

Why is breast cancer an important public health issue? Briefing note for Health in Hackney Scrutiny Committee 15 November 2023

City & Hackney Public Health Team

Breast cancer is common¹

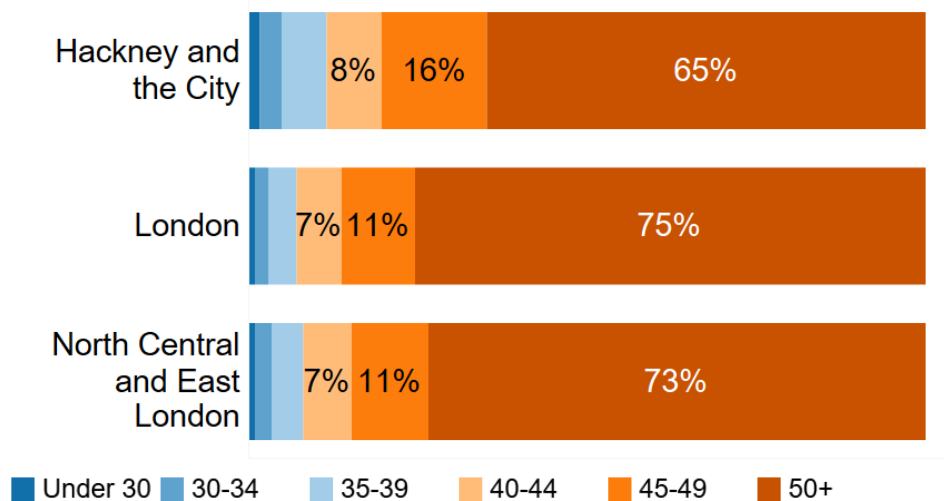
Breast cancer is the most common type of cancer in the UK.

- It accounts for almost one in five newly diagnosed cancers in City and Hackney (123 residents were diagnosed in 2018).
- As of December 2020, there were almost 1,600 people living with breast cancer locally (44% of all people living with cancer).^{2,3}

The majority of people diagnosed with breast cancer are women over the age of 50, but it also affects younger women and (rarely) men.

- One in seven women will be diagnosed with breast cancer.
- Breast cancer is the most common cause of cancer in females aged 15 and over; over a third of women in Hackney are diagnosed under the age of 50 and it is the leading cause of death among female Hackney residents aged under 49 (and one of the main causes of death among women aged 50+).
- Locally, less than 1% of breast cancer diagnoses are in males.⁴

Percentage of breast cancer cases diagnosed by age group and area of residence (females), 2014 to 2018



¹ Cancer Research UK. (2023) Breast cancer statistics. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer> (Accessed: 03 October 2023).

² National Disease Registration Service (NDRS). (2022) England Cancer Prevalence Statistics 2019.

³ Living with a primary diagnosis of breast cancer since January 1995.

⁴ National Cancer Registration and Analysis Service (NCRAS). (2019) CancerStats: Incidence age standardised rates dataset

Some groups and communities are affected more than others (inequalities)

The main risk factor for breast cancer is older age, as described previously. This largely reflects cell DNA damage accumulating over time, resulting from biological processes or exposure to other risk factors. Other important 'non-modifiable' risk factors include genetics and family history. 'Modifiable' risk factors are described on the next page of this briefing.

Ashkenazi Jewish people face a higher risk of breast cancer due to the prevalence of BRCA gene mutations in this group, occurring at a rate of one in 40 (compared to an estimated one in 200 in the general population).⁵ This could be of particular concern in Hackney, given the relatively large resident Jewish community (6.7% of the local resident population, compared with 0.5% nationally).⁶

A 2008 study conducted at Homerton Hospital found that black women were diagnosed with breast cancer at a significantly younger age (21 years earlier) than white women.⁷



Source: <https://breastcancer.org/blog/breast-cancer-risk-factors/>

⁵ Macmillan Cancer Support. (2023) *BRCA genes*. Available at: <https://www.macmillan.org.uk/cancer-information-and-support/worried-about-cancer/causes-and-risk-factors/brca-gene>.

