

Halton Cancer Profile 2019

KEY FINDINGS

All Cancers:

- Cancer incidence has remained fairly static since 2010, having steadily increased to this point.
- Male cancer incidence has fallen steadily since 2012, whereas female cancer has generally increased since 2001.
- Halton had rates for several individual cancers higher than the equivalent of England, including: bladder, female cervical, colorectal, kidney, lung and malignant melanoma. Female breast cancer and male prostate cancer rates were lower in Halton than England.
- Halton CCG patients did not achieve the two week cancer waits target of 95%.
- Breast screening coverage in Halton CCG (72.0%) met the national target, with nine of the fourteen Halton GP practices achieving the national target.
- Halton CCG failed to achieve the bowel screening uptake and cervical screening coverage targets, with all but one GP practice (Upton Rocks) achieving the bowel target and 0 GP practices achieving the cervical target.
- Halton has fewer cancers diagnosed at stages 1 or 2 (early stage) in 2016 than in the North West and England.
- One-year cancer survival has increased in Halton CCG since 2000, and in 2016 was higher than in England.
- One-year breast and lung cancer survival in Halton CCG is very similar to the survival of England. Colorectal cancer survival in Halton CCG (82.5%) was 2.1% greater than in England (80.4%).
- Mortality from all cancer in Halton CCG has followed a similar path to that of England, having gradually fallen since 2001. Individually both male and female cancer mortality has also gradually fallen in this time.
- For both females and males, lung cancer accounted for the great proportion of cancer mortalities (25% and 27% respectively). The next greatest proportion of cancer deaths were those generally unique to each (male prostate cancer – 10% and female breast cancer – 14%).
- Areas of Halton with the highest rates of cancer mortality are those in areas of high socioeconomic deprivation: Halton Lea, Halton View and Riverside.
- The premature mortality rate (aged under 75) has fallen consistently in Halton as it has regionally and nationally. However the rate in Halton remains significantly higher than England.
- The smoking prevalence is lower in Halton than in England and a greater proportion of people setting a quit date actually quit at 4-weeks. However, there are more reception and year 6 children and adults (18+) who are overweight or obese in Halton than seen nationally.
- Lung cancer incidence and mortality have been consistently higher in Halton CCG than England and one-year survival has remained slightly below that of England for many years.
- Colorectal cancer incidence is above that of England and has been so for several years. However mortality from colorectal cancer was below that of England in 2016, having fluctuated greatly since 2001. One-year survival from colorectal cancer was greater in Halton CCG than England in 2015.
- Female breast cancer incidence and mortality have fluctuated greatly in Halton CCG, but was lower than England in 2016. One-year survival from breast cancer has generally been lower in Halton CCG than England, however, in 2015 Halton CCG surpassed the nationally survival rate.
- Malignant melanoma skin cancer incidence was during 2016, and for the majority of the preceding 15 years, was higher in Halton CCG than in England. However, the mortality from such cancers for 2014-16, was lower in Halton CCG than in England.
- Male prostate cancer incidence in Halton CCG has consistently fallen below the rate of England since 2001. However, mortality from such cancers was higher in Halton CCG than England for 2016.

Patients were asked to evaluate the service received from 0 (very poor) to 10 (very good), Halton CCG had a score of 8.8, compared to 8.8 in England.



Produced as part of the Joint Strategic Needs Assessments for Halton

<http://www4.halton.gov.uk/Pages/health/publichealthinfo.aspx>



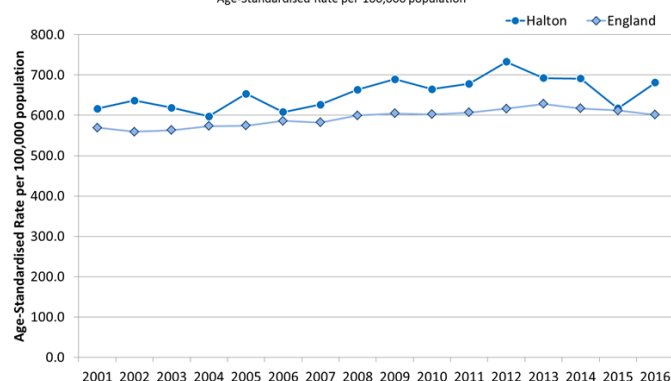
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Incidence

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All persons cancer incidence (C00-C97), 2001-2016

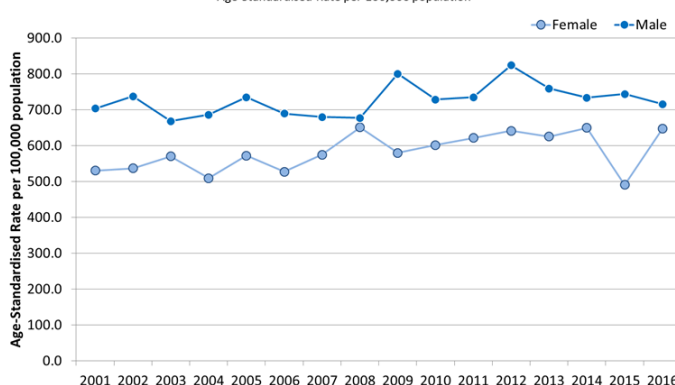
Source: CancerData, PHE, 2018
Age-Standardised Rate per 100,000 population



Cancer incidence has remained higher in Halton CCG than the England equivalent from 2001 to 2016. Since the turn of the millennium, cancer incidence in Halton CCG peaked in 2012, has generally fallen since then, but still remains much higher than England.

All persons, cancer incidence by gender, 2001-2016

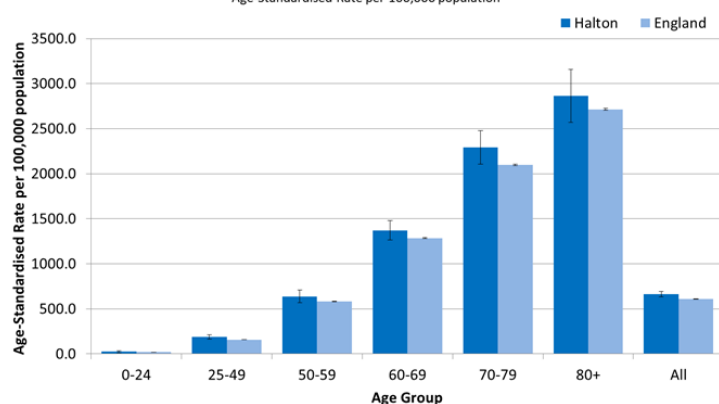
Source: CancerData, PHE, 2018
Age-Standardised Rate per 100,000 population



There remains difference in the rate of cancer incidence between males and females in Halton CCG. The female has been consistently below the rate of males since 2001. The rate of both female and male cancer incidence in Halton CCG has steadily increased from 2001 to 2016, however the female rate has increased at a faster rate.

Cancer incidence rate (C00-C97), 2014-16 (pooled)

Source: CancerData, PHE
Age-Standardised Rate per 100,000 population



In terms of age group, the highest rate of cancer incidence in both Halton and England, was amongst those aged 80 and over. Overall Halton had a significantly higher rate of cancer incidence than England for 2014-16.

Although every individual age group in Halton had a higher rate of cancer incidence than the England equivalent, the only individual age group with a significantly higher rate in Halton than England was those aged 25-49.

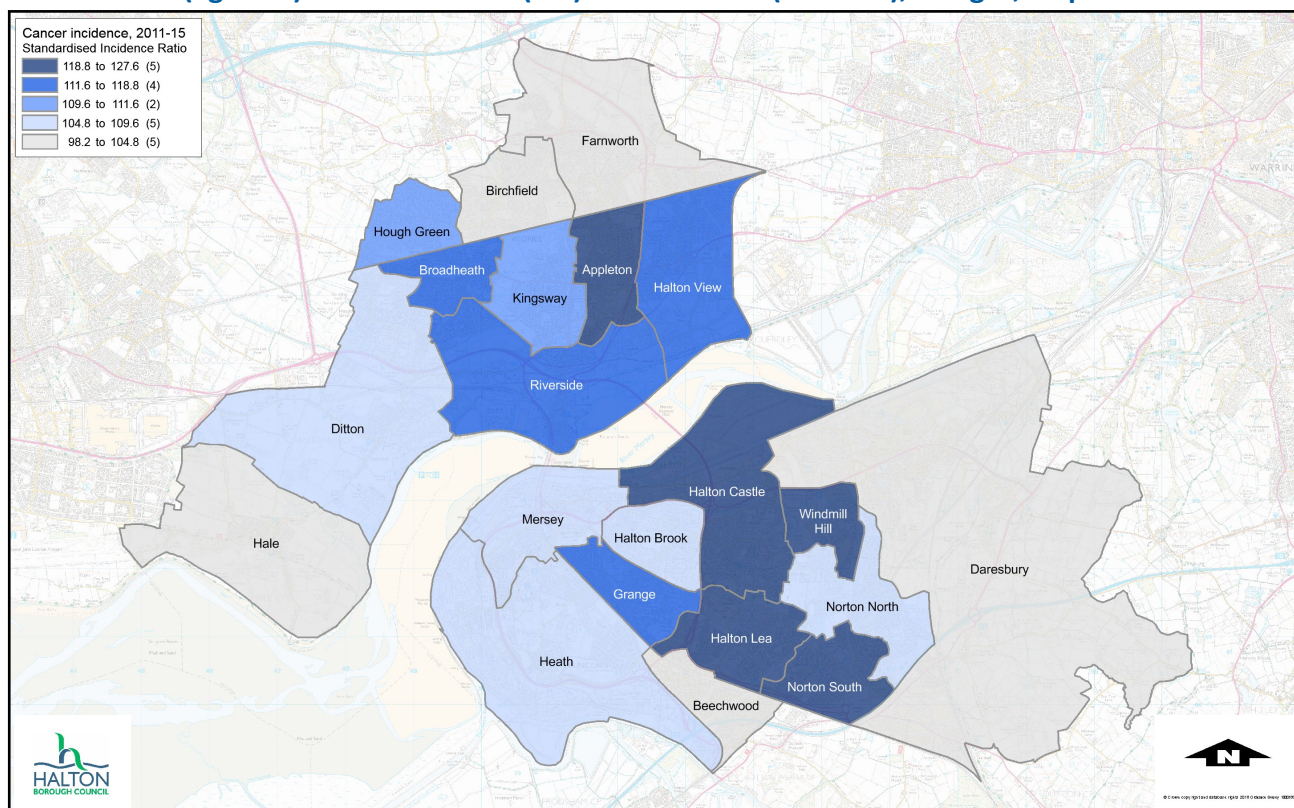
All Ages cancer incidence rate, by site, 2014-16 (Pooled)

