



Press release

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CHARITY WARNS WIDE VARIATIONS IN BOWEL CANCER DEATH RATES MUST NOT BE IGNORED

Beating Bowel Cancer calculates that over 5,000 lives could be saved every year

Figures issued today by Beating Bowel Cancer reveal that bowel cancer death rates vary significantly across the UK, depending on where you live.

These latest statistics released by the charity show that there is a three-fold variation in bowel cancer death rates between the best and worst performing areas across the UKⁱ. However, even the lowest death rates are deemed too high by the charity as bowel cancer continues to be the UK's second biggest cancer killerⁱⁱ.

Mark Flannagan, Chief Executive of Beating Bowel Cancer comments: *"Too many people are dying from bowel cancer, no matter where they live. Deaths from bowel cancer could, and should, be much less common. Early diagnosis is key, so today we are calling on people to take responsibility for their bowel cancer risk. People can give themselves a life-saving chance by being aware of bowel cancer symptoms and taking part in bowel cancer screening when it is offered to them."*

"The figures are intriguing. It will be extremely important for local NHS organisations to examine information for their own areas and use it to inform potential changes in delivery of services. It is clear there is more work to be done and it is more important than ever that the measures outlined in the Cancer Reform Strategy are implemented locally."

Glasgow has the UK's highest bowel cancer death rate, with 31 people per 100,000 dying from the disease every year. The lowest can be found in Rossendale, Lancashire where this figure drops to 9 deaths from bowel cancer per 100,000 populationⁱⁱⁱ.

Whilst the causes of these variations are not clear, factors such as low participation in bowel cancer screening, poor awareness of bowel cancer symptoms and unhealthy diets and lifestyles, all play a part.

In order to help people identify their risk Beating Bowel Cancer has launched a bowel cancer map. Visit www.bowelcancermap.org and put in your postcode to find out the latest bowel cancer figures in your area. The map will link to more information about bowel cancer including how to reduce your risk and advice on what to do if you are worried about symptoms, and information about screening.

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For more information including the full dataset for the UK, interviews with charity spokespeople and patient case studies please contact:

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Mark Flanagan, Chief Executive of Beating Bowel Cancer can be contacted directly for interview:

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Notes to editors

The Bowel Cancer Map is available for press preview only at:

<http://www.beatingbowelcancer.org/visualisations/map>. Some elements are still in testing.

Following the end of the embargo on **Monday 12 September 2011, 00:01 HRS** the map will be publically available at <http://bowelcancermap.org>.

Please see attached a Q&A briefing to explain the calculations further.

Beating Bowel Cancer is a national charity for bowel cancer patients, working to raise awareness of symptoms, promote early diagnosis and encourage open access to treatment choice for those affected by bowel cancer. Through our work we aim to save lives from this common cancer. For more information visit www.beatingbowelcancer.org.

NYCRIS

Northern and Yorkshire Cancer Registry and Information Service (NYCRIS) is one of eight cancer registries in England and covers the populations of Yorkshire and the Humber, the North East and part of the North West, some 6.8 million people. Cancer Registries are responsible for the collection, analysis, interpretation and dissemination of population-based cancer data. NYCRIS is the lead cancer registry specialising in haematological and colorectal cancers, working closely with the National Cancer Intelligence Network (NCIN) and charities including Beating Bowel Cancer. For more information, please visit www.nycris.nhs.uk

Background information on death rate data calculations

1. What is a death rate?

The death rate is the age standardised number of recorded deaths from bowel cancer per 100,000 people per year, in each local authority area. The rate is based on the number of recorded deaths in a particular area which is then standardised according to the age of the local population.

2. What is the variation in death rates across the UK?

There is a more than three-fold variation in death rates across the UK – the highest is the City of Glasgow in Scotland and the lowest are in Rossendale in Lancashire and Crawley in West Sussex.

The average death rate across the UK is 17.6 per 100,000^{iv}.

The following table shows areas with the highest and lowest age-standardised death rate in the UK:

Location (by LA / UA)	Per 100,000 population ASR
Areas with the lowest death rates	
Rossendale, Lancashire	9.2
Crawley, West Sussex	9.2
Rochford, Essex	9.3
Blaby, Leicestershire	9.4
South Bucks, Buckinghamshire	9.6
Areas with the highest death rates	
City of Glasgow, Scotland	31.1
Orkney, Scotland	29.9
Falkirk, Scotland	27.6
Larne, Northern Ireland	27.5
Banbridge, Northern Ireland	27.2

3. Why has Beating Bowel Cancer used age-standardised rates in its calculations?

Age-standardised rates have been used for these calculations as they take into account how many old or young people there are in the area, which means that differences between areas do not just represent differences in the age structure of the populations. This is important as the risk of bowel cancer increases with age – in the UK eight out of ten cases occur in people over the age of 60^v.

