

STOCKPORT METROPOLITAN BOROUGH COUNCIL

healthwatch Stockport

NHS Stockport Clinical Commissioning Group

Stockport JSNA

joint strategic needs assessment

2015 JSNA

Cancer trends

April 2016

CONTENTS

2014 Cancer at a glance

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Prevention

4 in 10 cancers are preventable

- 19.4% of all new cancer cases due to tobacco
- 9.2% due to poor diet
- 5.5% due to excess weight

Incidence

5,102 new cancers 2011-13

- 757 female breast cancer
- 729 lung cancer
- 688 colorectal cancer
- 610 prostate cancer

Mortality

2,326 cancer deaths 2012-14

- 531 lung cancer
- 249 colorectal cancer
- 172 female breast cancer
- 144 prostate cancer

Mortality in the under 65's (2012-14)

247 female deaths

- 48 breast cancer
- 43 lung cancer
- 32 female genital organs

227 male deaths

- 47 lung cancer
- 34 colorectal cancer
- 21 oesophageal cancer

Mortality in the over 65's (2012-14)

904 female deaths

- 213 lung cancer
- 124 breast cancer
- 104 colorectal cancer

948 male deaths

- 228 lung cancer
- 139 prostate cancer
- 85 colorectal cancer

Mortality by deprivation (2012-14 numbers and directly standardised rate per 100,000)

Most deprived	2nd most deprived	Mid deprived	2nd least deprived	Least deprived
306 deaths 367.9 DSR	372 deaths 312.0 DSR	486 deaths 305.1 DSR	498 deaths 260.6 DSR	664 deaths 232.0 DSR
78 aged under 65 105.4 DSR	89 aged under 65 82.1 DSR	96 aged under 65 71.2 DSR	104 aged under 65 68.4 DSR	107 aged under 65 51.4 DSR
97 lung cancer 119.7 DSR	118 lung cancer 101.0 DSR	112 lung cancer 70.8 DSR	92 lung cancer 47.9 DSR	112 lung cancer 38.4 DSR

Summary

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Cancer type	Incidence 2011-13			Mortality 2012-14		
	Number (annual)	DSR	Trend	Number (annual)	DSR	Trend
All cancer	1,700	613.3	↑	775	275.1	↓
Female Breast	252	168.4	↑	57	36.2	↓
Lung	243	88.1	↔	177	62.9	↔
Colorectal	229	83.2	↑	83	29.5	↓
Prostate	203	164.2	↔	48	42.4	↓
Malignant melanoma	72	25.7	↑	13	4.5	↑
Non-Hodgkin's lymphoma	62	22.3	↑	24	8.5	↔
Pancreas	49	17.8	↑	42	15.0	↔
Oesophageal	48	17.4	↔	42	15.1	↔
Kidney	47	16.8	↑	20	6.9	↔
Bladder	45	16.2	↓	29	10.1	↔
Leukaemia	44	15.7	↑	22	7.7	↓
Uterus	41	28.1	↑	8	4.9	↓
Lip, oral & pharynx	40	14.4	↑	10	3.8	↓
Ovarian	38	25.9	↔	17	11.0	↓
Stomach	32	11.8	↓	20	7.2	↓
Liver	29	10.3	↑	25	8.9	↑
Mesothelioma and soft tissue	26	9.6	↑	21	7.6	↑
Multiple myeloma & malignant plasma cell	25	8.9	↑	9	3.4	↔
Brain & other parts of CNS	23	8.3	↑	20	6.9	↑
Thyroid & other endocrine	22	7.8	↑	3	1.2	↔
Cervical	15	10.2	↑	3	2.1	↓
All other cancers	113	40.7	↓	83	29.4	↓

Key messages

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- 4 in 10 cancers can be prevented – the main preventable cause of cancer being smoking.
- In the years 2011-13 over 5,000 new cases of cancer were diagnosed amongst Stockport residents. Lung, colorectal, breast and prostate cancer made up over 54% of these new cases
- In Stockport cancer is the biggest cause of death in both all ages and under 75, responsible for 30% all age (811) and 45% under 75 (377) deaths respectively in 2014
- Lung, colorectal, female breast and prostate are the largest causes of cancer deaths
- Those living in the most deprived areas suffer the greater burden of all cancer, and particularly lung cancer
- There are approximately 8,000 people living with cancer in Stockport with rates increasing as deprivation increases
- In the two years between 2013-14 and 2014-15 there were 1,135 operations to remove tumours, linked to the major cancers
- In 2014-15 initial oncological outpatient appointments where a follow up was required totalled 1,812
- Stockport has similar or better 1 year survival rates in all cancers and three cancers combined (female breast, colorectal and lung) than England and Greater Manchester

Introduction

Cancer is a group of conditions where cells in a specific part of the body grow and reproduce uncontrollably or abnormally. Cancer can start in one part of the body and spread to another.

There are over 200 different types of cancer, each with different diagnosis and treatment.

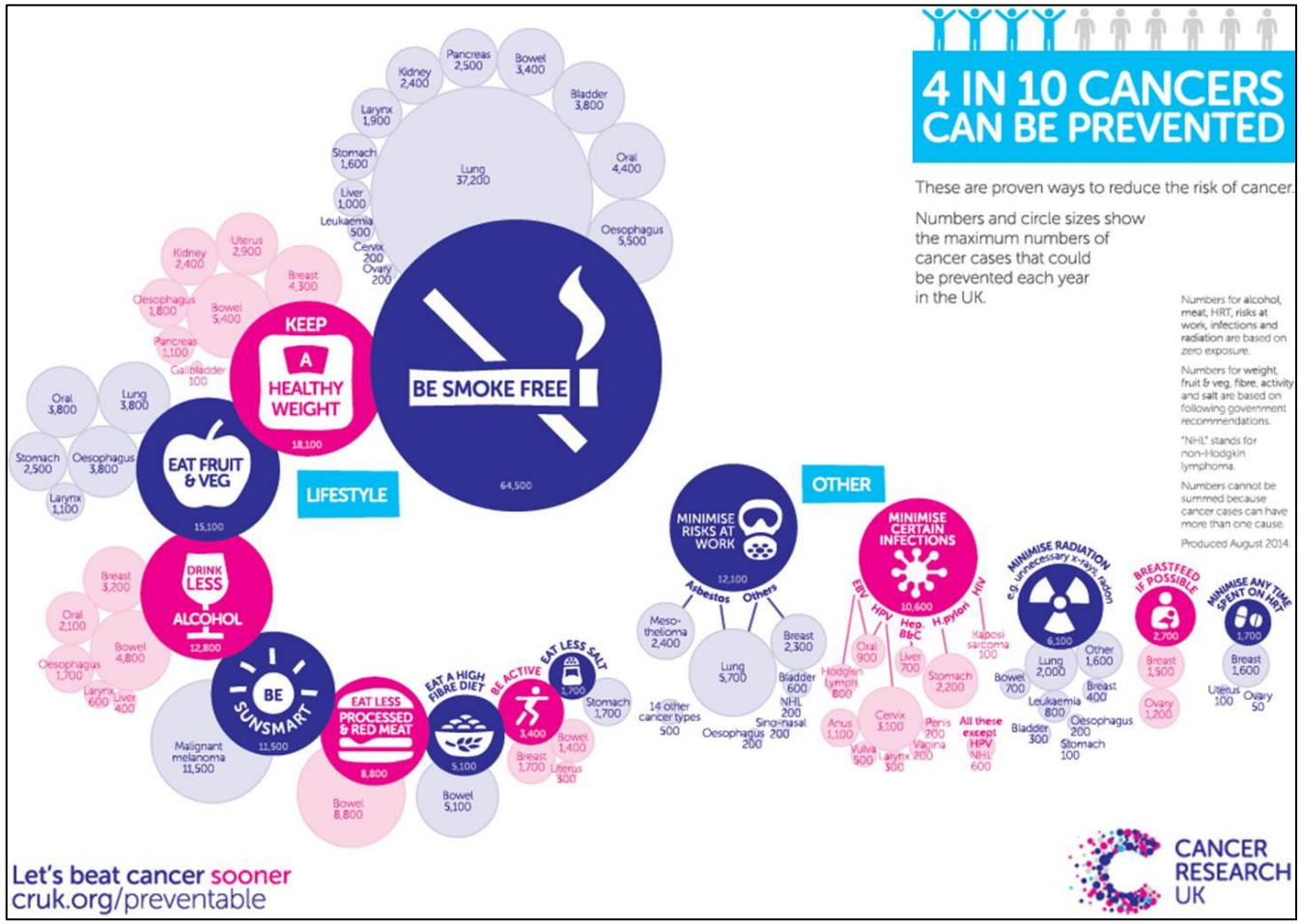
Cancer is the single biggest cause of death in Stockport (31% of all deaths), and causes more than 45% of early deaths. Lung, colorectal, female breast and prostate cancer are the largest contributors to those deaths.

This briefing sets out the key information for prevention, screening, incidence, hospital treatment, survival, and mortality in Stockport. Where possible, data has been analysed by age, sex and deprivation in order to show how cancer impacts on different groups in Stockport. Data for lung, colorectal, female breast and prostate cancer are presented in more detail when possible.

Although breast cancer can, in some rare cases, affect males, because the numbers are so low in Stockport, only female breast cancer has been considered within this document.

Preventing cancer

Of the four major cancers, **lung cancer is the most easily preventable**. Cancer Research UK estimate 37,200 lung cancers a year could be prevented if no-one smoked. Other risk factors for lung cancer include a person's occupation exposing them to cancer causing chemicals and a low fruit and veg diet.



Bowel cancer can also be largely prevented if people altered their diet, maintained a healthy weight and drank less alcohol.

Of the other two major cancers, some breast cancers are preventable if females maintained a healthy weight and drank less. There is currently no evidence to suggest that prostate cancer can be prevented.

Other cancers that can be considered preventable include, but in no way is exhaustive, malignant melanoma, oesophageal cancer, stomach cancer, oral cancers and cervical cancer.

The main cause of most preventable cancers is tobacco. After tobacco overweight, poor diet and alcohol consumption play considerable roles in causing cancers. Other risk factors include sunlight and sunbeds, occupational hazards and infections.

Cancer screening- Key messages

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- Stockport has screening programmes for bowel cancer, breast cancer and cervical cancer
- At 47.7%, bowel cancer screening coverage is significantly lower than both the England (52.1%) and North West (50.0%) averages
- At 73.4%, breast screening coverage is significantly lower than for England, though it is higher than the North West average
- At 80.3%, Stockport has higher cervical screening coverage than both England and the North West, however coverage rates have fallen at the most recent year
- Screening uptake figures for bowel cancer and breast cancer are available in the appendix
- There is no screening programme for prostate cancer, as research on the PSA test has found it is not suitable for population screening programme use
- There is no screening programme for lung cancer

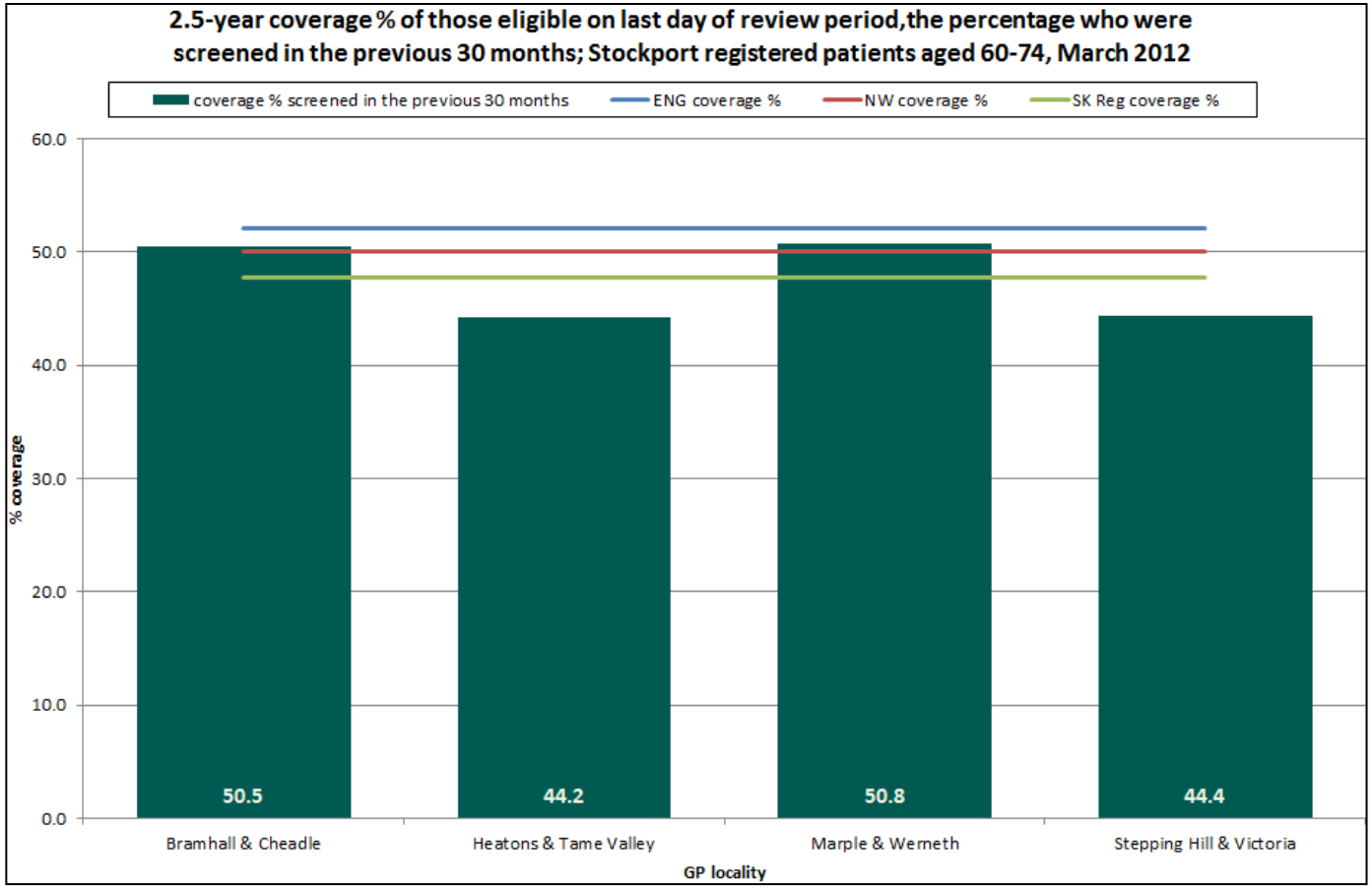
Bowel cancer screening

Bowel cancer screening coverage in Stockport, at 47.7%, is significantly lower than both the England (52.1%) and North West (50.0%) average.

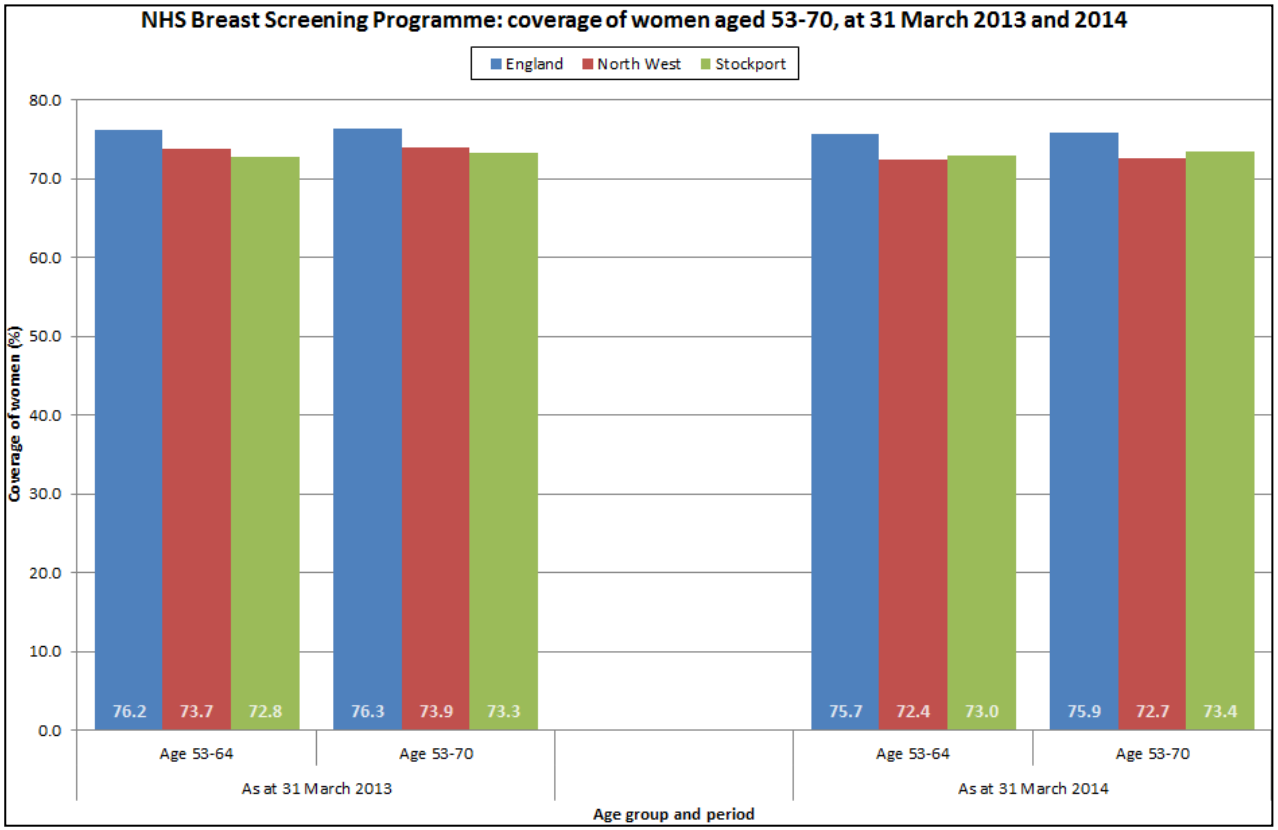
Within Stockport patients registered with a GP in Bramhall and Cheadle and Marple and Werneth have significantly higher coverage than Stockport average.

These two areas have similar rates to the North West average but lower than England.

Patients registered in Heatons and Tame Valley and Stepping Hill and Victoria have significantly lower rates than England, North West and Stockport averages. It is likely that this is due to higher levels of deprivation.



Breast cancer screening



As at 31st March 2013 Stockport had significantly lower coverage of women screened for breast cancer than both the England and North West average. This was true for both women aged 53-64 and 53-70.

By March 2014 although Stockport rates had not significantly changed in either age breakdown those aged 53-70 had significantly higher coverage than the North West average.

However both age groups remain significantly lower than the England average. Stockport coverage in the 53-64 age group was similar to the North West average.

Cervical cancer screening

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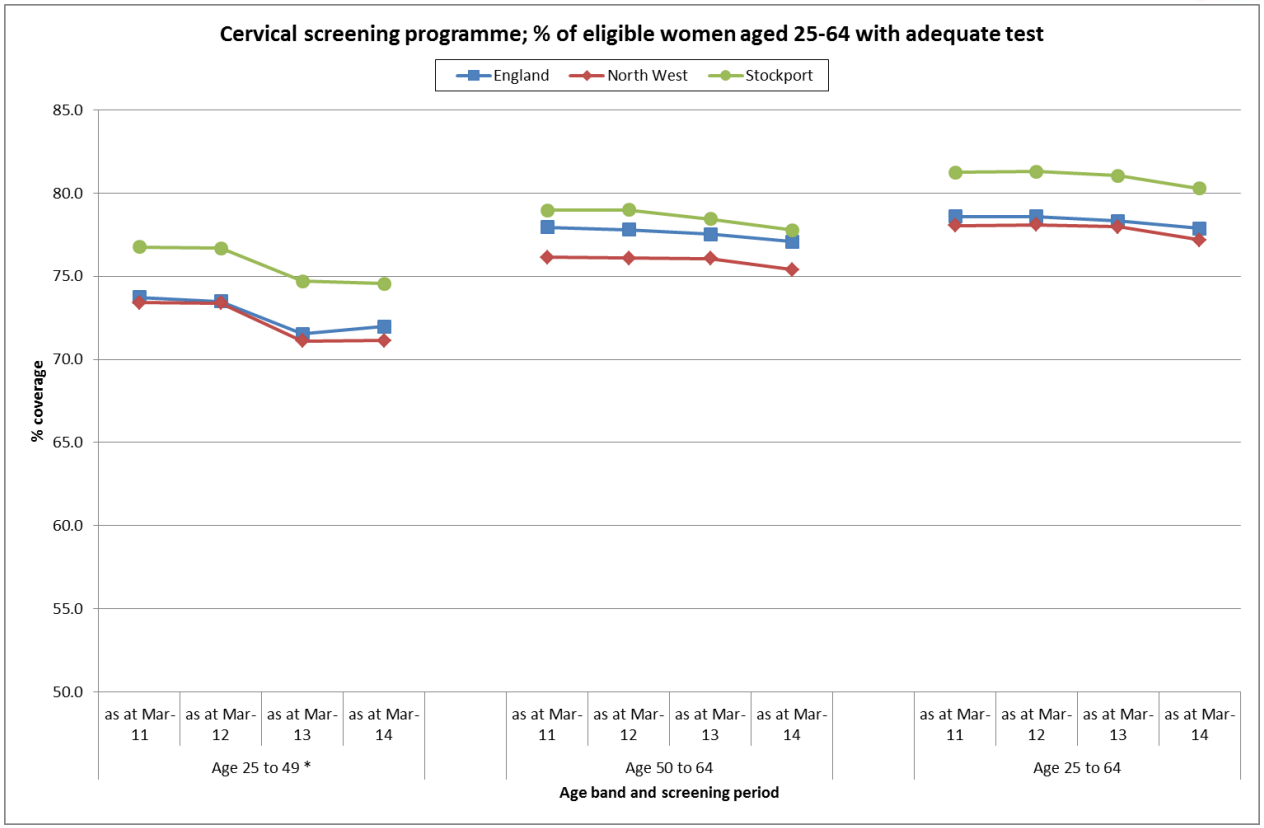

Between March 2011 and March 2014 Stockport had consistently higher cervical screening coverage in women than in the North West and England at each age breakdown.