⁶ Office for National Statistics (ONS). (2022) *Census 2021*

⁷ Bowen, R. L., et al. (2008) *Early onset of breast cancer in a group of British black women*. British journal of cancer, 98(2), 277-281

There are many opportunities for prevention and early intervention to save lives

Almost a quarter (23%) of breast cancer cases in the UK are preventable.⁸ Action on a number of modifiable 'lifestyle' factors can significantly reduce the risk of developing breast cancer.^{9,10, 11}

Alcohol consumption



Frequent alcohol consumption is linked to an increased risk of breast cancer, and reducing alcohol intake can lower this risk. In Hackney, around a quarter of adults drink more than the recommended 14 units of alcohol per week, which is in line with the London average.

Healthy Eating



Being overweight or obese post-menopause increases breast cancer risk. Maintaining a healthy weight is essential. In 2022, 49% of City adults (18+) and 36% of Hackney adults were overweight or obese. This varied by socio-demographic and geography.

Physical activity



Regular physical activity reduces breast cancer risk. In Hackney, 20% of adults exercise for less than 30 minutes weekly. Some groups, such as women, older residents, certain ethnicities, carers, and those living in more deprived areas are generally less active.

Smoking



Smoking increases the risk of breast cancer, especially among women with a family history of it. The younger people start smoking, the higher the risk, which persists for over 20 years post-quitting. Despite a downward trend in smoking, in 2021/22, 14% of Hackney residents smoked, above NEL and London averages of 12% and 13%.

Pregnancy and breastfeeding



Having children affects breast cancer risk in complex ways. In the long term, pregnancy and breastfeeding lower this risk. In 2018/19, a higher proportion of babies born to Hackney mothers were fed breast milk at their first feed compared to national and London averages.

⁸ Cancer Research UK. (2023) *Breast cancer statistics*. Available [here](#)

⁹ Breast Cancer Now. (2022) *Physical Activity and Breast Cancer Risk*. Available [here](#)

¹⁰ Breast Cancer Now. (2022) *Weight, Obesity, and Breast Cancer Risk*. Available [here](#)

¹¹ Office for Health Improvement and Disparities (OHID). (2023) *Fingertips, Public Health Data*. Available at: <https://fingertips.phe.org.uk/>

Targeted breast awareness campaigns are key to informing people about the early [signs and symptoms](#) of breast cancer, and encouraging them to regularly examine their breasts and seek medical advice if they notice any changes. As well as [national breast cancer awareness month](#) during October each year, a number of targeted local campaigns promoting breast awareness and screening (see below) are delivered by NEL Cancer Alliance in partnership with the City & Hackney Cancer Collaborative.

Screening is a form of ‘secondary’ prevention in which pre-cancerous or early cancerous changes can be detected, leading to earlier diagnosis and treatment and better outcomes. The UK breast screening programme offers a mammogram every three years to cisgender women (and some trans men, trans women and non-binary people) aged between 50 and 71.

- In March 2020, there was a significant pause and subsequent backlog in the delivery of screening programmes in the UK due to COVID-19. As of December 2022, breast cancer screening alone accounted for around 25% of the total shortfall in cancer diagnoses as a result of the pandemic.¹² This continued a decline in breast screening coverage since 2012.

Early access to cancer treatment has been driven by the following national waiting time standards, which set out how long a patient should expect to wait between specific milestones of their cancer journey. Since 1 October 2023, the two week wait targets to see a specialist have been abolished in favour of a [focus on faster diagnosis standards](#).

- 93% of patients should be seen by a specialist within two weeks of an urgent GP referral for suspected cancer [withdrawn]
- 93% of patients should be seen by a specialist within two weeks of an urgent GP referral for breast symptoms (where cancer is not initially suspected) [withdrawn]
- 75% of patients should have cancer diagnosed or ruled out within 28 days of an urgent GP referral for suspected cancer (by 2024).

Local performance has been consistently at or above these standards in recent years, including (in the most part) during the pandemic.

Screening and early diagnosis can help to identify cancer at an earlier stage and provide access to faster treatment, which typically leads to better outcomes. The national standard is for 75% of cancers to be diagnosed at stage 1 or 2 (before the cancer has spread). In 2020, 84% of breast cancers were diagnosed at stages 1 or 2 across NEL (no Hackney level data available), which is in line with the national average.¹³

¹² Breast Cancer Now. (2023). *Our Blueprint to Transform Breast Screening by 2028*. Available at: <https://breastcancernow.org/about-us/campaign-news/our-blueprint-transform-breast-screening/>

¹³ National Cancer Registration and Analysis Service (NCRAS). (2022) *CancerData*. Available at: <https://www.cancerdata.nhs.uk/>.

