

# JSNA cancer summary report

Hampshire and Isle of Wight ICB

September 2024

Produced by Hampshire and Isle of Wight Public Health Intelligence Team

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This report aims to examine cancer incidence and mortality trends in the population across Hampshire and Isle of Wight Integrated Care Board (HIOW ICB). It focuses on the four predominant cancer types; breast, colorectal, lung and prostate. The data highlights the importance of prevention and the early diagnosis of cancer in people who live in the Hampshire and Isle of Wight area. By exploring the prevalence of risk factors, which may increase the risk of someone developing cancer, incidence and mortality trends and local variation across the ICB, it can inform which cancer types, populations and areas the ICB, and partners should focus on. Most of the data presented in this report can be explored in more detail in the [JSNA Cancer PowerBI data resource](#). The data can be used to;

- explore cancer risk factors by small area in the context of cancer incidence to inform preventative work
- explore incidence and mortality rates and trends across the ICB compared to England
- better understand the person demographics of those who have died by cancer by type, age, sex, occupation, deprivation to identify inequalities in population groups and characteristics of people diagnosed with cancer
- identify place inequalities of where people live within the population at a small geographical areas middle super output area (MSOA), by GP and Primary Care Networks (PCNs) of cancer incidence across Hampshire and Isle of Wight.
- understand early diagnosis data and variance by cancer type

The data have been presented at the available geographies, these may be ICB or Sub ICB, PCN, GP, local authority or MSOA. Some data are presented for Portsmouth however mortality and hospital admissions do not include Portsmouth.

Cancer is one of the leading causes of death in the UK, around one in two people will be diagnosed during their life. There have been significant improvements in cancer survival over the years, with survival in the UK doubling in the last 50 years. Net survival for all stages combined is affected by the proportion of cases diagnosed at each stage and varies considerably by cancer site emphasizing the importance of diagnosing cancer at the early stage.

Cancer is a complex set of diseases with many different causes and risk factors and the reasons why it affects some people and not others are still not fully understood. Age and sex and for some cancers, ethnicity, are the most important fixed risk factors for cancer. Cancer incidence and mortality increase with age, males 75 years or older are most likely to die from cancer than any other group. One in ten of the ICB population are aged 75 years and over and it has an older population structure when compared to England.

Men are more likely to have and die from cancer than women, although the gender gap in cancer incidence is reducing. Genetic predisposition and family history are two other fixed risk factors that are important in the development of some cancers.

Modifiable risk factors such as being overweight, diet, smoking, drinking alcohol above the recommended guidelines and exposure to ultraviolet light such as from sunbed use, may increase a person's chances of developing cancer. In addition to a healthy lifestyle, breastfeeding is a protective factor for women and may lower the risk of developing breast cancer.

Cancer is more treatable if diagnosed early, it can be more difficult to treat in later stages. This [NHS Long Term Plan](#) set a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. The ambitions will be delivered in a way that:

- improves quality of life outcomes;
- improves patient experience outcomes;
- reduces variation; and
- reduces inequalities

- [In 2021, there were 11,654 cancers diagnosed across Hampshire & IOW ICB](#). Comparable to England more cancers were diagnosed and registered for males (6,191) than females (5,463).
- Comparable to England just over half (53%) of all registered cancer diagnoses were found in breast, prostate, lung, or bowel. Breast and prostate are the most common cancers diagnosed across HIOW ICB; bowel cancer is the third most common cancer then lung cancer.
- [The percentage of new cancers diagnosed at stage one or stage two across all areas is significantly lower than the 75% NHS ambition](#). In 2021 the percentage diagnosed early was 59% in Southampton, 52% in Portsmouth, 53% on the Isle of Wight and 56% in Hampshire compared to across 54% England. Across the Hampshire districts early diagnosis ranges from 50% in Rushmoor to 60% in Test Valley.
- [Although rates for all cancers may be better or comparable to England the ICB has a large population and the number of people currently living with and dying from cancer is considerable. The population is older and ageing quicker than England, this will lead to an increase in the projected total number of people living with cancer and the demand for health care. Nationally the number of people living with cancer is projected to increase by 33% by 2040.](#)
- All cancers combined incidence rates are projected to rise by 2% in the UK between 2023-2025 and 2038-2040, females incidence rates are projected to rise by 1% and males incidence rates are projected to rise by 3% between 2023-2025 and 2038-2040.
- On average there are 4,600 emergency cancer admissions for residents living across the sub HIOW ICB. The highest number of emergency admissions were cancers of the digestive system. Areas to the north of the ICB (north Test Valley, Basingstoke) had significantly higher emergency cancer admission rates compared to the overall sub HIOW ICB rate.
- Along with circulatory diseases, cancer is the biggest causes of premature mortality (deaths under 75yrs) and is the [biggest cause of preventable mortality](#).
- In Hampshire over the three-year period 2020 to 2022, 26% of all deaths were attributable to cancer and 36.5% of cancers in the under 75yrs across Hampshire were considered preventable (2018-2022). Almost one in five of these preventable deaths (18.3%) were lung cancer.
- [Local analysis](#) explored the five-year time period, 2018 to 2022. Over this time there were just over 23,300 deaths from cancer, [the average age of people who dies from cancer was 75.5 years and 41.7% of the deaths were premature \(people aged under 75 years\)](#).
- Although lung cancer was the highest cancer type accounting for 17.5% of the total cancer deaths (n=4,075) By cancer group the highest number of deaths were from cancers of the digestive system (n=7,075), with colorectal in this cancer group accounting for one third of digestive system cancers (n=2,628).

Analysis of age standardised mortality rates for 2020-22 suggest;

- Across Hampshire and IOW local authorities the all age and premature (under 75yrs) mortality, rates for all cancers, lung cancer, colorectal cancer, breast cancer, prostate cancer and cancers considered preventable are statistically significantly better or similar to England.
- All age cancer and under 75 years mortality from cancer mortality rates, are statistically significantly higher in Portsmouth and Southampton.
- Lung cancer all age and premature (under 75) mortality rates, are statistically significantly higher in Portsmouth and Southampton.
- All age colorectal mortality rates are statistically significantly higher in Southampton.
- Under 75 years mortality from cancers considered preventable mortality rates, are statistically significantly higher in Portsmouth and Southampton.
- There are [significant inequalities between HIOW ICB males and female mortality rates](#). Male mortality rates are statistically significantly higher in all the comparable cancer female rates, This inequality is also observed nationally.
- There are [significant inequalities between HIOW ICB males and female premature mortality rates](#). Male mortality rates are statistically significantly higher in all the comparable cancer female rates, except colorectal and lung. This inequality is also observed nationally.
- As well as gender [local inequalities are evident driven by deprivation and local population age structure, with some areas observing significantly higher mortality and incidence rates. The most deprived areas observe higher prevalence and rates of risk factors for cancer, cancer incidence and mortality](#). This inequality is particularly evident for lung cancer.
- [People employed in lower socio-economic groups such as skilled occupations and process plants and machine operatives have higher rates of cancer mortality when compared to higher socio-economic groups such as professional, sales and customer service occupations](#). The areas of Havant, Isle of Wight, New Forest, Rushmoor and Southampton have the highest percentage of the population in the lower occupational classification groups.
- [The rate of people surviving cancer after 5 years is significantly lower for people living in the 20% most deprived areas of the ICB compared to those in the 20% least deprived areas](#).
- The percentage of people surviving cancer after 5 years is higher for those diagnosed early, 37% were diagnosed at stage 1, compared to 14% at stage 5.
- [One in 20 people in the ICB \(approximately 85,000\) are living with and beyond cancer across the ICB](#)

## Breast cancer

- Across the ICB, in 2021 there were 1,732 new cases of female breast cancer and 13 new cases of male breast cancer diagnosed.
- Breast cancer age standardised incidence rates for the HIOW sub ICBs are comparable to England. Age specific rates significantly increase from 50yrs.
- Ward level analysis highlights area where the incidence rates for breast cancer, are higher than expected when compared to England, these are largely concentrated in the southeast areas of the ICB and areas in Test Valley, Winchester and Rushmoor.
- There is no statistical difference observed between deprivation and breast cancer diagnosis rates across the ICB. [Nationally a statistically significant negative correlation is observed in breast cancer diagnosis rates](#). Females living in the 20% least deprived areas have a breast cancer diagnosis rate 1.2 times higher compared to females living in the 20% most deprived areas of England.
- Breast screening programme across the country was seriously impacted by disruption from the COVID-19 pandemic during screening year 2020 to 2021. Overall breast screening coverage and uptake across the ICB is better than England. [Screening coverage and uptake activity has recovered after the pandemic disruption. Significantly lower rates are observed in southeast area of the ICB including the IOW when compared to the ICB overall.](#)
- In 2021, [78.8% of female breast cancers were diagnosed at an early stage across the ICB, exceeding the ambition of 75% by 2028.](#)
- [Overall breast cancer mortality rates are decreasing over time](#), this is comparable to national and regional trends. Between 2020 and 2022 there was an average of 360 people dying from breast cancer a year across the four local authorities. The three highest rates are observed in Gosport Winchester and Eastleigh, although not significantly different to the other areas of the sub HIOW ICB. There is no significant relationship between deprivation and breast cancer mortality rates across the ICB.
- Premature mortality from breast cancer (under 75yrs) is decreasing over time. The three highest rates are observed in Gosport, Winchester and Eastleigh. [Approximately half of all breast cancer deaths are aged under 75yrs.](#) Between 2020 and 2022 there was an average of 176 people dying prematurely from breast cancer a year across the four local authorities.

## Prostate cancer

- Across the ICB, in 2021 there were 1,526 new cases of male prostate ~~breast~~ cancer diagnosed.
- Prostate cancer age standardised incidence rates for the sub HIOW ICB are significantly higher than England but lower in the Portsmouth sub ICB. Rates have been increasing in both sub ICBS from 2008-12. Age specific rates significantly increase from 60yrs.
- Ward level analysis highlights area where the incidence rates for prostate cancer, are higher than expected when compared to England, these are largely concentrated in the southeast area of the ICB especially on the Isle of Wight and New Forest which is where some of the oldest population groups live.
- There is no statistical difference observed between deprivation and prostate diagnosis cancer rates across the ICB. [Nationally a statistically significant negative correlation is observed in prostate cancer diagnosis rates](#). Males living in the 20% least deprived areas had a prostate cancer diagnosis rate 1.2 times higher compared to males living in the 20% most deprived areas of England.
- In 2021, [46.3% of male prostate breast cancers were diagnosed at an early stage across the ICB, below the ambition of 75% by 2028](#). However, this is better than England where 40% of new cases were diagnosed early.
- Overall [prostate cancer mortality rates are decreasing over time](#), this is comparable to national and regional trends. Between 2020 and 2022 there was an average of 392 people dying from prostate cancer a year across the four local authorities. The three highest rates are observed in Portsmouth, Fareham and Test Valley. [Trend data for Portsmouth show an increase in the mortality rate from 2018/20](#). It is too early to identify a significant trend as the number of deaths each year is small (approximately 35), but this should be monitored over a longer period. There is no significant relationship between deprivation and prostate cancer mortality rates across the ICB.
- Premature mortality rates for prostate cancer are not available.



## Bowel cancer

- Across the ICB, in 2021 there were 1,511 new cases of bowel cancer diagnosed. 867 (57%) were male and 644 (43%) female cases. Colon cancer was the most common bowel cancer diagnosis accounting for 71% of all new bowel cancer cases diagnosed.
- Colorectal cancer age standardised incidence rates for the HIOW sub ICBs are comparable to England and have remained stable over time. Age specific rates significantly increase from 60yrs.
- Ward level analysis highlights area where the incidence rates for colorectal cancer, are higher than expected when compared to England, there are a small number of wards which are in the southeast area of the ICB and a couple of wards in Rushmoor and one in Hart.
- There is no statistical difference observed between deprivation and bowel cancer diagnosis rates across the ICB. However, at a national level there is a statistically significant positive correlation between deprivation and male bowel cancer diagnosis rates, where the diagnoses rate is 1.1 times higher for males living in the 20% most deprived areas of England.
- Bowel screening was less impacted by the pandemic perhaps because people use a screening kit, and these can be requested. Bowel cancer screening coverage and uptake across the ICB is better than England. The percentage of people aged 60 to 74yrs who have had bowel cancer screening has increased year on year for the last 10 years, with only a small decrease observed in 2020/21. Significantly lower rates are observed in the southeast area of the ICB when compared to the ICB overall.
- In 2021, 44.9% of male and 42.2% of female bowel cancers were diagnosed at an early stage across the ICB, below the ambition of 75% by 2028. However, this is better than England where 39.6% of male and 38.2% of female new cases were diagnosed early.
- Overall colorectal cancer mortality rates are decreasing over time, this is comparable to national and regional trends. Between 2020 and 2022 there was an average of 563 people dying from colorectal cancer a year. However, at a local authority level there are differences, Southampton mortality rate from colorectal cancer has been increasing since from 2014-16 and is now significantly higher than England. The three highest rates are observed in Southampton, Gosport and Isle of Wight. There is no significant relationship between deprivation and colorectal cancer mortality rates across the ICB.
- Overall premature mortality from colorectal cancer (under 75yrs) is decreasing over time. However, Portsmouth has observed a recent increase in premature mortality rates from colorectal cancer, due to small numbers this is not statistically significant but should be monitored over a longer period. The three highest rates are observed in Gosport, Havant and Portsmouth. Approximately 38% of all colorectal cancer deaths are aged under 75yrs. Between 2020 and 2022 there was an average of 212 people dying prematurely from colorectal cancer a year.

## Lung cancer

- Across the ICB, [in 2021 there were 1,416 new cases of lung cancer diagnosed](#). 778 (55%) were male and 638 (44%) female cases. Non-small cell lung cancer was the most common lung cancer diagnosis accounting for 93% of all new lung cancer cases diagnosed.
- Trachea, bronchus and lung cancer age standardised incidence rates for the sub HIOW ICB are significantly lower than England but higher in the Portsmouth sub ICB. Age specific rates significantly increase from 60yrs.
- Ward level analysis highlights area where the incidence rates for lung cancer, are higher than expected when compared to England, these are largely concentrated in the southeast area of the ICB
- [There is a strong correlation for both males and females between deprivation and lung cancer diagnosis rates](#). Lung cancer rates for females living in the 20% most deprived areas of HIOW ICB are 2.8 times higher compared to those living in the 20% least deprived, for males living in the 20% most deprived areas of the ICB, lung cancer diagnosis rates are 2.4 times higher. This strong positive correlation is also observed nationally.
- [Lung cancer has the lowest proportion of cases diagnosed at stage one or two](#). In 2021, less than one third of male and female lung cancers were diagnosed at an early stage across the ICB, significantly lower than the ambition of 75% by 2028.
- The Targeted Lung Health Check programme started in locally January 2019. To date up to March 2024, approximately 73,000 invitations have been sent out and 29,500 of these (40%) have had a lung health check. Approximately 300 lung cancers have been diagnosed the majority of which, 84%, were early stage one lung cancer
- Overall lung cancer mortality rates are decreasing over time, this is comparable to national and regional trends. However, [lung cancer mortality rates are significantly higher in Southampton and Portsmouth compared to England](#). Rates have recently increased for the Isle of Wight although currently this is not a significant change but needs monitoring over a longer period. Between 2020 and 2022 there was an average of 906 people dying from lung cancer a year. The three highest rates are observed in Southampton, Portsmouth and Gosport. There is a positive correlation between deprivation and lung cancer mortality rates across the ICB. [Lung cancer mortality rates for females living in the 20% most deprived areas of HIOW ICB are 2.7 times higher compared to those living in the 20% least deprived, for males living in the 20% most deprived areas lung cancer mortality rates are 2.3 times higher](#).
- Premature mortality from lung cancer (under 75yrs) is decreasing over time. However, [lung cancer premature mortality rates are significantly higher in Southampton, Gosport and Portsmouth compared to England](#). Premature mortality rates have recently increased for the Isle of Wight although currently this is not a significant change but needs monitoring over a longer period. The three highest rates are observed in Southampton, Gosport and Portsmouth. [Just under a half of all lung cancer deaths are people aged under 75yrs](#). Between 2020 and 2022 there was an average of 428 people dying prematurely from lung cancer a year.

## Cervical cancer

- The number of new cervical cancer cases every year is relatively low. [In 2021, 94 new cervical cases were diagnosed across the ICB.](#) 50 (53%) cases were diagnosed in people aged 25 to 49years.
- Cervical cancer age standardised incidence rates for the sub HIOW ICB are lower than England but higher in the Portsmouth sub ICB. [Rates have been increasing in Portsmouth from 2014-18. Age specific rates are higher in people aged 25-49yrs.](#)
- Cervical screening programme was impacted due to COVID-19 measures which nationally resulted in the attendance for screening being less than usual in the early part of 2020 to 2021. [Across HIOW ICB there is an overall decreasing trend in coverage however since the pandemic screening coverage for cervical has decreased significantly and is getting worse for all local authority areas in the ICB.](#) The percentage of women aged 25-49yrs and 50-64yrs with a record of cervical screening in the last 3.5 and 5.5 years is decreasing across Hampshire, Portsmouth, Southampton and the Isle of Wight. Cervical cancer screening coverage and recording of screening is generally lower in the 25 to 49yrs compared to the 50 to 64 years, this is consistent with the national trends. [Portsmouth sub ICB is significantly lower than England for both coverage and recording of screening however at GP level the lowest rates are observed in Southampton.](#)
- National mortality data record 703 females died from cervical cancer; this equates to an age standardised rate of 2.4 per 100,000 population. Age specific rates peaked in females aged 85-89yrs.

## Malignant melanoma of the skin

- Across the ICB, [in 2021 there were 756 new cases of melanoma diagnosed.](#) 408 (54%) were male and 348 (46%) female cases. The number of cases increased from 25yrs.
- [Incidence rates for malignant melanoma of the skin across both sub ICBS show consistently higher and increasing rates compared to England.](#) Incidence rates are higher in males and people in the older age bands.
- National mortality data record 2,011 people died from malignant melanoma of the skin, 58% were male and 42% female. This equates to an age standardised rate of 4.8 for males and 2.8 for females per 100,000 population.

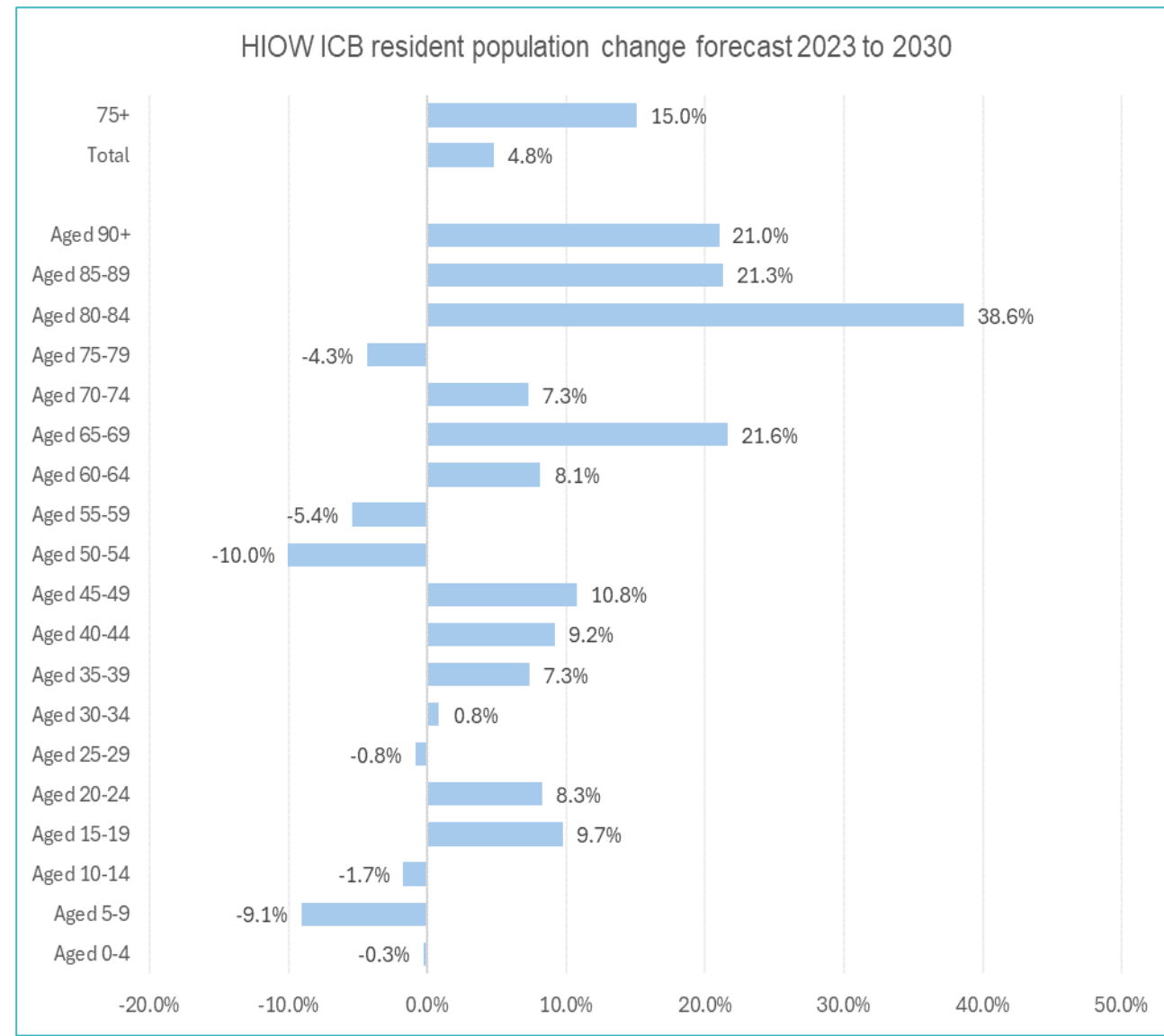
# HIOW ICB population data

## Exploring variation within HIOW ICB

# HIOW ICB current population and forecasts

- HIOW ICB has a population of 1.82 million (Census 2021)
- One in ten (10%) of the ICB population are aged 75 years and over. The ICB has an older population structure when compared to England (8.6%)
- At a sub ICB level the population structures vary significantly.
  - Hampshire: 10.5% are aged 75yrs+. Within Hampshire the New forest has the oldest population structure with 14.8% of the population aged 75yrs+, Rushmoor has the youngest population structure, 6.9% aged 75yrs+
  - Isle of Wight: 13.8% of the population are aged 75yrs+
  - Portsmouth and Southampton have much younger populations with 6.8% and 6.3% respectively aged 75yrs+
- The population is forecast to increase by 5% 2030 this is largely attributable to the older population, with the 75yrs+ population forecast to increase by 15%

Age and sex and for some cancers, ethnicity, are the most important fixed risk factors for cancer.





91.3% of the ICB population are in the 'White: all' ethnic group compared to 82.8% across England. White. Across the ICB LSOAs this ranges from 19.9% to 94.5% .