Stockport rates in March 2014 are significantly lower than in March 2011 in each age breakdown. Rates have fallen between 1 and 3% in the four year period. In England and the North West rates have fallen at roughly the same pace.

* For an adequate test to be valid a woman must have had one in the last five years for the age breakdowns 50 to 64 and 25 to 64. For the age breakdown 25 to 49 the test must have been done in the last 3.5 years.

Two week wait growth forecasts

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Two week wait referrals are one of the key routes to diagnosis for cancer.

Two week wait referrals showed actual growth between 2013-14 and 2014-15 in Stockport of around 12%. **More than 9,200 referrals were made in 2104/15**, most commonly for:

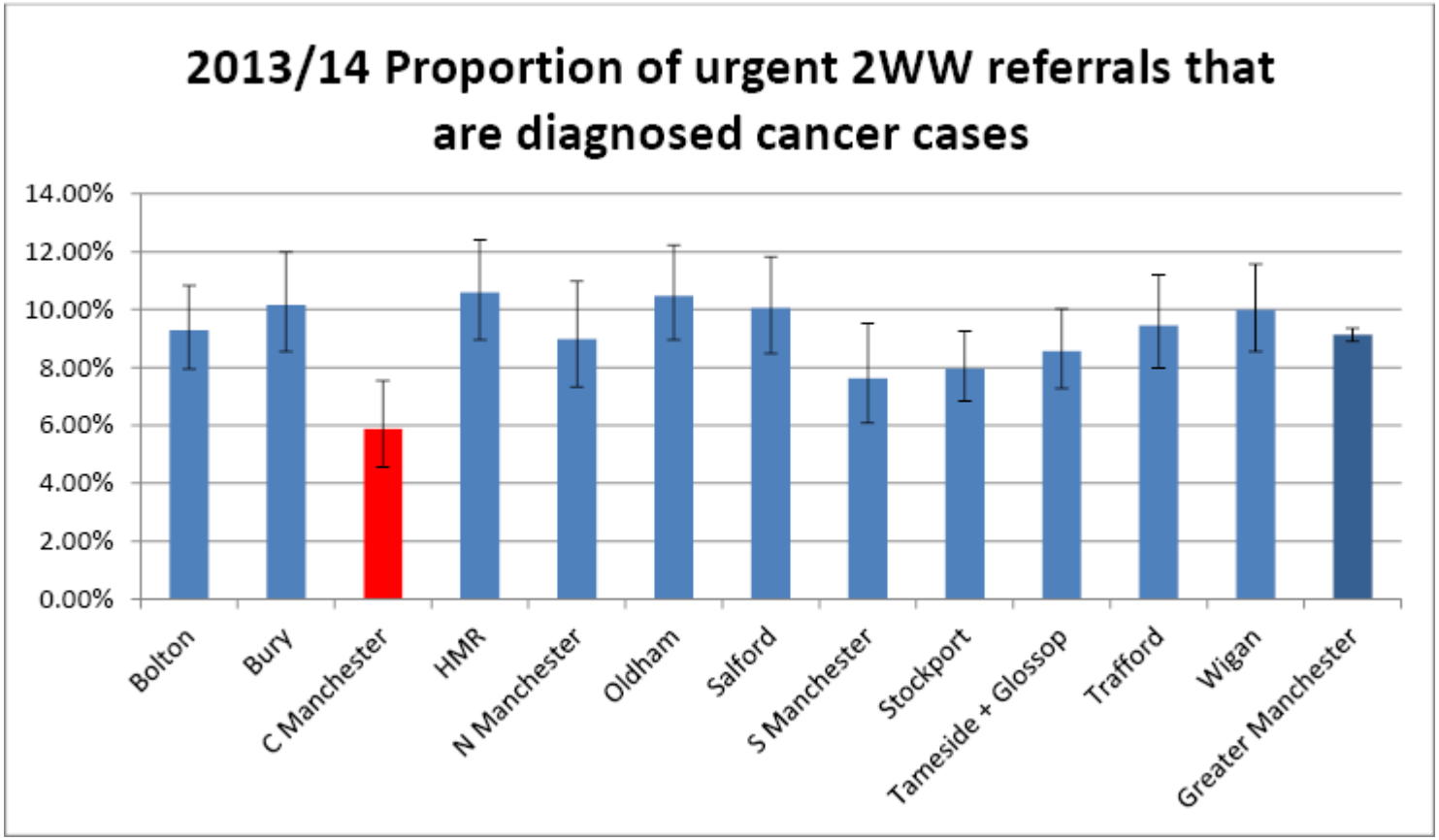
- suspected skin cancer
- suspected lower gastrointestinal cancer.
- suspected breast cancer

There are forecast to be 10,252 and 11,326 referrals in 2015-16 and 2016-17.

This represents an increase of 2,114 referrals compared to 2014-15, more than 10% a year between 2014-15 and 2016-17.

Cancer Type	13-14 Actual	14-15 Actual	15-16 Forecast	16-17 Forecast	Growth '13-14 to '16-17
Suspected skin cancer	1,565	1,849	2,147	2,386	**821**
Suspected head & neck cancer	772	906	1,175	1,357	**585**
Suspected upper gastrointestinal cancer	828	999	1,157	1,334	**506**
Suspected lower gastrointestinal cancer	1,538	1,642	1,791	1,922	**384**
Suspected breast cancer	1,482	1,580	1,731	1,791	**309**
Suspected urological malignancies (excluding testicular)	858	871	943	1,174	**316**
Suspected children's cancer	28	38	62	77	**49**
Suspected gynaecological cancer	744	854	770	787	**43**
Suspected lung cancer	155	187	191	197	**42**
Suspected haematological malignancies (excluding acute leukaemia)	54	70	81	96	**42**
Suspected brain/central nervous system tumours	85	104	107	106	**21**
Suspected testicular cancer	45	59	61	65	**20**
Suspected acute leukaemia	6	10	9	12	**6**
Suspected other cancer	4	2	1	0	**-4**
Suspected sarcoma	37	41	26	23	**-14**
TOTAL	**8,201**	**9,212**	**10,252**	**11,327**	**3,126**

Two week wait conversion rate



Although there will be a forecasted 10% a year increase in two week wait referrals between 2014-15 and 2016-17 it is important to note that the conversion rate for the referrals into diagnosed cancer is around 8% in Stockport.

This is not significantly different from the Greater Manchester average of 9.1% which in turn is similar to the national average of 9.0%

Routes to diagnosis

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The most recent routes to diagnosis data is only available for the period 2006-2010 and is only available for the four major cancers in Stockport CCG. Numbers presented below are percentages of cases with their associated confidence intervals.

Cancer Site	Area	Screen detected	Managed	Emergency presentation	Other	Number of cases
Breast	Stockport CCG	15.7 **17.7%** 20.0	68.0 **70.6%** 73.1	5.2 **6.4%** 7.9	4.1 **5.2%** 6.6	1,262
	England	28.1 **28.3%** 28.5	62.0 **62.2%** 62.4	4.5 **4.6%** 4.7	4.8 **4.9%** 5.0	191,120
Colorectal	Stockport CCG	1.3 **2.0%** 3.1	66.0 **69.0%** 71.8	22.1 **24.7%** 27.6	3.2 **4.3%** 5.8	954
	England	4.7 **4.8%** 4.9	65.7 **65.9%** 66.1	24.9 **25.1%** 25.3	4.0 **4.1%** 4.2	156,057
Lung	Stockport CCG		57.6 **60.6%** 63.6	33.4 **36.4%** 39.4	2.1 **3.0%** 4.2	1,001
	England		57.9 **58.1%** 58.3	38.1 **38.4%** 38.6	3.5 **3.6%** 3.6	163,176
Prostate	Stockport CCG		81.6 **84.0%** 86.2	9.3 **11.1%** 13.2	3.7 **4.9%** 6.4	988
	England		85.2 **85.4%** 85.5	9.2 **9.4%** 9.5	5.2 **5.3%** 5.4	163,802

Stockport benchmarks **significantly lower in screen detecting breast cancer and colorectal cancer** than the comparable England average.

On the other hand **Stockport benchmarks significantly higher on managed routes to diagnosis (GP referral, two week wait etc.) but also on emergency presentation for breast cancer**. All other routes to diagnosis for the four main cancers are similar to the national average. For nearly all cancer types , **one year relative survival rates were lower for patients presenting as emergencies as opposed to other routes, and gives an indication of early / late diagnoses in the population**.

Staging

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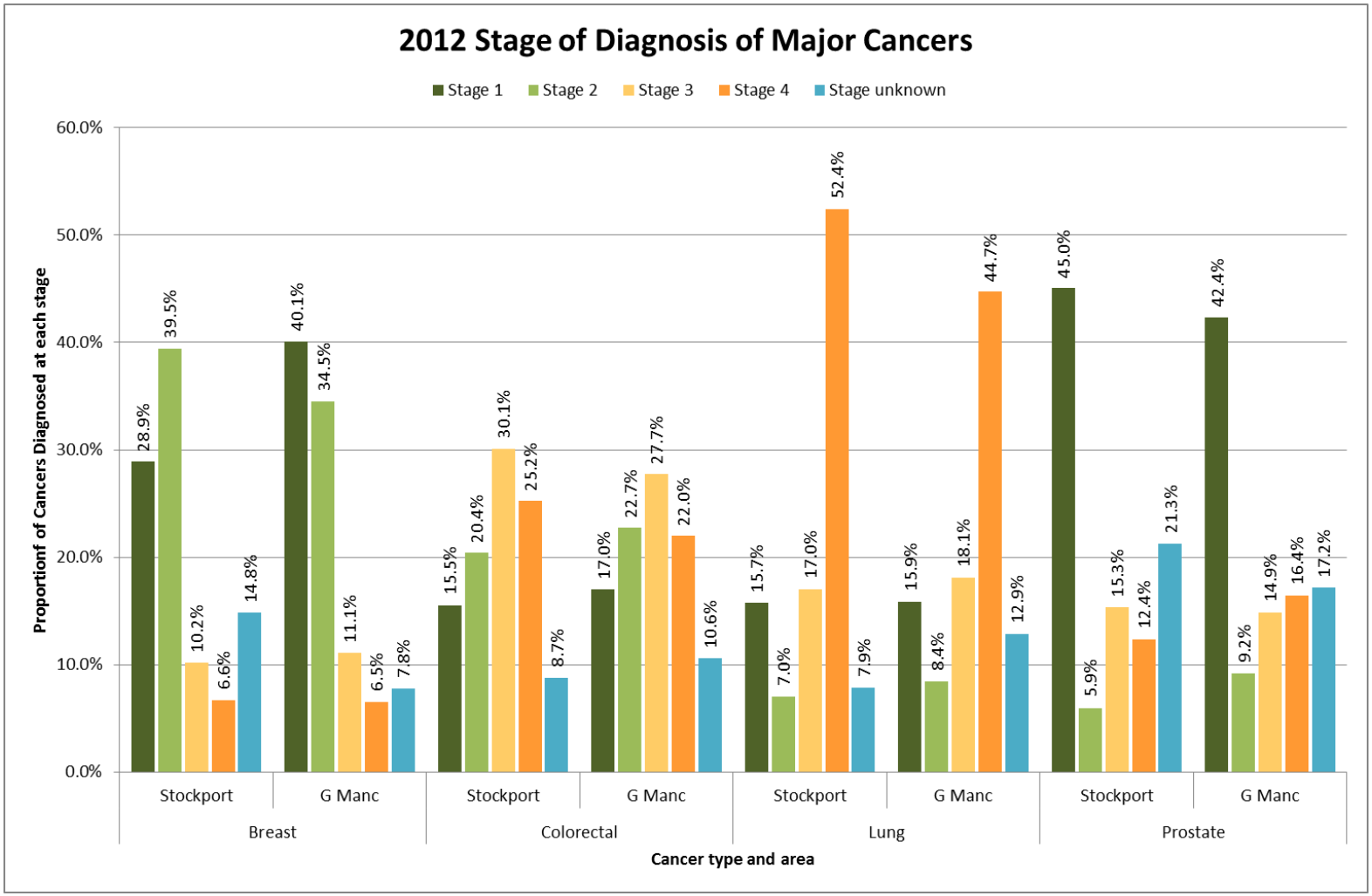

- All of GM CCGs had higher diagnosis at stage 2 than England as a whole (which had 42% for all cancer types)
- Stockport is significantly lower for diagnosis of breast cancer at stage 1 than Greater Manchester as a whole, this is being investigated by the Public Health team with local providers.

Incidence - Summary

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- In the years 2011-13 over 5,000 new cases of cancer were diagnosed amongst Stockport residents.
- Lung, colorectal, breast and prostate cancer made up over 54% of these new cases with breast cancer being the most diagnosed cancer in all ages and under 75.
- Most cancers are diagnosed in middle to later life with the average age of diagnosis being in the mid to late 60's
- Men face a greater burden of cancer than women in almost all major cancers in all ages with the rate ratio in men being 1.2 times that of women for all cancer.
- Young women are adversely affected by gender specific cancers such as breast and ovarian cancer, which are diagnosed to a greater extent in those aged 15-64.
- Stockport has similar incidence rates in all cancers in all ages and under 75 to regional and national rates for both males and females. Male rates have been relatively stable between 2001-2003 and 2011-13 whereas female rates are rising.
- Stockport has lower incidence rates in female all age lung cancer and under 75 male and female lung cancer compared to the North West. **Stockport has higher incidence rates than England for female all age lung cancer and male under 75 colorectal cancer**.
- It is hard to explain all the higher or lower incidence rates - as variations could be the result of differences in screening uptake and coverage, presentation rates or diagnosis.
- Note that deprivation information is not available in our incidence data.

Incidence – 2011-13 summary

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	Cancer type	All persons	Change from 2010-12	Males 2011-13		Females 2011-13	
		Number 2011-13	% change	Number	ASR per 100,000	Number	ASR per 100,000
ALL AGES	Lung	729	5.0%	389	106.0	340	74.7
	Colorectal	688	8.5%	390	104.3	298	65.0
	Breast	757	1.1%	-	-	757	168.6
	Prostate	610	-1.8%	610	164.0	-	-
	All cancers	5,102	2.0%	2,572	688.1	2,530	559.3
UNDER 75s	Lung	367	3.1%	199	55.4	168	44.2
	Colorectal	419	10.6%	258	71.7	161	42.0
	Breast	534	-1.8%	-	-	534	136.5
	Prostate	384	-4.2%	384	107.5	-	-
	All cancers	3,154	0.0%	1,589	439.6	1,565	404.8

- There were 5,102 newly diagnosed cancer cases in 2011-13 and just over half were due to lung, colorectal, breast and prostate neoplasms.
- Although all cancers in all ages are slightly up from 2010-12 there are different patterns for the different cancers.
- Colorectal and lung cancer have seen large Increases whereas breast and prostate have seen nominal rises and decreases respectively.
- In under 75's the patterns are similar although the number of new diagnosis has remained similar and breast cancer has seen a small decrease compared to 2010-12.

Incidence – 2011-13 by age

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Number of cancers diagnosed by age and type:

Cancer type	0-24 years	25-64 years	65-74 years	75-84 years	85+ years	TOTAL
Lung (m)	0	87	112	141	49	389
Lung (f)	0	71	97	113	59	340
Colorectal (m)	1	118	139	107	25	390
Colorectal (f)	1	87	73	86	51	298
Breast (f)	0	363	171	138	85	757
Prostate (m)	0	137	247	171	55	610
All cancers (m)	17	741	831	744	239	2,572
All cancers (f)	30	921	614	616	349	2,530

- Female breast cancer was the most commonly diagnosed cancer in the years 2011-13 in all ages and under 75
- The most common cancers are not prevalent in children and young adults and there are only around 6 and 10 new cases a year in Stockport for males and females under 25 respectively.
- In the age group 25-64 the most common cancer is female breast cancer. This is partly due to screening programmes diagnosing young women early. Between the ages 65-84 males are diagnosed with cancer more often than women, with prostate cancer being the most common. In all other age groups women are more likely to be diagnosed with cancer than men.

Incidence – 2011-13 numbers

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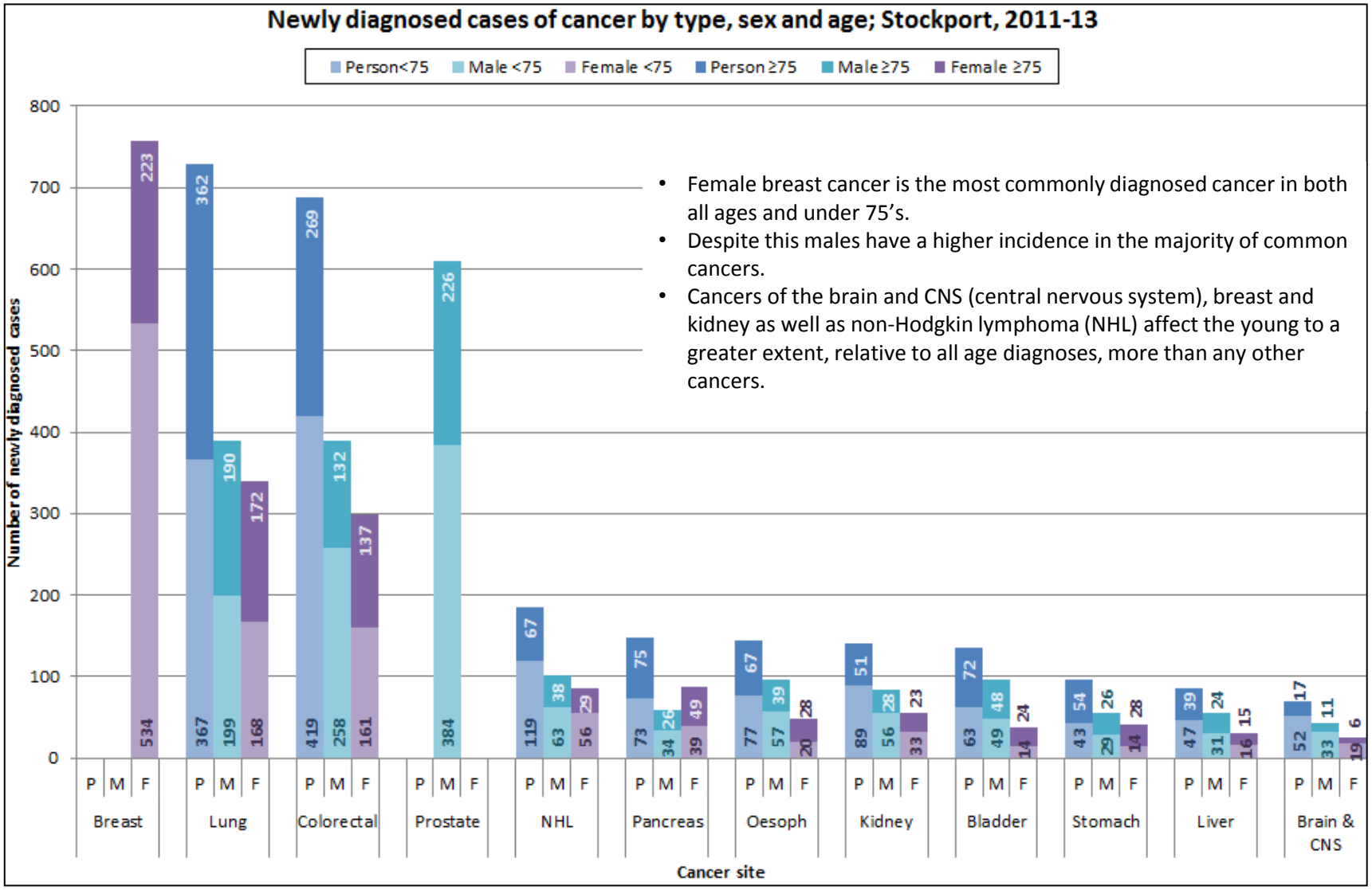

- Female breast cancer is the most commonly diagnosed cancer in both all ages and under 75's.
- Despite this males have a higher incidence in the majority of common cancers.
- Cancers of the brain and CNS (central nervous system), breast and kidney as well as non-Hodgkin lymphoma (NHL) affect the young to a greater extent, relative to all age diagnoses, more than any other cancers.

