



# Cancer in West Yorkshire

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# About Yorkshire Cancer Research



## **Our vision**

Every single person in every community in and around Yorkshire has the very best chance of living a long and healthy life with, without and beyond cancer.

## **Our purpose**

Helping people in and around Yorkshire to avoid, survive and cope with cancer.

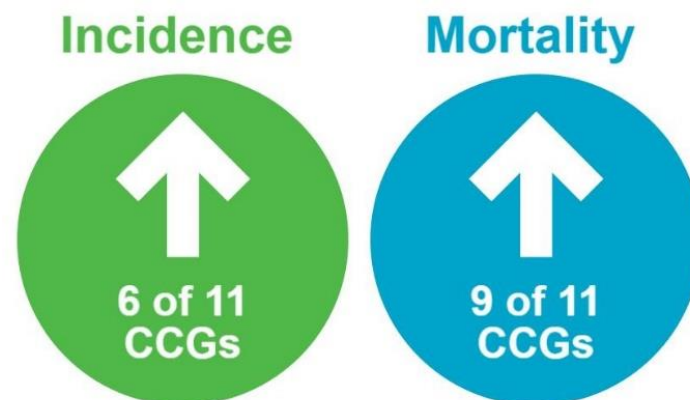
## **Our core theme is to improve cancer outcomes by:**

- Closing the gap (between Yorkshire and the rest of England)
- Going beyond (making Yorkshire a beacon region for patient-centred research).

# Incidence and mortality

In 2013 in West  
Yorkshire:

**13,023 new cases  
of cancer were  
diagnosed**



**6,028 people in  
the region died  
from cancer**

# Incidence and mortality



Each week 250 people in West Yorkshire are diagnosed with cancer

Each week 115 people in West Yorkshire die from cancer

**Lung cancer** is West Yorkshire's most common cancer – it is the third most common in England.

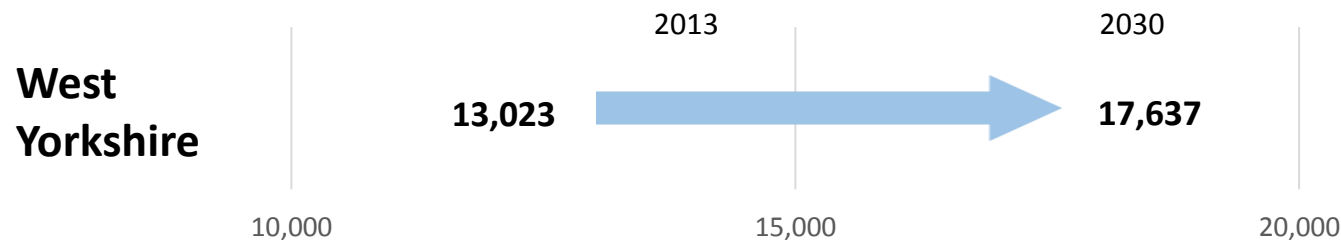
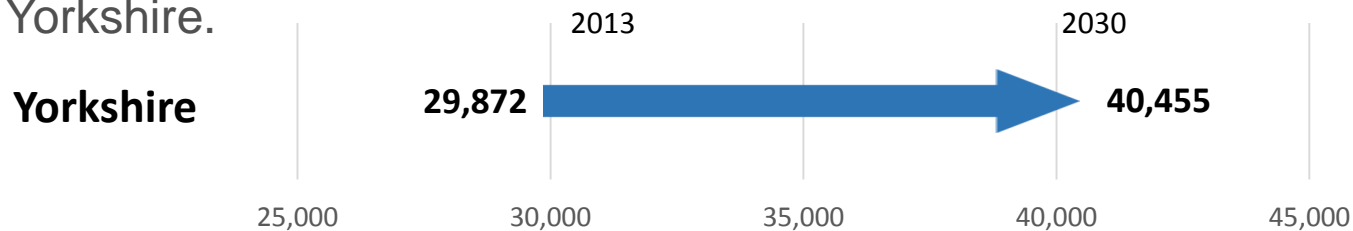
Around **69,000** people in the West Yorkshire region are currently living with or beyond cancer.

# Cancer in 2030



The number of new cancer cases diagnosed each year is increasing year on year.

- By 2030, the annual number of new cases in England is expected to reach over 360,000 and a similar rate of increase is expected in Yorkshire.