	Halton	England
Cancer Site	Number	Rate
Bladder	61	20.41
Breast (f)	310	163.56
Cervical (f)	25	13.08
Colorectal	289	87.52
Kidney	65	19.37
Lung	354	107.79
Prostate (m)	236	149.50
Skin	119	35.20

For 2014-16, the rates of most specific cancers are higher in Halton than England. However female breast cancer and male prostate cancer are lower in Halton than England.

In particular all person lung cancer is much higher in Halton than England (107.79 per 100,000 population compared to 78.61 per 100,000 population in England) and female cervical cancer (87.52 per 100,000 population compared to 70.73 per 100,000 population in England).

Standardised (age-sex) Incidence Ratio (SIR) of all cancers (C00-C97), all ages, all persons 2011-15



What is a Standardised Incidence Ratio (SIR)? SIRs standardise numbers of events enabling easier area comparisons

The number of observed events, divided by the number of expected events, multiplied by 100.

An SIR above 100 indicates there have been more observed events than expected given the England rate.

Standardised incidence ratio (SIR) for specific cancers in Halton wards, 2011-15

Age and sex standardised ratio

Ward	Breast (f)	Colorectal	Lung	Prostate (m)
Appleton	90.6	125.9	189.9	91.1
Beechwood	111.1	122.0	110.8	95.2
Birchfield	99.3	100.5	84.4	97.4
Broadheath	103.8	116.0	151.1	109.8
Halton Castle	146.6	97.7	215.2	70.6
Daresbury	111.0	140.1	84.5	84.2
Ditton	85.9	99.8	124.4	120.5
Farnworth	94.1	117.2	122.1	105.9
Grange	116.4	116.9	168.1	56.4
Hale	72.9	85.9	100.9	127.2
Halton Brook	122.7	116.4	132.9	58.0
Halton Lea	88.5	114.6	220.1	73.3
Halton View	86.2	114.6	142.5	126.6
Heath	115.8	114.8	130.1	82.1
Hough Green	99.9	118.8	146.3	106.3
Kingsway	93.4	110.3	171.4	77.3
Mersey	121.7	105.6	155.6	63.9
Norton North	109.5	143.2	129.5	82.9
Norton South	94.2	131.2	205.5	80.9
Riverside	90.5	116.6	162.0	101.5
Windmill Hill	159.5	90.7	219.2	76.0
Halton	104.0	115.0	150.6	90.2
England	100	100	100	100

The incidence across Halton for all cancers varies greatly. Most of the areas that fall within the group with the highest SIR are all located in Runcorn, with Halton Castle, Halton Lea, Norton South and Windmill Hill all accounting for much greater numbers of cancer incidences than would be expected. Appleton ward also fell in the group of wards with the highest cancer incidence rate. 20 of the 21 wards of Halton had a higher cancer incidence SIR than would be expected; Birchfield was the ward that had a lower rate than would be expected.

Looking at the four specific cancer sites. Numerous wards had significantly higher number of lung cancers than would be expected, with the highest SIRs witnessed in Halton Lea, Windmill Hill, Halton Castle, Norton South and Appleton. These wards all have high a high rate for all cancers.

Significantly higher than ENGLAND
No significant difference to ENGLAND
Significantly lower than ENGLAND

What is excess incidence and how is it calculated?

Excess incidence refers to the number of new cases per year above that which would be expected if the local rates were the same as the England rate. This has therefore been calculated to applying the England age-specific rates to the borough populations for each age group then comparing this figure to the observed number of new cases (incidence) in the gender/age band. In order to compare the borough against its comparators these numbers were then converted into a percentage to show the proportion of excess out of all new cases.

The mathematical principle behind the concept of excess incidence is straightforward. Consider an area with a population of 500,000 residents, where in a given year there were 2,000 cancers diagnosed (giving an incidence rate of 400 per 100,000 population). The chosen benchmark area may have better rates than this Local Authority - perhaps an incidence rate of 380 per 100,000 population. These 'comparator rates' are applied to the local population, to give the expected number of cancers diagnosed as 1,900. These are the expected numbers if the incidence for the Local Authority were the same as the outcomes for the benchmark population. Comparing the observed cases to the expected cases gives an excess number of cases – in this example, 100 more cancers diagnosed.

Excess incidence for all cancers and site specific cancers, if rates were same as England, 2013-15

Males

Cancer Site	Expected Incidence	Actual Incidence	Excess Incidence
All Cancers	1031.2	1141	109.8
Colorectal	127.1	160	32.9
Breast	-	-	-
Lung	133.5	188	54.5
Prostate	276.0	236	-40.0
Skin	43.9	55	11.1

Females

Cancer Site	Expected Incidence	Actual Incidence	Excess Incidence
All Cancers	995.8	1076	80.2
Colorectal	99.8	99	-0.8
Breast	317.1	315	-2.1
Lung	115.3	173	57.7
Prostate	-	-	-
Skin	44.2	60	15.8

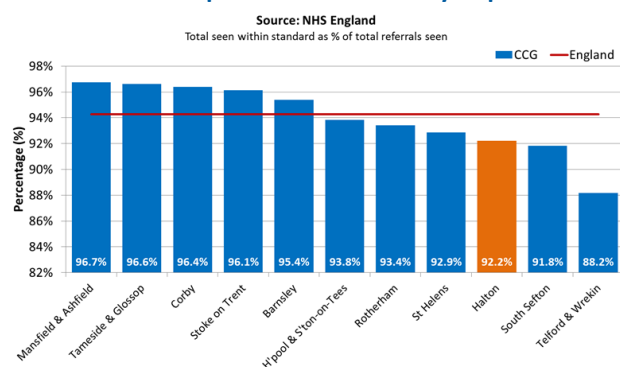
Between 2013-15 Halton had a higher rate of both male and females cancer than would be expected if the England rate was applied to Halton. There were more male and female lung cancers, male and female malignant melanomas (skin) cancers and male colorectal cancers than would be expected.

In Halton, there were 33 more male colorectal cancers than would be expected, 55 more male and 58 more female lung cancers than would be expected and 11 more male and 16 more female skin cancers than would be expected if the national rate were applied to the Halton population. However, there were 40 fewer male prostate cancer diagnosed in Halton between 2013 and 2015 than would be expected if the national rate were applied to the Halton population; there were also 2 fewer female breast cancer and 1 fewer female colorectal cancers.

For 2013-15 the excess incidence for all cancers accounted for 9.6% of all male cancers and 7.5% of female cancers. Male excess colorectal cancer in Halton accounted for 20.5% of the actual incidence. Male excess lung cancer and female excess lung cancer accounted for 29.0% and 33.4% of their respective overall actual incidence. Male and female excess skin cancer accounted for 20.2% and 26.4% of their respective overall actual incidence.

Cancer waiting times data is gathered on the number of people who attended outpatient appointments within two weeks of an urgent referral by their GP for suspected cancer or symptoms and, for patients with cancer, on the numbers who started treatment within 31 and 62 days are included for each Trust. The numbers who started some types of subsequent treatments within 31 days are also given for each commissioner. Numbers of patients who were not seen or treated within the specified times are also included.

Patients with suspected cancer seen by a specialist within 2 weeks of referral, 2018



When comparing Halton CCG to similar CCGs, it has the third lowest percentage of suspected cancers seen by a specialist within 2 weeks. 92.2% of Halton patients referred on the two-week referral system for suspected cancers were seen within two weeks, this is below the proportion seen in England as a whole (94.3%) and the average for the similar CCGs (94.1%).

Cancer screening (see below table for definitions) in Halton CCG GP Practices

Source: Public Health England's Fingertips Profiles (data as of end of 2017/18)

GP Name	Bowel Uptake	Breast Coverage	Cervical Coverage
Appleton Village	59.6%	75.1%	75.5%
Bevan Group	60.2%	78.1%	74.9%
Brookvale Practice	52.3%	70.7%	76.8%
Castlefields	55.6%	68.1%	73.2%
Grove House	51.9%	72.9%	69.0%
Hough Green	51.1%	69.7%	68.5%
Murdishaw	47.5%	71.1%	68.4%
Newtown Surgery	52.7%	63.0%	66.8%
Oaks Place	50.9%	62.6%	72.7%
Peelhouse	54.1%	72.4%	68.6%
The Beeches	55.5%	71.0%	69.1%
Tower House	59.0%	75.1%	72.1%
Upton Rocks	62.9%	69.1%	77.9%
Weaver Vale	59.4%	71.0%	74.0%
Halton CCG	55.6%	72.0%	71.9%
England	57.7%	72.1%	71.7%
National Target / Minimum Standard	60.0%	70.0%	80.0%

Breast screening coverage amongst eligible females in Halton was above the 70% national minimum standard (72.1%).

