Lancashire and South Cumbria Cancer Prevention Profile

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Executive Summary

The Lancashire and South Cumbria Prevention Profile assesses the impact of four national priority cancer sites on the population. The national priority cancer sites are Upper Gastrointestinal, Lower Gastrointestinal, Lung and Prostate**.** It firstly considers the number of new cancer cases that could have been prevented. Using this intelligence, cancers sites were ranked and priority sites identified. Lung, Colorectal (colon cancer, cancer of the recto sigmoid junction and rectal cancer) and Oesophageal Cancer were ranked as top three prevention cancer sites for action. Incidence, survival rates mortality and premature mortality by CCG / district were examined on these three cancer sites to highlight burden, trends and outliers; resulting in recommendations for action for the Lancashire and South Cumbria Cancer Alliance - 2017/18 and 2018/19.

Lung Cancer is the top prevention priority. It accounted for 24% (3,257) of all cancer (ICD-10 C00-D48) deaths between 2012 and 2014 and estimated 89% cases could have been prevented. It is the biggest cancer killer in all districts with the exception of Lancaster, where lung cancer is the second biggest cancer killer after prostate cancer. L&SC has incidence and mortality rates significantly higher than national average. In 2012-2014, there were **4,166** Lancashire and South Cumbria new Lung Cancer cases. Lancashire and South Cumbria[1] and it estimated **3,708** new cancer cases that could have been prevented over a 3 year period.

Blackburn with Darwen, Blackpool, Burnley, Chorley, Hyndburn and Preston had three year (2012-14) all age all persons lung cancer incidence rates significantly above the national average. Blackpool and Burnley's rates were significantly above the majority of other districts. Blackburn with Darwen, Cumbria and Greater Preston CCGs has lung cancer 1 year survival rates were significantly below the England rate. Blackburn with Darwen, Blackpool, Burnley, Hyndburn, Lancaster and Preston has three-year (2012-14) premature lung cancer mortality rates that are significantly above the England average.

Colorectal Cancer is the second L&SC prevention priority. It is the second biggest all-age cancer killer in the Lancashire and South Cumbria and 17 districts, accounting for 10% (1,345) of all cancer deaths between 2012 and 2014. Cancer UK estimates 56% of all new cases could have been prevented. Incidence across L&SC follows the national average except Copeland. Blackburn with Darwen, East Lancashire and Greater Preston had survival rates significantly below the national average. Blackpool had significantly higher premature mortality rates compared to the national average and all other districts.

Oesophageal cancer is the third priority site. Although it is the sixth biggest cancer killer in L & SC, accounting for 5% (742) of all cancer deaths (2012 to 2014), it is estimated that 89% of new cases of oesophageal cancer could have been prevented. Barrow-in-Furness, Preston and South Ribble had incidence rates significantly higher than England. Male and female oesophageal cancer premature mortality rates in Burnley were significantly above the England average. L&SC and Preston male rates are above the England average. Male mortality in England, L&SC, Blackburn with Darwen, Blackpool, Hyndburn, Pendle, Preston and Wyre was significantly higher than females.

A number of primary and secondary prevention recommendations have been proposed. The prevention and early detection work stream of the Cancer Alliance and the STP Prevention and population health will facilitate the delivery of system wide action. The primary priority is Lung Cancer in which reducing smoking prevalence and implementing a Lung Check has the potential to improve lung cancer survival and reduce premature mortality.

[1] Based on Lancashire-12, Blackpool, Blackburn, Barrow-in-Furness and South Lakeland incidence totals. Excludes Copeland and Craven.

Purpose

The Cancer Profile examines the four national priority cancer sites affecting the population of Lancashire and South Cumbria (L&SC). The national priority cancer sites are Upper Gastrointestinal, Lower Gastrointestinal, Lung and Prostate. The profile examines the number of new cancer cases that could have been prevented. Using this intelligence, cancers sites were ranked identifying Lung, Colorectal and Oesophageal Cancers as prevention priorities. Incidence, survival rates and premature mortality by CCG / district were examined highlighting burden, trends and outliers; resulting in recommendations for action for the Cancer Alliance - 2017/18 and 2018/19.

Strategic Context

'Achieving World-Class Cancer Outcomes: Taking the strategy forward[2]provides a national framework for local health economies and Cancer Alliances. Cancer Prevention sits in the Prevention and Early Detection work stream of the L&SC Cancer Alliance (Cancer Alliance). It is also priority in the Prevention and Population Health plan of the Sustainability and Transformation Plan (STP).

Methodology

The Cancer Alliance footprint aligns to the STP footprint. To most accurately reflect the population of the STP[3], district level data for the 18 lower tier/unitary authority areas that fall entirely or partially within the STP boundary have been predominately used (Appendix 1). Cancer survival data is only available at CCG level[4] and bench marking is with England, L & SC and the 18 districts.

Cancer Sites

Table 2 provides an estimate of the new cancer cases that could have been prevented over a 3 year period, by aligning individual cancers to the national priority cancer sites. The cancers have been ranked according to number cases that could have been prevented.

Table 2 – Estimated number of new cancer cases that could have been prevented 2012-2014

National Mandated Priority Cancer Sites	Cancers	International Classification of Diseases (ICD) 10	Estimated percentage of cancer cases considered preventable [i]	Lancashire and South Cumbria[ii] new cancer cases 3 year period (2012-2014)	L&SC[iii] estimated new cancer cases that could have been prevented over a 3 year period	Rank
Upper GI	Oesophageal Cancer	C15	89	914	**813**	3
	Stomach Cancer	C16	75	590	**443**	4
	Liver Cancer	C22	42	512	**215**	6
	Cancers of the biliary tract	C24	0	78	**0**	9
	Cancer of the Gallbladder	C23	18	72	**13**	8
	Pancreatic cancer	C25	37	749	**277**	5
Lower GI	Cancer of the small intestine	C17		128	**0**	9
	Colon cancer Cancer of the rectosigmoid junction Rectal cancer	C18 C19 C20	54	3,432	**1,853**	2
	Anal cancer	C21	90	103	**93**	7
Lung	Cancer of the trachea Cancer of the bronchus and lung	C33 C34	89	4,166	**3,708**	1
Prostate	Prostate Cancer	C61	0	3,669	**0**	9

2 https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf (Accessed 11th September 2017)

3 At the time of writing data was not available for the recently established NHS Morecambe Bay Clinical Commissioning Group (CCG).

4 Based on Lancashire-12, Blackpool, Blackburn, Barrow-in-Furness and South Lakeland incidence totals. Excludes Copeland and Craven.

Lung Cancer

Lung Cancer is the top prevention priority for Lancashire and South Cumbria. In the UK, Lung cancer is the leading cause of cancer death among both men and women; it is estimated that 1 out of 4 cancer deaths are from lung cancer. In L&SC, Lung Cancer accounted for 24% (3,257) of all cancer (ICD-10 C00-D48) deaths between 2012 and 2014. Evidence identifies that in 80- 86% of cases of lung cancer are linked to exposure to tobacco smoke and 10-13% of cases linked to occupational exposures[5]. Studies have also linked the presence of chronic obstructive pulmonary disease (COPD) to the development of lung cancer, independently of cigarette smoking.

Incidence

Figure 3 shows that the L&SC all age all persons lung cancer incidence has reduced since 2012 from an upward trajectory. Incidence rates were significantly above the national rate for 6 years of the 10 year period (2005 to 2014).

Figure 3: Lancashire & South Cumbria STP (excluding Copeland and Craven) all age all persons lung cancer incidence rate for the 10 year period 2005-2014, benchmarked against England.

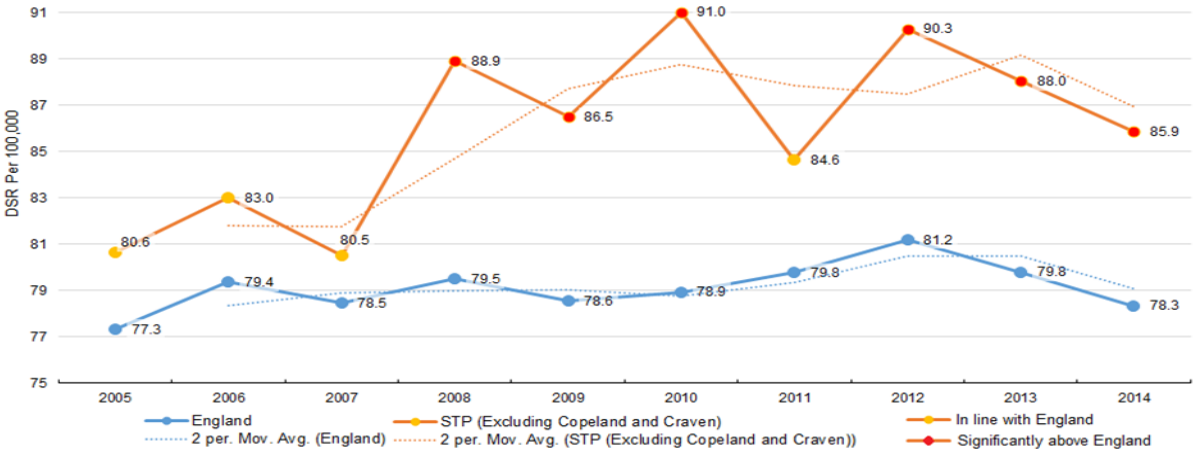
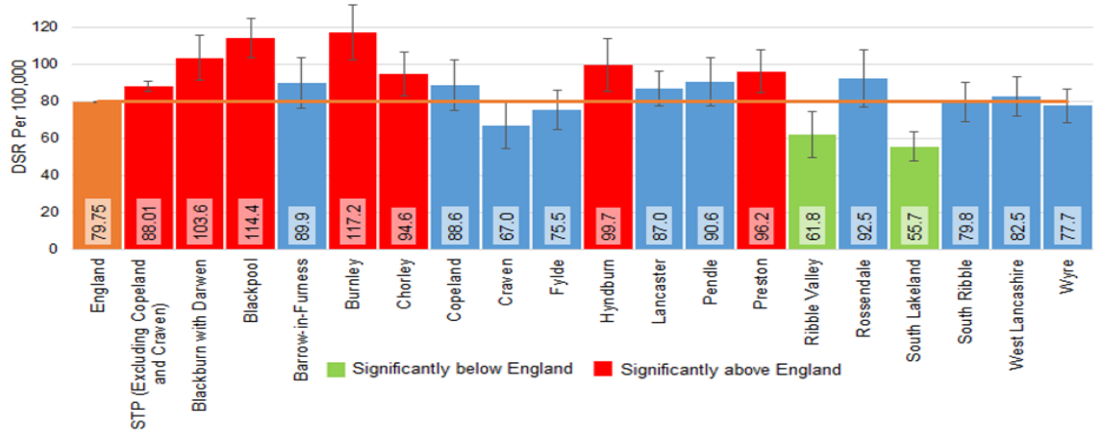


Figure 4 shows that Blackburn with Darwen, Blackpool, Burnley, Chorley, Hyndburn and Preston had three year (2012-14) all age all persons lung cancer incidence rates that are significantly above the national average. Blackpool and Burnley's rates were significantly above the majority of other districts. Ribble Valley and South Lakeland have three year (2012-14) all age all persons lung cancer incidence rates are significantly below the national average and most other districts.