# Cancer in 2030



**The prevalence of having or having had a diagnosis of cancer will also increase.**

By 2030, it's estimated that an **additional 48,000 people** in West Yorkshire alone will be living with or beyond cancer:

**69,000 to 117,000 people**

For Yorkshire this figure could rise from 150,000 to 255,000.

# Preventable risk factors

42% of cancers are preventable:

**12,500 Yorkshire,  
or 5,470 West  
Yorkshire cancers  
per year**

**379,836  
smokers**



**1.3 m  
overweight**



**455,000  
binge  
drinkers**



Large number of people are engaging in behaviours that are preventable risk factors for cancer.

# Preventable risk factors



## Tobacco

- **20.1%** of population in West Yorkshire are smokers.
- Leading preventable cause of cancer - caused an estimated **2,300 cancers** in 2010 (19% of all cancers).
- Two-thirds of long-term smokers will die as a result of smoking if they do not quit.
- Costs society around **£646.1m** each year.
- Cancer Taskforce – achieve rates of 13% by 2020 and 5% by 2030.

## Overweight and obesity

- **65.2%** of population in West Yorkshire is overweight or obese.
- Caused an estimated **668 cancers** in 2010 (5% of all cancers).
- Second most preventable cause of ill health and death after smoking.
- Cost the NHS in Leeds an estimated **£219.1m** in 2015.

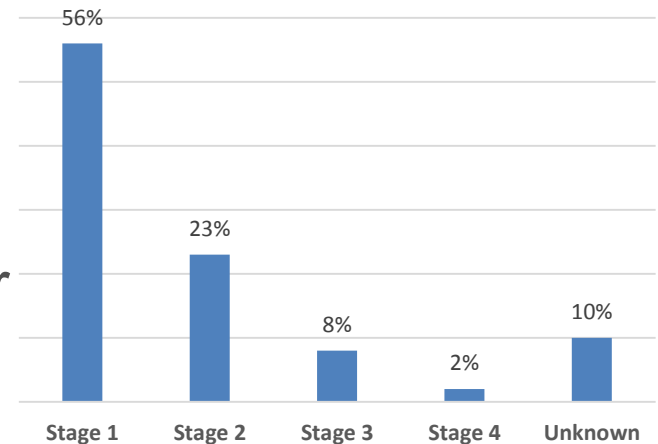
## Alcohol

- **22.7%** of population in West Yorkshire regularly binge drink.
- Caused an estimated **486 cancers** in 2010 (4% of all cancers).
- Awareness of link between alcohol and cancer is low.



# Screening

- Significant variation in screening uptake across the West Yorkshire region.
- Bradford City has particularly poor uptake – links with deprivation and BME communities.
- Breast cancer screening rates are at a ten year low and are falling faster in Yorkshire than any other region in England.



**65,787**  
women in Yorkshire  
have NEVER been  
screened for breast  
cancer

**= 513  
cancer  
s**

# Early diagnosis – cost of treatment

## Cost of treatment by stage of diagnosis

	Colon cancer	Rectal cancer	Non-small cell lung cancer (NSCLC)
Stage 1	£3,373	£4,449	£5,328
Stage 2	£7,809	£6,944	£10,217
Stage 3	£9,220	£8,302	£11,207
Stage 4	£12,519	£11,815	£15,081

# Early diagnosis – cost of treatment



Estimated costs of treatment by stage of diagnosis in Yorkshire and West Yorkshire

Estimated cost – based on un-staged patients re-allocated to stage			
	Colon	Rectal	NSCLC
<b>Yorkshire</b>			
Stage 1	£1,036,576	£1,368,220	£5,824,840
Stage 2	£5,032,141	£1,513,425	£3,302,864
Stage 3	£6,092,156	£2,405,468	£7,967,989
Stage 4	£7,443,025	£3,222,679	£30,674,449
<b>Total</b>	<b>£19,603,899</b>	<b>£8,509,792</b>	<b>£47,770,143</b>
<b>West Yorkshire</b>			
Stage 1	£454,679	£601,417	£3,056,749
Stage 2	£2,094,264	£629,640	£1,404,970
Stage 3	£2,500,058	£987,639	£3,087,290
Stage 4	£3,252,986	£1,408,302	£13,297,710
<b>Total</b>	<b>£8,301,987</b>	<b>£3,626,999</b>	<b>£20,846,719</b>