Eight of Halton's fourteen practices exceeded the national minimum standard; the highest coverage was in Tower House (78.1%) and the lowest in Oaks Place (62.6%).

Halton CCG's cervical coverage and bowel uptake are below the respective national targets. No GP practices in Halton met the national target for cervical screening. The highest coverage was in the Upton Rocks (77.9%) and Brookvale (76.8%). Upton Rocks (62.9%) and Bevan Group (60.2%) were the two practices to exceed the national target for bowel screening.

The table below emphasises the reduced screening rates amongst people on GP learning disability registers compared to those who are not. This is particularly the case for female cervical screening; less than 1 in 3 people with learning disabilities screened in the last 5 years.

Cancer screening rates: comparison of those with and without Learning Disability (LD) to end of 2017/18

Screening Programme***	LD	Non-LD	Difference
Breast (female)	59.2%	80.0%	-20.8%
Colorectal	93.1%	88.4%	4.7%
Cervical (female)	29.3%	75.6%	-46.3%

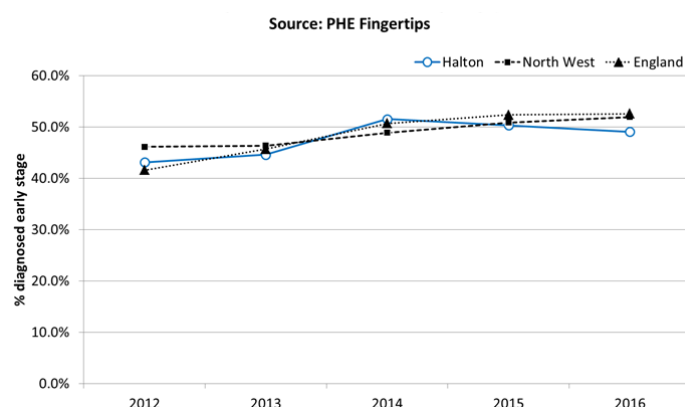
***All three screening programmes for LD/Non-LD are based on people screened in the last 5 years as of the end of 2015/16

Bowel screening uptake: % eligible people aged 60-74 screened within 6 months of invite

Breast screening uptake: % eligible females aged 50-70 screened within the last 36 months

Cervical screening coverage: % eligible females aged 25-64 screened within the last 3.5/5.5 years

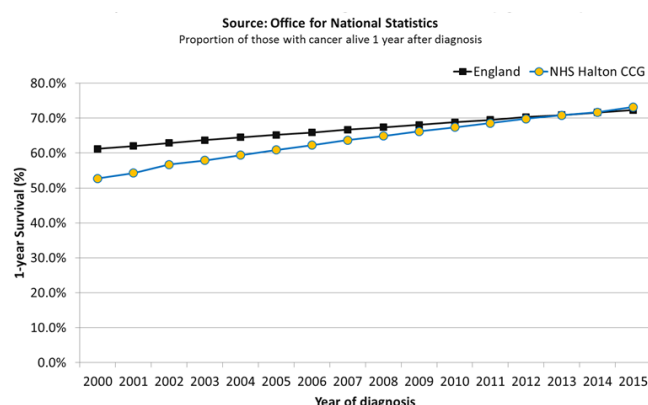
Percentage of cancers detected at stage 1 or 2 during 2012-2015 in Halton CCG and England



Between 2012 and 2015 there was a similar proportion of cancers diagnosed early (stage 1 and 2) to Halton CCG patients as with patients in England as a whole. However, in 2016 there was a lower proportion of cancers diagnosed early in Halton CCG (49.1%) than in England (52.6%).

1-year survival from all cancers in people aged 15-99 has steadily increased from 1999 to 2015, for both Halton CCG and England. The Halton CCG 1-year survival from cancer for 2015 is above that of England as a whole. Almost three quarters of people diagnosed with cancer during 2015 survived a year beyond diagnosis.

1-year survival from all cancers, Halton CCG patients aged 15-99, by year of diagnosis

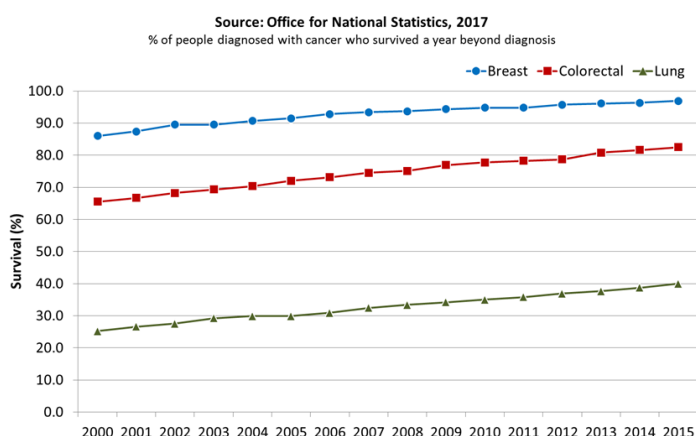


1 year survival from Breast, Colorectal and Lung cancers diagnosed during 2015

Area	Breast	Colorectal	Lung
Halton CCG	96.9%	82.5%	40.0%
England	96.7%	80.4%	40.7%

For cancers diagnosed during 2015, 1-year survival from lung cancer was lower in Halton CCG than it was in England as a whole. For breast and colorectal cancers diagnosed in 2015, 1-year survival was higher in Halton (96.9 and 82.5% respectively) than for England as a whole (96.7% and 80.4% respectively).

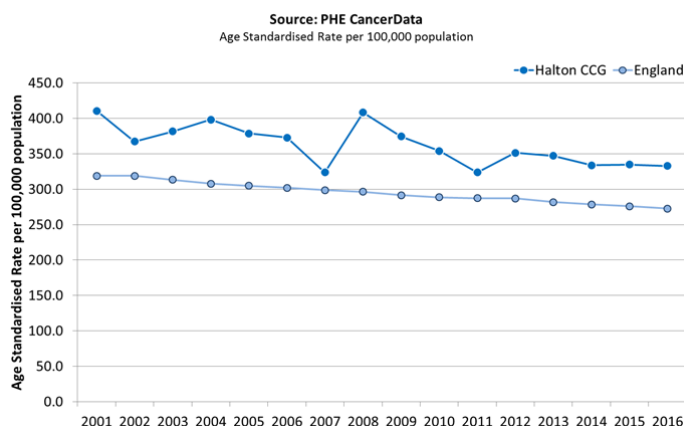
Trend in 1-year survival from Breast, Colorectal and Lung cancers in Halton CCG, by year of diagnosis



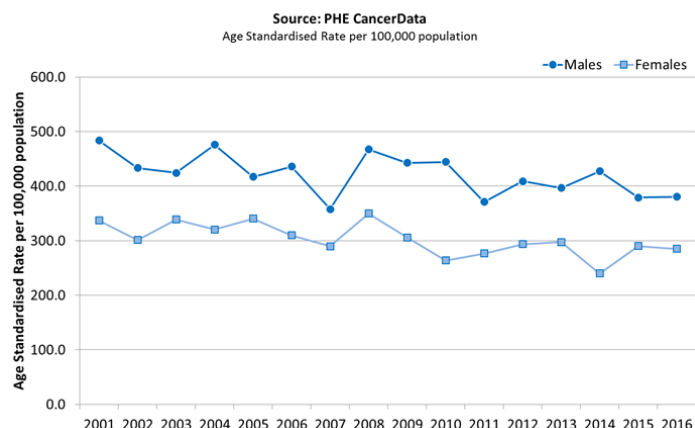
1-year survival from all three cancers has increased for Halton CCG in the last 15 years. In fact all three cancers had a higher survival for cancers diagnosed during 2015 than at any point in the period analysed (since 2000). For breast cancers diagnosed during 2014, 96.5% survived a year beyond their diagnosis.

For Halton CCG patients diagnosed with colorectal cancer, 82.5% survived a year beyond diagnosis in 2015 compared to 65.5% of those diagnosed in 2000.

Rate of all cancer mortality, per 100,000 population, 2001-2016, by area

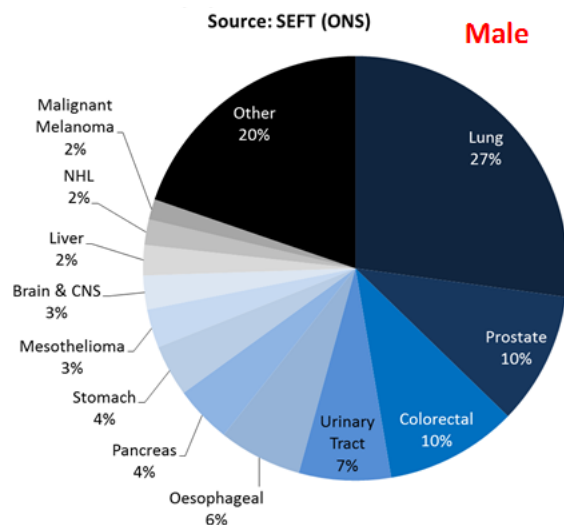
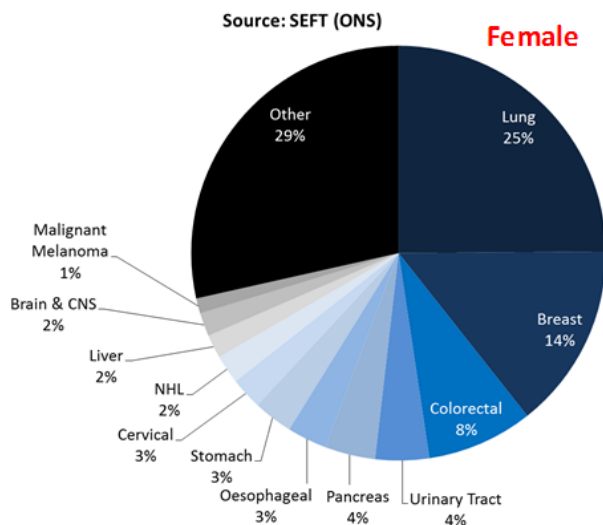


Rate of all cancer mortality per 100,000 population, 2001-2016, by gender



Mortality from cancer has been falling nationally, and the picture is no different in Halton. Generally cancer mortality has been much higher in Halton than in England as a whole. Both male and female cancer mortality has followed a similar pattern between 2001 and 2016, falling gradually over this time, but there has been no discernible change in the difference in the mortality rate between males and females; male cancer mortality being much higher generally than female.