4. Why is there variation in mortality across the country?

Factors which affect mortality rates include prevention, early diagnosis and access to the best treatments. When bowel cancer is diagnosed early, it can be cured in over 90% of cases^{vi}.

Bowel cancer screening programmes operate in all parts of the UK and it is important that people take part when invited – if you are registered with a GP and are aged 60-69 in England, Wales and parts of Northern Ireland, or 50-74 in Scotland, you are eligible for bowel cancer screening. Screening improves early diagnosis. The current screening programmes detect hidden blood in samples of poo and determine whether further tests are necessary. The Government is also rolling out flexi-sigmoidoscopy screening for people in England over the age of 50, which uses an endoscope to identify the early signs of bowel cancer.

Awareness campaigns, such as those piloted by the Department of Health earlier this year, also play a role in encouraging those who develop symptoms of bowel cancer to visit their GP, who can refer their patient for diagnostic tests if necessary.

Once they have received a diagnosis, bowel cancer patients should be offered a wide range of treatment options, including type of surgery and chemotherapy.

Information about bowel cancer prevention, early diagnosis and treatment can be found at www.beatingbowelcancer.org

5. How many lives could be saved?

Beating Bowel Cancer has calculated that if the age-standardised death rate in each local authority area was the same as the lowest rate (9.2 per 100,000) then 5,309 lives could be saved each year.

6. How did Beating Bowel Cancer calculate how many lives could be saved?

An individual calculation was undertaken for each local authority area as follows (Tewkesbury has been used as an example):

- The age-standardised death rate in Tewkesbury was 17.2 per 100,000 but the population was 79,900 which is less than 100,000. To obtain the number of age standardised deaths in the population for Tewkesbury:
 - The total population for Tewesbury was divided by 100,000 ie $79,900/100,00 = 0.799$
 - This figure was then multiplied by the age-standardised rate ie $0.799 \times 17.2 = 13.7$ deaths in Tewkesbury
- To calculate how many deaths there would have been if Tewkesbury performed at the best rate of 9.2 per 100,000:
 - The population figure was multiplied by the age-standardised death rate in the best area ie $0.799 \times 9.2 = 7.3$
- The number of extra lives saved was calculated by working out the difference between the current rate and the best rate:
 - $13.7 - 7.3 = 6$ extra lives would be saved in Tewkesbury if it had performed at the best rate

NB - For Wales, it was not possible to get comparable data broken down at local authority level, so the calculation was based on the death rate for the whole of Wales.

The total number of lives saved across the UK was based on a sum of these calculations.

7. How does the UK compare with other countries?

Outcomes for bowel cancer are poorer in the UK than in other parts of the world. The Cancer Reform Strategy year two report stated that only one PCT area in the UK achieved the international 'good practice' level of 79% for one-year survival^{vii}. The recent international benchmarking study confirmed this, finding that one-year bowel cancer survival in the UK is the lowest among comparable countries and furthermore, the gap in survival between 1995 and 2007 has not been closed^{viii}.

The Department of Health's cancer strategy, *Improving outcomes: a strategy for cancer*, pledged to save an additional 5,000 lives in order to improve rates so that they are "as good as anywhere in the World". For bowel cancer, this equates to around 850 additional lives saved each year^{ix}.

8. What can be done to improve bowel cancer outcomes?

Every part of the NHS and voluntary sector should work together to ensure the full implementation of *Improving outcomes: a strategy for cancer*. This should focus on the following key themes:

- Information and choice
- Prevention and diagnosis
- Quality of life and patient experience
- Better treatment
- Reducing inequalities
- Better commissioning

ⁱ Age-standardised mortality rates for Local / Unitary Authority for colorectal cancer (c18-20) in the United Kingdom 200: UK Cancer Information Service. Data released Sept 2011.

ⁱⁱ Bowel cancer key facts. Cancer Research UK: CancerStats. March 2011

ⁱⁱⁱ Age-standardised mortality rates for Local / Unitary Authority for colorectal cancer (c18-20) in the United Kingdom 200: UK Cancer Information Service. Data released Sept 2011.

^{iv} UK Cancer Information Service, *Age-standardised mortality rates for Local / Unitary Authority for colorectal cancer (c18-20) in the United Kingdom 200*, September 2011

^v Cancer Research UK, *CancerStats: bowel cancer key facts*, March 2011

^{vi} *ibid*

^{vii} Department of Health, *Cancer Reform Strategy: Achieving local implementation – second annual report*, December 2009

^{viii} Department of Health, *Improving outcomes: a strategy for cancer*, January 2011

^{ix} Data derived from Abdel-Rahman et al, *BJC Supplement* December 2009; ONS, *Registrations of cancer deaths*, 2009