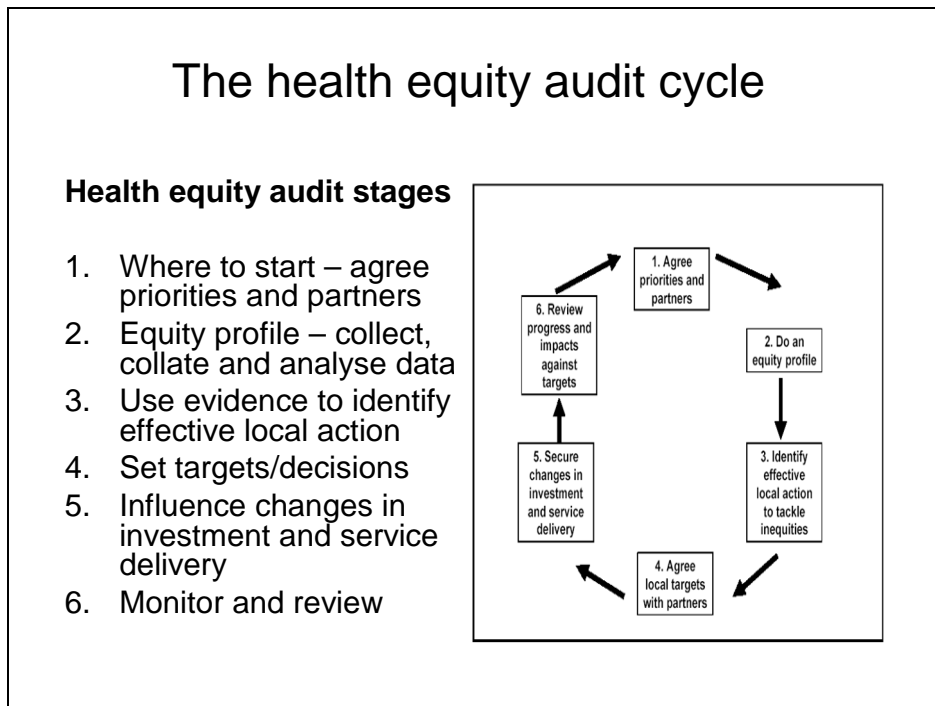
Figure 1 Types of Health Inequality



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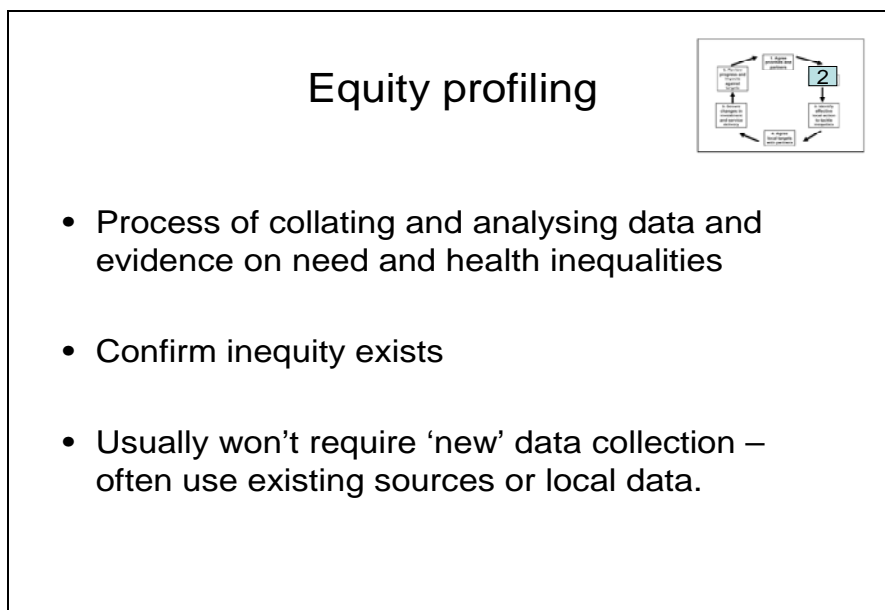
Health Equity Audit (HEA) has been identified as a key tool for embedding evidence on health inequalities health planning, commissioning and service delivery. It is now a mandatory responsibility of Primary Care Trusts and is included as part of the National Planning Guidance for 2005-82 as well as the 2004 Healthcare Commission performance ratings for PCTs³. Health equity audit aims to identify how fairly services or other resources are distributed in relation to the health needs of different groups and areas, and the priority actions required to provide services relative to need. The overall aim of HEA is to distribute resources relative to need. It is a cyclical process, as illustrated in points 1 to 6 in Figure 2.

Figure 2 The Health Equity Audit Cycle



Equity profiling (see Figure 3) compares how the relationship between need and service provision/use varies across the different *dimensions* of equity*. It involves the process of collating and analysing data and evidence on need and health inequalities, and the confirming that inequity exists.

Figure 3 Equity Profiling



*Dimensions of equity – e.g. age, gender, disability, ethnicity, socio-economic status, geography

The purpose of this equity profile is to explore issues around equity of risk factors, morbidity, mortality and provision of secondary care cancer services in the North East Lincolnshire area. The report aims to measure how recent service provision has reflected patterns of need in relation to 4 key dimensions; age, gender, deprivation and geography. The report is intended primarily to inform cancer equity profile work.

4.0 Demography and Deprivation

4.1 Population

The population structure of North East Lincolnshire is similar to that of England (see Table 1).

Table 1 Population age/ gender structure for North East Lincolnshire

	North East Lincolnshire				England Proportion
	Males	Females	Persons	Proportion	
0-14	14800	14200	29100	18.2%	17.6%
15-24	11400	10600	22000	13.8%	13.3%
25-34	8200	8800	17000	10.6%	13.1%
35-44	11400	12000	23400	14.7%	15.2%
45-54	10700	10600	21300	13.3%	13.0%
55-64	9800	9700	19400	12.1%	11.8%
65-74	6900	7600	14500	9.1%	8.2%
75+	4900	8000	12900	8.1%	7.8%
All ages	159700	159700	159700	100.0%	100.0%

Data Source: ONS mid-year population estimates 2007

4.2 Index of Multiple Deprivation 2007

Deprivation is associated with increased mortality and morbidity. Most illnesses and diseases, for example lung cancer and coronary heart disease, are found more frequently in areas of higher deprivation. There are many different measures of deprivation that are in common use.

The Office for the Deputy Prime Minister (ODPM) commissioned the Social Disadvantage Research Centre at the University of Oxford to update the Index of Multiple Deprivation 2000 (IMD 2000) for England. Following extensive user consultations, a revised Indices of Deprivation 2004 was published in June 2004. In 2007, the IMD2007 was introduced. The Index of Deprivation 2007 (ID2007) provides updated data from 2004. The ID2007 are based on the same approach, structure and methodology used to create the Indices of Deprivation 2004.

The Index of Multiple Deprivation 2007 (IMD 2007) is a Super Output Area (SOA) level index^a, composed from 37 indicators measuring deprivation in its broadest sense. The

^a Super Output Areas (SOAs) are the new National Statistics geography output intended for use when publishing small area statistics. It is anticipated that these which will eventually replace electoral wards. SOAs are designed to give an improved basis for comparison across the country, as they are more similar in population size than electoral wards. Unlike wards they will be more

overall IMD 2007 score combines seven areas (called domains), which are weighted as follows:

- Income (22.5%)
- Employment (22.5%)
- Health and disability (13.5%)
- Education, skills and training (13.5%)
- Barriers to housing and services (9.3%)
- Crime (9.3%)
- Living environment (9.3%)

As well as an overall multiple deprivation score, SOA scores are available for these seven domains and two income deprivation indices relating to children and older people. Scores for six sub-domains relating to the areas around education, barriers to housing and services and living environment are also available. Further information on the Index of Multiple Deprivation 2007 can be found at www.odpm.gov.uk/indices.

North East Lincolnshire had been ranked 49th most deprived out of the 354 local authorities in England in 2007. The local authority was ranked 52nd in 2004 which indicates that the overall level of deprivation in North East Lincolnshire has increased.

Local Authorities in the Humber region have ranked as follows (IMD2007 rank in green indicates an improved rank, red indicates the rank has got worse):

Table 2 IMD2007 rank for Local Authorities in the Humber

Local Authority	IMD2004 Score	IMD2004 Rank	IMD2007 Score	IMD2007 Rank
Kingston-Upon-Hull	41.13	9	38.31	11
East Riding of Yorkshire	15.34	208	14.17	232
North East Lincolnshire	29.36	52	29.73	49
North Lincolnshire	21.23	121	20.88	132

5.0 Lifestyle and Risk Factors

5.1 Smoking

Smoking is the greatest preventable cause of ill health and premature death in this country and is a root cause of inequality in healthy life expectancy, with higher rates of smoking and smoking related deaths reported in disadvantaged communities¹⁰.

5.1.1 Smoking Prevalence

Inequalities – Regional (Adults)

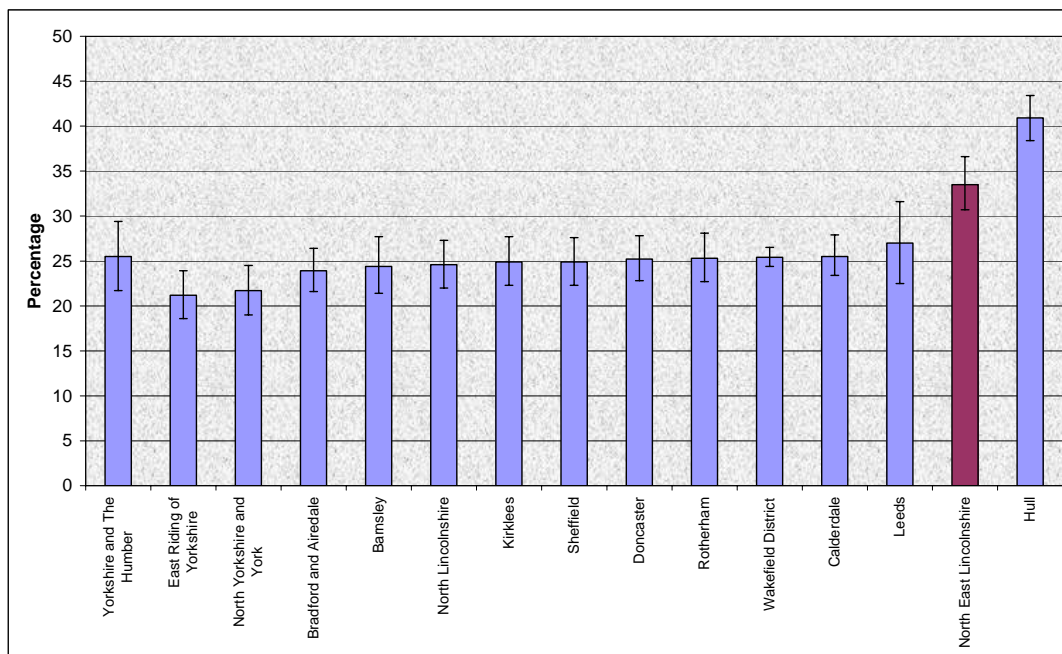
Prevalence obtained from model based estimates^b derived from three-year pooled data (2003-2005) suggests that a quarter of adults (24.1%) in England smoke, whilst the figure is slightly higher for the Yorkshire and Humber Region at 25.5%.

^b The Public Health and Neighbourhood Statistics team in The NHS Information Centre for health and social care commissioned The National Centre for Social Research (NatCen) to produce

North East Lincolnshire CTP area has the 2nd highest estimated percentage of smoking prevalence out of the 14 Primary Care Organisations areas (PCOs) within the Yorkshire and the Humber for adults aged 16 and over. The figure for the NELCTP area is statistically significantly lower than the worst performing trust, Hull, but is statistically significantly higher than the regional average (see Figure 4).

It is important to note that the figures in the graph below are synthetic estimates and although these are useful, they must be interpreted with caution. Smoking prevalence was estimated using a statistical model based on responses to the Health Survey for England 2003-2005 combined with the characteristics for the local area, the actual smoking prevalence of the area is not known.

Figure 4 Model Based Estimates of Smoking Prevalence for Adults (Aged 16 or Over) in the Yorkshire and the Humber Region (2003-2005)



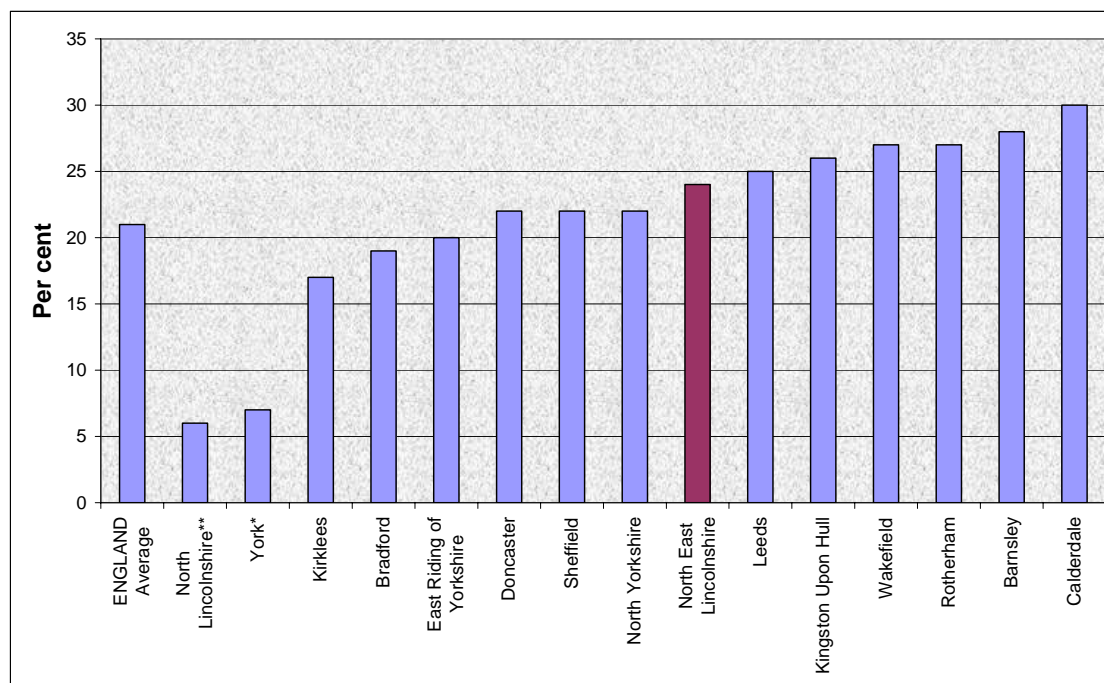
Data Source: ONS Neighbourhood Statistics

Regional (Children & Young People)

In 2008 24% of pupils in the North East Lincolnshire local authority area who took part in the Tell Us 3 Survey said they had tried smoking, a 1% decrease since the 2007 survey. This is higher than the national average of 21% and has the 7th highest percentage within the Yorkshire and The Humber region (see Figure 5).

model-based estimates of healthy lifestyle behaviours using the most recent Health Survey for England (HSfE) data.

Figure 5 Per cent of pupils who have smoked a cigarette, 2008 (years 6, 8 and 10) LEA's in the Yorkshire and The Humber and the England average.



Data Source: Ofsted Tell Us 3 Survey

*York – Yr 6 & 8 only, unweighted data ** North Lincolnshire – Yr 6 only, unweighted data

In 2007, a slightly higher proportion (8%) of secondary school aged pupils in the North East Lincolnshire UA area said they were regular smokers (smoke at least once a week) than the England average (6%). However, a higher percentage locally (69%) said they had never smoked compared to the national average (67%) (see Table 3).

Table 3 Smoking Behaviour in Secondary School Aged Pupils in North East Lincolnshire Local Authority compared to England (2007)

	England (%)	North East Lincolnshire (%)
Regular smoker	6	8
Occasional smoker	5	2
Used to smoke	6	7
Tried smoking	15	14
Never smoked	67	69

Data Source for North East Lincolnshire: Adolescent Lifestyle Survey 2007

Data Source for England: Drug use, smoking and drinking among young people in England 2007

Inequalities – Age and Gender

In North East Lincolnshire the proportion of year 10 pupils smoking regularly (at least once a day) has improved from 19% in 2004 to 9% in 2007. Fewer pupils said they had ever tried a cigarette in each year group in the 2007 study compared to the ALS 2004, though locally, girls are still more likely to smoke than boys, (9% and 4% respectively).

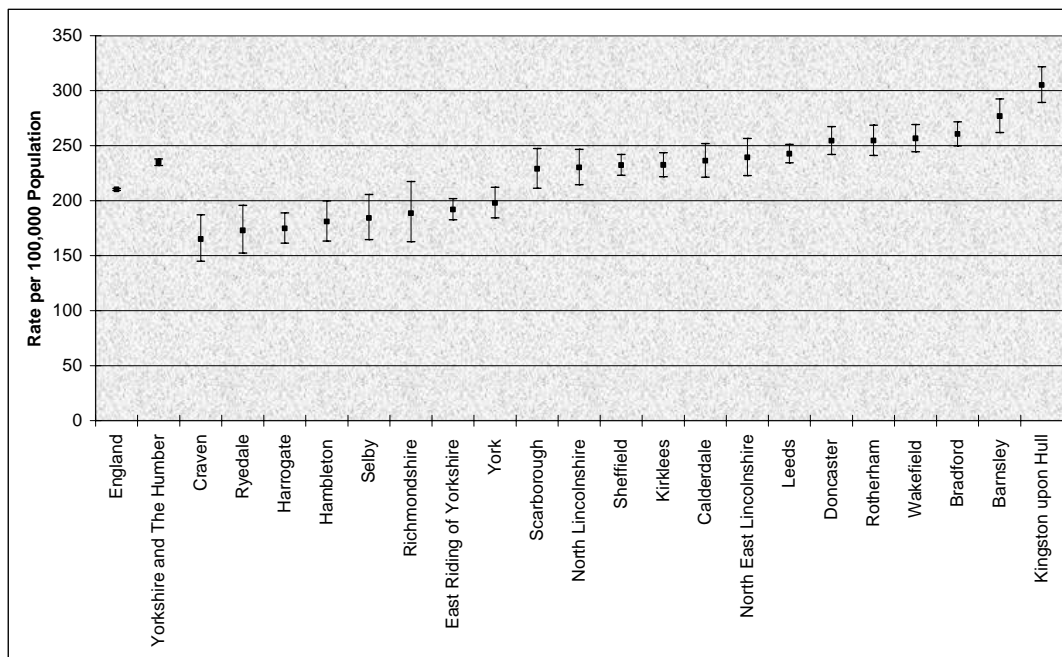
Inequalities – Socioeconomic

Smoking prevalence is associated with social class and material deprivation. The ALS for NEL in 2007 revealed the highest prevalence of smoking was in schools with high rates of free school meal (FSM)^c eligibility. Locally, pupils who said they receive free school meals (14%) were more likely to be regular smokers than those who said they do not receive free school meals (7%).

5.1.2 Deaths Attributable to Smoking

In 2005-2007, compared to England and Yorkshire and The Humber, estimated adult deaths from smoking were higher than average in North East Lincolnshire. It is estimated that each year 288 people die in North East Lincolnshire from smoking. North East Lincolnshire remained 8th highest out of the 21 Local Authorities in the Yorkshire and The Humber Government Office region, see Figure 6 Table 4.

Figure 6 Directly age standardised rate of death attributable to smoking per 100,000 population, aged 35 and over in the 21 Yorkshire and The Humber Government Office Regions (2005-2007)



Data Source: APHO © Crown Copyright

^c Free School Meal eligibility is a proxy measure for socioeconomic status and assessing inequalities.

Table 4 Directly age standardised rate of death attributable to smoking per 100,000 population, aged 35 and over in the 21 Yorkshire and The Humber Government Office Regions (2005-2007).

Area Name	DSR	Lower 95% CI	Upper 95% CI	Significance (compared to England)
England	210.25	209.36	211.14	-
Yorkshire and The Humber	234.99	232.06	237.96	-
Craven	165.17	145.01	187.21	Low
Ryedale	173.05	152.38	195.64	Low
Harrogate	174.76	161.38	188.89	Low
Hambleton	180.97	163.36	199.91	Low
Selby	184.29	164.55	205.69	Low
Richmondshire	188.64	162.74	217.36	None
East Riding of Yorkshire	191.97	182.60	201.69	None
York	197.94	184.35	212.21	None
Scarborough	228.92	211.33	247.50	None
North Lincolnshire	230.16	214.53	246.59	High
Sheffield	232.37	223.10	241.92	High
Kirklees	232.49	221.78	243.57	High
Calderdale	236.32	221.36	251.99	High
North East Lincolnshire	239.36	222.90	256.67	High
Leeds	242.63	234.38	251.08	High
Doncaster	254.48	242.02	267.38	High
Rotherham	254.62	241.11	268.67	High
Wakefield	256.56	244.46	269.08	High
Bradford	260.57	249.81	271.66	High
Barnsley	276.88	261.90	292.47	High
Kingston upon Hull	305.21	289.29	321.75	High

Data Source: APHO © Crown Copyright

5.1.3 Smoking Cessation Services

Smoking is the leading cause of preventable illness and premature death. It is also the biggest single cause of the difference in death rates between the rich and poor. The 1998 smoking strategy *Smoking Kills* reported that seven out of ten adult smokers would like to give up if they could.¹¹

North East Lincolnshire has the 2nd highest estimated percentage of smoking prevalence in the Yorkshire and the Humber Primary Care Organisations (PCOs) in adults (aged 16 and over). The model based estimate percentage for North East Lincolnshire of 33.5% is significantly than the regions average of 25.5%. (ONS Neighbourhood statistics).

Outcomes from local NHS smoking cessation services are shown in Table 5. Quit rates at four weeks per 100,000 adult population are higher overall in NEL CTP than the national average. For 2008/09 the per cent of people successfully quitting smoking (self report, after 4 weeks) in North East Lincolnshire was 61%, 1028 people out of 1678 accessing SSSS setting a quit date successfully quit smoking, achieving above the LAA target of 752 quits (902 quits for the stretch target).

Table 5 Number and per cent of adults (16 and over) accessing SSSS who have successfully quit (self report) after 4 weeks, by Primary Care Organisation, 2008/09

	Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date*	Number of successful quitters*
England	671,259	337,054	50	1,620	813
Yorkshire & Humber SHA	69,511	36,514	53	1,654	869
Bradford & Airedale PCT	7,854	3,620	46	2,038	939
Rotherham PCT	4,904	2,286	47	2,405	1,121
Wakefield District PCT	6,370	3,007	47	2,440	1,152
Barnsley PCT	5,673	2,720	48	3,122	1,497
Kirklees PCT	5,339	2,571	48	1,676	807
North Yorkshire & York PCT	8,581	4,143	48	1,314	635
Calderdale PCT	3,183	1,569	49	1,988	980
Sheffield PCT	5,931	3,006	51	1,358	688
Doncaster PCT	5,075	2,622	52	2,160	1,116
North Lincolnshire PCT	1,253	756	60	994	600
North East Lincolnshire CTP	1,678	1,028	61	1,308	801
Hull PCT	4,055	2,670	66	1,939	1,277
Leeds PCT	7,257	4,909	68	1,156	782
East Riding of Yorkshire PCT	2,358	1,607	68	857	584

Data Source: NHS Information Centre

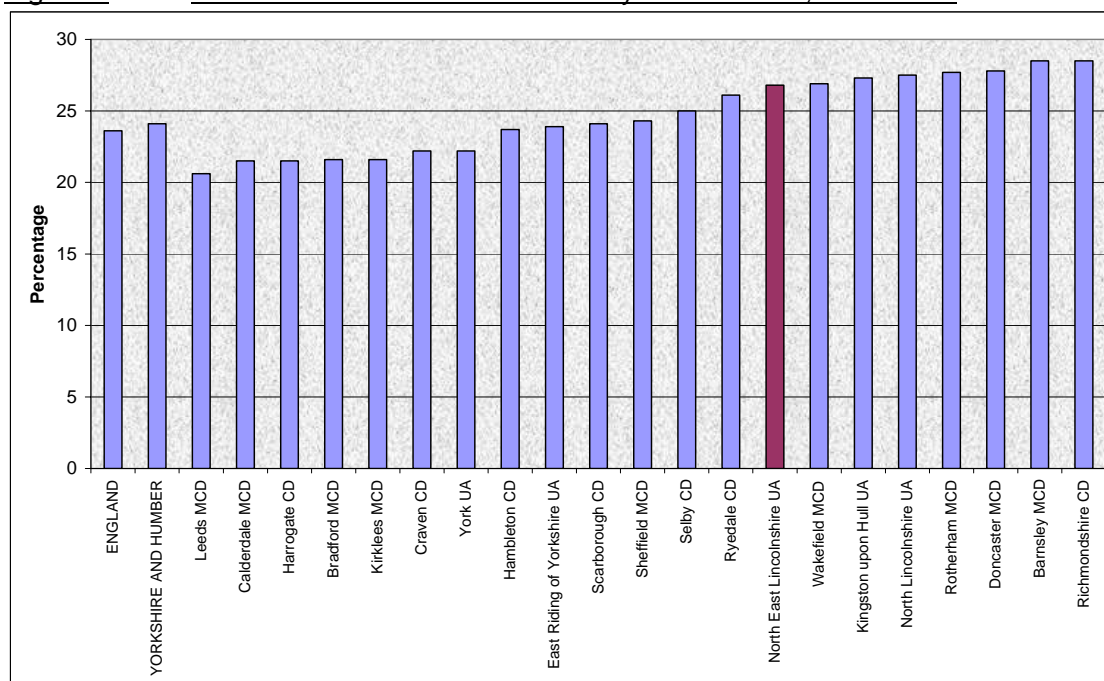
* Per 100,000 of population aged 16 and over

5.2 Obesity

Inequalities – Regional (Adults)

Model based estimates show that North East Lincolnshire has a higher percentage (26.8%) of obese adults than the Yorkshire and The Humber average (24.1%), although the difference is not statistically significant. Estimates rank North East Lincolnshire as 8th highest out of 21 local authorities in the region, see Figure 7, Table 6.