Younger population of Southampton and Portsmouth are the most diverse UTLA across the ICB

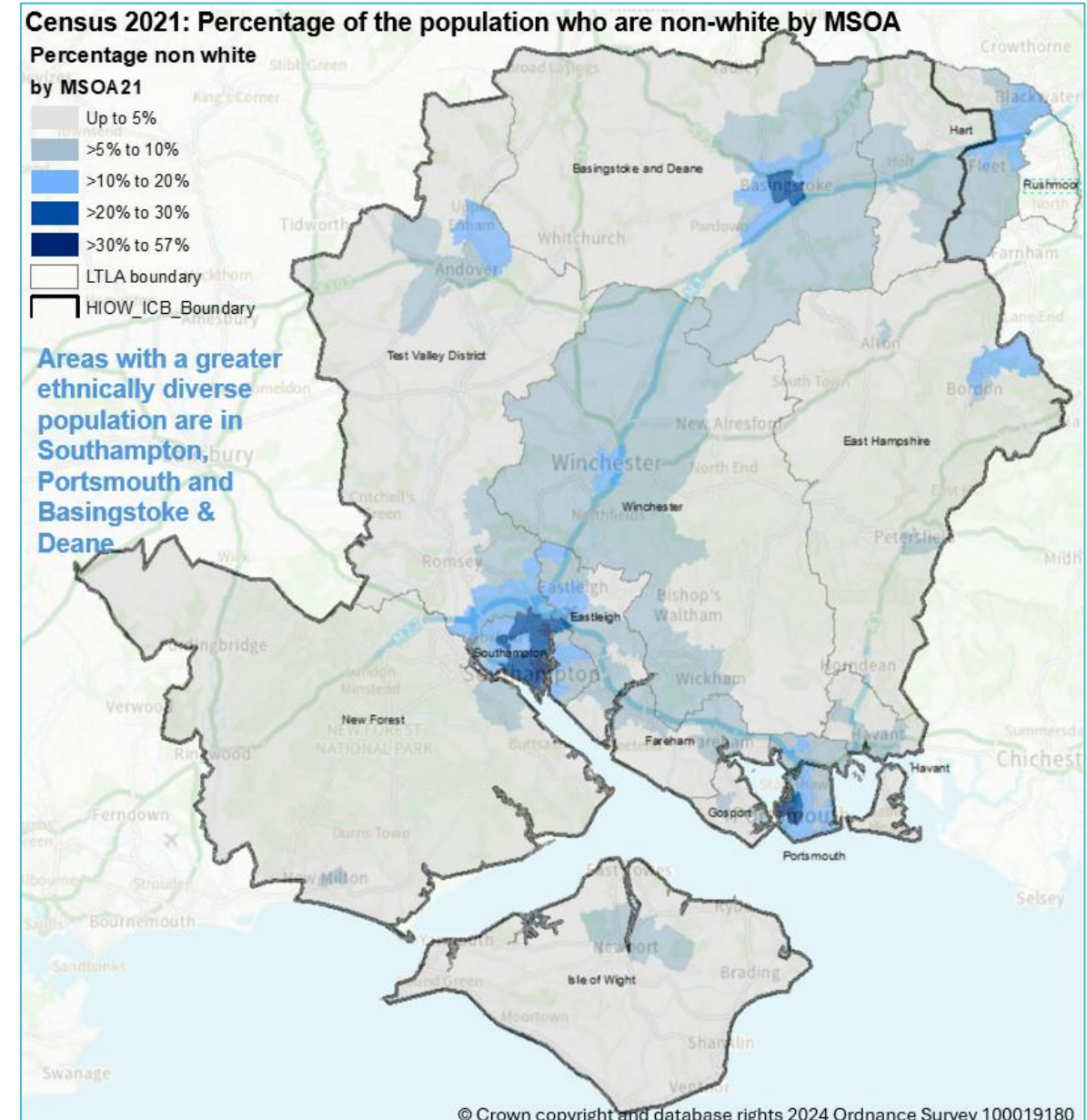
Within Hampshire the districts with younger populations, Basingstoke and Deane and Rushmoor, are the most diverse .

Asian/Asian British is the second largest ethnic group. 4.2% of the ICB population are in the 'Asian/Asian British: all' ethnic group, compared to 8.6% across England. Across the ICB LSOAs this ranges from 0% to 62.9% .

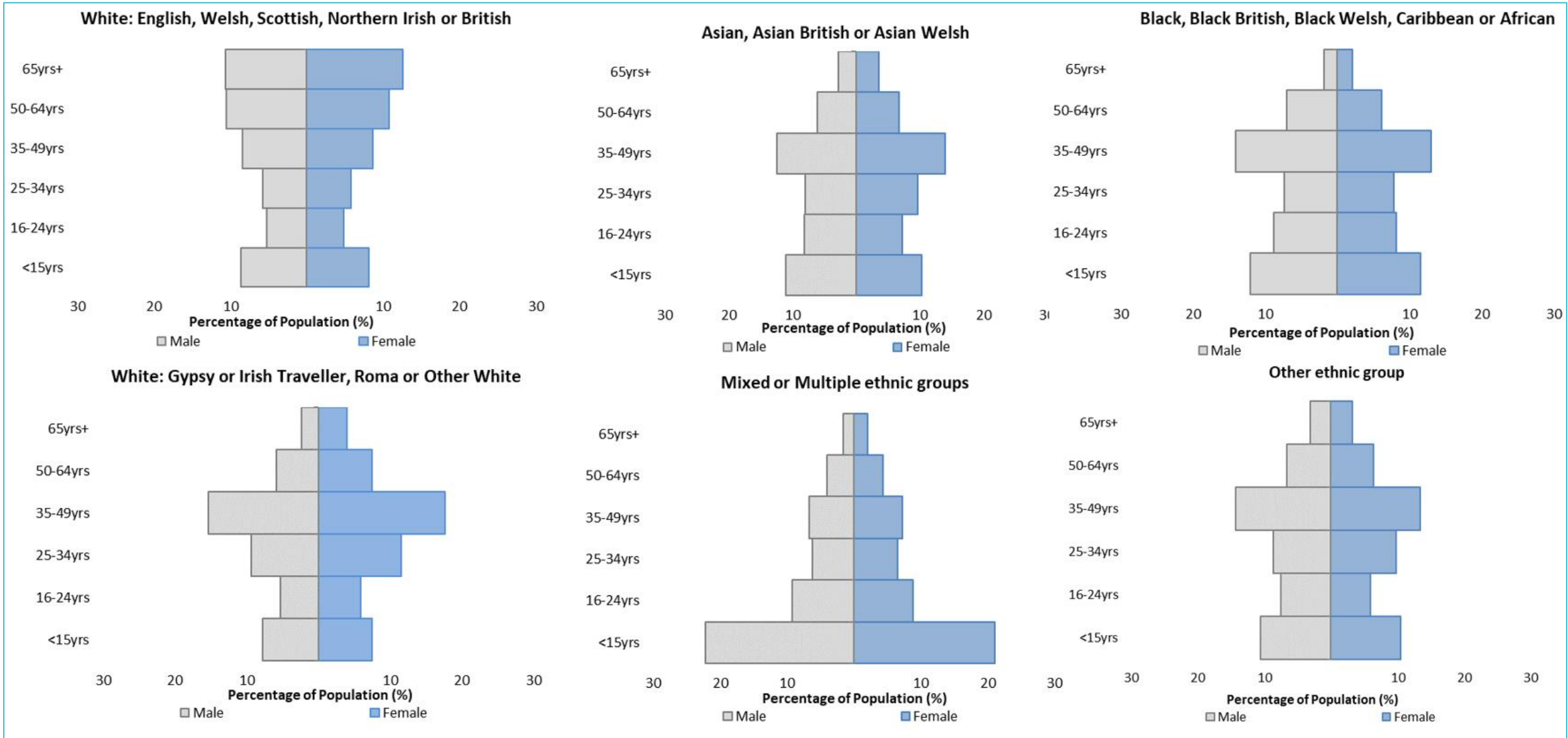
1.4% of the ICB population are in the 'Black/African/Caribbean/Black British all': ethnic group, compared to 3.8% across England. Across the ICB LSOAs this ranges from 0% to 13.2% .

2.1% of the ICB population are in the 'Mixed/multiple ethnic group: all': ethnic group, compared to 2.8% across England. Across the ICB LSOAs this ranges from 0.1% to 6.1% .

1% of the ICB population are in the 'Other ethnic group: all': ethnic group, compared to 2% across England. Across the ICB LSOAs this ranges from 0% to 8.8%.



# Population age and sex structure of ethnic groups across HIOW ICB

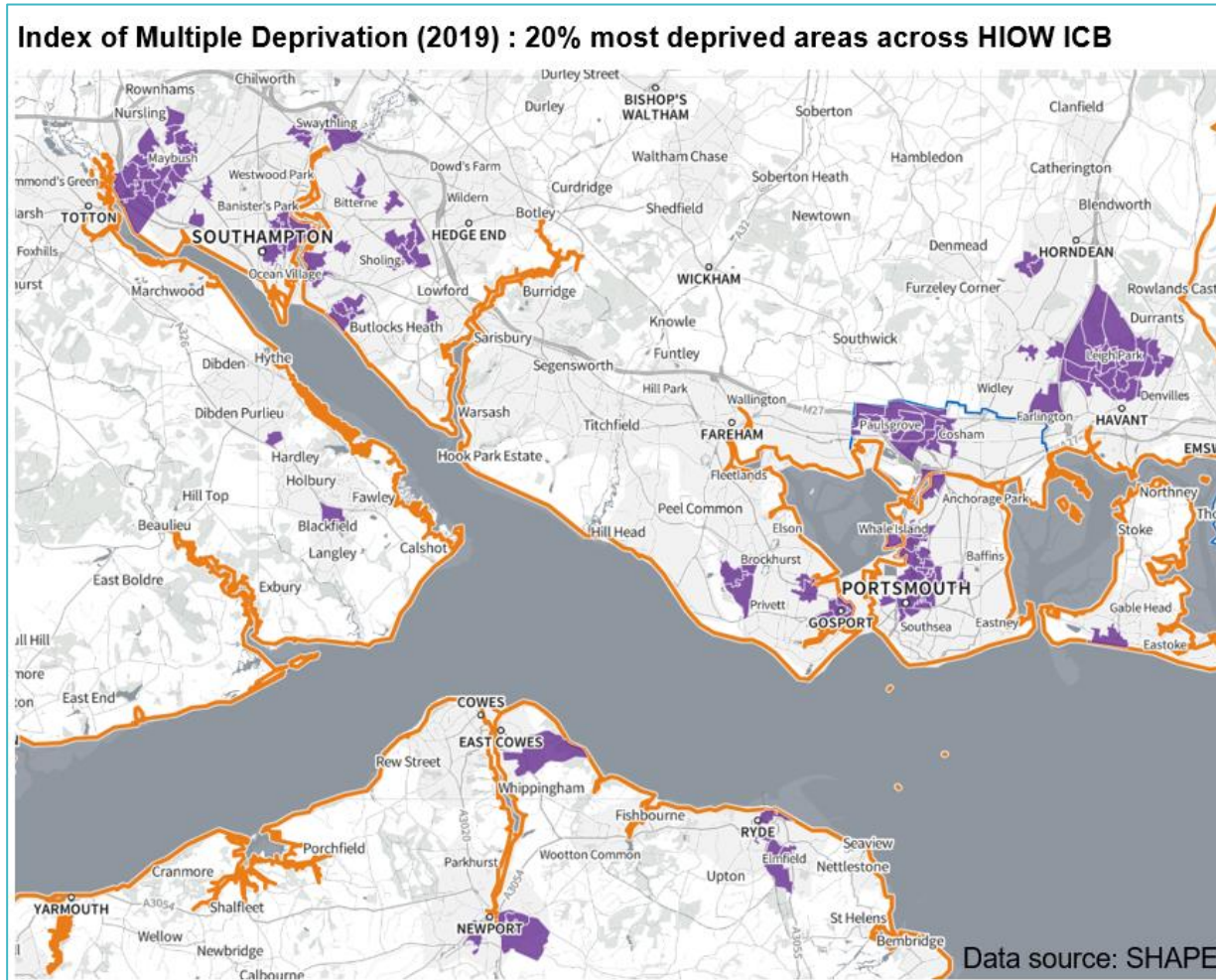


Overall ethnic minority groups have a much younger population structure compared to the white ethnic group, this is particularly evident in the mixed or multiple ethnic group



HIOW ICB Index of Multiple Deprivation average score is 17.28 and is overall less deprived compared to the England-wide Index of Multiple Deprivation mean value of 21.67. However, there are stark inequalities with local areas ranked in the 20% most deprived areas nationally.

Within the ICB boundary over one in ten people (10.8%) live in an area ranked the 20% most deprived nationally, this equates to over 200,000 people, Southampton has the highest percentage of people living the most deprived areas at 28.1% followed by Portsmouth at 25.2%.



Most of 20% most deprived areas of the ICB are in the southeast area of the ICB across Southampton, Isle of Wight, Gosport, Havant and Portsmouth. There is also one LSOA in Eastleigh, Basingstoke & Deane and Test Valley and three LSOAs in the New Forest

There is a strong correlation with deprivation and cancer mortality rates.

Across Hampshire:

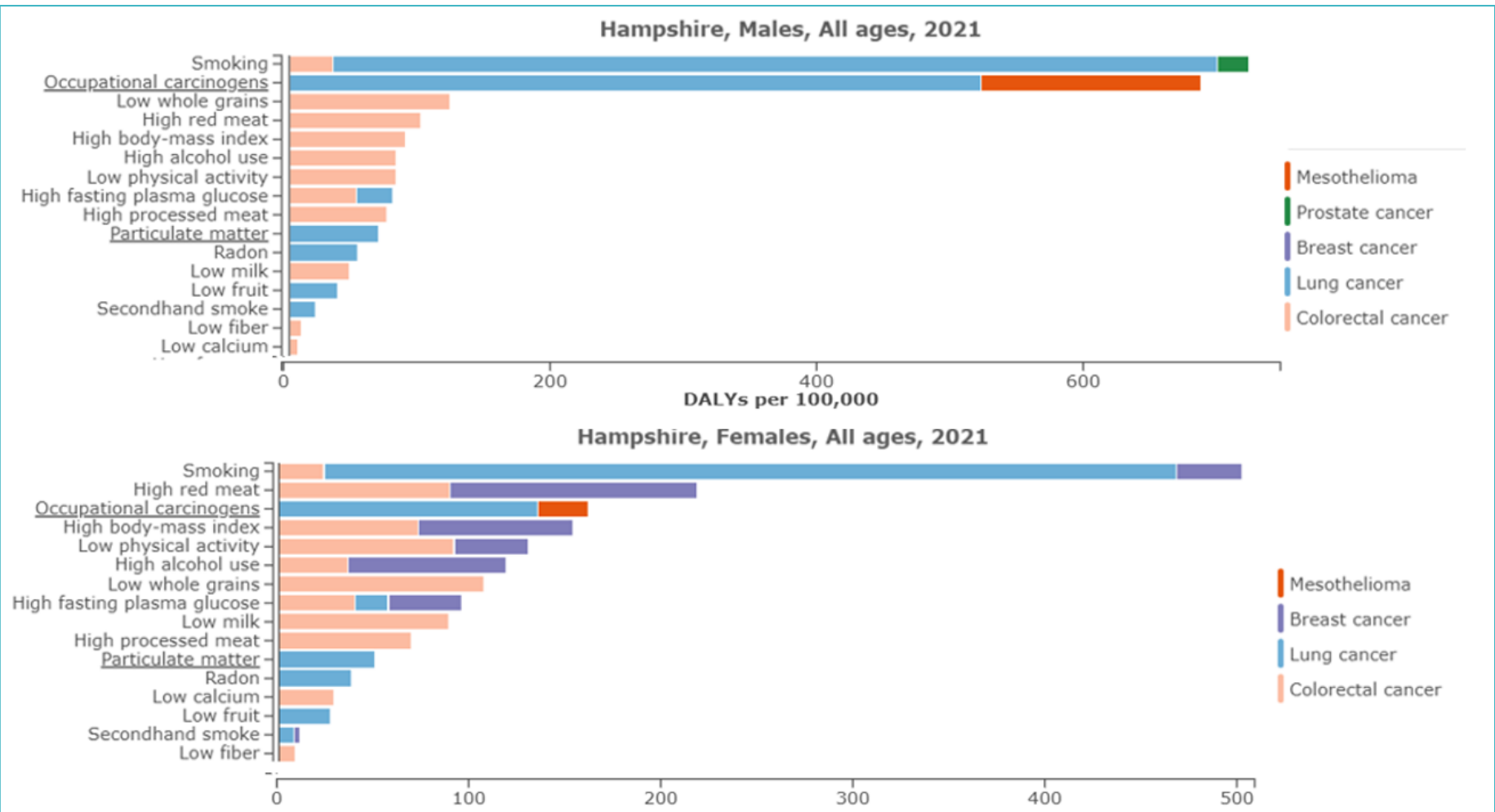
- Age-standardised mortality rate for all cancers is 1.4 times higher in the most deprived areas compared to the least deprived areas.
- Age-standardised mortality rate for lung cancer is 2.8 times higher in the most deprived areas compared to the least deprived areas.
- Age-standardised mortality rate for all cancers considered preventable is 2 times higher in the most deprived areas compared to the least deprived areas.
- Hampshire cancer mortality rates also show people in the most deprived areas are dying earlier from cancer with significantly higher rates in the 55-to-84-year age groups.
- There is no correlation between deprivation and breast cancer mortality or prostate cancer mortality.



# Cancer risk factors

Exploring prevalence of cancer lifestyle risk factors across  
HIOW ICB

# What risks factors drive the most death and disability (DALYS) in cancers?



Smoking and occupational carcinogens are the risk factors driving the most death and disability from lung cancer, environmental risks such as particulate matter also contribute significantly.

For colorectal cancer and breast cancer dietary risks are dominant such as low whole grains, high red meat, high alcohol use and metabolic and behavioural risks such as high BM, high fasting plasma glucose and low physical activity.

These charts present the attributable risk of death and disability per 100,000 population (Disability Adjusted Life Years, DALYS) for the chosen cancers.

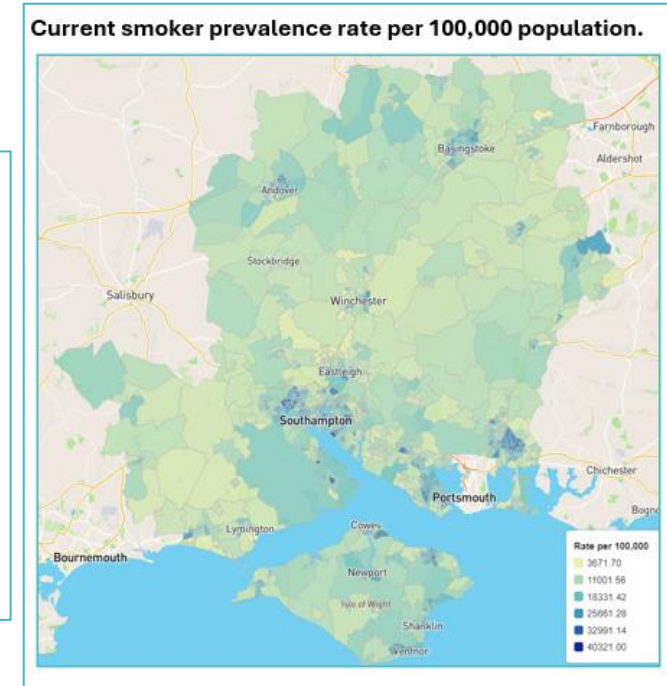
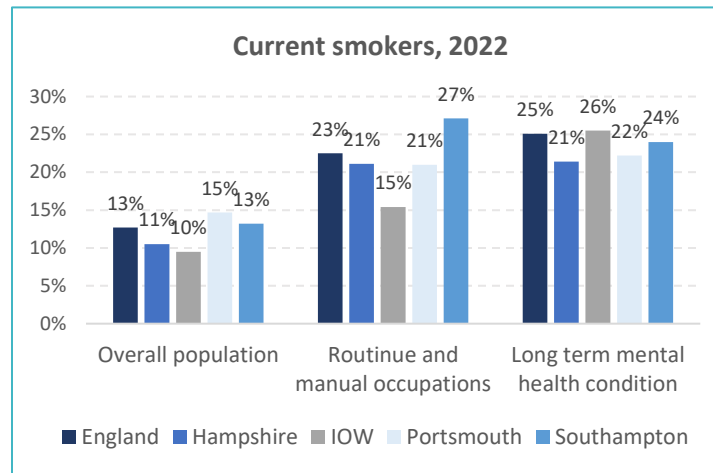
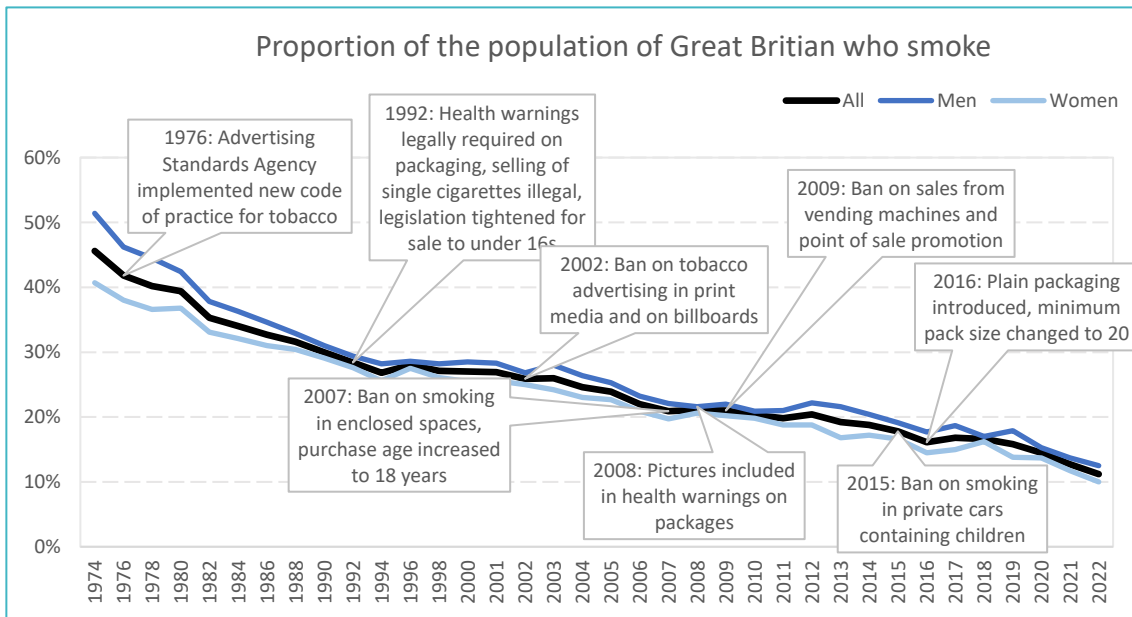
These data have been extracted from the [Global Burden of Disease 2021](#) tool these are also available for Southampton, Portsmouth and IOW. Overall, the risks factors driving disability are comparable across the ICB.