Incidence – numbers

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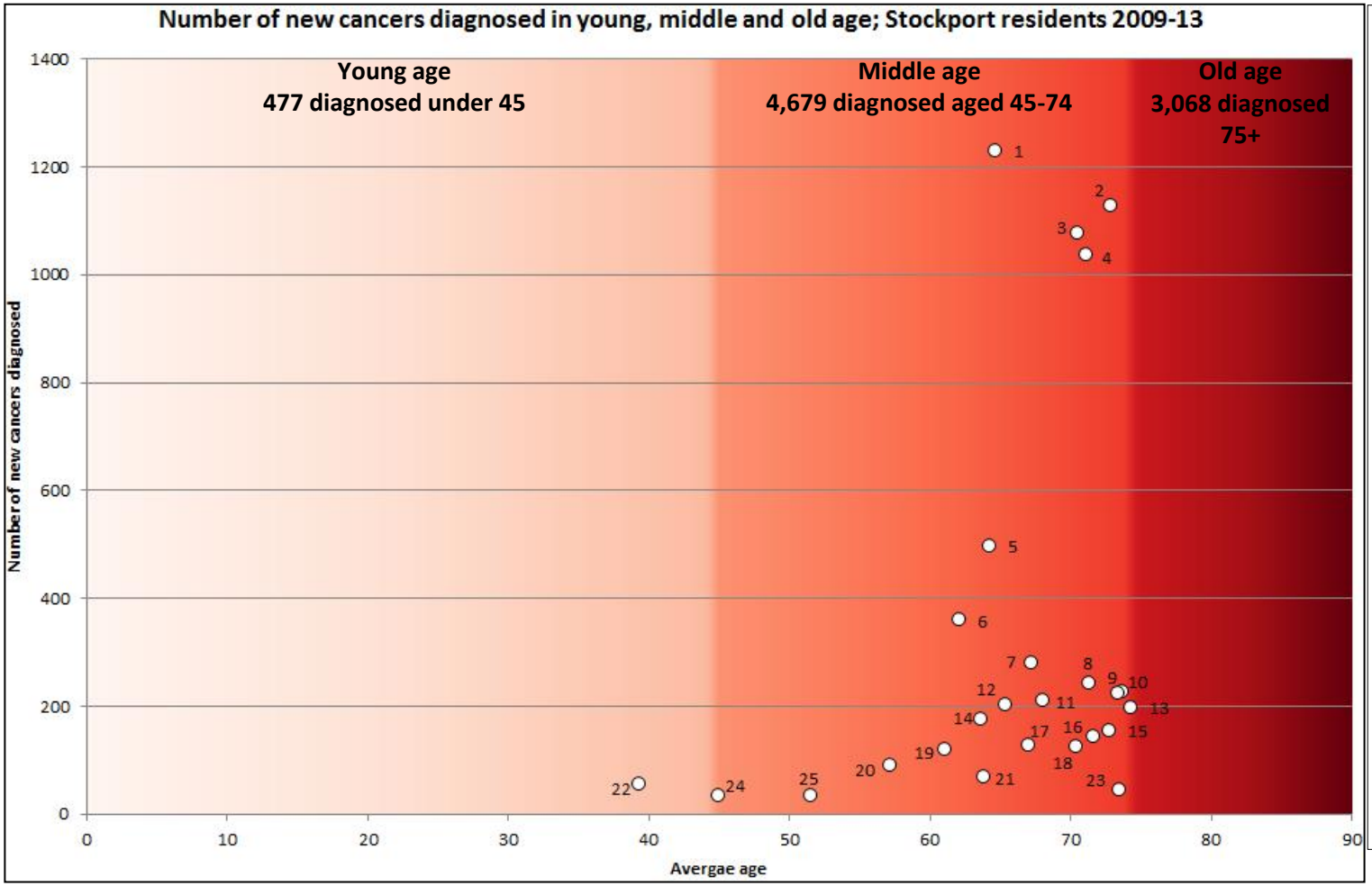

Key

1. Female Breast
2. Lung
3. Colorectal
4. Prostate
5. Female genital organs
6. Skin
7. Non-Hodgkin's
8. Oesophagus
9. Bladder
10. Pancreas
11. Kidney
12. Leukaemia
13. Ill-defined
14. Lip, oral & pharynx
15. Stomach
16. Liver
17. Mesothelioma
18. Myeloma
19. Brain
20. Thyroid & endocrine
21. Larynx
22. Testis
23. Gallbladder
24. Hodgkin's Disease
25. Eye

Cancer incidence between 2009-13 has been plotted with the average age of diagnosis by cancer type against the number diagnosed. The graph shows that cancer incidence mainly affects those aged over 60 with the **average age of diagnosis in all cancers just over 68**. The cancer with the lowest age of diagnosis is of the testis at just over 39. However there were only 57 diagnosed in the 5 year period. Cancers of the brain, lip, oral cavity and pharynx and skin are diagnosed in relatively large numbers at a young age. Female breast cancer has an average age of diagnosis at just under 65. Cancers of ill-defined, secondary and unspecified sites has the highest age of diagnosis at just over 74 and 198 of these were recorded between 2009-13. *NB not all cancer incidence has been mapped*

Incidence – male female ratios

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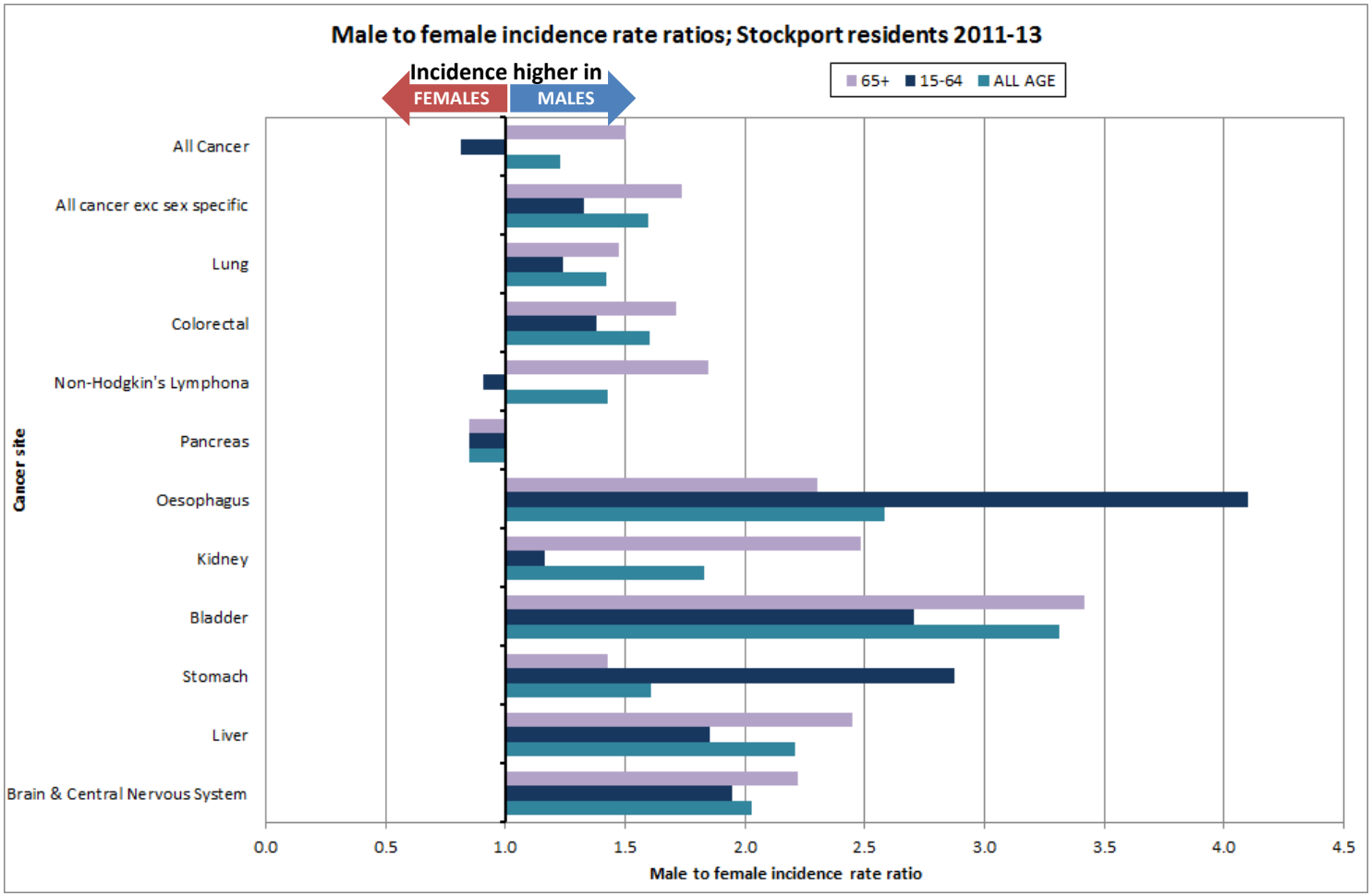

- Comparing age standardised ratios of cancer incidence between males and females shows that males in Stockport are facing an excess burden of cancer.
- There are only a few instances where women have a higher incidence of cancer than men. These are in all cancer for ages 15-64, non-Hodgkin's lymphoma in ages 15-64 and pancreatic cancer for all ages.
- The higher incidence in all cancer for ages 15-64 for women is due to the high rate of gender specific cancers, such as breast and ovarian, in young women.
- When gender specific cancers are excluded males have a higher incidence rate for all cancer in all age breakdowns. Males have the greatest burden in oesophageal cancer in ages 15-64 and bladder cancer in ages 65+ and all ages.

Incidence - age standardised rates summary

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The table below summarises Stockport cancer incidence rates in relation to England and the North West in 2011-13 as well as an overall trend for Stockport between 2001-03 and 2011-13. More detail on incidence is in the appendix.

Cancer site	Age group	Stockport 2011-13 rate compared to England		Stockport 2011-13 rate compared to North West		2001-03 to 2011-13 Stockport trend	
		Males	Females	Males	Females	Males	Females
All	All	↔	↔	↔	↔	↔	↑
	< 75	↔	↔	↔	↔	↑	↑
Lung	All	↔	↑	↔	↓	↓	↑
	< 75	↔	↔	↓	↓	↓	↑
Colorectal	All	↔	↔	↔	↔	↑	↑
	< 75	↑	↔	↔	↔	↑	↑
Breast	All		↔		↔		↑
	< 75		↔		↔		↑
Prostate	All	↔		↔		↓	
	< 75	↔		↔		↓	

Key:

- ↔ Flat trend
- ↔ No significant difference
- ↑ Upward trend
- ↓ Downward trend
- ↑ Significantly higher
- ↓ Significantly lower

Hospital data – key summary

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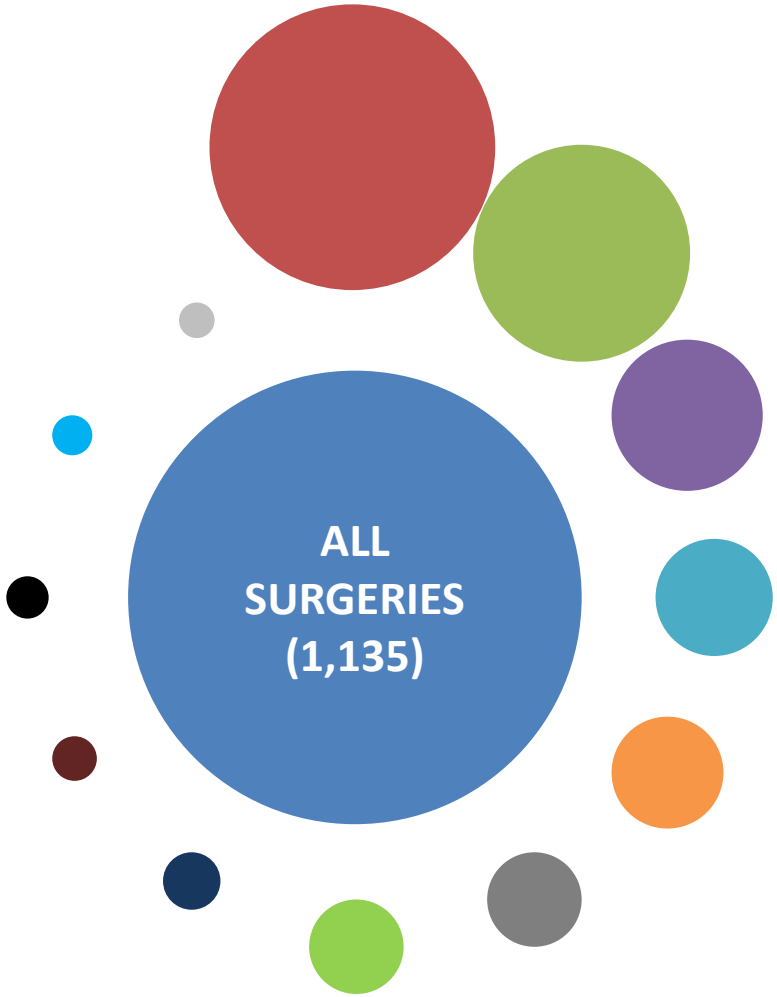
- In terms of cancer treatment surgical procedures include, but are not limited to, mastectomy, hysterectomy, partial excision of the liver and gastrectomy.
- There were 1,135 admissions to hospital for surgical procedures for major cancers in two years (13/14 and 14/15)
- The majority of procedures (40%) are related to breast cancer.
- The next most common admissions for surgery were for colorectal cancers (23%). This pattern follows that of the incidence rates of cancer.
- Lung cancer is relatively low (6%) in cancer surgery primarily due to the fact that the cancer has usually spread beyond the lung when it is diagnosed.
- Surgical procedures have a clear inverse deprivation profile
- There were 1,812 first outpatient appointments for oncology where a follow up was required in 2014-15 by Stockport residents. The majority of appointments are made by those aged over 75.
- There is also an inverse deprivation profile with those in the least deprived areas making the most appointments
- The most common NHS provider of cancer admissions is Stockport NHS Foundation Trust regardless of where the patient lives in Stockport.
- 25% of cancer admissions from the least and second least deprived areas are admitted to The Christie compared to 18% from the most deprived which hints at an inequality of access by Stockport residents to specialist cancer care.
- University Hospital of South Manchester has a specialist lung cancer care and therefore a large number of admissions to this hospital are for respiratory cancers.

Hospital data – Surgical procedures 2013-14 to 14-15



- Breast (451)
- Colorectal (260)
- Female genital organs (126)
- Kidney (76)
- Lung (69)
- Head and neck (69)
- Prostate (69)
- Stomach (18)
- Bladder (11)
- Pancreas (10)
- Oesophagus (9)
- Liver (7)

- Admissions to hospital for surgical procedures for major cancers show that the majority (40%) are concerned with breast cancer. These breast cancer procedures involve anything from a total mastectomy to smaller lesions.
- The next most common admissions for surgery in the period 2013-14 to 14-15 were for colorectal cancers (23%). This pattern follows that of the incidence rates of cancer.
- Lung cancer is relatively low (6%) in cancer surgical procedures primarily due to the fact that the cancer has usually spread beyond the lung when it is diagnosed.

Hospital data – surgery 2013-14 to 14-15

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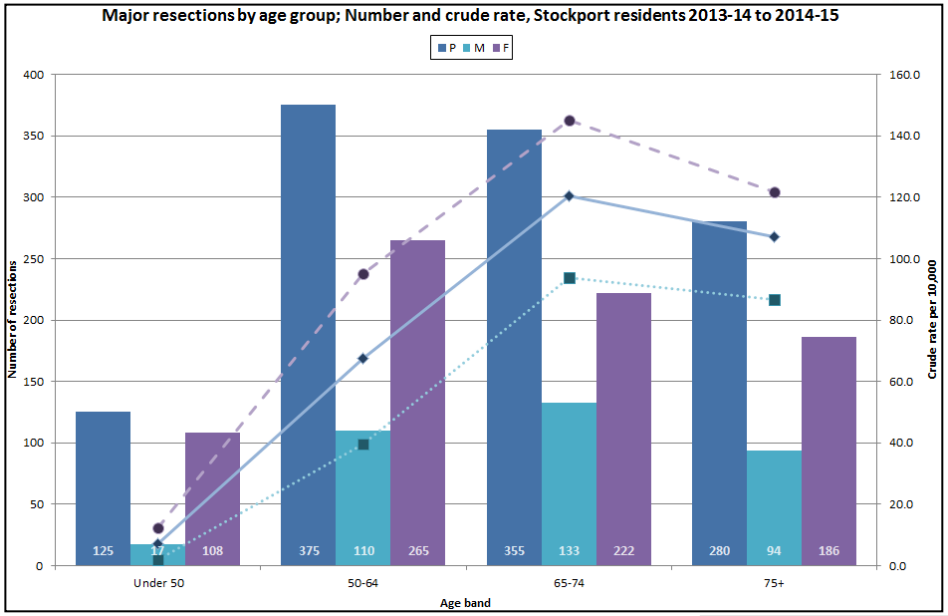
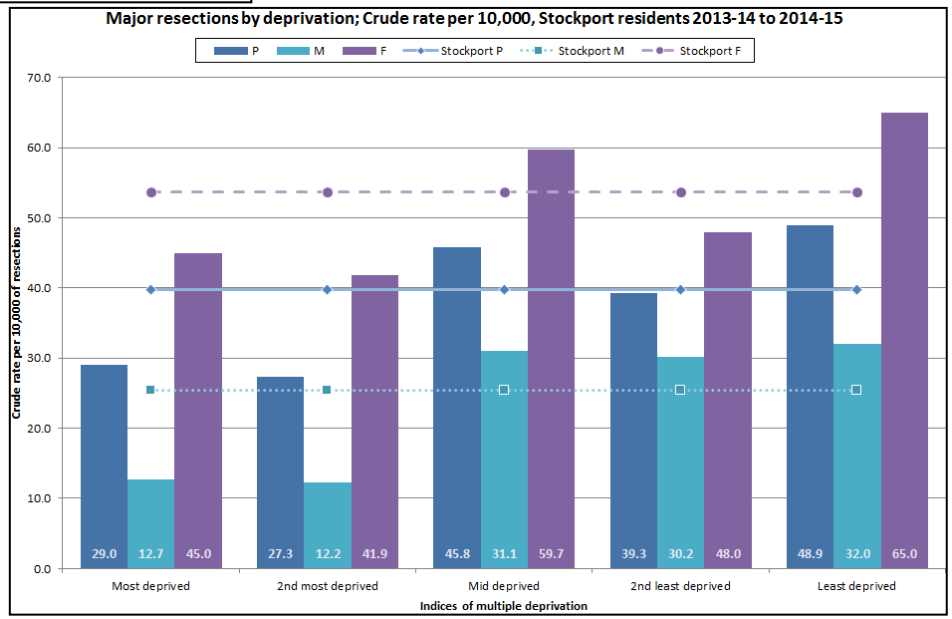


In the period 2013-14 to 2014-15 the majority of cancer surgical procedures were carried out on females aged 65-74 although actual numbers were greater in those aged 50-64.

Women had more operations to remove cancer in all age groups than men but then this is to be expected given the types of cancer treated with surgery (breast, female genital)

Operations have a clear **inverse deprivation profile**. Overall those in the most, and second most deprived areas have significantly fewer operations to remove cancer than all Stockport. Those in the mid deprived and least deprived areas have significantly more.

For males those in the most and second most deprived areas have significantly less, whilst those in the least deprived, have significantly more surgeries. Females show less of a deprivation trend but those in the second most deprived areas have significantly fewer procedures whereas those in the least deprived have significantly more. This is potentially at odds with mortality data where deprivation profiles, in breast and colorectal cancer in particular, were not clearly evident.



Hospital data – outpatients 2014-15

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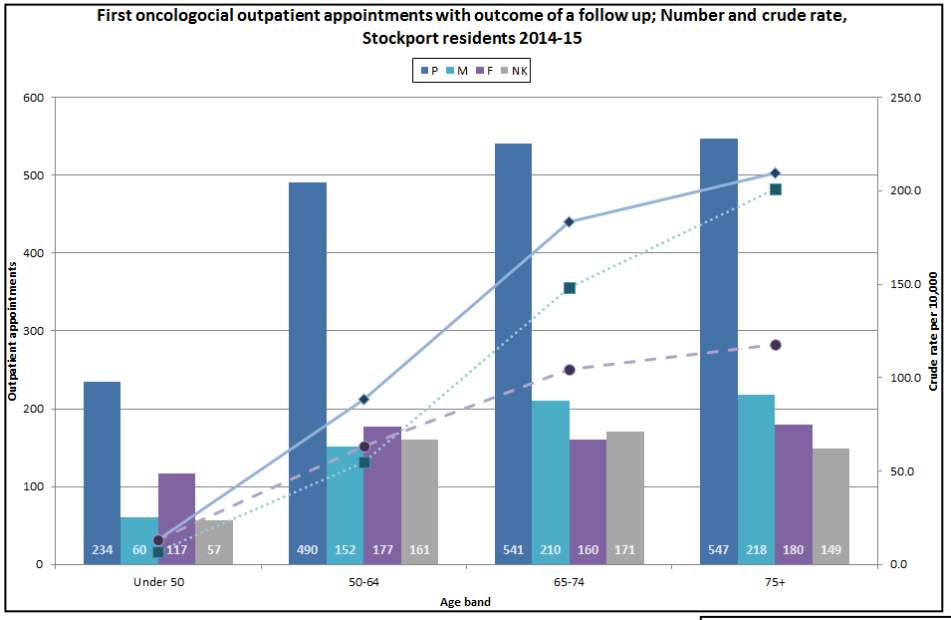


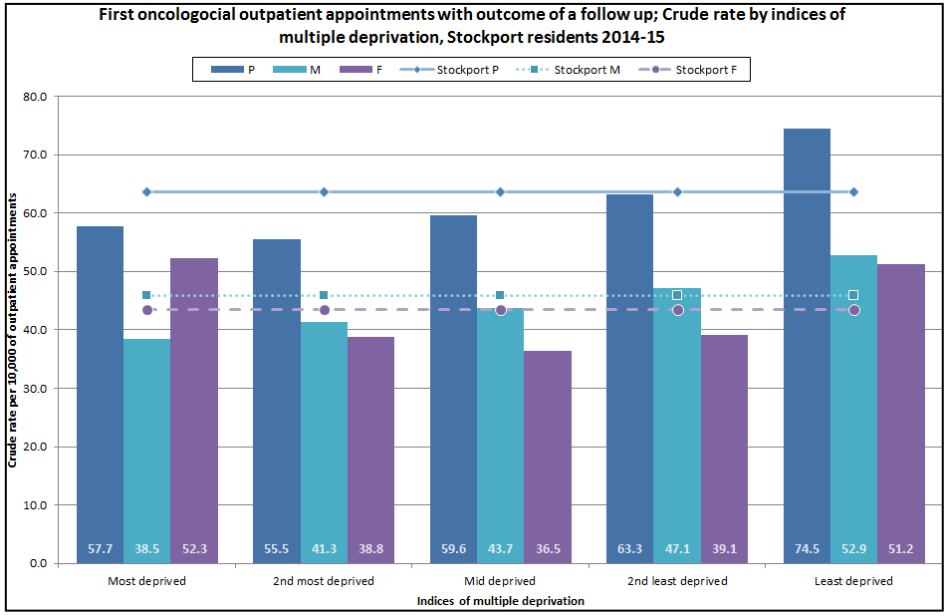
In 2014-15 there were 1,812 first oncological outpatient appointments where a follow up appointment was necessary.

Gender was not particularly well recorded on the data so differences between males and females is difficult to judge.