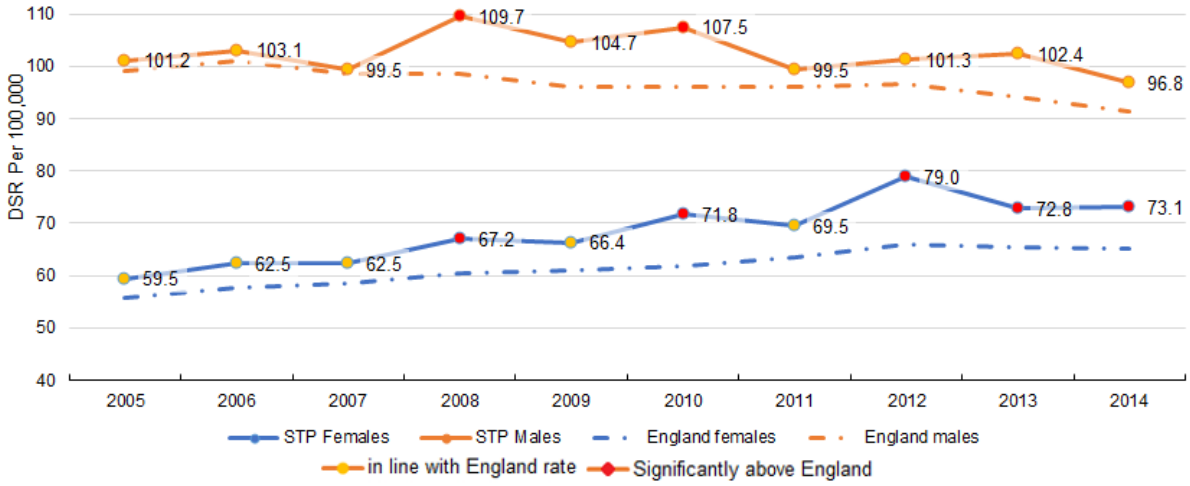
Figure 4: Lancashire & South Cumbria STP all age all person lung cancer incidence rate by district compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14



5 http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers%20-%20heading-One

Figure 5 highlights that over the 10 year period 2005 to 2014 across L&SC, all age female lung cancer incidence rate has gradually increased, whilst the all age male lung cancer incidence rate has gradually declined. Although the gap between male and female lung cancer incidence rates is closing, the male rate remains significantly above the female rate.

Figure 5: Lancashire & South Cumbria STP (excluding Copeland and Craven) all age male and female lung cancer incidence rates for the 10 year period 2005-2014 compared to England.



From 2005 to 2009 there were 3,361 male and 2,853 female all age lung cancer cases diagnosed across the L&SC, a difference of 508 (18%) cases. Over the most recent five year period 2010-2014 there were 3,617 male and 3,433 female cases, a difference of 184 cases (5%). This highlights that whilst the male rate remains significantly above the female rate, the gap is narrowing.

Figure 6 highlights incidence by district and gender, from 2012-14 the male all age lung cancer rate in England and L&SC was significantly above the female rate. However with exception of West Lancashire, all L&SC districts had a female rate that is statistically similar to its male rate.

Figure 6: Lancashire & South Cumbria STP all age lung cancer incidence rate by district and gender compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14

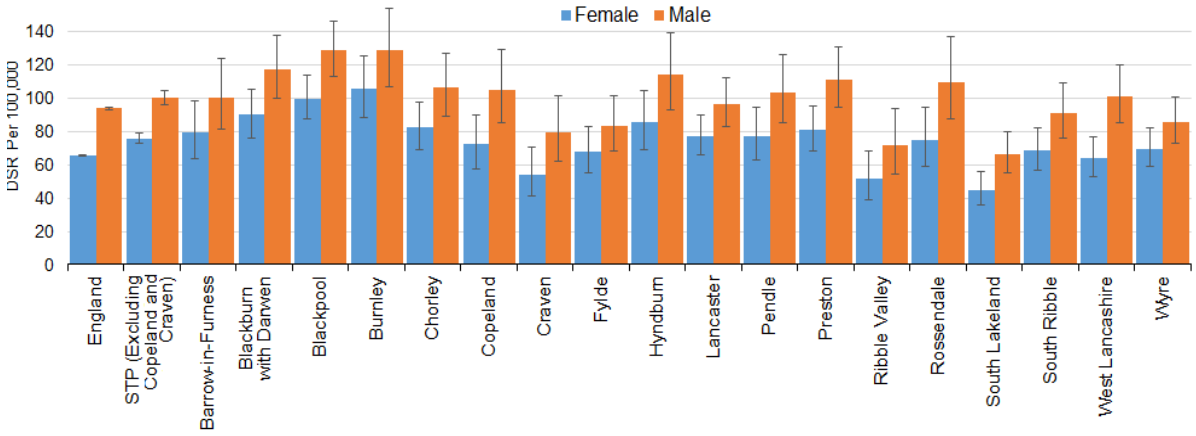
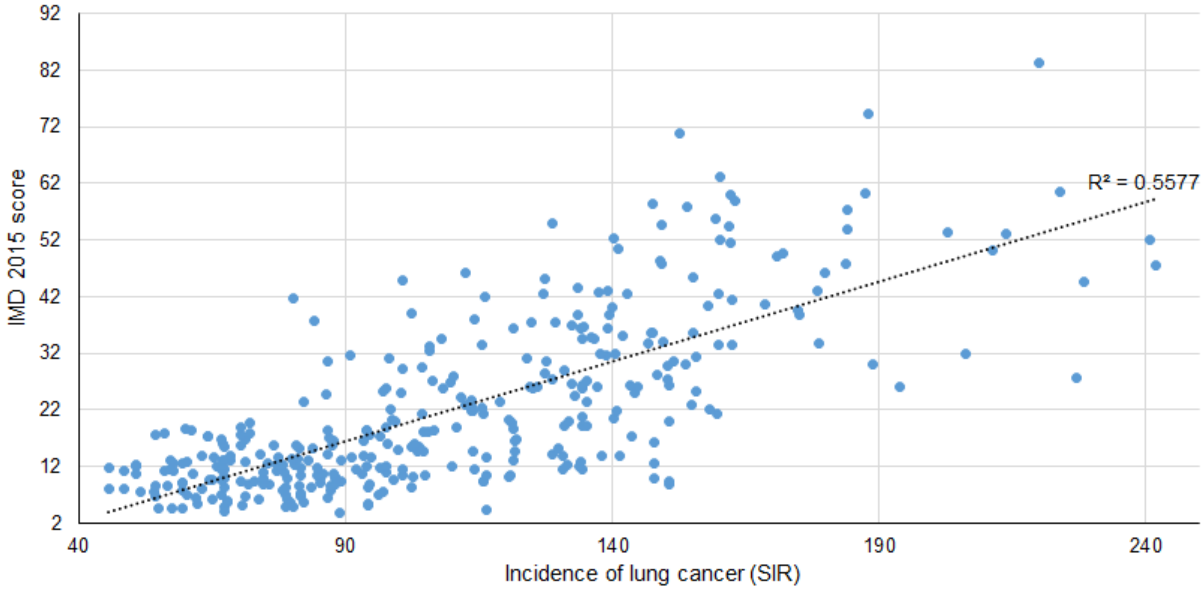


Figure 7 highlights that in L &SC; there is not a strong statistical correlation between lung cancer incidence and index of multiple deprivation.

Figure 7: Lancashire & South Cumbria STP (excluding Copeland and Craven) lung cancer standardised incidence ratios (SIR) and Index of Multiple Deprivation 2015 score by ward



Smoking prevalence

As approx. 86% of Lung cancer is attributable to cigarette smoking[6]. Figure 8 highlights the 2016 smoking prevalence across the Alliance by district. It can be seen that Blackpool, Blackburn with Darwen, Burnley and Rossendale has significantly higher prevalence than national average.