Female and male cancer mortality (%), 2013-17, by tumour type (site)



As with incidence, lung cancer accounts for a considerable proportion of all cancer deaths; 27.2% of male and 24.9% of female deaths respectively. The other major causes of cancer deaths are colorectal, urinary tract (incl. kidney), female breast, male prostate, pancreatic, oesophageal and stomach.

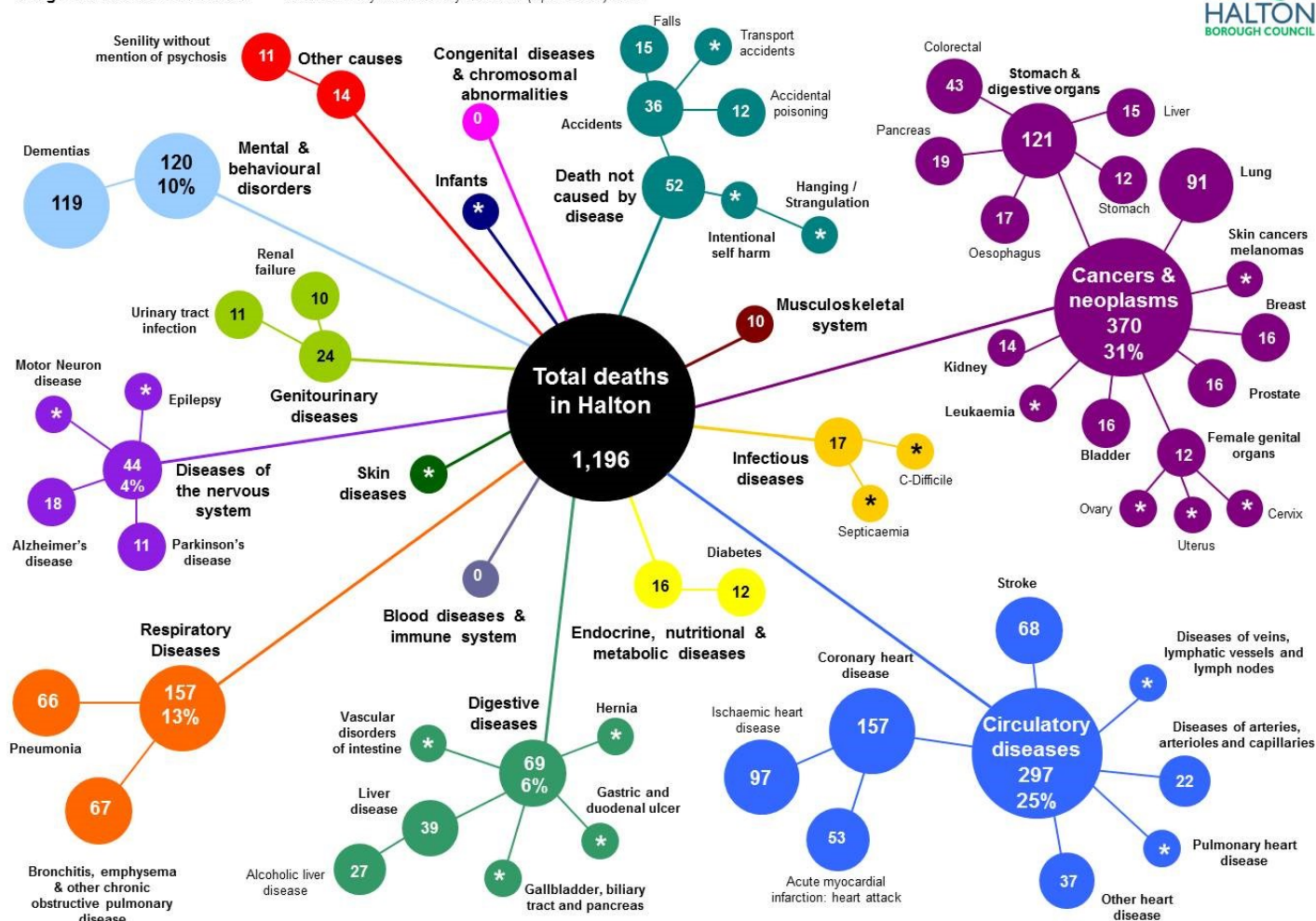
There were more female deaths from cancer in Halton than male between 2013-17. Breast cancer accounted for 15% of female cancer deaths and prostate cancer for 10% of male deaths over the five years, and although causes that are non sex-specific, that may be seem less pronounced, they are still accounting for a considerable number of deaths.

Main causes of death in Halton 2017

* signifies less than 10 deaths

Source: Primary Care Mortality Database (Open Exeter) 2018

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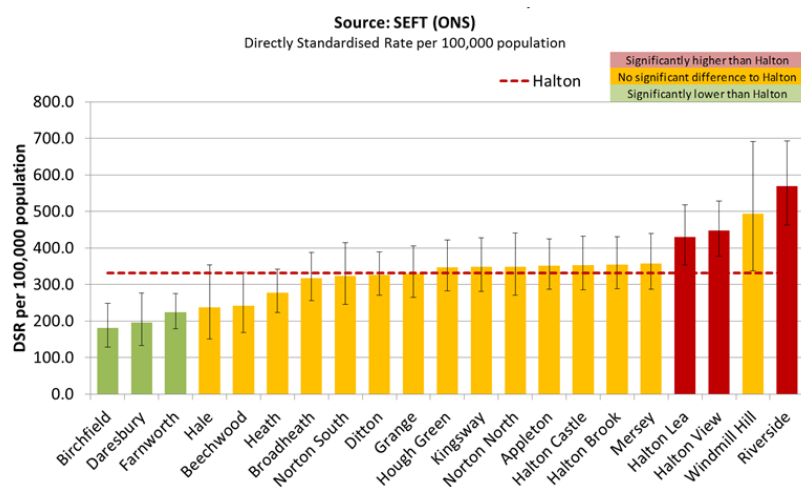
As seen from the graphic above, cancers (“Cancers & neoplasms”) are the single biggest reason for death amongst the residents of Halton for 2016. Nearly a third (31%; 370 deaths) of deaths were as a result of cancer. Looking further into the figures, 121 of the 370 deaths (32.7%) from cancer were due to cancers of the stomach or digestive system, of which 43 were of the colorectal system. Lung cancer was the single greatest cancer diagnosed amongst the residents of Halton, and accounted for 91 deaths during 2016. There were 16 deaths from both breast cancer and prostate cancer during 2017 and a further 12 cancers diagnosed of female genital organs, emphasising the impact of sex-specific cancers.

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Mortality: Internal and National Inequalities

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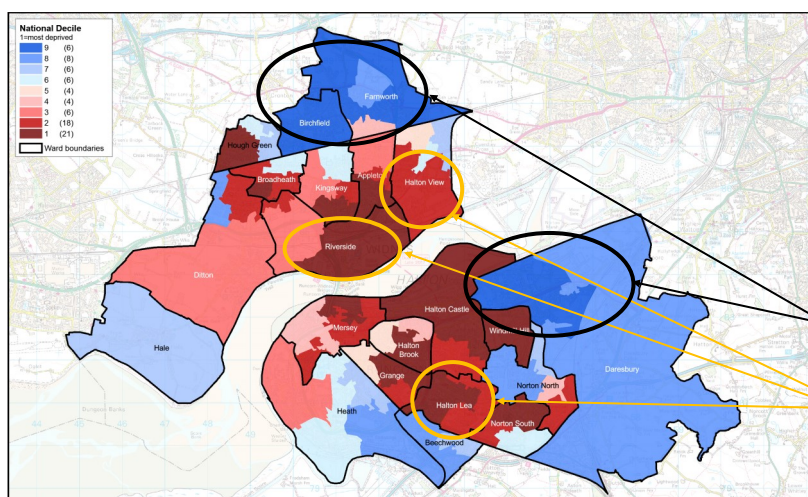
Rate of deaths from cancer in persons of all ages in Halton wards, 2013-2017



Between 2013-2017, there were three wards of Halton with significantly higher rates of deaths from cancer (all ages): Riverside, Halton View and Halton Lea. Although Windmill Hill does not have a significantly high rate of cancer mortality, it has the second highest rate of the 21 wards in the borough.

Riverside, Halton Lea and Windmill hill wards all have large pockets within their boundaries which fall within the 10% most deprived areas (Lower Super Output Areas) in the country. These areas are highlighted by the deepest red colour on the map.