The majority of appointments were made for those aged over 75. This shows a slightly older trend than that for operations to remove cancer

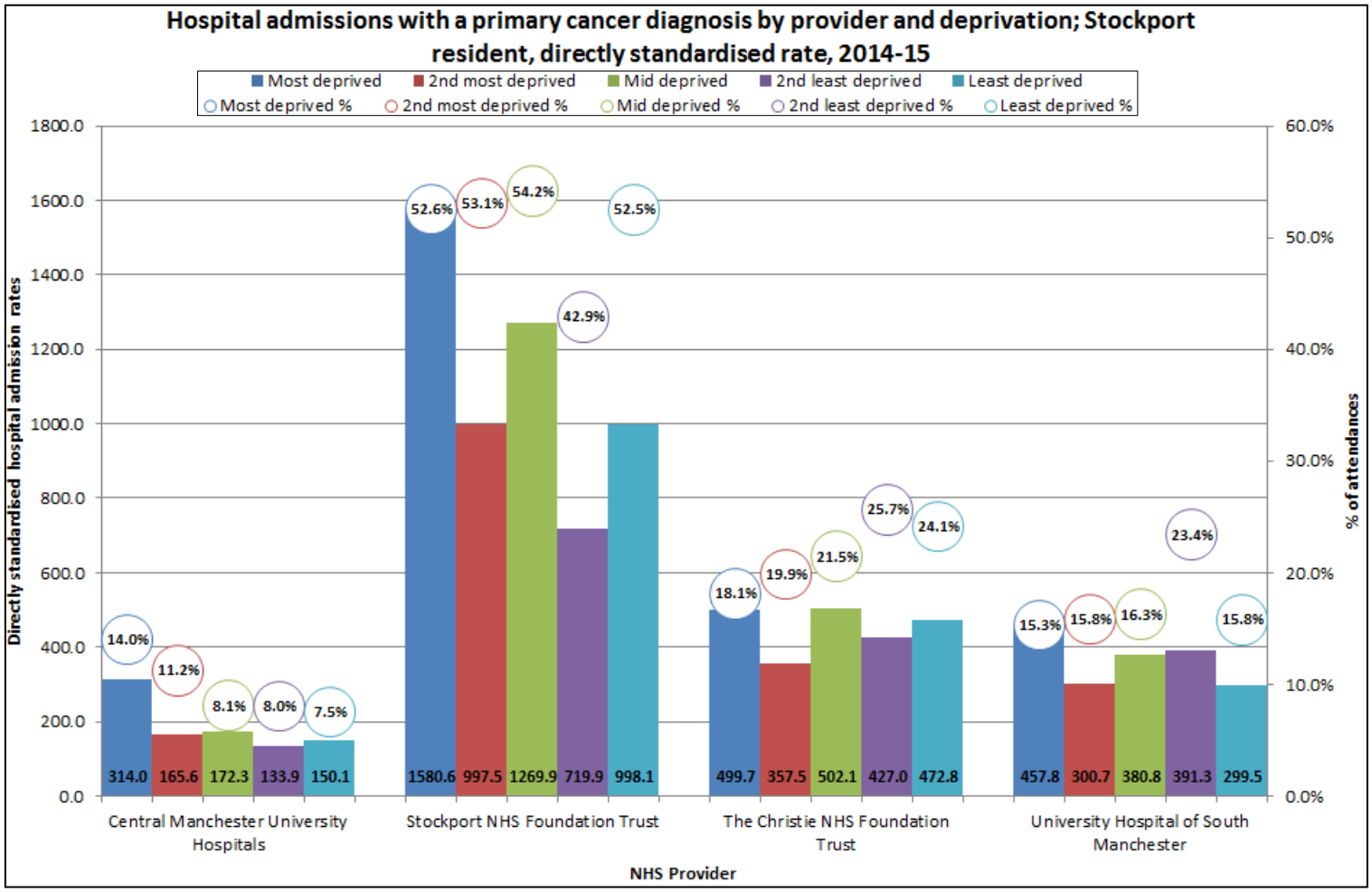
With regards deprivation there is again a clear inverse profile with those in the second most deprived area making significantly fewer appointments than the Stockport average and those in the least deprived making significantly more.

Due to the large number of genders unknown there is no real deprivation profile within the sexes although females in the least deprived areas make significantly more appointments than the Stockport female average. There is no value in comparing male and female rates, again due to the large number of unknown genders.



Hospital data – provider of care

Stockport JSNA
joint strategic needs assessment

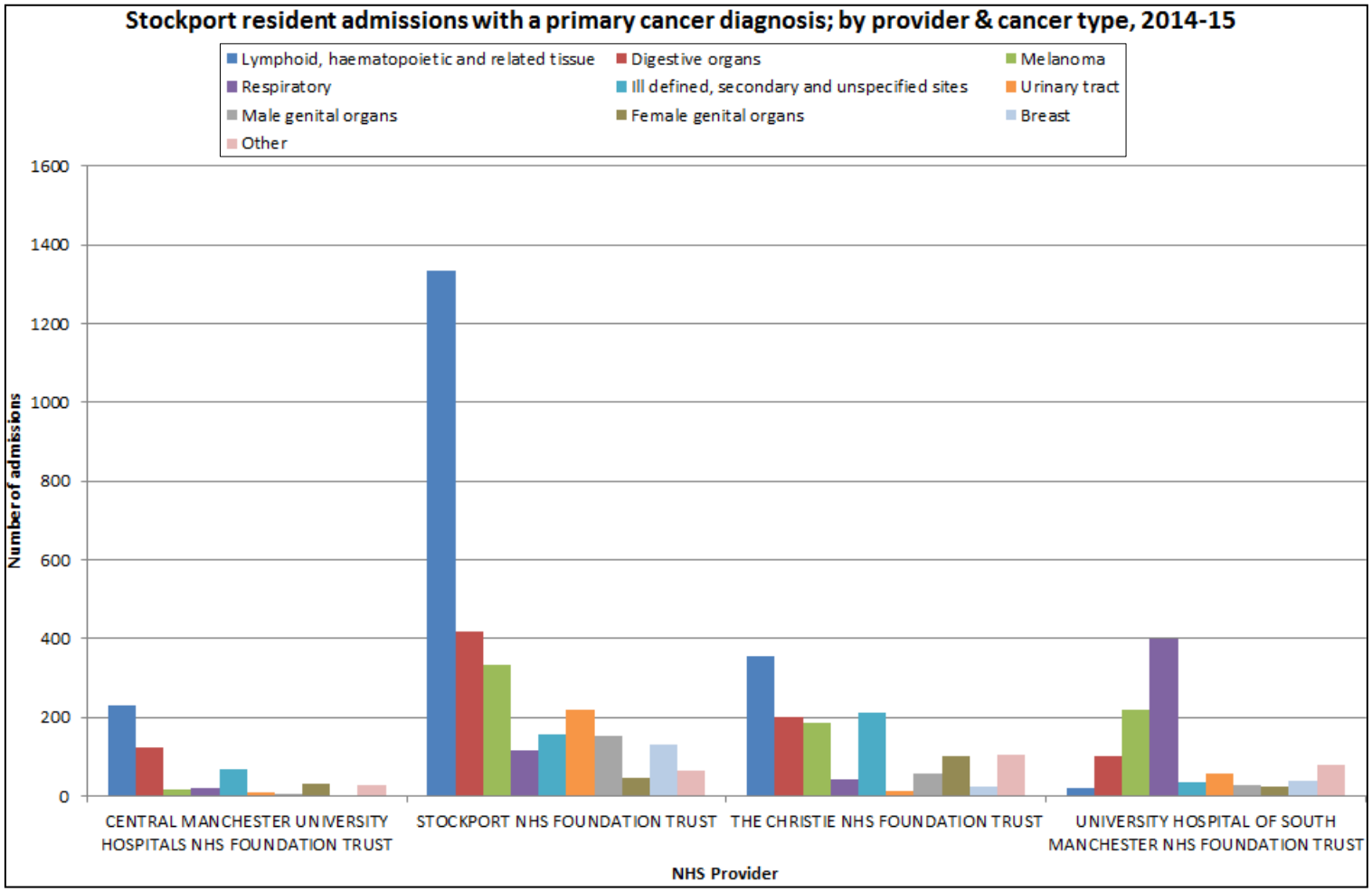


Most hospital admissions are at Stockport NHS Foundation Trust regardless of which area of Stockport the patient lives. However The Christie and University Hospital of South Manchester (UHSM) show slightly different profiles. UHSM will largely be down to it's location at the south west boundary of the borough, where it is the closest hospital for those in that area and deprivation is low. However, with regards The Christie, a quarter of all admissions from the least and second least deprived areas are admitted here compared to 18% from the most deprived. This imbalance could be due to inequality of access whether that be due to tangible causes, such as transport issues, or the attitudes of the patients themselves. Alternatively the imbalance could be due to diagnosis staging or the types of cancer diagnosed.

NB not all admissions are mapped , only those at the four main sites for Stockport residents– there are admissions to other providers

Hospital data – provider of care

Stockport JSNA
joint strategic needs assessment



At three of the four main providers the most common cancer admission is for lymphoid, haematopoietic and related tissue cancers. Central Manchester has a specialist children's hospital which explains the relatively low level of variation in cancer types. The Christie has low level of admissions for respiratory cancers and, as lung cancer has the clearest deprivation profile, goes some way to explaining the inequality in access from the more deprived areas seen on the previous page. University Hospital of South Manchester (UHSM) is home to the North West Lung Centre, which has an international reputation for respiratory medicine and offers specialist lung cancer services. UHSM did not show a deprivation profile on the previous page so it may be that the lung cancer admissions are balancing out the locational factors.

NB not all admissions are mapped , only those at the four main sites for Stockport residents– there are admissions to other providers

National Cancer Patient Experience Survey 2014

NHS STOCKPORT CCG	2014 CCG Score	Number of responders	Highest CCG Percentage Score	Lowest CCG Percentage Score	2014 CPES National Mean Score
Q68 Patient offered written assessment and care plan	20.0	275	37.3	10.1	22%
Q19 Patient definitely told about treatment side effects that could affect them in the future	56.5	292	65.3	42.1	56%
Q47 All staff asked patient what name they preferred to be called by	56.7	240	85.7	33.3	60%
Q27 Hospital staff gave information on getting financial help	58.5	164	75.7	32.4	54%
Q55 Family definitely given all information needed to help care at home	60.5	205	72.6	36.7	60%
Q64 Practice staff definitely did everything they could to support patient	64.4	225	76.5	42.6	67%
Q65 Hospital and community staff always worked well together	66.5	319	76.2	44.1	64%
Q40 Patient's family definitely had opportunity to talk to doctor	68.8	205	83.2	54.3	67%
Q16 Patient's views definitely taken into account by doctors and nurses discussing treatment	70.0	297	81.0	60.0	71%
Q44 Always / nearly always enough nurses on duty	70.1	234	74.2	45.8	62%
Q50 Patient was able to discuss worries or fears with staff during visit	72.0	207	78.6	50.0	65%
Q11 Patient told they could bring a friend when first told they had cancer	72.5	284	87.2	63.5	75%
Q56 Patient definitely given enough care from health or social services	72.8	147	78.9	31.3	59%
Q20 Patient definitely involved in decisions about care and treatment	74.3	338	85.3	57.4	72%
Q70 Patient`s rating of care `excellent`/ `very good`	92.0	326	96.0	66.7	89%

The experience of care is measured by the National Cancer Patient Experience Survey of people resident in Stockport CCG who have been a hospital inpatient or day case between September and November 2013 with a primary cancer diagnosis.

The table above lists the measures where Stockport responses are below 75% and the key summary measure (Q70) it excludes the questions where more than 75% of Stockport respondents gave positive responses. Stockport benchmarked at average or above for all questions, being better than average in 14 of the questions (highlighted in green for the selected responses above.

92.0% of Stockport patients rated their care excellent or very good significantly higher than 89.0% nationally. Although in-line with national averages Stockport benchmarked below 60% on 5 of the survey questions. For more information on the survey click here.

Prevalence summary

Number with cancer			
	All	Female	Male
All	7,992	4,390	3,602
Age 65+	5,087	2,513	2,574

% of population with cancer			
Age band	All	Female	Male
All ages	3%	3%	2%
0 - 4	0%	0%	0%
5 - 9	0%	0%	0%
10 - 14	0%	0%	0%
15 - 19	0%	0%	0%
20 - 24	0%	0%	0%
25 - 29	0%	0%	0%
30 - 34	0%	0%	0%
35 - 39	1%	1%	0%
40 - 44	1%	1%	1%
45 - 49	1%	2%	1%
50 - 54	2%	4%	1%
55 - 59	4%	5%	2%
60 - 64	5%	6%	4%
65 - 69	7%	7%	6%
70 - 74	9%	8%	9%
75 -79	10%	8%	13%
80 - 84	11%	9%	14%
85+	10%	8%	14%

There are currently approximately 8,000 people living in Stockport with cancer.

This data is for all current patients who have been diagnosed with cancer since 1st April 2003, though it doesn't have a date of diagnosis. Some maybe undergoing treatment still, others may be in remission.

More women than men are living with cancer, however the numbers in the older age group are equal. A possible contributor to this is female breast cancer which tends to develop at a younger age than most cancers. In the older age groups, men are more likely to have cancer than women.

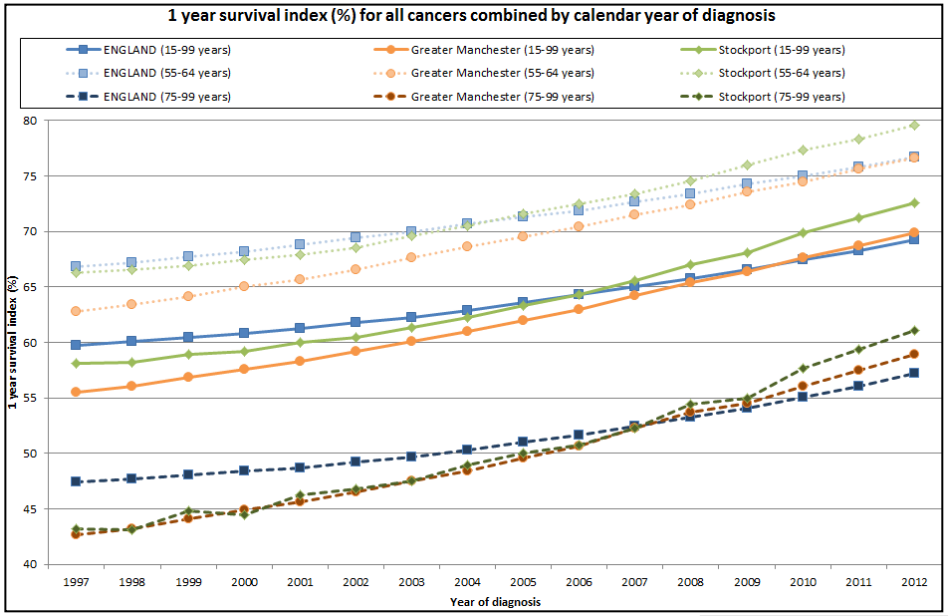
Deprivation

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	725	1,051	1,500	1,713	2,670
Crude %	2%	2%	3%	3%	3%
DSR per 100,000*	2,476.7	2,461.9	2,700.2	2,800.5	2,862.8

* Takes into account age/sex profile of populations and is best measure for comparison

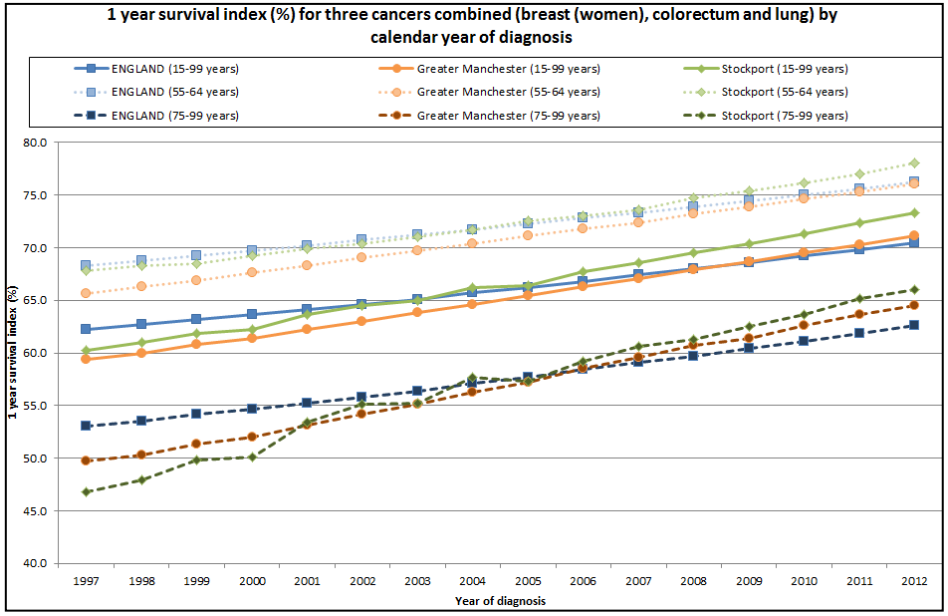
Cancer rates increase as deprivation decreases. Some of this is due to the age profile differences with more older people in more affluent areas, but also cancer survival rates are better in less deprived areas, resulting in more people living with cancer.

Survival data



One year survival rates in Stockport for all cancers compares well with both England and Greater Manchester. 72.6% of Stockport residents with a cancer diagnosed in 2012 could expect to be alive one year later. This increases to 79.6% of 55-64 year olds but falls to 61.1% of 75-99 year olds. One year survival rates for Stockport residents have increased by 25% between 1997 and 2012. Within England and Greater Manchester rates have risen 16% and 26% respectively. For ages 55-64 Stockport rates have risen 20% compared to 15% and 22% in England and Greater Manchester. Those aged 75-99 have seen rates rise 41% in Stockport; 21% in England and 38% in Greater Manchester.

One year survival rates for three cancers combined show similar patterns to all cancers combined. This is expected given that the three combined make up the majority of all cancers. Stockport again has favourable rates in all three age breakdowns compared to England and Greater Manchester. Survival rates in Stockport are increasing at similar rates to all cancer and fastest in the 75-99 year age breakdown. Survival rates in the three cancers combined are higher than all cancer combined in the 15-99 years and 75-99 years age groups but not in the 55-64 year category.



Mortality – key summary

- Cancer is the leading cause of death in Stockport, accounting for 30% (811) of all resident deaths in 2014. This is similar to 29% in 2013 but significantly higher than 28% in 2012.
- Cancer is also the leading cause of premature death with 45% (377) of under 75 deaths attributed to it. This is similar to both 2013 and 2012 when cancer was responsible for 41% of under 75 deaths.
- Deaths from the four most common cancer types, lung, colorectal, breast and prostate, represent 47% and 44% of all and under 75 cancer deaths respectively.
- There was a small increase in the number of deaths in both all ages and under 75 for all cancers between 2011-13 and 2012-14.
- Colorectal cancer increased in all ages by 6.9% but breast cancer decreased by 1.1%. However in under 75's breast cancer increased by over 10% whereas prostate cancer decreased by almost a quarter.
- Males are at a greater risk of dying from nearly all major cancers than females
- In general mortality rates in all cancer and the major cancers are going down, apart from lung cancer in all age females. Rates compare favourably with the North West but are similar to England.
- There are clear inequality profiles in all cancer and lung cancer in all ages and under 75. However the other major cancers show no clear deprivation profile.
- Deprivation profiles are not narrowing between the most deprived areas and the Stockport average. In under 75 lung cancer the deprivation profile is narrowing between the most and least deprived areas but rates are still over 3 times greater.
- The actual number of deaths in the **most deprived** areas are **lower** than in the least deprived. However, due to the number of people in each area and the population make-up, **rates** in the **most deprived** areas tend to be far **higher**, in particular for all cancer and lung cancer.

Mortality – 2012-14 summary

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	Cancer type	All deaths	Change from 2011-13	Males 2012-14		Females 2012-14	
		Number 2012-14	% change	Number	ASR	Number	ASR
ALL AGES	Lung	531	2.9%	275	73.7	256	54.9
	Colorectal	249	6.9%	119	32.4	130	26.6
	Breast	172	-1.1%	-	-	172	36.2
	Prostate	144	1.4%	144	42.4	-	-
	All cancers	2,326	2.5%	1,175	320.5	1,151	242.7
UNDER 75s	Lung	243	1.7%	131	36.0	112	29.3
	Colorectal	112	6.7%	66	18.0	46	11.9
	Breast	87	10.1%	-	-	87	22.2
	Prostate	31	-24.4%	31	8.9	-	-
	All cancers	1,064	1.0%	556	152.8	508	131.4

- There were 2,326 cancer deaths in 2012-14 meaning that more people died in Stockport from cancer than any other disease.
- Although all cancers in all ages are slightly up from 2011-13 there are different patterns for the different cancers. Colorectal cancer has seen a large increase whereas lung and prostate have seen smaller rises and female breast cancer has seen a nominal decrease.
- In under 75's the number of deaths has seen a slightly smaller increase on 2011-13 than all ages. Breast cancer has risen though suggesting it adversely affects the young. Prostate cancer, on the other hand, has seen a large decrease. However there are small numbers involved making it susceptible to large variations but also suggesting it mainly affects older people.