Figure 8 All persons - Smoking prevalence in adults - current smokers (APS) 2016

All persons - Smoking prevalence in adults - current smokers (APS)								
Area Name	**Age**	**Time period**	**Value**	**Lower CI limit**	**Upper CI limit**	**Denominator**	**Significance compared to England**	**Compared to subnational parent**
England	18+ yrs	2016	15.5	15.3	15.7	157558	-	-
Blackburn with Darwen	18+ yrs	2016	22.9	19.5	26.2	1268	High	-
Blackpool	18+ yrs	2016	23.6	20.2	27.1	1235	High	-
Cumbria	**18+ yrs**	**2016**	**15.5**	**13.5**	**17.5**	**1271**	**No diff**	**-**
Barrow-in-Furness	18+ yrs	2016	16.2	10.7	21.7	174	No diff	No diff
South Lakeland	18+ yrs	2016	12.5	8.8	16.3	297	No diff	No diff
Lancashire	**18+ yrs**	**2016**	**16**	**14.4**	**17.6**	**1930**	**No diff**	-
Burnley	18+ yrs	2016	24	17	30.9	144	High	No diff
Chorley	18+ yrs	2016	13.2	8.3	18.1	184	No diff	No diff
Fylde	18+ yrs	2016	18.2	12.1	24.2	155	No diff	No diff
Hyndburn	18+ yrs	2016	21.9	14.3	29.5	114	No diff	No diff
Lancaster	18+ yrs	2016	14.7	9.8	19.6	200	No diff	No diff
Pendle	18+ yrs	2016	11.9	6.8	17.1	150	No diff	No diff
Preston	18+ yrs	2016	18	13	23	226	No diff	No diff
Ribble Valley	18+ yrs	2016	7.3	2	12.6	93	Low	Low
Rossendale	18+ yrs	2016	25.4	18	32.8	133	High	High
South Ribble	18+ yrs	2016	7.7	3.6	11.8	163	Low	Low
West Lancashire	18+ yrs	2016	16.5	11	21.9	179	No diff	No diff
Wyre	18+ yrs	2016	16.2	10.9	21.4	190	No diff	No diff

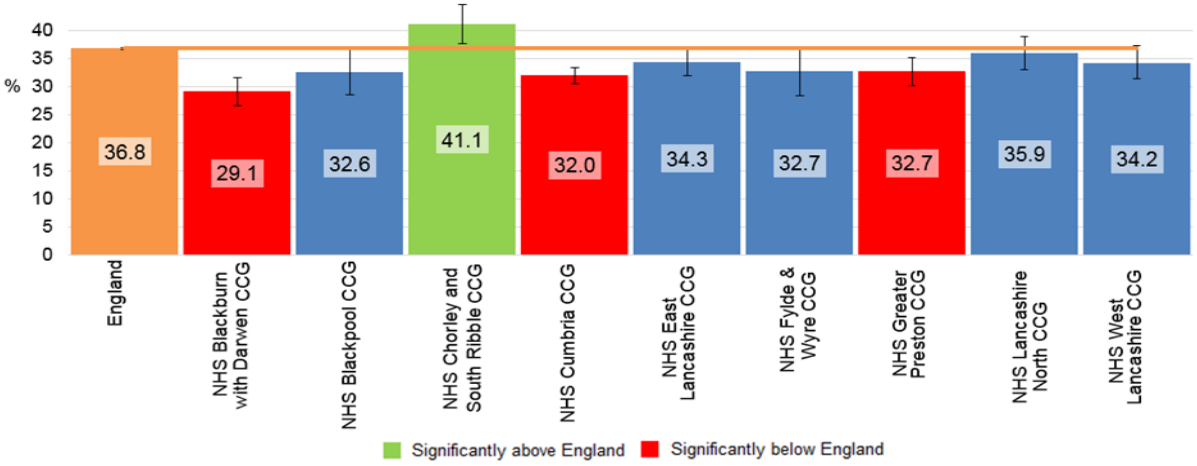
6 http://ncin.org.uk/publications/data_briefings/recent_trends_in_lung_cancer_incidence_mortality_and_survival

Survival

In 2014, approximately a third of patients from the nine CCG's of Lancashire and Cumbria were diagnosed with lung cancer survived one year post diagnosis. This represents a positive increase from the previous 10 years (2005) when around a quarter of patients from the nine CCG's of Lancashire and Cumbria diagnosed with lung cancer survived one year post diagnosis.

Figure 9 highlights survival rates across L&SC. NHS Chorley and South Ribble CCG had a lung cancer 1 year survival rate of 41.1% this is significantly higher than the national rate of 36.8%. NHS Cumbria CCG, NHS Blackburn with Darwen CCG and NHS Greater Preston CCG lung cancer 1 year survival rates were significantly below the England rate.

Figure 9: Lung cancer survival rates (%) of patients diagnosed in 2014 and followed up in 2015, by Lancashire and Cumbria CCG Compared to England.



Mortality

Lung cancer is the biggest cancer killer across the L&SC accounting for 24% (3,257) of all cancer (ICD-10 C00-D48) deaths between 2012 and 2014. Lung cancer is also the biggest cancer killer across all individual districts with the exception of Lancaster, where lung cancer is the second biggest cancer killer after prostate cancer.

Figure 10 shows a decrease in premature mortality rates over the 10 year period (2005 to 2014) at a local and national level, L&SC was significantly above the national rate.

Figure 10: Lancashire & South Cumbria STP (excluding Copeland and Craven) all-person premature lung cancer mortality rates for the 10 year period 2005-2014 compared to England.

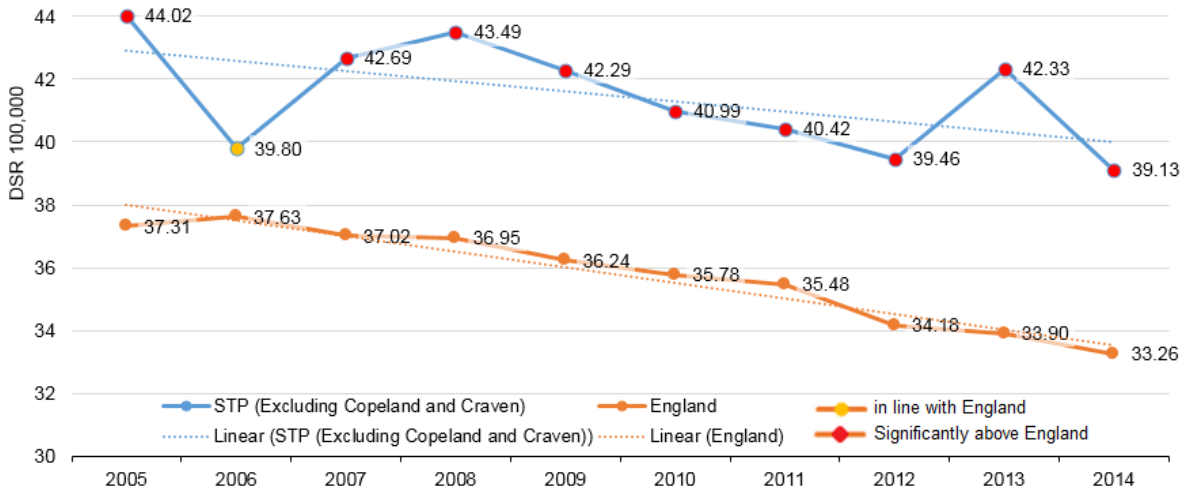


Figure 11 shows premature mortality by district, Blackburn with Darwen, Blackpool, Burnley, Hyndburn, Lancaster and Preston have three-year (2012-14) premature lung cancer mortality rates that are significantly above the England average. Ribble Valley and South Lakeland have three-year (2012-14) premature lung cancer mortality rates that are significantly below the England average.

Figure 11: Lancashire & South Cumbria all person premature lung cancer mortality by district compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14

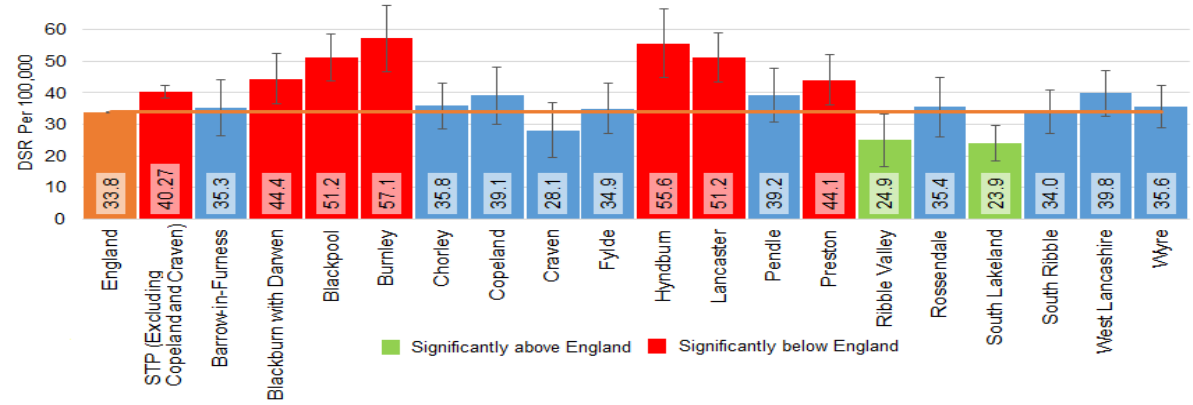


Figure 12 highlights female and male premature mortality rates from 2005-2014. The L& SC female lung cancer premature mortality rate has increased gradually, whilst national rates have remained fairly consistent. L& SC and England average male lung cancer premature mortality rate have gradually declined, narrowing the gap between female and male premature mortality rates.

Figure 12: **Lancashire & South Cumbria STP (excluding Copeland and Craven) male and female lung cancer premature mortality rates for the 10 year period 2005 to 2014, compared to England.**

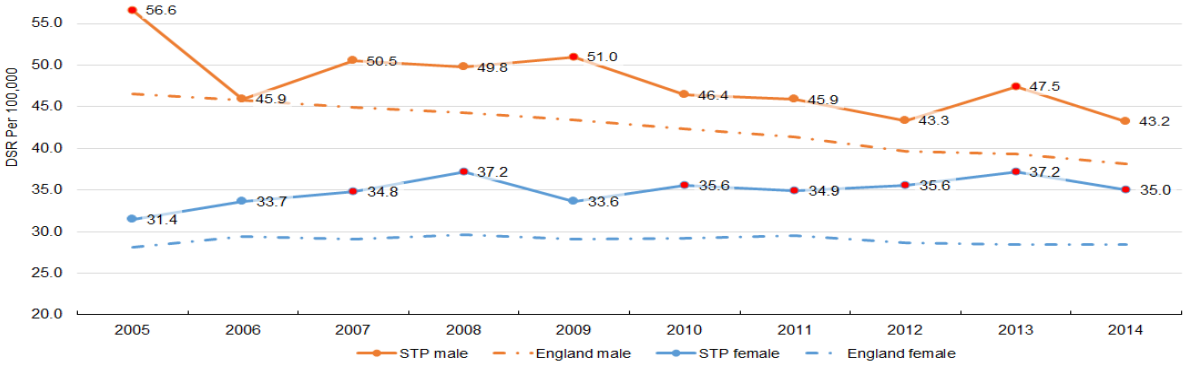
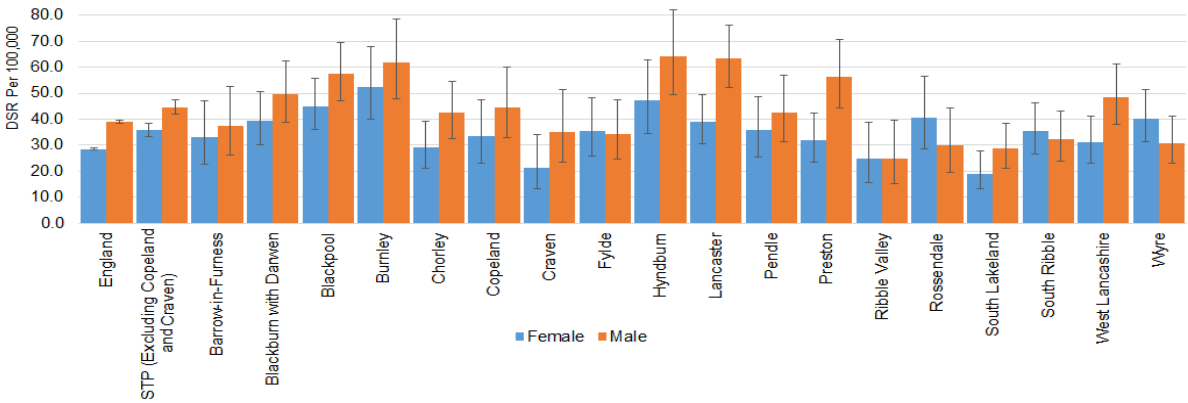