Halton Lower Super Output Areas (LSOAs) by national deprivation decile (2015 Indices of Multiple Deprivation (IMD))

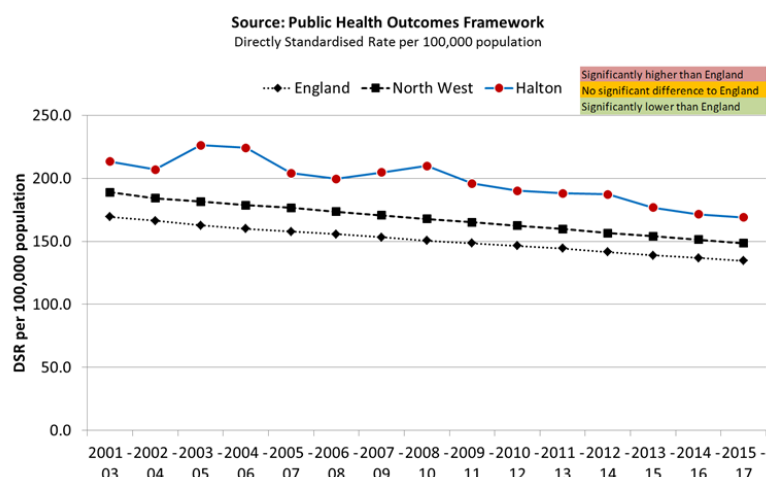


Birchfield, Daresbury and Farnworth—the three wards with significantly lower rates of cancer mortality than Halton—are also three of Halton's least deprived wards (located in the North of Widnes and East of Runcorn). This is highlighted by the blue colours; the darkest blue indicates the least deprived.

Birchfield and Farnworth

Halton Lea, Riverside and Halton View

Mortality rate from all cancers (C00-C97) in persons aged 75 and under, 2001-03 to 2015-17



The rate of cancer deaths amongst persons aged under 75 has fallen amongst Halton residents. This trend is in line with both the regional and national picture of premature mortality from cancers. Mortality amongst persons aged under 75 in Halton, was at it's lowest rate in 2015-17 than at any point in the period analysed (since 2001-03).

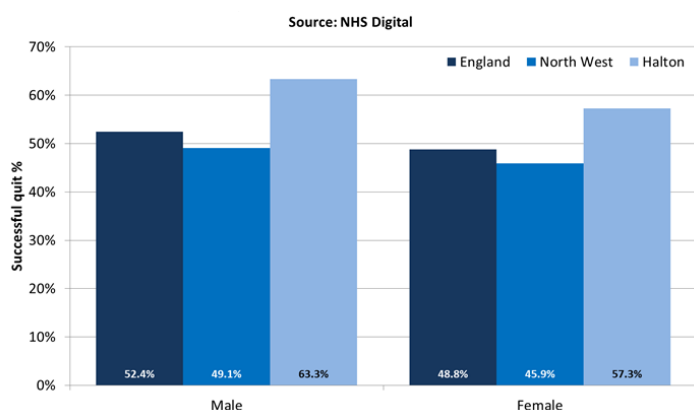
Although, even with the improvements made in premature mortality in Halton, the rate has remained significantly higher than that seen nationally for the entirety of the period since 2001-03.

Smoking Quitters

Locally, there are many services aimed at enabling the local population to live healthier lives. The Health Improvement Team in Halton provide many services to the public, several of these help people with lifestyle issues around alcohol, healthy eating, exercise, smoking cessation. There are also services that help to maintain and improve the health of children, both in school and outside, including Healthy Schools and Fit 4 Life. As a lot of lifestyle issues (alcohol, unhealthy eating etc.) are strongly linked to increased risk of cancers, it is important to begin and maintain a healthy lifestyle to reduce cancer risk.

Smoking is a cause of lung (and other) cancer and has been tackled by Public Health and the health community for years; locally smoking cessation is aimed at reducing the prevalence of lung cancer and many other diseases. The prevalence of smoking in Halton has reduced over recent years, impacting on the amount of people who could enter the service, however the proportion of those who successfully quit smoking (self-reported) four weeks after setting a quit date was 59.7%, compared to 47.4% in the North West and 50.5% in England (2017/18).

Proportion of smoking quit attempts that were successful (self-reported quit at 4-weeks), 2017/18



For 2017/18, for Halton, North West and England, there was a greater proportion of males who set a quit date who self-reported quitting at the 4-week stage. 63.3% of males in Halton successfully quit smoking compared to 57.3% of females; this picture was reflected regionally (49.1% of males and 45.9% of females in the North West) and nationally (52.4% of males and 48.8% of females in England).

Excess Weight and Adult Weight Management

Obesity, poor diet and low levels of exercise are linked to many conditions, including several cancers, especially of the bowel and lower gastro-intestinal system. A way of reducing the risk of such cancers, is maintaining a healthy weight, exercising regularly and having a healthy, balanced diet.

1,876 people (aged 20+) accessed the weight management services in Halton in 2016/17, with varied numbers across the wards of the borough. The highest rate (crude rate per 1,000 population) was in the Ditton ward (2745.0 per 1,000; 155 records of uptake) and the lowest rate in the Hale ward (407.5 per 1,000 population; 8 records of uptake).

Excess Weight in adults and children

Area	Reception (4-5 year olds)	Year 6 (10-11 year olds)	Adults (16+)
Time Period	2017/18	2017/18	2016/17
Halton	25.6%	39.0%	61.1%
North West	23.9%	35.5%	63.3%
England	22.4%	34.3%	61.3%

Source: PHE Fingertips, 2018

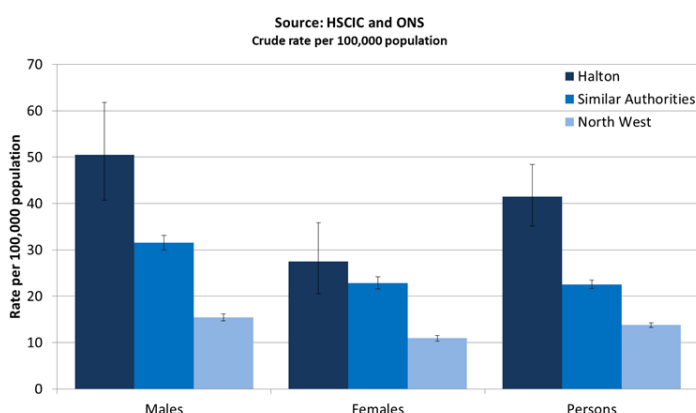
Halton has a greater proportion of its reception (4-5 year olds) and year 6 (10-11 year olds) children and adults (aged 16+) with excess weight, than the North West and England. It is estimated that there are fewer adults (aged 16+) of excess weight in Halton than the North West and England; although this still equates to approximately 6 in every 10 adults being overweight or obese.

What is excess mortality and how is it calculated?

The same principles and methodology of excess incidence apply to excess mortality. Namely, the rates experienced in a comparator area are applied to the population of interest (in this case we are comparing the rates seen in Halton with those of England as whole). These expected values are then compared to the observed number of deaths from cancer over the same time period. Any values above the expected are said to be excess deaths.

Using our example again of a Local Authority with a population of 500,000 where in a given year there were 1,000 deaths due to cancer. This would give a mortality rate of 200 per 100,000 population). The chosen comparator area mortality rate is 170 per 100,000 population. These 'comparator rates' applied to the Local Authority population give an expected number of deaths as 850. These are the expected numbers if the deaths for the Local Authority were the same as the outcomes for the benchmark 'comparator' population. Comparing the observed cases to the expected cases gives an excess number of cases – in this example, 150 more deaths due to cancer.

Excess death rate for all cancers in 1 to 74 year olds, in comparison to England, 2014-16*



Halton had approximately 51 greater male and 28 females deaths, per 100,000 population than would be expected if the England rate of mortality was projected onto the Halton population. The excess death rate in Halton was much greater than that witnessed in the North West as a whole and the similar authorities group.

The North West accounted for approximately 16 and 11 male and female excess deaths from cancer; the similar authorities group accounted for 32 and 23 male and female excess deaths respectively.

Excess death rate in 1-74 year olds, per 100,000 population, by cancer site and area, 2014-16*

Area	Halton	Similar Authorities	North West
Male lung	24.3	13.9	7.3
Female lung	18.8	13.7	3.7
Persons lung	21.2	12.0	7.6
Female breast	6.3	1.2	0.2
Male colorectal	5.6	3.6	2.0
Female colorectal	-1.1	0.1	0.2
Persons colorectal	2.4	1.4	1.2
Male prostate	2.3	1.1	-0.2
Male skin	-1.0	-0.2	0.0
Female skin	1.3	-0.1	-0.1
Persons skin	0.2	-0.2	0.0
Male stomach	0.8	1.2	0.2
Female stomach	1.2	1.0	0.5
Persons stomach	1.0	1.0	0.4
Male oesophageal	2.7	2.4	1.6
Female oesophageal	0.2	0.6	0.6
Persons oesophageal	1.5	1.1	1.1

The majority of cancer sites shown have higher rates than would be expected, amongst male and female Halton residents (per 100,000 population) than would be expected if the England mortality rate was applied to the borough's population. Though this can also be said of the North West as a whole and the similar authorities grouping, it is generally more exaggerated in Halton.

Male skin cancer and female colorectal cancer are the two exceptions to this, with 1.0 and 1.1 deaths respectively fewer from these causes than would be expected.

Male lung cancer (24.3 per 100,000 population), female lung (18.8), female breast (6.3) and male colorectal cancer (5.6) accounted for the greatest rate of excess deaths of those included in the sites listed here.