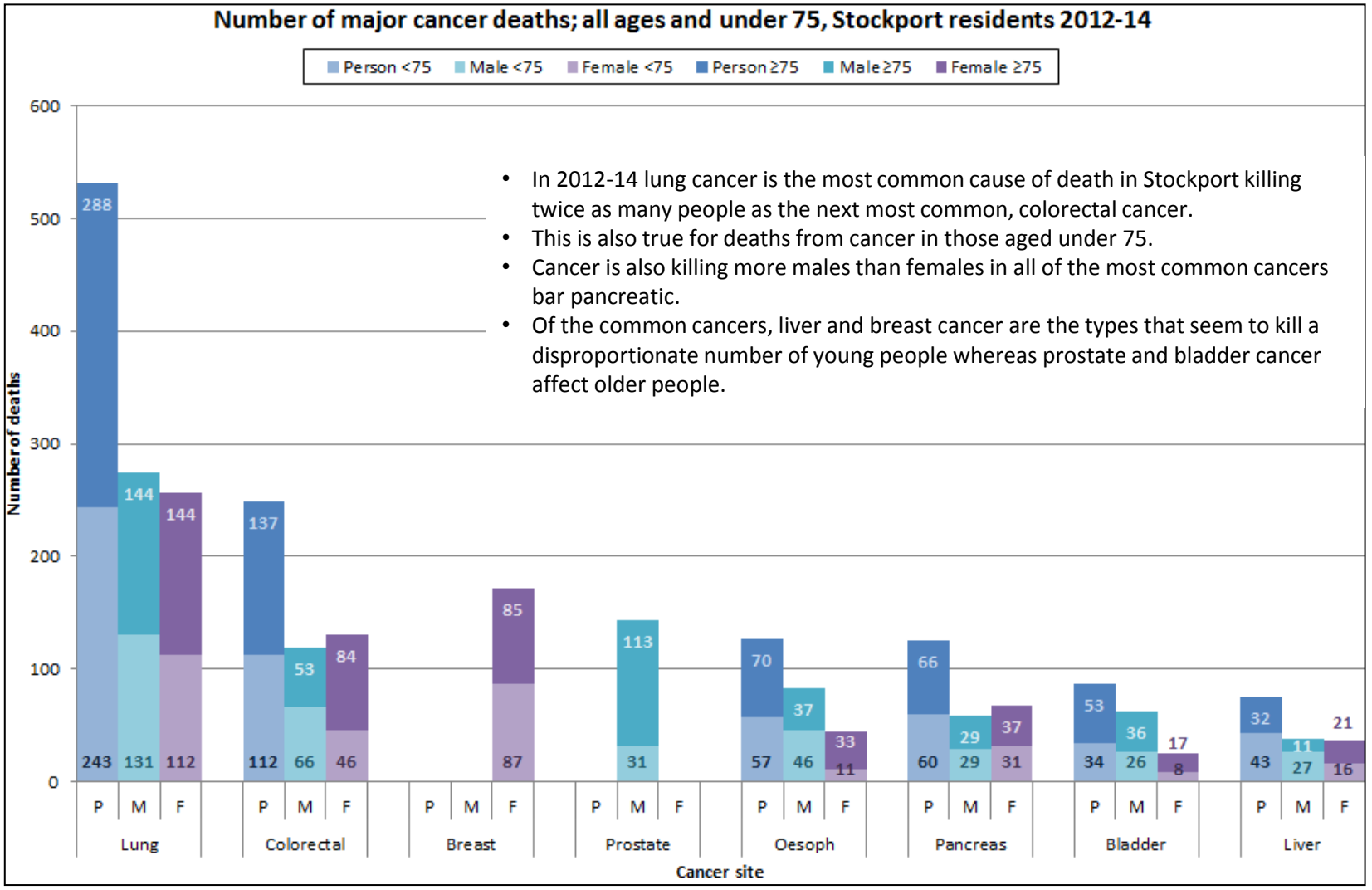
Mortality – 2012-2014 by age

Cancer type	0-24 years	25-64 years	65-74 years	75-84 years	85+ years	TOTAL
Lung (m)	0	47	84	105	39	275
Lung (f)	0	43	69	89	55	256
Colorectal (m)	0	34	32	33	20	119
Colorectal (f)	0	26	20	38	46	130
Breast (f)	0	48	39	38	47	172
Prostate (m)	0	5	26	57	56	144
All cancers (m)	4	223	329	406	213	1,175
All cancers (f)	5	242	261	350	293	1,151

- There were 9 cancer deaths between 2012-14 in those aged under 25 however none of these were caused by the most common cancer types.
- Cancers of the central nervous system, certain leukaemia and lymphomas are more common cancers in the young.
- The majority of cancer deaths occurred in the 75 to 84 age group for both males and females consistent with life expectancy in Stockport.
- Almost 1 in 2 cancer deaths over the age of 75 are attributable to one of the four major cancers whereas in the under 75's they are responsible for roughly 44% of cancer deaths.

Mortality – number of deaths

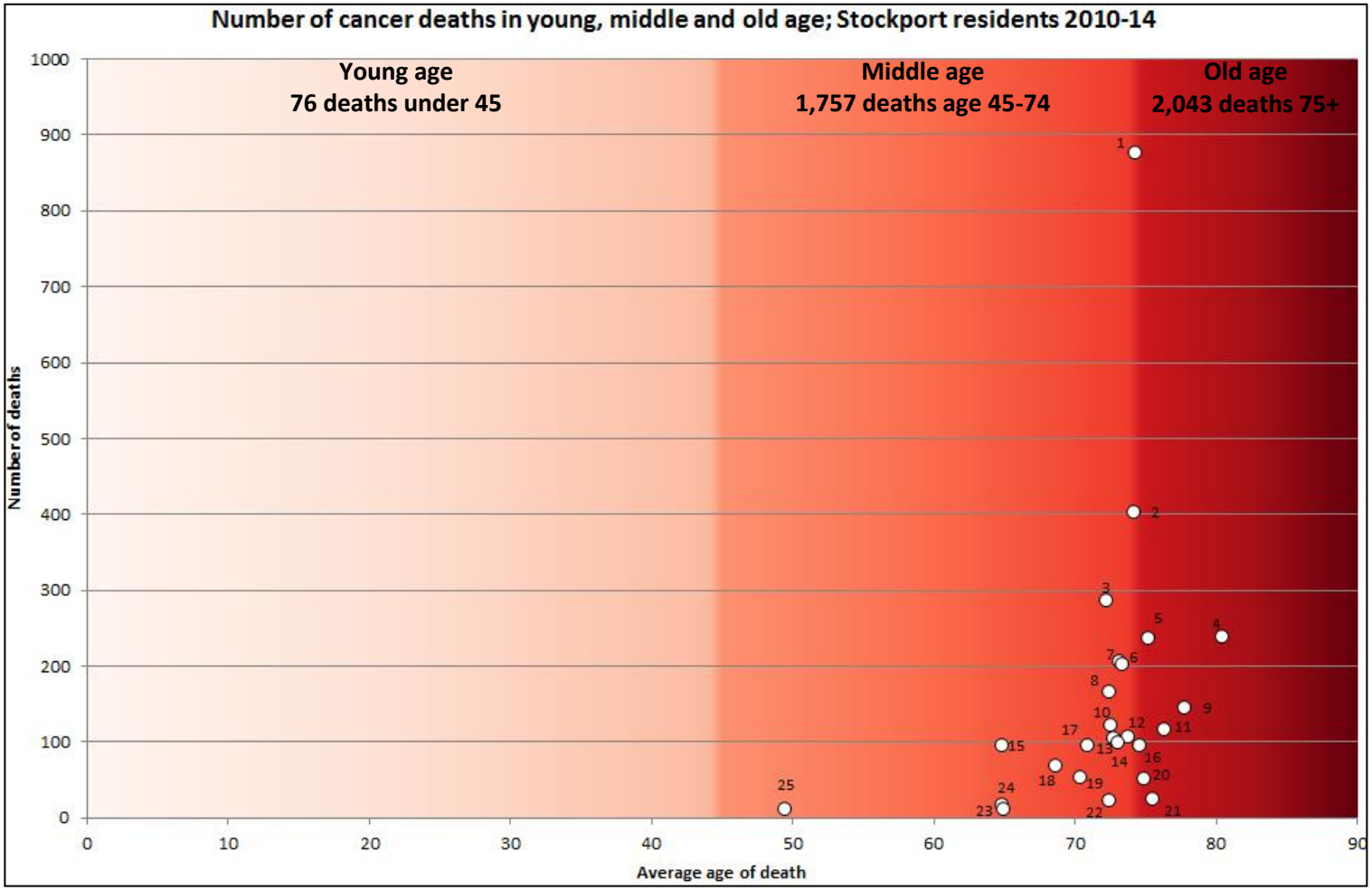
Stockport JSNA
joint strategic needs assessment



- In 2012-14 lung cancer is the most common cause of death in Stockport killing twice as many people as the next most common, colorectal cancer.
- This is also true for deaths from cancer in those aged under 75.
- Cancer is also killing more males than females in all of the most common cancers bar pancreatic.
- Of the common cancers, liver and breast cancer are the types that seem to kill a disproportionate number of young people whereas prostate and bladder cancer affect older people.

Mortality – number of deaths

Stockport JSNA
joint strategic needs assessment



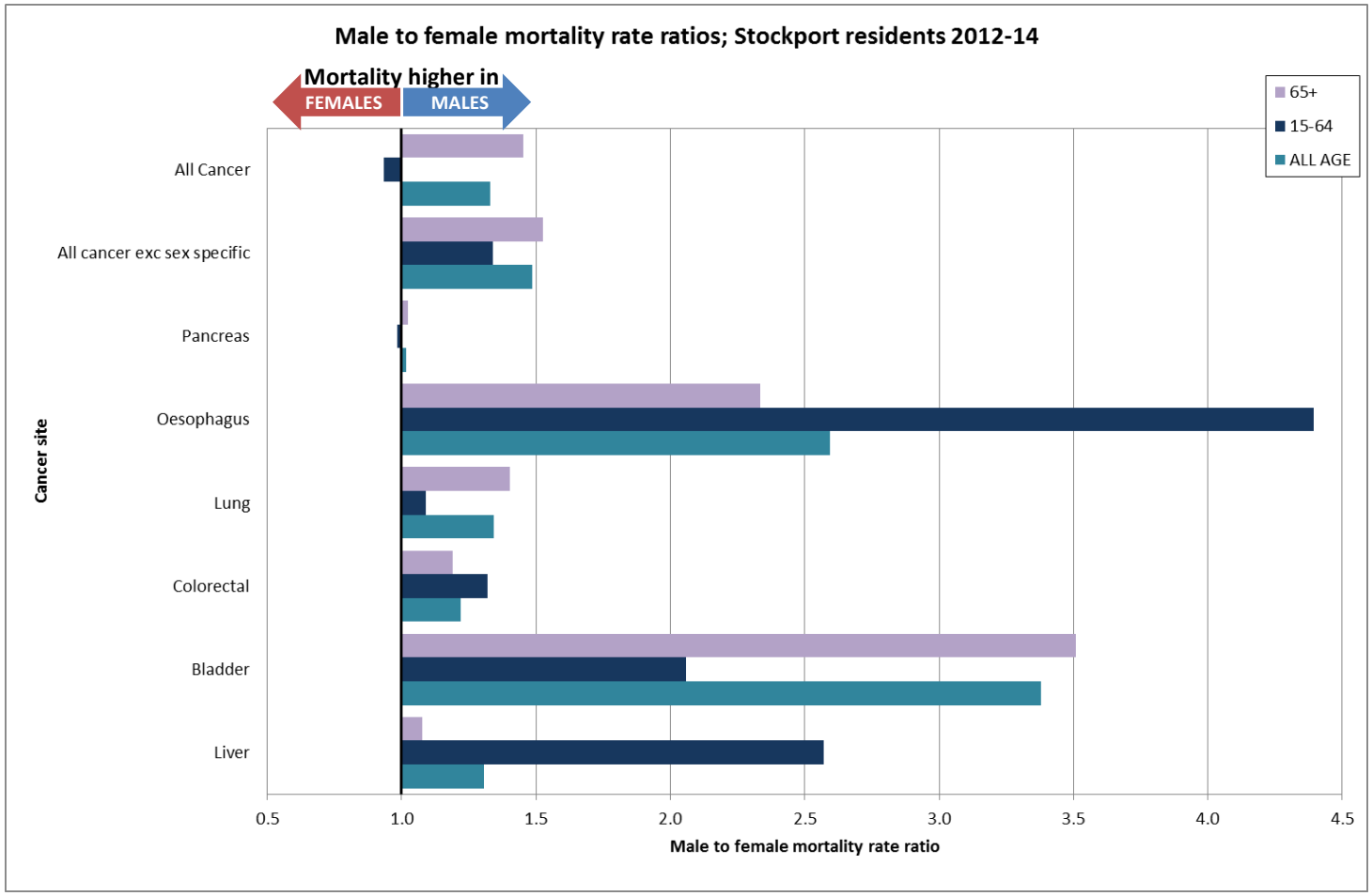
Key

1. Lung
2. Colorectal
3. Female breast
4. Prostate
5. Ill-defined
6. Oesophagus
7. Pancreas
8. Female genital organs
9. Bladder
10. Liver
11. Other digestive organs
12. Stomach
13. Non-Hodgkin's
14. Leukaemia
15. Brain
16. Kidney
17. Mesothelioma
18. Skin
19. Lip, oral and pharynx
20. Myeloma
21. Gallbladder
22. Independent multiple sites
23. Thyroid & endocrine
24. Larynx
25. Bone & articular cartilage

Cancer deaths between 2010-14 have been plotted with the average age of death by cancer type against the number of deaths in the period. The graph shows that cancer mortality mainly affects those aged over 65 with the **average age of death in all cancers just under 74**. Life expectancy during this period has hovered around 81. The cancer with the lowest age of death is of the bone and articular cartilage at just under 50 years. However this was only responsible for 11 deaths in the 5 year period. Particular outliers that limit life significantly are cancers of the brain , mesothelioma, skin and breast. Lung cancer has an average age of death at just over 74. Prostate cancer has the highest average age of death at over 80 years just above male life expectancy. *NB not all cancer deaths have been mapped*

Mortality - standardised rate ratios

Stockport JSNA
joint strategic needs assessment



Comparing age standardised mortality ratios of cancer between males and females shows that males in Stockport are facing an excess burden of cancer. Men have higher mortality ratios in almost all common cancers at all ages bar all and pancreatic cancer aged 15-64. The higher mortality ratio in all cancer for ages 15-64 for women is due to the high rate of gender specific cancers, such as breast and ovarian, in young women. When genderspecific cancers are excluded males have higher mortality rates for all cancer in all age breakdowns. Males have the greatest burden in oesophageal cancer in ages 15-64 and bladder cancer in ages 65+ and all ages which is identical to incidence rate ratios.

Mortality – standardised rate summary

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The below table summarises Stockport cancer mortality rates in relation to England and the North West in 2011-13 as well as an overall trend for Stockport between 2001-03 and 2012-14. More detail is presented in the appendix.

Cancer site	Age group	Stockport 2011-13 rate compared to England		Stockport 2011-13 rate compared to North West		2001-03 to 2012-14 Stockport trend	
		Males	Females	Males	Females	Males	Females
All	All	↓	↔	↓	↔	↓	↓
	< 75	↔	↔	↓	↔	↓	↓
Lung	All	↔	↔	↓	↓	↓	↑
	< 75	↔	↔	↓	↓	↓	↔
Colorectal	All	↔	↔	↔	↔	↓	↔
	< 75	↔	↔	↔	↔	↓	↓
Breast	All		↔		↔		↓
	< 75		↔		↔		↓
Prostate	All	↔		↔		↓	
	< 75	↔		↔		↓	

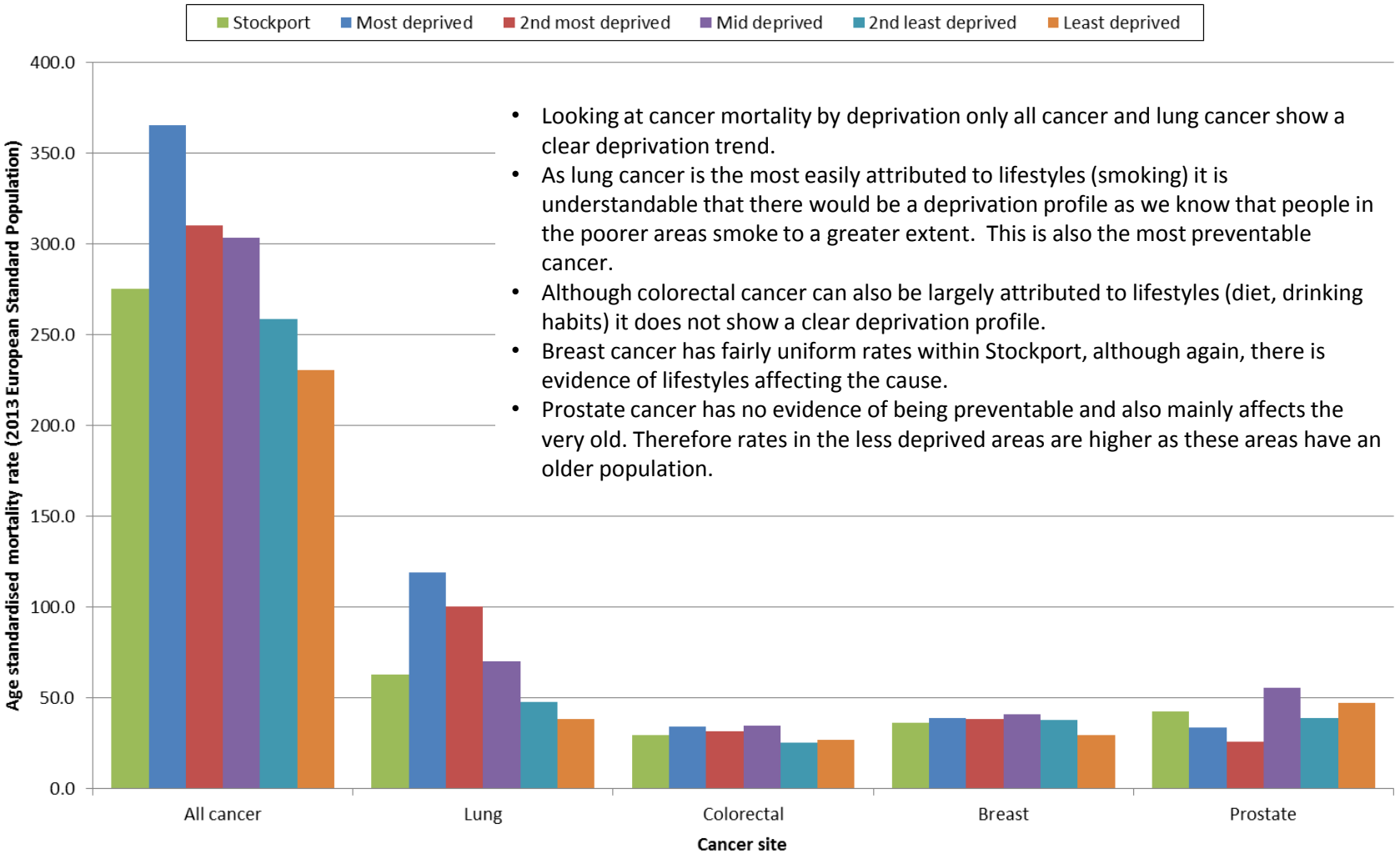
Key:

- ↔ Flat trend
- ↔ No significant difference
- ↑ Upward trend
- ↓ Downward trend
- ↑ Significantly higher
- ↓ Significantly lower

Mortality – by deprivation – all ages

Stockport JSNA
joint strategic needs assessment

2012-14 All age cancer mortality rates by quintiles of multiple deprivation and major cancer sites



- Looking at cancer mortality by deprivation only all cancer and lung cancer show a clear deprivation trend.
- As lung cancer is the most easily attributed to lifestyles (smoking) it is understandable that there would be a deprivation profile as we know that people in the poorer areas smoke to a greater extent. This is also the most preventable cancer.
- Although colorectal cancer can also be largely attributed to lifestyles (diet, drinking habits) it does not show a clear deprivation profile.
- Breast cancer has fairly uniform rates within Stockport, although again, there is evidence of lifestyles affecting the cause.
- Prostate cancer has no evidence of being preventable and also mainly affects the very old. Therefore rates in the less deprived areas are higher as these areas have an older population.

Mortality – by deprivation – under 75

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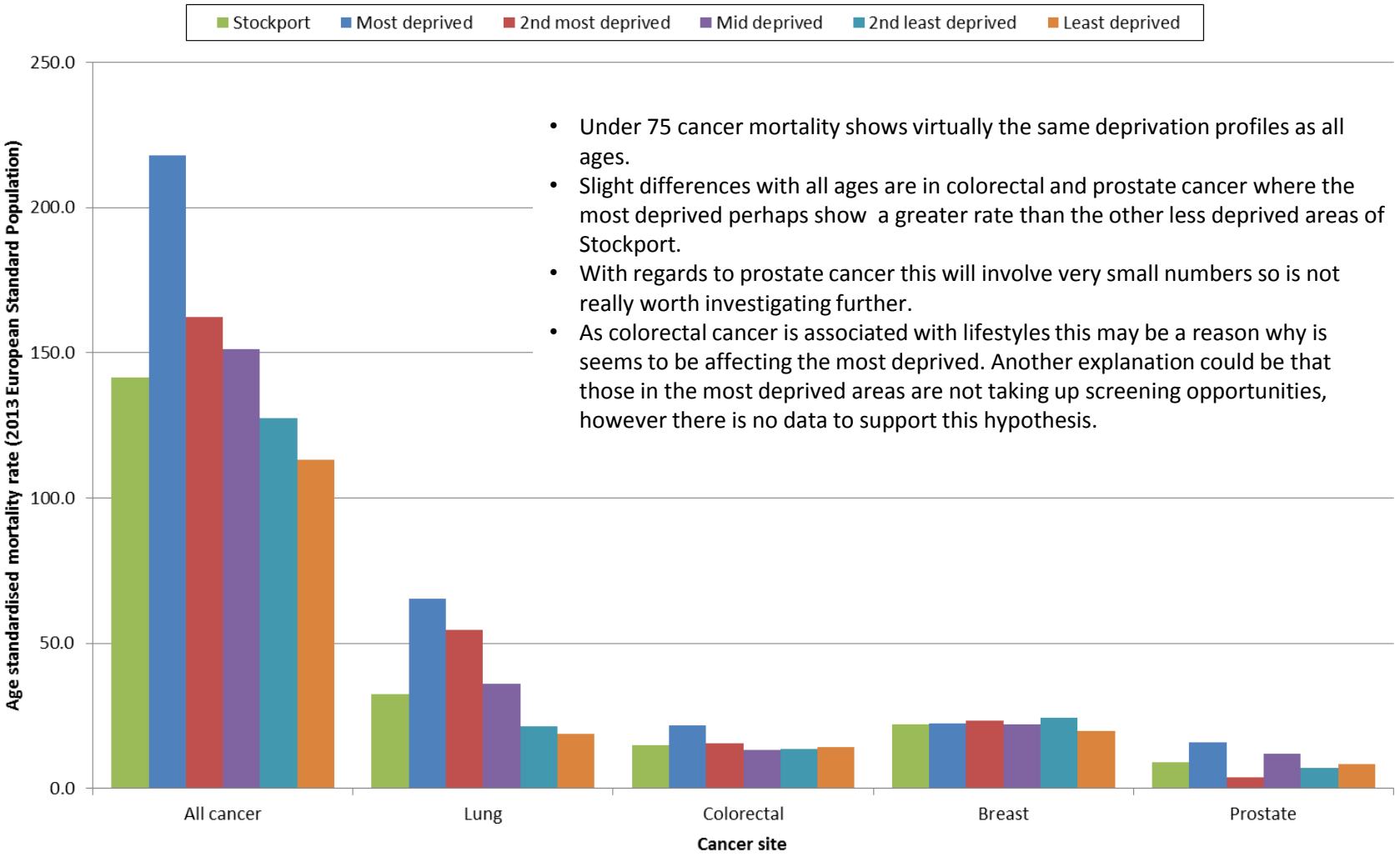
2012-14 under 75 cancer mortality rates by quintiles of multiple deprivation and major cancer sites



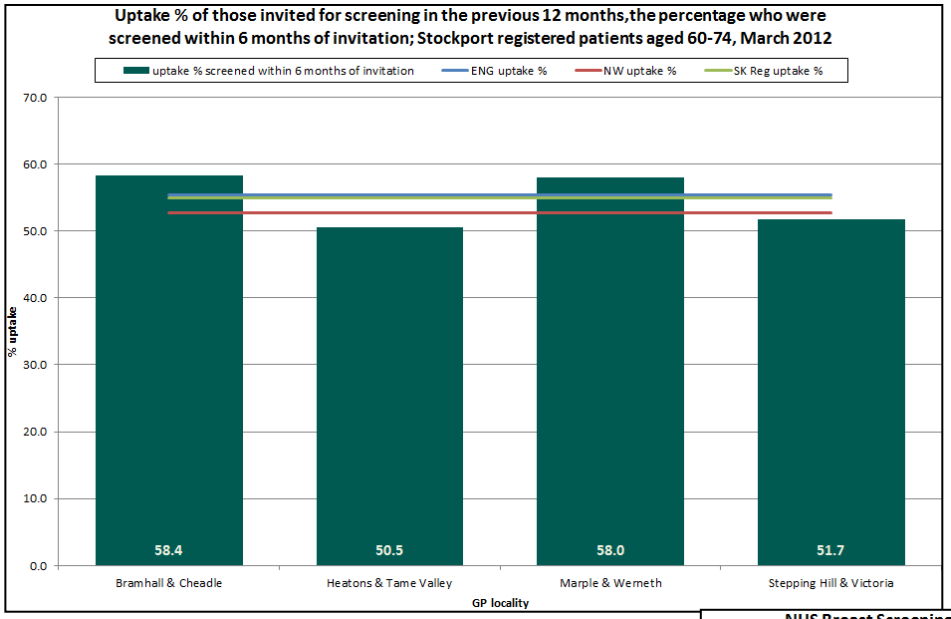
- Under 75 cancer mortality shows virtually the same deprivation profiles as all ages.
- Slight differences with all ages are in colorectal and prostate cancer where the most deprived perhaps show a greater rate than the other less deprived areas of Stockport.
- With regards to prostate cancer this will involve very small numbers so is not really worth investigating further.
- As colorectal cancer is associated with lifestyles this may be a reason why is seems to be affecting the most deprived. Another explanation could be that those in the most deprived areas are not taking up screening opportunities, however there is no data to support this hypothesis.