Figure 7 Model based estimates* for obesity in Y&H GOR, 2003-2005



Data Source: ONS Neighbourhood Statistics * Model based estimates from the HSfE 2003-2005

Table 6 Model based estimates* for obesity in Y&H GOR, 2003-2005

Area	Per cent	Significance
ENGLAND	23.6	N/A
YORKSHIRE AND THE HUMBER	24.1	N/A
Leeds MCD	20.6	Low
Calderdale MCD	21.5	Low
Harrogate CD	21.5	None
Bradford MCD	21.6	None
Kirklees MCD	21.6	None
Craven CD	22.2	None
York UA	22.2	None
Hambleton CD	23.7	None
East Riding of Yorkshire UA	23.9	None
Scarborough CD	24.1	None
Sheffield MCD	24.3	None
Selby CD	25	None
Ryedale CD	26.1	High
North East Lincolnshire UA	26.8	High
Wakefield MCD	26.9	High
Kingston upon Hull UA	27.3	High
North Lincolnshire UA	27.5	High
Rotherham MCD	27.7	High
Doncaster MCD	27.8	High
Barnsley MCD	28.5	High
Richmondshire CD	28.5	High

Data Source: ONS Neighbourhood Statistics * Model based estimates from the HSfE2003-2005

Inequalities – Regional (Children & Young People)

Table 7 below shows the prevalence rates for obesity in reception aged school children. The North East Lincolnshire Care Trust Plus area recorded a prevalence rate of 11.3%, the fourth highest in the Yorkshire and the Humber region. The prevalence for North East Lincolnshire is statistically significantly higher than for England (9.6%) and the Yorkshire and the Humber (9.8%).

Table 7 Obesity Prevalence Percentage of Reception Year Pupils within North East Lincolnshire Care Trust Plus (2007/08)

Area	Prevalence of Obesity (Reception Year) 2007-08	95% confidence interval ±
ENGLAND	9.60%	0.1%
YORKSHIRE AND THE HUMBER SHA	9.80%	0.1%
Calderdale PCT	7.1%	1.1%
Sheffield PCT	8.1%	0.8%
Leeds PCT	8.4%	0.6%
North Yorkshire & York PCT	9.4%	0.7%
Kirklees PCT	9.7%	0.8%
East Riding of Yorkshire PCT	9.9%	1.2%
North Lincolnshire PCT	10.3%	1.5%
Barnsley PCT	10.4%	1.3%
Wakefield District PCT	10.5%	1.1%
Bradford & Airedale Teaching PCT	10.6%	0.8%
North East Lincolnshire Care Trust Plus	11.3%	1.5%
Doncaster PCT	11.6%	1.2%
Hull Teaching PCT	11.8%	1.3%
Rotherham PCT	12.0%	1.2%

Data Source: National Child Measurement Programme (NCMP)

Table 8 below shows the prevalence rates for obesity in Year 6 aged school children. The North East Lincolnshire Care Trust Plus area recorded an obesity prevalence rate of 19.6%. This was the 6th highest percentage in the Yorkshire & Humber SHA region and was higher than the England (18.3%) and the Yorkshire & Humber (18.3%) percentages, though not significantly significant.

Table 8 Obesity Prevalence Percentage of Year 6 Pupils within NE Lincolnshire Care Trust Plus (2007/08)

Area	Prevalence Year 6 (2007- 08)	Lower 95% confidence interval (-)	Upper 95% confidence interval (+)
ENGLAND	18.3%	0.1%	0.9%
YORKSHIRE AND THE HUMBER SHA	18.3%	0.1%	0.9%
Hull Teaching PCT	22.3%	1.7%	2.6%
Barnsley PCT	21.2%	1.6%	2.1%
Bradford & Airedale Teaching PCT	20.9%	1.1%	1.8%
Rotherham PCT	20.8%	1.5%	2.2%
Wakefield District PCT	20.4%	1.4%	2.1%
North East Lincolnshire Care Trust Plus	19.6%	1.8%	2.0%
Leeds PCT	19.3%	0.9%	1.0%
Doncaster PCT	19.1%	1.4%	2.2%
Kirklees PCT	18.9%	1.1%	1.5%
North Lincolnshire PCT	18.8%	1.9%	3.2%
East Riding of Yorkshire PCT	17.6%	1.3%	2.2%
Sheffield PCT	17.4%	1.1%	1.7%
Calderdale PCT	15.8%	1.5%	1.9%
North Yorkshire & York PCT	15.5%	0.8%	1.5%

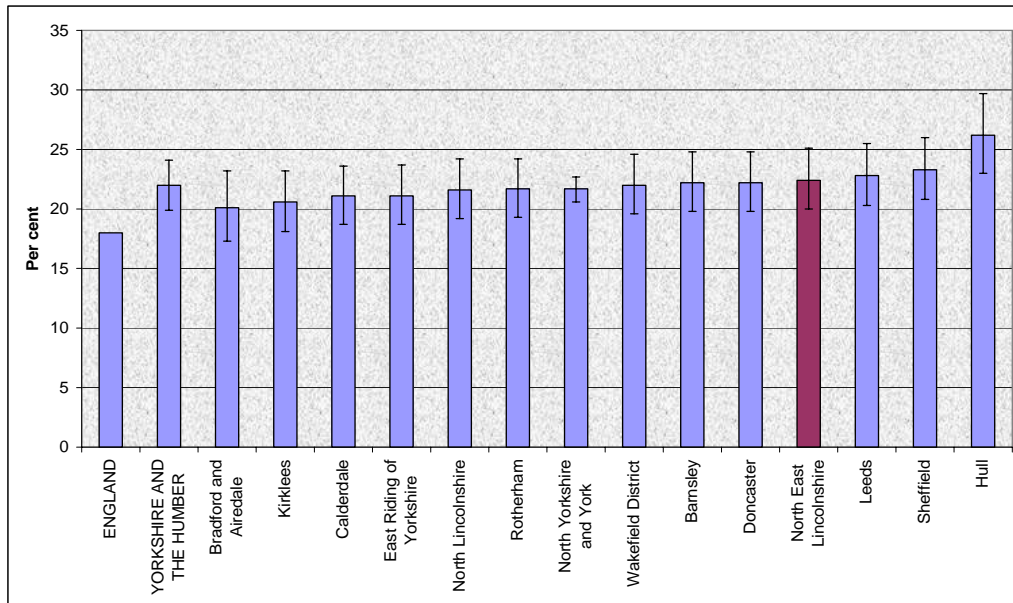
Data Source: National Child Measurement Programme (NCMP)

5.3 Alcohol Consumption

Inequalities – Regional (Adults)

Model-based percentages of binge drinking adults are estimates from the Health Survey for England 2003-2005. North East Lincolnshire ranks 4th highest in the region and is higher than the England average and slightly higher than the regional average, although not significantly so.

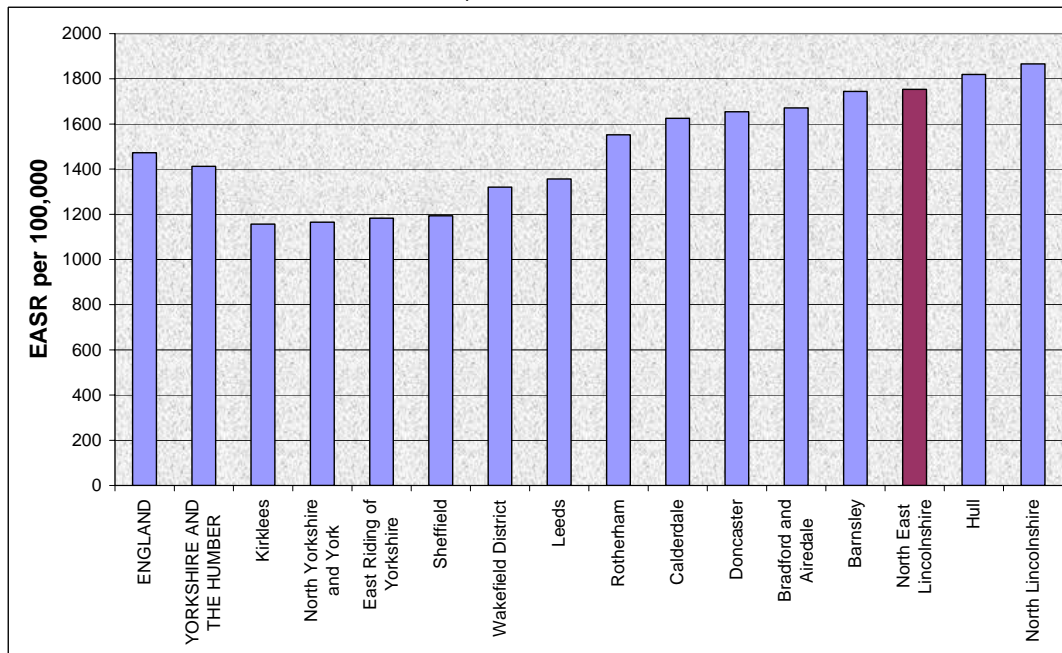
Figure 8 Model based estimates of binge drinking adults (aged 16 or over) in the Yorkshire and Humber PCOs with 95% confidence limits (2003-2005).



Data Source: North West Public Health Observatory, Centre for Public Health

Figure 9 shows age standardised rates per 100, 000 population NI 39, hospital admissions for alcohol related harm for 2007/08 (derived from Department of Health using Hospital episode Statistics and ONS mid-year population estimates).

Figure 9 NI 39: Directly age standardised rate of hospital admissions per 100,000 population for alcohol related harm for PCO's in the Y&H region (with 95% confidence limits) 2007/08



Data Source www.nwph.net HES download

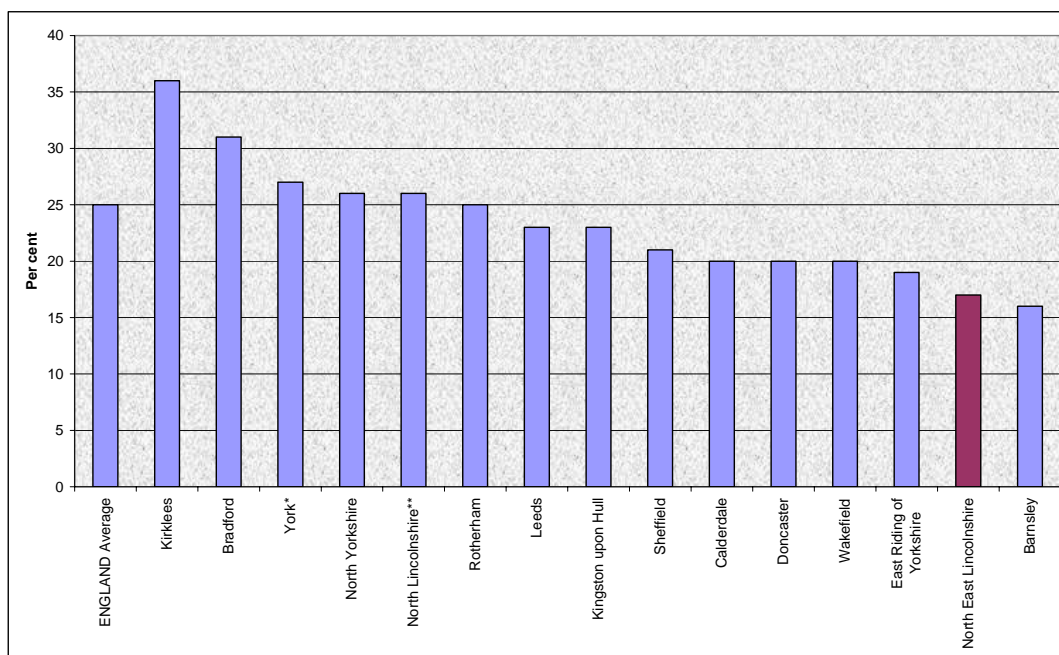
In North East Lincolnshire the ASR for hospital admissions for alcohol related harm (1753/100,000) was higher than both the England (1473/100,000) and the Yorkshire and The Humber rate (1413/100,000). North East Lincolnshire ranked 3rd highest in the region, behind North Lincolnshire PCT and Hull PCT.

Inequalities – Regional (Children & Young People)

Ofsted’s Tell Us 3 Survey (2008), measures the prevalence of drinking amongst children and young people in school years 6, 8 and 10 across England. The Tell Us 3 Survey, was conducted nationally in Spring 2008, a sample of schools in North East Lincolnshire were selected to represent the different types of schools in the area. Responses from the survey were weighted and are therefore used to represent the local area.

Only 17% of pupils in North East Lincolnshire said they have never tried alcohol, ranking 2nd lowest in the region and significantly worse than the England average of 25% (See Figure 10).

Figure 10 Per cent of children and young people who have never tried alcohol, 2008 (school years 6, 8 and 10) LEA’s in the Yorkshire and The Humber and the England Average



Data Source: Ofsted Tell Us 3
 *York – Yr 6 & 8 only, unweighted data
 ** North Lincolnshire – Yr 6 only, unweighted data

Not only are pupils in North East Lincolnshire statistically more likely to have tried alcohol, they are significantly more likely (23%) to have been drunk than the England average (17%). Children and young people in North East Lincolnshire (9%) are more likely to have been drunk 3 or more times in the last four weeks than the national average (6%) although the difference is not significant. (See Table 9)

Table 9 Drinking behaviour in North East Lincolnshire compared to the England average, 2008 (School years 6, 8 and 10)

Have you ever had alcohol?	North East Lincolnshire (%)	England Average (%)
I have never had an alcoholic drink	17	25
I have never been drunk	31	35
I have been drunk but only once or twice and not recently	23	17
I have been drunk once within the last four weeks	8	6
I have been drunk twice within the last four weeks	3	4
I have been drunk three or more times in the last four weeks	9	6
Prefer not to say	9	8

Data Source: Ofsted Tell Us 3

Figures in red are significantly different from the England Average and are a negative outcome for children and young people.

5.4 Exercise

Regional (Adults)

The Active People Survey is the largest ever survey of sport and active recreation to be undertaken in Europe.

The first year of the survey, Active People Survey 1, was conducted between October 2005 and October 2006, and was a telephone survey of 363,724 adults in England (aged 16 plus) and is unique in providing reliable statistics on participation in sport and active recreation for all 354 Local Authorities in England (a minimum of 1,000 interviews were completed in every Local Authority in England).

Following the success of the first survey, it was decided to run the survey annually. The second year of the survey, Active People Survey 2, commenced on 15 October 2007 and was completed on 14 October 2008. The survey involved the interview of 191,000 adults in England (age 16+) by telephone.

Participation is defined as taking part on at least 3 days a week in moderate intensity sport and active recreation (at least 12 days in the last 4 weeks) for at least 30 minutes continuously in any one session. Participation includes recreational walking and cycling. Increased participation seen between surveys conducted in 05/06 and 07/08 is statistically significant nationally and regionally but not so for local authorities in the Humber sub-region.

Table 10 Active People Survey - Participation

Area	Active People 1 %	Active People 1 Base	Active People 2 %	Active People 2 Base	Significant Change*
England	21.00%	360,827	21.32%	189,027	Yes
Y&H GOR	20.1%	20,821	22.4%	10,480	Yes
Hull UA	18.1%	994	19.0%	497	No
East Riding UA	23.0%	994	23.2%	494	No
NE Lincolnshire UA	18.5%	992	20.1%	496	No
N Lincolnshire UA	19.1%	987	22.8%	494	No

Data Source: Sport England

*Significant change between Active People Survey 1 and 2

Regional (Children & Young People)

The Adolescent Lifestyle Survey was conducted in autumn, 2007 across 9 mainstream secondary schools in North East Lincolnshire. The survey was first conducted in 2004 providing baseline information on a range of health and well-being topics, including smoking, alcohol, food and exercise. Pupils from year 7 to year 11 were surveyed.

Although the majority of pupils (87%) said they have exercised vigorously for at least one hour in the last week only 18% of pupils are exercising for an hour a day, seven days a week. Pupils are less active with age, 22% of pupils in Year 7 exercise for an hour every day compared to 15% of pupils in year 11.

KEY POINTS - Lifestyle Risk Factors

- 33.5% of adults in North East Lincolnshire smoke, the 2nd highest estimated percentage of smoking prevalence in the Yorkshire and Humber in adults and is significantly higher than the regions average of 25.5%.
- 24% of pupils in the North East Lincolnshire local authority area who took part in the Tell Us 3 Survey said they had tried smoking. This is higher than the national average of 21% and has the 7th highest percentage within the Yorkshire and The Humber region.
- In North East Lincolnshire the proportion of year 10 pupils smoking regularly (at least once a day) has improved from 19% in 2004 to 9% in 2007.
- Model based estimates show that North East Lincolnshire has a higher percentage (26.8%) of obese adults than the Yorkshire and Humber average (24.1%), and ranks 7th highest in the Y&H region.
- Reception aged children are significantly more likely to be obese in NEL than Y&H and England. Yr 6 pupils in NEL have the 6th highest rate of obesity in the region.

- North East Lincolnshire ranks 4th highest in the region for binge drinking and is higher than the England average and slightly higher than the regional average. NEL has the 3rd highest rate in the region for hospital admissions for alcohol related harm.
- Young people in NEL are significantly more likely to have tried alcohol than the rest of England, they are also significantly more likely to have been drunk.
- Only 18% of secondary school aged pupils are exercising for the recommended 1 hour a day, seven days a week.

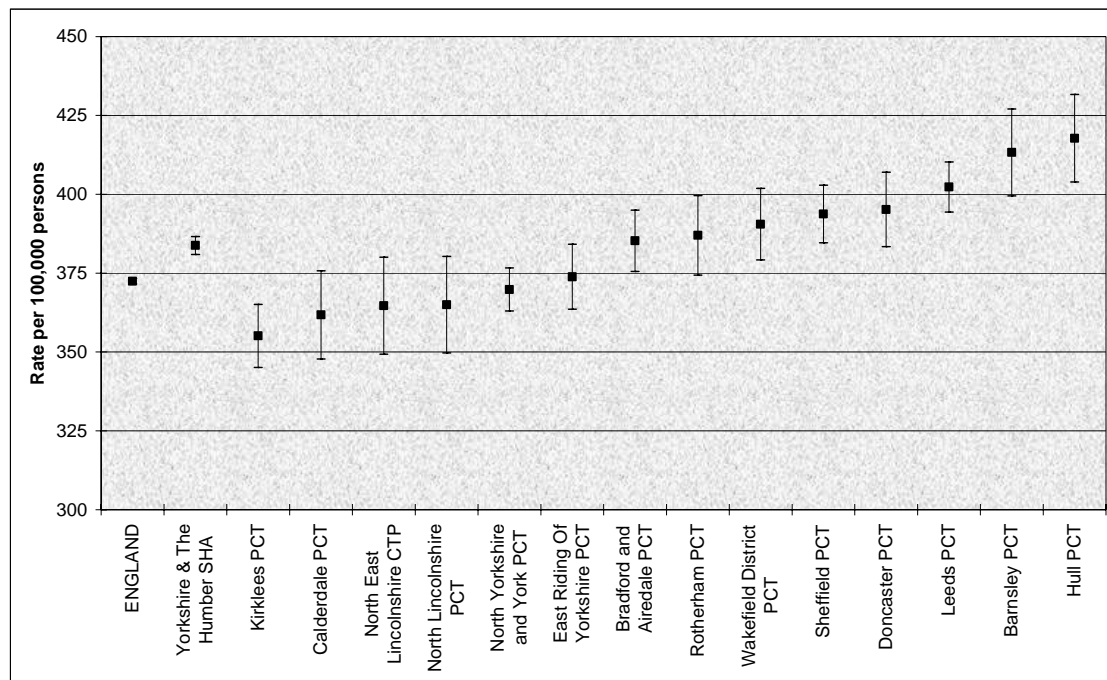
6.0 All Cancers

6.1 Incidence

Regional

NELCTP population has the third lowest rate of cancer registrations per 100,000 population for all persons in the Yorkshire and Humber SHA. The rate for NELCTP (364.68/100,000) is lower than the national (372.43/100,000) and significantly lower than the regional rate (383.79/100,000), see Figure 11.

Figure 11 All cancer registrations in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2004-2006) - All Persons.



Data Source: *The Compendium of Clinical and Health Indicators*

For males and females the rate for the NELCTP population is lower than the national and regional rates, although not significantly lower. Males in North East Lincolnshire have the second lowest rate of cancer registrations (396.80/100,000) in the region and women have the fifth lowest (347.76/100,000).

Projections to 2015 suggest that NELUA will continue to have a lower rate of cancer registrations than the Yorkshire and the Humber GOR regional average and the England national average, see Table 11.

Table 11 Actual and Projected Rates (DSR, 100/000) for All Cancer Registrations for All Persons in England, Y&H GOR, and NELUA - (1993 – 2015)

Year	ENGLAND	Y&H GOR	NELUA
1993	349.5	353.1	347.2
1994	355.3	356.8	345.3
1995	354.9	356.5	380.7
1996	355.2	358.7	368.1
1997	364.8	369.1	364.4
1998	361.8	367.0	367.4
1999	371.5	366.3	356.4
2000	368.8	384.8	377.9
2001	371.1	383.2	390.0
2002	364.0	379.9	389.6
2003	367.7	385.5	354.5
2004	372.9	385.7	360.8
2005	373.8	388.5	386.3
2006	370.7	377.2	348.8
2007*	376.9	393.1	373.5
2008*	378.7	396.0	374.4
2009*	380.4	398.9	375.3
2010*	382.1	401.8	376.3
2011*	383.8	404.8	377.2
2012*	385.6	407.7	378.1
2013*	387.3	410.7	379.0
2014*	389.1	413.8	380.0
2015*	390.9	416.8	380.9

Source: *Compendium of Clinical and Health Indicators*

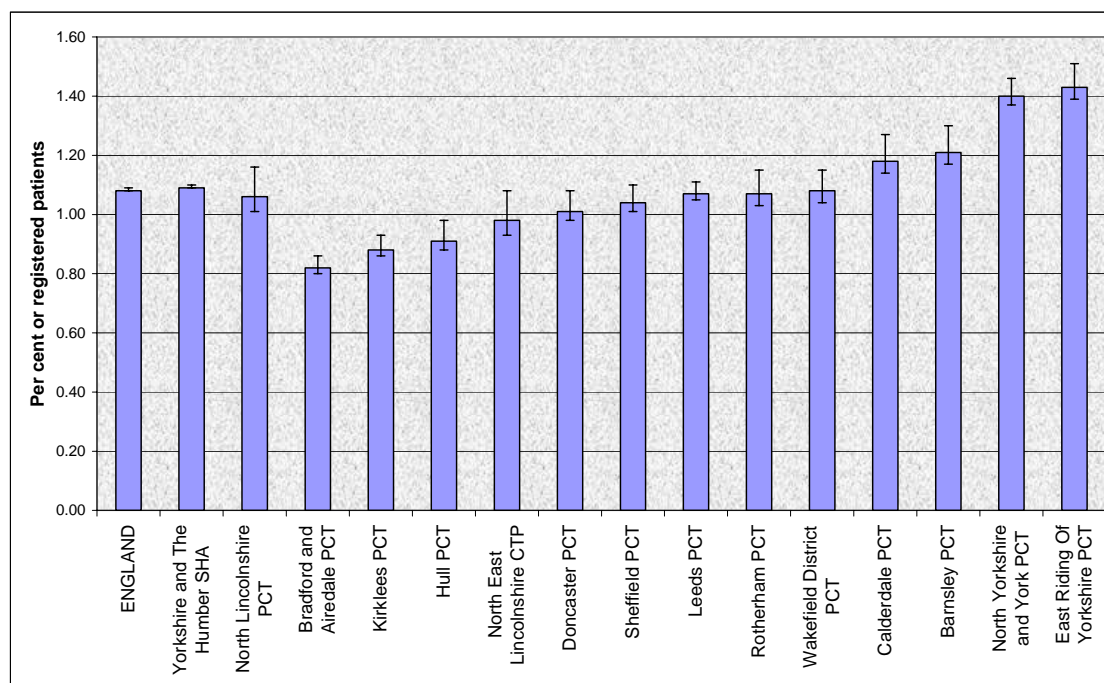
* Rate projected using GROWTH function in MS Excel

6.2 Prevalence

Regional

The proportion of patients registered with cancer in the North East Lincolnshire CTP population is slightly lower than the National and Regional percent, although not significantly so. North East Lincolnshire has the fifth lowest registered prevalence of all cancers for all persons in the Yorkshire and the Humber SHA region, see Figure 12.

Figure 12 Recorded Prevalence of all cancers* in the Yorkshire and The Humber PCOs and England (2007/08) – All Persons



Data Source: *The Compendium of Clinical and Health Indicators*

*Excluding patients with non-melanotic skin cancers

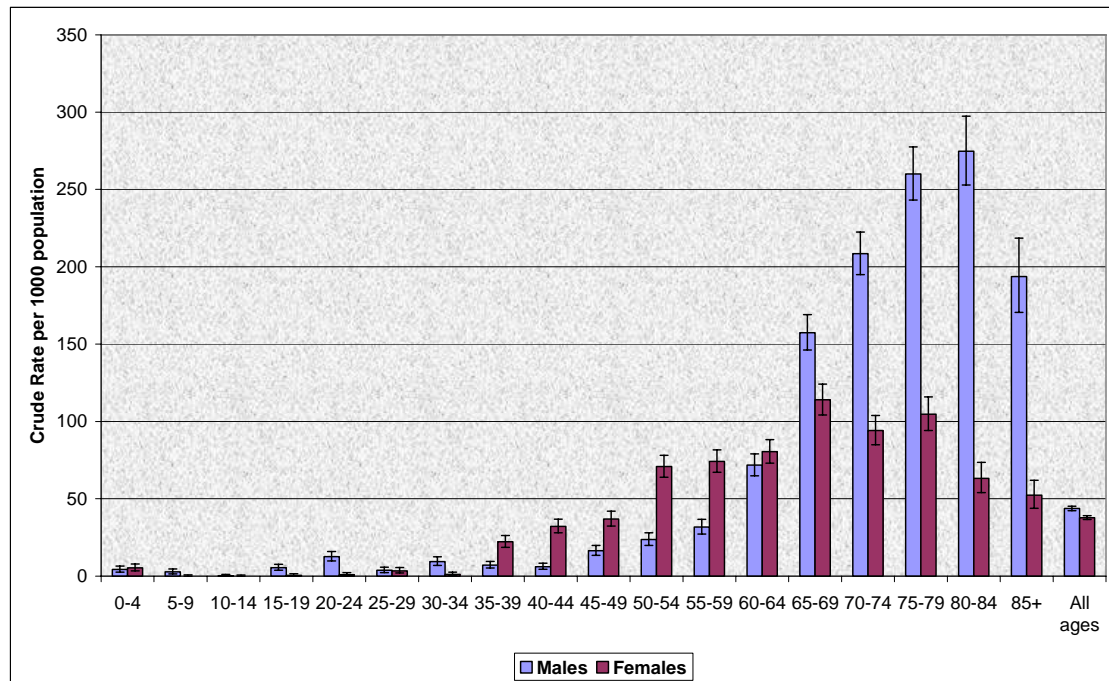
6.3 Inpatient Admissions

Inequalities – Age and Gender

In 2007/08 hospital episode statistics (HES), hospital admissions for all malignant neoplasm's excluding non-melanoma skin cancer (C00-C97 excl. C44) accounted for 6,753 FCEs^d, relating to 1,448 people (the data is for all types of hospital admission; elective, non-elective and day case). Age ranged from 1 to 105 years old. There were 3625 FCEs for males (53.7%) and 3128 FCEs for females (46.3%). Age specific rates per 1000 population are shown in Figure 13, below. Between the ages of 35 and 64 there were more female FCEs than males, although overall there were significantly more male FCE's than female. Unsurprisingly, hospital admissions increase with advancing age and peak for females between 65 and 79 and between 75 and 84 for males.