*Figures remain from last cancer profile—updated national data is not yet published, so updated figures cannot be calculated

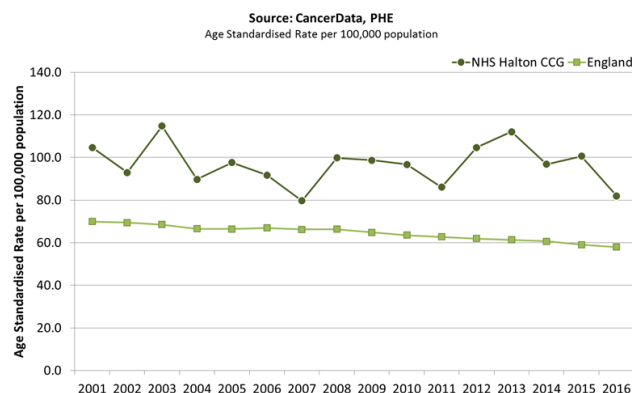
Halton Cancer Profile 2019

Disease Specific - Lung

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Incidence

All age lung cancer incidence (rate per 100,000), 2001-2016

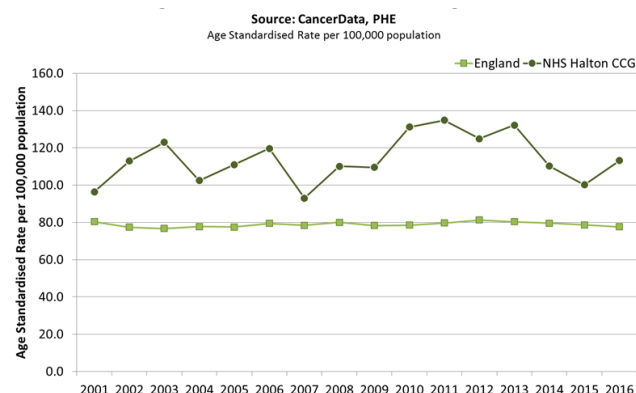


Lung cancer incidence, 2014-16, by age

Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	0	<5	35	112	125	77	354
Halton Rate	0.0	-	67.21	240.0	467.8	553.0	107.8
England Rate	0.1	5.2	49.2	167.9	333.3	417.9	78.6

Mortality

All age lung cancer mortality (rate per 100,000), 2001-2016



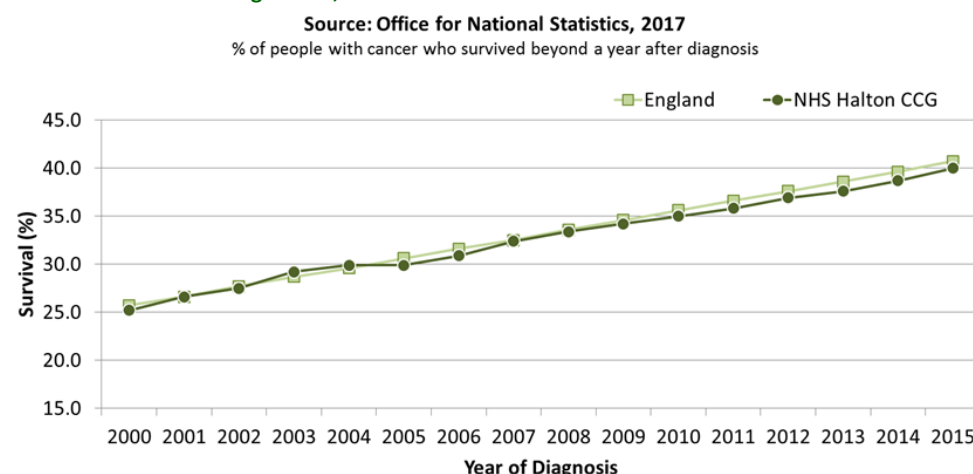
Lung cancer mortality, 2014-16, by age

Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	0	<5	34	76	114	71	297
Halton Rate	0.0	-	65.4	163.1	428.0	523.5	92.8
England Rate	0.0	2.9	32.6	116.7	245.2	365.5	59.2

Please note: "<5" used to maintain data confidentiality; "-" indicates rates not calculated due to such small numbers

Survival

1-Year survival from lung cancer, 2000-2015



Halton CCG has consistently had a higher rate of lung cancer incidence and mortality from lung cancers.

Between 2014 and 2016 there were 354 lung cancers diagnosed amongst Halton CCG's patients. This equates to 107.8 per 100,000 population; compared to 78.6 per 100,000 population in England as a whole. Between 2014 and 2016 there were 297 deaths from lung cancer among Halton CCG patients. This equates to 104.4 deaths per 100,000 population; compared to 61.3 per 100,000 population in England as a whole.

1-year survival from lung cancer has steadily improved in Halton CCG from 2000 to 2015; in 2015 over two fifths of people diagnosed with lung cancer survived a year beyond diagnosis. With that said however, it is clearly noticeable that, nationally, from the early-2000s there was a marked increase in the proportion of people surviving beyond a year after lung cancer diagnosis. This heightened surge in survival was not reflected locally and as a result in 2005, Halton CCG's 1-year survival from lung cancer fell below that of England and has remained below the rate of England ever since.

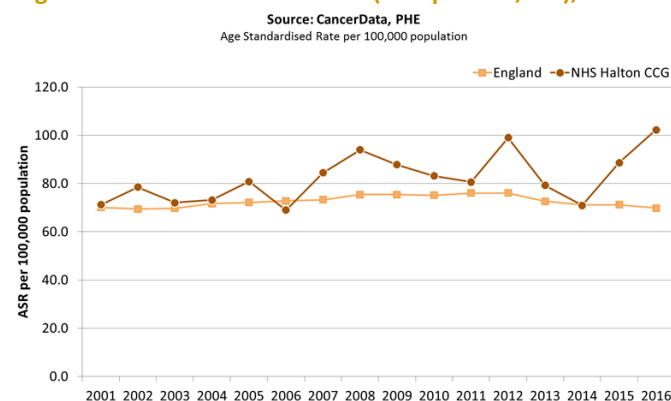
Halton Cancer Profile 2019

Disease Specific - Colorectal

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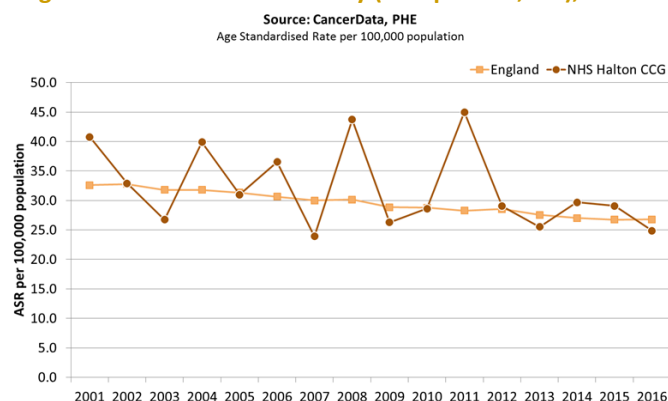
Incidence

All age colorectal cancer incidence (rate per 100,000), 2001-2016



Mortality

All age colorectal cancer mortality (rate per 100,000), 2001-2016



Colorectal cancer incidence, 2014-16, by age

Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	<5	21	38	76	89	64	289
Halton Rate	-	17.1	72.6	164.0	337.9	449.7	87.5
England Rate	1.0	10.9	55.7	137.0	259.4	403.7	70.7

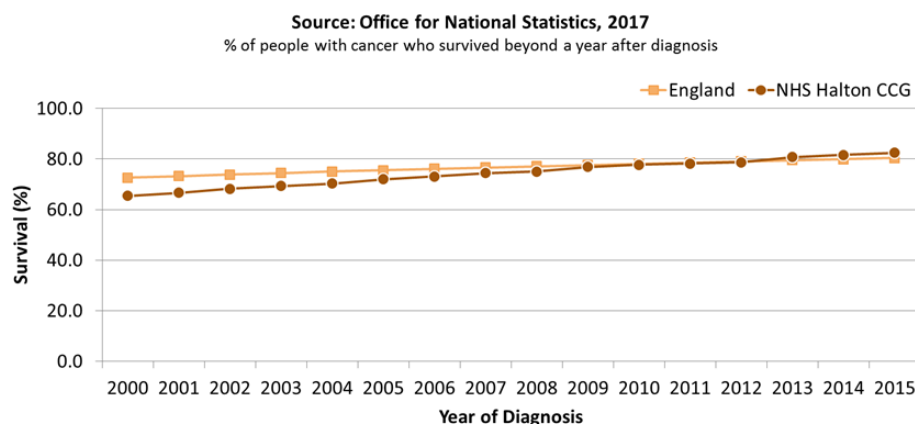
Colorectal cancer mortality, 2014-16, by age

Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	0	<5	9	19	29	30	89
Halton Rate	0.0	-	17.5	40.8	110.5	205.9	27.8
England Rate	0.1	2.6	14.7	39.0	89.6	228.7	26.9

Please note: "<5" used to maintain data confidentiality; "-" indicates rates not calculated due to such small numbers
'All ages' total numbers for Halton CCG may have been removed to maintain confidentiality

Survival

1-Year survival from colorectal cancer, 2000-2015



In 2014, the rate of colorectal cancer incidence in Halton CCG converged with that of England. However, since then there have been sharp increases in the rate of colorectal cancers diagnosed in Halton. So much so that the rate in 2016 was higher than at any point in the analysed period (since 2000). On the other hand, colorectal cancer mortality amongst Halton CCG patients has generally seen small reductions since the peak in 2011 and in 2016, the rate of mortality from colorectal cancer amongst patients in Halton CCG was lower than at the majority of the period since 2000.

1-year survival from colorectal cancer continues to increase in Halton CCG, as it does nationally. From 2013 onwards, survival in Halton CCG has been greater than England's survival rate.

For the years 2014-16, colorectal cancer incidence was higher in Halton CCG (87.5 per 100,000 population) than England (70.7 per 100,000 population). Although the colorectal cancer mortality rate in Halton CCG (27.8 per 100,000 population) was higher than seen in England (26.9 per 100,000 population), it was not significantly higher.