Appendices

- Screening uptake
- Additional information on incidence
- Additional information on mortality
- 2013-14 National Cancer Intelligence Network Stockport profile

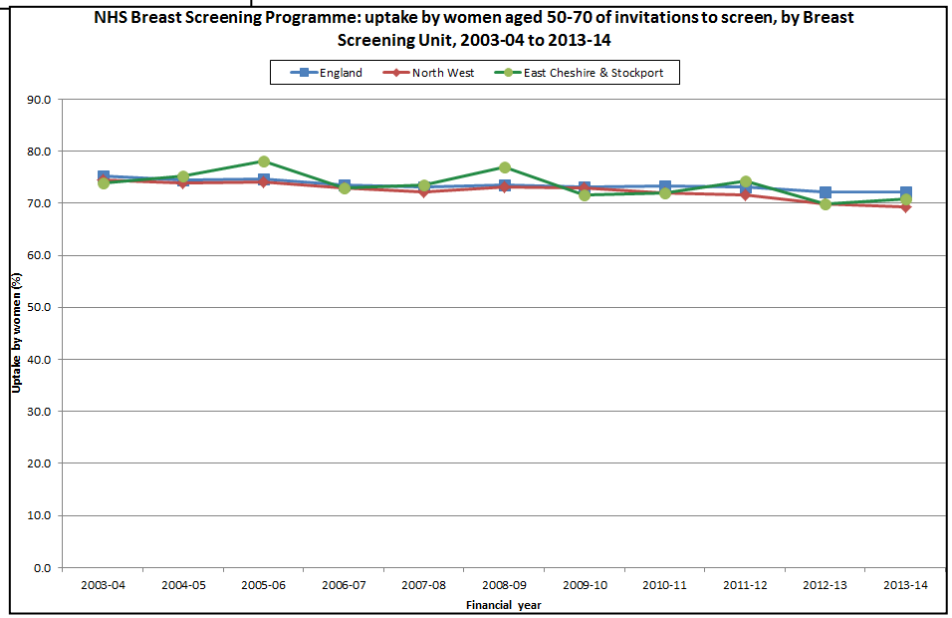
Cancer screening uptake

Cancer screening uptake is defined as the percentage of the patients who came forward for screening out of all of the patients invited for screening in that screening round.



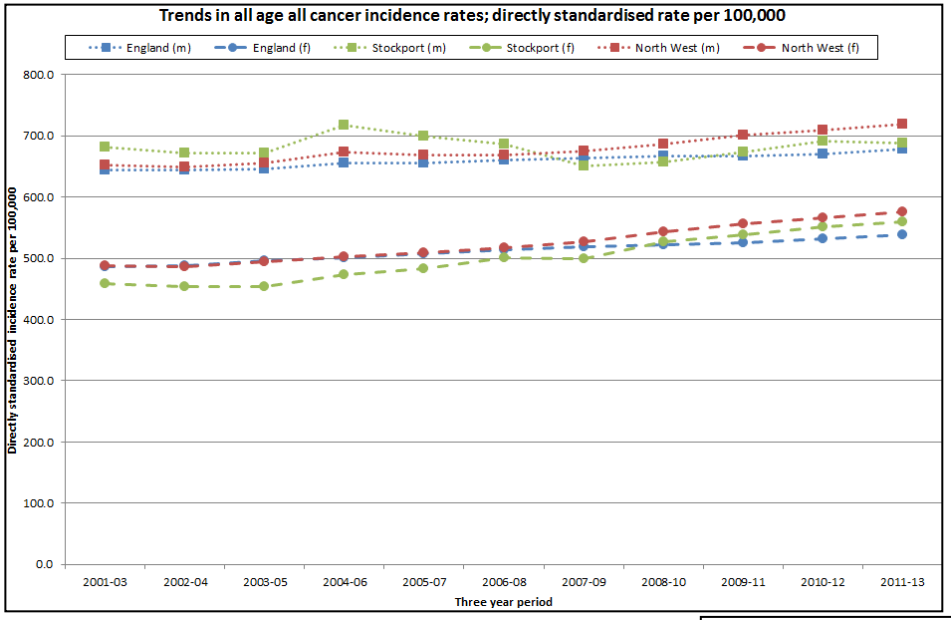
The most recent available data for bowel cancer screening shows Stockport registered patients aged 60-74 have an uptake of 54.9%. This uptake is similar to England (55.3%) but significantly higher than the North West (52.7%). Within Stockport, patients registered with a GP in Bramhall and Cheadle and Marple and Werneth have significantly higher uptake than both the Stockport and England average. Those in Heatons and Tame Valley and Stepping Hill and Victoria have significantly lower uptake than Stockport and England. Heatons & Tame Valley also have significantly lower uptake than the North West.

Breast screening uptake by women aged 50-70 invited to screen in East Cheshire and Stockport has fallen by 4% in the period 2003-04 to 2013-14. In the same period uptake rates in England and the North West have fallen by 4% and 7% respectively. With respect to 2012-13 East Cheshire and Stockport have seen rates rise by 1% whilst the North West has fallen 1% and England remaining stable. Significance is difficult to calculate but it is likely that East Cheshire and Stockport have significantly higher uptake rates than the North West but significantly lower than the England average.



Incidence - standardised rate trends – all cancers

Stockport JSNA
joint strategic needs assessment

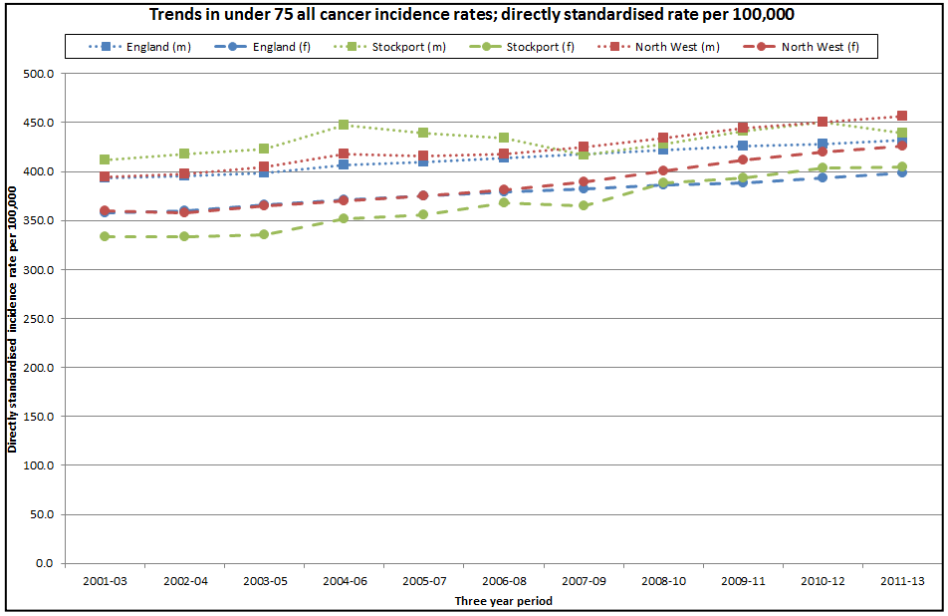


All Ages

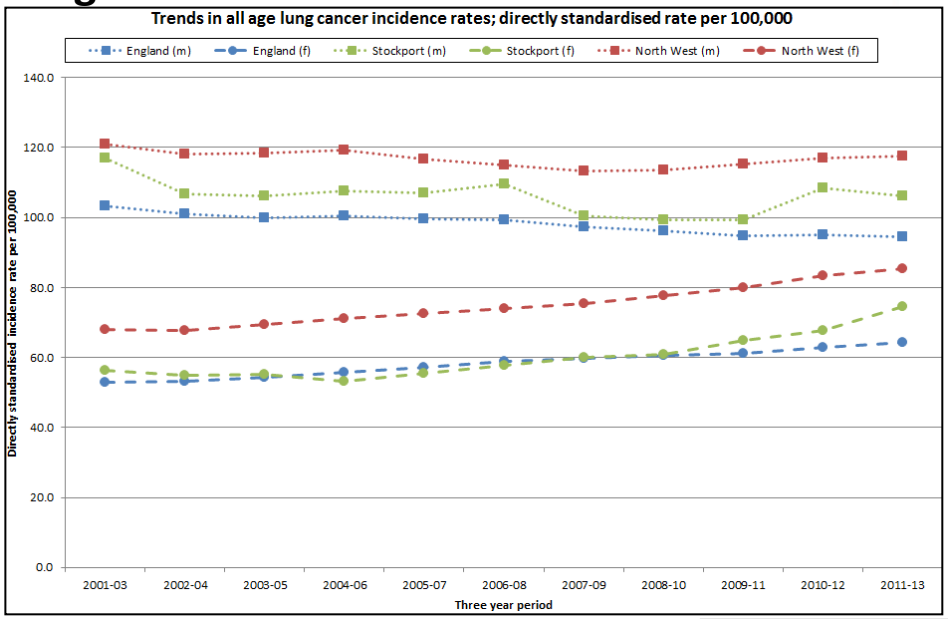
Although Stockport male rates rose and fell between 2003-05 and 2009-11 the overall net effect between 2001-03 and 2011-13 has been negligible. England and North West male rates have risen during the same period meaning that rates are similar to the Stockport rate. Stockport female rates have risen by 22% between 2001-03 and 2011-13 but they remain similar to the England and North West rates. The gender gap between the male and female rates has narrowed given that in 2001-03 the male rate was 1.5 times that of the female rate whereas in 2011-13 the same figure is 1.2.

Under 75

Stockport under 75 male rates rose between 2001-03 and 2011-13 by 7%. England and North West male rates have risen during the same period by 10% and 16% respectively. Rates are similar to both regional and national comparators. Stockport under 75 female rates have risen by 21% but they remain similar to the England and North West rates. The gender gap between the male and female rates is smaller than in all ages with the male rate being 1.1 times higher than that of the female rate. This gap has narrowed slightly since 2001-03.



Incidence - standardised rate trends – lung cancer

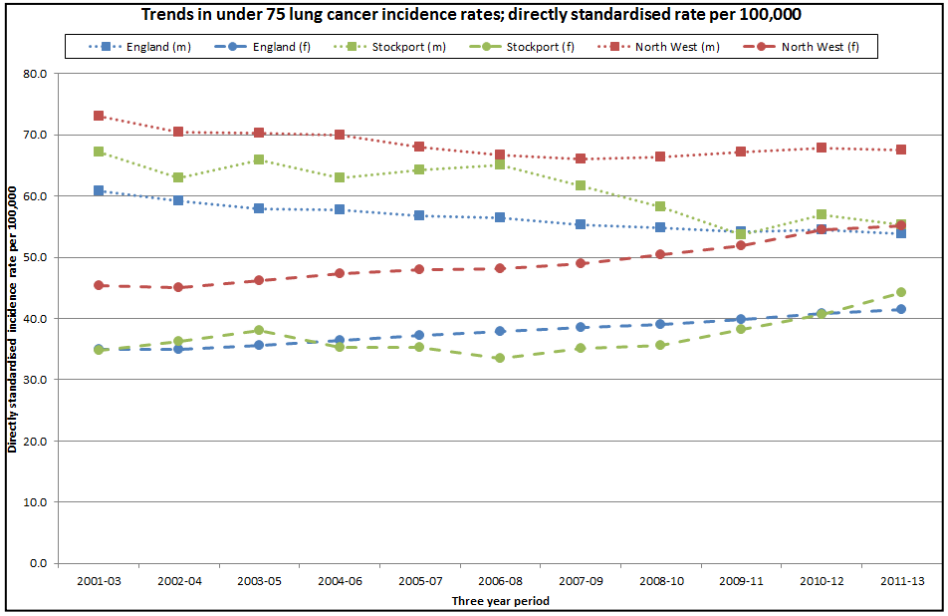


All Ages

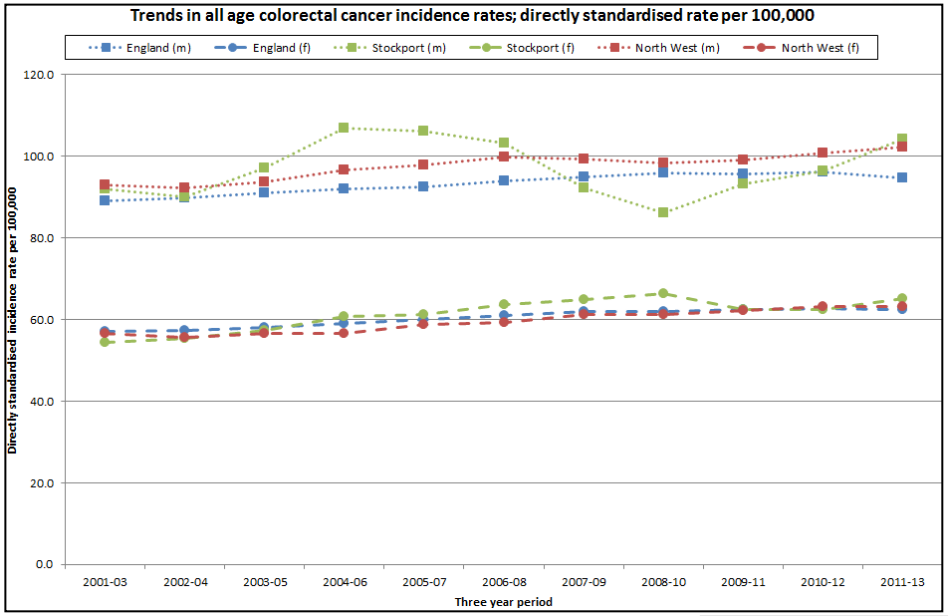
Lung cancer in Stockport males has fallen 9% between 2001-03 and 2011-13. This is faster than rates in the North West but similar to falls in England; however rates remain similar to both. Rates in Stockport females have risen by 32% compared with 21% and 26% in England and the North West. Rates have risen particularly sharply since 2008-10. Stockport female rates are higher than England but lower than the North West. With male and female rates going in opposite directions the gender gap has narrowed. Where once the male rate was more than double it is now 1.4 that of the female rate.

Under 75

Stockport under 75 male rates fell faster (18%) between 2001-03 and 2011-13 than in all ages. England and North West male rates have also fallen by 11% and 8% respectively. Rates are similar to England but lower than North West. Stockport under 75 female rates have risen by 27% which is slower than all ages. Female rates, like males, are similar to England but lower than the North West. The gender gap between the male and female rates is smaller than in all ages with the male rate being 1.3 times higher than that of the female rate. This gap has narrowed considerably since 2001-03 when it was 1.9.



Incidence - standardised rate trends – colorectal cancer

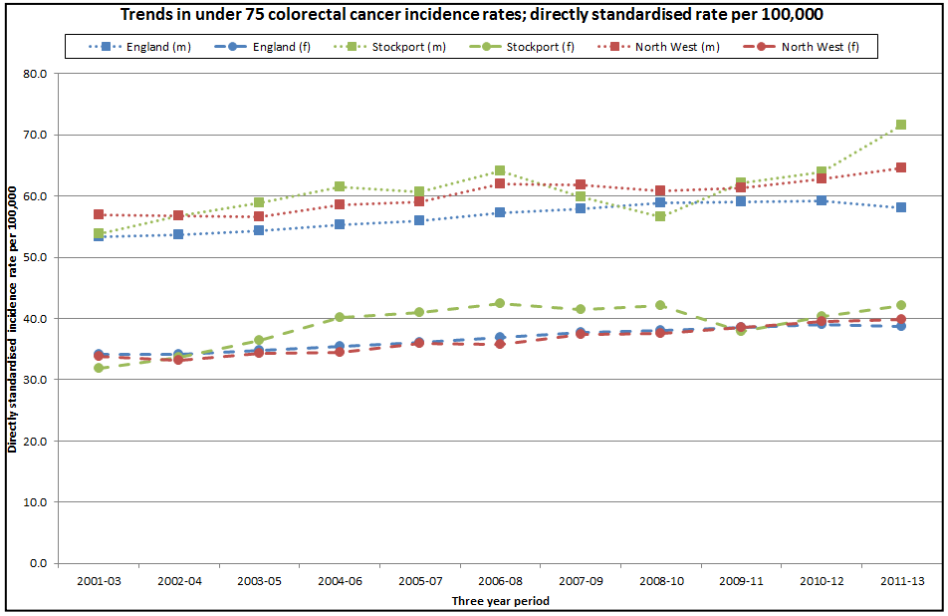


All Ages

Colorectal cancer in Stockport males has risen 13% between 2001-03 and 2011-13. This is faster than rates in the North West and England; however rates remain similar to both. Rates in Stockport females have risen by 20% double the rate of England (10%) and the North West (12%) yet rates are similar to both. The gender gap has remained relatively stable with the male rate falling from 1.7 to 1.6 of the female rate.

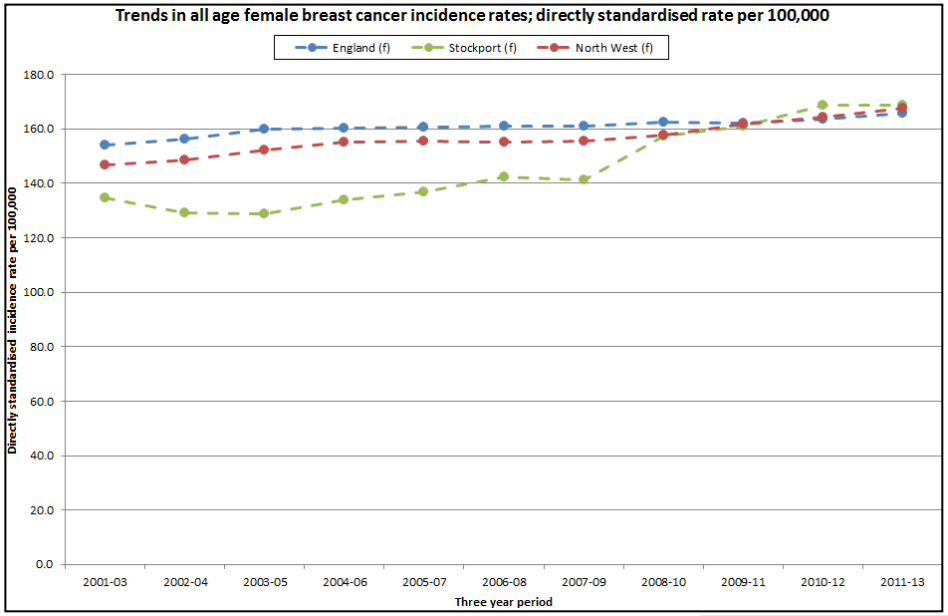
Under 75

Stockport under 75 male rates rose sharply by 33% between 2001-03 and 2011-13. Between the period 2008-10 and 2011-13 rates have steepened. England and North West male rates have also risen by 9% and 14% respectively. Rates are higher than England but similar to North West. Stockport under 75 female rates have risen by 32%. Female rates are similar to both England and the North West. The gender gap between the male and female rates is almost identical to that in all ages. The gap has remained at male rates being 1.7 times that of the female rate during the period.