^d A Finished Consultant Episode refers to a period of admitted patient care under a consultant or allied healthcare professional. If responsibility for an admitted patient passes from one consultant to another, a separate HES record will be created (HES 2005). Collectively an admission or spell refers to a period commencing with admission to hospital and ending on a discharge, which may include one or more FCE.

Figure 13 Hospital episodes for all malignant neoplasm's excluding non melanoma skin cancer, by age-band and gender, North East Lincolnshire, 2007/08



Data Source: HES

6,753 records had a primary diagnosis recorded. The number of FCEs and the proportion of the total number of FCEs for the top ten admissions for males and females are shown in Tables 12 and 13 below.

For males, the single most common primary diagnosis for cancers was C61 Malignant neoplasm of the prostate, accounting for over a third (34.3%) of all male admissions for cancer. The highest number of admissions for prostate cancer was males aged 75-79 (299 FCEs), the highest rate was for males aged 80-84 (155.19/1000). C18-C20, colorectal cancer was the second most common cause for admission accounting for 9.2% of all male admissions for cancer, followed by C33-34 Malignant neoplasm of the trachea, bronchus and lung accounting for 9.0% of all male admissions for cancer (see Table 12).

Table 12 Top Ten Hospital Episodes by ICD classification for all malignant neoplasm's excluding non melanoma skin cancer, North East Lincolnshire Males, 2007/08

Males		
ICD 10 Classification	Number	Percent
C61 : Prostate	1244	34.3%
C18-C20 : Colorectum	334	9.2%
C33-C34 : Trachea, bronchus and lung	325	9.0%
C67 : Bladder	268	7.4%
C16 : Stomach	240	6.6%
C15 : Oesophagus	189	5.2%
C82-C85 & C96 : Non-Hodgkin lymphoma	170	4.7%
C91-C95 : Leukaemia	164	4.5%
C88-C90 : Myeloma	119	3.3%
C25 : Pancreas	70	1.9%
Total FCE's (males)	3625	100.0%

Data Source: HES

For females, the single most common primary diagnosis was C50, Malignant neoplasm of the breast, 37.0% of all female admissions for cancer were for breast cancer. Females aged between 50-54 were the most likely to be admitted for breast cancer (51.75/1000). The second most common was C18-C20 colorectal cancer (12.3%), followed by C56 ovarian cancer (6.8%), see Table 13.

Table 13 Top Ten Hospital Episodes by ICD classification for all malignant neoplasm's excluding non melanoma skin cancer, North East Lincolnshire Females, 2007/08

Females		
ICD 10 Classification	Number	Percent
C50 : Breast	1158	37.0%
C18-C20 : Colorectum	384	12.3%
C56 : Ovary	212	6.8%
C82-C85 & C96 : Non-Hodgkin lymphoma	193	6.2%
C33-C34 : Trachea, bronchus and lung	140	4.5%
C88-C90 : Myeloma	122	3.9%
C15 : Oesophagus	99	3.2%
C54 : Corpus uteri	87	2.8%
C67 : Bladder	76	2.4%
C80 : Without specification of site	72	2.3%

Data Source: HES

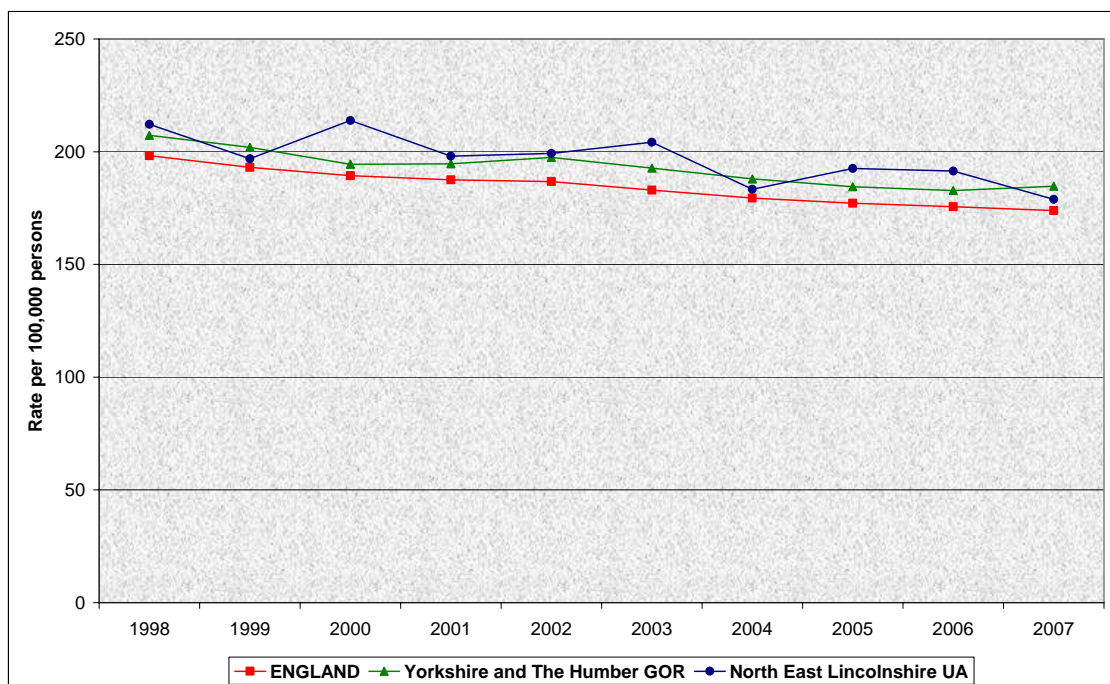
6.4 Mortality

6.4.1 Trend Analysis

The mortality rate for persons has steadily declined since 1998, both regionally and nationally. A decrease in lung cancer and other tobacco-related cancers largely accounts for the overall decline in cancer mortality. Although others cancers including breast and testicular cancer have also decreased as a result of advancements in diagnosis and treatment, contributing to the overall reduction in cancer mortality¹².

Locally the rate has declined overall, but has shown some fluctuation over the years. Generally, the rate for the North East Lincolnshire UA population has been slightly higher than England and the Y&H GOR, although in the last year (2007) the rate for NELUA decreased, while the regional rate increased giving a current rate below the regional average (see Figure 14).

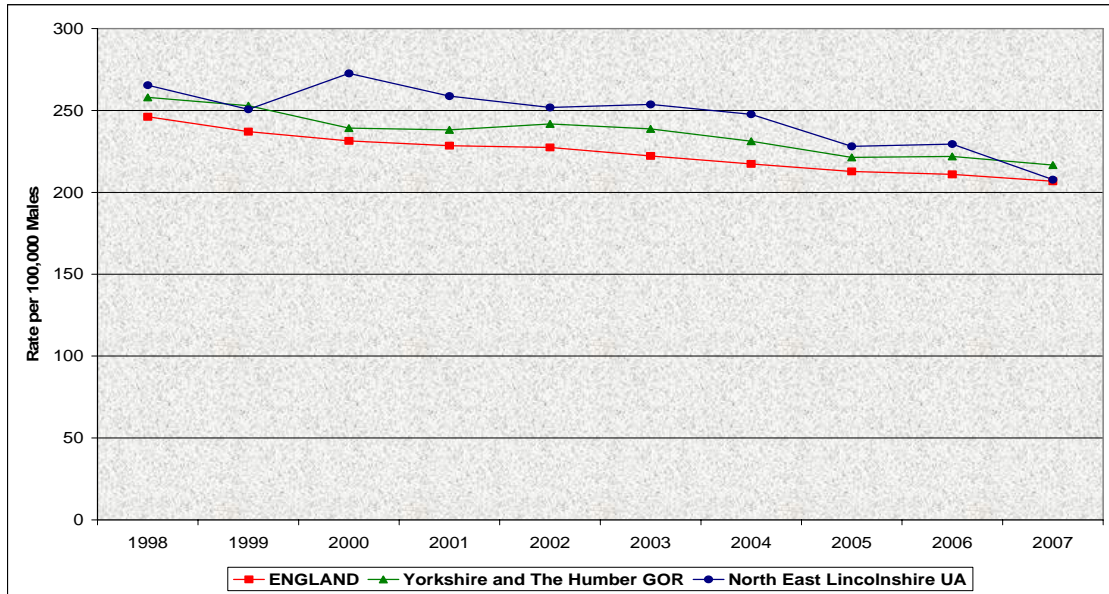
Figure 14 Mortality trend from all cancers (1998-2007) in North East Lincolnshire UA, Yorkshire and The Humber GOR and England – All Persons



Data Source: *The Compendium of Clinical and Health Indicators*

The mortality rate for males shows a similar pattern to that for all persons, overall mortality rates have steadily declined nationally, regionally and locally. Since 1998 the mortality rate for males in North East Lincolnshire has remained higher than the England and Y&H GOR rates, although a decline in the NELUA rate in 2007 puts NELUA lower than the regional average, see Figure 15.

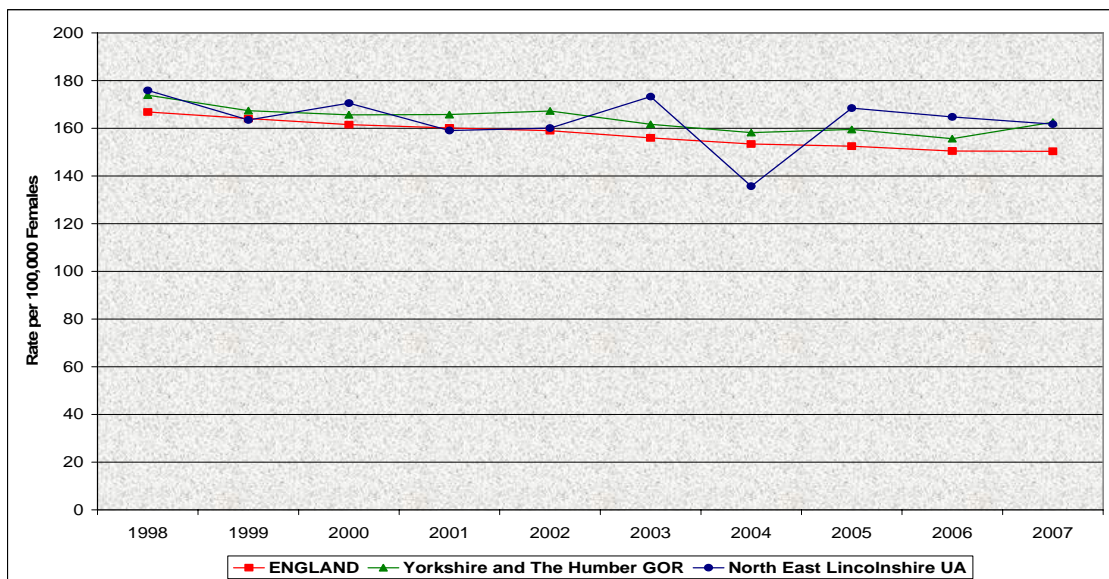
Figure 15 Mortality trend from all cancers (1998-2007) in North East Lincolnshire UA, Yorkshire and The Humber GOR and England – Males



Data Source: *The Compendium of Clinical and Health Indicators*

For females in North East Lincolnshire, the mortality rate has fluctuated since 1997 and has seen an overall decline. Regionally the rate has seen an over all decline, although rose slightly in the last year. The trend for England had declined steadily over the years, see Figure 16.

Figure 16 Mortality trend from all cancers (1998-2007) in North East Lincolnshire UA, Yorkshire and The Humber GOR and England – Females



Data Source: *The Compendium of Clinical and Health Indicators*

6.4.2 Top 10 Cancer Deaths (by cancer site)

Lung cancer accounts for over a quarter (25.6%) of all cancer deaths in males in North East Lincolnshire and is the leading cause of cancer mortality. Prostate cancer is the second most common cause of death from cancer in males, followed by colorectal cancer (see Table 14 below).

Table 14 Top 10 Deaths from Cancer in Males, North East Lincolnshire (2004-2008 Pooled Data)

Top 10 Male Deaths from Cancer	No.	%
C33-C34 : Trachea, bronchus and lung	304	25.6%
C61 : Prostate	149	12.5%
C18-C20 : Colorectum	119	10.0%
C80 : Without specification of site	107	9.0%
C15 : Oesophagus	74	6.2%
C67 : Bladder	60	5.1%
C16 : Stomach	54	4.5%
C82-C85 & C96 : Non-Hodgkin lymphoma	39	3.3%
C91-C95 : Leukaemia	33	2.8%
C00-C14 & C30-32 : Head and Neck	31	2.6%
C00-C97 All Malignant Neoplasm's	1188	100.0%

Data Source: ADDE

Lung cancer is also the leading cause of cancer death in females in North East Lincolnshire, accounting for 18.3% of all deaths from cancer, breast cancer is the second most common cause of cancer death in females followed by colorectal cancer.

Table 15 Top 10 Deaths from Cancer in Females, North East Lincolnshire (2004-2008 Pooled Data)

Top 10 Female Deaths from Cancer	No.	%
C33-C34 : Trachea, bronchus and lung	190	18.3%
C50 : Breast	163	15.7%
C18-C20 : Colorectum	101	9.7%
C80 : Without specification of site	97	9.4%
C56 : Ovary	59	5.7%
C25 : Pancreas	44	4.2%
C15 : Oesophagus	40	3.9%
C67 : Bladder	34	3.3%
C70-C72 : Brain, and other parts of central nervous system	25	2.4%
C91-C95 : Leukaemia	24	2.3%
C00-C97 All Malignant Neoplasm's	1036	100.0%

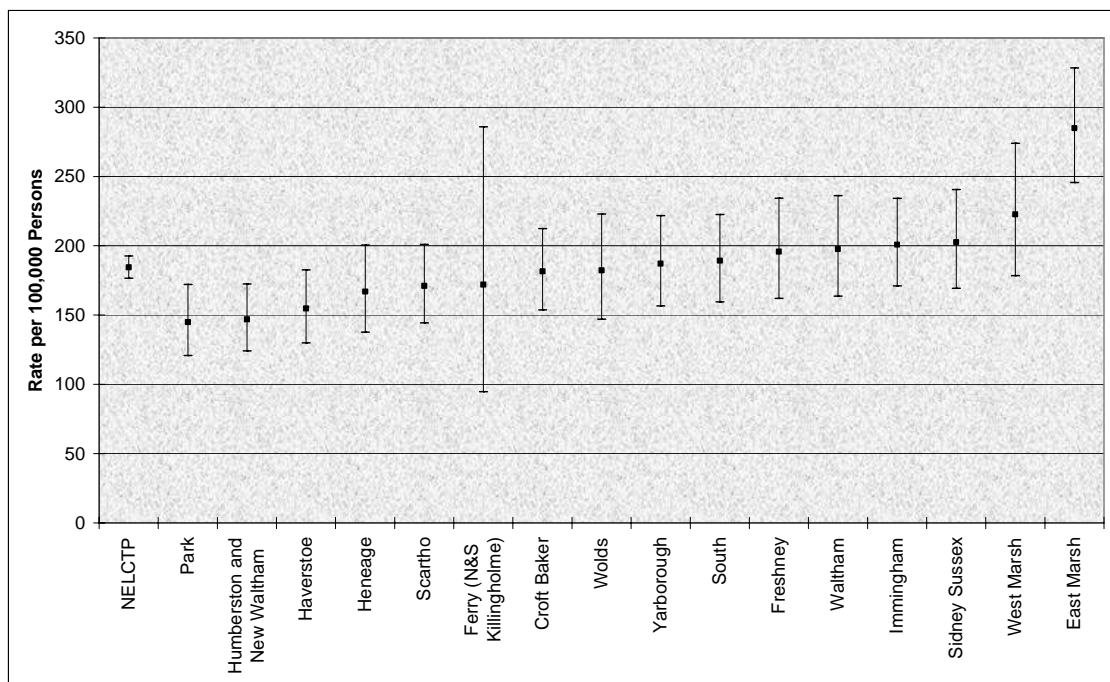
Data Source: ADDE

6.4.3 Ward Level Analysis

Inequalities – Electoral Wards

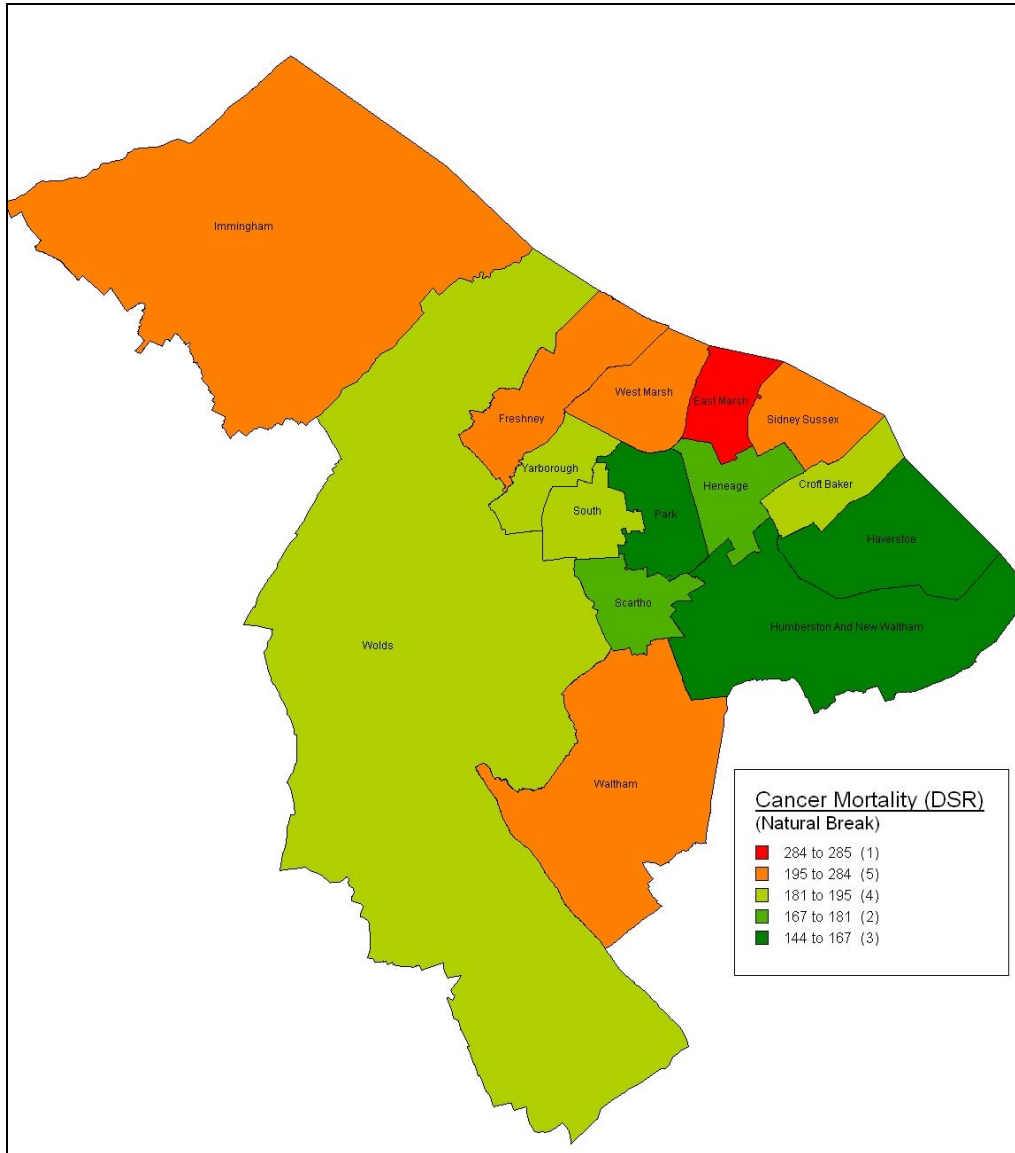
East Marsh ward has the highest death rate (284.9/100,000) from all cancers in the North East Lincolnshire CTP area and has a significantly higher death rate than the areas average (184.5/100,000). Park (145.0/100,000) has the lowest death rate from cancers in the NELCTP area and is significantly lower than the rate for North East Lincolnshire, see Figures 17 and 18 below.

Figure 17 Mortality from all cancers in North East Lincolnshire (2004-2008 pooled data) by electoral ward – All Persons



Data Source: ADDE

Figure 18 Mortality from all cancers in North East Lincolnshire (2004-2008 pooled data) by electoral ward – All Persons

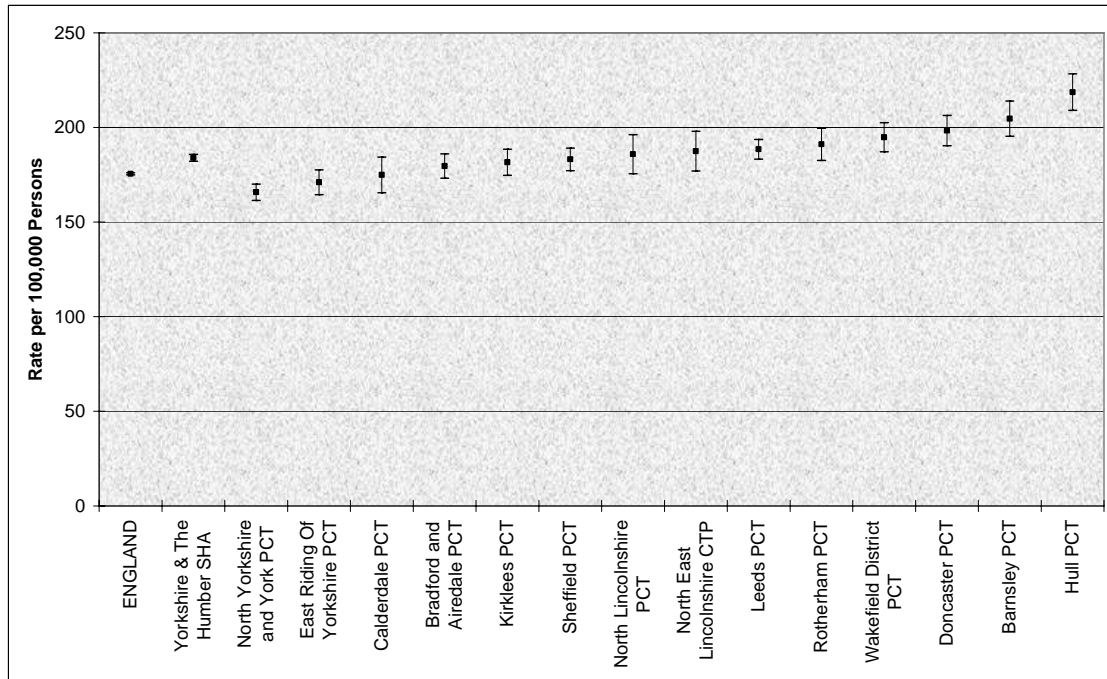


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 Data Source: ADDE

6.4.4 Regional Analysis

For persons (all ages), North East Lincolnshire has the 7th highest rate (187.44/100,000) of cancer mortality in the Yorkshire and the Humber region (see Figure 19). North East Lincolnshire has a higher rate than the regional (183.95/100,000) and national (175.55/100,000) rates, although the difference is not statistically significant.

Figure 19 Mortality rate per 100,000 from all cancers (C00-C97) among persons, all ages in the Yorkshire and the Humber SHA, by PCO, 2005-2007 (pooled data).



Data Source: *The Compendium of Clinical and Health Indicators*

For males, North East Lincolnshire has the 8th highest mortality rate from cancer in the Yorkshire and Humber region for 2005-2007 (pooled data). North East Lincolnshire (222.89/100,000) is higher than the regional (219.99/100,000) and national (210.17/100,000) average, although the difference is not statistically significant.

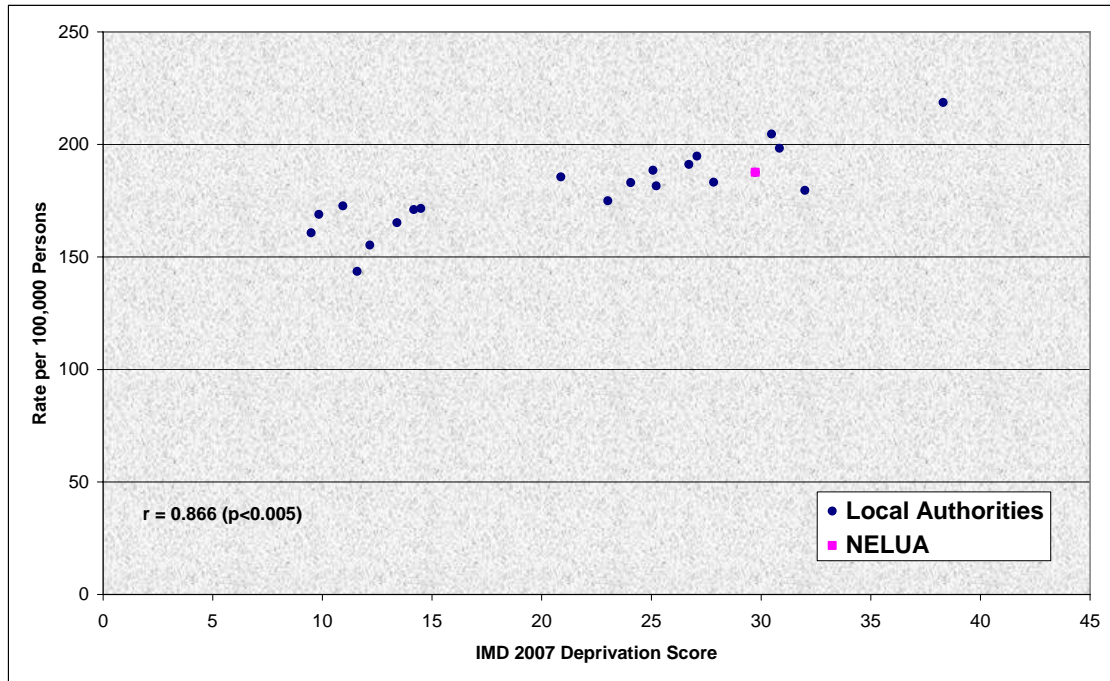
Although females have a lower rate of cancer deaths than males, locally, regionally and nationally, North East Lincolnshire has the 4th highest rate in the region. The rate for females in North East Lincolnshire (164.69/100,000) is higher than the rate for the Yorkshire and the Humber (159.25/100,000) and England (151.12/100,000), although there is no statistical significance.