# Risk factors – Smoking: risks and prevalence

Smoking remains the biggest risk factor driving the most death and disability in cancer. In Hampshire it is attributable for 58% of deaths and disability in all people with lung cancer, 57% on the Isle of Wight, 62% in Portsmouth and 63% in Southampton.

Across the local authorities in the HIOW ICB smoking is also attributable for;

- between 13% and 15% of death and disability from pancreatic cancer
- up to 5% of death and disability from breast cancer, prostate cancer and colorectal cancer



There has been a long-term decline in the numbers of people smoking, and many successful public health interventions. Due to the long-term health impacts of smoking there is a lag between the decline in smoking and the impact on health.

There are groups within the population who have a higher prevalence of smoking – those working in routine and manual occupations and those with long term mental health conditions. These groups remain at higher risk of smoking related cancers.

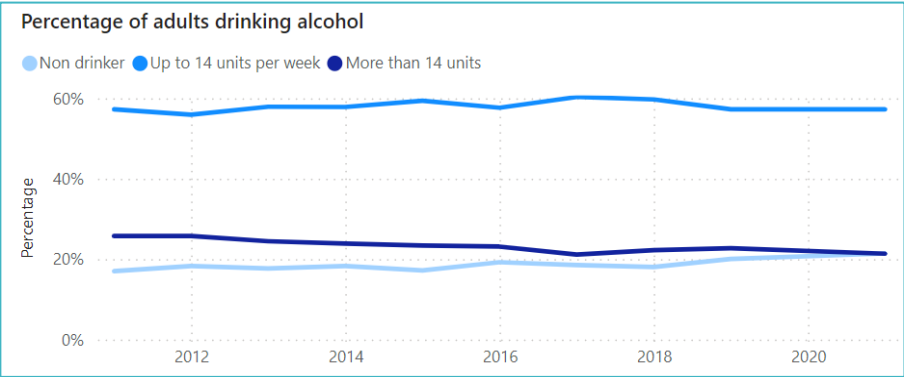
Local data for the HIOW sub-ICB suggests that there are higher rates of smoking in areas of higher deprivation, including: Leigh Park in Havant, Forton and the town centre of Gosport, Anton Lakes and the town centre of Andover, Buckskin in Basingstoke, Redbridge, Lords Hill and Thornhill in Southampton, and Ryde on the IOW.

# Risk factors – Alcohol use and physical activity: risks and prevalence

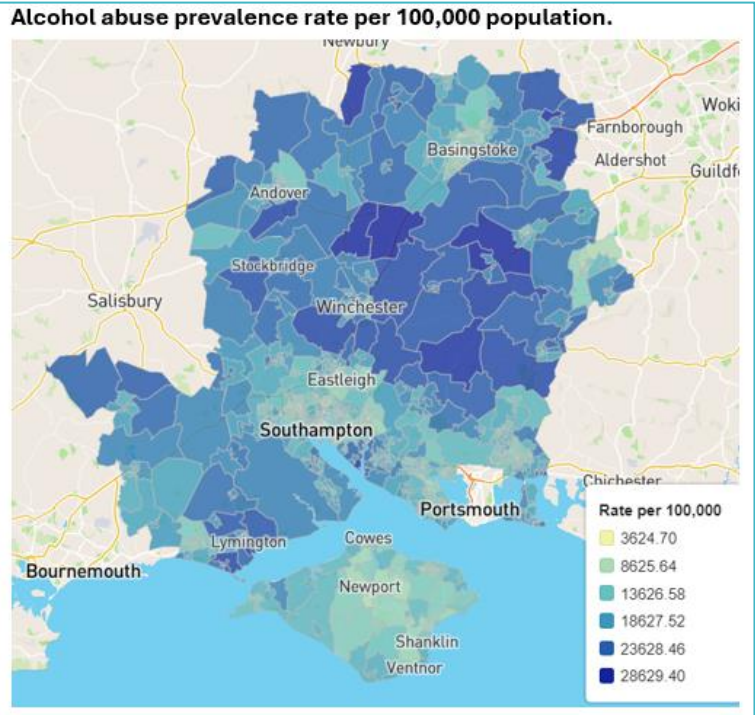
Across the local authorities in the ICB; high alcohol use is attributable for between 33% to 37% of liver cancer death and disability, 19% to 24% of oesophageal cancer, 7% to 9% of colorectal cancer and 6% to 7% of breast cancer.

Across the four local authorities in HIOW ICB over 2,200 new cases of alcohol related cancers were diagnosed in 2017/19, trend data up to 2017/19 showed the number of cases was increasing.

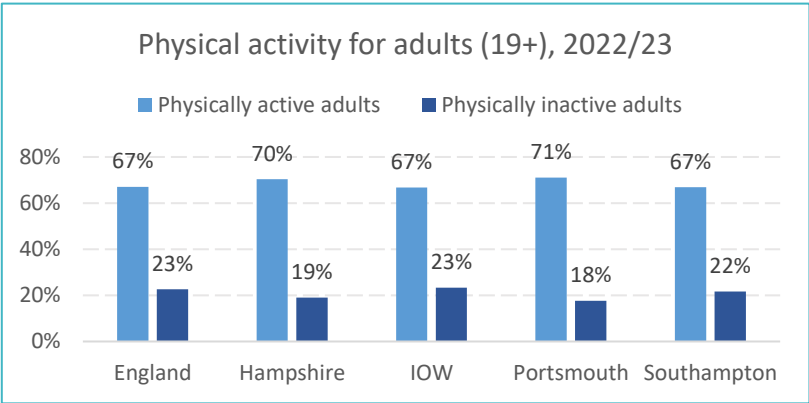
Low physical activity is attributable for 15% of death and disability from colorectal cancer deaths and 4% of breast cancer.



Nationally the proportion of adults who are non-drinkers has increased, whilst the proportion of people drinking more than 14 units per week has declined.



Local data suggests that there are higher rates of alcohol consumption in more affluent or rural areas with older populations. However, this data relies on adults accurately recalling their levels of consumption.



The proportion of adults who are physically active (completing 150 minutes of moderate intensity physical activity per week) has remained fairly stable nationally since 2015/16.

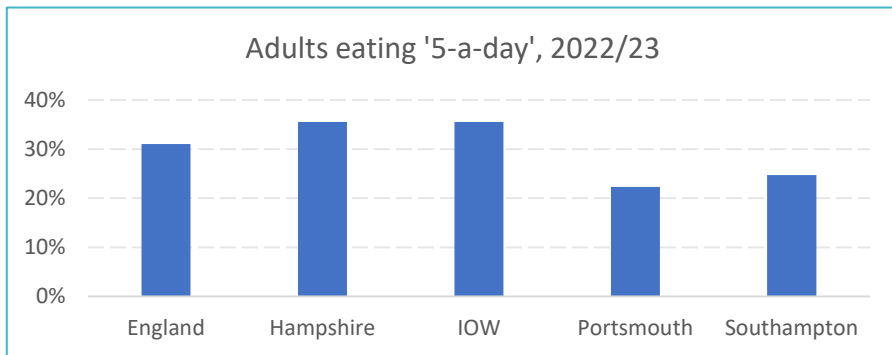
Higher rates of adults being active are shown in Hampshire and Portsmouth, whilst the IOW and Southampton show rates at the national average.

# Risk factors – Dietary and metabolic factors: risks and prevalence

Across the local authorities in the ICB; dietary risk factors are attributable for 40% of death and disability from colorectal cancer. A low grain diet, high in red meat and high in processed meat all have a higher risk for colorectal cancer.

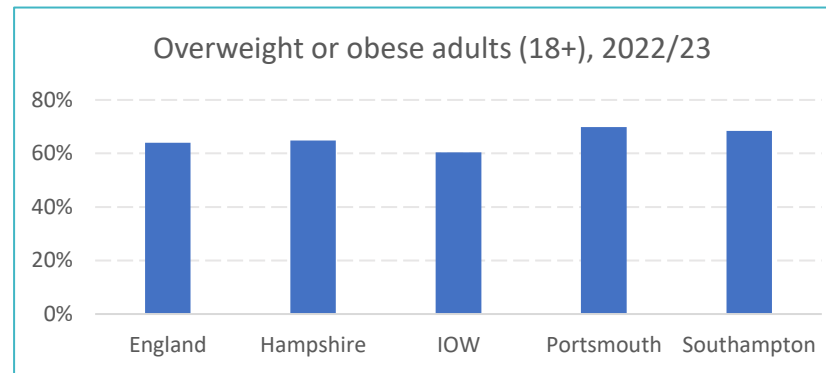
High fasting plasma glucose are attributable for between 27% to 28% of death and disability in people who have pancreatic cancer, 8% of colorectal cancer, 4% to 5% of breast cancer and 2% of lung cancer.

High BMI is attributable for between 11% to 13% of death and disability in colorectal cancer, 8% to 10% of breast cancer and 2% to 3% of pancreatic cancer.

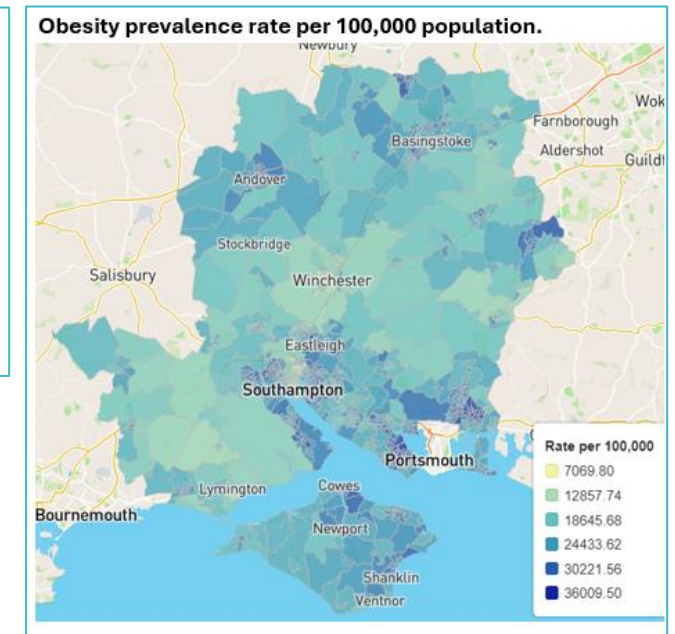


Nationally the proportion of adults eating the recommended '5-a-day' fruits and vegetables has declined, whilst the prevalence of diabetes has increased.

Local data suggests that there are higher rates of people with diabetes or prediabetes in areas of greater deprivation or an older population, for example Leigh Park and Hayling Island in Havant, Bridgemary and Lee-on Solent in Gosport, and the Berg Estate in Basingstoke.



Nationally and across the HIOW ICB the proportion of adults are overweight or obese has been increasing, with almost two thirds overweight or obese in 2022/23. The prevalence rates of overweight (including obesity) is significantly higher in Portsmouth (69.8%) compared to England (64%).

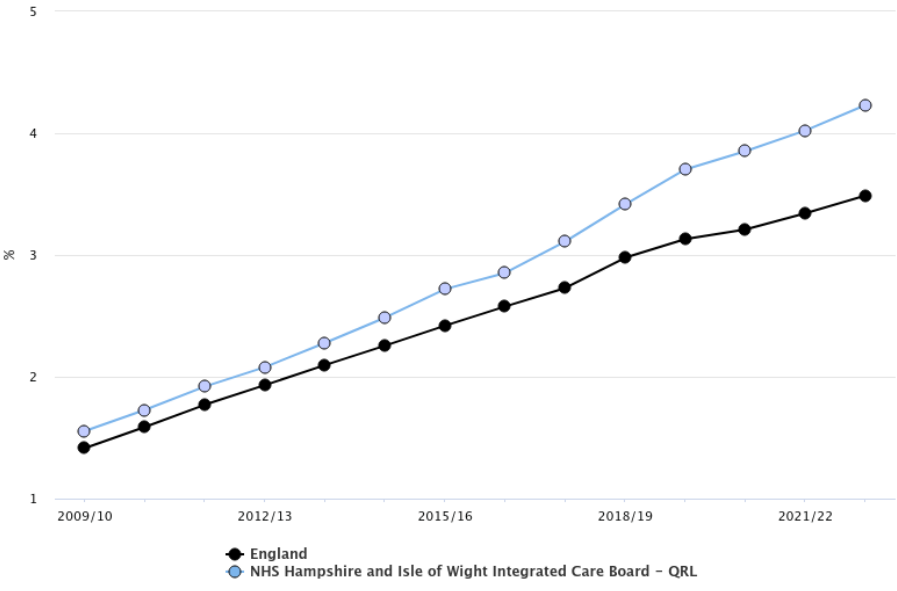


Local data suggests that there are higher rates of obesity in the more urban and deprived areas, including: Leigh Park in Havant, Forton and Bridgemary in Gosport, Eastleigh town centre, Andover town centre and Anton Lakes, the Berg Estate in Basingstoke, Blackfield in the New Forest, and Redbridge and Lords Hill in Southampton.

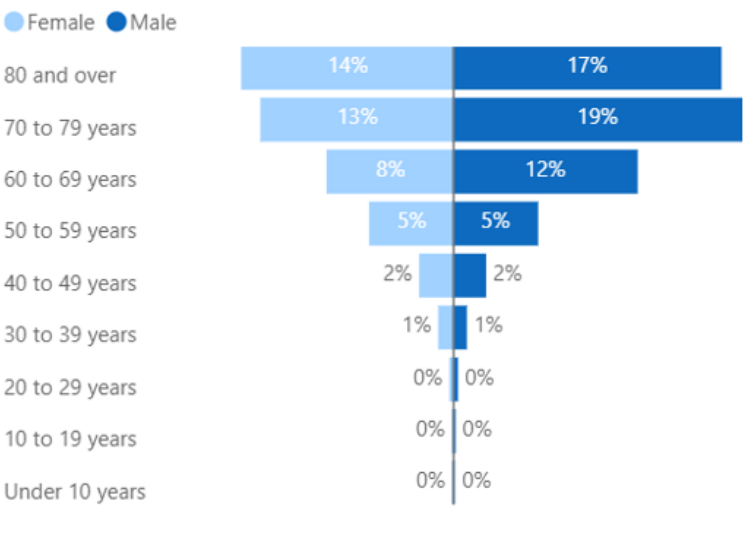


# Patients with cancer, as recorded on practice disease registers

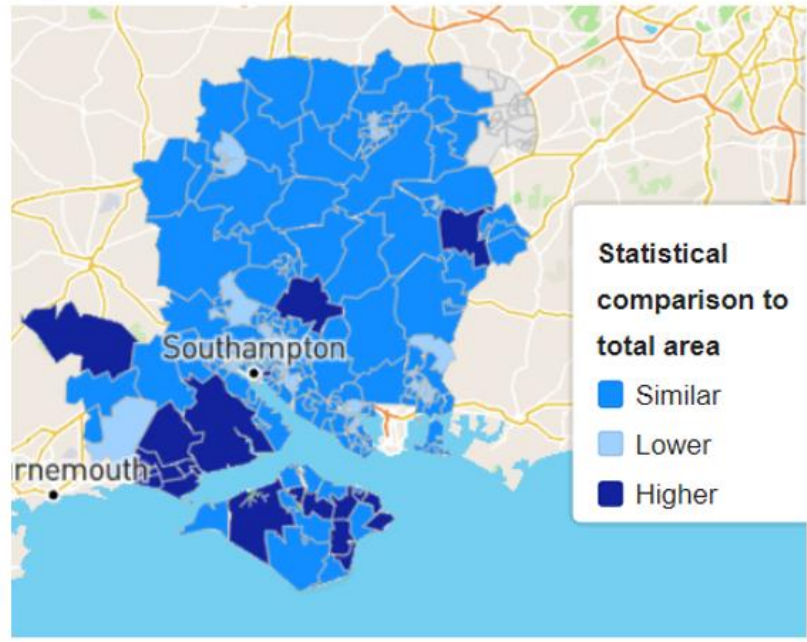
Cancer: QOF prevalence (all ages) for NHS Hampshire and Isle of Wight Integrated Care Board - QRL



Cancer prevalence by age and gender



Cancer prevalence rates: Age standardised per 100,000 population included in HealthIntent



In 2022/23, 4.2% of the ICB population (82,176 people) were recorded on practice disease registers with cancer, compared to 4% across the south-east and 3.5% in England. This chart shows that, comparable to England, cancer prevalence across the ICB continues to increase year on year. These data present crude rates which are not age standardised thus do not consider the older population structure observed in the ICB .

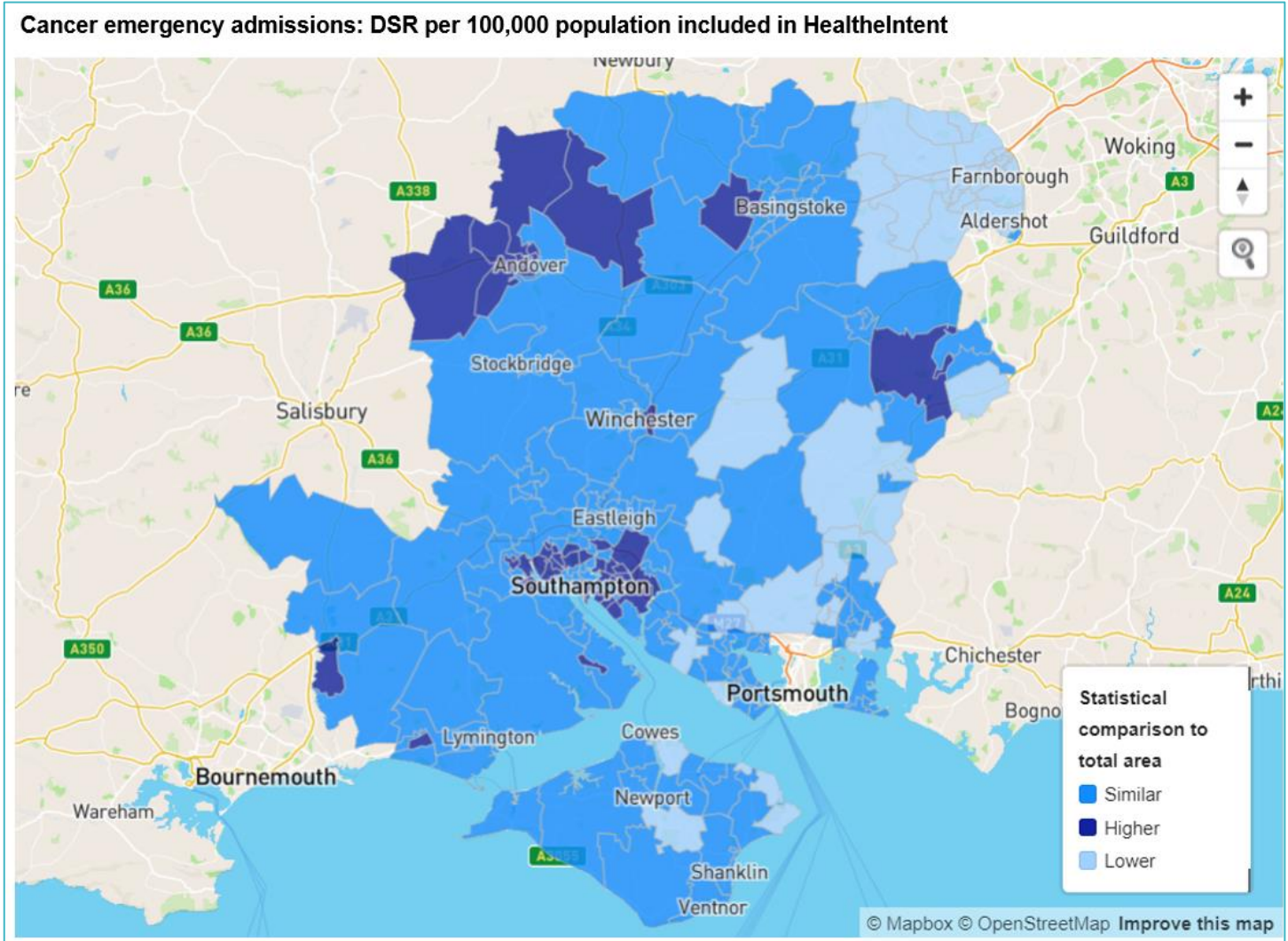
Local population health data extracted from HealthIntent report over 29,000 people across the area with cancer. The chart shows a strong correlation between cancer prevalence and the older age groups, almost three quarters of patients with cancer (73.5%) are aged 65yrs+. Age standardised prevalence rates have been calculated, these are presented in the map, the darker blue area have significantly higher cancer prevalence rates compared to the HIOW sub ICB average. These are mainly areas in the New Forest, Isle of Wight, Winchester and East Hampshire. \*\*To note this analysis excludes residents in Portsmouth, Rushmoor and Hart.

# Emergency cancer admissions, 2018/19 to 2022/23

Over the five-year time period, 2018/19 to 2022/23, there were just under 32,000 emergency admissions where cancer was recorded as the main reason for admission. Admission numbers fluctuate but on average there are 4,600 emergency admissions for cancer every year for residents across the ICB (excluding Portsmouth). The highest number of emergency admissions were cancers of the digestive system accounting for almost one quarter of emergency cancer admissions over this time (n=7,274. 23%).

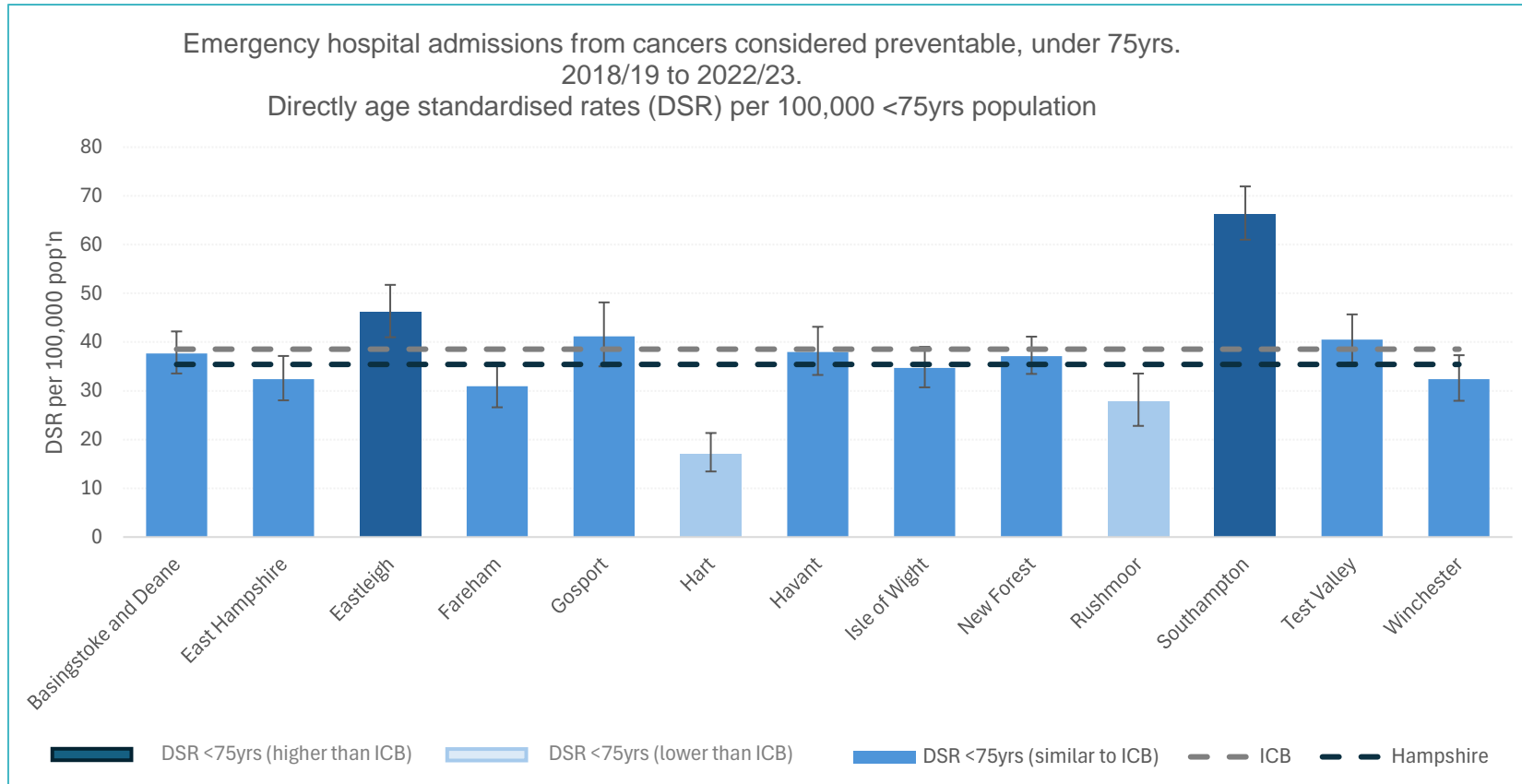
Southampton and the New Forest have the highest number of admissions.