Figure 13 shows that during the three-year period (2012-14) male lung cancer premature mortality rate in England, L&SC, Lancaster and Preston were significantly above the female rate. All other districts had female rate that is statistically similar to its male rate.

Figure 13: Lancashire & South Cumbria STP premature lung cancer premature mortality rate by district and gender compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14



Colorectal Cancer

Colorectal Cancer is the second L&SC prevention priority. It is the second biggest all-age cancer killer in the Lancashire and South Cumbria. It comprises of Colon cancer, Cancer of the recto sigmoid junction and rectal cancer. It accounted for 10% (1,345) of all cancer deaths between 2012 and 2014. It was the second biggest cancer killer in every district, except Lancaster, where it was the third biggest cancer killer. Evidence suggests causal factors are Diet, Unhealthy weight and Alcohol consumption.

Incidence

Figure 14 shows that over the 10 year period 2005 to 2014 L& SC all age all person colorectal cancer incidence rates followed the national trend, with the exceptions of 2007 and 2009.

Figure 14: Lancashire & South Cumbria STP (excluding Copeland and Craven) all age all person colorectal cancer incidence rates for the 10 year period 2005 to 2014, compared England

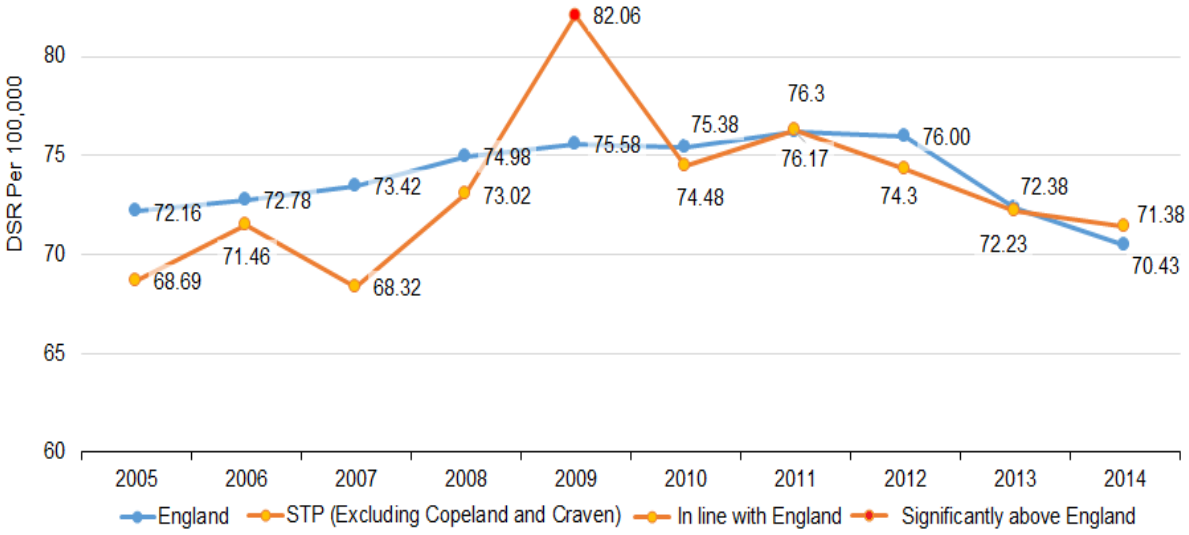


Figure 15 shows that over the 3 year period 2012 to 2014, all districts had rates similar to the national average except Copeland which was significantly higher than national average.

Figure 15: Lancashire & South Cumbria STP all age all person colorectal cancer incidence rate by district compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14

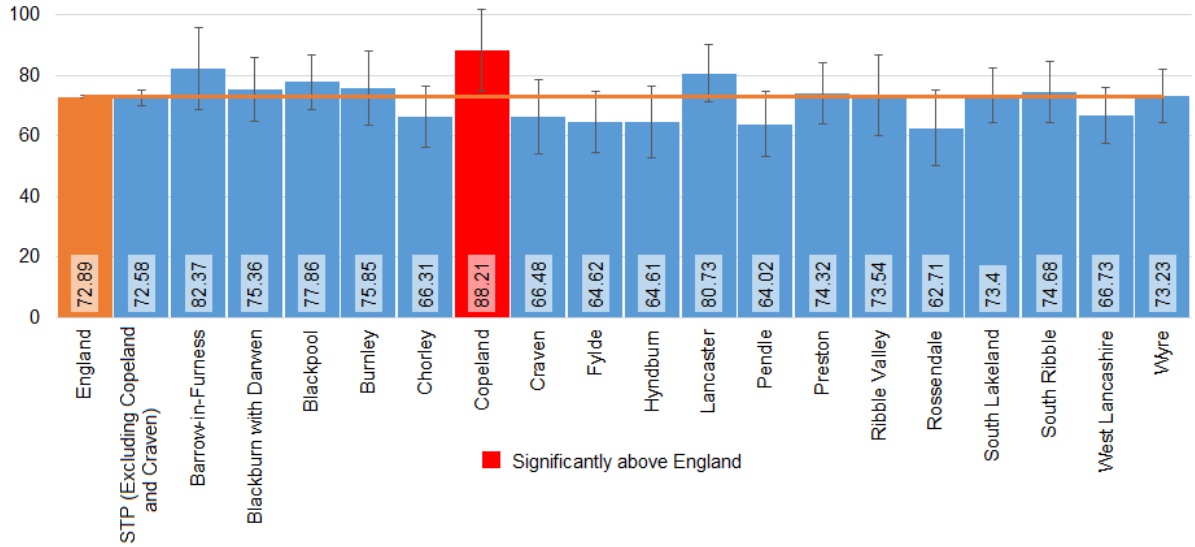


Figure 16 shows that from 2005 to 2014, male all age colorectal cancer incidence rate in England and L & SC were significantly higher than females. The L& SC male and female rates follow national trends.

Figure 16: **Lancashire & South Cumbria STP (excluding Copeland and Craven) all age male and female lung cancer incidence rates for the 10 year period 2005-2014 compared to England**

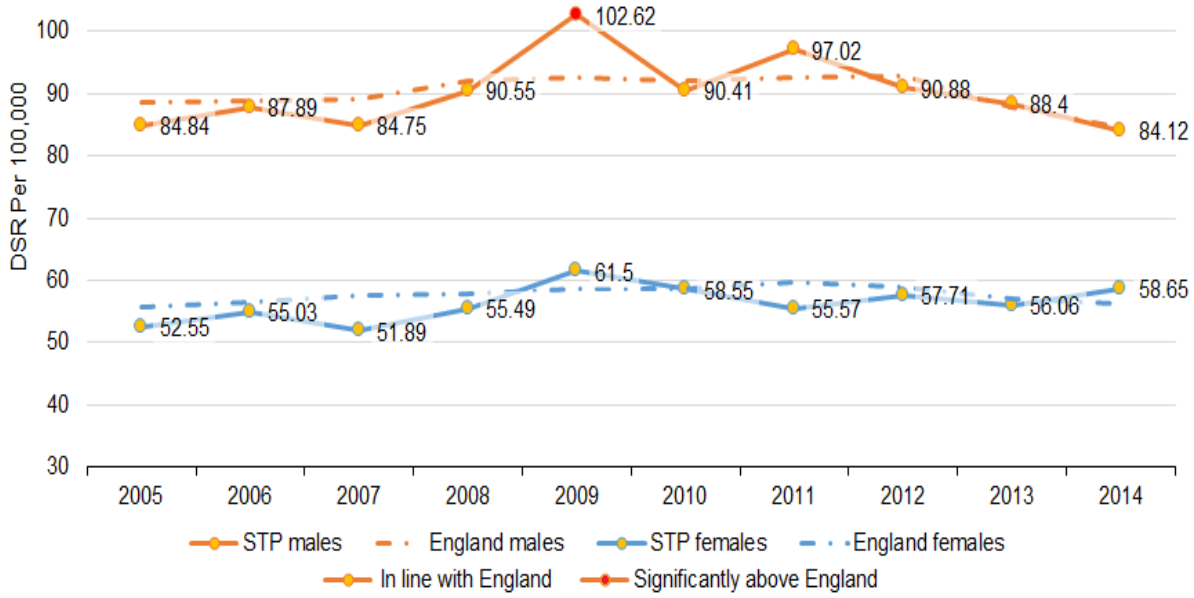
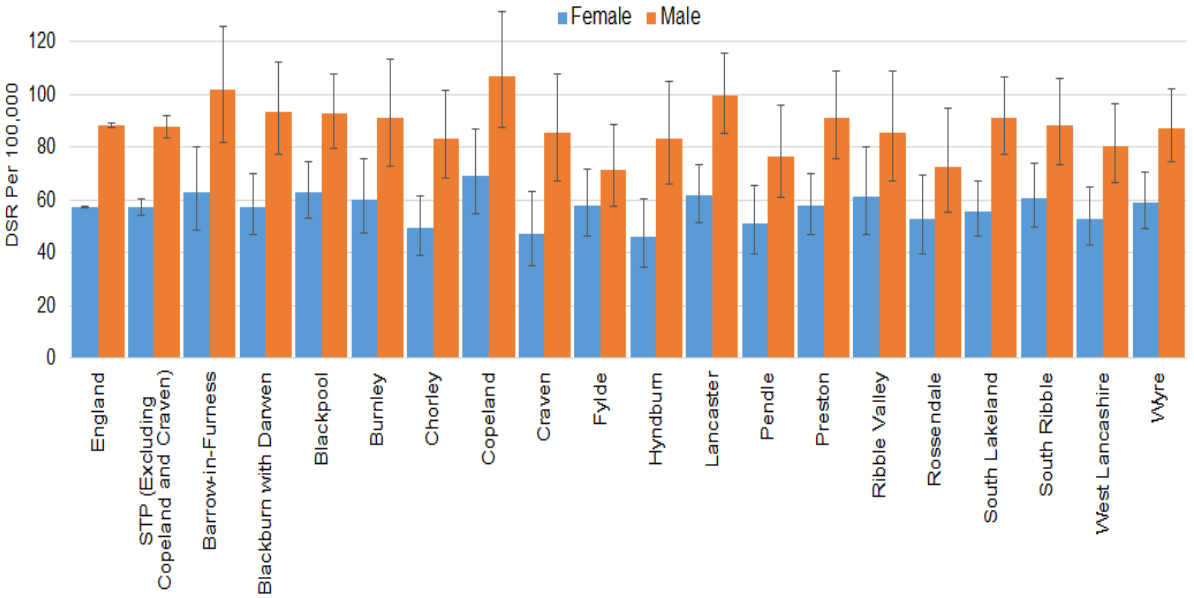