6.4.5 Socioeconomic Inequalities

Spatial differences in cancer mortality rates within the Yorkshire & Humber region may be partially explained by levels of deprivation (Figure 20). For all persons and all persons under 75 (Figure 21) there is a positive correlation between IMD2007 deprivation scores and premature cancer mortality for local authorities within the region (Pearson's Correlation Coefficient = 0.866, $P < 0.005$, all persons, Pearson's Correlation Coefficient = 0.795, $P < 0.005$, under 75's).

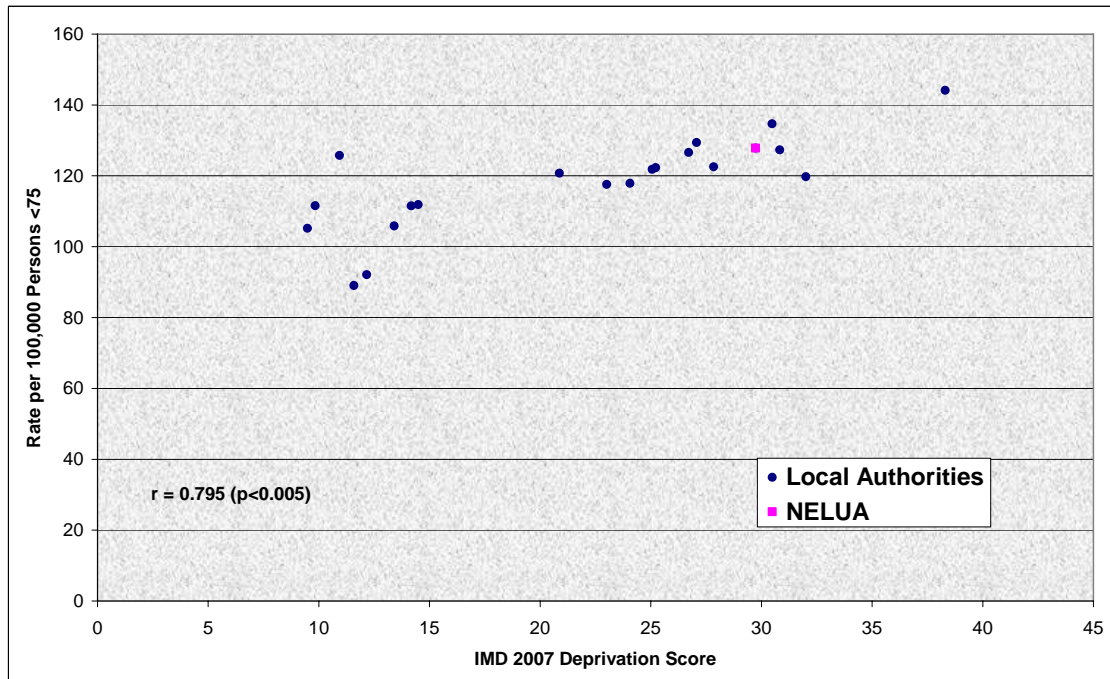
While those living in the most deprived areas are no more likely to get cancer than the rest of North East Lincolnshire they are more likely to die from cancer, this may be that those people living in the most deprived areas are presenting later with symptoms and so treatment may not be as successful.

Figure 20 The Relationship Between Cancer Mortality and Deprivation for LA Areas in the Yorkshire & Humber Region (2005-07)



Data Source: *The Compendium of Clinical and Health Indicators*

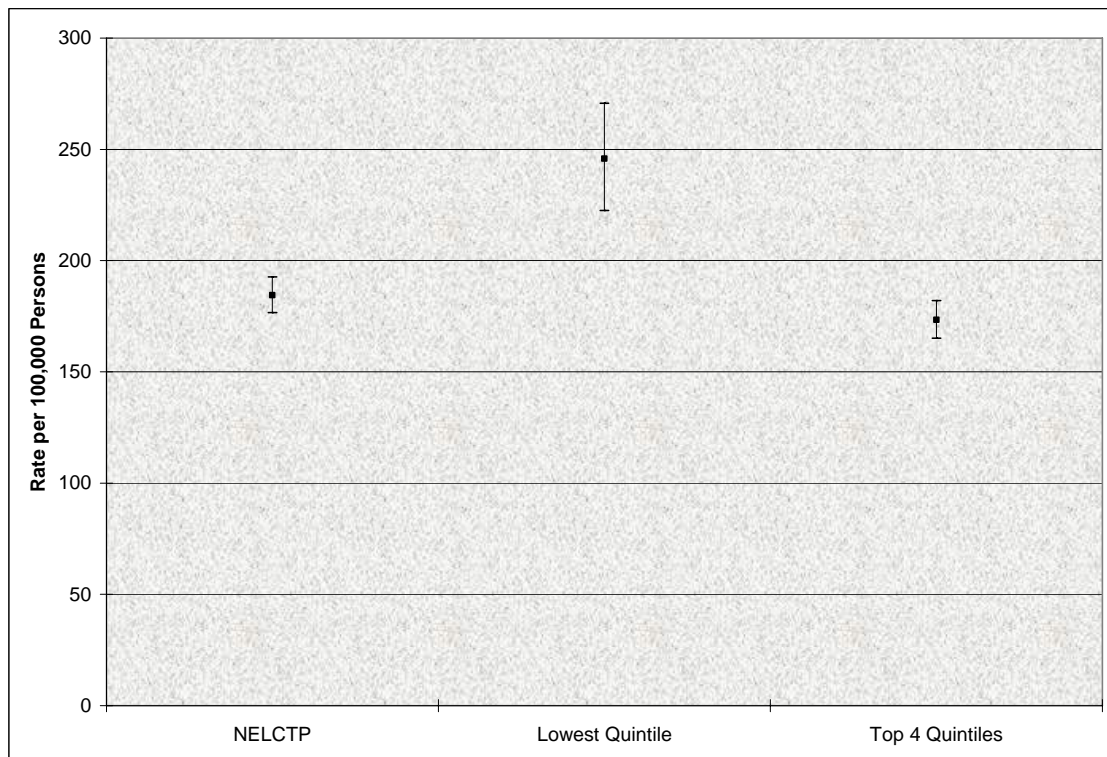
Figure 21 The Relationship Between Cancer Premature Mortality (**persons under 75**) and Deprivation for LA Areas in the Yorkshire & Humber Region (2005-07)



Data Source: *The Compendium of Clinical and Health Indicators*

Locally, there is also evidence of socioeconomic inequalities in cancer mortality. Those living in the 20% most deprived quintile with a mortality rate of 245.8/100,000 are significantly more likely to die of cancer than those living in the top 4 quintiles (173.5/100,000) and the average for North East Lincolnshire (184.5/100,000) see Figure 22

Figure 22 Cancer Mortality in North East Lincolnshire, most deprived 20% compared to the remaining 80% and NELCTP area, 2004-2008



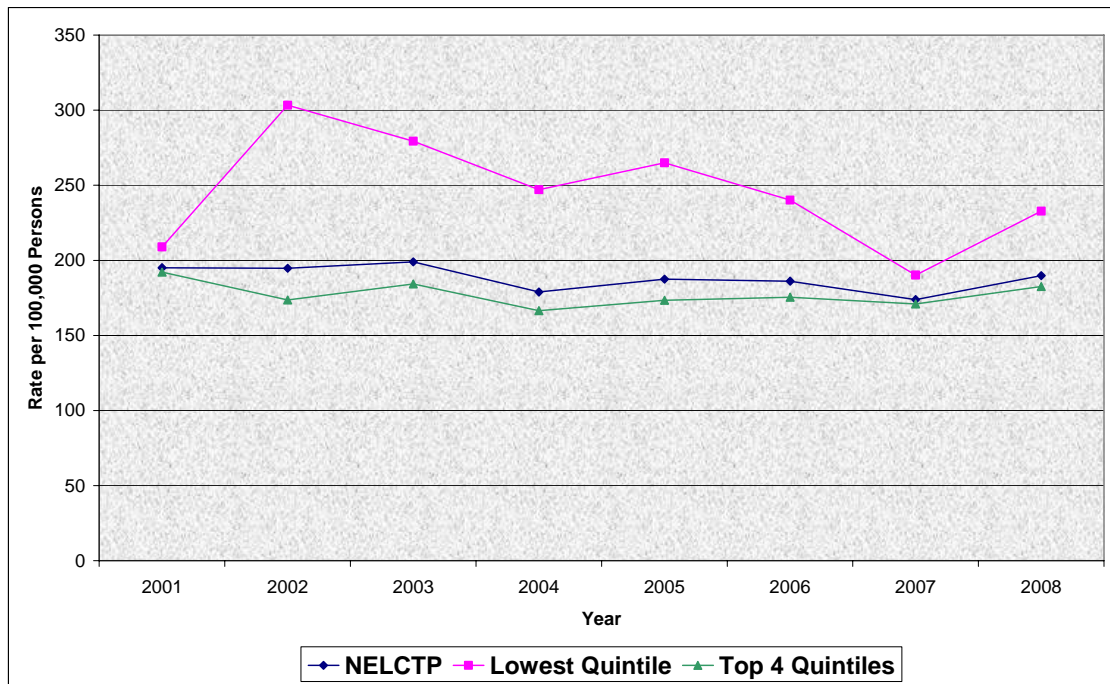
Data Source: ADDE

For males, those living in the lowest quintile (293.2/100,000) are significantly more likely to die of cancer than those living in the remaining 80% (209.5/100,000) and North East Lincolnshire as a whole (222.5/100,000). Although the rate for females is lower than for males, the same pattern can be seen when comparing socioeconomic inequalities. Females living in the 20% most deprived areas of North East Lincolnshire (209.3/100,000) are significantly more likely to die of cancer than those living in the 80% least deprived areas (146.7/100,000) and the whole of North East Lincolnshire (155.9/100,000).

Trend data shows that the mortality rate from all cancers has remained higher in the 20% most deprived areas of North East Lincolnshire compared to the remaining 80% and North East Lincolnshire as a whole. The trend line for the 20% most deprived area shows more fluctuation due to smaller numbers involved. The trend for North East Lincolnshire and the 80% least deprived areas declined slightly, with a decrease in the last year, although little has changed over the time period. While the gap between the

least deprived and most deprived narrowed each year since 2002, the last year has seen a larger increase in mortality in the most deprived areas, widening the inequalities gap. (see Figure 23).

Figure 23 Cancer Mortality in North East Lincolnshire, most deprived 20% compared to the remaining 80% and NELCTP area. Trend data 2001-2008



KEY POINTS - All cancers

- NEL has the 3rd lowest rate of cancer registrations in the Y&H region, however there are inequalities. Projections predict that NEL will continue to have a lower rate of cancer registrations than the Y&H and England.
- East Marsh Ward (the most deprived ward in NEL) has the highest death rate from all cancers in NEL and is statistically significantly more likely to die from cancer than the rest of NEL.
- NEL has the 3rd lowest rate of incidence in the region, the 5th lowest rate of prevalence but the 7th highest rate of death from all cancers (out of 14 PCOs in the Y&H SHA).
- People living in the most deprived areas are no more likely to get cancer, however they are statistically more likely to die from it.
- Regionally, people living in the most deprived PCOs are statistically more likely to die from cancer than the least deprived areas.

- In North East Lincolnshire, those living in the 20% most deprived areas are significantly more likely to die from cancer than those living in the top 80% and NEL as a whole.

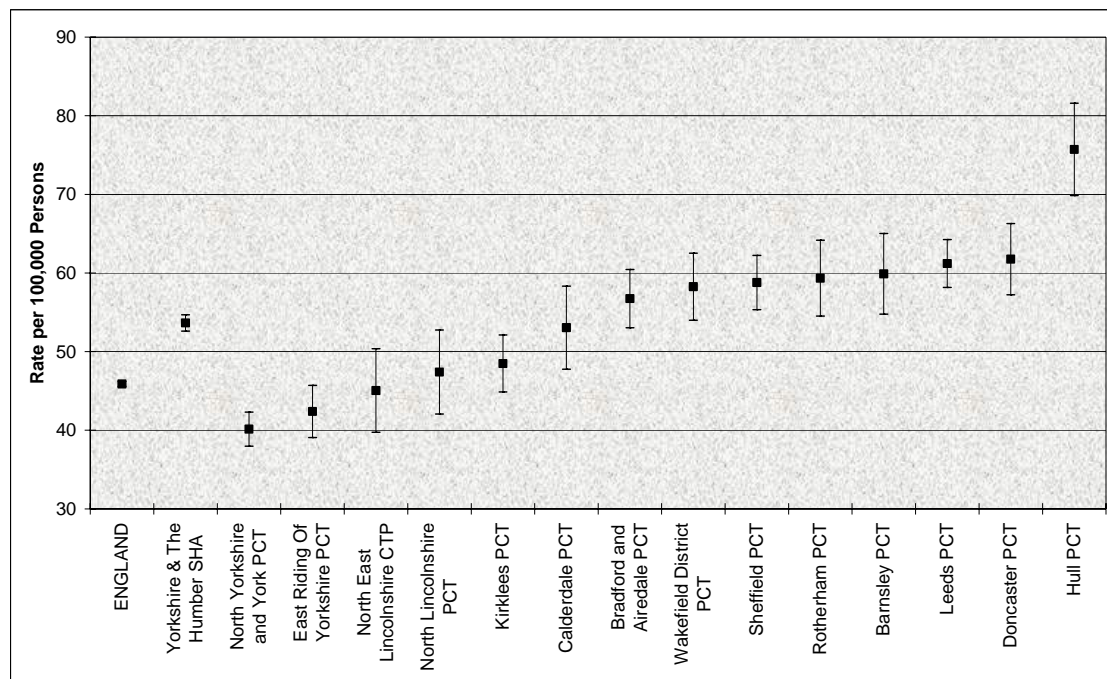
7.0 Lung Cancer

7.1 Incidence

Regional

NELCTP population has the third lowest rate of lung cancer registrations per 100,000 population for all persons in the Yorkshire and Humber SHA. The local rate (45.05/100,000) is significantly lower than the regional average (53.65/100,000), and is lower than the England average (45.89/100,000), although not significantly so (see Figure 24).

Figure 24 Lung cancer registrations in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2004-2006) - All Persons.



Data Source: *The Compendium of Clinical and Health Indicators*

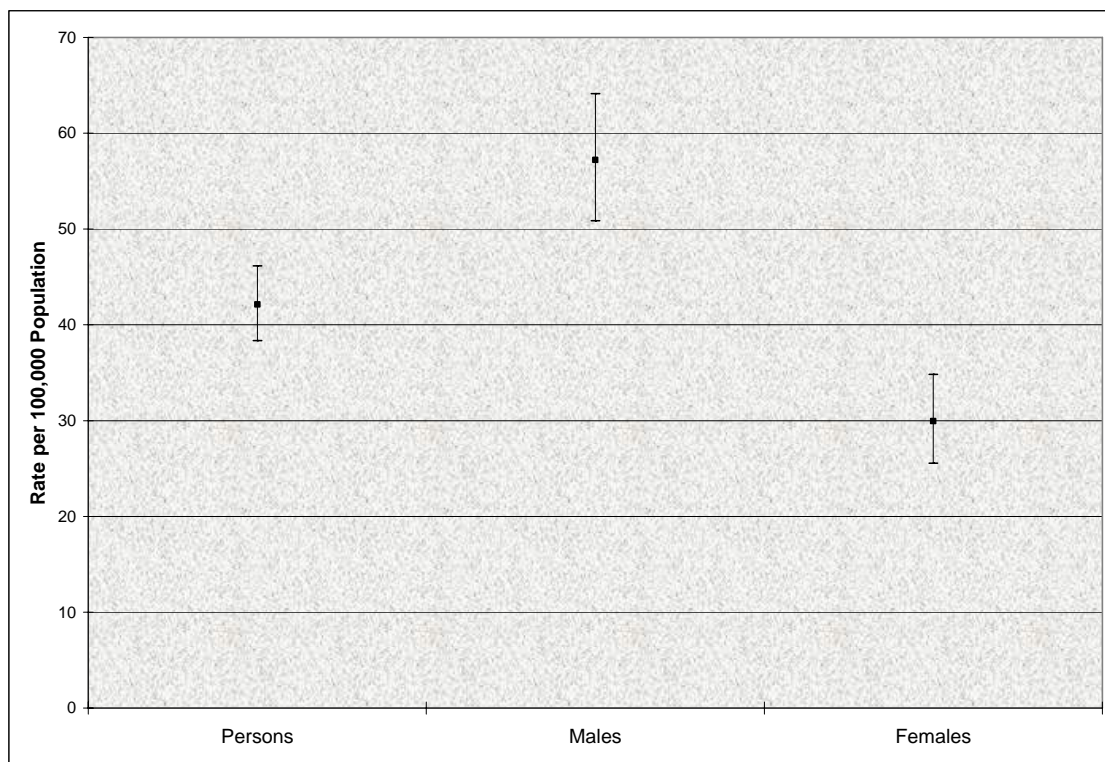
North East Lincolnshire (CTP population) has the fourth lowest rate of lung cancer registrations for males (61.32/100,000) within the Y&H SHA region, and the second lowest rate for females (32.14/100,000). The female rate is significantly lower than the Y&H SHA regional average (42.88/100,000).

7.2 Mortality

Inequalities – Gender

Between the years 2004-2008, lung cancer was the main cause of death for 494 people in North East Lincolnshire and was the leading cause of death from cancer in all persons. Lung cancer accounted for 304 deaths in males, 25.6% of all deaths from cancer and 190 deaths in females, 19.0% of all deaths from cancer. In North East Lincolnshire, males (57.2/100,000) are statistically significantly more likely to die of lung cancer than females (29.9/100,000), the mortality rate for males is also significantly higher than the areas average of 42.1/100,000, see Figure 25.

Figure 25 Mortality from lung cancer, 2004-2008 pooled data, by sex

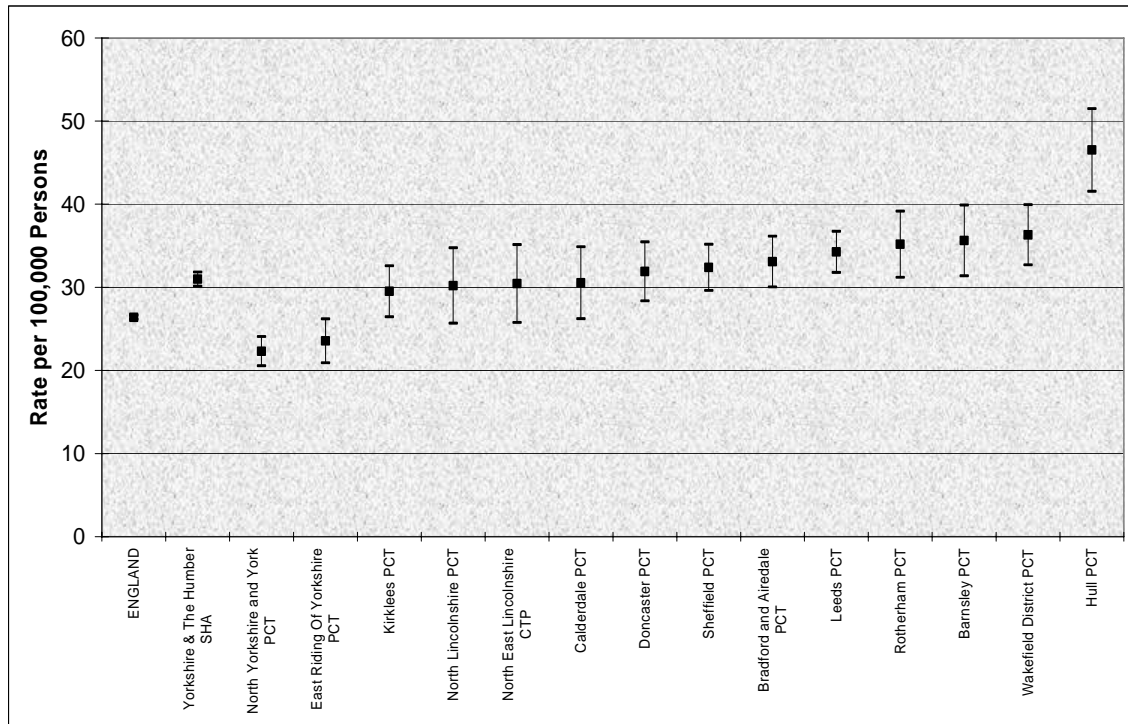


Data Source: ADDE

Regional

For persons aged under 75, the North East Lincolnshire Care Trust Plus area (30.44/100,000) was neither statistically significantly different to the England (26.39/100,000), or the Yorkshire & Humber SHA region (30.98/100,000) rates. The NELCTP area rate was the 5th lowest in the region (see Figure 26).

Figure 26 Premature Lung Cancer Deaths in Yorkshire and the Humber by PCO (2005-2007) – Persons (Aged 75 and Under)



Data Source: *Compendium of Indicators (NCHOD)*

For males, the NELCTP area rate (37.27/100,000) was neither statistically significantly different to the England (32.48/100,000) or the Yorkshire & Humber SHA region (36.93/100,000) rates. This rate was the 6th lowest of the PCOs within the region.

For females, the NELCTP area rate (24.22/100,000) was neither statistically significantly different to the England (20.76/100,000), or the Yorkshire & Humber SHA region (25.49/100,000) rates. The NELCTP area female rate was actually the 4th lowest within the region.

KEY POINTS - Lung Cancer

- Lung cancer is the leading cause of cancer death in both males and females in NEL, accounting for 26% of cancers deaths in males and 18% in females.
- Males in NEL are significantly more likely to die from lung cancer than females.

8.0 Colorectal Cancer

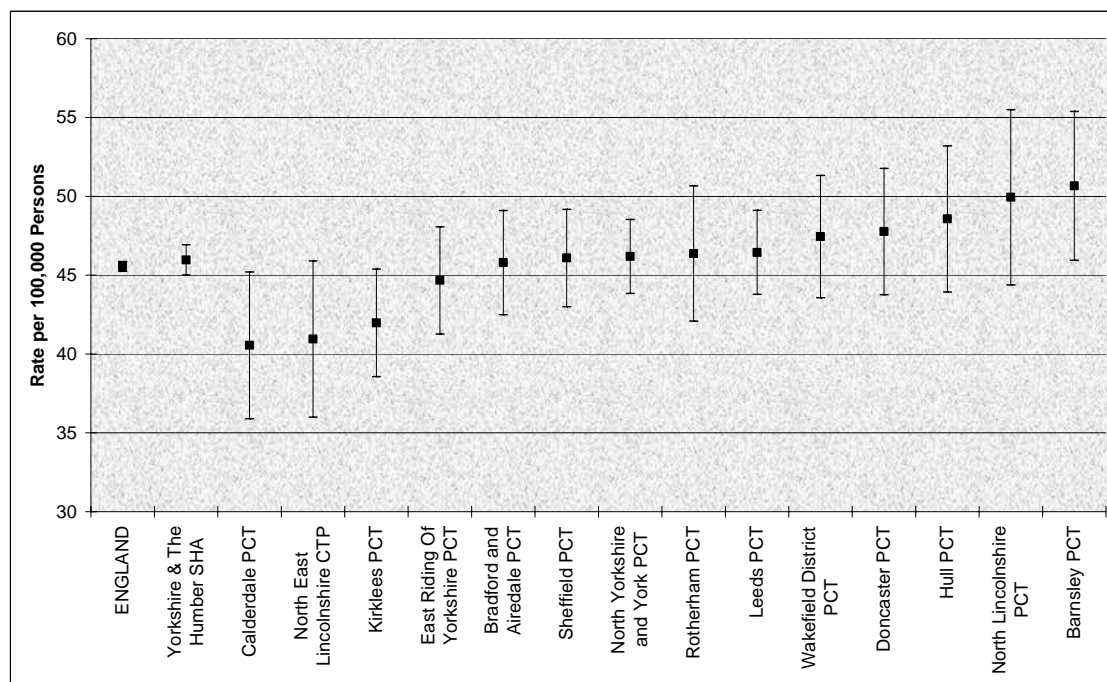
8.1 Incidence

Regional

North East Lincolnshire CTP population has the second lowest rate of colorectal cancer registrations within the Y&H SHA region. At 40.96/100,000 the rate is not significantly different to either the Y&H SHA regional average rate (45.97/100,000), or the England national average rate (45.55/100,000).

North East Lincolnshire CTP population has the lowest male rate of colorectal cancer registrations (50.08/100,000) within the Y&H SHA region, and the second lowest female rate (33.69/100,000). These rates are not significantly different to either the Y&H SHA regional or England national average rates.

Figure 27 Colorectal cancer registrations in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2004-2006) - All Persons.