Using local population health data from HealthIntent, age standardised emergency admission rates have been calculated, these are presented in the map, the darker blue area have significantly higher cancer prevalence rates compared to the HIOW sub ICB average. \*\*To note this analysis excludes residents in Portsmouth and Rushmoor and Hart.



# Emergency admissions (under 75 years) from cancers considered preventable

Some cancers are considered preventable if, in the light of the understanding of the determinants of health, the cancer could mainly be avoided through effective public health and primary prevention interventions.



Note: Cancers considered preventable are defined as those recorded with ICD-10 codes C00 to C16, C22, C33 to C34, C45, C43, C67 or C53 (C53 at 50 percent of total count)

Between 2018/19 and 2022/23 there were 3,276 emergency admissions where a cancer considered preventable was the primary reason for admission. **Basingstoke and Deane** had the highest number of admissions (n=304), but **Southampton and Eastleigh** have the highest age standardised rates and are significantly higher when compared to the HIOW sub ICB average. The number of emergency cancer admissions considered preventable is higher in the older age groups but a significant step change in the number of admissions is observed from age 50 years+. \*\*To note this analysis excludes residents in Portsmouth.

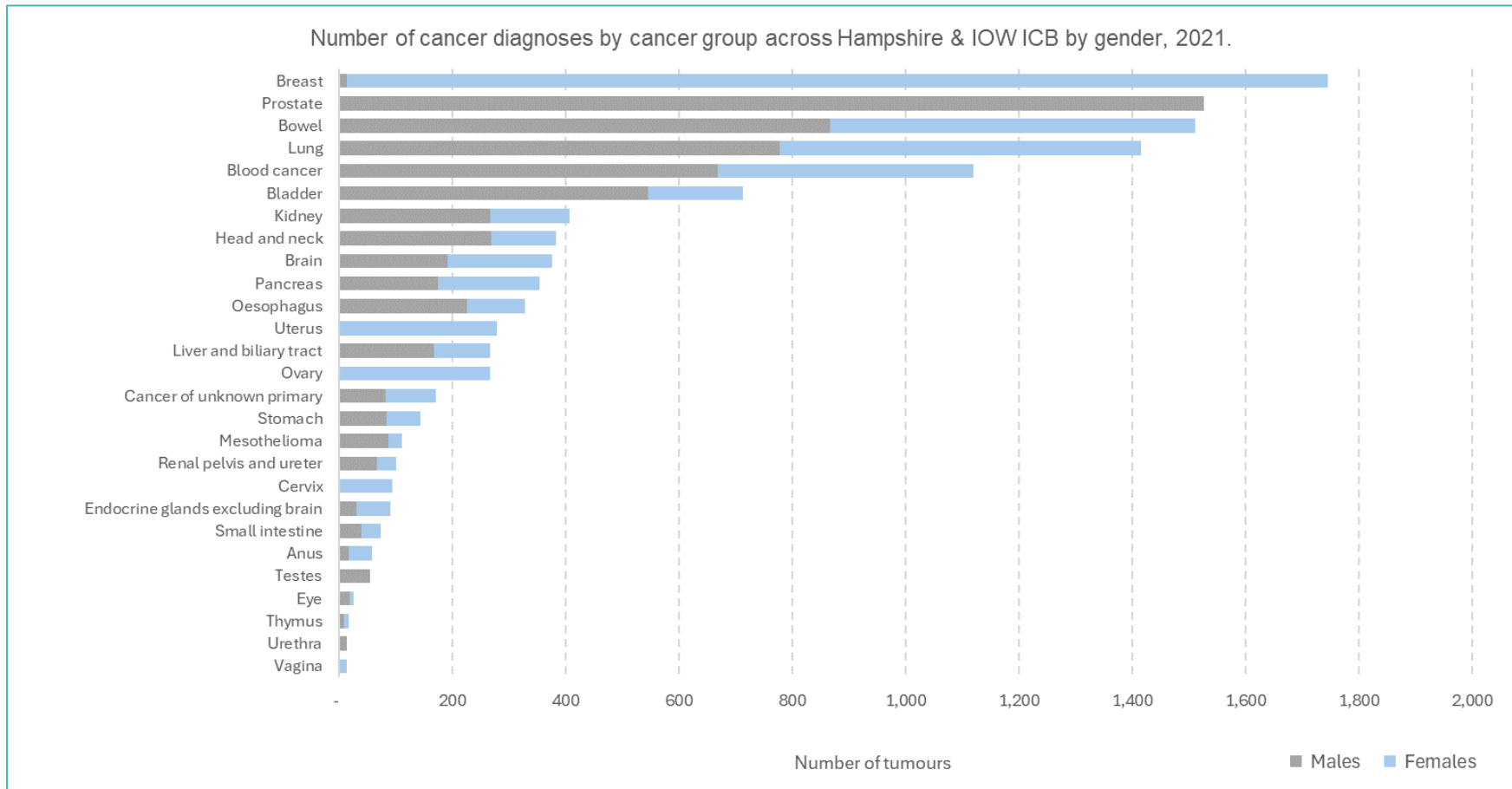


# Cancer incidence and stage of diagnosis

Comparison between HLOW ICB with other ICBS and England.

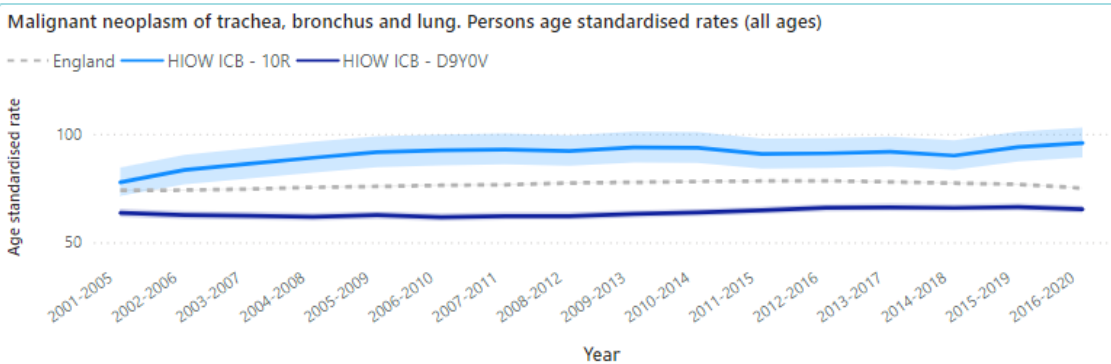
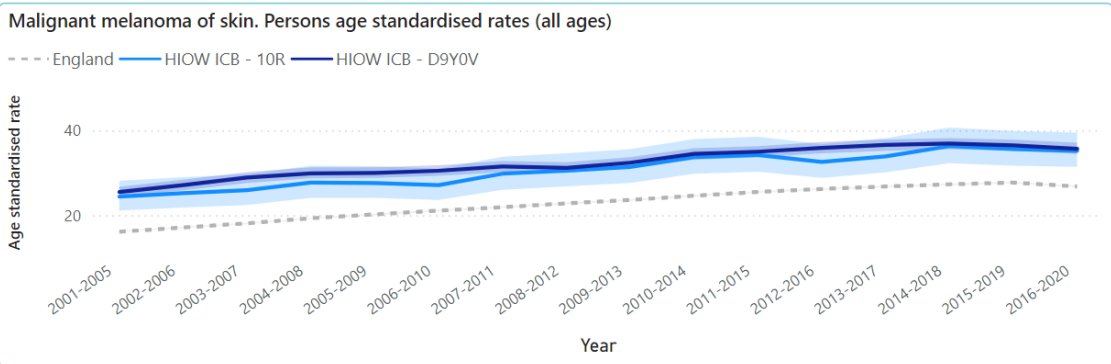
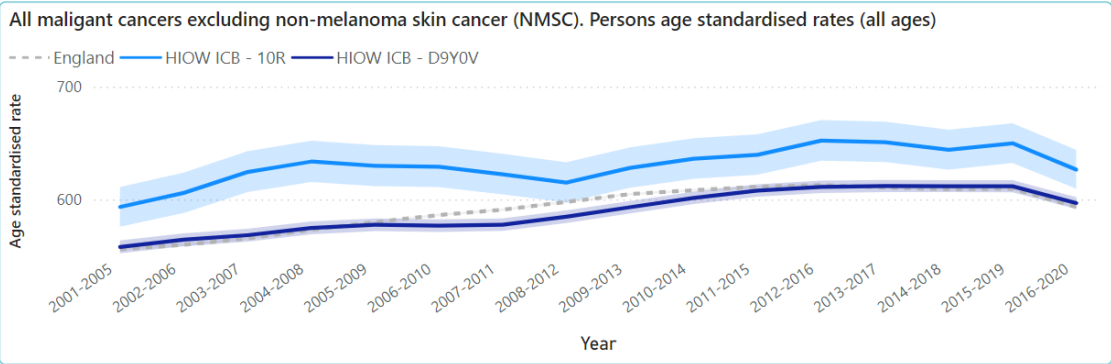
# Cancer incidence overview: Hampshire & IOW ICB, 2021

- In 2021, there were 11,654 cancers diagnosed across Hampshire & IOW ICB. [Comparable to England more cancers were diagnosed and registered for males \(6,191\) than females \(5,463\).](#)
- [Comparable to England just over half \(53%\) of all registered cancer diagnoses were found in breast, prostate, lung, or bowel.](#) Breast and Prostate are the most common cancers diagnosed across HIOW ICB; bowel cancer is the third most common cancer. In 2021 there were more diagnoses of bowel cancer than lung cancer (1,416).



Overall male age standardised rates are comparable to England, except [mesothelioma which is significantly worse than England](#) and cancer of unknown primary which is significantly better than England

Overall female age standardised rates are comparable to England, except blood cancer, cancer of unknown primary and endocrine glands, excluding brain which are significantly better than England.

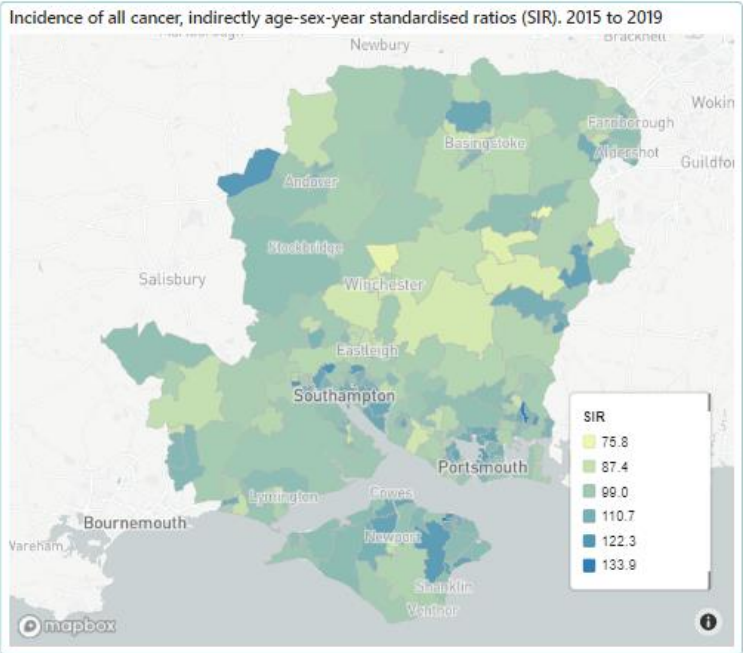


An incident case of cancer is a new case of cancer, counted once when the cancer is diagnosed. Incident cases of cancer are counted for each separate primary tumour. One person may be diagnosed with more than one tumour and would then appear twice in the incidence statistics. Recurrences of a previous cancer are not counted as new incident cases.

Cancer incidence age standardised and age specific trends, 2001 – 2020 can be explored in detail in the [JSNA Cancer PowerBI data resource](#). Both the rates and number of cancer cases should be considered. The summary findings of this analysis are;

- All malignant cancer incidence trend data show that the sub Portsmouth ICB (10R) is consistently significantly higher than England whereas the sub HIOW ICB is comparable. Comparable to national rates, rates for both sub ICBS have increased over time particularly from 2008-2012. Rates and the number of cases are higher in the older age bands.
- For many cancers both sub ICBS have comparable or lower rates when compared to England.
- Incidence rates for malignant melanoma of the skin across both sub ICBS show consistently higher and increasing rates compared to England. Incidence rates are higher in males and people in the older age bands.
- Since 2014-208, there has been an increase in the cervical cancer incidence rates in Portsmouth, rates are now significantly higher than England but remain comparable for sub HIOW ICB. Number of new cases are small and so this needs to be taken into consideration, but the highest number of cases are diagnosed in females aged 25-49yrs. In 2016-2020, 232 females aged 25-49yrs were diagnosed with cervical cancer.
- Prostate cancer incidence rates are significantly higher in the sub HIOW ICB and have increased over time compared to England. Rates are significantly lower than England in sub Portsmouth ICB.
- Cancer of the pancreas incidence rates are significantly higher in the sub HIOW ICB and have increased over time compared to England. Rates are comparable to England in Portsmouth. Rates are higher in males and people in the older age bands especially aged 80yrs+
- Incidence rates for males and females of trachea, bronchus and lung cancer are significantly higher in Portsmouth and rates are particularly higher in people aged 70yrs+

# New cases of cancers, 2015 to 2019. Standardised incidence ratio (SIR) by wards.

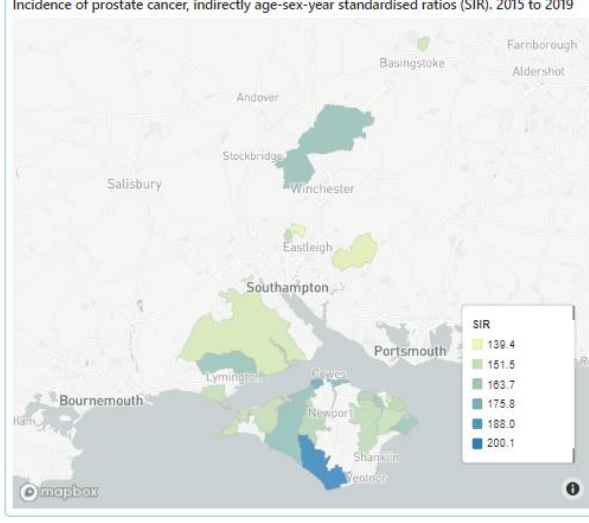
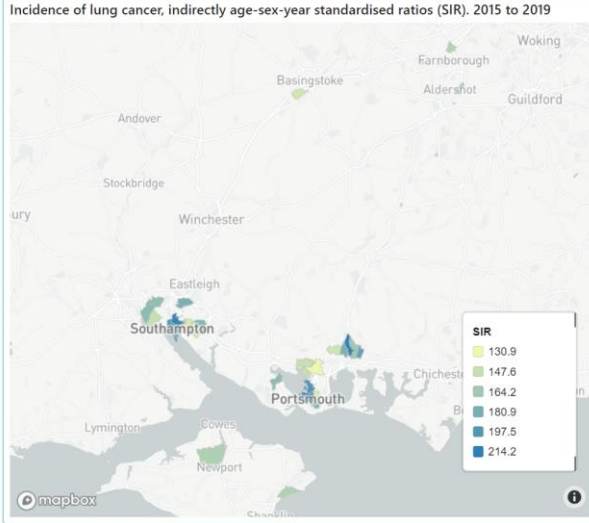
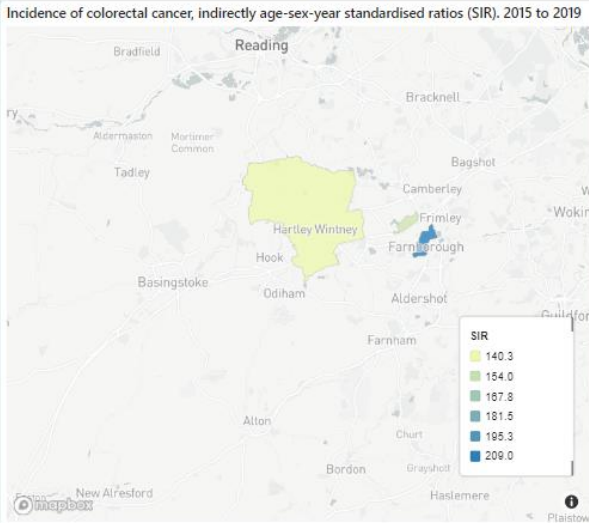
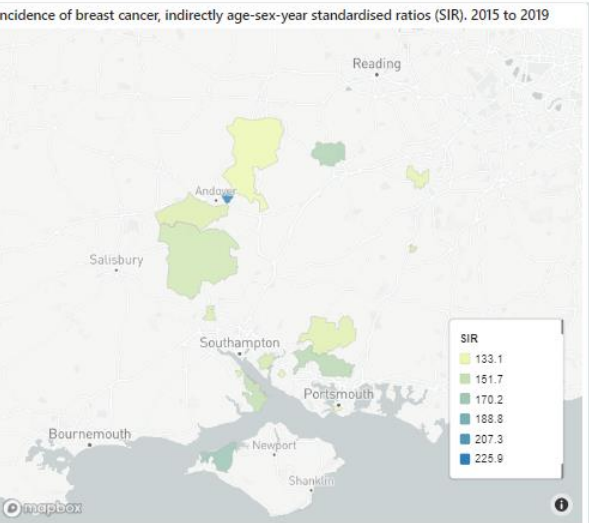


This data explores the number of new cases of all cancers and presents standardised incidence ratio (SIR) by ward. The darker blue areas represents higher all cancer incidence rates. The data can be explored in detail in the [JSNA Cancer PowerBI data resource](#).

In small populations, the number of new cases of disease over time (called the 'incidence rate') is likely to vary a lot and be small, especially for some cancers. Standardised incidence ratios (SIR) are presented for wards and have been calculated relative to England. This shows if the number of new cancer cases in a ward is higher than expected when compared to England and that this is unlikely to be due to chance. Age-standardised incidence rates (ASR) consider the differences in populations age structures to enable like for like comparisons between areas regardless of how young or old the population are.

The four maps below present the wards where the incidence rates for breast cancer, colorectal cancer, lung cancer and prostate cancer are higher than expected when compared to England. Except for colorectal cancer these areas are largely concentrated in the southeast area of the ICB

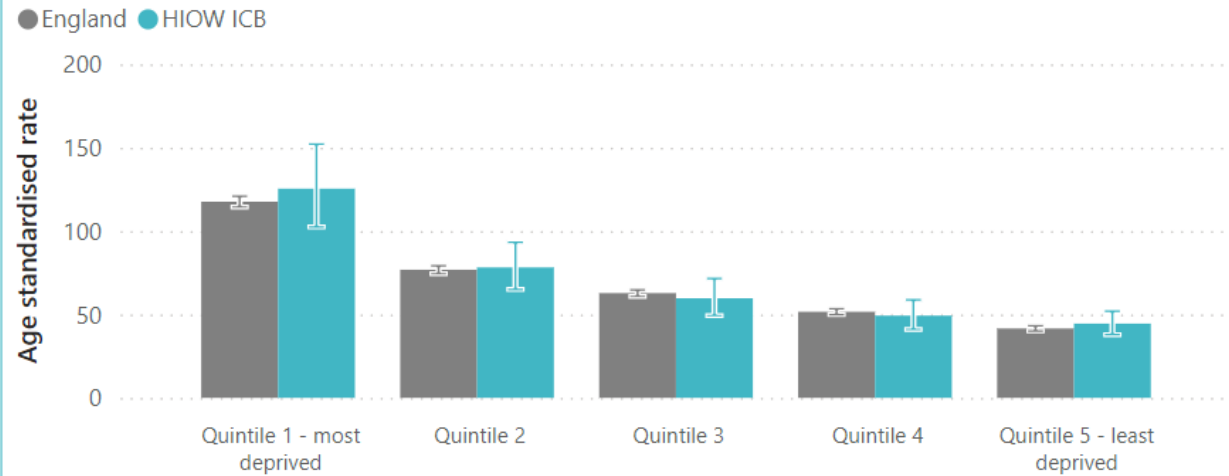
## Maps which show the wards across HIOW ICB that have higher than expected rates when compared to England by cancer type.