Figure 17 shows gender difference by district, the majority of districts follow the national trend with male all age colorectal cancer incidence rates significantly higher than females. Burnley, Fylde, Pendle, Ribble Valley, Rossendale and South Ribble male and female rates are similar.

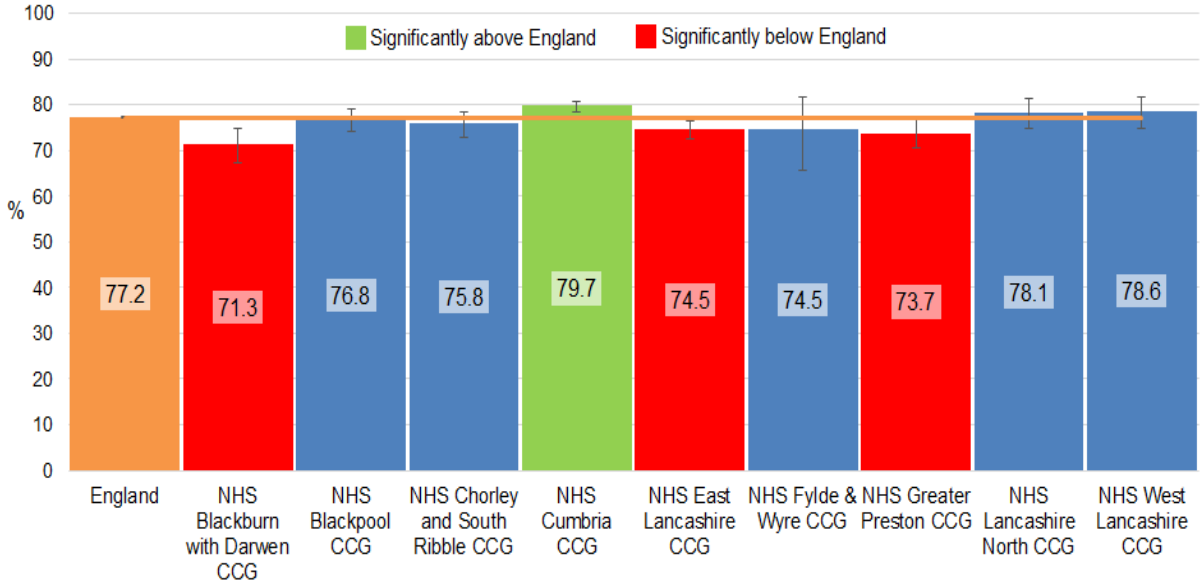
Figure 17: Lancashire & South Cumbria STP all age all person oesophageal cancer incidence rates by district and gender compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14



Colorectal cancer survival

Figure 18 shows 1 year survival rates, in which the majority of patients survived their first year following a diagnosis of colorectal cancer. Blackburn with Darwen, East Lancashire and Greater Preston had survival rates significantly below the national average, whilst Cumbria CCG was significantly above the England rate. Trend line analysis found that whilst Cumbria, East Lancashire and Blackpool CCG's have significantly higher one-year survival rates than 10 years previous (2005).

Figure 18: Lung cancer survival rates (%) of patients diagnosed in 2014 and followed up in 2015, by Lancashire and Cumbria CCG Compared to England.



Premature colorectal cancer mortality

Figure 19 shows from 2005 to 2014, L & SC all person colorectal cancer premature mortality rates followed the national downward trend

Figure 19: Lancashire & South Cumbria STP (excluding Copeland and Craven) all-person colorectal cancer premature mortality rate for the 10 year period 2005-2014 compared to England.

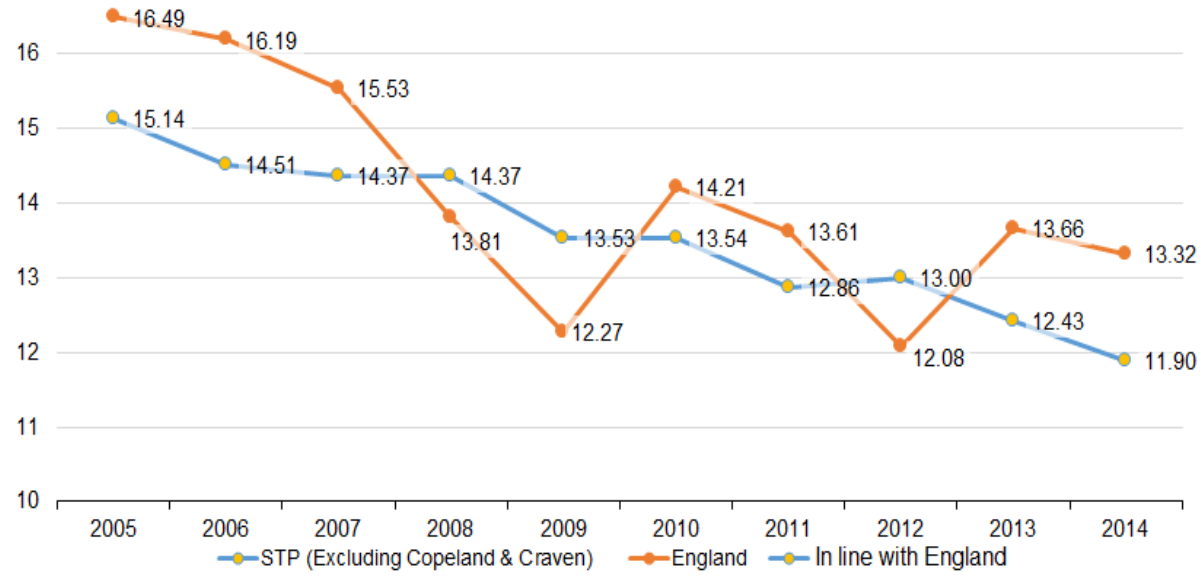


Figure 20 shows premature mortality rates by districts 2012-14 with Blackpool significantly higher premature mortality rates compared to the national average and all other L & SC districts.

Figure 20: Lancashire & South Cumbria all person colorectal cancer premature mortality by district compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012 to 2014

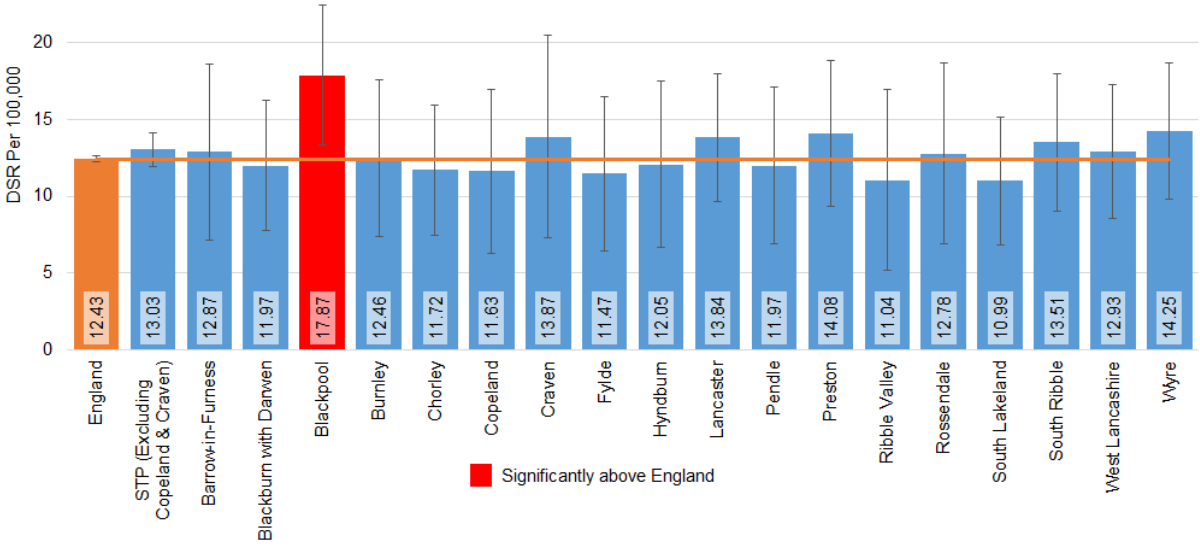


Figure 21 highlights from 2005 to 2014, L&SC colorectal cancer premature mortality rates in males and females followed the national downward trend. In the latest 3 year period, increased rates were identified. Gender differences were also seen with males having significantly higher mortality rates than females.