Incidence - standardised rate trends – breast cancer

Stockport JSNA
joint strategic needs assessment

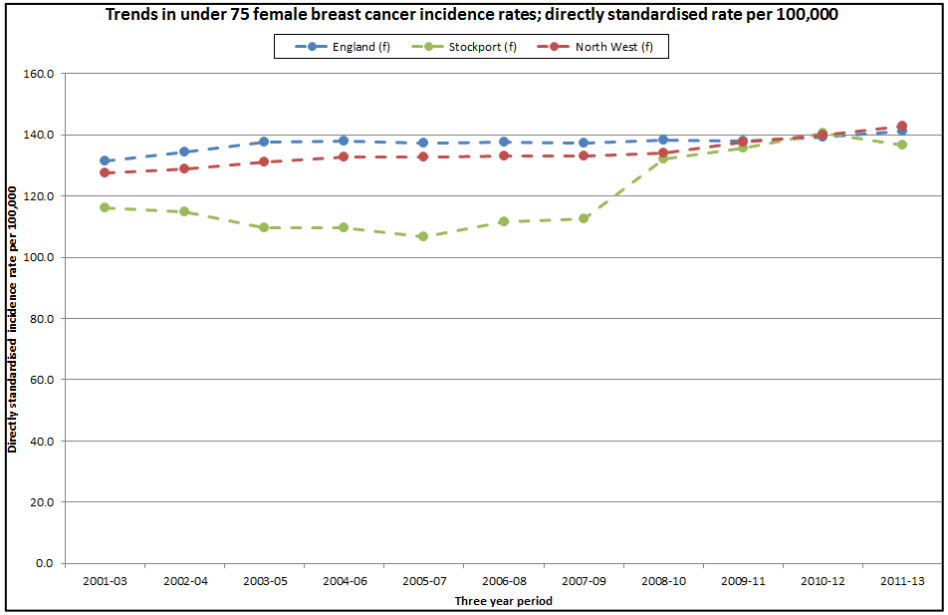


All Ages

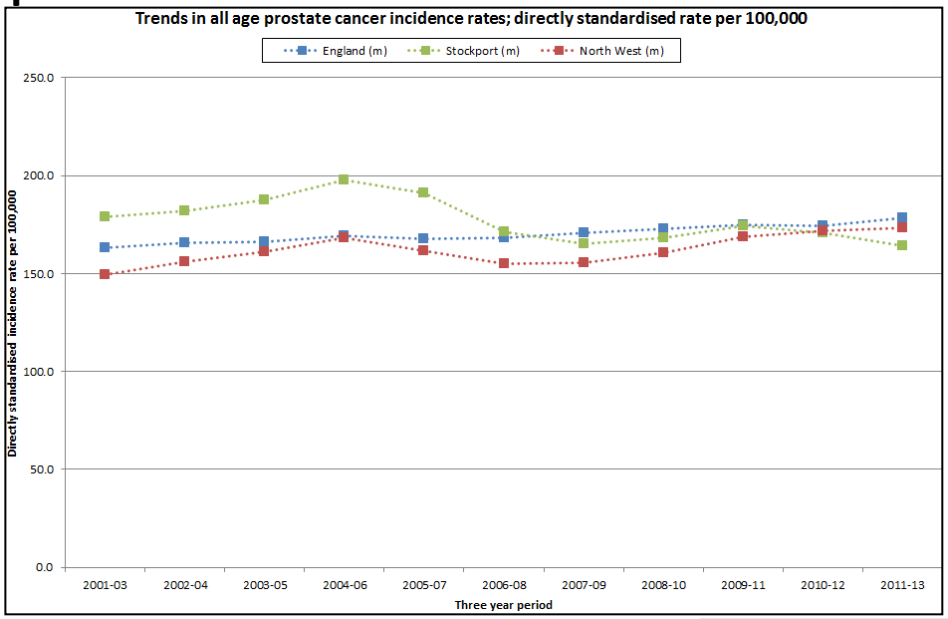
Female breast cancer incidence rates in Stockport have risen by 25% between 2001-03 and 2011-13. This is faster than rates in the North West (14%) and England (8%). In 2001-03 rates in Stockport were lower than those in England and similar to the North West. However the faster increase in Stockport has seen rates become similar to both in 2011-13. This is not necessarily a bad thing as it could be reflective of improved screening uptake and coverage in the area.

Under 75

Incidence rates of breast cancer in females aged under 75 show similar patterns to those all aged in England, North West and Stockport. Rates in Stockport have risen 17%, England 7% and in the North West by 12%. Like all ages, under 75 incidence rates in Stockport have gone from being lower or similar to national and regional comparators to being similar between 2001-03 and 2011-13.



Incidence - standardised rate trends – prostate cancer

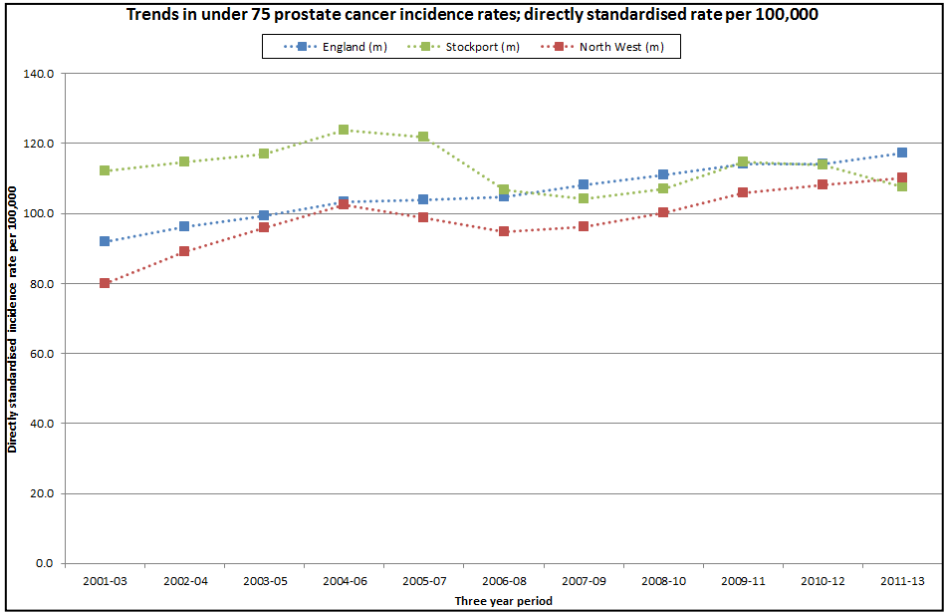


All Age

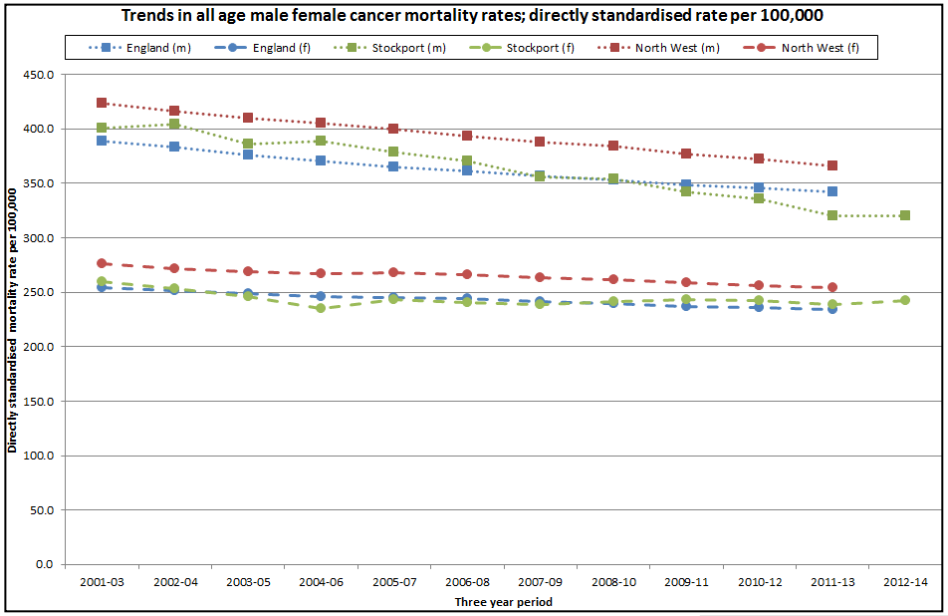
Prostate cancer incidence rates in Stockport have opposed regional and national trends in that they have decreased by 8%. Rates in the North West have risen 16% and in England by 9%. In 2001-03 rates in Stockport were higher than in the North West although similar to England. However following the decrease in Stockport incidence and the increase regionally and nationally rates are now similar in all three areas. As with breast cancer this cannot be judged as good or bad as a decrease in incidence could be the result of worsening routes to diagnosis.

Under 75

Incidence rates of prostate cancer in under 75's have, like in all ages, fallen in Stockport (4%) but risen in England (27%) and the North West (38%). In 2001-03 Stockport had higher incidence rates than both the North West and England but the fall in rates has meant that in 2011-13 all areas had similar incidence.



Mortality – standardised rate trends – all cancers

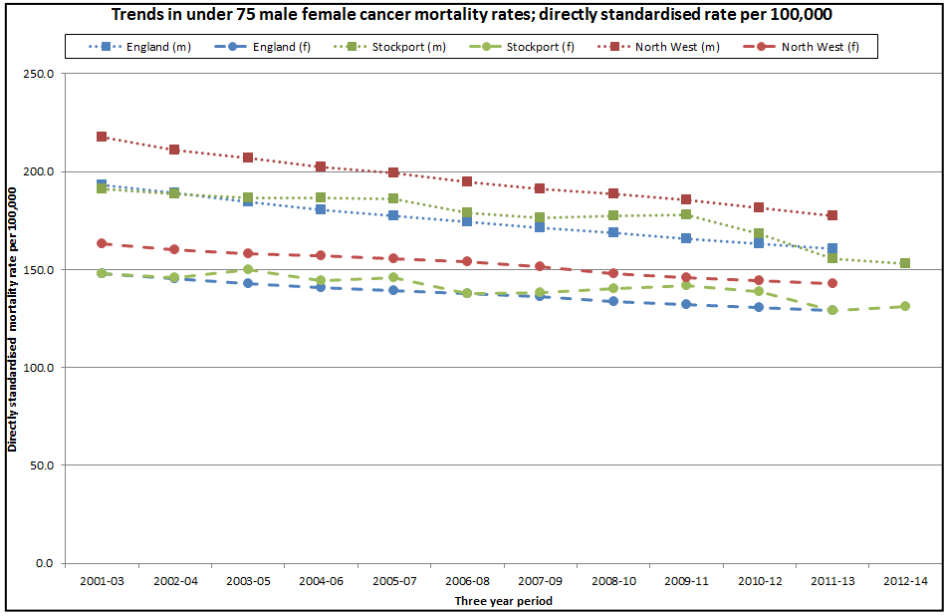


All Ages

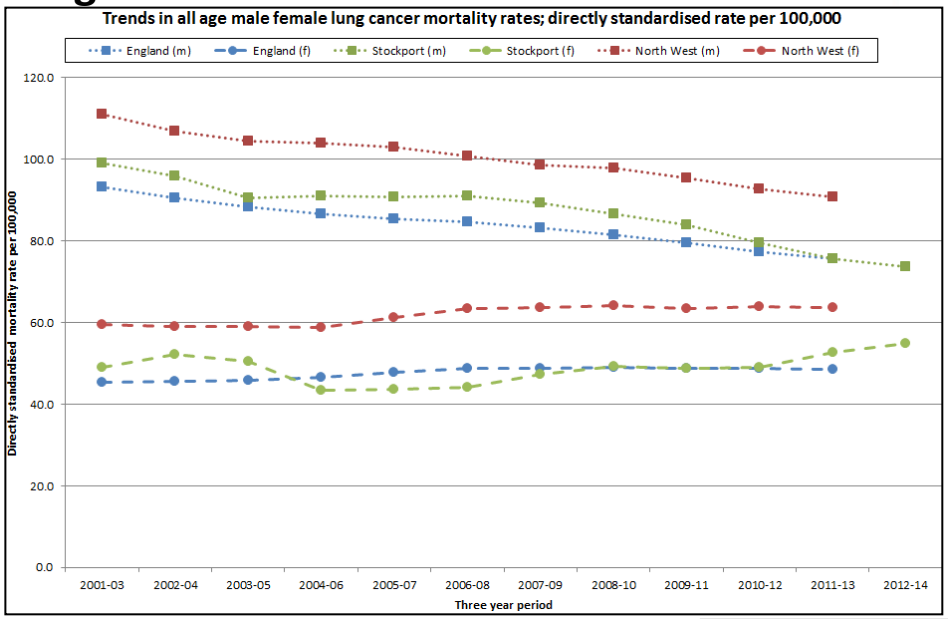
Male mortality rates in Stockport for all cancer have decreased by 20% between 2001-03 and 2012-14. Rates in the North West have fallen 14% and in England by 12% up to 2011-13. Stockport male rates were significantly lower than both North West and England rates in 2011-13. Female mortality rates for all cancer have decreased by 7% in line with North West and England (both 8%). Stockport females have similar mortality rates to both the North West and England. The gender gap has narrowed slightly between 2001-03 and 2012-14. The male rate is now 1.3 times that of the female rate compared to 1.5 in 2001-03

Under 75

Stockport under 75 male all cancer mortality rates fell between 2001-03 and 2012-14 by 20% like all ages. England and North West male rates have fallen up to 2011-13 by 17% and 19% respectively. Rates, in 2011-13 are similar to national comparators but lower than regional. Stockport under 75 female rates have fallen by 11% but they remain similar to the England and North West rates which fell 13% and 12%. The gender gap between the male and female rates is smaller than in all ages with the male rate being 1.2 times higher than that of the female rate. This gap has narrowed slightly since 2001-03.



Mortality – standardised rate trends – lung cancer

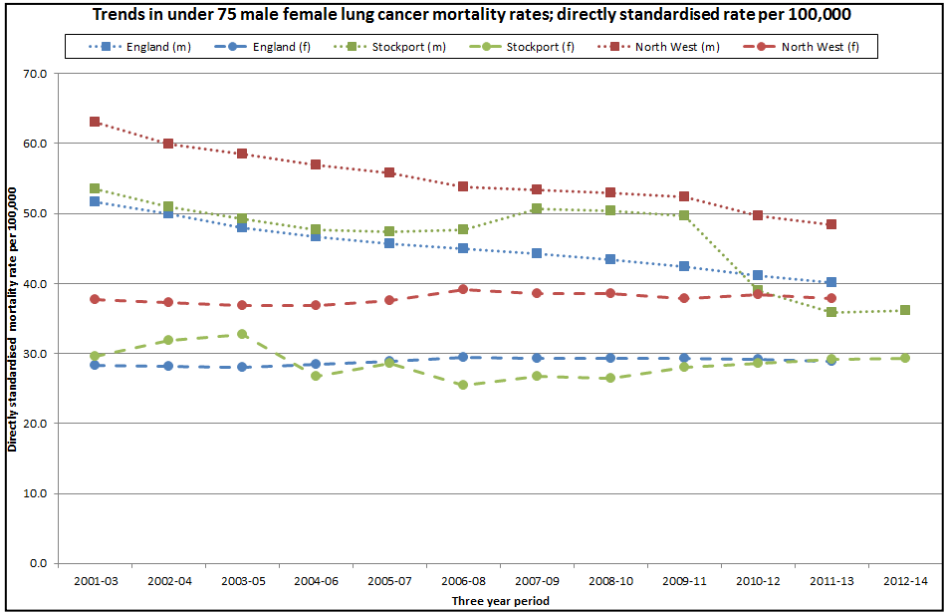


All Ages

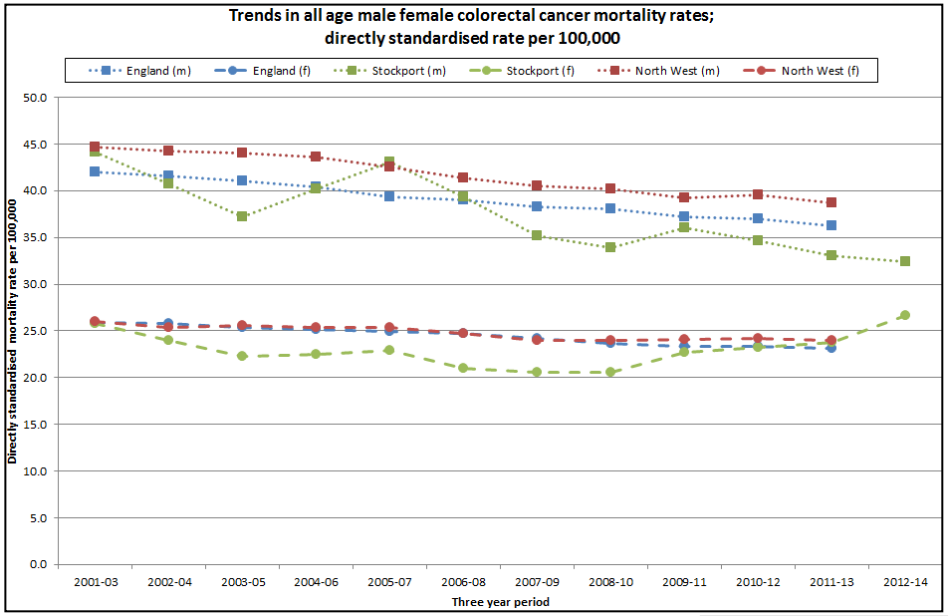
Male mortality rates in Stockport for lung cancer have decreased by 26% between 2001-03 and 2012-14. Rates in the North West and England have fallen 18% and 19% respectively up to 2011-13. Stockport male rates were significantly lower than the North West but similar to England in 2011-13. Female mortality rates for lung cancer have increased by 12% in Stockport. In the North West and England rates have risen by 7%. Stockport females have lower mortality rates to the North West but similar to England. The gender gap has narrowed between 2001-03 and 2012-14. The male rate is now 1.3 times that of the female rate compared to double in 2001-03

Under 75

Stockport under 75 male lung cancer mortality rates fell faster between 2001-03 and 2012-14, by 33%, than all ages. England and North West male rates have fallen up to 2011-13 by 22% and 23% respectively. Rates, in 2011-13 are similar to national comparators but lower than regional. Under 75 female rates have barely changed locally, regionally or nationally. Rates are lower in Stockport than in the North West but similar to England. The gender gap between the male and female rates is smaller than in all ages with the male rate being 1.2 times higher than that of the female rate. This gap has narrowed from 1.8 since 2001-03.



Mortality – standardised rate trends – colorectal cancer

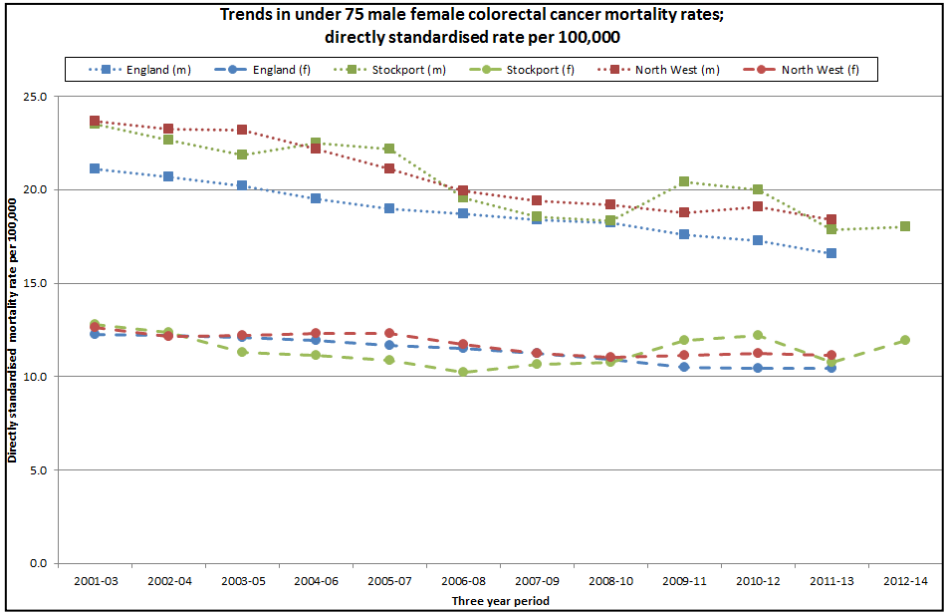


All Ages

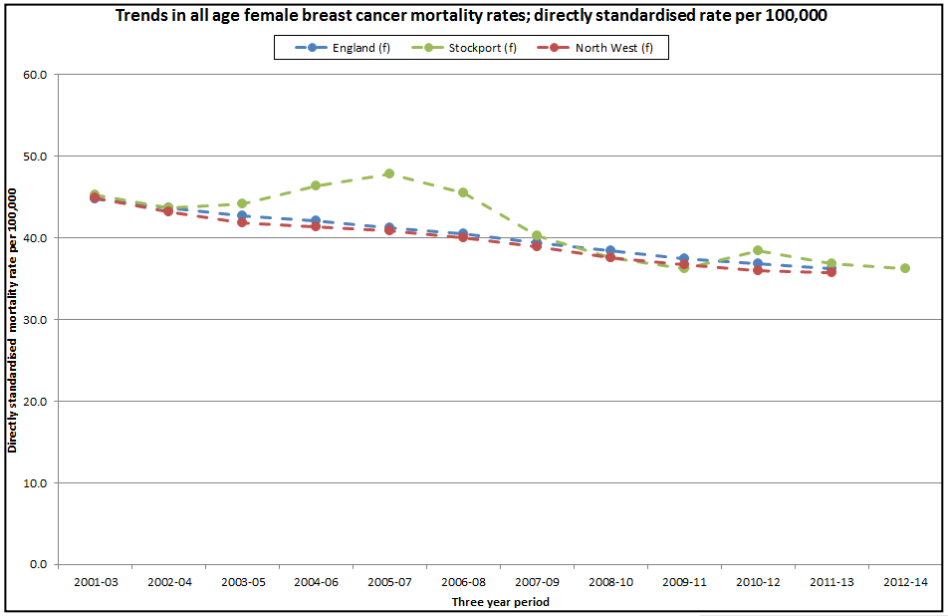
Male colorectal mortality rates in Stockport have decreased by 27% between 2001-03 and 2012-14. Rates in the North West and England have fallen 13% and 14% respectively up to 2011-13. Stockport male rates were similar to the North West and England in 2011-13. Female mortality rates for colorectal cancer have, from 2008-10, when a general downward trend reversed, slightly increased by 3%. In the North West and England rates have fallen by 8% and 11%. Stockport females had similar mortality rates to the North West and England. The gender gap has narrowed between 2001-03 and 2012-14 from male rates being 1.7 to 1.2 the female rate.

Under 75

Stockport under 75 male colorectal cancer mortality rates fell between 2001-03 and 2012-14 by 23%. England and North West male rates have both fallen up to 2011-13 by 22%. Rates, in 2011-13 are similar to national and regional comparators. Under 75 female rates have fallen by 7%. Regionally and nationally rates have fallen by 12% and 15%. Rates in the North West and England are similar to Stockport rates. The gender gap between the male and female rates is wider than in all ages with the male rate being 1.5 times higher than that of the female rate. This gap has narrowed from 1.8 since 2001-03.