# Age-standardised rates for 2021 by cancer diagnosis for HIOW ICB by deprivation quintile

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Age-standardised rates for all lung cancers in females diagnosed in 2021 by national deprivation quintile

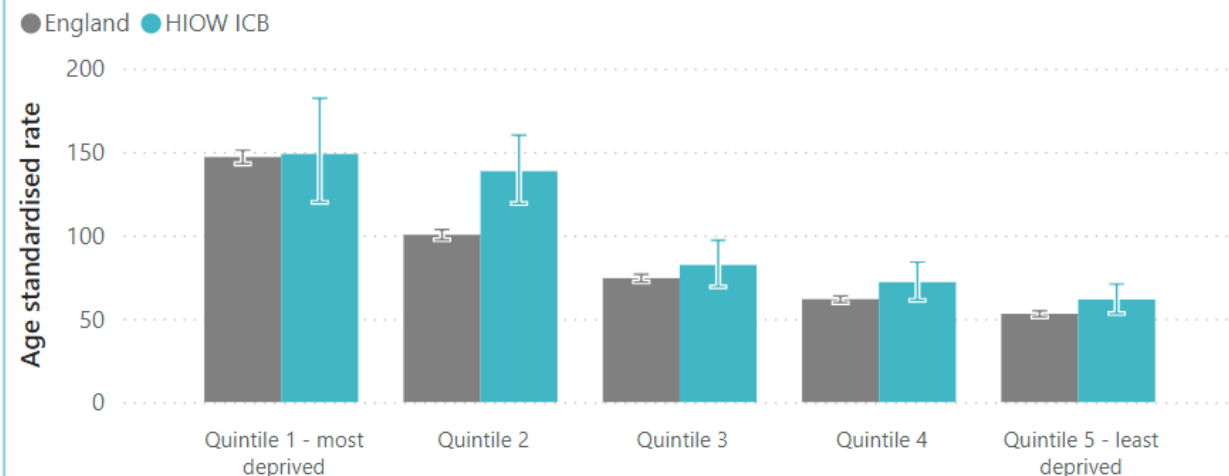


Cancer diagnosis data (2021) for HIOW ICB suggest there is a statistically significant correlation for both males and females between deprivation and lung cancer diagnosis rates. Lung cancer rates for females living in the 20% most deprived areas of HIOW ICB are 2.8 times higher compared to those living in the 20% least deprived, for males living in the 20% most deprived areas of HIOW, lung cancer diagnosis rates are 2.4 times higher. There is no statistical difference observed between deprivation and prostate, bowel or breast cancer rates across the ICB.

This is comparable to England where lung cancer diagnosis rates for females and males living in the 20% most deprived areas of England are 2.8 times higher compared to those living in the 20% least deprived.

Across England there is also a statistically significant positive correlation between deprivation and male bowel cancer diagnosis rates, where the diagnoses rates is 1.1 times higher for males living in the 20% most deprived areas of England.

Age-standardised rates for all lung cancers in males diagnosed in 2021 by national deprivation quintile

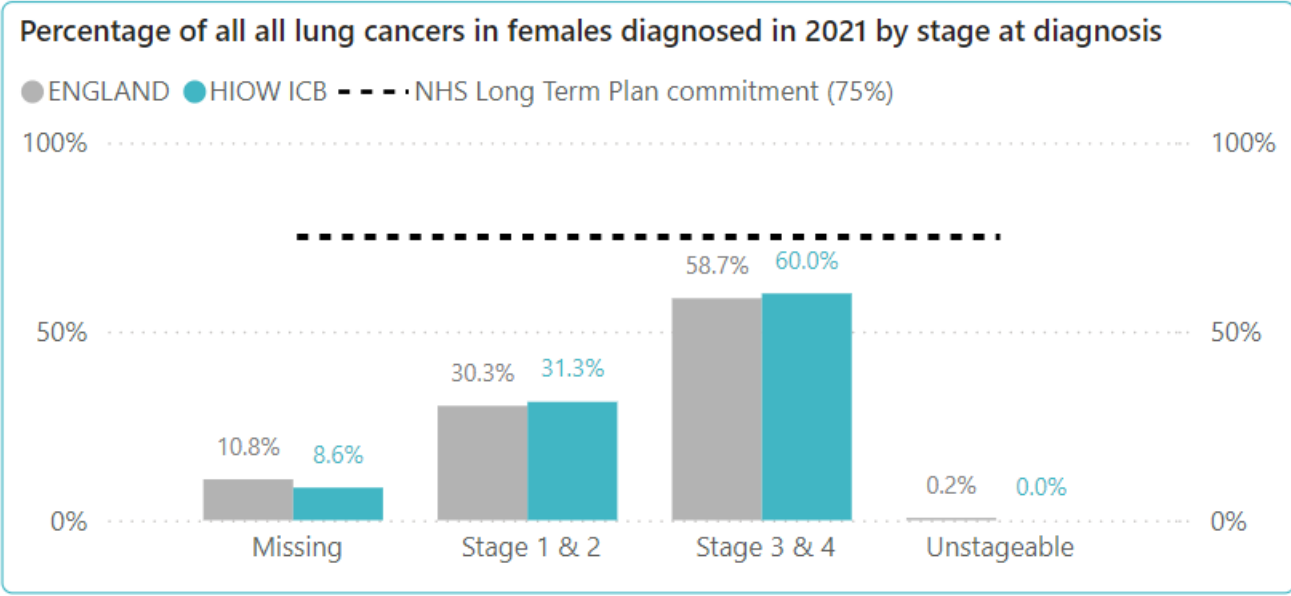


Conversely nationally a statistically significant negative correlation is observed in breast cancer and prostate cancer diagnosis rates. Females living in the 20% least deprived areas have a breast cancer diagnosis rate 1.2 times higher compared to females living in the 20% most deprived areas of England. Males living in the 20% least deprived areas had a prostate cancer diagnosis rate 1.2 times higher compared to males living in the 20% most deprived areas of England.

Breast, prostate and bowel cancer data can be explored in the [JSNA Cancer PowerBI data resource](#).



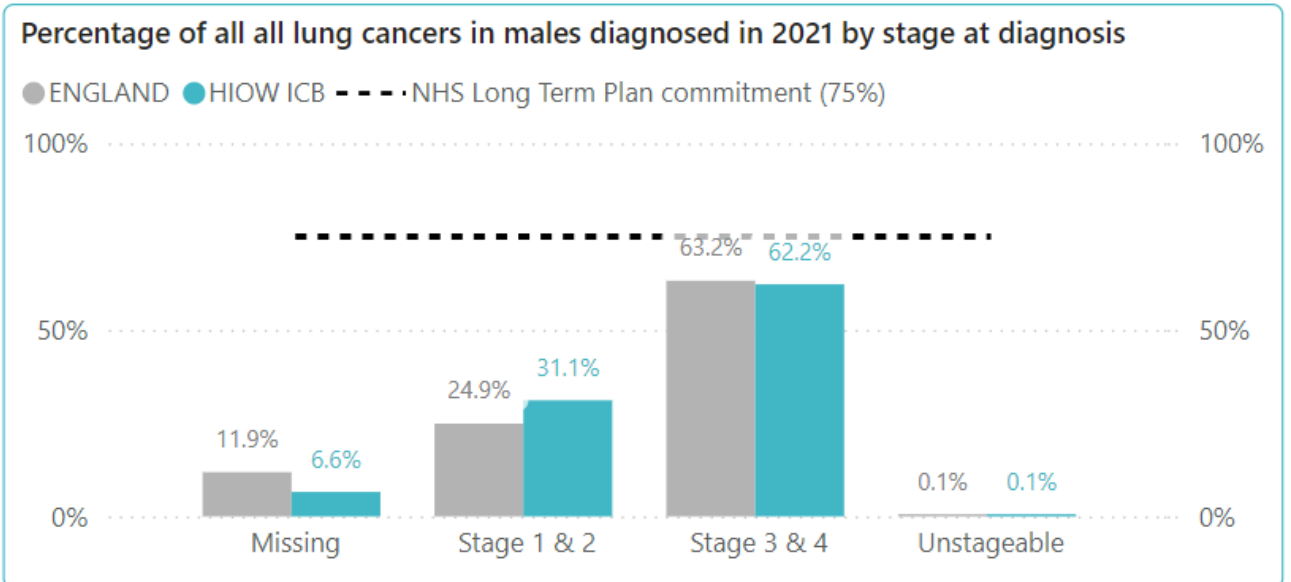
# Early diagnosis: Percentage of cancers diagnosed by stage



Cancer is more treatable if diagnosed early and can be more difficult to treat in later stages. The NHS Long Term Plan commitments for earlier diagnosis are, by 2028, 55,000 more people each year will survive their cancer for five years or more and 75% of people with cancer will be diagnosed at an early stage (stage one or two).

In 2021 across the HIOW ICB

- Less than one third of male and female lung cancers were diagnosed at an early stage across the ICB, significantly lower than the ambition of 75% by 2028.
- Under half of male and female bowel cancers were diagnosed at an early stage across the ICB, significantly lower than the ambition of 75% by 2028.
- 78% of female breast cancers were diagnosed at an early stage across the ICB, exceeding the ambition of 75% by 2028.
- Under half of male prostate cancers were diagnosed at an early stage across the ICB, significantly lower than the ambition

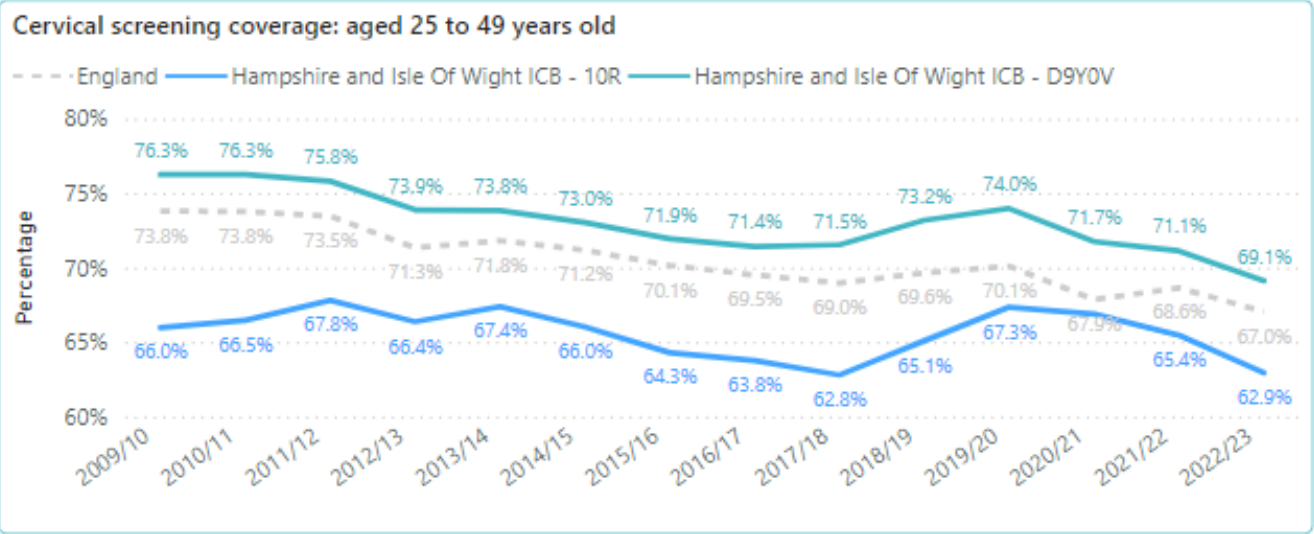


Breast, prostate and bowel cancer data can be explored in the [JSNA Cancer PowerBI data resource](#).

# Screening data

Exploring screening uptake and variation across HLOW ICB for the national screening programmes; bowel cancer, breast cancer and cervical cancer.

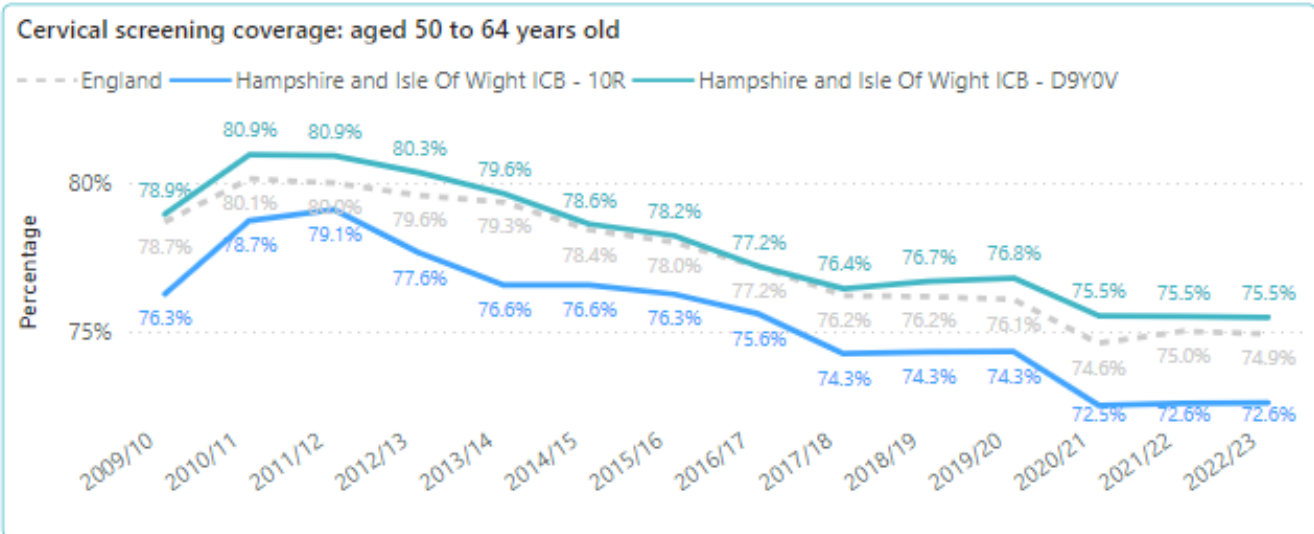
# Cervical Screening Coverage



Cervical screening supports detection of cell abnormalities that may become cancer and is estimated to save 4,500 lives in England each year. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages. Cervical screening is offered to women and people with a cervix aged 26 to 64.

Cervical screening coverage is consistently lower and significantly worse in Portsmouth sub ICB compared to England for both age groups.

There is an overall decreasing trend in coverage however since the pandemic screening coverage for cervical has decreased significantly and is getting worse for all local authority areas in the ICB. Cervical cancer screening coverage is consistently worse in Southampton and Portsmouth when compared to England for women aged 25 to 64 years. On the Isle of Wight, it is significantly worse than England in the 50-64yrs age group.



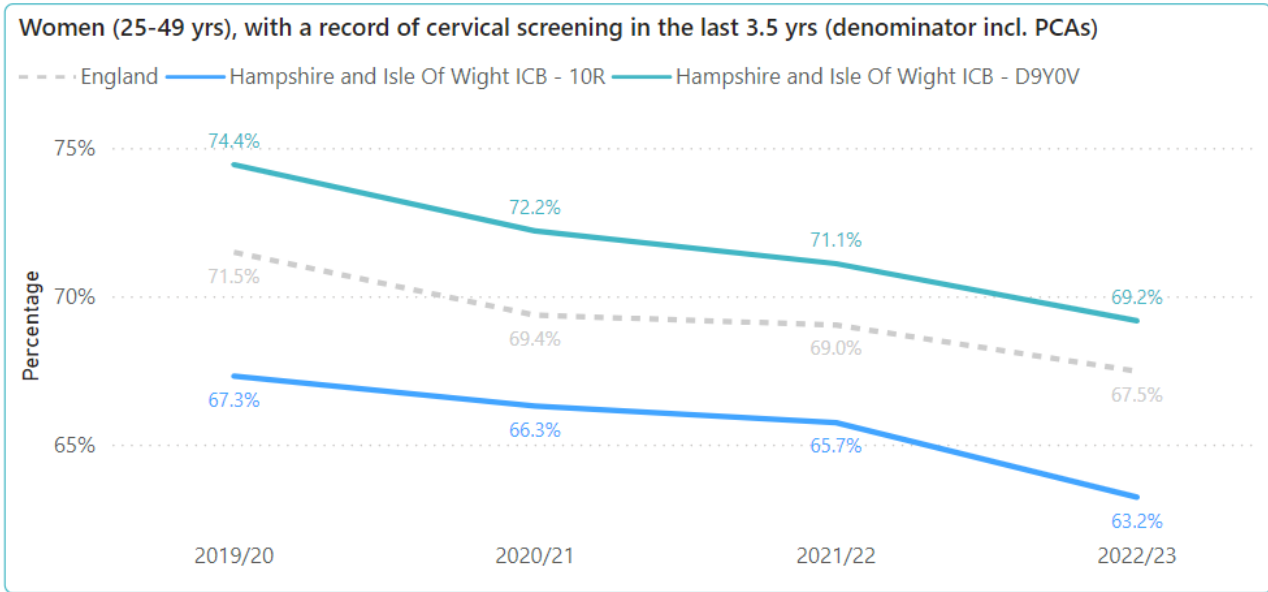
Cervical cancer screening coverage is generally lower in the 25 to 49yrs compared to the 50 to 64 years, this is consistent with the national trends.

There is marked variation of Cervical cancer screening coverage across the GPs in the HIOW ICB. In 2022/23 this ranged from 24.4% (University Health Service) to 90.5% (The Village Surgery) for those aged 25 to 49yrs and from 55.8% (Solent GP Surgery) to 90.8% for those aged 50 to 64 years (The Village Surgery).

This data can be explored in more detail by Local Authority, GP, PCN and ICB in the [JSNA Cancer PowerBI data resource](#).



# Cervical Screening GP Record

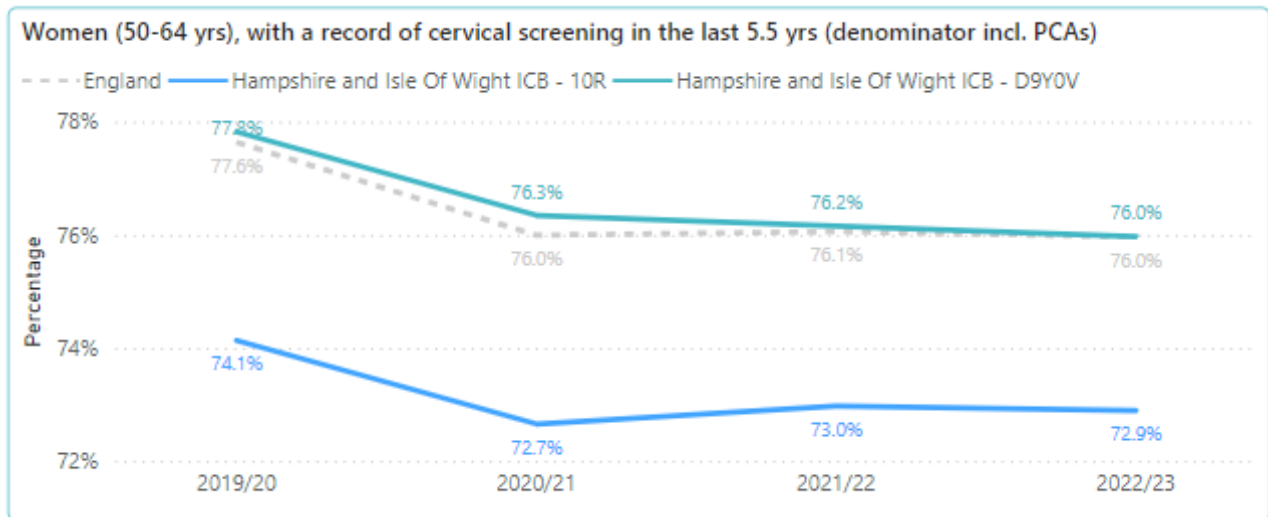


The percentage of women aged 25-49yrs and 50-64yrs with a record of cervical screening in the last 3.5 and 5.5 years is decreasing across Hampshire, Portsmouth, Southampton and the Isle of Wight.

Portsmouth sub ICB is significantly lower than England.

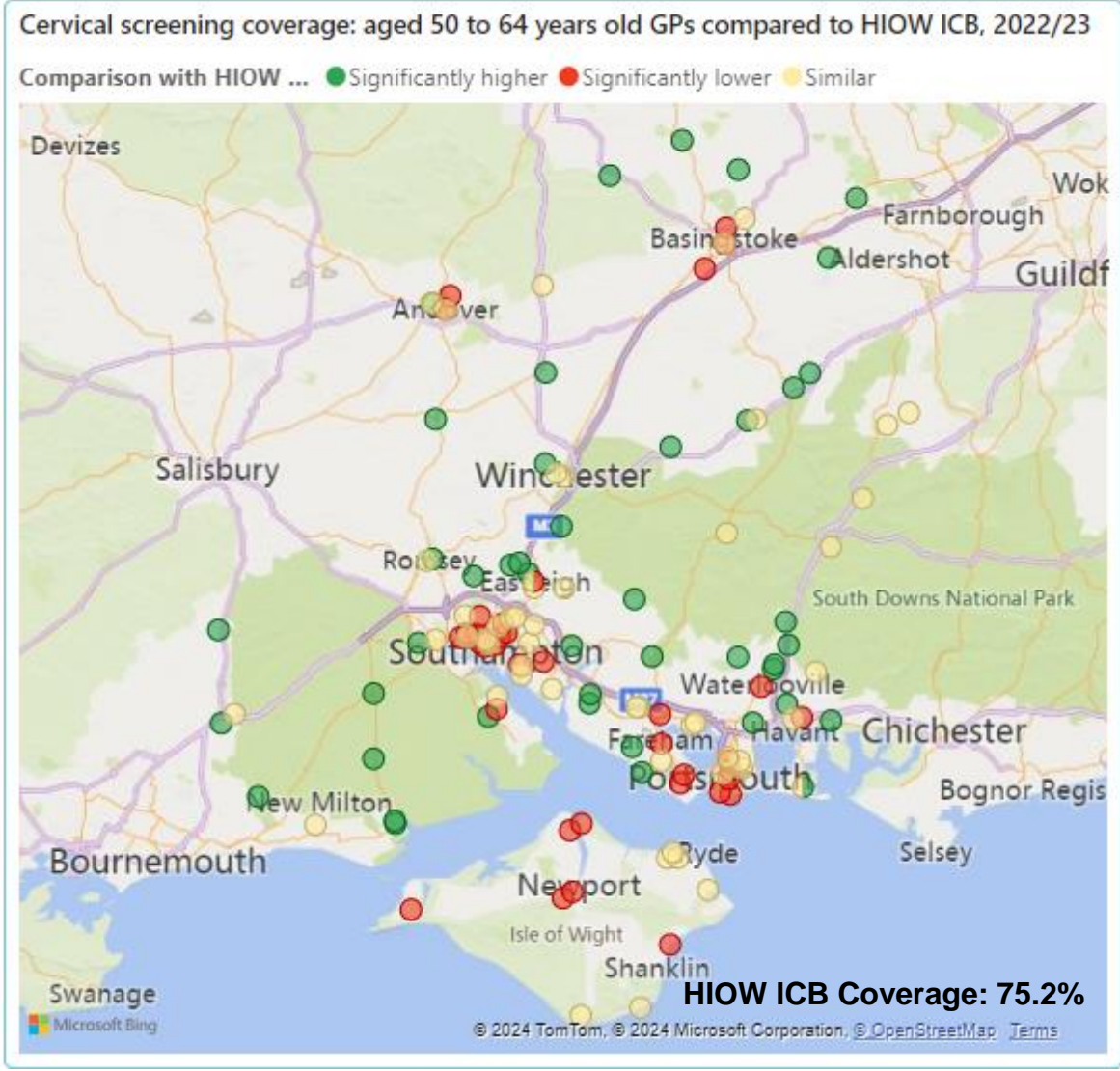
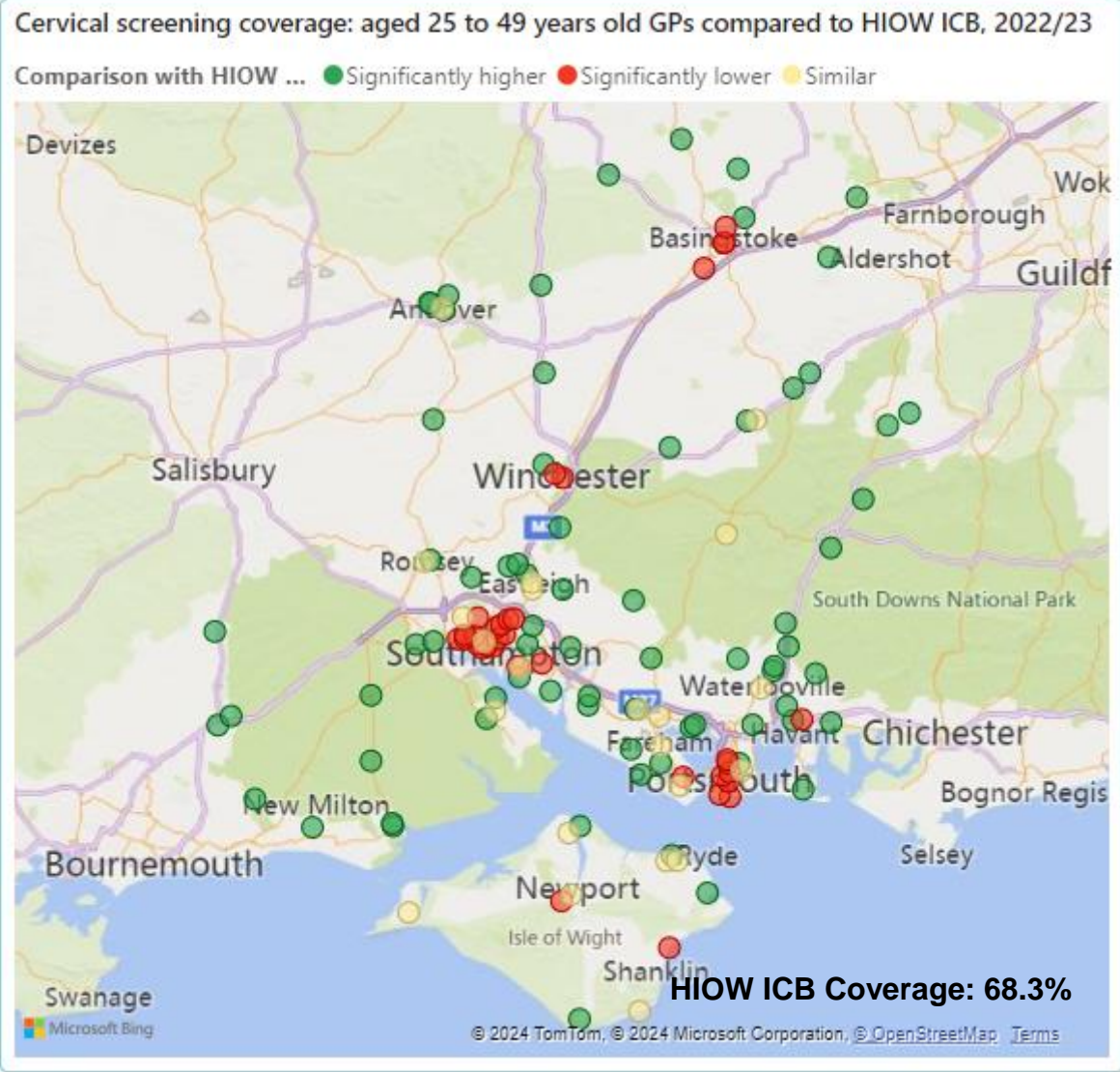
The percentage of women with a record of cervical cancer screening coverage is generally lower in the 25 to 49yrs compared to the 50 to 64 years, this is consistent with the national trends.