Figure 21: Lancashire & South Cumbria STP (excluding Copeland and Craven) male and female colorectal cancer premature mortality rates, 2005-2014, benchmarked against England.

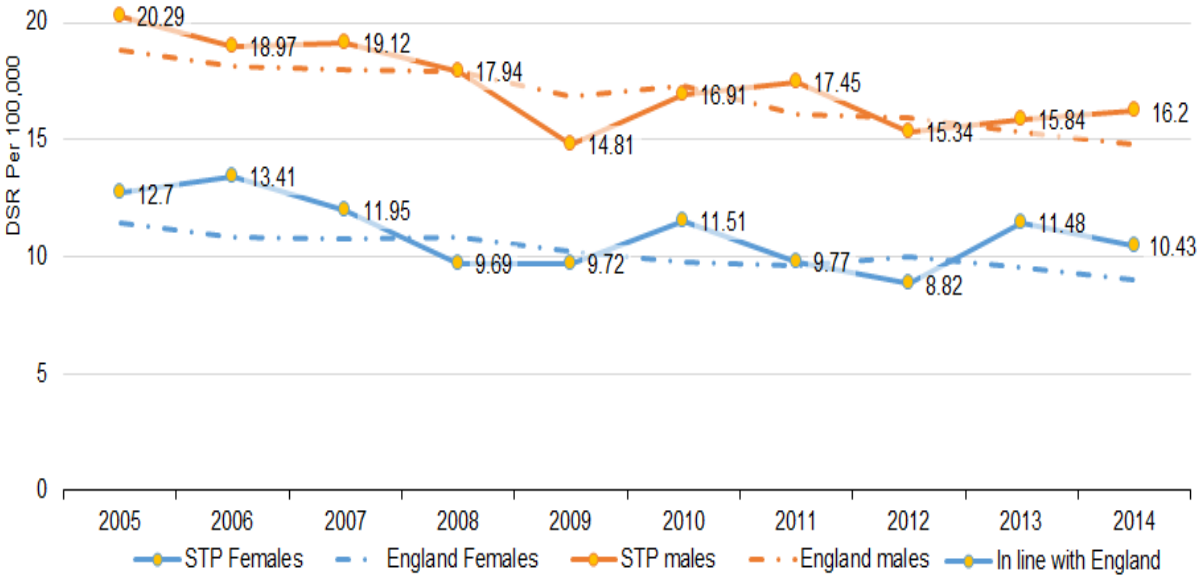
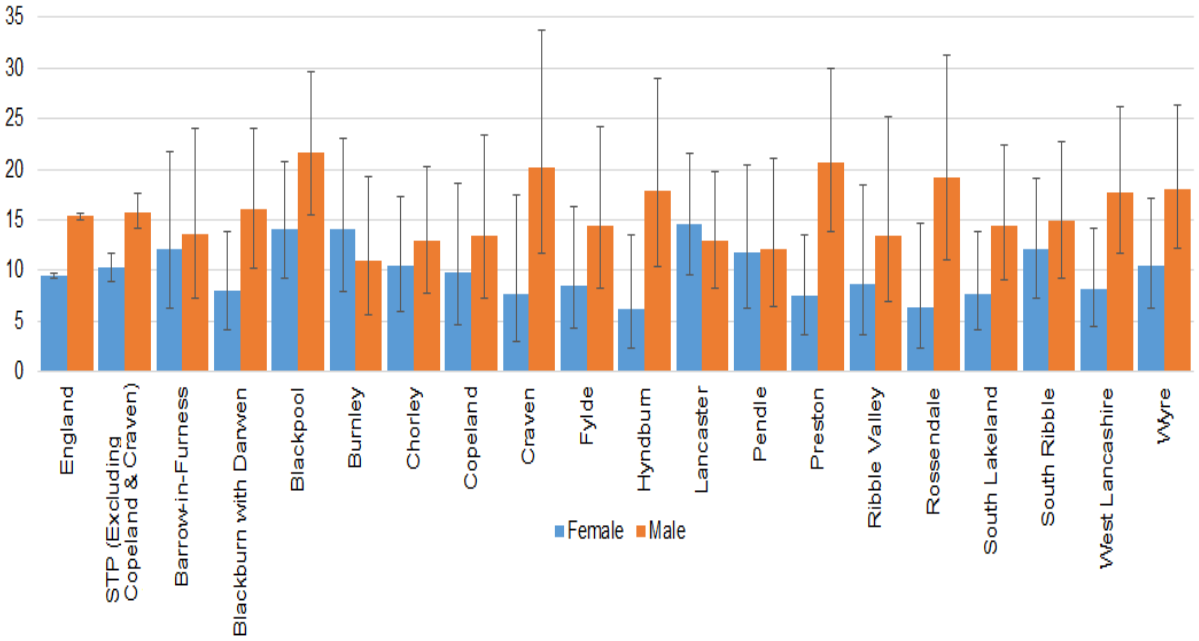


Figure 22 shows from 2012 to 2014 colorectal premature cancer mortality rates were significantly higher in males and females in England and L&SC as a whole. However the rate in males and females in each district were similar.

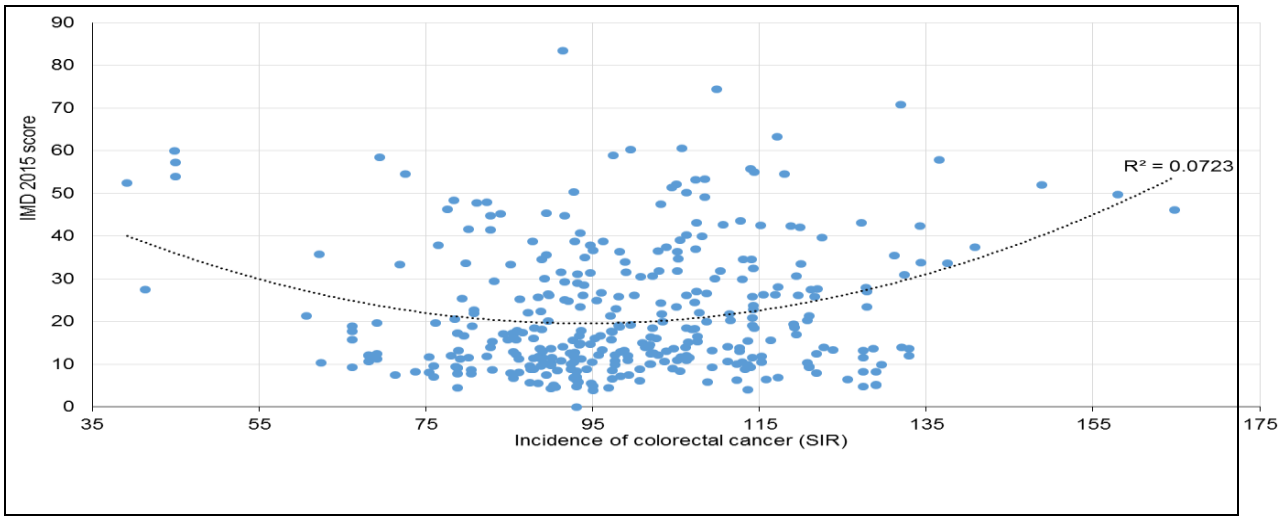
Figure 22: Lancashire & South Cumbria STP premature colorectal cancer premature mortality rate by district and gender compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14



Colorectal cancer and deprivation

Figure 23 examines Lancashire and South Cumbria (excluding Copeland and Craven) ward level deprivation and all age all person colorectal cancer incidence rates. There appears to be a weak correlation between deprivation and colorectal cancer incidence across Lancashire and South Cumbria. National level studies however have suggested that there is a link between male colorectal cancer incidence and deprivation, potentially due to differences lifestyle risk factors[7,8]

Figure 23: Lancashire & South Cumbria STP (excluding Copeland and Craven) colorectal cancer standardised incidence ratios (SIR) and Index of Multiple Deprivation 2015 score by ward



7 Cancer Research UK. (2016). Bowel cancer incidence statistics. Available: http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/incidence#heading-Eight. Last accessed 03/08/2017.

8 Steele et al. (2011). Associations between deprivation and colorectal cancer incidence and mortality in Scotland. Available: http://conference.ncri.org.uk/abstracts/2011/abstracts/A77.html. Last accessed 03/08/2017.

Oesophageal cancer

Oesophageal cancer is the third prevention priority. It is the sixth biggest cancer killer in Lancashire and South Cumbria, accounting for 5% (742) of all cancer (ICD-10 C00-D48) deaths during the period 2012 to 2014. It is estimated that 89% of new cases of oesophageal cancers can be prevented through reducing causal factors such as exposure to tobacco smoke, diet, unhealthy weight and alcohol consumption. Tobacco and alcohol alone increases the risk of Oesophageal cancer many times, and the risk is even greater if they are combined[9].

Incidence

Figure 24 shows all age all person oesophageal incidence rates from 2005 to 2014. Whilst incidence national average rates were stable, the L&SC incidence rates show an upward trajectory until 2012. Rates increased from 15.6 per 100,000 to 21.6 per 100,000 2005 to 2012, before reducing to 16.82 per 100,000 population in 2014, which are significantly above the national average.

Figure 24: Lancashire & South Cumbria STP (excluding Copeland and Craven) all age all person oesophageal cancer incidence rates for the 10 year period 2005 to 2014, compared to England.