Data Source: *The Compendium of Clinical and Health Indicators*

8.2 Mortality

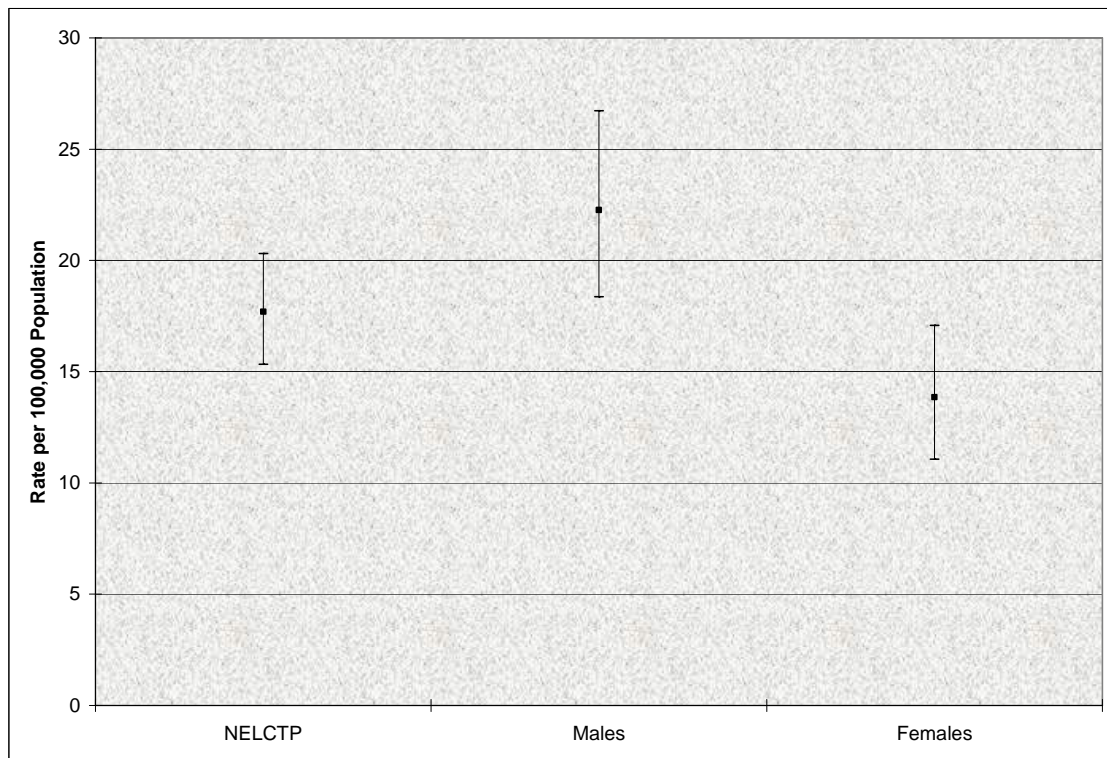
Inequalities - Gender

Colorectal cancer is the second most common cause of death from cancer for persons, overall and is the third most common cause of cancer mortality in males and females, accounting for 10% of all male deaths from cancer and 9.7% in females. For the years

2004-2008 220 deaths registered in North East Lincolnshire were directly from colorectal cancer.

Males (22.3/100,000) are significantly more likely to die from colorectal cancer than females (13.9/100,000) and although the rate for males is higher than the North East Lincolnshire rate (17.7/100,000), the difference is not statistically significant see Figure 28.

Figure 28 Deaths from colorectal cancer in North East Lincolnshire 2004-2008, by sex

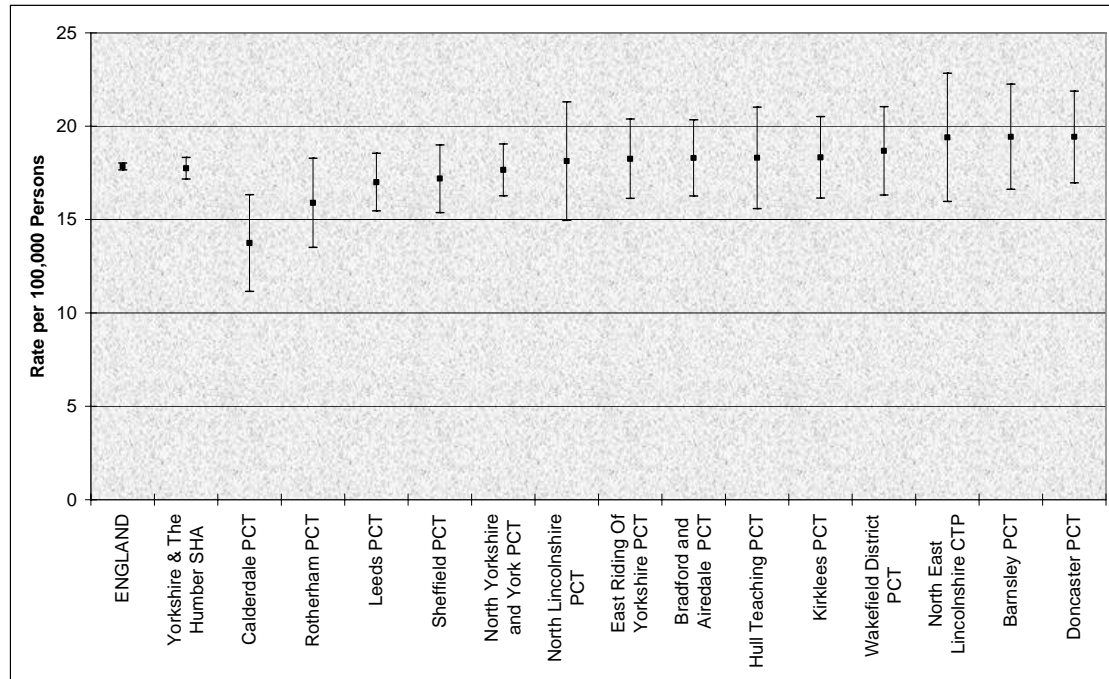


Data Source: ADDE

Regional

Although North East Lincolnshire has the second lowest incidence of colorectal cancer in the region, the same can not be said about the death rate as North East Lincolnshire has the third highest death rate from colorectal cancer for all persons in the Yorkshire and the Humber Strategic Health Authority. Although the North East Lincolnshire rate (19.40/100,000) is higher than the regional (17.75/100,000) and national rate (17.85/100,000), the difference is not statistically significant. See Figure 29.

Figure 29 Deaths from Colorectal Cancer in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2005-2007) - Persons.



Data Source: *The Compendium of Clinical and Health Indicators*

KEY POINTS - Colorectal cancer

- NEL has the second lowest rate of colorectal cancer in the region, however, the death rate from colorectal cancer in the third highest in the region.
- Colorectal cancer is the second most common cause of cancer death for all persons in NEL, males are significantly more likely to die from colorectal cancer than females.

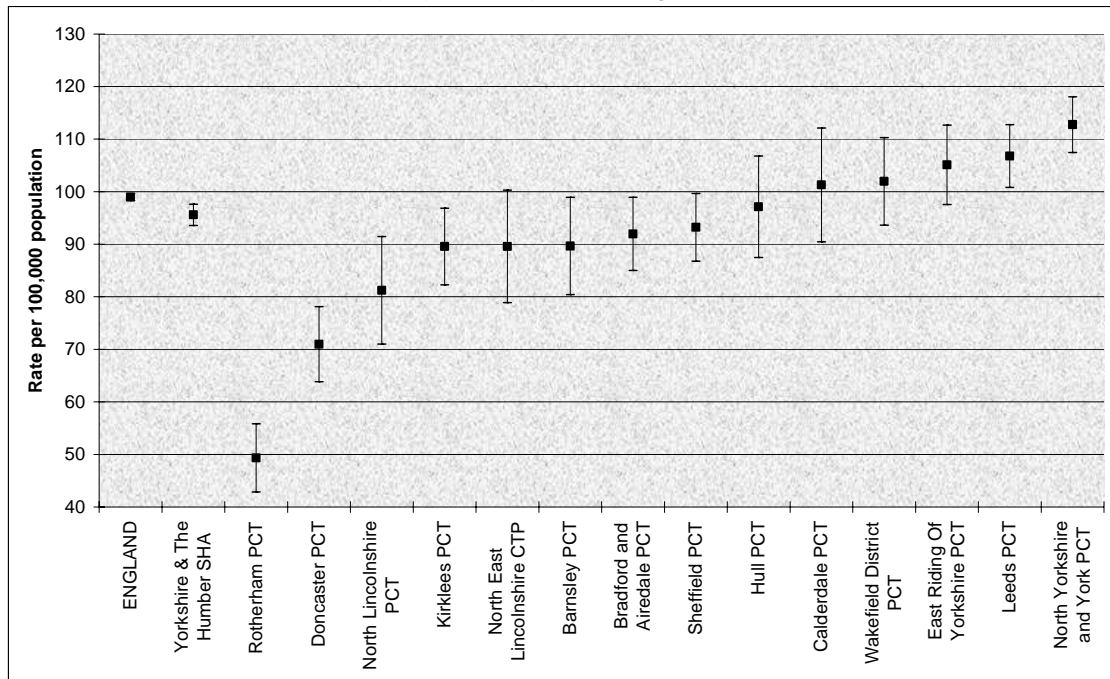
9.0 Prostate Cancer

9.1 Incidence

Regional

North East Lincolnshire CTP population has the fifth lowest rate of new prostate cancer registrations within the Yorkshire and the Humber region. At 89.57/100,000 the rate is not significantly different to either the regional average rate (95.59/100,000), or the England national average rate (98.98/100,000).

Figure 30 Prostate cancer registrations in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2004-2006) – Males



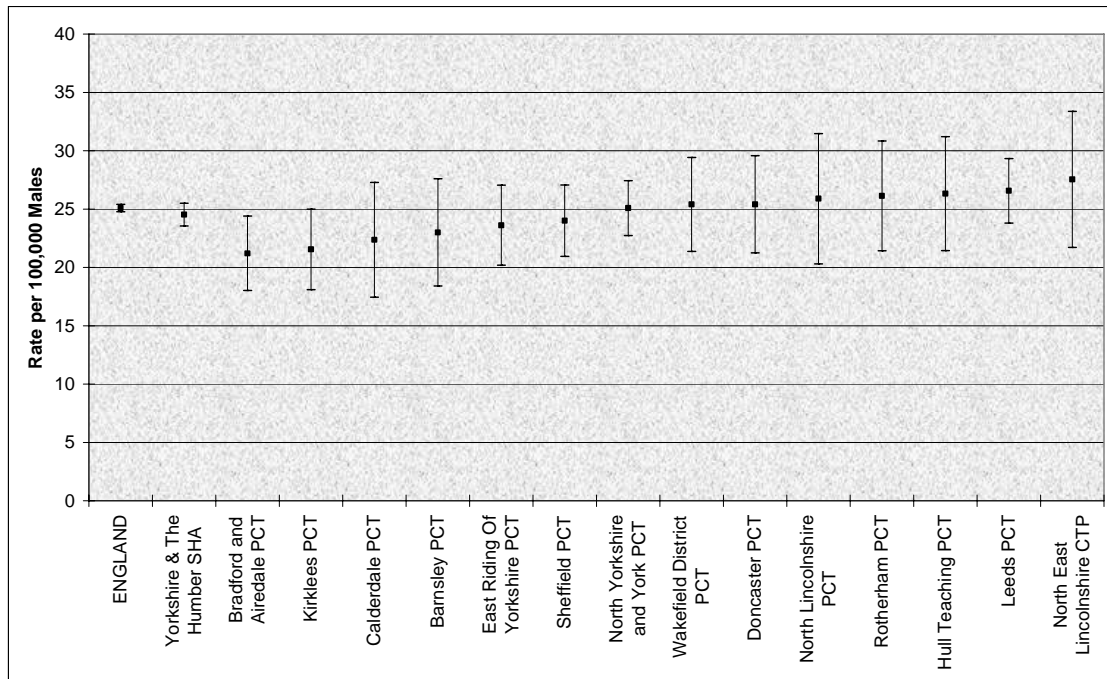
Data Source: *The Compendium of Clinical and Health Indicators*

9.2 Mortality

Regional

North East Lincolnshire has the highest death rate (27.54/100,000) from prostate cancer in the Yorkshire and the Humber region and is higher than the regional (24.52/100,000) and national (25.09/100,000) rates, however there is no statistical significance, see Figure 31.

Figure 31 Prostate Cancer Deaths in Yorkshire and the Humber SHA by PCO (2005-2007) - Males



Data Source: The Compendium of Clinical and Health Indicators

Socioeconomic

In 2004-2008 (5 years pooled data), 149 males (registered with a GP and resident in North East Lincolnshire CTP area) died from prostate cancer. The rate for the most deprived 20% of the population (23.4/100,000) was lower than the remaining 80% (27.8/100,000) and the area as a whole (27.7/100,000). However there was no significant difference between the rates.

KEY POINTS - Prostate Cancer

- NEL has the fifth lowest rate of prostate cancer registrations in the Y&H SHA, however the death rate is the highest in the region.

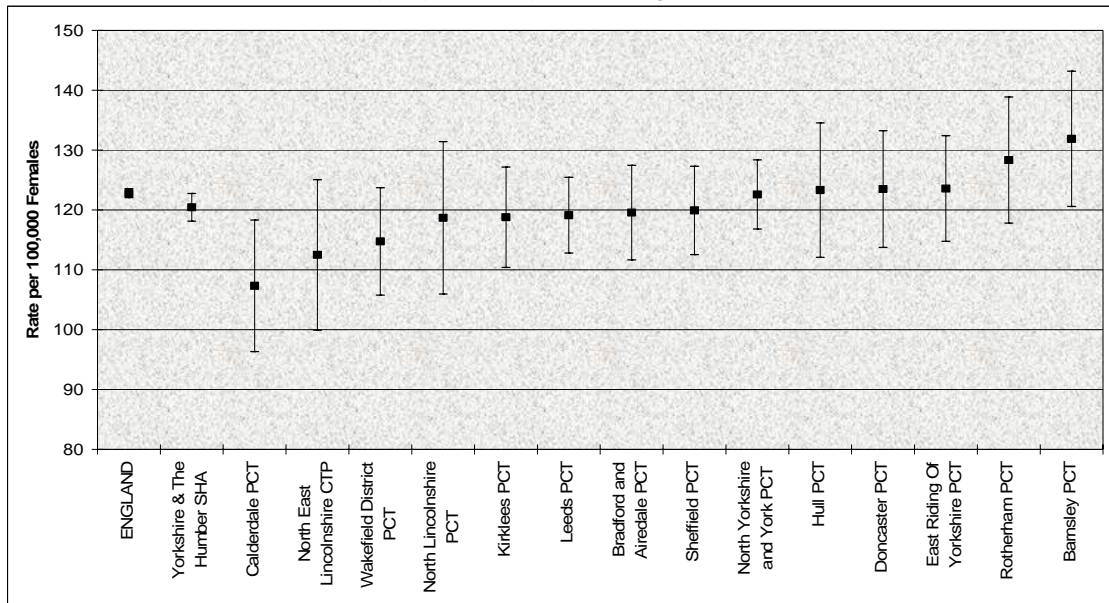
10.0 Breast Cancer (Females)

10.1 Incidence

Regional

North East Lincolnshire had the second lowest rate (112.50/100,000) of breast cancer registrations per 100,000 females in the Yorkshire and Humber SHA and is lower than the regional (120.45/100,000) and the national average (122.81/100,000), although the difference is not statistically significant, see Figure32.

Figure 32 Breast cancer registrations in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2004-2006) - Females.



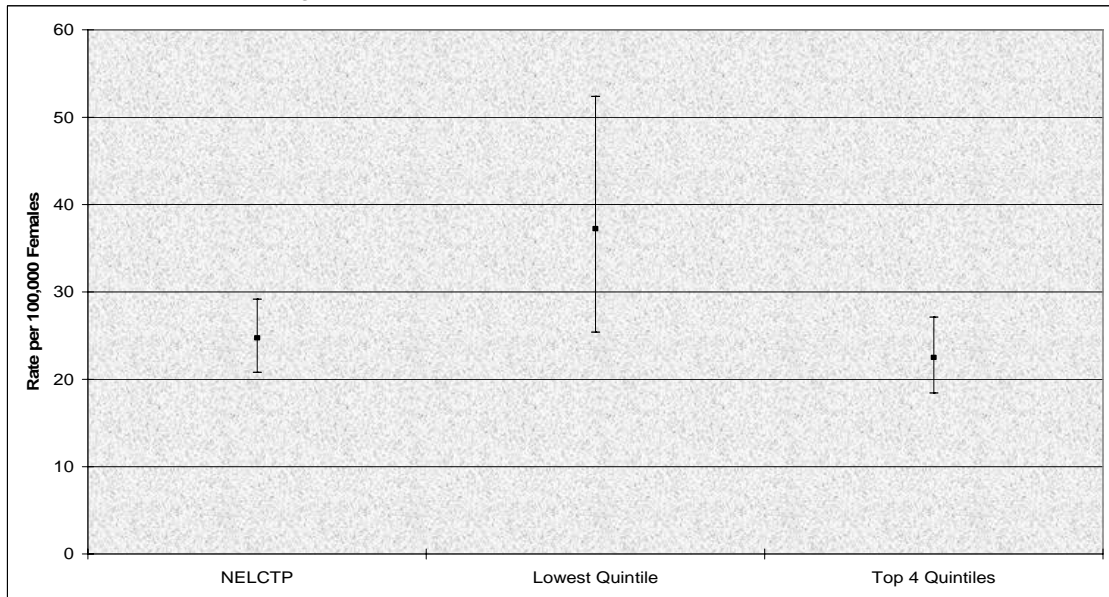
Data Source: *The Compendium of Clinical and Health Indicators*

10.2 Mortality

Inequalities socioeconomic

Females living in the 20% most deprived areas of North East Lincolnshire (37.2/100,000) are more likely to die from breast cancer than the remaining 80% (22.5/100,000) and the area as whole (24.7/100,000), however there is no statistical difference.

Figure 33 Breast cancer Mortality in the NEL most deprived 20% compared to the remaining 80% and NELCTP area (2004-2008) - Females.

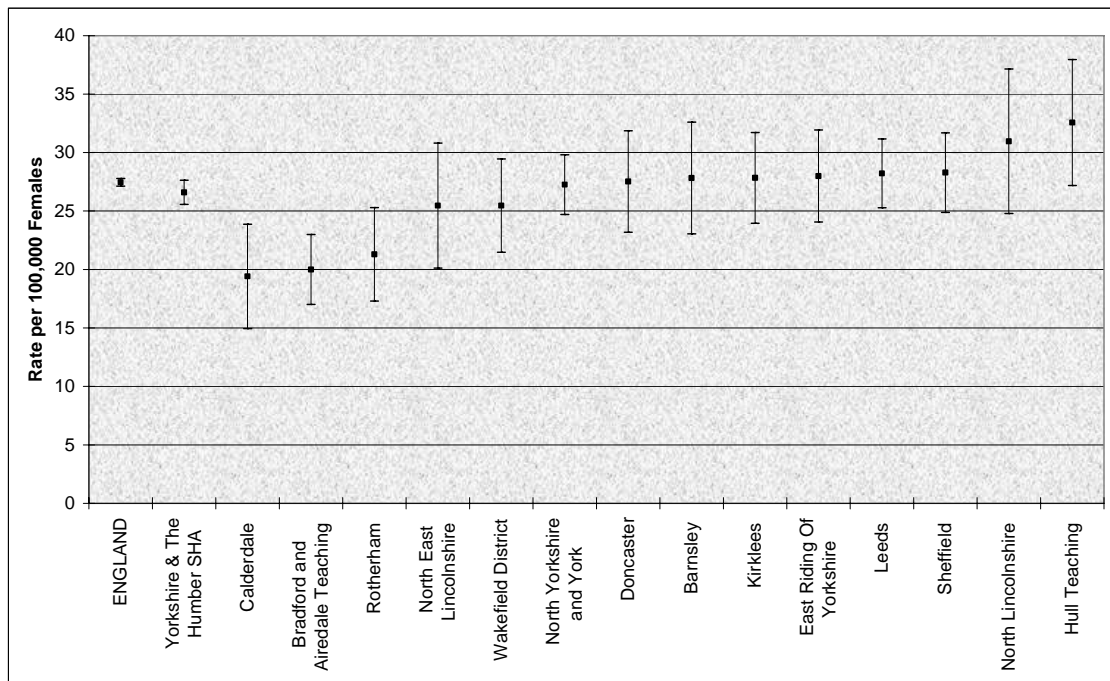


Data Source: *ADDE*

Regional

North East Lincolnshire (25.5/100,000) has the 4th lowest death rate from breast cancer amongst females of all ages in the Yorkshire and the Humber SHA and is lower than both the regional (26.6/100,000) and national rate (27.5/100,000), although the difference is not statistically significant, see Figure 34, below.

Figure 34 Breast Cancer Deaths in Yorkshire and the Humber SHA by PCO (2005-2007) - Females



Data Source: *The Compendium of Clinical and Health Indicators*

KEY POINTS – Breast Cancer

- North East Lincolnshire has the 2nd lowest rate of breast cancer incidence in the Yorkshire and Humber region, although there is no statistical difference between local and regional rates.
- Women living in the most deprived 20% areas in North East Lincolnshire are more likely to die from breast cancer than the remaining 80%, however there is no statistical difference.

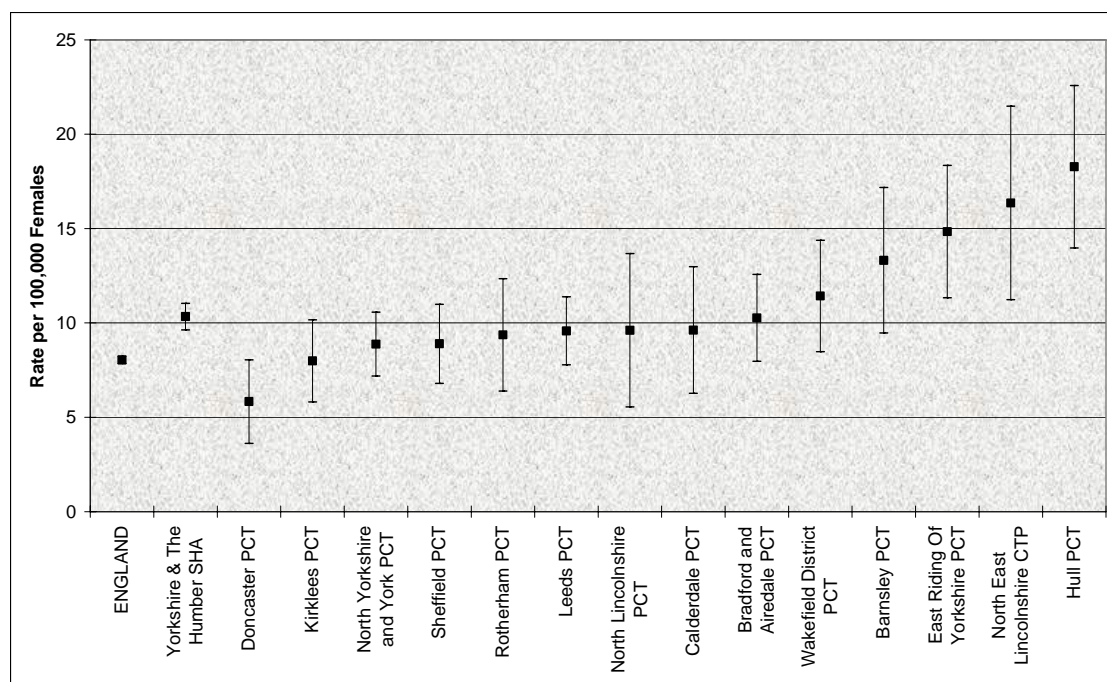
11.0 Cervical Cancer

11.1 Incidence

Inequalities- Regional

North East Lincolnshire has the second highest rate of new cervical cancer registrations in the Yorkshire and Humber region. The rate for North East Lincolnshire (16.36/100,000) is significantly higher than both the regional (10.34/100,000) and national rate (8.04/100,000), see Figure 35.

Figure 35 Cervical cancer registrations in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2004-2006) – Females.



Data Source: *The Compendium of Clinical and Health Indicators*

11.2 Mortality

Socioeconomic

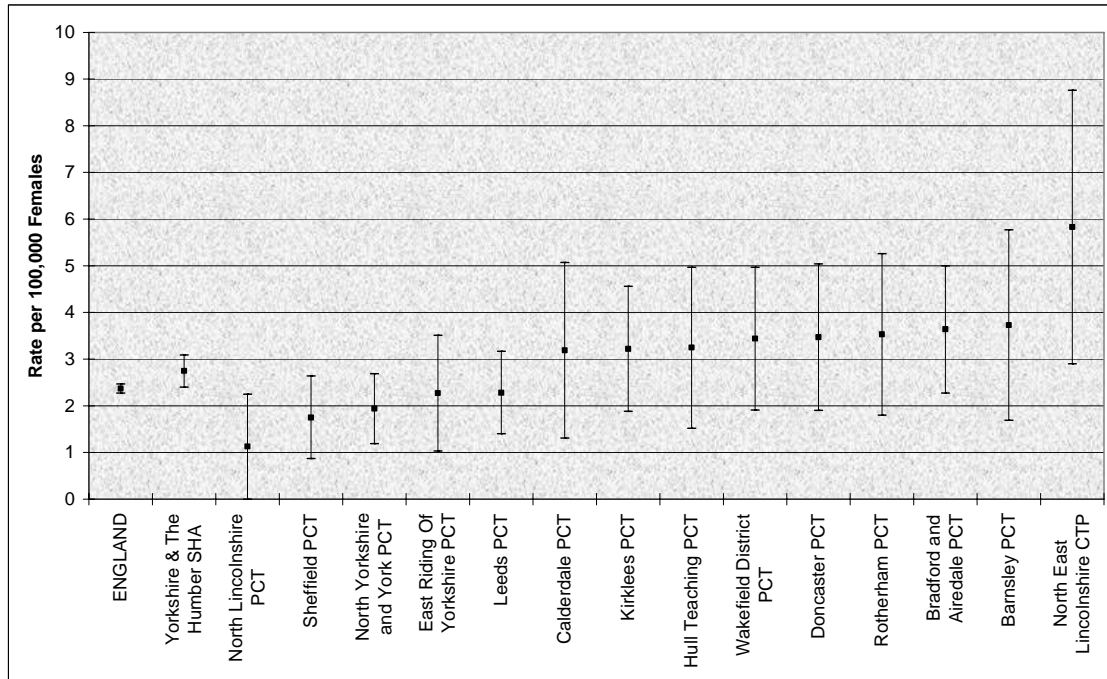
Between the years 2004-2008, 23 females registered with a GP and resident in North East Lincolnshire died from cervical cancer, due to the small numbers involved it is not possible to analyse cervical cancer deaths by deprivation area.

Inequalities – Regional

North East Lincolnshire has the highest rate of deaths from cervical cancer in the Yorkshire and the Humber region. The death rate for North East Lincolnshire (5.83/100,000) is higher than the regional rate (2.75/100,000) and significantly higher

than the national rate (2.37/100,000). Confidence intervals are wide due to small numbers. (See Figure 36, below)

Figure 36 Deaths from cervical in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2005-2007) – Females.