There is marked variation of Cervical cancer screening recording across the GPs in the HIOW ICB. In 2022/23 this ranged from 23.8% (University Health Service) to 90.8% (Waterfront and Solent Surgery) in the last 3.5 years (25 to 49yrs) and from 56.7% (Solent GP Surgery) to 92.4% in the last 5.5 years (50 to 64yrs) (Waterfront and Solent Surgery).



This data can be explored in more detail by Local Authority, GP, PCN and ICB in the [JSNA Cancer PowerBI data resource](#).

# Cervical Screening Summary Maps



It is important to consider the number of people screened (count) as well as the percentage as practices have different registered population age structures this can be explored in more in the [JSNA Cancer PowerBI data resource](#).. Overall screening coverage is lower in the southeast of the ICB and some practices in Basingstoke & Winchester.

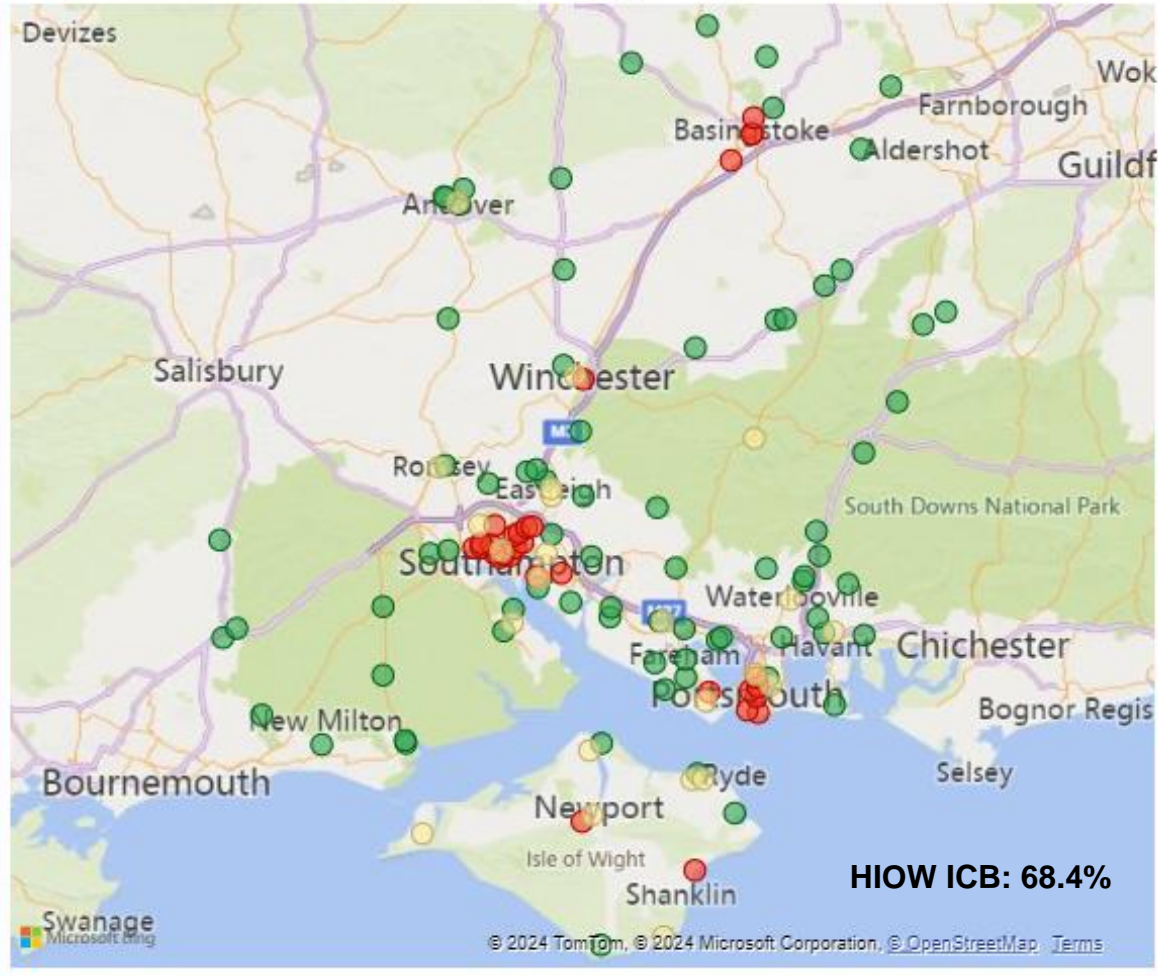


# Cervical Screening Summary Maps

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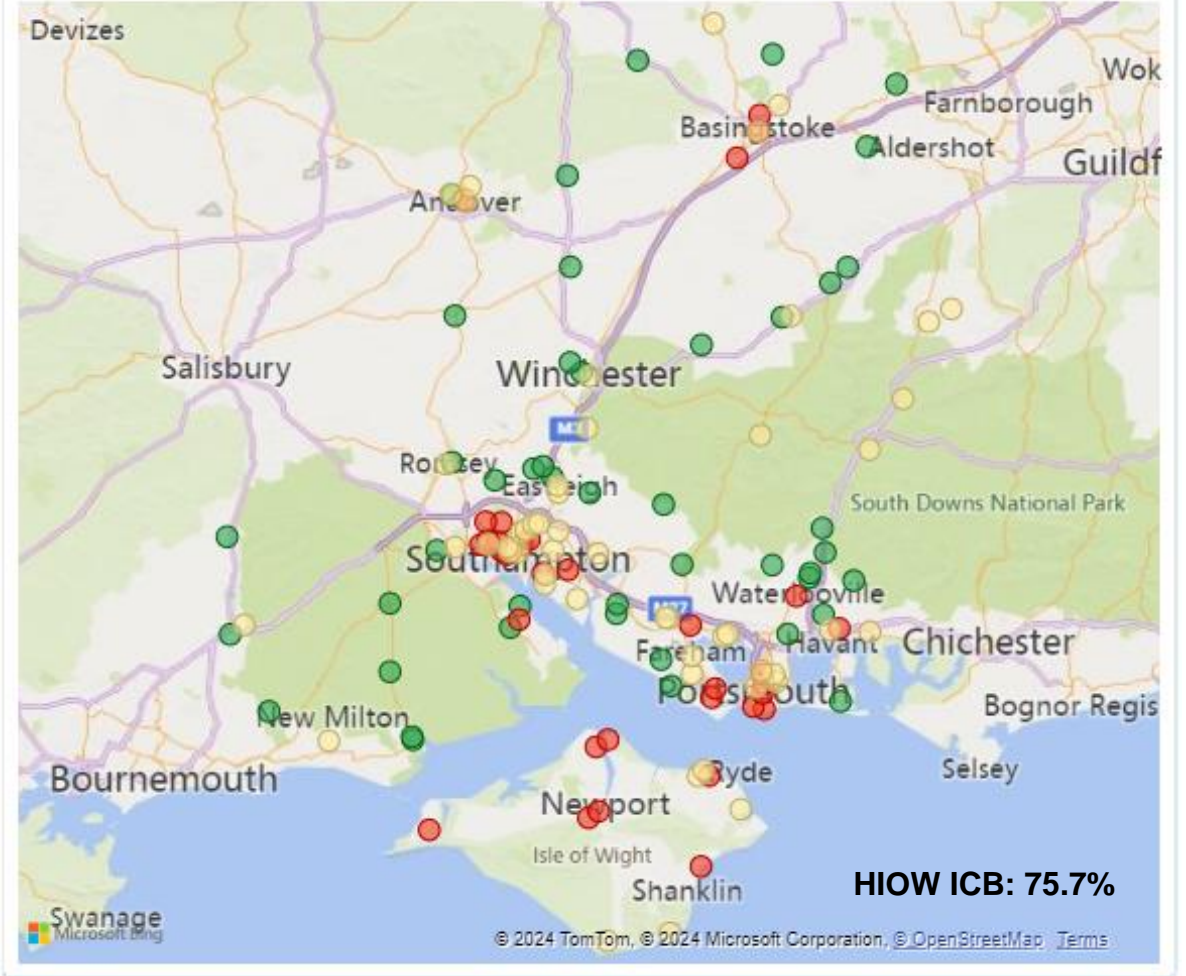
Women (25-49 yrs), with a record of cervical screening in the last 3.5 yrs (denominator incl. PCAs) GPs compared to HIOW ICB, 2022/23

Comparison with HIOW ... ● Significantly higher ● Significantly lower ● Similar



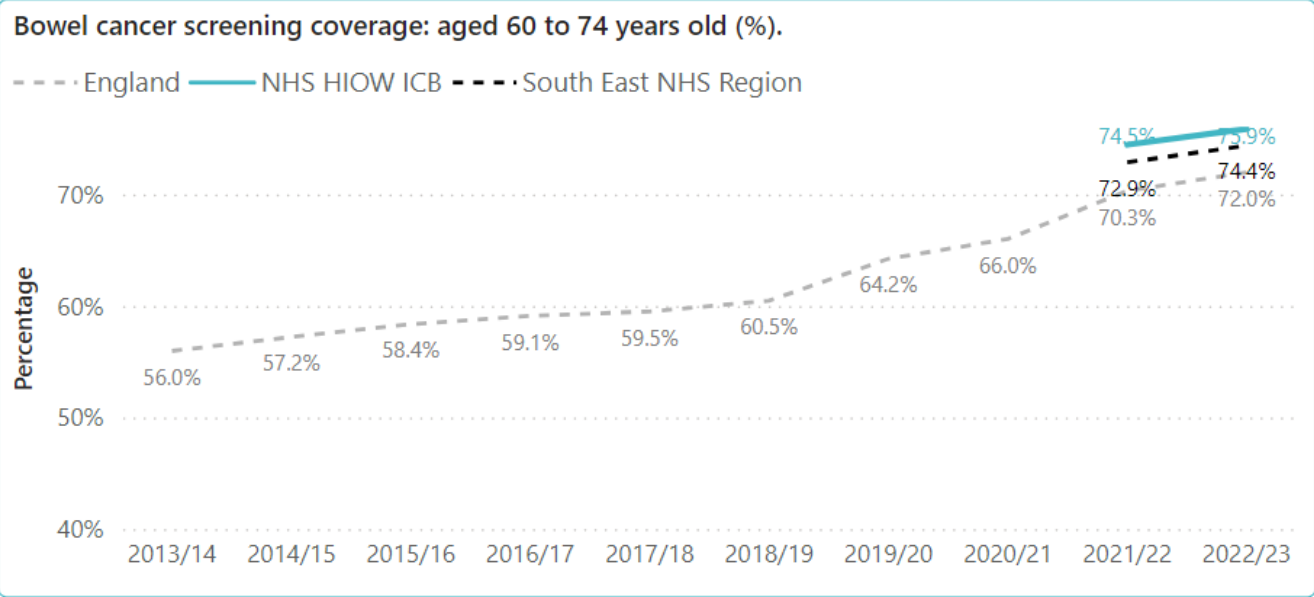
Women (50-64 yrs), with a record of cervical screening in the last 5.5 yrs (denominator incl. PCAs) GPs compared to HIOW ICB, 2022/23

Comparison with HIOW ... ● Significantly higher ● Significantly lower ● Similar



It is important to consider the number of people screened (count) as well as the percentage as practices have different registered population age structures this can be explored in more in the [JSNA Cancer PowerBI data resource](#).. Overall screening coverage is lower in the southeast of the ICB and some practices in Basingstoke & Winchester.

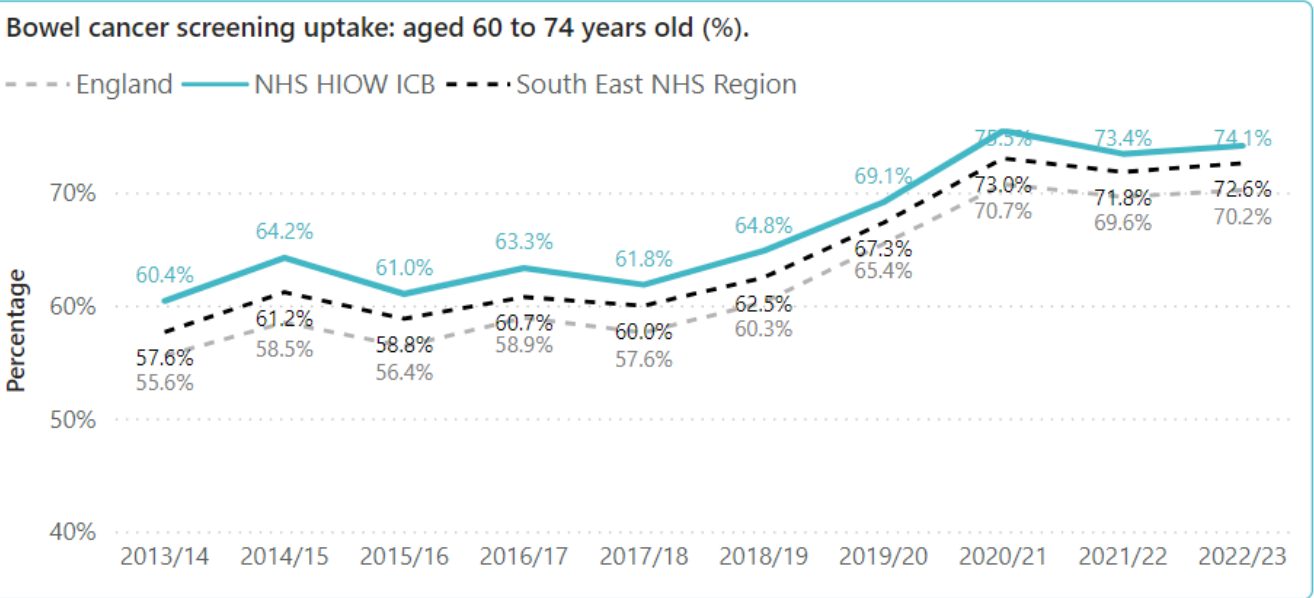
# Bowel Cancer Screening Coverage and Uptake



Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime. About one in 20 people in the UK will develop bowel cancer during their lifetime. Improvements in coverage would mean more bowel cancers are detected at earlier, more treatable stages, and more polyps are detected and removed, reducing the risk of bowel cancer developing.

Bowel cancer screening is offered to everyone aged 60 to 74 years. From April 2021 the programme began expanding to those aged 50 to 59 years.

Bowel cancer screening coverage and uptake is better than England. [The percentage of people aged 60 to 74yrs who have had bowel cancer screening has improved year on year for the last 10 years.](#)

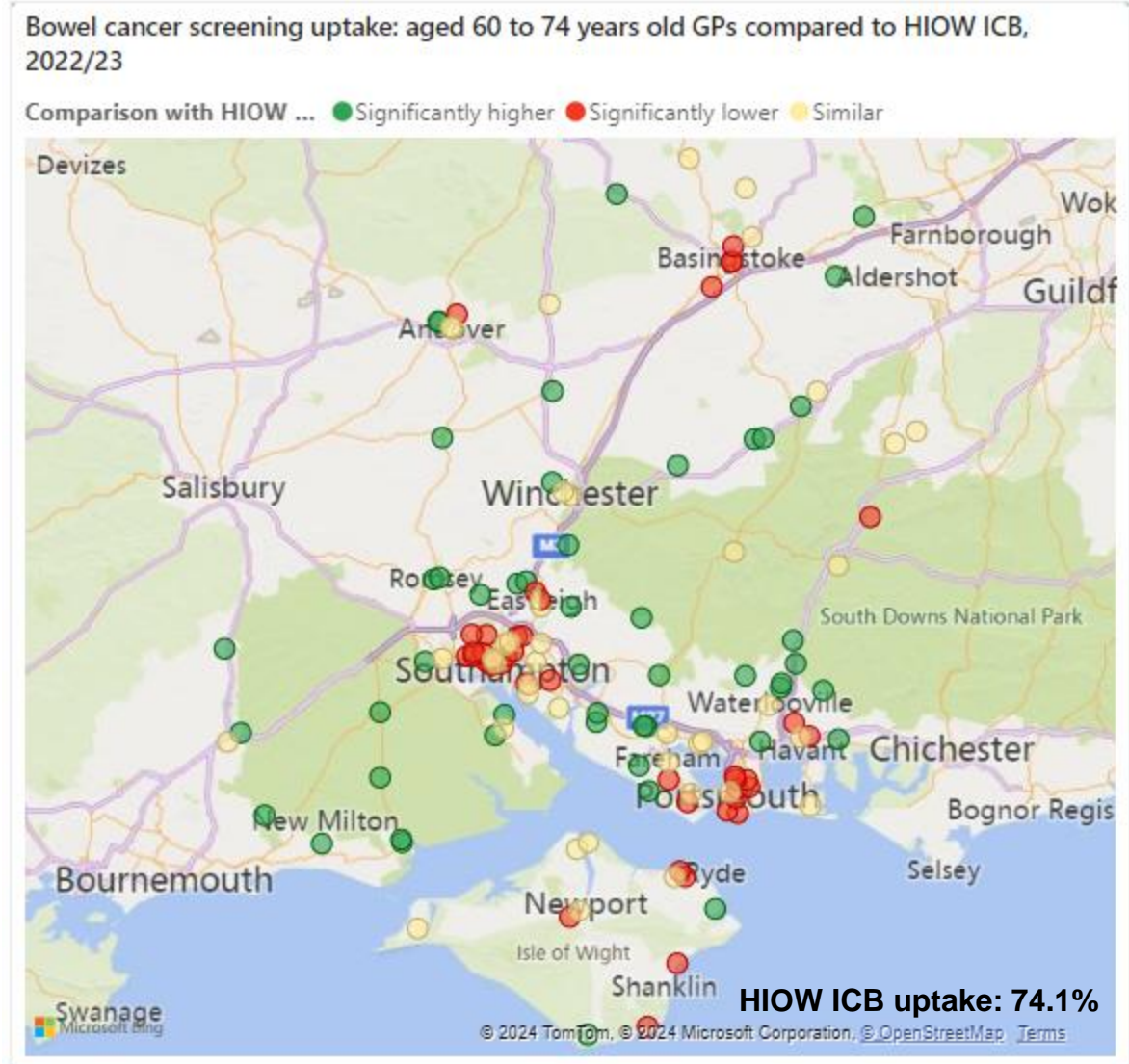
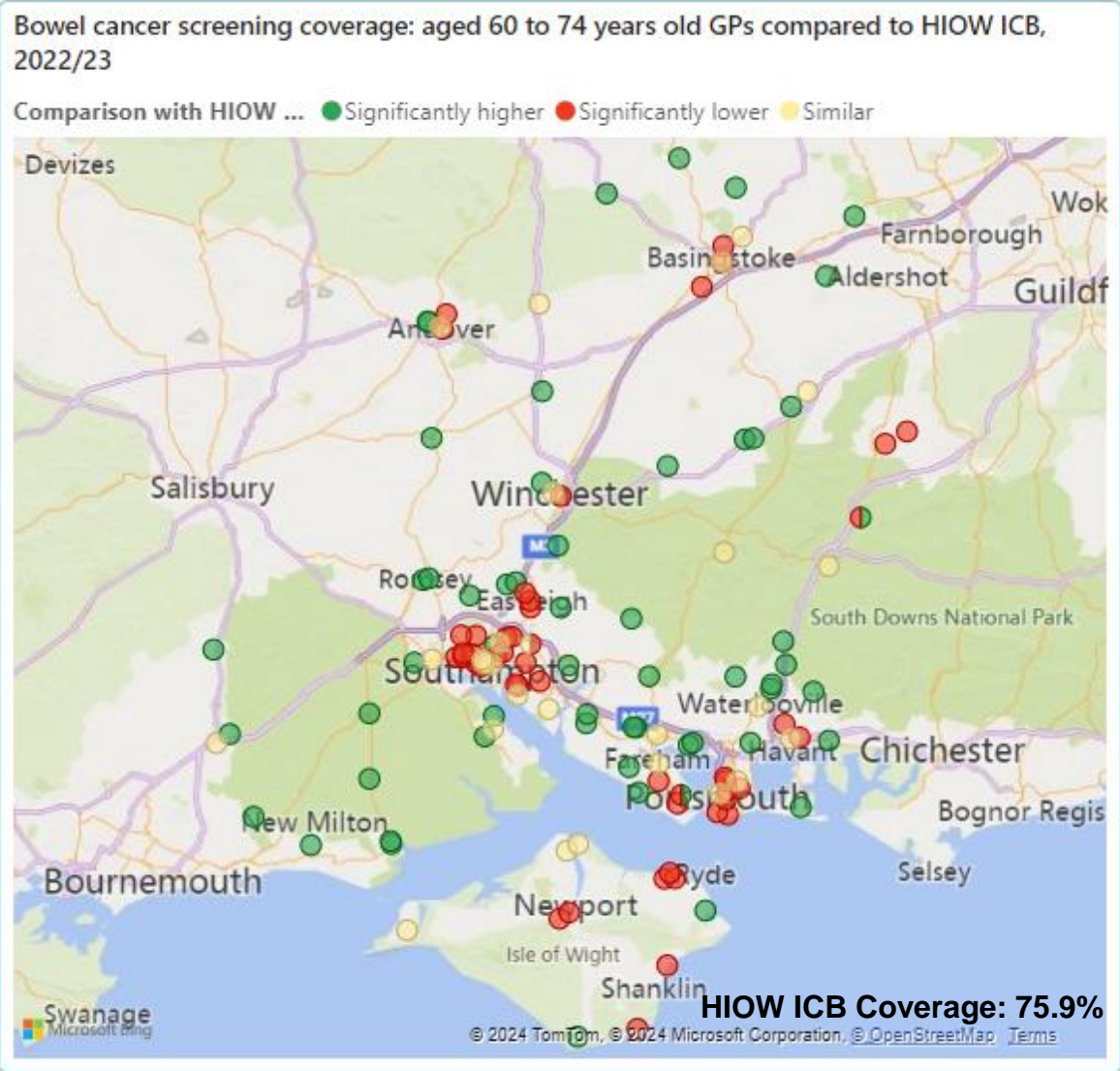