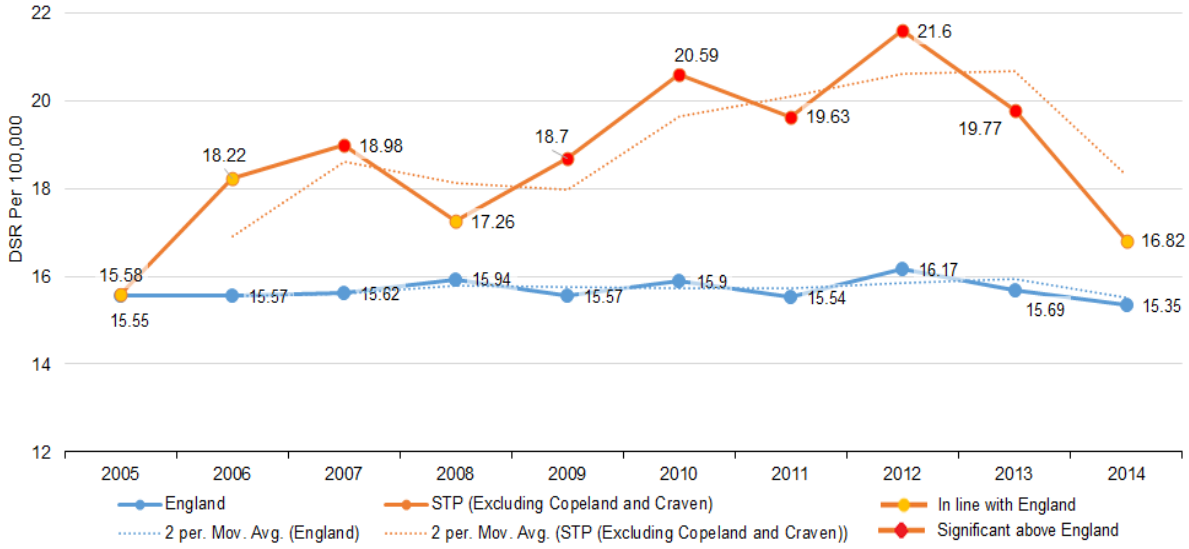


Figure 25 shows that for the 3 year period (2012-14) L& SC average, Barrow-in-Furness, Preston and South Ribble incidence rates were significantly higher than England.

[9] Prabhu A, Obi K and Rubenstein J; The Synergistic Effects of Alcohol and Tobacco Consumption on the Risk of Oesophageal Squamous Cell Carcinoma: A Meta-Analysis *Am J Gastroenterol* 2014; 109:822–827; doi:10.1038/ajg.2014.71

Figure 25: Lancashire & South Cumbria oesophageal cancer incidence by district compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14

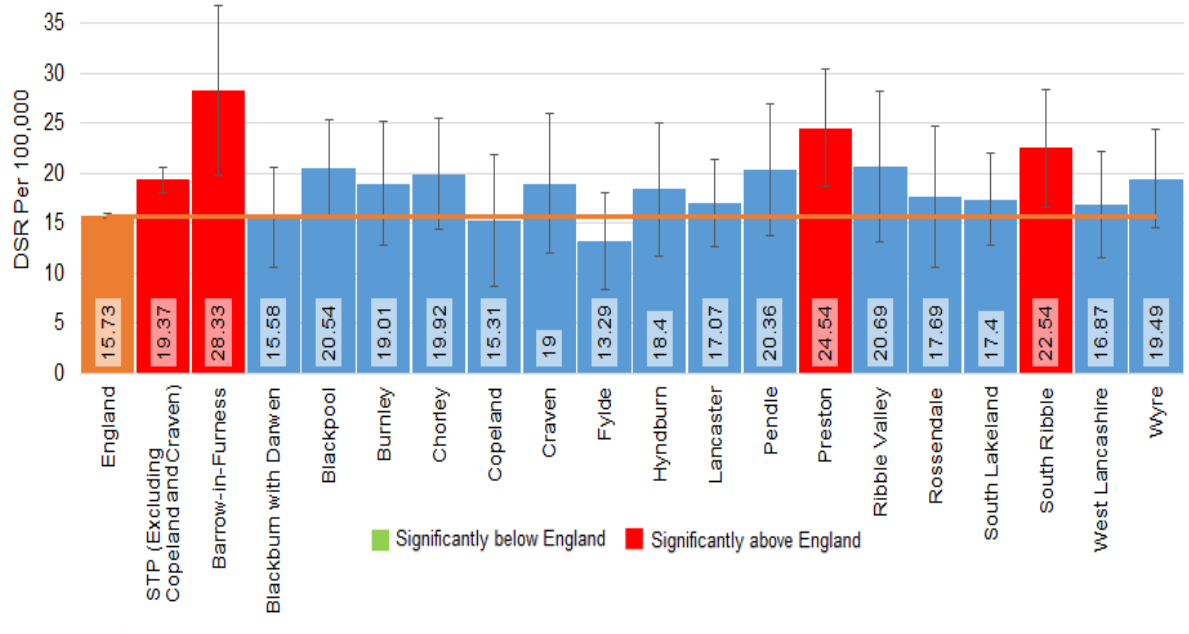


Figure 26 shows incidence rates by gender from 2005 to 2014, with national males and females rates remaining stable. Over this period, L&SC saw an increase in male oesophageal incidence, reducing from 2012. L&SC female incidence remained relatively stable. In 2014, L &SC male and female incidence rate were similar to the national average.

Figure 26: Lancashire & South Cumbria STP (excluding Copeland and Craven) all age male and female oesophageal cancer incidence rates for the 10 year period 2005-2014 compared to England

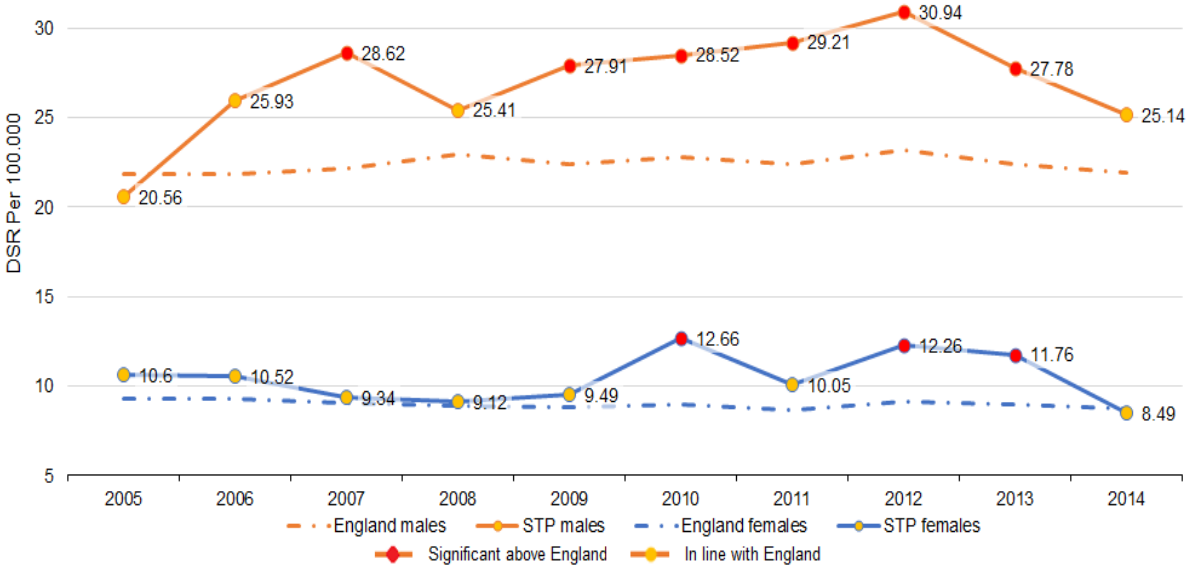
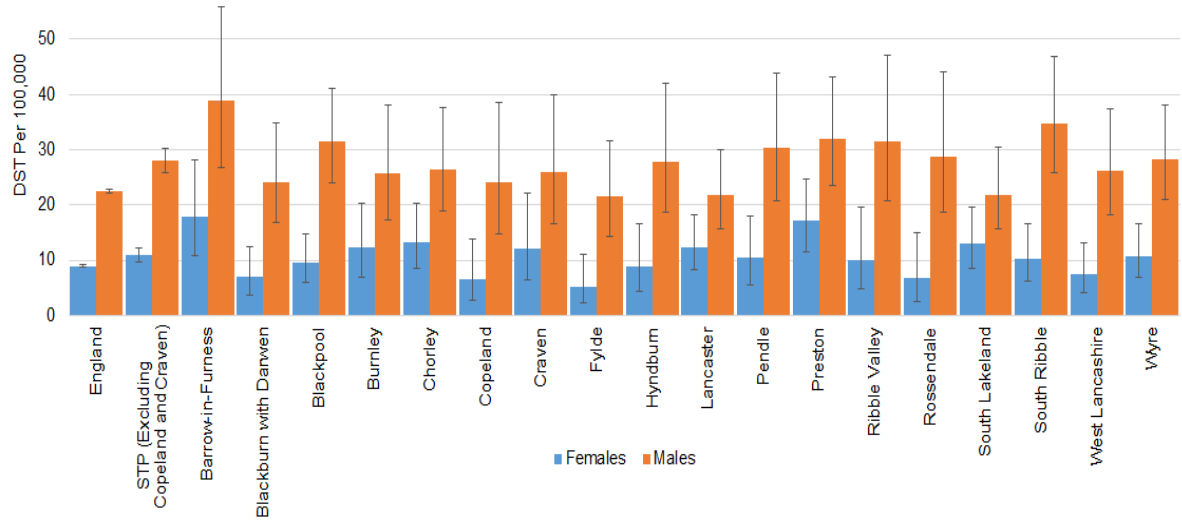


Figure 27 shows from 2012-14 the male all age oesophageal cancer incidence rate in England, L &SC and most districts were significantly higher than female. Barrow-in-Furness, Burnley, Chorley, Craven, Lancaster, Preston and South Lakeland had statistically similar male and female rates.

Figure 27: Lancashire & South Cumbria STP all age all person oesophageal cancer incidence rate by district and gender compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14



Mortality

Figure 28 shows 2005 -2014 all person oesophageal cancer L& SC premature mortality rates. Premature mortality appeared to follow incidence trend, increasing rates to 2011 followed by a downward trajectory. During this period, national mortality rates have remained relatively stable.

Figure 28: Lancashire & South Cumbria STP (excluding Copeland and Craven) all-person oesophageal cancer premature mortality rate for the 10 year period 2005-2014 compared to England.