# Early diagnosis – cost of treatment

## Cost of treatment by matching the best in England stage of diagnosis profile

- If all CCGs in Yorkshire achieved the same rates of early stage diagnosis as the best CCG in England, the following differences in cost of treatment could be

	West Yorkshire	Yorkshire
<b>Colon cancer</b>	- £621,653	- £1,732,004
<b>Rectal cancer</b>	- £322,729	- £899,163
<b>NSCLC*</b>	£386,744	£1,129,095
<b>Total</b>	<b>- £557,638</b>	<b>- £1,502,072</b>

\* NSCLC – high level of recurrence leads to a cost increase, however shift to earlier diagnosis would be cost efficient – survival rates would improve leading to a gain in additional life years so many patients would benefit.

# Other ways to achieve early diagnosis



- Raising awareness through campaigns such as Be Clear on Cancer.
- Increasing engagement with GPs and HCPs.
- Increasing access to diagnostic tests for primary care practitioners
- Planning diagnostic capacity and making effective use of resources across the region.
- Rapid yes/no answer for patients (decision to treat made within 28 days of GP referral).

# Other ways to achieve early diagnosis



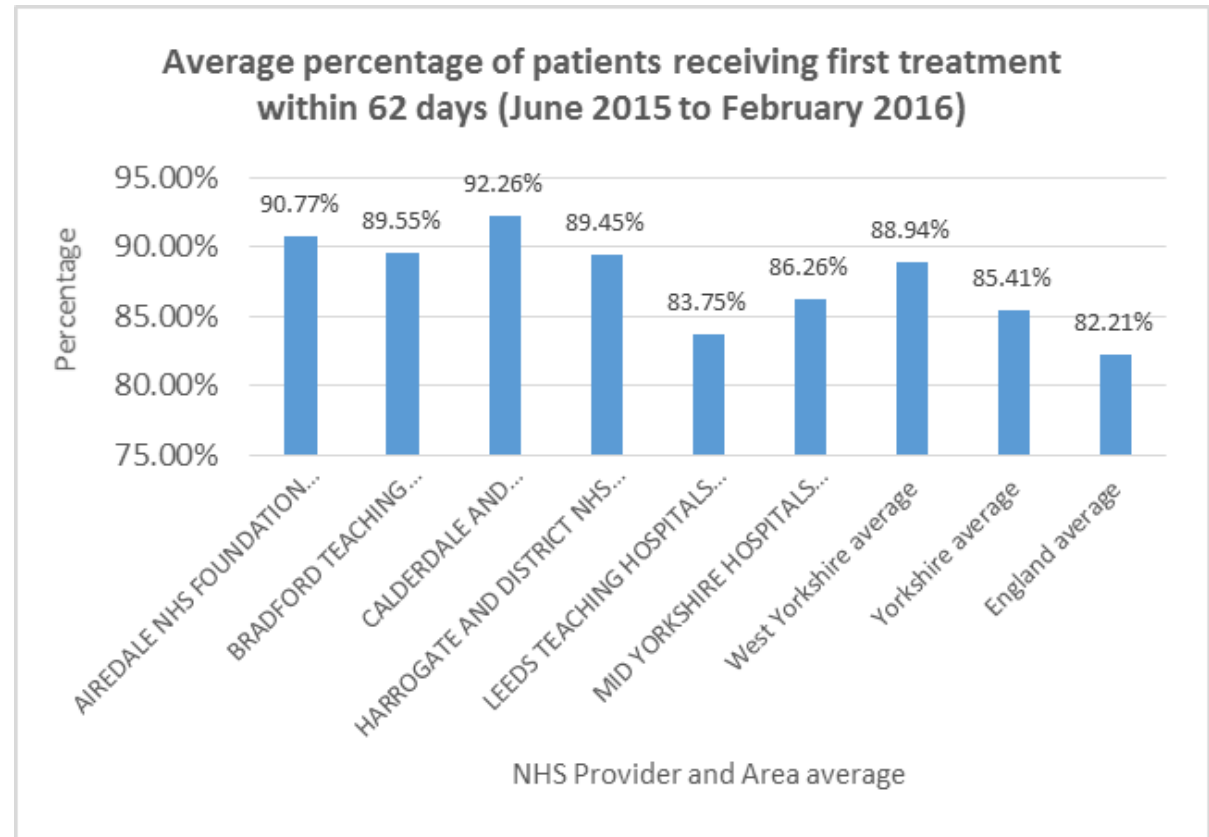
## Danish Model – three-legged strategy

- **Urgent referral pathway** – when there is an obvious cancer suspicion the patient is referred to a specific pathway.
- **Urgent referral for unspecified serious symptoms** – when cancer is one of several possibilities patients can be referred to a diagnostic centre. The centre takes on diagnostic responsibility for the patient.
- **The NYC** – for common symptoms. The GP retains responsibility of diagnosis but they have fast and direct access to tests.