Mortality – standardised rate trends – breast cancer

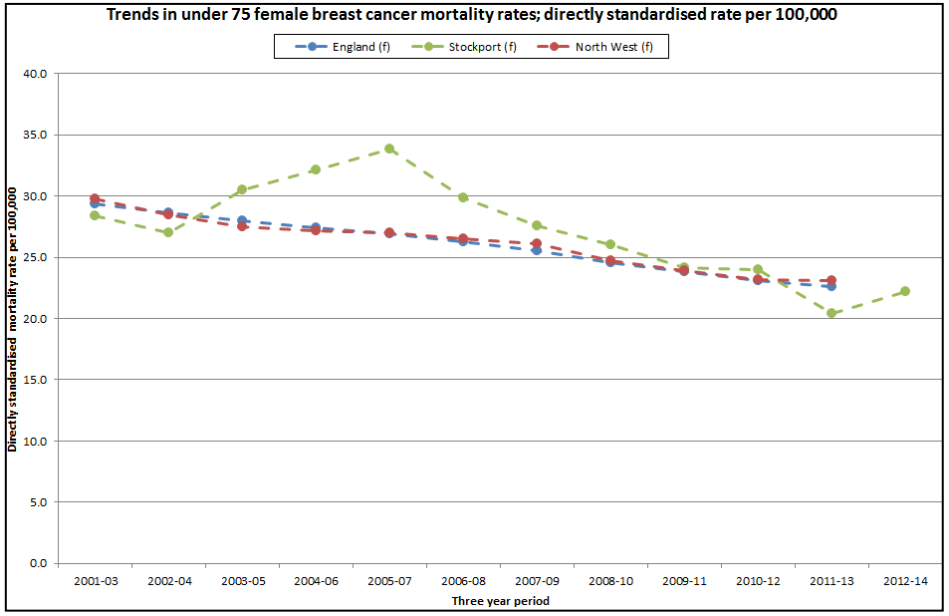


All Ages

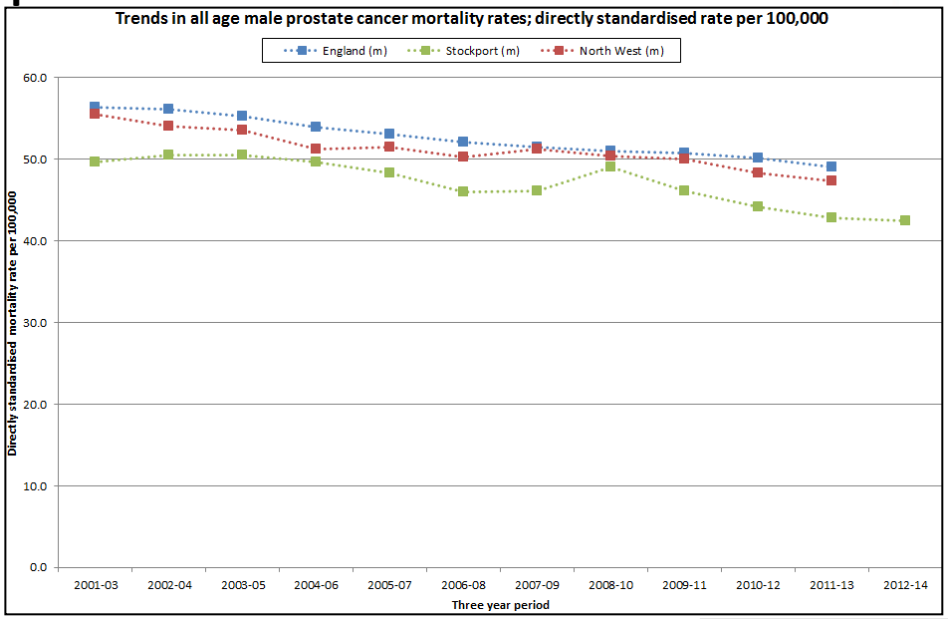
Female breast cancer mortality rates in Stockport have decreased by 20% between 2001-03 and 2012-14. This is similar to the North West and England which have fallen 20% and 19% respectively up to 2011-13. Stockport rates were similar to the North West and England in 2011-13.

Under 75

Female breast cancer mortality rates in the under 75's have fallen by 22% both in the North West (between 2001-03 and 2011-13) and in Stockport between 2001-03 and 2012-14. Nationally the rate has fallen by 23% between 2001-03 and 2011-13. Rates in 2011-13 are similar in Stockport with respect to the North West and England.



Mortality – standardised rate trends – prostate cancer

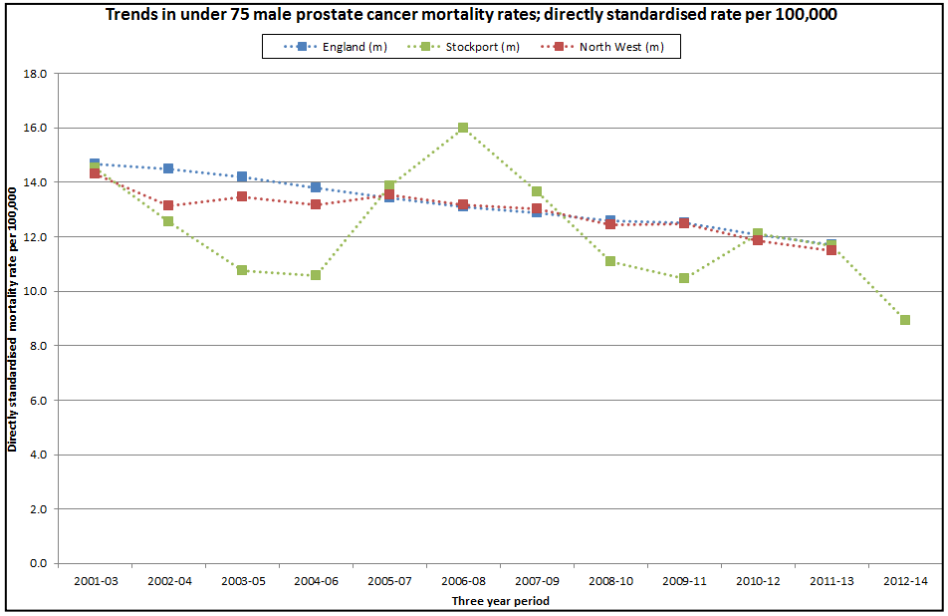


All Ages

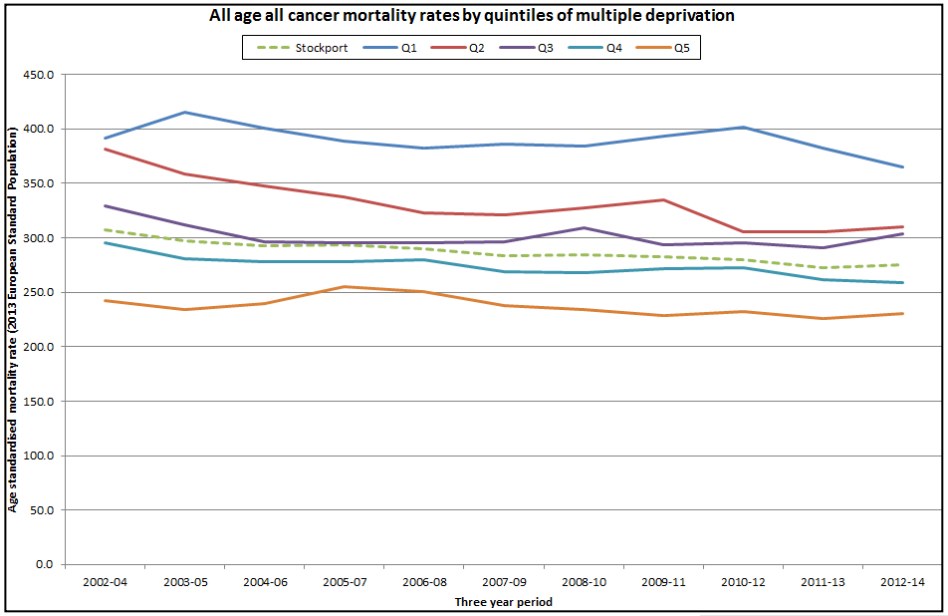
Prostate cancer mortality rates in Stockport have decreased by 15% between 2001-03 and 2012-14. This is similar to the North West and England which have fallen 15% and 13% respectively up to 2011-13. Stockport rates were similar to the North West and England in 2011-13.

Under 75

Prostate cancer mortality rates in the under 75's have fallen by 39% in Stockport between 2001-03 and 2012-14. Nationally and regionally the rate has fallen by 20% between 2001-03 and 2011-13. Rates in 2011-13 are similar in Stockport with respect to the North West and England. Under 75 prostate cancer deaths are relatively rare with around 15 deaths a year therefore rates are prone to fluctuate.



Mortality – by deprivation trends – all cancers



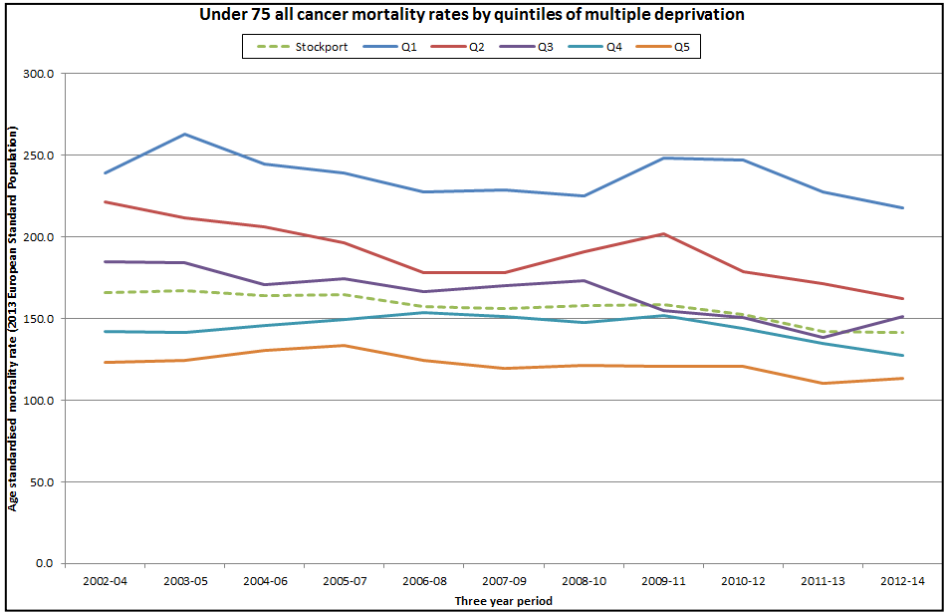
All Ages

As there is a deprivation profile in only all cancer and lung cancer the trends of these two causes of death will be analysed.

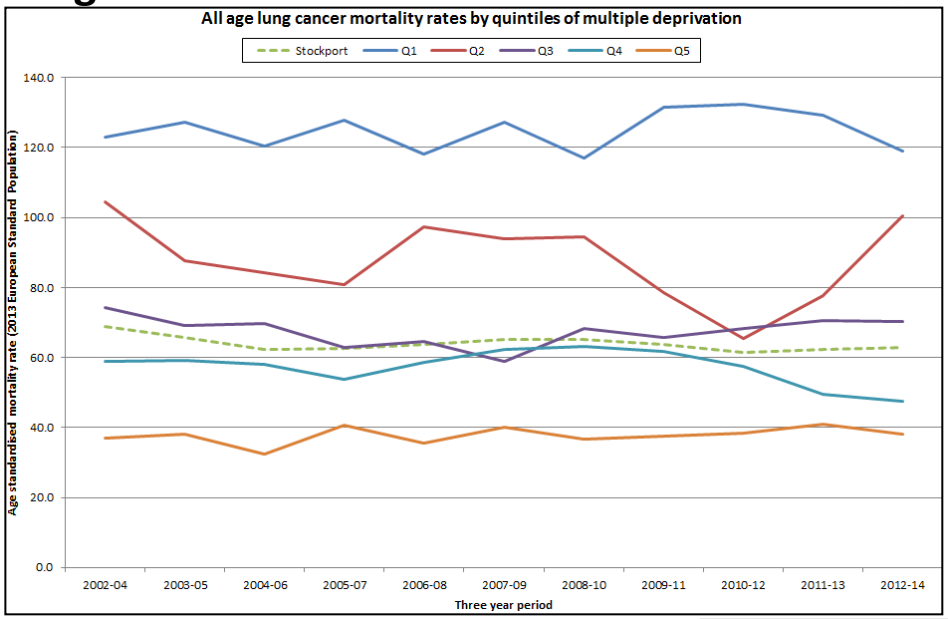
Between 2002-04 all age all cancer mortality rates decreased by 11% across Stockport. The greatest decrease came in the second most deprived area which saw rates fall by 19%. Rates in the most deprived areas fell the slowest at 5%. The inequality gap between the most deprived areas of Stockport and the least deprived have remained constant. The most deprived rate is 1.6 times that of the least deprived. The gap with the Stockport average has also remained constant at 1.3 times the rate.

Under 75

Under 75 all cancer mortality rates show similar patterns to all ages. The second most deprived areas of Stockport saw the greatest decrease in the rate by 27% between 2002-04 and 2012-14. The least deprived area saw the slowest decline in rates at 8%. Overall rates fell by 15%. Rates fell faster in all areas of Stockport in under 75's than they did in all ages except in the second least deprived areas. The deprivation gap between the most and least deprived areas has remained constant with the most deprived almost double the least deprived rate. With respect to the Stockport average it has too remained stable around 1.5 the most deprived rate.



Mortality – by deprivation trends – lung cancer

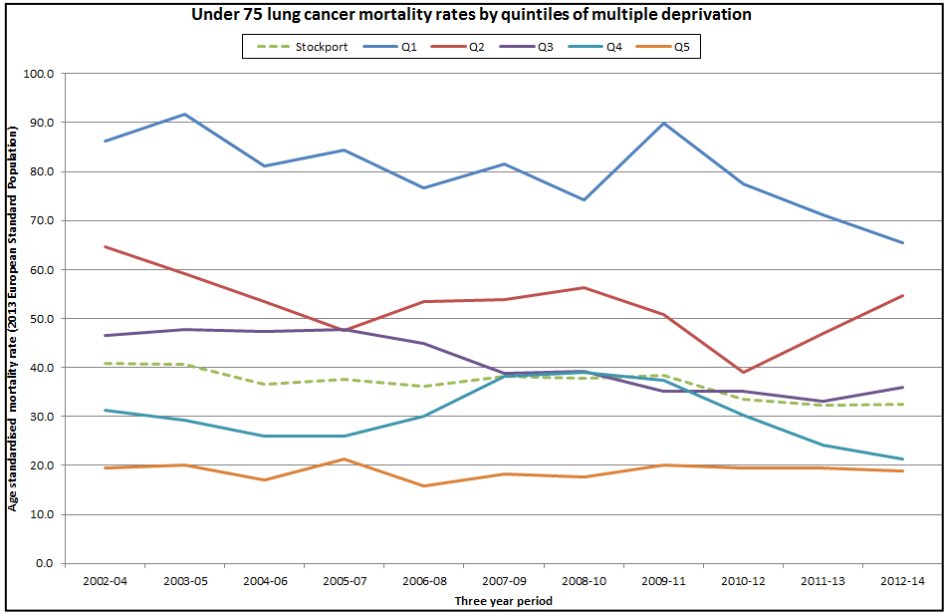


All Ages

Since 2002-04 all age lung cancer mortality rates decreased by 8% across Stockport. The greatest decrease came in the second least deprived area which saw rates fall by 19%. Rates in the most deprived areas actually rose by 5% before dropping just below the 2002-04 rate. The inequality gap between the most deprived areas of Stockport and the least deprived have narrowed slightly. However the most deprived rate is over 3 times that of the least deprived. The gap with the Stockport average has remained constant at almost double that of the most deprived area.

Under 75

Under 75 all cancer mortality rates show similar patterns to all ages. The second least deprived areas of Stockport saw the greatest decrease in the rate by 32% between 2002-04 and 2012-14. The least deprived area saw the slowest decline in rates at 3%. Overall rates fell by 20%. Rates fell faster in all areas of Stockport in under 75's than they did in all ages. The deprivation gap between the most and least deprived areas has narrowed with the most deprived 3.5 times the least deprived rate. In 2002-04 this was 4.4 times the rate. The gap with the Stockport average has remained fairly stable at just over double the rate.



Stockport Profile

Stockport JSNA
joint strategic needs assessment

PCT Profile
Stockport PCT (5F7) (Pct:5F7)
2013/14 Q4

PCT/ SHA population (2013/14): **283,654**
PCT/ SHA SHA population (2013/14): **6,931,804**
All PCT/ SHA population (2013/14): **51,669,512**

- PCT/ SHA is significantly different from England mean
- PCT/ SHA is not significantly different from England mean
- Statistical significance cannot be assessed
- England mean

England Median
Lowest in England | 25th Percentile | 75th Percentile | Highest in England

Section	#	Indicator	PCT indicator value	PCT indicator rate or proportion	Lower 95% Confidence Limit	Upper 95% Confidence Limit	SHA mean	England mean	PCT rates or proportion in England: Lowest PCT	Range	Highest PCT	Source	Period
Headline Cancer Figures	1	PCT Population aged 65+ (% of population in this practice aged 65+)	50093	17.7 %	17.4 %	17.9 %	16.5 %	15.8 %	6.9 %		25.1 %	ONS	2009
	2	New Cancer Cases (Crude incidence rate: new cases / 100,000 population)	1797	634	605	663	608	568	288		813	NCDR	2010
	3	Age Standardised Incidence rate	n/a	473	450	496	472	460	315		574	NCDR	2010
	4	Number of Cancer Deaths (Crude incidence rate: deaths / 100,000 population)	755	266	248	286	266	250	125		367	ONS	2011
	5	5 year rolling age standardised mortality rate	n/a	177	171	183	189	180	122		242	ONS	2007-2011
1 Year Relative Survival	6	1 Year Relative Survival Rate (Breast)	n/a	96.4 %	94.6 %	98.2 %	96.0 %	96.5 %	93.0 %		99.1 %	UK-CIS	2008-2010
	7	1 Year Relative Survival Rate (Lower GI)	n/a	78.1 %	74.2 %	82.0 %	75.5 %	76.4 %	67.7 %		83.4 %	UK-CIS	2008-2010
	8	1 Year Relative Survival Rate (Lung)	n/a	35.1 %	30.6 %	39.6 %	31.0 %	32.8 %	21.3 %		46.7 %	UK-CIS	2008-2010
5 Year Relative Survival	9	5 Year Relative Survival Rate (Breast)	n/a	88.9 %	85.5 %	92.4 %	84.5 %	85.3 %	74.9 %		92.2 %	UK-CIS	2004-2006
	10	5 Year Relative Survival Rate (Lower GI)	n/a	56.3 %	50.9 %	61.7 %	52.4 %	53.8 %	38.9 %		67.4 %	UK-CIS	2004-2006
	11	5 Year Relative Survival Rate (Lung)	n/a	7.6 %	4.9 %	10.3 %	7.9 %	8.7 %	3.8 %		23.2 %	UK-CIS	2004-2006
Cancer screening	12	Screening coverage (Breast < 3 years aged 53-70)	23293	73.4 %	n/a	n/a	74.8 %	74.8 %	58.3 %		83.3 %	IC	2012/13
	13	Screening coverage (Cervical < 5 years aged 25-64)	60233	81.1 %	n/a	n/a	78.3 %	78.0 %	65.5 %		83.5 %	IC	2012/13
Referrals	14	Two week wait exhibited (non-cancer) breast symptoms performance	341	96.1 %	93.5 %	97.6 %	96.2 %	93.7 %	54.5 %		99.2 %	CWT	2013/14 Q4
	15	Number of two week wait referral (TWR) with cancer diagnosis	153	7.5 %	6.5 %	8.8 %	8.2 %	8.8 %	4.7 %		13.8 %	CWT	2013/14 Q4
	16	Percentage of new cancer cases treated which were not TWW referrals	219	58.9 %	53.8 %	63.8 %	52.1 %	51.7 %	36.6 %		68.5 %	CWT	2013/14 Q4
Cancer Waits Compliance	17	Two week wait performance	1957	96.5 %	95.6 %	97.2 %	96.8 %	95.1 %	82.3 %		99.0 %	CWT	2013/14 Q4
	18	31 day standard performance (first treatment)	367	98.7 %	96.9 %	99.4 %	98.4 %	97.9 %	93.3 %		100.0 %	CWT	2013/14 Q4
	19	31 day standard performance (subsequent treatment)	273	99.6 %	98.0 %	99.9 %	99.5 %	98.1 %	86.0 %		100.0 %	CWT	2013/14 Q4
	20	62 day standard performance (first treatment)	128	83.7 %	77.0 %	88.7 %	85.3 %	84.2 %	69.0 %		100.0 %	CWT	2013/14 Q4
	21	62 day standard performance (screening)	25	96.2 %	81.1 %	99.3 %	97.0 %	92.6 %	0.0 %		100.0 %	CWT	2013/14 Q4
	22	62 day standard performance (upgrade)	31	83.8 %	68.9 %	92.3 %	89.0 %	90.6 %	0.0 %		100.0 %	CWT	2013/14 Q4
Changed in Mortality	23	Change in mortality in last decade (0-74)	n/a	< 5	n/a	n/a	n/a	n/a	4.0 %	n/a	4.0 %	ONS	2011
	24	Change in mortality in last decade (75 +)	n/a	< 5	n/a	n/a	n/a	n/a	21.7 %		0.0 %	ONS	2011
	25	Change in mortality in last decade (all ages)	n/a	< 5	n/a	n/a	n/a	n/a	3.0 %	n/a	3.0 %	ONS	2011
Cost of Cancer	26	Cancer share of spend	40	8.1 %	n/a	n/a	6.0 %	5.9 %	2.9 %		9.5 %	DH	2012/13

The majority of the indicators measured show that Stockport is not significantly different from the England mean. Where Stockport is significantly different from the England mean the indicators are: percentage of population aged 65+, new cancer cases, percentage of new cancer cases treated which were not two week wait referrals and two week wait performance.