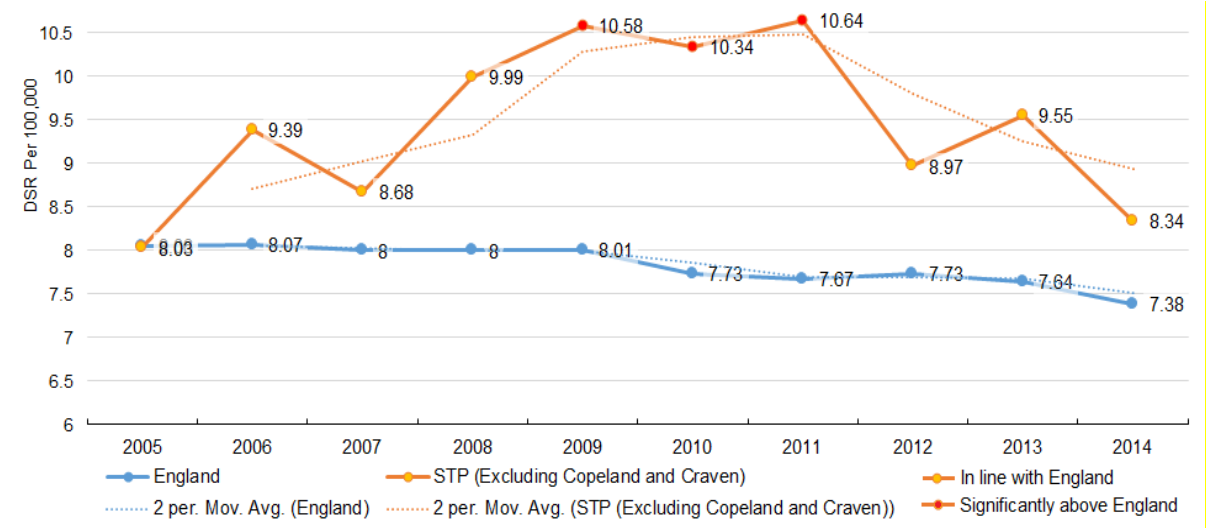


Figure 29 shows that for the 3 year period 2012 to 2014 the STP, Burnley and Preston have significantly higher rates of oesophageal cancer premature mortality than England.

Figure 29: Lancashire & South Cumbria all person oesophageal cancer premature mortality rate by district compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012 to 2014

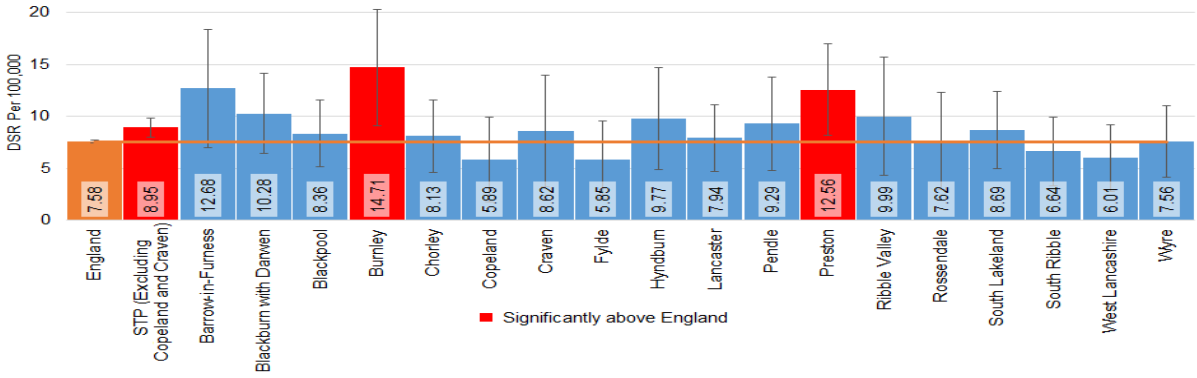


Figure 30 shows from 2005 to 2014, L&SC males have a higher oesophageal cancer premature mortality rate than females and males nationally.

Figure 30: Lancashire & South Cumbria STP (excluding Copeland and Craven) male and female oesophageal cancer premature mortality rates for the 10 year period 2005 to 2014, compared to England.

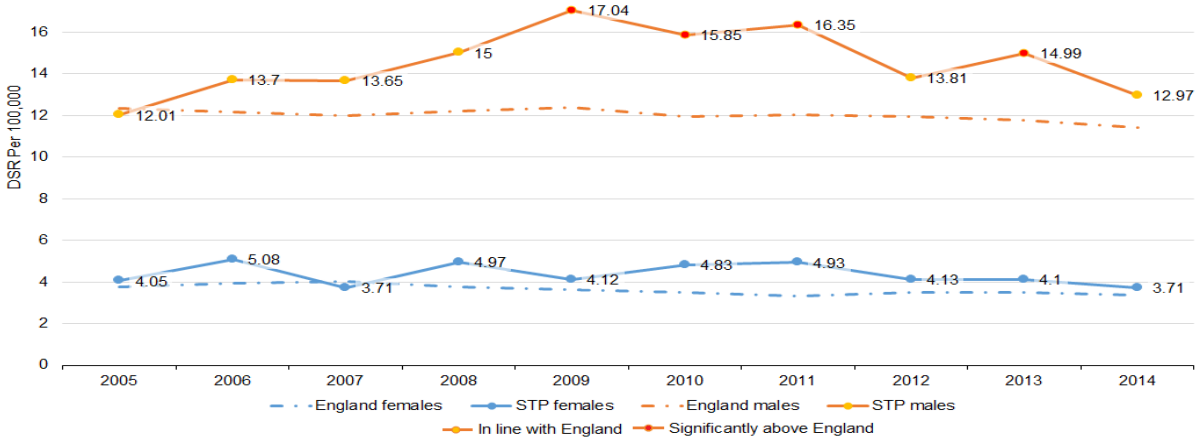
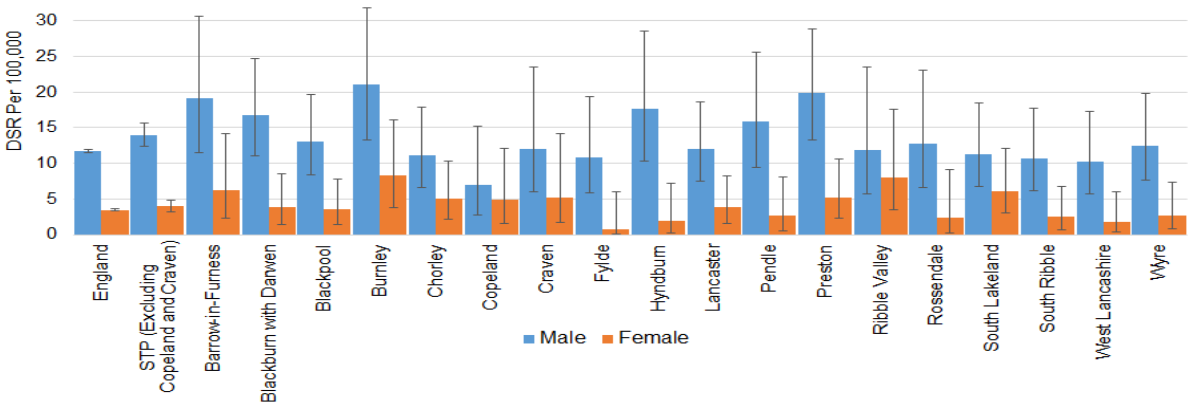


Figure 31 shows premature mortality by district over 2012-2014. Male and female oesophageal cancer premature mortality rates in Burnley were significantly above the England average. L&SC and Preston male rates are above the England average. Male mortality in England, L&SC, Blackburn with Darwen, Blackpool, Hyndburn, Pendle, Preston and Wyre was significantly higher than females. Other L&SC districts had statistically similar female and male rates.

Figure 31: Lancashire & South Cumbria STP oesophageal cancer premature mortality rate by district and gender compared to England and Lancashire & South Cumbria STP (excluding Copeland and Craven) for the 3 year period 2012-14



Recommendations for Action

Lung Cancer

1. **Reduce Lung Cancer incidence** by tackling **smoking prevalence by** Local Authority commissioned smoking cessation offers, primary and secondary care and community interventions. Utilise Public Health England's Tobacco Plan to guide local work.

   Priority areas are Blackpool and Burnley due to higher cancer incidence and smoking prevalence.

   Lead organisations – Lancashire and Cumbria County Councils, Blackburn with Darwen and Blackpool Local Authorities

2. **Reduce lung cancer mortality and improve survival rates** by developing and **implementing a 'Lung Check'** for Lancashire and South Cumbria. The Check identifies patients of higher risk of Lung cancer and offers a low dose CT scan.

   Commence and/or pilot in areas of highest premature mortality and significantly above national average which are: Blackburn with Darwen, Blackpool, Burnley, Hyndburn, Lancaster and Preston

   Utilise emerging evidence base from UK and International pilots on risk predictions, selection criteria, models and settings to develop a model for Lancashire and South Cumbria

   Present Lung Check Briefing Paper to Alliance and Population Health Boards, take forward recommendations on option appraisals, business cases and implementation plan.

   Lead organisations - SRO Prevention Lead and CCGs

Colorectal Cancer

3. Due to Bowel Cancer's vague symptoms, **increase uptake and coverage of bowel cancer screening**. Increasing uptake is needed across the whole population as well as targeted areas and populations.

   Priority areas - Blackburn with Darwen, East Lancashire and Greater Preston

   Lead organisations NHS England to improve uptake rates.

4. Morecombe Bay CCG and Cumbria County Council need to understand and act on **reasons for Copeland's increased colorectal incidence**

   Blackpool health economy needs to establish reasons for **premature mortality rate that is significantly worse than England** despite having colorectal cancer incidence rate and survival rates are similar to England.

Oesophageal Cancer

5. Appropriate stratification of patients for Oesophageal cancer risk is difficult therefore **primary prevention** is needed on **tobacco and alcohol. Use** PHE Evidence review on Alcohol and Tobacco Plan to guide local work.

   Priority Areas – Burnley and Preston due to their rates of premature mortality

   Blackburn with Darwen, Blackpool, Hyndburn, Pendle, Preston and Wyre for male premature mortality.

Appendix 1 –

Districts incorporated partially or entirely into Lancashire and South Cumbria STP/ Cancer Alliance

Barrow-in-Furness

Blackburn with Darwen

Blackpool

Burnley

Chorley

Copeland

Craven

Fylde

Hyndburn

Lancaster

Pendle

Preston

Ribble Valley

Rosendale

South Lakeland

South Ribble

West Lancashire

Wyre

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