# Cancer waiting times

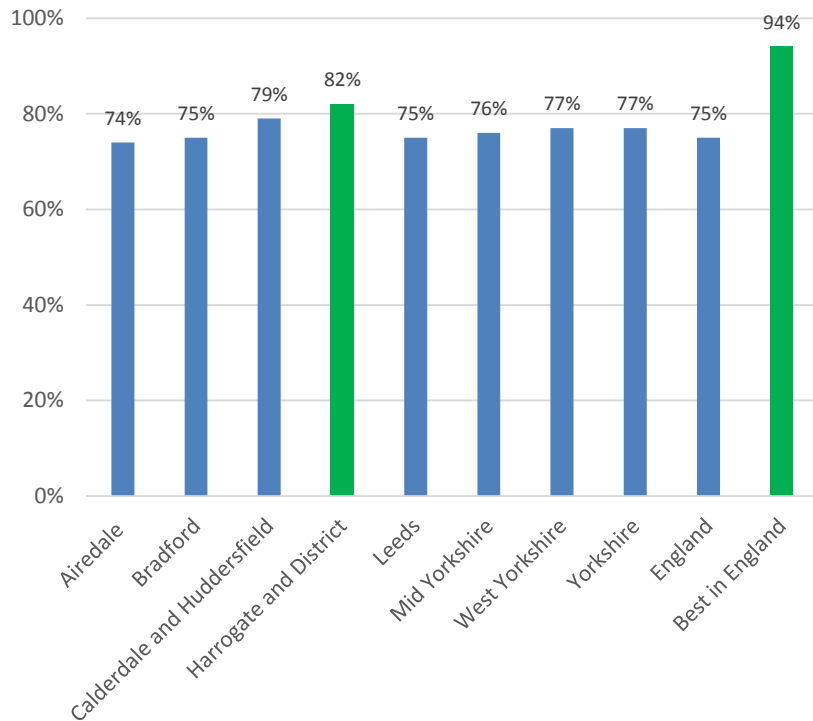
## 62 day wait

- Maximum of two months from an urgent GP referral for suspected cancer to first treatment.
- Operational standard of 85%.