Key points

Access to up-to-date local data on (breast) cancer is limited, which hampers a full understanding of local need to inform appropriate action.

- No local data (Hackney or NEL) are available on inequalities in cancer prevalence.¹⁴
- Data on new cancer diagnoses in Hackney are only available up to 2018.
- Local data on cancer diagnoses by ethnicity are not available.
- Local (Hackney) data on cancer survival are not available, nor have we been able to access local data (Hackney or NEL) on inequalities in survival.
- Ethnicity coding in breast screening records is incomplete and no data on screening coverage are available by age group.
- No data are available on inequalities in stage of diagnosis by cancer type at local level.

Survival rates are comparatively low locally, but improving.

- Between 2015 and 2019, NEL had the lowest one year age-standardised breast cancer survival rate in England, but this survival rate has increased faster than the national average since 2004.¹⁵

Breast cancer incidence is relatively low and diagnoses are falling locally, but across London diagnoses are increasing in some age groups.¹⁶

- In 2018, the age-standardised incidence rate for breast cancer was lower in City and Hackney (and NEL) than the London average.
- There was a decline of almost 30% in newly diagnosed breast cancer cases in City and Hackney between 2014 and 2018.
- Across London in 2019-20, there was an increase in breast cancer diagnoses among 70-74 year olds (28%), and to a lesser degree among younger age groups (25-34 and 45-49).

Locally, breast screening coverage lags behind national standards and significant inequalities in coverage and uptake remain.^{17,18,19}

- The decline in coverage observed across the country between 2012 and 2022 was less severe in Hackney than London as a whole. However, coverage in Hackney (55%) remains significantly below the national average (65%).
- By September 2023, roughly 21,3000 eligible residents in City and Hackney had not taken up breast cancer screening in the recent three year screening window.

¹⁴ Prevalence is defined as the number of individuals who are living with or after a cancer diagnosis at a specific point in time.

¹⁵ National Cancer Registration and Analysis Service (NCRAS). (2022) *CancerData*. Available at: <https://www.cancerdata.nhs.uk/>.

¹⁶ Incidence is defined as the total number of individuals who are diagnosed with cancer over a specific time period.

¹⁷ Coverage refers to the percentage of people *eligible* for screening at a particular point in time who have had a test with a recorded result at least once within the screening round. Uptake is the percentage of those *invited* for screening in the year who were screened adequately within six months of invitation.

¹⁸ Office for Health Improvement and Disparities (OHID). (2023) *Fingertips, Public Health Data*. Available at: <https://fingertips.phe.org.uk/>.

¹⁹ Clinical Effectiveness Group (CEG). (2023) *Cancer Screening Programmes Dashboard: North East London*.

- Breast screening coverage is significantly lower than average among eligible residents in City and Hackney with learning disability, serious mental illness and those experiencing homelessness.
- As of March 2021, breast screening uptake was *higher* among eligible black and south Asian residents of City and Hackney compared to white residents.

Action is needed to improve early diagnosis of breast cancer in some groups.

- People living in the most deprived areas of England are less likely to be diagnosed at an early stage than those living in the least deprived areas.²⁰
- Breast cancer in younger people is more likely to be diagnosed at advanced stages, tends to be more aggressive and is therefore harder to treat. Consequently, survival rates are lower in people aged 15 to 39 compared to those aged 40-69.²¹
- A local study (previously referenced) identified that black women presented with breast cancer much earlier than white women (median age 46 and 67 years, respectively); tumours in younger women were considerably more aggressive in the black population; and, among women with smaller tumours, mortality rates were much higher.²²
- Local insight suggests that some global majority communities are more likely to hesitate to consult their GP for possible cancer symptoms due to a range of factors including:
 - embarrassment using translators (who are often family members)
 - seeing cancer as a 'white person's disease' and not relating to promotional materials encouraging uptake of services
 - preferring holistic and homoeopathic approaches before seeking medical help
 - medical racism.

²⁰ Public Health England (PHE). (2019). *Early Cancer Diagnosis*.

²¹ <https://www.nice.org.uk/guidance/ng101/documents/health-inequalities-briefing>

²² Bowen, R. L., et al. (2008) *Early onset of breast cancer in a group of British black women*. British journal of cancer, 98(2), 277–281