There is marked variation of bowel cancer screening coverage and uptake across the GPs in the HIOW ICB. In 2022/23 coverage ranged from 57.2% (Alma Road Surgery) to 84.6% (Rowlands Castle Surgery) and bowl cancer uptake ranged from 51.2% (Alma Road Surgery) to 83.7% (The Village Surgery)

This data can be explored in more detail by Local Authority, GP, PCN and ICB in the [JSNA Cancer PowerBI data resource.](#)

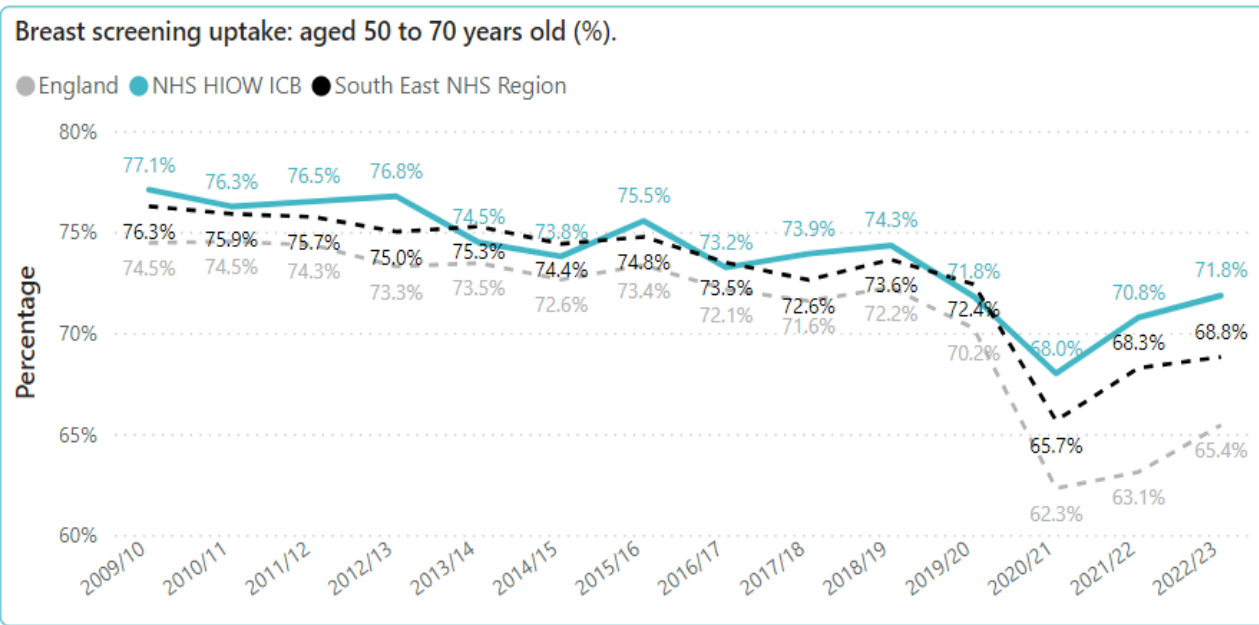
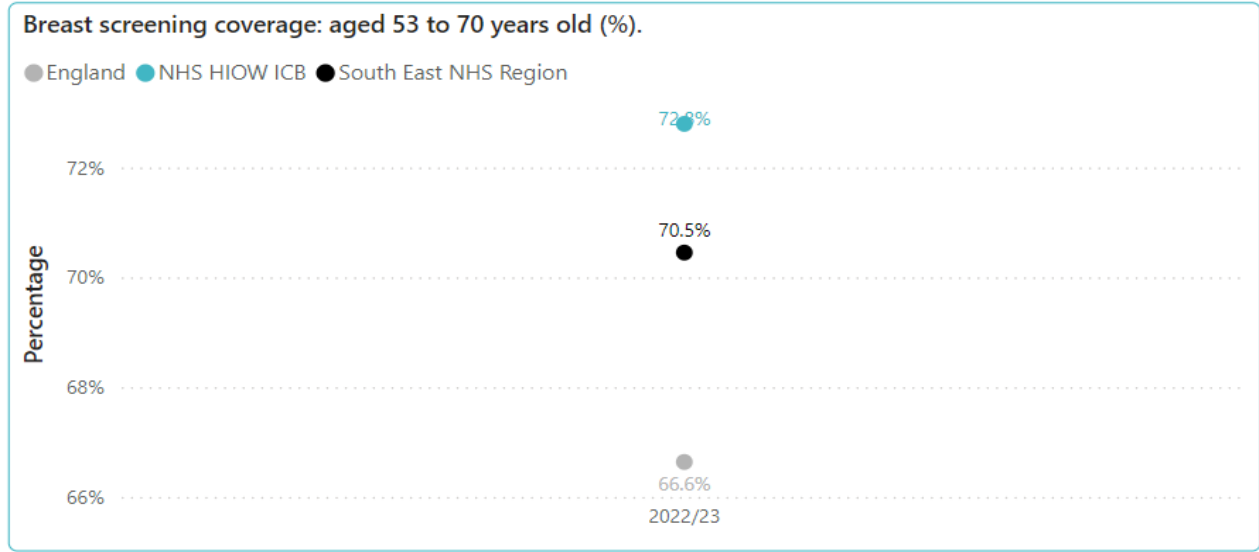
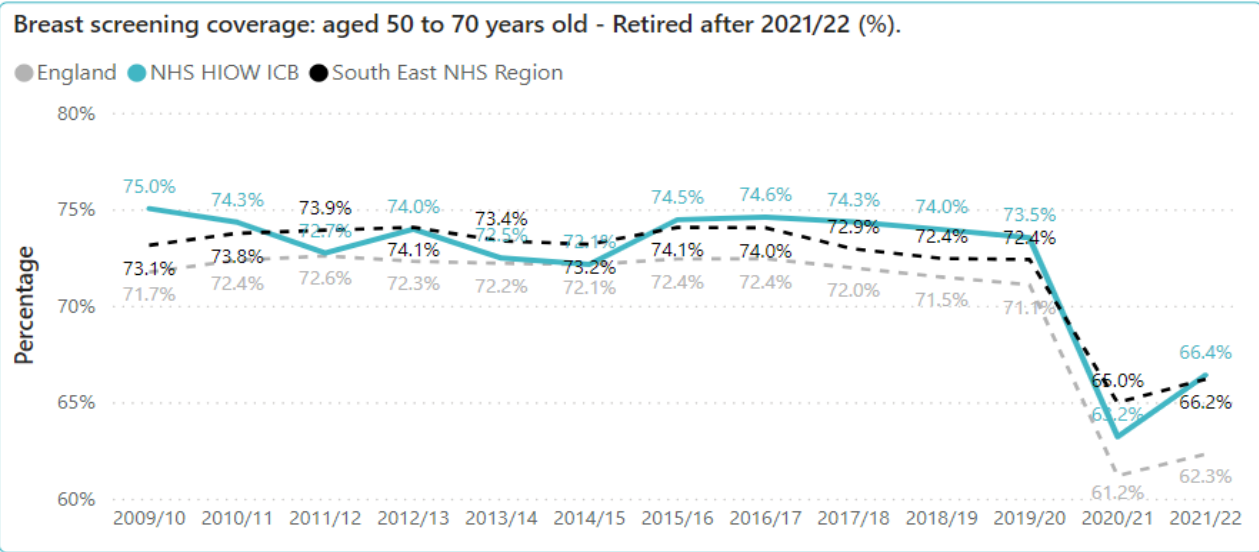


# Bowel Screening Summary Maps



It is important to consider the number of people screened (count) as well as the percentage as practices have different registered population age structures this can be explored in more in the [JSNA Cancer PowerBI data resource](#). Overall screening coverage is lower in the southeast of the ICB and some practices in East Hampshire, Test Valley, Basingstoke & Winchester.

# Breast Cancer Screening Coverage and Uptake



Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages.

Anyone registered with a GP as female will be invited for NHS breast screening every three years between the ages of 50 and 71.

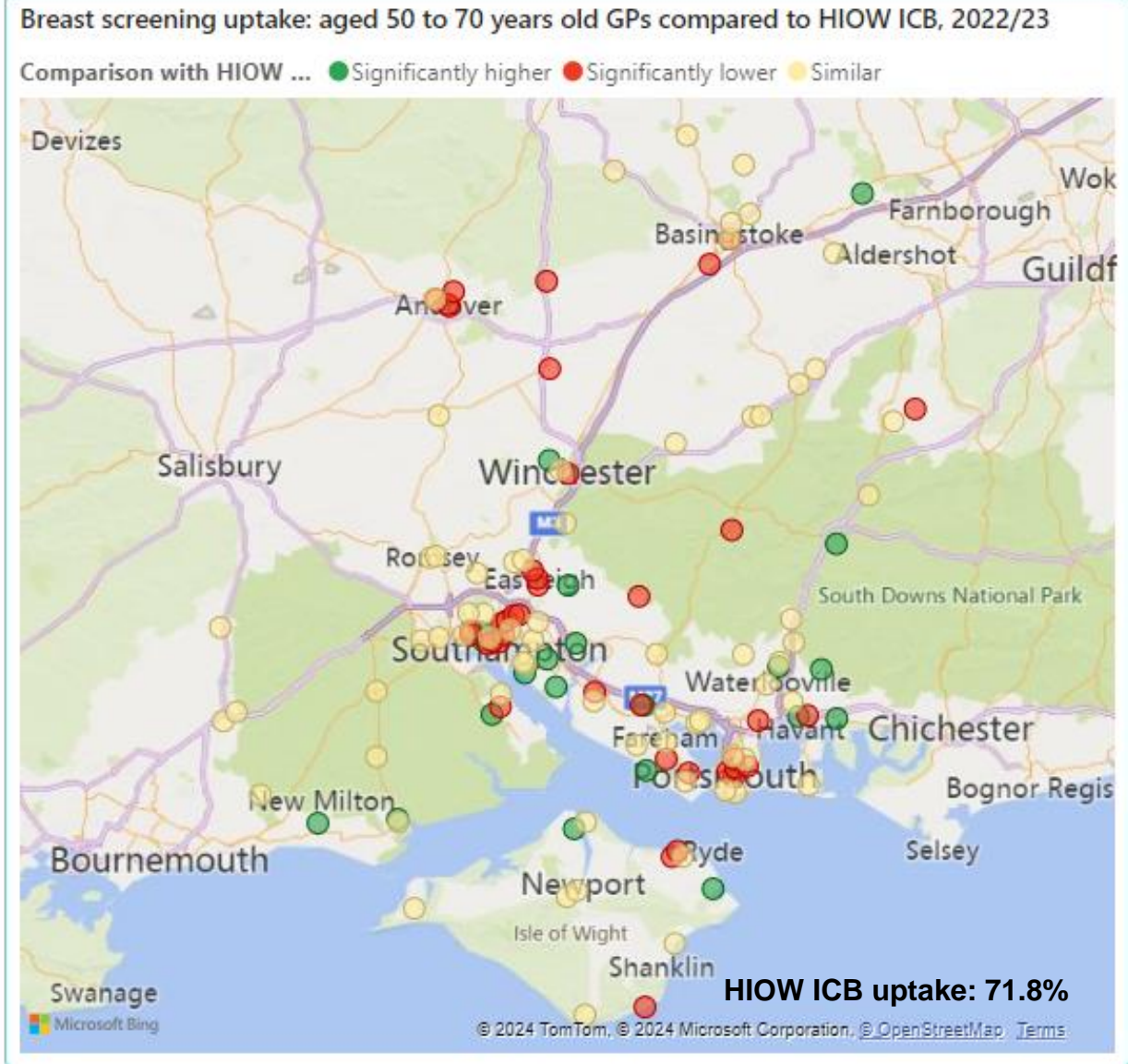
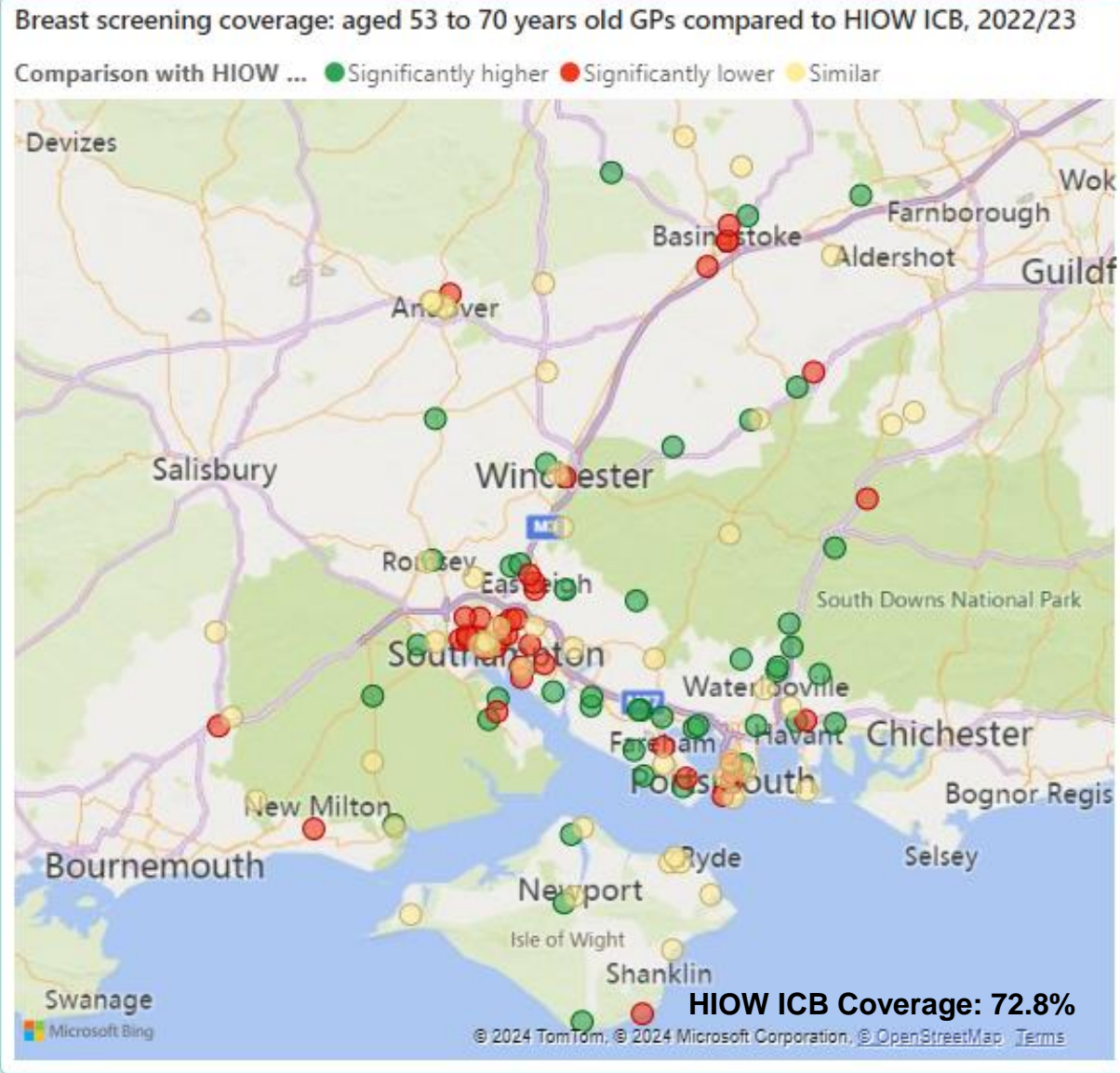
Before the pandemic breast screening coverage was stable and better than England, breast screening uptake although better in the ICB compared to England there was a decreasing trend. The pandemic saw a huge decrease in the breast cancer screening coverage and uptake. Uptake is now comparable to that in 2019/20, and coverage has also improved.

There is marked variation of breast cancer screening coverage and uptake across the GPs in the HIOW ICB. In 2022/23 coverage ranged from 45.6% (Alma Road Surgery) to 83.5% (Solent View Medical Practice) and breast cancer uptake ranged from 33.3% (Burgess Road Surgery) to 89.8% (Victor Street Surgery).

This data can be explored in more detail by Local Authority, GP, PCN and ICB in the [JSNA Cancer PowerBI data resource](#).



# Breast Screening Summary Maps



It is important to consider the number of people screened (count) as well as the percentage as practices have different registered population age structures this can be explored in more in the [JSNA Cancer PowerBI data resource](#).

## Programme background

- The purpose of the programme is to improve detection of lung cancer at an early stage as part of the ambition of the NHS Long Term Plan. (75% stage I & II by 2028)
- Risk-based lung cancer screening programme.
- Lung cancer often has no signs or symptoms at an early stage – the programme will target mostly asymptomatic participants.
- Eligibility criteria:
  - Between the age of 55 -74 & 364 days
  - Current or former smoker (minimum criteria determined by lead provider)
  - Registered with a GP surgery in a TLHC catchment

## Areas offering TLHC

- UHS: Southampton, Southwest Hampshire (New Forest), Eastleigh
- PHU: Portsmouth, Fareham, Gosport
- HHFT delayed, IOW to go live in 2025/25

## HIOW Invitation and Lung Health Check uptake

- Since the programme started locally in January 2019 approximately 73,000 invitations have been sent out and 29,500 of these (40%) have had a lung health check
- Approximately 300 lung cancer have been diagnosed the majority of which, 84%, were early stage 1 lung cancer
- As a result of the TLHC programme additional cancer and non cancer conditions have also been detected in some patients.

## Moving to a BAU screening programme to improve early diagnosis of lung cancer

- National ambition for rollout by April 2027
  - This includes 100% geographical coverage
  - All initial cohort have received first invite
- Inviting those that did not previously take up invitations or did not attend an offered lung health check
- Sending initial invitations to the ageing in population
- Reinviting those previously identified as low risk on LHC assessment & rescreen
- Two yearly repeat screening rounds
- Data collection & quality assurance in line with other national screening programmes



# Mortality data

Exploring preventable, treatable and premature mortality variation across HIOW ICB

# HIOW ICB MSOA cancer mortality rates summary, 2018-2022.

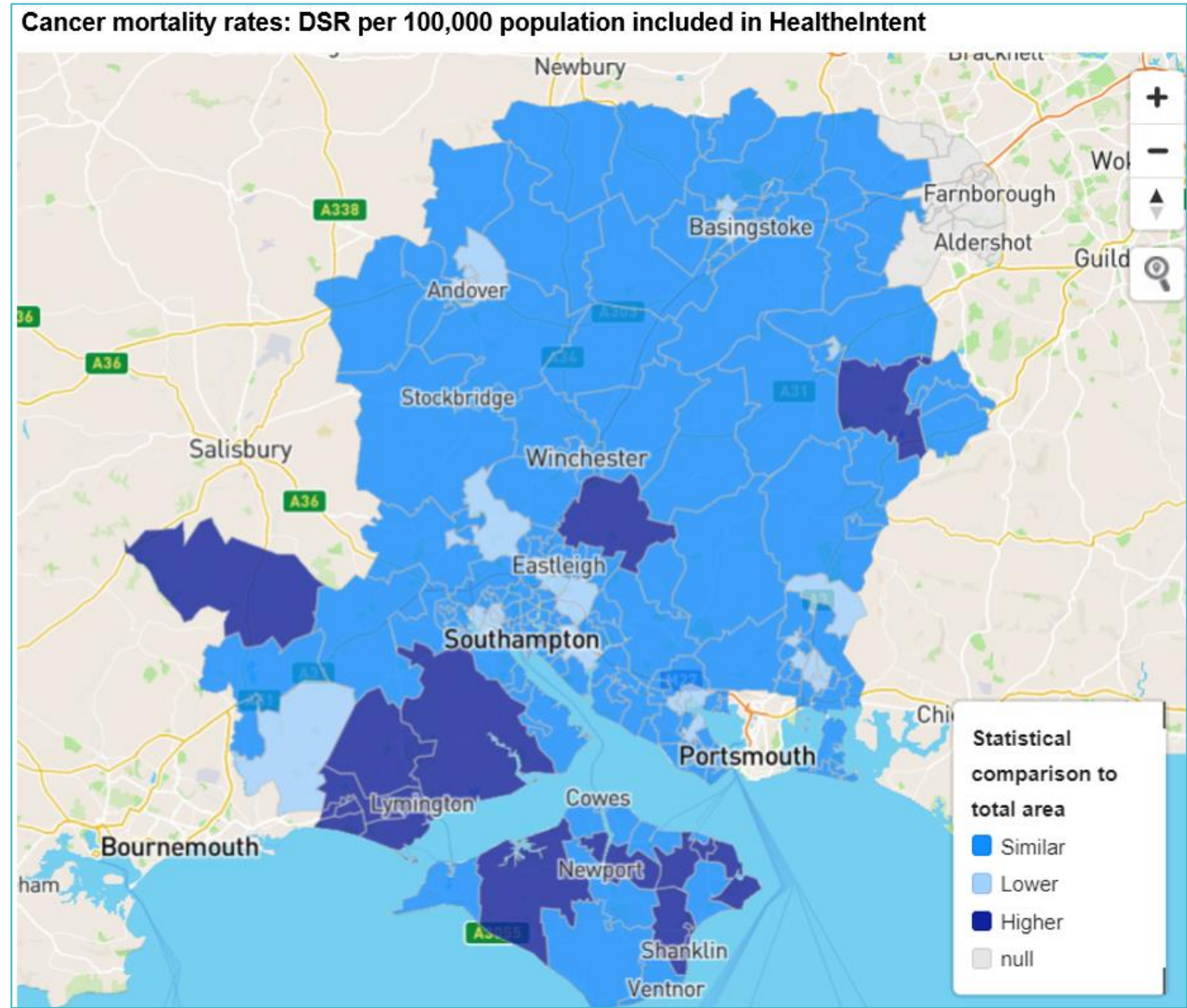
Over the five-year time period, 2018 to 2022, there were just over 23,300 deaths from cancer.