Halton Cancer Profile 2019

Disease Specific - Breast

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Incidence

All age breast cancer incidence (rate per 100,000), 2001-2016

Source: CancerData, PHE
Age Standardised Rate per 100,000 population



Mortality

All age breast cancer mortality (rate per 100,000), 2001-2016

Source: CancerData, PHE
Age Standardised Rate per 100,000 population



Breast cancer incidence, 2014-16, by age

Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	0	61	85	81	50	33	310
Halton Rate	0.0	96.6	311.8	340.8	354.4	360.5	163.6
England Rate	0.3	92.2	280.1	382.2	387.8	456.5	170.5

Breast cancer mortality, 2014-16, by age

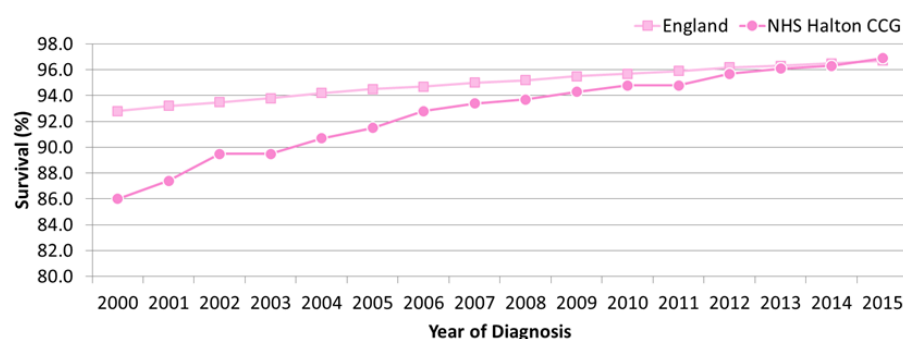
Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	0	7	10	19	12	19	67
Halton Rate	0.0	11.1	36.7	79.9	85.1	207.6	35.9
England Rate	-	9.9	38.2	56.4	94.7	219.2	34.4

Please note: "<5" used to maintain data confidentiality; "-" indicates rates not calculated due to such small numbers

Survival

1-Year survival from breast cancer, 2000-2015

Source: Office for National Statistics, 2017
% of people with cancer who survived beyond a year after diagnosis



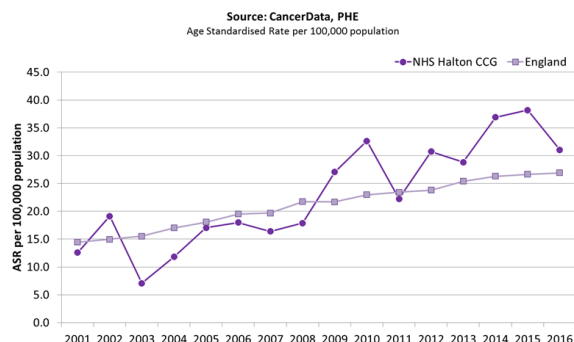
Female breast cancer incidence for 2014-16, was lower in Halton CCG (163.6 per 100,000 population) than in England (170.5 per 100,000 population). However the inverse is true for mortality; Halton CCG had a greater rate of female breast cancer mortality (35.9 per 100,000 population) than England (34.4 per 100,000 population).

In 2016, in Halton CCG, both female breast cancer incidence and mortality were lower than those seen in England as a whole. However, given the relatively small numbers there is great fluctuation in the trend for Halton CCG. With that said, the general trend for female breast cancer mortality has been one of reducing rates in both Halton and England. Although the overall trend of incidence in Halton CCG has been a reduction, the national trend has been of a gradual increase.

Survival from breast cancer continues to increase both in Halton CCG and England. 1-year survival from female breast cancer reached its peak in 2016, with 96.9% of women diagnosed in 2016 surviving at least 12 months beyond diagnosis. This means that in 2016 there were 10% more females being diagnosed with breast cancer who are surviving at least a year beyond their diagnosis, compared to 2001.

Incidence

All age malignant melanoma incidence, 2001-2016



Malignant melanoma incidence, 2014-16, by age

Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	<5	43	15	17	23	18	119
Halton Rate	-	34.5	28.6	36.3	87.3	140.3	35.2
England Rate	1.0	15.4	31.1	50.3	73.0	93.1	26.6

In Halton CCG, to 2015 there was a sharp increase in the incidence of malignant melanoma skin cancer, and although the rate remains higher than the England equivalent, it did fall substantially in Halton CCG from 2015 to 2016 and is now at similar rate to that seen at the turn of the previous decade. The overall trend in malignant melanoma skin cancer incidence has been an increase, this is more obviously displayed for England, but is also reflected - despite the fluctuations - in Halton CCG.

Please note: "<5" used to maintain data confidentiality; "-" indicates rates not calculated due to such small numbers
'All ages' total numbers for Halton CCG may have been removed to maintain confidentiality

Mortality

The mortality rates for malignant melanomas in Halton CCG are very small; the rates are often related to less than 5 deaths. As such, it is not possible to graphically display the trend of such deaths.

It should be noted that there were less than 5 deaths from malignant melanomas in Halton CCG during 2016. There were 6 deaths from malignant melanomas in Halton CCG in 2015. There are great fluctuations in the number malignant melanomas in Halton CCG and there are often 5 or fewer deaths in a year.

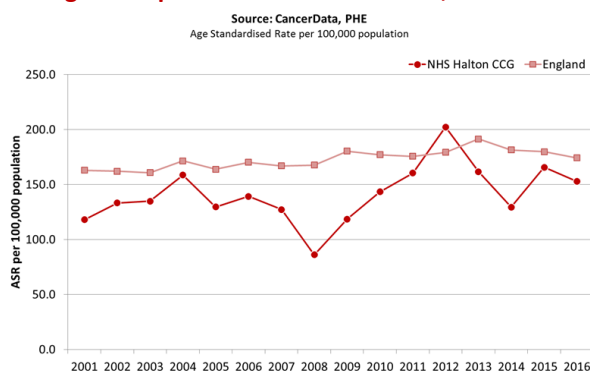
Malignant melanoma mortality, 2014-16, by age

Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	0	0	<5	<5	<5	<5	10
Halton Rate	0.0	0.0	-	-	-	-	3.4
England Rate	0.0	1.1	3.4	7.0	13.0	26.1	4.1

Halton Cancer Profile - Prostate

Incidence

All age male prostate cancer incidence, 2001-2016



Male prostate cancer incidence, 2014-16, by age

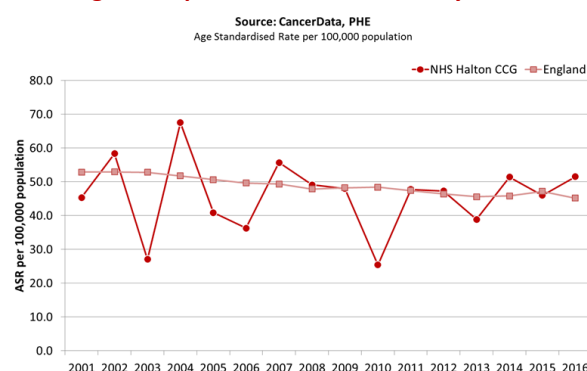
Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	0	<5	21	95	77	39	236
Halton Rate	0.0	-	82.8	414.7	605.4	678.0	149.5
England Rate	-	5.0	123.9	470.2	773.0	728.1	178.5

The male prostate cancer incidence rate in Halton CCG has been almost exclusively lower than the rate in England since 2001; only 2012 had a higher rate in Halton CCG than England. However, the overall general trend from 2001 to 2012, was of a gradual increase, in both Halton and England. Since then, there has been a steady reduction in the rate of male prostate cancer.

Between 2014-16 male prostate cancer incidence was higher in Halton CCG than England; in the same period prostate cancer mortality was higher in Halton CCG than England, indicating issues with survival amongst those diagnosed with prostate cancer.

Mortality

All age male prostate cancer mortality, 2001-2016



Male prostate cancer mortality, 2014-16, by age

Indicator	0-24	25-49	50-59	60-69	70-79	80+	All Ages
Halton Number	0	0	<5	17	24	27	69
Halton Rate	0.0	0.0	-	74.2	188.7	469.4	49.5
England Rate	-	0.2	5.7	38.9	142.7	558.3	46.1

Introduction

The Cancer Reform Strategy (CRS) published in 2007 set out a commitment to establish a new NHS Cancer Patient Experience Survey programme. The National Cancer Patient Experience Survey was designed to monitor national progress on cancer care; and to provide information that could be used to drive local quality improvements. The survey is now analysed by Clinical Commissioning Group, giving a better idea of local patient response.

Participating Trusts and responses

Nationally, there were 110,449 patients eligible and 69,072 responded to the survey; overall response rate of 62.5%.

Full details of the background of the survey and the methodology used can be seen on the [Quality Health website](#).