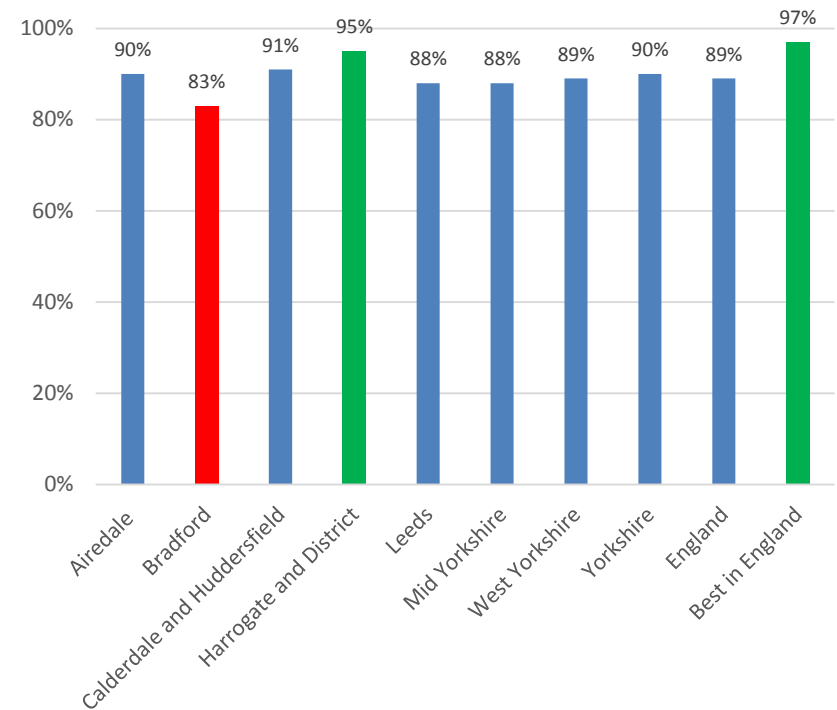


# Patient experience

## 1. One or two GP visits before referral



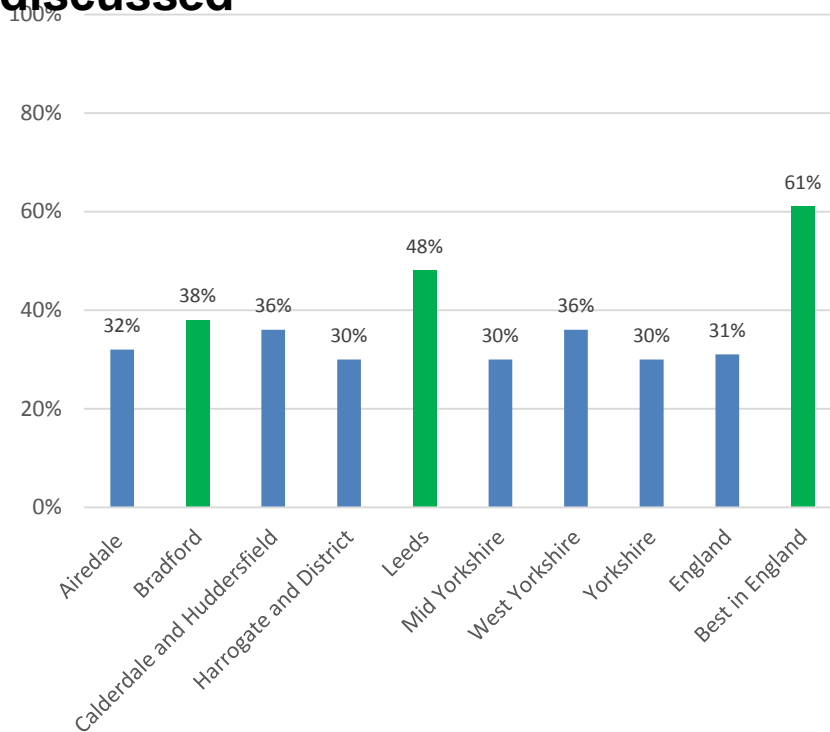
## 21. Patient given name of CNS



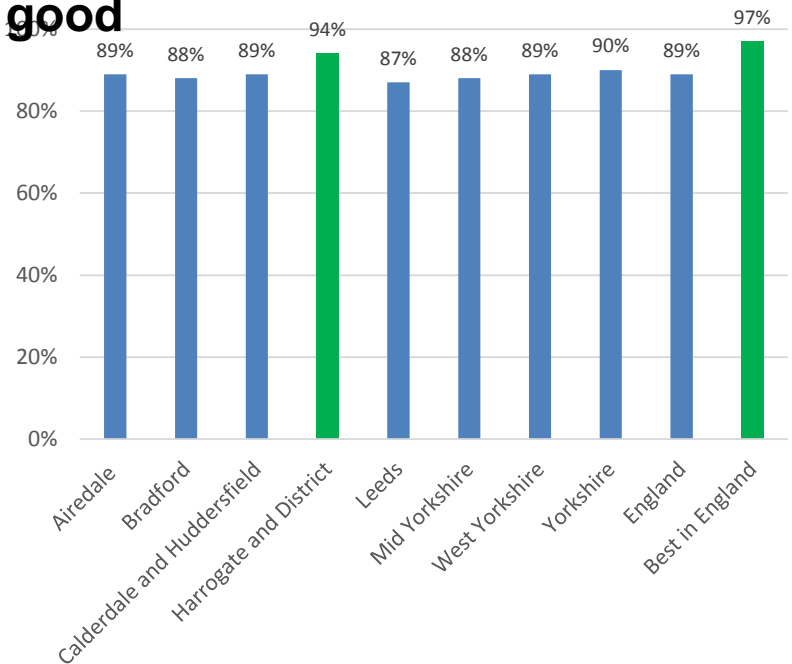


# Patient experience

## 30. Taking part in cancer research discussed

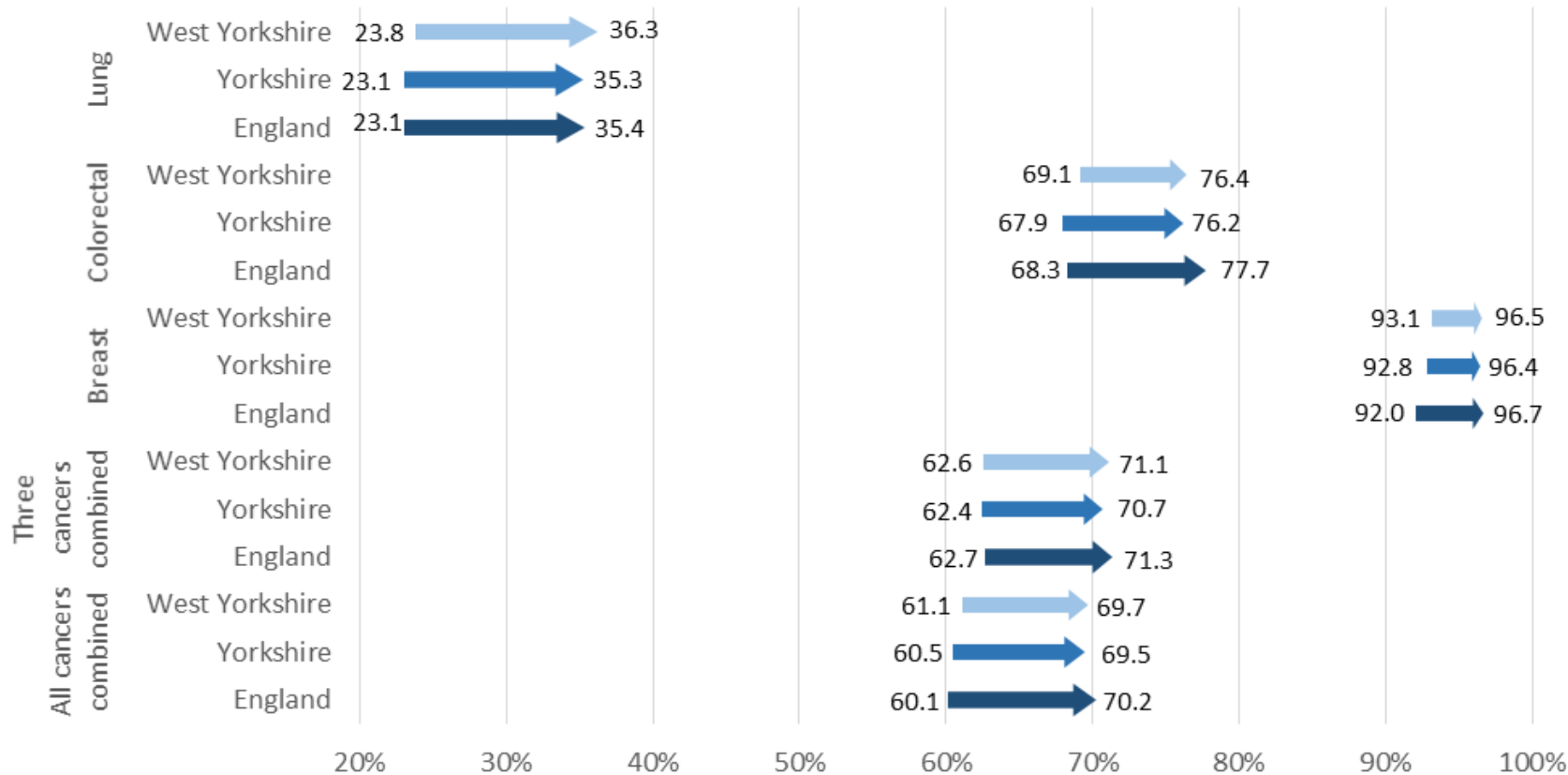


## 70. Care rated as excellent or very good



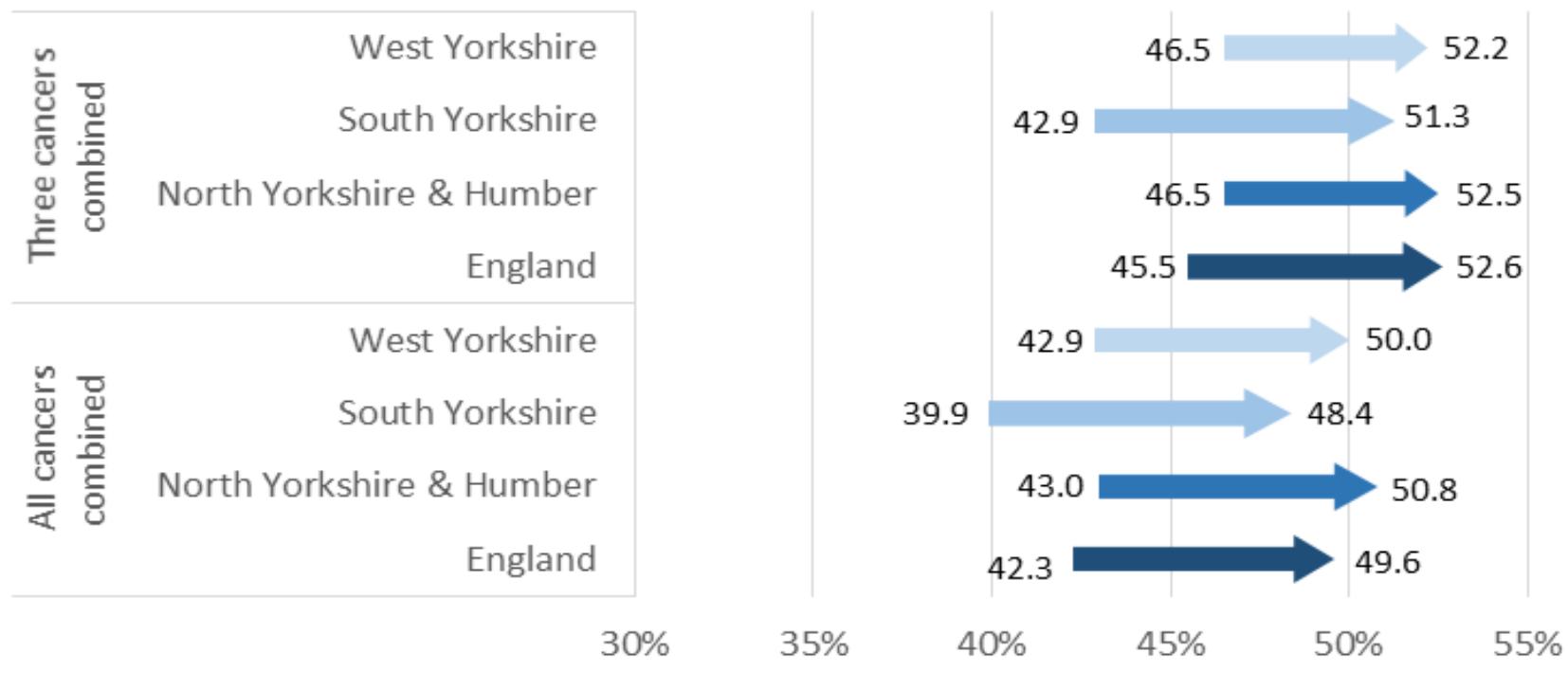
# Survival – one year

Average one year survival rates for adults aged 15 to 99 years diagnosed between 1998 to 2013 and followed up to 2014 in West Yorkshire, Yorkshire and England



# Survival – five year

Average five year survival rates for adults aged 15 to 99 years diagnosed between 1998 to 2009 and followed up to 2014 in Yorkshire and England



## Recovery Package

- Support CCGs to adopt a cancer strategy which incorporates living with and beyond cancer and deliver all elements of the Recovery Package.
- Risk stratified pathways could help to reduce follow ups and improve capacity for those patients that need it most.
- Follow-up education programme for low to moderate risk breast cancer patients implemented for patients at Calderdale and Huddersfield Foundation Trust

# Summary

## Key points

- Lung cancer incidence and mortality is significantly higher in West Yorkshire than England and disproportionately affects our most deprived groups.
- However, lung cancer survival in West Yorkshire is similar or better than average.
- Smoking rates in West Yorkshire remain significantly higher than England.
- West Yorkshire has a higher proportion of cancers diagnosed via the emergency route than average.
- Parts of West Yorkshire have some of the lowest cancer screening uptake in the country.

## **Address the issues that are impacting cancer outcomes from across the pathway**

- Identify local requirements for tackling lifestyle related risk factors.
- Reduce the variation in screening uptake and for all areas to surpass national averages.
- Break down barriers to accessing the healthcare system and giving patients a fast cancer diagnosis.
- Implementing evidence based changes to improve capacity, resources and patient pathways in relation to diagnosis, treatment and follow up care.

# Summary