Data Source: *The Compendium of Clinical and Health Indicators*

KEY POINTS - Cervical Cancer

- North East Lincolnshire has the second highest incidence of cervical cancer in the region and the highest rate of death from cervical cancer.
- The death rate from cervical cancer in NEL is significantly higher than the England rate.

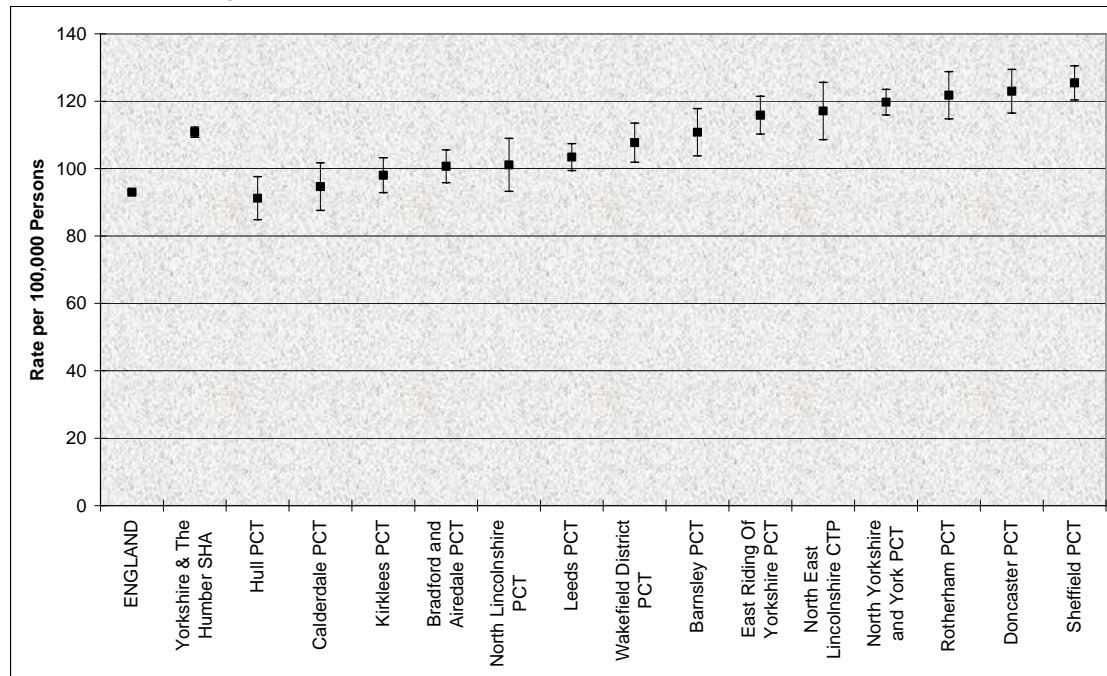
12.0 Skin Cancer (other than malignant melanoma)

12.1 Incidence

Inequalities – Regional

North East Lincolnshire has the fifth highest rate per 100,000 population of new skin cancer registrations (other than malignant melanoma) in the Yorkshire and Humber region. The rate for the NELCTP population (117.10/100,000) is significantly higher than the England rate (93.01/100,000) and higher, but not significantly higher than the Yorkshire and the Humber rate (110.78/100,000), see Figure 37.

Figure 37 Skin cancer registrations (other than malignant melanoma) in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2004-2006) – All Persons.



Data Source: *The Compendium of Clinical and Health Indicators*

For males, North East Lincolnshire (CTP population) has the seventh highest rate of new skin cancer registrations (other than malignant melanoma) (134.14/100,000) within the Y&H SHA region and is slightly lower than the regions average, however the local rate is significantly higher than the national average (114.67/100,000).

Females have the second highest rate of new skin cancer registrations (other than malignant melanoma) (106.37/100,000) in the region and is significantly higher than both the Y&H SHA regional average rate (92.95/100,000) and the England national average rate (76.75/100,000).

12.2 Mortality

Socioeconomic

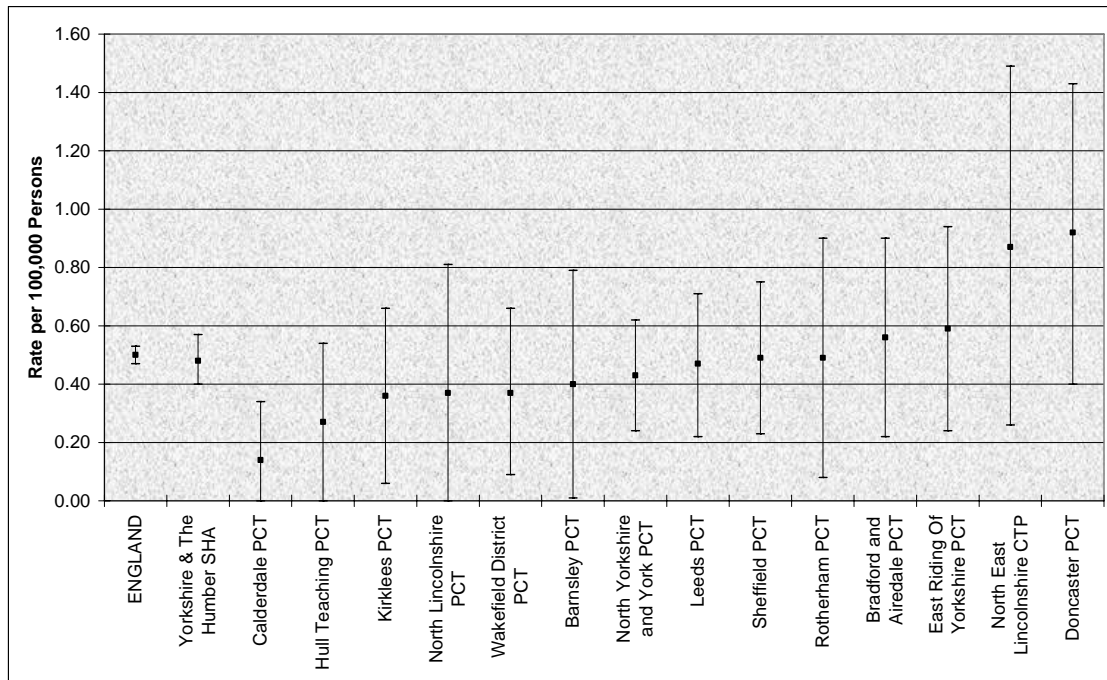
Between the years 2004-2008, 11 people registered with a GP and resident in North East Lincolnshire died from skin cancer (non melanoma), due to the small numbers involved it is not possible to analyse skin cancer deaths by deprivation area.

Regional

North East Lincolnshire has the second highest death rate from skin cancer (other than malignant melanoma) in the region, however numbers are very low (8 deaths in 3 years of pooled data). Although North East Lincolnshire (0.87/100,000) has a higher rate than

the Yorkshire and the Humber (0.48/100,000) and England (0.50/100,000), confidence intervals are wide and there are no significant differences.

Figure 38 Deaths from skin cancer (other than malignant melanoma) in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2005-2007) – All Persons.



Data Source: *The Compendium of Clinical and Health Indicators*

Males in North East Lincolnshire have the second highest death rate from skin cancer other than malignant melanoma in the Yorkshire and the Humber region. Locally (1.00/100,000), the rate is higher than the regional (0.72/100,000) and national average (0.74/100,000), although the confidence intervals are large due to small numbers and there are no significant differences. Females in North East Lincolnshire (0.83/100,000) had the highest death rate from skin cancer other than malignant melanoma in the region and although higher than the Yorkshire and the Humber (0.34/100,000) and England rate (0.34/100,000) the difference is not statistically significant.

KEY POINTS - Skin Cancer (other than malignant melanoma)

- NEL has the fifth highest rate of new skin cancer (other than malignant melanoma) in the Y&H region and the second highest death rate.

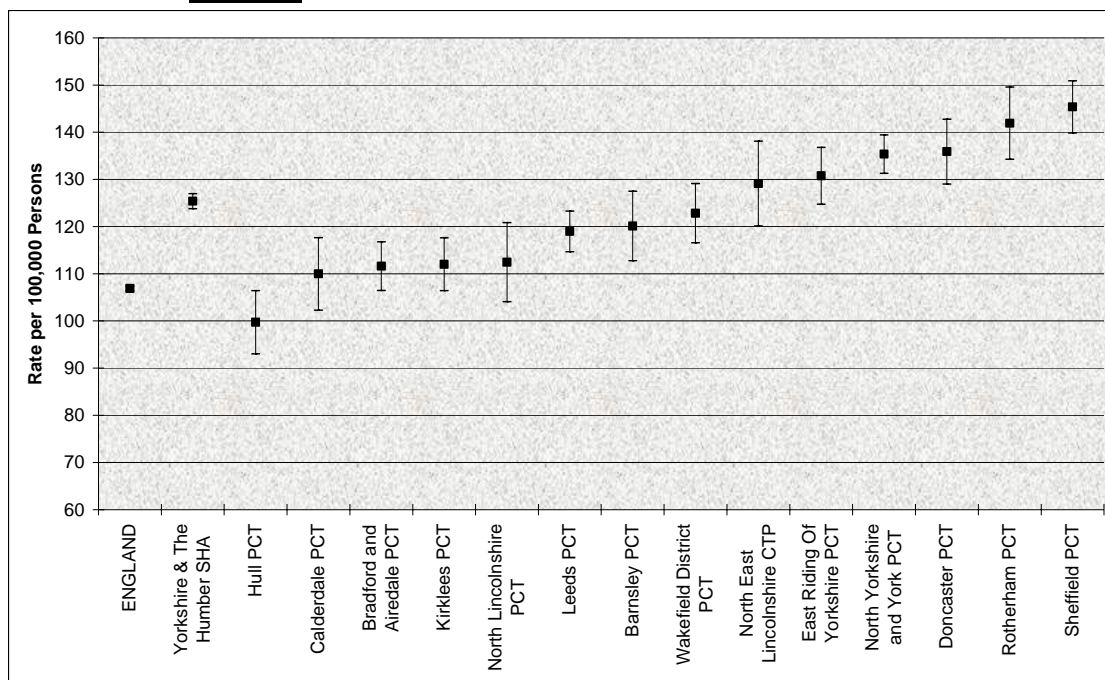
13.0 Malignant Melanoma

13.1 Incidence

Inequalities Regional

North East Lincolnshire has the sixth highest rate of new skin cancer registrations in the region. The person's rate for North East Lincolnshire (129.13/100,000) is significantly higher than the England rate (106.91/100,000) and higher than the regional rate (125.40/100,000), although the difference is not statistically significant, see Figure 39.

Figure 39 Skin cancer registrations in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2004-2006) – All Persons.



Data Source: *The Compendium of Clinical and Health Indicators*

For males, North East Lincolnshire ranks 7th highest in the region for new skin cancer registrations and has a significantly higher rate (146.75/100,000) than the England average (128.04/100,000). Females in the NELCTP area rank 3rd highest in the Yorkshire and the Humber region and have a significantly higher rate of new cancer registrations (118.09/100,000) than England (91.37/100,000).

13.2 Mortality

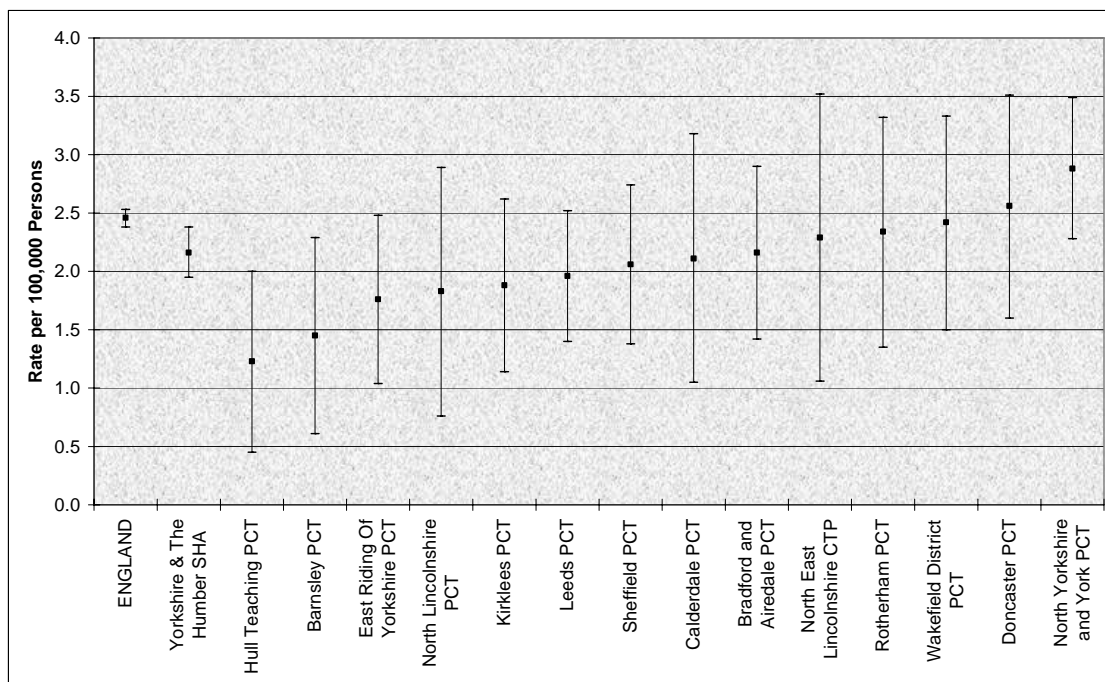
Socioeconomic

Between the years 2004-2008, 22 people registered with a GP and resident in North East Lincolnshire died from malignant melanoma, due to the small numbers involved it is not possible to analyse skin cancer deaths by deprivation area.

Regional

North East Lincolnshire has the fifth highest death rate from malignant melanoma in the Yorkshire and the Humber region for persons of all ages. The rate for North East Lincolnshire (2.29/100,000) is slightly higher than the regional rate (2.16/100,000) but lower than the national rate (2.46/100,000) however, numbers involved are small and there are no significant differences between North East Lincolnshire and the national and regional rates (see Figure 40).

Figure 40 Deaths from malignant melanoma in the Yorkshire and the Humber Strategic Health Authority, by Primary Care Organisation (2005-2007) – All Persons.



Data Source: *The Compendium of Clinical and Health Indicators*

Males in North East Lincolnshire have the 4th highest mortality rate from malignant melanoma in the Yorkshire and the Humber region. The local rate for males higher than the Yorkshire and the Humber rate is just slightly higher than the England rate. The rate for females is lower than for males, locally, regionally and nationally. The rate for females in North East Lincolnshire (1.45/100,000) is the 5th lowest in the region and is lower than the England (1.99/100,000) and the Yorkshire and the Humber rate (1.84/100,000).

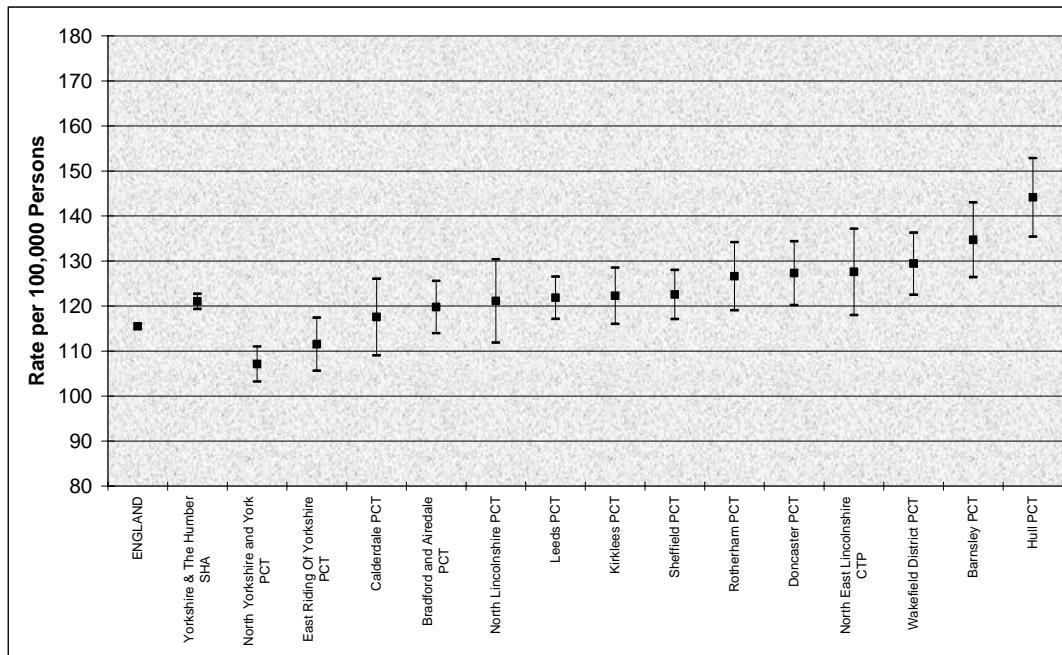
14.0 Premature Mortality

14.1 Premature Mortality - All Cancers

People in North East Lincolnshire CTP area (127.59/100,000) are significantly more likely to die prematurely (under the age of 75) from cancer than England average (115.48/100,000). Approximately 64% of the PCOs within the Yorkshire & Humber SHA

had rates statistically significantly higher than England, only North Yorkshire & York PCT had a rate statistically significantly lower. Regionally, North East Lincolnshire has the 4th highest rate and although the local rate is higher than the regional rate the difference is not statistically significant (121.02/100,000). (See Figure 41 below).

Figure 41 Directly Age Standardised Rates for All Cancers Mortality for Persons (Aged Under 75) in England, Yorkshire & Humber SHA and the 14 PCOs in the Yorkshire and Humber Region (2005-07)



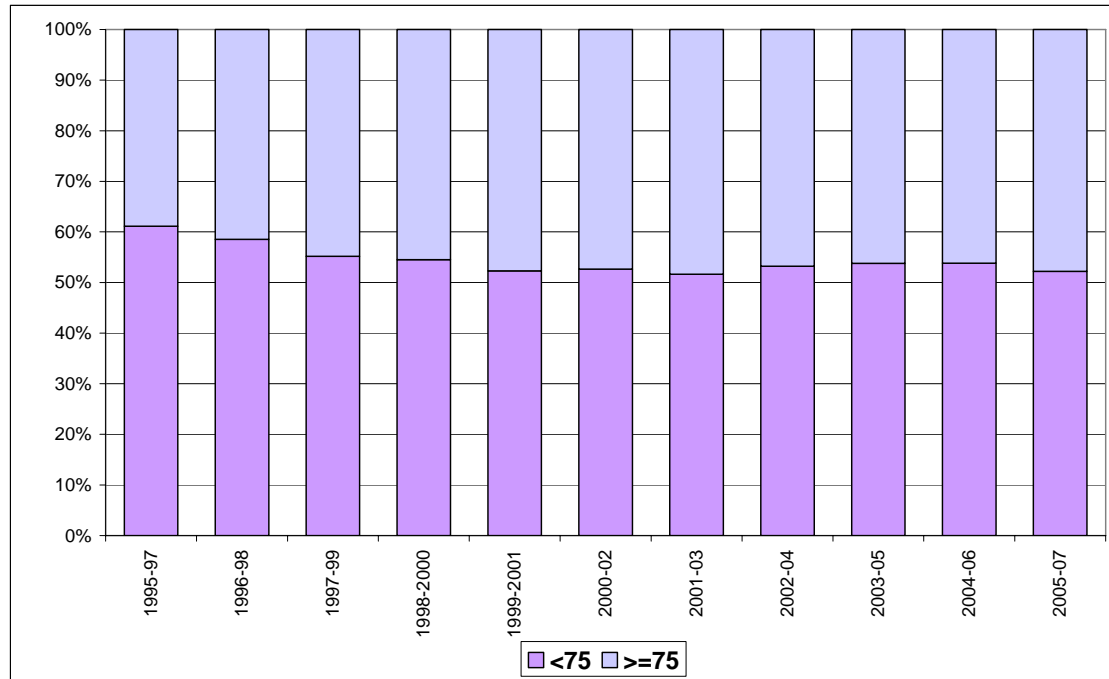
Data Source: Compendium of Indicators (NCHOD)

For males, the NELCTP area male rate (138.64/100,000) was not significantly different to either the England (128.25/100,000) or the Yorkshire & Humber SHA (133.45/100,000) rates. It was the 6th highest rate within the region though around a third of the PCOs in the SHA were statistically significantly higher than England.

For females, the NELCTP area female rate (118.02/100,000) was statistically significantly higher than the England (103.94/100,000) rate, but not significantly different to the Yorkshire & Humber SHA (109.82/100,000) rate. The NELCTP area rate was the 3rd highest in the region.

The proportion of people dying prematurely from cancer has decreased over time in North East Lincolnshire from 61% in 1995/97 to 52% in 2005/07 (see Figure 42). Although North East Lincolnshire has seen a bigger decrease in the proportion of under 75s dying from cancer than the NYCRIS (56% in 1995/97 to 50% in 2005/07), North East Lincolnshire still has a bigger proportion of premature deaths over all.

Figure 42 North East Lincolnshire Care Trust Plus: all cancers excluding non melanoma skin cancer, proportion of deaths by age group - all persons



Data Source: NYCRIS

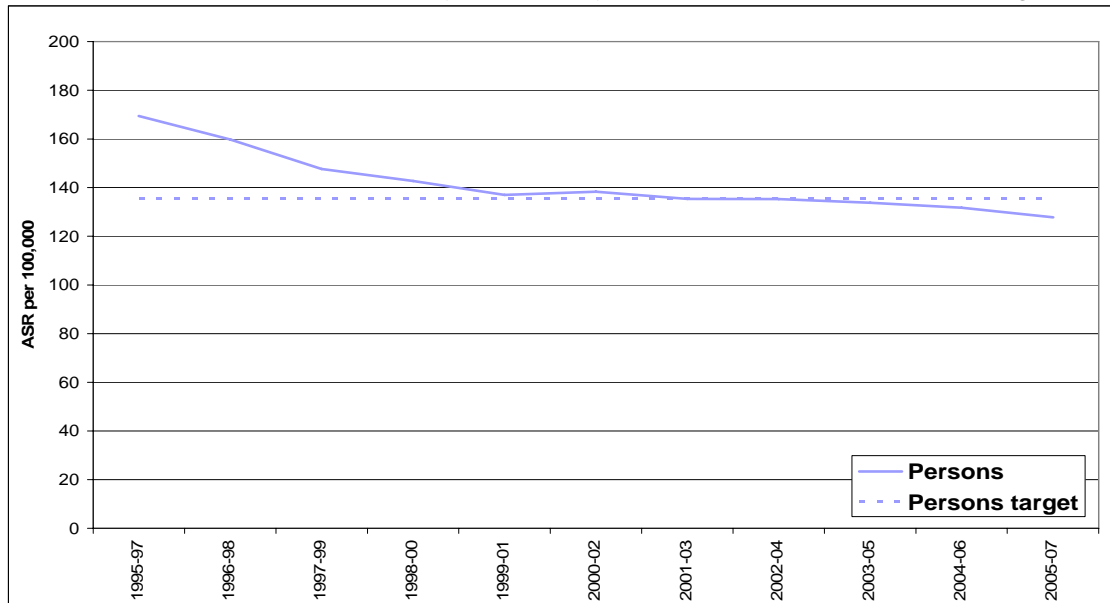
The proportion of premature deaths from all cancers (excluding non melanoma skin cancer) for males in North East Lincolnshire has declined since 1995/97 from 63% to 53% in 2005/07, a bigger decrease than the NYCRIS (58% in 1995/97 to 51% in 2005/07), although the proportion of premature mortality from cancer is still lower for the NYCRIS than in North East Lincolnshire.

The proportion of premature deaths from all cancers (excluding non melanoma skin cancer) for females in North East Lincolnshire has decreased by 8% from 59% in 1995/97 to 51% in 2005/07, a larger increase than the NYCRIS (6%), however the overall proportion of premature mortality continues to be lower in the NYCRIS (54% in 1995/97, 48% in 2005/07) than in North East Lincolnshire.

Trends and targets

For persons, since 1995/97, the premature mortality rate (under 75s) for all cancers (excluding non melanoma skin cancer) has declined in North East Lincolnshire, meeting and exceeding the PSA targets, see Figure 43.

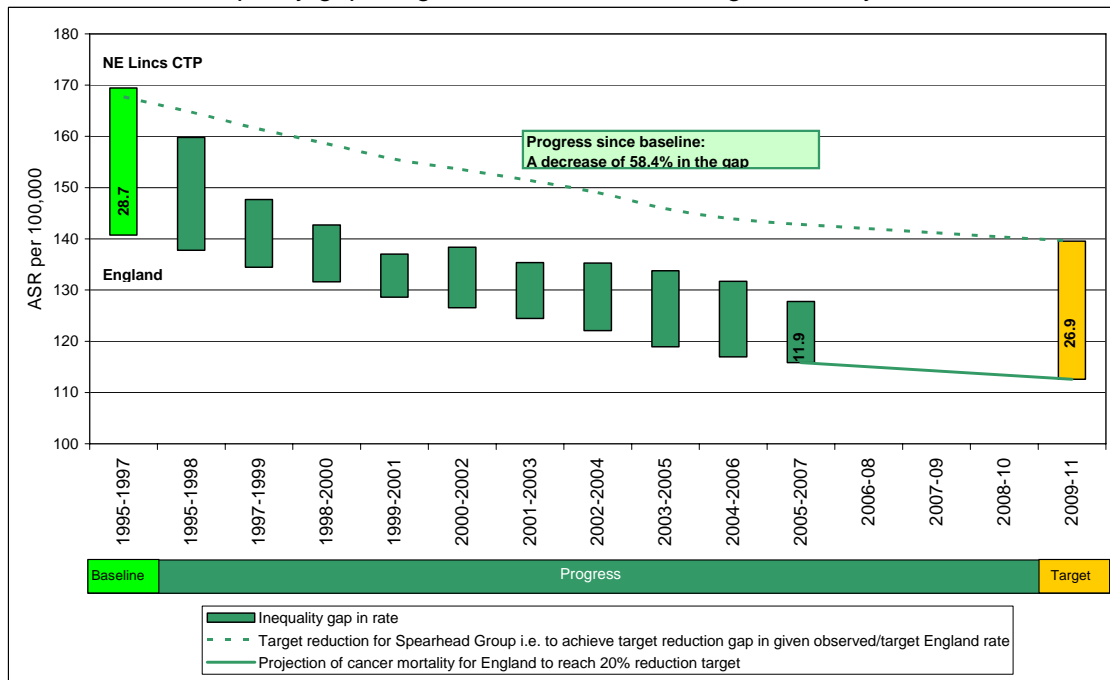
Figure 43 North East Lincolnshire Spearhead PCO, all cancers (excl non melanoma skin cancer) mortality, under 75 years, trend in relation to PSA target



Data Source: NYCRIS

Figure 44 Shows cancer mortality in North East Lincolnshire compared to England. The inequalities gap between North East Lincolnshire and England has decreased by 58.4% since the baseline year 1995/97 and it is predicted that the 2009/11 target will be met.