Halton CCG Responses

Question	CCG Score	Responders	England Mean
Before you were told you needed to go to hospital about cancer, how many times did you see your GP (family doctor) about the health problem caused by cancer?	76.3%	64	76.9%
How do you feel about the length of time you had to wait before your first appointment with a hospital doctor?	80.9%	110	84.2%
Beforehand, did you have all the information you needed about your test?	90.6%	103	94.5%
Overall, how did you feel about the length of time you had to wait for your test to be done?	90.1%	101	88.2%
Were the results of the test explained in a way you could understand?	68.6%	104	79.5%
When you were first told that you had cancer, had you been told you could bring a family member or friend with you?	71.9%	105	77.2%
How do you feel about the way you were told you had cancer?	76.6%	109	84.7%
Did you understand the explanation of what was wrong with you?	63.3%	112	73.3%
When you were told you had cancer, were you given written information about the type of cancer you had?	68.1%	97	73.3%
Before your cancer treatment started, were your treatment options explained to you?	82.3%	103	82.9%
Were the possible side effects of treatment(s) explained in a way you could understand?	72.1%	110	73.2%
Were you offered practical advice and support in dealing with the side effects of your treatment(s)?	66.1%	107	66.9%
Before you started your treatment(s), were you also told about any side effects of the treatment that could affect you in the future rather than straight away?	58.7%	102	55.5%
Were you involved as much as you wanted to be in decisions about your care and treatment?	75.6%	107	78.5%
Were you given the name of a Clinical Nurse Specialist who would support you through your treatment?	93.3%	112	91.3%
How easy or difficult has it been for you to contact your Clinical Nurse Specialist?	89.3%	90	86.3%
When you have had important questions to ask your Clinical Nurse Specialist, how often have you got answers you could understand?	90.2%	90	88.0%
Did hospital staff give you information about support or self-help groups for people with cancer?	87.2%	91	85.8%
Did hospital staff discuss with you or give you information about the impact cancer could have on your day to day activities (for example, your work life or education)?	85.4%	81	82.5%
Did hospital staff give you information about how to get financial help or any benefits you might be entitled to?	59.3%	62	58.2%
Did hospital staff tell you that you could get free prescriptions?	71.7%	52	81.3%

Halton Cancer Profile 2019

2017 National Cancer Patient Survey continued

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Question	CCG Score	Responders	England Mean
Beforehand, did you have all the information you needed about your operation?	98.7%	75	96.0%
After the operation, did a member of staff explain how it had gone in a way you could understand?	71.7%	78	79.0%
Did groups of doctors and nurses talk in front of you as if you weren't there?	83.6%	80	82.5%
Did you have confidence and trust in the doctors treating you?	84.1%	80	85.1%
If your family or someone else close to you wanted to talk to a doctor, were they able to?	75.5%	72	73.4%
Did you have confidence and trust in the ward nurses treating you?	75.2%	81	75.5%
In your opinion, were there enough nurses on duty to care for you in hospital?	65.3%	81	66.3%
While you were in hospital did the doctors and nurses ask you what name you prefer to be called by?	68.0%	78	68.7%
Were you given enough privacy when discussing your condition or treatment?	81.6%	80	85.7%
During your hospital visit, did you find someone on the hospital staff to talk to about your worries and fears?	55.1%	63	52.5%
Do you think the hospital staff did everything they could to help control your pain?	90.2%	73	84.3%
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	86.7%	81	88.8%
Were you given clear written information about what you should or should not do after leaving hospital?	83.7%	75	86.1%
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	93.7%	81	94.2%
While you were being treated as an outpatient or day case, did you find someone on the hospital staff to talk to about your worries and fears?	71.5%	88	70.8%
The last time you had an outpatients appointment with a cancer doctor, did they have the right documents, such as medical notes, x-rays and test results?	97.2%	100	95.9%
Beforehand, did you have all of the information you needed about your radiotherapy treatment?	88.1%	33	86.5%
Once you started your treatment, were you given enough information about whether your radiotherapy was working in a way you could understand?	72.5%	29	59.5%
Beforehand, did you have all of the information you needed about your chemotherapy treatment?	79.2%	43	84.2%
Once you started your treatment, were you given enough information about whether your chemotherapy was working in a way you could understand?	81.9%	42	68.0%
Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you at home?	57.4%	96	59.3%
During your cancer treatment, were you given enough care and support from health or social services (for example, district nurses, home helps or physiotherapists)?	52.1%	60	53.3%
Once your cancer treatment finished, were you given enough care and support from health or social services (for example, district nurses, home helps or physiotherapists)?	53.9%	38	45.1%
As far as you know, was your GP given enough information about your condition and the treatment you had at the hospital?	92.3%	84	95.3%
Do you think the GPs and nurses at your general practice did everything they could to support you while you were having cancer treatment?	55.5%	77	60.4%
Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?	60.2%	109	61.6%
Have you been given a care plan?	43.0%	86	34.9%
Overall, how would you rate the administration of your care (getting letters at the right time, doctors having the right notes/tests results, etc.)?	87.8%	113	89.6%
Overall, how do you feel about the length of time you had to wait when attending clinics and appointments for your cancer treatment?	65.3%	107	69.0%
Since your diagnosis, has anyone discussed with you whether you would like to take part in cancer research?	18.1%	102	30.8%
Overall, how would you rate your care?	8.77	110	

Early diagnosis is imperative in effective treatment of cancer. The earlier the cancer is diagnosed in its development, generally the better the prognosis and range of treatment available. Awareness of the signs and symptoms of cancer can improve the likelihood of people who are displaying symptoms, attending healthcare institutions.

Cancer prevention, is likely to be much more effective in reducing the risk of cancers, although it may not be applicable in all cases. Promoting healthy lifestyles can help to reduce cancers occurring. Cancers that are strongly linked to specific lifestyle issues, include: lung cancer and smoking, bowel cancer and poor diet, liver cancer and excessive alcohol intake, skin cancer and lack of sun protection and using sunbeds.

Smoking cessation, reducing alcohol intake, eating healthily, exercising regularly and protecting our skin from harmful rays can greatly influence the chances of people developing cancer. As lifestyle choices play a major role in increasing the risk of cancer, awareness of the level of risks of these issues is critically important in the prevention of cancers.



Image from Cancer Research UK

Run nationally, with some local and regional pilots, the [Be Clear on Cancer](#) initiative launched by the Department of Health, promotes and, helps to achieve an increase in awareness of the signs and symptoms of site specific cancers.

The Be Clear on Cancer campaign covers many numerous cancer sites and aims to promote people going to their GP if they feel they have the symptoms of cancer.

On a local level, the Be Clear on Cancer campaign is also delivered through presentations by the Health Improvement Team, with the aim of increasing the early detection of breast, lung and bowel cancers.

In Halton, the Health improvement Team is dedicated to giving information and providing services that enable the people of Runcorn and Widnes to improve their lifestyle and therefore reduce their risk of not only cancers, but also of other illnesses. The services provided (not an exhaustive list) include: weight management, health checks, smoking cessation, alcohol reduction, lifestyles referral.

Follow the link for more information on the [Health Improvement Team](#) and the work they carry out and the services they provide locally.

For information on potential risk factors for specific cancers follow the link to [NHS Choices](#).

The National Institute for Health and Clinical Excellence (NICE) have produced a wide range of guidance and tools covering life-styles, identification and treatment of cancers. These can be found at

<http://www.nice.org.uk/guidancemenu/conditions-and-diseases/cancer>

<http://www.nice.org.uk/guidance/lifestyle-and-wellbeing/diet--nutrition-and-obesity>

<http://www.nice.org.uk/guidance/lifestyle-and-wellbeing/smoking-and-tobacco>

The main tools cover pathways, quality standards and guidance covering specific elements of these topics. Below is a list of the main ones. Additional information is available at the web links above.

Lifestyles and Prevention Pathways

Diet, physical activity and obesity

- [Diet](#)
- [Lifestyle weight management services for overweight or obese adults](#)
- [Maternal and child nutrition](#)
- [Nutrition support in adults](#)
- [Obesity](#)
- [Obesity working with local communities](#)
- [Physical activity](#)
- [Vitamin d increasing supplement use among at risk groups](#)

Smoking

- [Smoking](#)
- [Smoking cessation in secondary care](#)
- [Smoking tobacco harm reduction approaches](#)

Preventing skin cancer

- [Preventing skin cancer](#)

Diagnosis and treatment

- [Suspected cancer: recognition and management of suspected cancer in children, young people and adults \(update\) \(GID-CGWAVE0618\)](#) May 2015 NICE guidelines
- [Lung cancer pathway](#)
- [Breast cancer quality standard \(QS12\)](#) September 2011
- [Prostate cancer: diagnosis and treatment \(CG175\)](#)
- [Prostate cancer \(GID-QSD93\)](#) June 2015 Quality standards

Sources of Information

Information on Health in Halton can be found within the profiles, strategies and reports on the Public Health section of the Halton Borough Council website .

<http://www3.halton.gov.uk/Pages/health/publichealthinfo.aspx>

Cancer Research UK gives a great deal of information relevant to the public and health professionals alike. Information includes research into screening, treatments and cancer causes, as well as data-based cancer information.

<http://www.cancerresearchuk.org/>

MacMillan provide medical help and emotional and practical support for those affected by cancer, both directly and as a family member of those with cancer.

<http://www.macmillan.org.uk/Home.aspx>

NHS Choices provides knowledge on cancer and cancer sites, as well as where to find the nearest local cancer services available to those affected by the disease.

<http://www.nhs.uk/conditions/Cancer/Pages/Introduction.aspx>

The National Cancer Intelligence Network develop a number of tools aimed at giving knowledge on localised and national cancer statistics, including GP Practice Profiles and the e-Atlas, which maps numerous cancer data sets.

http://www.ncin.org.uk/cancer_information_tools/

DATA SOURCES USED TO DEVELOP THIS PROFILE:

Incidence and mortality: Public Health England's Cancer Data dashboard

Ward level incidence & mortality analysis: North West Cancer Intelligence Service and Public Health Mortality files

Cancer two-week waits: NHS England

Survival data: Office for National Statistics (ONS)

Screening: Breast programme (North of England Screening QA Service), bowel programme (CUBE system via Mersey Scrims), cervical programme (Cheshire & Mersey Screening and Immunisation Team, NHS England)

Smoking quit and adult weight management: Halton's Health Improvement Team

National Cancer Patient Survey: Quality Health

Produced as part of the Joint Strategic Needs Assessments for Halton

This profile was developed by the Public Health (PH) Evidence & Intelligence Team: Health.Intelligence@halton.gcsx.gov.uk

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