Figure 44 Cancer mortality in North East Lincolnshire all persons under age 75 - inequality gap, England 1995-2007 and target for the year '2010'

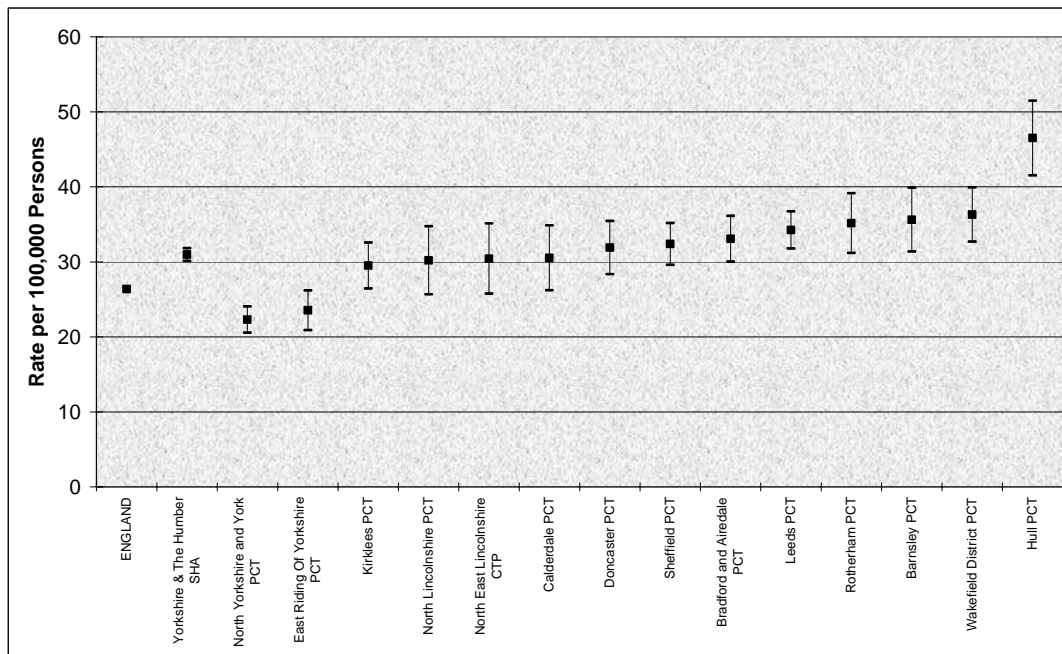


Data Source: NYCRIS

14.2 Premature Mortality- Lung Cancer

North East Lincolnshire has the 5th lowest premature mortality rate from lung cancer in the region. The local rate (30.44/100,000) was neither statistically significantly different to the national (26.39/100,000), or regional (30.98/100,000) rates.

Figure 45 Directly Age Standardised Rates for Lung Cancer Mortality for Persons (Aged Under 75) in England, Yorkshire & Humber SHA and the 14 PCOs in the Yorkshire and Humber Region (2005-07)



Data Source: Compendium of Indicators (NCHOD)

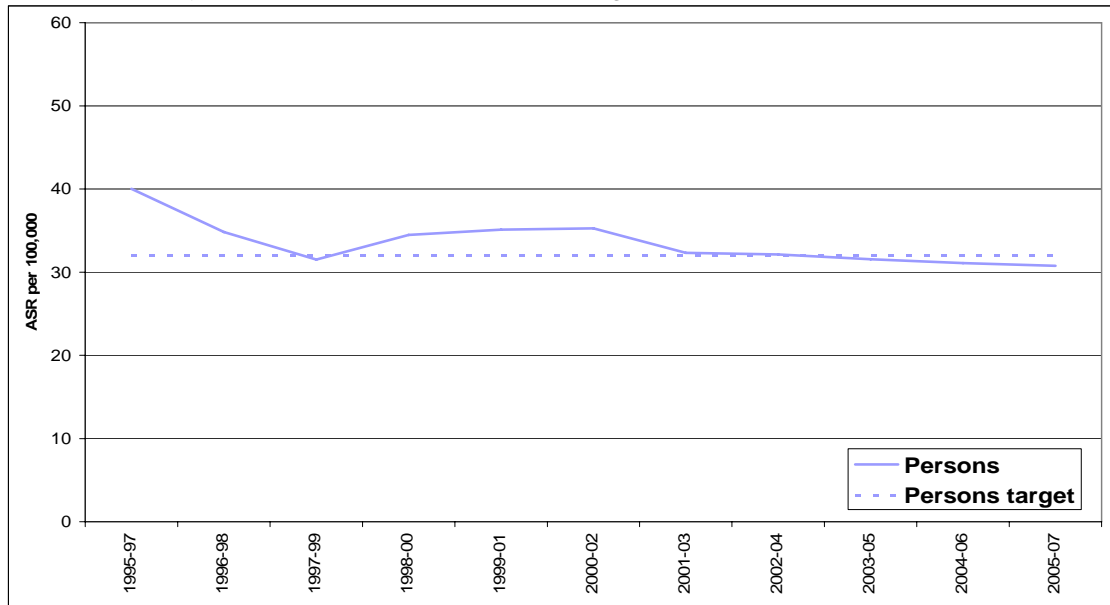
For males, the NELCTP area male rate (37.27/100,000) was neither statistically significantly different to the England (32.48/100,000) or the Yorkshire & Humber SHA region (36.93/100,000) rates. This rate was the 6th lowest of the PCOs within the region.

For females, the situation is similar to that for all persons and for males. The NELCTP area female rate (24.22/100,000) was neither statistically significantly different to the England (20.76/100,000), or the Yorkshire & Humber SHA region (25.49/100,000) rates. The NELCTP area female rate was the 4th lowest within the region.

Trends and Targets

In North East Lincolnshire the premature mortality rate for lung cancer for all persons has steadily declined over time. Since 2002/04 the rate has been below the PSA target and has continued to decline.

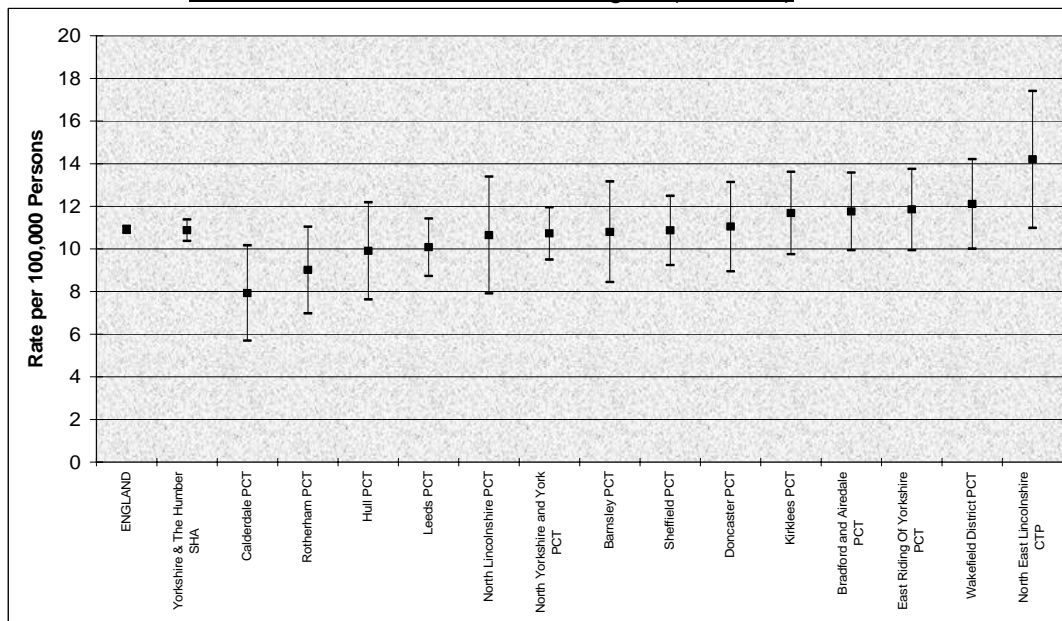
Figure 46 North East Lincolnshire Spearhead PCO, lung cancer mortality, under 75 years, trend in relation to PSA target



14.3 Premature Mortality- Colorectal Cancer

North East Lincolnshire has the highest rate of premature mortality from colorectal cancer in the Yorkshire and the Humber region (Figure 47) However, the local rate (14.2/100,000) was neither statistically significantly different to the England (10.92/100,000) or the Yorkshire & Humber SHA region (10.88/100,000) rates.

Figure 47 DSR for Colorectal Cancer Mortality for Persons (Aged Under 75) in the 14 PCOs in the Y&H SHA Region (2005-07)



Data Source: Compendium of Indicators (NCHOD)

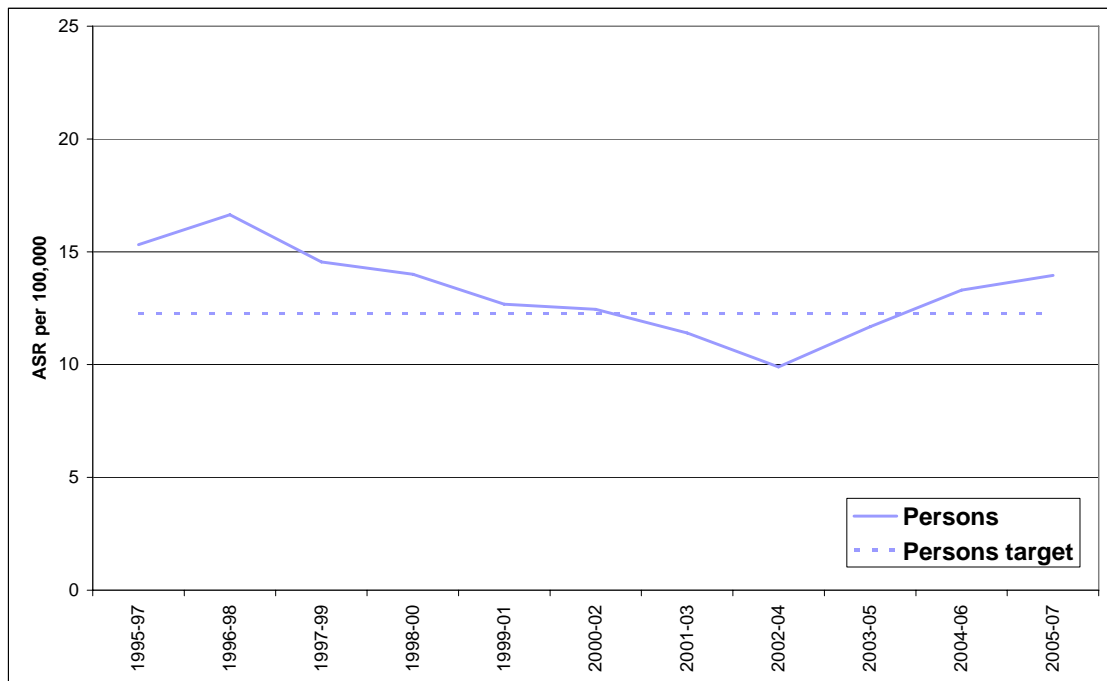
For males, the NELCTP area male rate (18.16/100,000) was once again neither statistically significantly different to the England (13.58/100,000) or the Yorkshire & Humber SHA region (13.84/100,000) rates. The NELCTP area male rate was the highest within the region.

For females, the situation was the same as that for males and all persons. The NELCTP area female rate (10.46/100,000) was neither statistically significantly different to the England (8.44/100,000), or the Yorkshire & Humber SHA region (8.12/100,000) rates. The NELCTP area female rate was the highest within the region.

Trends and targets

The mortality rate for all persons under 75 in North East Lincolnshire steadily declined between 1996/98 to 2002/04, but has risen and has continued to rise since. The premature mortality rate for colorectal cancer in North East Lincolnshire is above the PSA target for Spearhead areas.

Figure 48 North East Lincolnshire Spearhead PCO, colorectal cancer mortality, under 75 years, trend in relation to PSA target

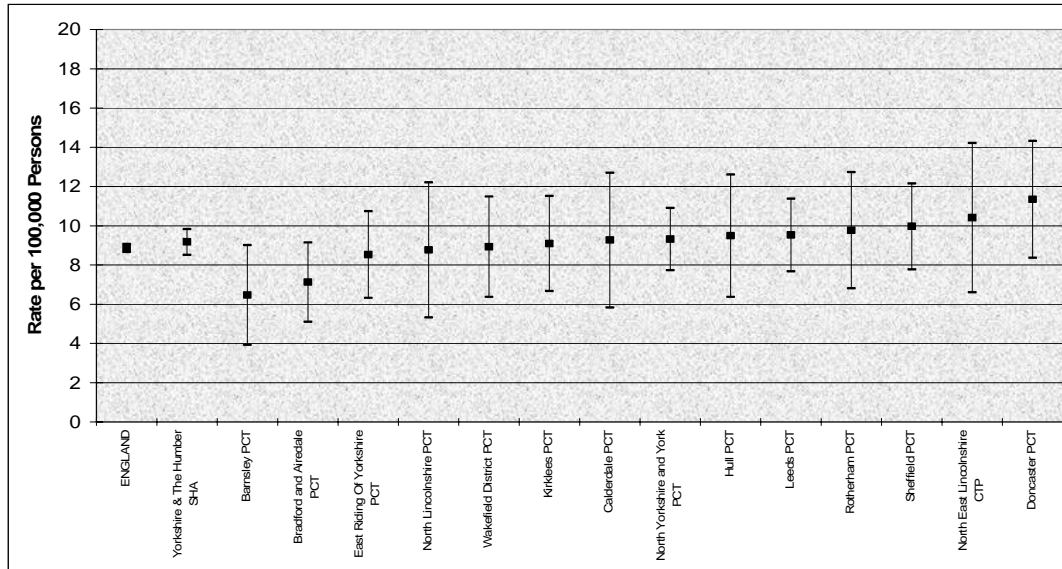


Data Source: NYCRIS

14.4 Premature Mortality- Prostate Cancer

North East Lincolnshire has the second highest premature mortality rate from prostate cancer in the Yorkshire and the Humber region. However, the NELCTP area rate (10.41/100,000) was neither statistically significantly different to the England (8.86/100,000) or the Yorkshire & Humber SHA (9.18/100,000) rates (see Figure 49).

Figure 49 Directly Age Standardised Rates for Prostate Cancer Mortality (Aged Under 75) in England, Yorkshire & Humber SHA and the 14 PCTs in the Yorkshire and Humber Region (2005-07)

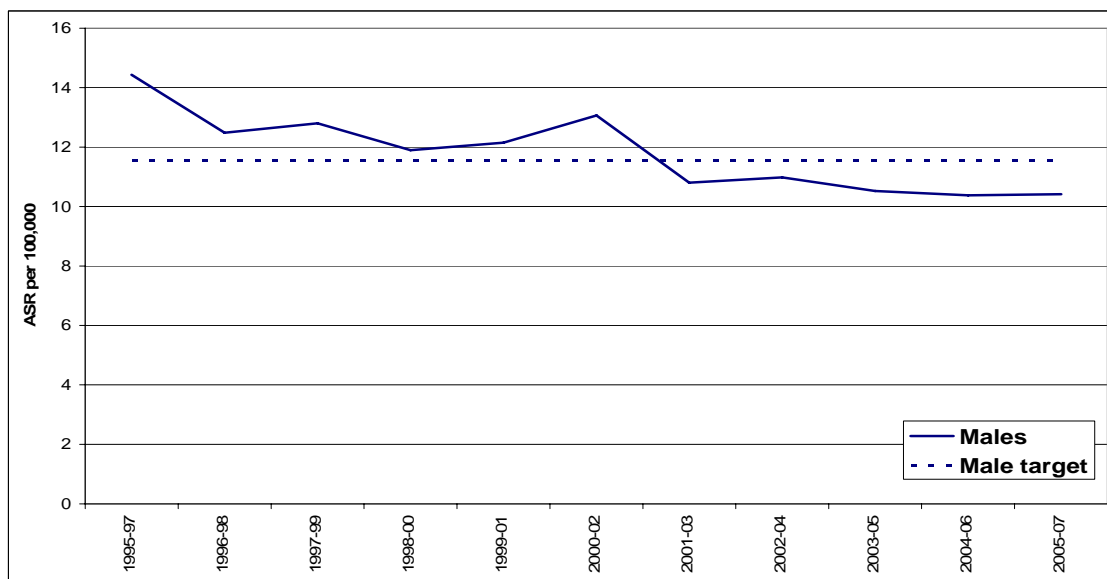


Data Source: Compendium of Indicators (NCHOD)

Trends and Targets

Premature mortality from prostate cancer has declined in North East Lincolnshire since 1995/97. Since 2001/03 the local rate has been below target and has continued to decline. (See Figure 50).

Figure 50 North East Lincolnshire Spearhead PCO, prostate cancer mortality, under 75 years, trend in relation to PSA target

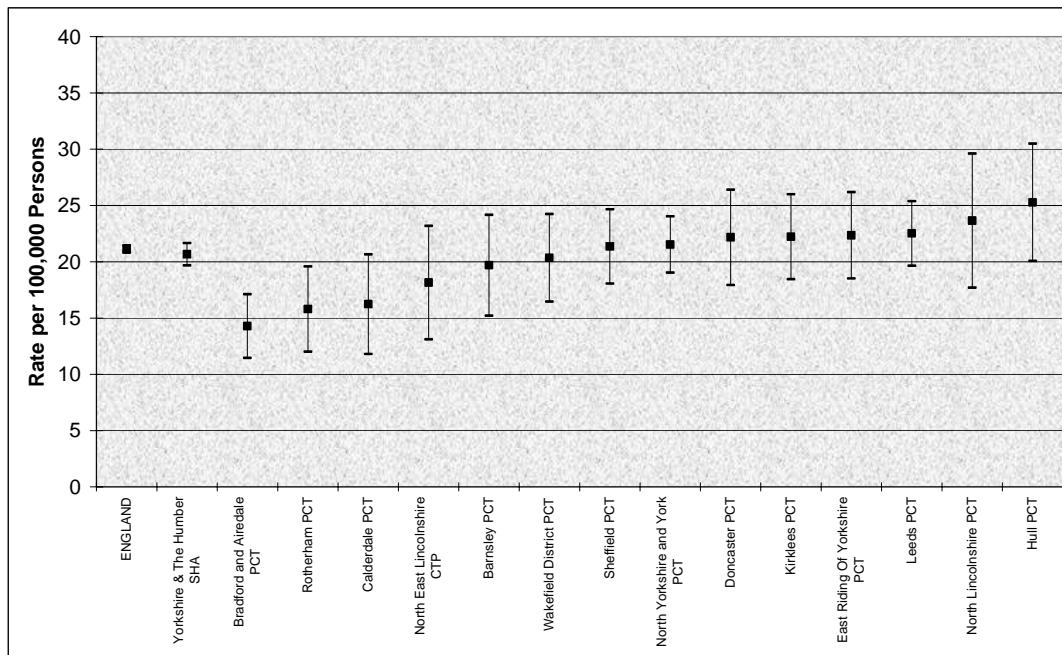


Data Source: NYCRIS

14.5 Premature Mortality- Breast Cancer (Females)

As Figure 51 shows, for females aged under 75, the North East Lincolnshire Care Trust Plus area rate (18.15/100,000) was neither statistically significantly different to the England (21.13/100,000) or Yorkshire & Humber SHA region (20.67/100,000) rates. The NELCTP area rate was the 5th lowest rate within the Yorkshire & Humber SHA.

Figure 51 Directly Age Standardised Rates for Breast Cancer Mortality for Females (Aged Under 75) in England, Yorkshire & Humber SHA and the 14 PCOs in the Yorkshire and Humber Region (2005-07)

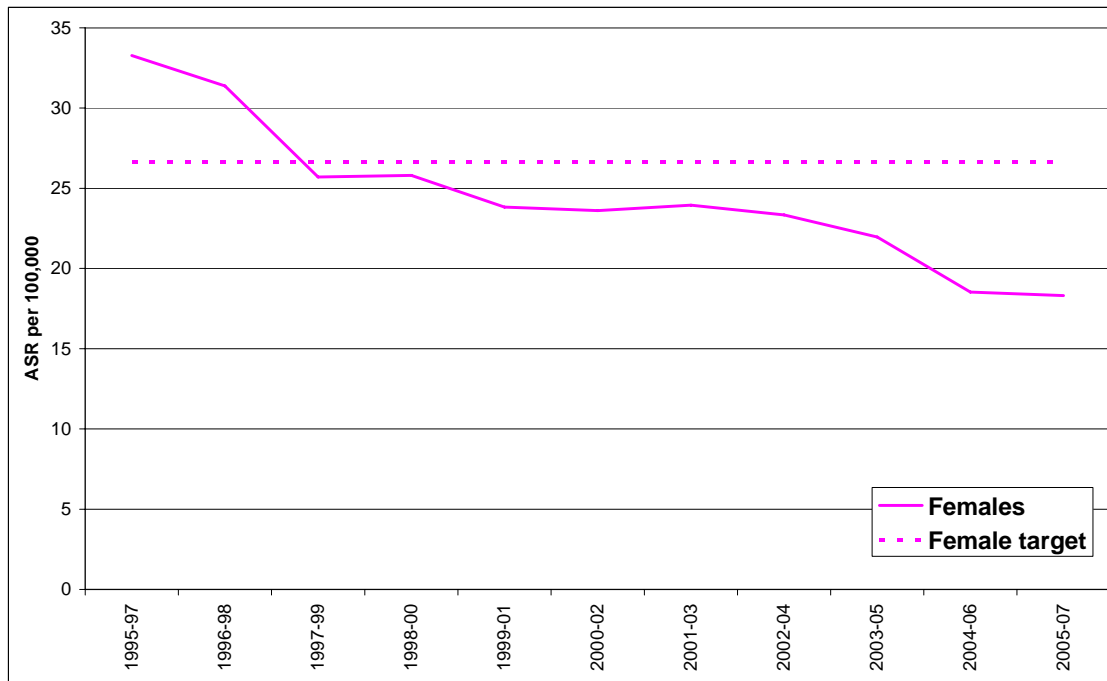


Data Source: Compendium of Indicators (NCHOD)

Trends and Targets

The premature mortality rate for breast cancer in North East Lincolnshire has declined since 1995/97 and has been below the PSA target since 1997/99. The rate has continued to decline over the years and has stayed well below the target.

Figure 52 North East Lincolnshire Spearhead PCO, breast cancer mortality, under 75 years, trend in relation to PSA target



Data Source: NYCRIS

KEY POINTS - Premature Mortality

- People in NEL are significantly more likely to die prematurely (under 75) from cancer than the England average.
- NEL has the 4th highest rate of premature mortality from all cancers in the Y&H region.
- The proportion of people dying prematurely from cancer has decreased over time in North East Lincolnshire from 61% in 1995/97 to 52% in 2005/07. Although North East Lincolnshire has seen a bigger decrease in the proportion of under 75s dying from cancer than the NYCRIS there is still a bigger proportion of premature deaths over all in NEL.
- NEL has the highest rate of premature mortality from colorectal cancer and the second highest premature mortality rate from prostate cancer in the Y&H region.
- The inequalities gap between North East Lincolnshire and England has decreased by 58.4% since the baseline year 1995/97 and it is predicted that the 2009/11 target will be met.

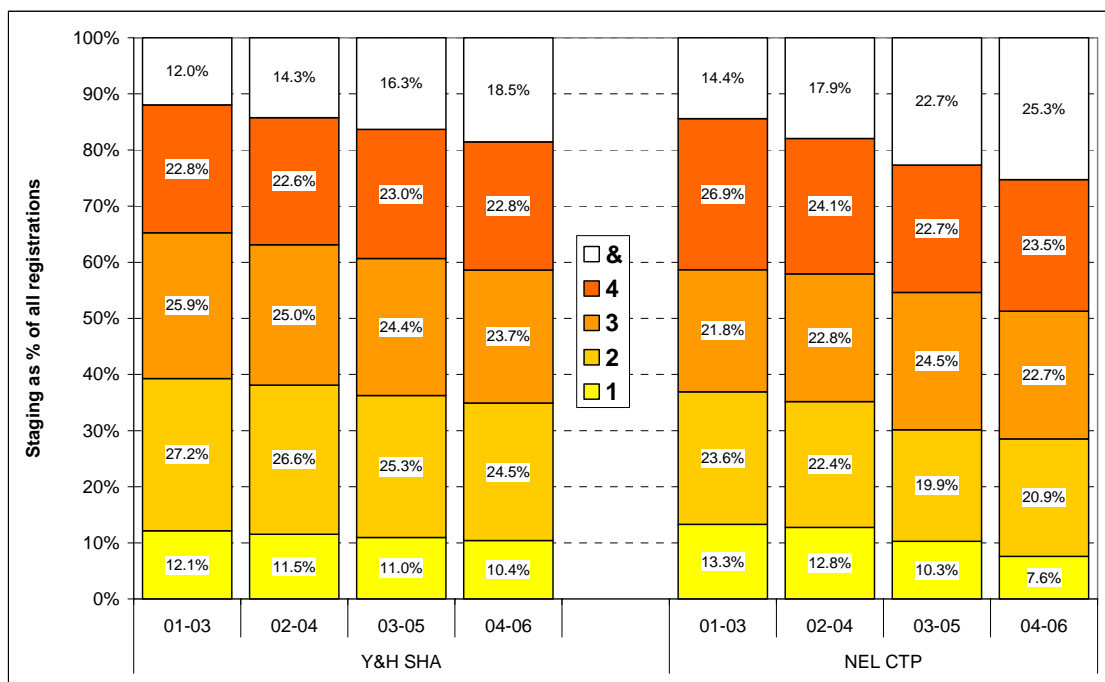
15.0 Cancer Staging

15.1 Colorectal Cancer

Colorectal cancer is staged according to the Dukes system. A quarter of data recorded in North East Lincolnshire in 2004-06 is unknown or staged data (data may be unstaged where staging takes place during a surgical procedure, but the treatment pathway has already consisted of chemotherapy which may have shrunk the tumour, therefore it is not possible to stage the tumour), the proportion of unknown or unstaged data is higher in North East Lincolnshire than for the Yorkshire and Humber SHA.

The distribution of colorectal cancer is fairly even across stages 2, 3 and 4, with a smaller number of cases in stage 1, this pattern is similar in North East Lincolnshire and the region, however the number of cases at stage 1 is lower locally than regionally, see Figure 53). The most recent data available is before the bowel cancer screening programme was rolled out in North East Lincolnshire.

Figure 53 Stage at presentation for colorectal cancer in North East Lincolnshire compared to the Yorkshire and Humber SHA

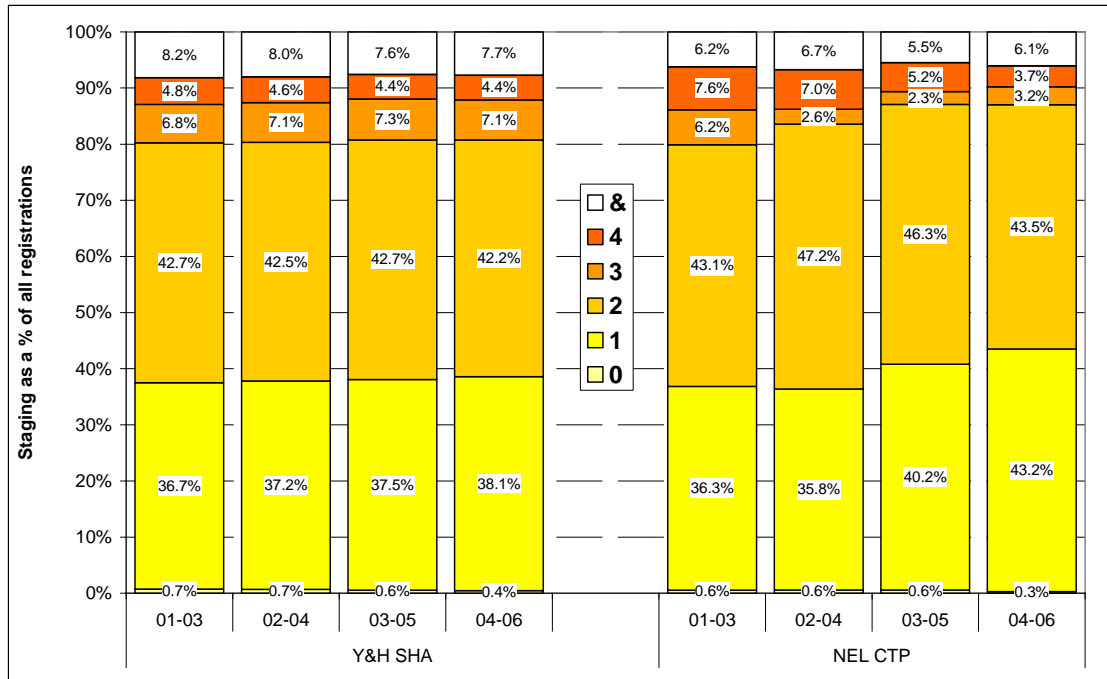


Data Source: NYCRIS
'&' Stage at presentation unknown or unstaged

15.2 Breast Cancer (Females)

Breast cancer was staged using tumour-node-metastasis (TNM) until the end of 2007, since then this has changed to the Nottingham Prognostic Index (NPI). The majority of breast cancers are diagnosed at stages 1 and 2 both locally and regionally. Overall, North East Lincolnshire has a larger proportion of breast cancer cases diagnosed at stages 1 and 2 than the Yorkshire and Humber SHA, see Figure 54.

Figure 54 Stage at presentation for female breast cancer in North East Lincolnshire compared to the Yorkshire and Humber SHA

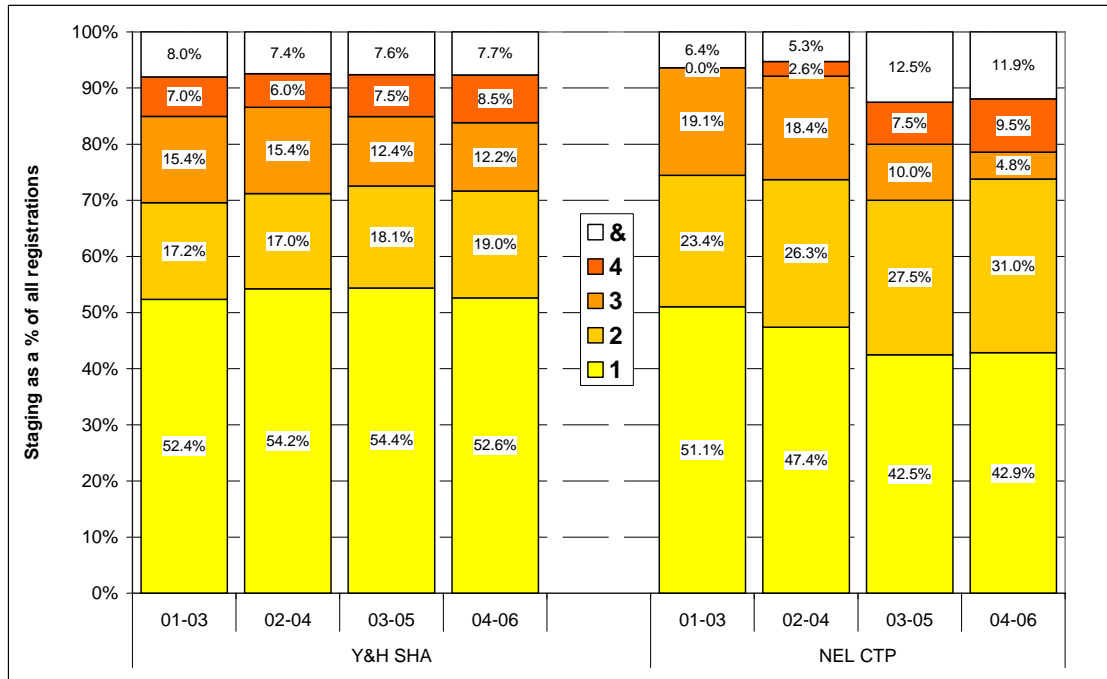


Data Source: NYCRIS
 '&' Stage at presentation unknown or unstaged

15.3 Cervical Cancer

Cervical cancer is staged using the International Federation of Gynaecology and Obstetrics System (FIGO). The majority of cervical cancer is diagnosed at stage 1, both in North East Lincolnshire and the Yorkshire and Humber, however the proportion of cases diagnosed at stage 1 in Yorkshire and Humber is larger than that for North East Lincolnshire, see Figure 55.

Figure 55 Stage at presentation for cervical cancer in North East Lincolnshire compared to the Yorkshire and Humber SHA

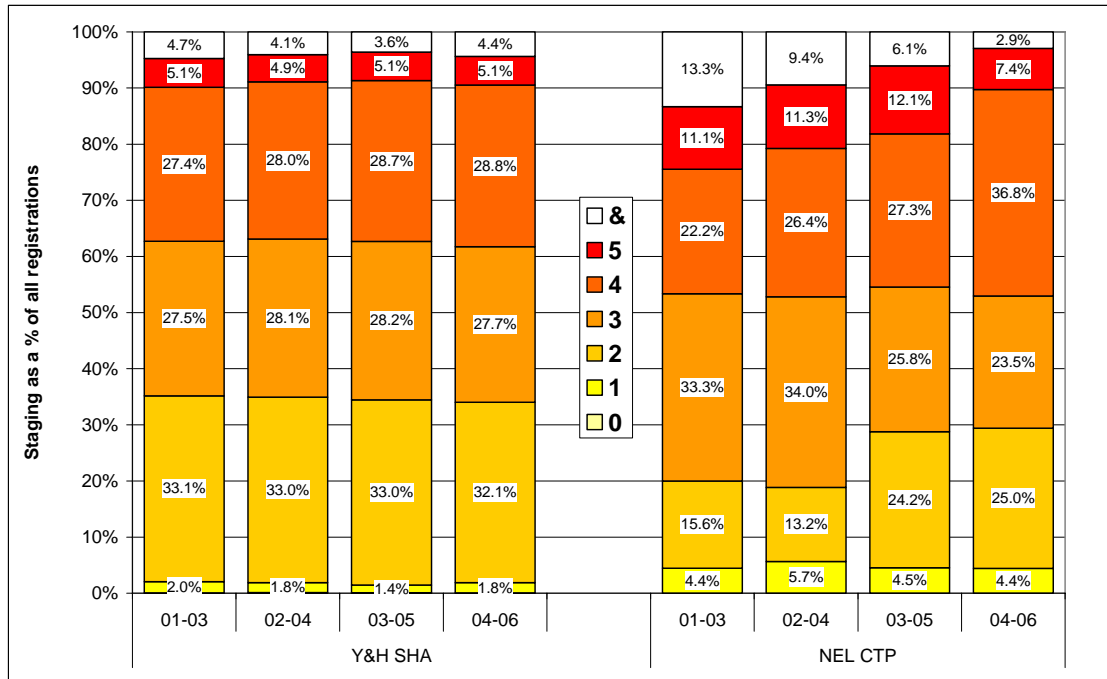


Data Source: NYCRIS
 '&' Stage at presentation unknown or unstaged

15.4 Malignant Melanoma

The staging system used for malignant melanoma is Clarks. The majority of cases, where stage is known is spread between stages 2, 3 and 4. In north East Lincolnshire the proportion of cases diagnosed at stages 1 and 2 is lower than for the Yorkshire and Humber region, although in the most recent years the proportion of cases diagnosed at stages 1 and 2 has increased in North East Lincolnshire, see Figure56.

Figure 56 Stage at presentation for malignant melanoma in North East Lincolnshire compared to the Yorkshire and Humber SHA



Data Source: NYCRIS
 '&' Stage at presentation unknown or unstaged

KEY POINTS - Staging

- Colorectal cancer has the lowest proportion of cases diagnosed at stage 1 compared to breast, cervical, and skin cancer, this pattern is reflected regionally.
- North East Lincolnshire has a larger proportion of breast cancer cases diagnosed at stage 1 than the Yorkshire and Humber.
- For cervical cancer, the majority of cases are diagnosed at stage 1, however the proportion of cases diagnosed at stage 1 is larger for Yorkshire and Humber than North East Lincolnshire.

16.0 Relative Survival (5 year survival)

All Cancers

Overall the relative survival for all cancers is lower in North East Lincolnshire than for the Yorkshire and Humber, although the difference is not statistically significant. Lung cancer has the lowest relative survival rate out of the six cancer sites listed in Table 16. Lung cancer survival is lower in North East Lincolnshire than the region, however the difference is not statistically significant.

For North East Lincolnshire the highest relative survival is found in breast cancer, the rate for North East Lincolnshire is slightly lower than the regional rate, although the difference is not statistically significant, see Table 16, below.

Table 16 5 year relative survival, North East Lincolnshire and the Yorkshire and Humber SHA Region, 1998-2002

Site	Area	Relative Survival	95% LCI	95% UCI	Crude Rate	Number in Cohort	Cumulative Deaths
C00-C97 excluding C44. Invasive malignant neoplasms	NEL	45.9	43.9	48.0	36.5	3,477	2,207
	Y&H	47.7	47.3	48.1	37.8	105,991	65,936
C18-C20 Colorectal	NEL	49.4	43.2	55.5	38.5	410	252
	Y&H	52.7	51.6	53.8	40.0	13,187	7,909
C33-C34 Trachea, bronchus and lung	NEL	5.5	3.1	7.8	4.2	495	474
	Y&H	7.1	6.7	7.6	5.5	16,372	15,466
C43 Malignant Melanoma	NEL	81.4	68.7	94.1	70.6	68	20
	Y&H	88.0	86.1	89.9	77.5	2,455	552
C50 Breast (Females)	NEL	81.6	77.0	86.2	70.3	532	158
	Y&H	82.8	82.0	83.6	72.3	15,218	4,213
C53 Cervix uteri (Females)	NEL	76.2	64.7	87.7	71.4	70	20
	Y&H	68.1	65.4	70.9	62.8	1,490	554
C61 Prostate (Males)	NEL	71.8	64.6	79.1	50.6	385	190
	Y&H	76.1	74.8	77.5	54.8	10,476	4,736

Data Source: NYCRIS

Figure 57, below shows that the relative survival rate for all cancers has increased over time. In North East Lincolnshire relative survival has increased from 39.3% in 1994-1998 to 45.9% in 1998-2002. The relative survival rate has remained lower in North East Lincolnshire than in Yorkshire and Humber, although the most recent data shows the difference between the local and regional rates are no longer statistically different.

Figure 57 5 year relative survival for all cancers (exc. non melanoma skin), North East Lincolnshire and the Yorkshire and Humber SHA Region, time trend



Data Source: NYCRIS

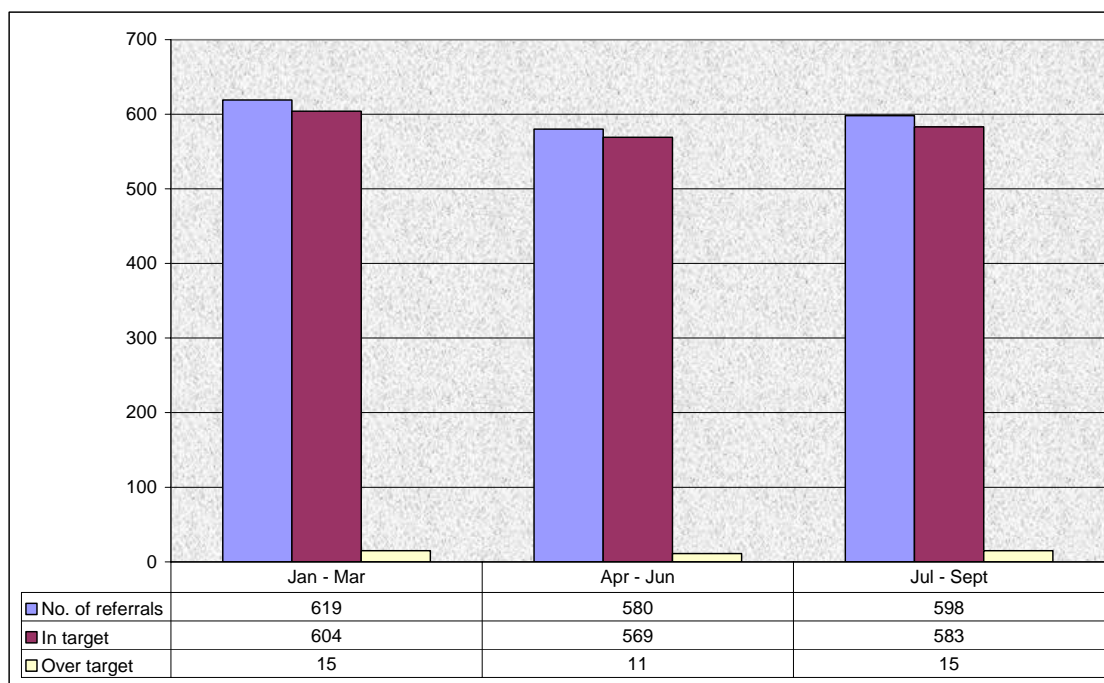
KEY POINTS – Relative Survival

- Lung cancer has the lowest relative survival rate out of the six cancers used in this analysis. North East Lincolnshire has a lower survival rate than Yorkshire and Humber although the difference is not statistically significant.
- The highest relative survival out of the six cancers used in this analysis was found in breast cancer.
- Cancer survival has improved both locally and regionally over time.

17.0 Cancer Waiting Times

Patients suspected to have cancer should not have to wait longer than 2 weeks between seeing their GP and being referred for a hospital assessment, this is recorded nationally and can be extracted at PCO level from Open Exeter, Cancer Waiting Times Database. Figure 58, below shows the number of suspected cancer cases in North East Lincolnshire referred within the 2 week standard and out of the 2 week standard since January 2009. Only a slight variation in the number of referrals during 2009, in the period where there were fewer referrals, a higher proportion of the cases was seen within the 2 week standard.

Figure 58 Two Week Wait Standard – Urgent GP Referral to First Seen, January – September 2009, North East Lincolnshire Care Trust Plus – All Tumour Sites



Data Source: Open Exeter, Cancer Waiting Times Database

Table 17 shows the percentage of cancer referrals within the 2 week standard in North East Lincolnshire compared to England for 2009, so far. In each quarter North East Lincolnshire had a higher proportion of cancer referrals within the 2 week standard than the England average.

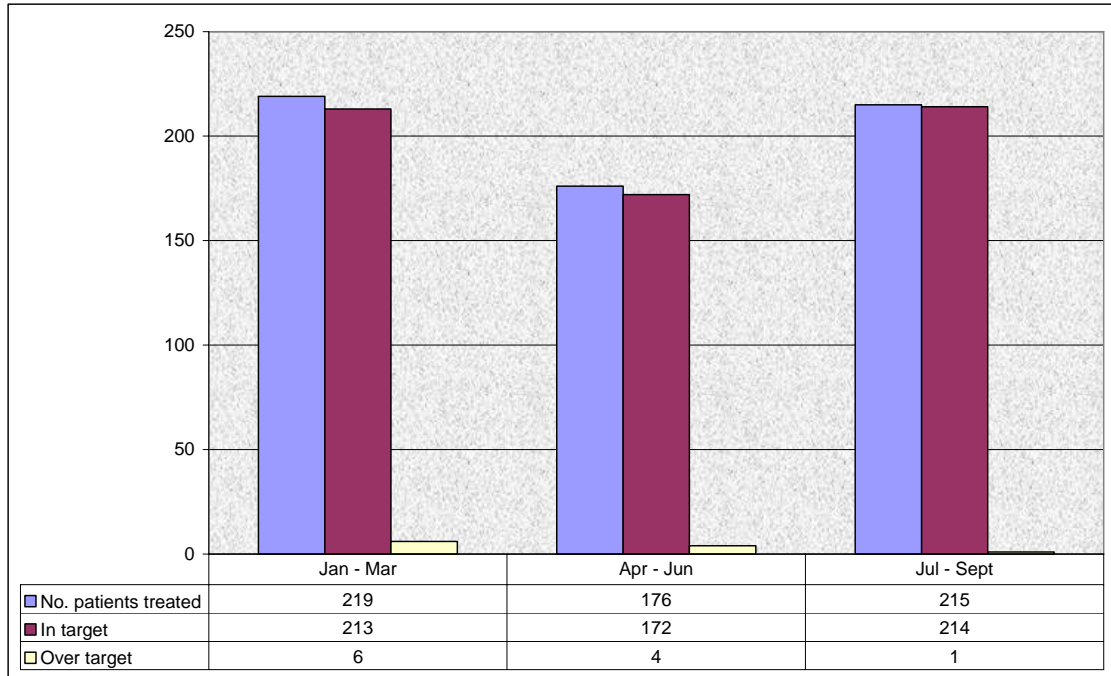
Table 17 Percentage of suspected cancer patients referred within the 2 week standard, 2009.

2009	% Compliance	
	North East Lincolnshire	England
January - March	97.6	94.6
April - June	98.1	94.1
July - September	97.5	94.4

Data Source: Open Exeter, Cancer Waiting Times Database

Figure 59 shows the number of patients with cancer who have received their first treatment within 31 days of the decision to treat the tumour and the number who have not been treated within the 31 day target in North East Lincolnshire.

Figure 59 31 Day First Treatment Standard – Decision to Treat to First Definitive Treatment, January – September 2009, North East Lincolnshire Care Trust Plus – All Tumour Sites



Data Source: Open Exeter, Cancer Waiting Times Database

Table 18 shows the proportion on patients receiving their first treatment within the 31 day standard in North East Lincolnshire compared to England. Between January and June the proportion of patients treated within the 31 day standard was slightly lower for North East Lincolnshire, however for July - September the proportion was higher for North East Lincolnshire.

Table 18 Percentage of cancer patients treated with in the 31 day standard, 2009.

2009	% Compliance	
	North East Lincolnshire	England
January - March	97.3	98.0
April - June	97.7	98.1
July - September	99.5	98.0

Data Source: Open Exeter, Cancer Waiting Times Database

18.0 Key Facts

- i. Cancer is the biggest cause of death in the UK. There are significant inequalities in cancer incidence, mortality and survival. Survival from almost all cancers is better in affluent areas than in deprived ones.
- ii. Cancer inequalities are the differences between individuals' cancer experience and/or outcome which result from their social-economic status, race, age, gender, disability, religion or belief, cancer type or geographical location. Tobacco consumption is the leading single cause of avoidable ill health and early death. It is the biggest single cause of the difference in death rates between rich and poor and one of the major risk factors leading to cancer.
- iii. Cancer survival rates have increased faster among more affluent groups. For most types of cancer, survival rates are worse for the most disadvantaged groups.
- iv. Inequalities present in the form of reduced rates of acceptance of screening invitations. Uptake of breast cancer; cervical and bowel cancer screening is lower among disadvantaged groups.

In North East Lincolnshire...

- v. Men are significantly more likely to die from colorectal cancer than females; the rate for women suffering from certain types of cancer has increased. There remain some significant geographical/socioeconomic inequalities in premature mortality, with statistically higher death rates in the 20% most deprived areas than the 80% least deprived areas and in some of the most deprived electoral wards in these areas (West Marsh and East Marsh particularly). More affluent wards (Wolds, Humberston and New Waltham) experience lower death rates.
- vi. We have the second highest estimated smoking prevalence in Y&H and it is significantly higher than the Y&H regional average. Model based estimates show that we have a higher percentage of obese adults than the Y&H regional average. We rank 4th highest in the region for binge drinking and have the third highest rate of hospital admissions for alcohol related harm.
- vii. People in East Marsh are significantly more likely to die from cancer than people in the rest of North East Lincolnshire. People living in the most deprived areas of North East Lincolnshire are no more likely to get cancer but they are significantly more likely to die from it.
- viii. Lung cancer is the leading cause of cancer death. Males are significantly more likely to die from lung cancer than females.
- ix. NEL has the second lowest rate of colorectal cancer in the region; however the death rate is the third highest in the region. Males are significantly more likely to die from colorectal cancer than females.

- x. NEL has the fifth lowest rate of prostate cancer registrations in the Y&H region, however the death rate is the region's highest.
- xi. North East Lincolnshire has the second highest incidence of cervical cancer and the highest mortality rate in the region.
- xii. People are significantly more likely to die prematurely (under 75 years) from cancer than the England average.
- xiii. NEL has the highest rate of premature mortality from colorectal cancer and the second highest rate of premature mortality from prostate cancer in the Y&H region.
- xiv. Colorectal cancer has the lowest proportion of cases diagnosed at stage 1 compared to breast, cervical and skin cancer.
- xv. A larger proportion of breast cancer cases are diagnosed at stage 1 than the Yorkshire and Humber average.
- xvi. Lung cancer has the lowest relative survival rate out of the six cancers analysed (lung, breast, cervical, colorectal, skin and prostate). We have a lower survival rate than the Yorkshire and Humber, although the difference is not statistically significant.

19.0 Recommendations

19.1 Prevention

- Implementation of obesity, tobacco control and alcohol harm reduction strategies.
- Implement and audit NICE Public Health Guidance ensuring implementation does not exacerbate inequalities.
- Consider new healthy lifestyle campaign in which community pharmacies can reduce inequalities in health.
- Improve public awareness about the risks of exposure to the sun.
- Continue to increase the uptake of HPV immunisation programme.

Actions

- Provide targeted smoking cessation support with a focus on disadvantaged communities
- Target GP surgeries with higher smoking prevalence and lower quitters

- Review and improve multi-agency involvement tobacco control, obesity and alcohol strategy
- Request practices to review their stop smoking policies and practices
- Ensure all practices have a copy of CTP guidance for smoking cessation practice, NICE quick reference guidance, and Thorax smoking cessation guidelines
- Provide awareness training at practice meetings for both practice staff and CTP staff based in the practice
- Provide monthly activity feedback to all practices on referrals, quitters etc
- All practices and community settings to promote stop smoking services, aiming to increase the number of referrals
- Encourage practices and community settings to participate in the Locally Enhanced service (LES) obesity control alcohol reduction strategy
- Negotiate the delivery of healthy lifestyle initiatives in more deprived communities
- Start at least two new healthy lifestyle campaigns in more deprived areas in which community pharmacies and health trainers can reduce inequalities in health
- Improve public awareness about the risks of exposure to the sun
- Continue to increase the uptake of the HPV Immunization programme
- Implement NICE (National Institute Clinical Excellence) clinical and public health guidance and audit of compliance
- Target effective health promotion interventions at those communities where risk factors for cancer are highest
- Increase levels of and opportunities to take part in Physical Activity
- Develop a programme of work addressing prevention of skin cancers

19.2 Early detection

- Improve the work of the cancer collaborative via volunteers and health trainers using social marketing.
- Reinforce messages about the continuing importance of cervical screening
- Ensure the local bowel screening programme includes 70-75 year olds and is rolled out across North East Lincolnshire by the end of 2012

Actions

- Take advantage of the opportunity provided by the HPV immunization programme to reinforce - ???
- Ensure that the local bowel screening programme is to include 70 to 75-year-olds and is rolled out across North East Lincolnshire by the end of 2012 with focus on the most deprived areas. Consider actions that might be taken to improve uptake of the bowel screening programme

19.3 Referral and diagnosis

- Work closely with health trainers, cancer collaborative and voluntary groups to assess how to continue to improve public awareness of common cancer symptoms and encourage patients to present early.
- Work with partners to audit levels of referral in line with established best practice.

19.4 Treatment

- Work with patients, carers and other stakeholders to improve the transparency and accessibility to patients of the arrangements for introducing new drugs for cancer
- Encourage the development of controlled trials to assess the effectiveness, impact on quality of life and costs of these treatments.

Actions

- Maintain 100% performance in two-week wait guarantee from cancer referral by GP to first specialist appointment
- Work closely with health trainers, cancer collaborative and voluntary groups to assess how to continue to improve public awareness of common cancer symptoms and encourage patients especially those who live in most deprived area to present early
- Establish rapid access to skin cancer service
- Ensure that all North East Lincolnshire patients with appropriate symptoms are referred for specialist advice and treatment
- Ensure all patients receive cancer drugs recommended by NICE

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