The average age of people who died from cancer over the time period was 75.5 years.

41.7% of the deaths were premature, people aged under 75 years.

Although lung cancer was the highest cancer type accounting for 17.5% of the total cancer deaths (n=4,075) By cancer group the highest number of deaths were from cancers of the digestive system (n=7,075), with colorectal in this cancer group accounting for one third of digestive system cancers (n=2,628).

Using local population health data from HealthIntent, age standardised emergency admission rates have been calculated, these are presented in the map, the darker blue area have significantly higher cancer prevalence rates compared to the ICB average. To note this analysis excludes residents in Portsmouth and Rushmoor and Hart.



# Under 75 mortality rate from all cancer, 2018-2022, small area analysis.

Across Hampshire and IOW local authorities the all age and premature (under 75yrs) mortality rates for all cancers and cancers considered preventable are statistically significantly better or similar to England.

All age cancer mortality rate, under 75 years cancer rate and under 75 mortality rate from causes considered preventable are all statistically significantly higher in Portsmouth and Southampton compared to England.

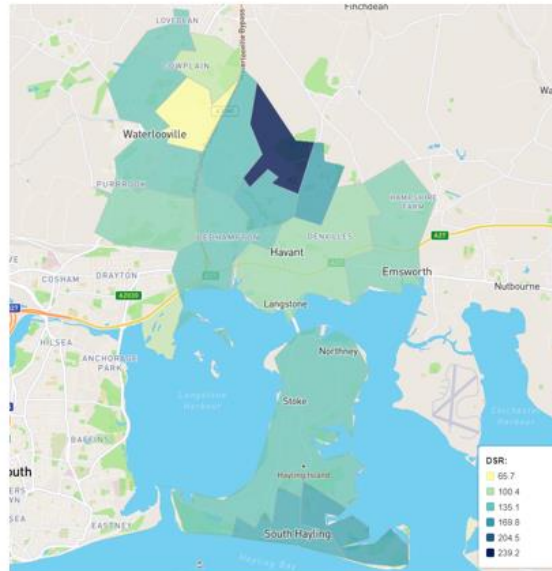
Small geography analysis at MSOA level show that Leigh Park in Havant and Priddy's Hard & Brockhurst East in Gosport have the highest premature cancer mortality rate across Hampshire county. In Southampton, the highest premature mortality rates are observed in Hightown and Coxford Lords Hill. On the Isle of Wight, the highest premature mortality cancer rates are observed in Ryde Central and Shanklin West & Newchurch.

Weston and Hightown in Southampton followed by West Leigh in Havant and Bridgery South in Gosport have the highest premature mortality rates from cancers considered preventable. On the Isle of Wight, the highest rates are observed in Newport Central & Parkhurst West and Ryde Central.

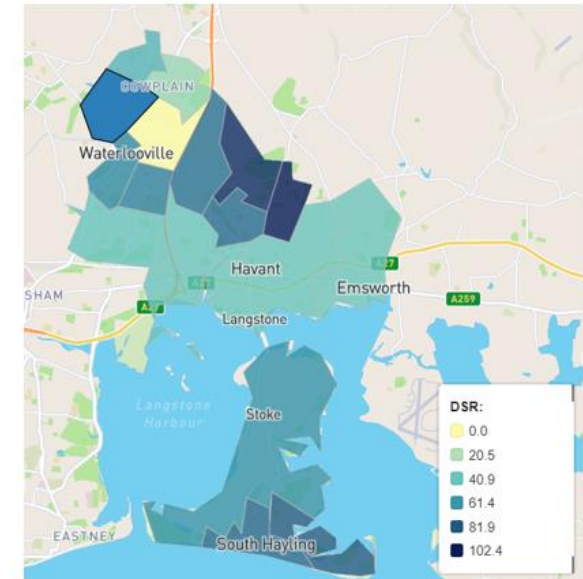
Small area mortality rates can be explored in more detail by all districts and MSOAs and for males and females separately in the [JSNA Cancer PowerBI data resource](#), note this analysis is not available for Portsmouth.

*Note for maps: MSOAs where the number of deaths is fewer than 10 have been suppressed and will be shown as a DSR of 0.00 on the map. MSOA data not available for Portsmouth.*

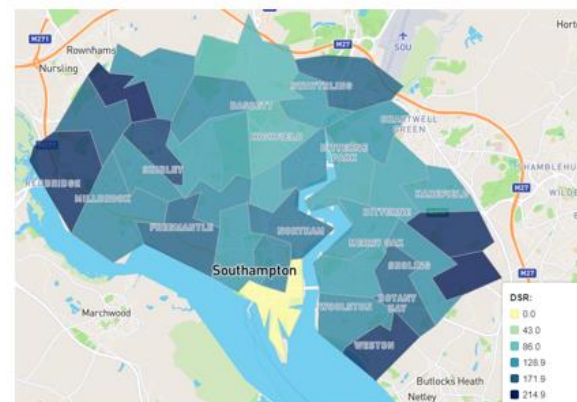
**Premature mortality rate from cancer all ages, for persons 2018-2022. Havant**



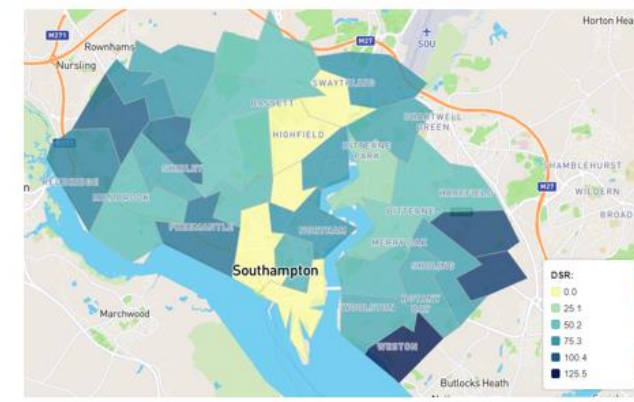
**Premature mortality rate from cancers considered preventable, for persons 2018-2022. Havant**



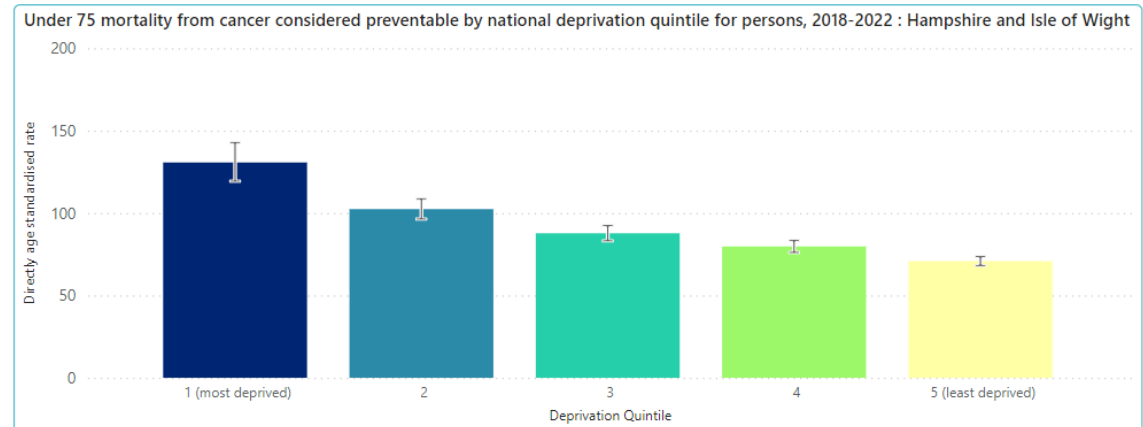
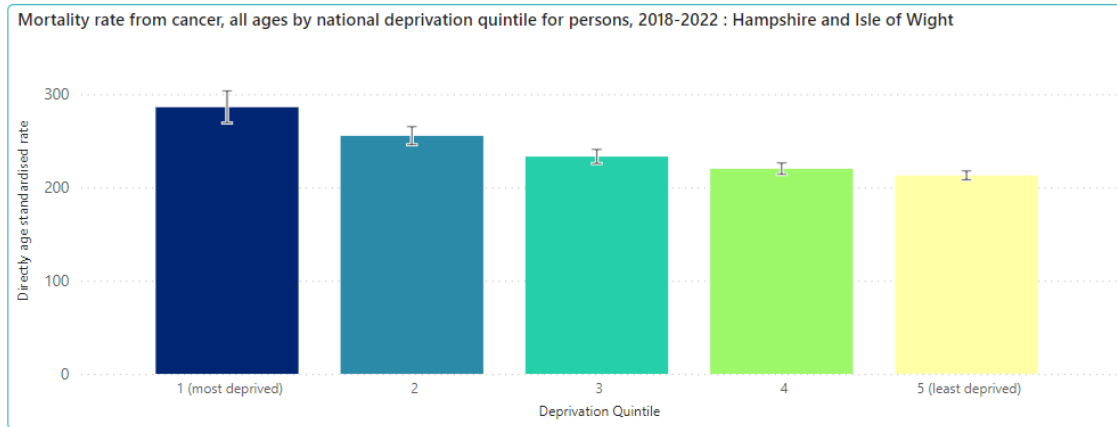
**Premature mortality rate from cancer all ages, for persons 2018-2022. Southampton**



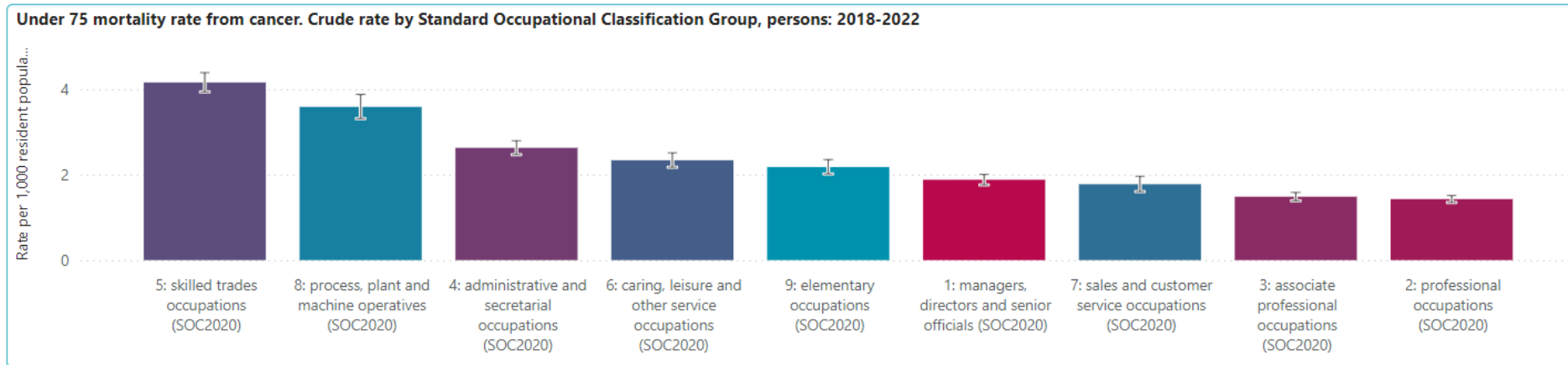
**Premature mortality rate from cancers considered preventable, for persons 2018-2022. Southampton**



# Cancer mortality rate, 2018-2022, by deprivation and occupational group.



Across Hampshire and IOW local authorities the all age and premature (under 75yrs) mortality rates for all cancers, lung cancer, and cancers considered preventable are associated with deprivation, with higher rates observed in the most deprived quintile. This relationship is not evident for prostate, breast or colorectal cancer across Hampshire and the Isle of Wight.



Analysis by occupational group (SOC group as coded on the death certificate) shows that group 5: skilled trades occupation and group 8: process, plant and machine operatives have higher rates of premature mortality from cancer. This is the case for both males and females and across various sites of cancer including colorectal, lung, breast and all cancers considered preventable.



# Lung cancer mortality rates, 2018-2022, small area analysis.

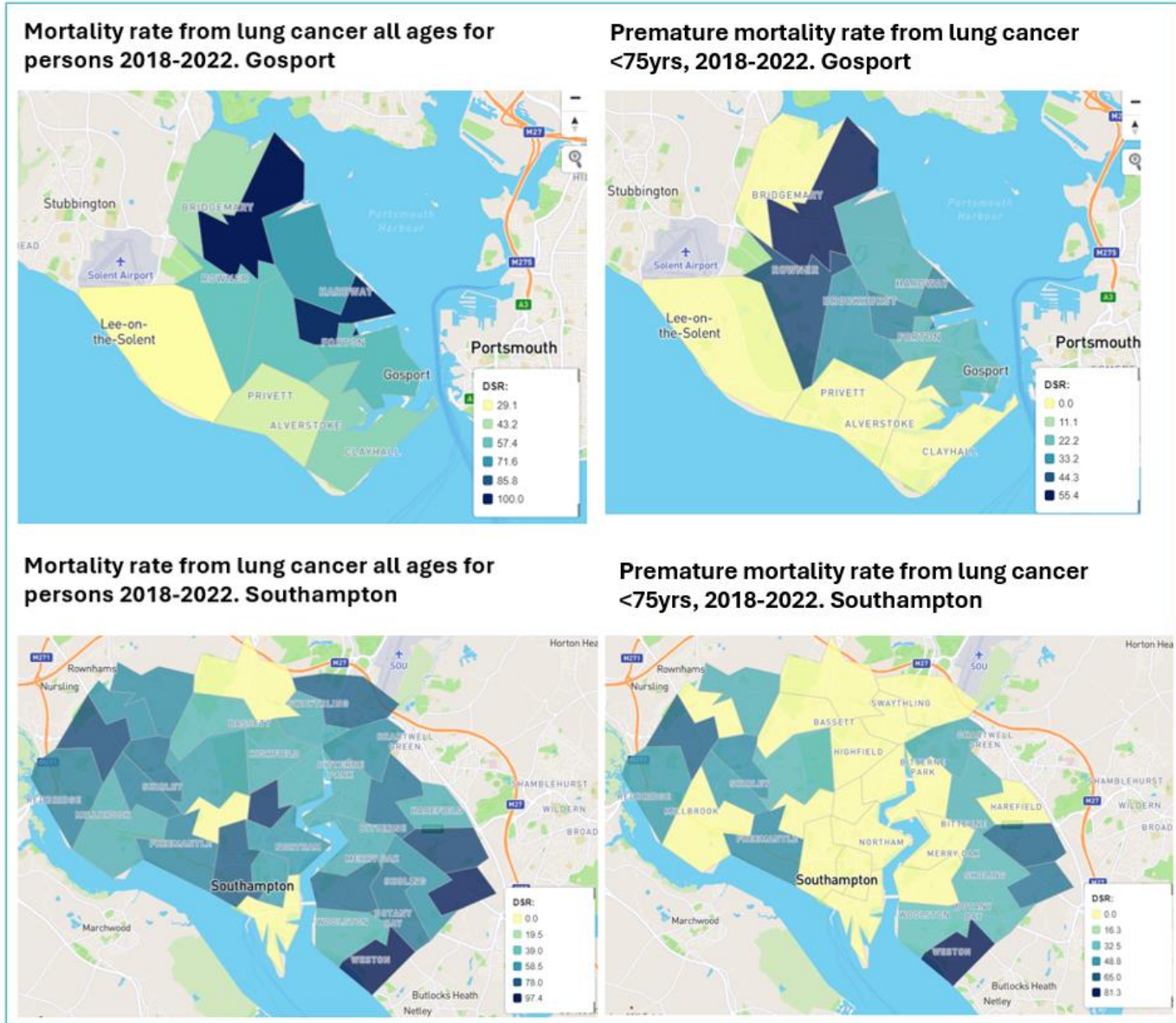
Lung cancer all age mortality rates and premature under 75 years mortality rate from lung cancer are statistically significantly higher in Portsmouth and Southampton.

Small geography analysis at MSOA level show that Bridgemaury South has the highest lung cancer all age mortality rate in Hampshire county, followed by Priddy's Hard & Brockhurst East both areas are in Gosport. In Southampton, the highest premature mortality rates are observed in Weston and then Hightown. On the Isle of Wight, the highest mortality lung cancer rates are observed in Ryde Central and Newport Central & Parkhurst West.

Weston and Thornhill in Southampton followed by Bridgemaury South in Gosport and Leigh Park in Havant have the highest premature mortality rates from lung cancer. On the Isle of Wight, the highest premature mortality lung cancer rates are observed in Newport Central & Parkhurst West and Cowes West, Gurnard & Northwood.

Small area mortality rates can be explored in more detail by all districts and MSOAs and for males and females separately in the [JSNA Cancer PowerBI data resource](#), note this analysis is not available for Portsmouth.

*Note for maps: MSOAs where the number of deaths is fewer than 10 have been suppressed and will be shown as a DSR of 0.00 on the map. MSOA data not available for Portsmouth.*





# Colorectal cancer mortality rate, 2018-2022, small area analysis.

The colorectal mortality rate is statistically significantly higher in Southampton.

Small geography analysis at MSOA level show that areas with higher rates are across the ICB. Lymington Town & Boldre in the New Forest and Waterloo Central in Havant have the highest colorectal cancer all age mortality rates in Hampshire county. In Southampton, the highest premature mortality rates are observed in Weston and then Coxford and Lordshill. On the Isle of Wight, the highest colorectal mortality rates are observed in Binstead & Wootton and Shanklin West & Newchurch.

The number of premature colorectal deaths by MSOA is small. Gosport Town in Gosport and Bedhampton in Havant has the highest rates across the ICB. On the Isle of Wight, the highest premature colorectal mortality rates are observed in Binstead & Wootton and Shanklin West & Newchurch.

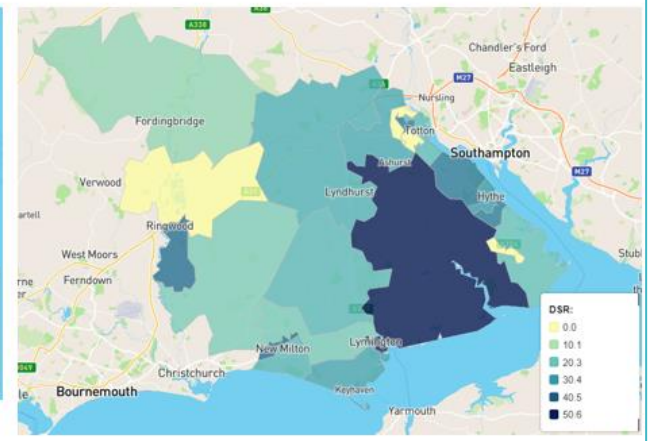
Small area mortality rates can be explored in more detail by all districts and MSOAs and for males and females separately in the [JSNA Cancer PowerBI data resource](#), note this analysis is not available for Portsmouth.

Note for maps: MSOAs where the number of deaths is fewer than 10 have been suppressed and will be shown as a DSR of 0.00 on the map. MSOA data not available for Portsmouth.

Mortality rate from colorectal cancer all ages for persons 2018-2022. Isle of Wight



Mortality rate from colorectal cancer all ages for persons 2018-2022. New Forest



Premature mortality rate from colorectal cancer, <75yrs for persons 2018-2022. Isle of Wight



Premature mortality rate from colorectal cancer, <75yrs for persons 2018-2022. New Forest



# Breast cancer mortality rate, 2018-2022, small area analysis.

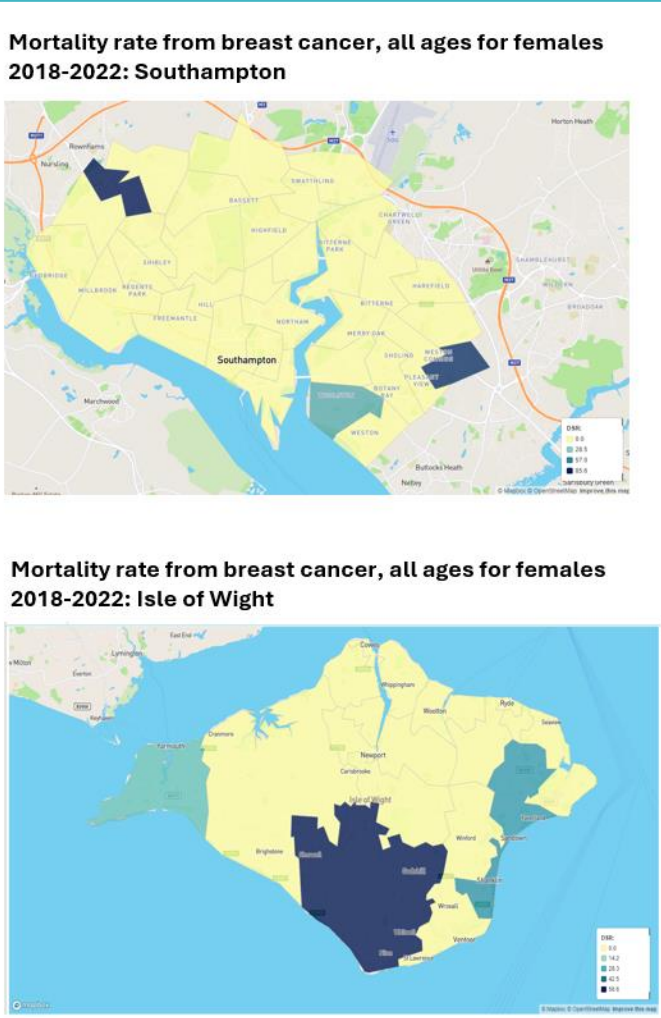
All age and premature breast cancer mortality rates are similar to the national rate in Portsmouth, Southampton, Hampshire and the Isle of Wight.

Small geography analysis at MSOA level show that Totton Calmore in the New Forest and Priddy's Hard & Brockhurst East in Gosport have the highest breast cancer all age mortality rates in Hampshire county. In Southampton, the highest breast cancer mortality rates are observed in Coxford & Lords Hill and Hightown. On the Isle of Wight, the highest colorectal mortality rates are observed in Niton, Shorwell & Godshill and Shanklin Central & Lake.

The number of premature breast deaths by MSOA is small. Totton Calmore in the New Forest and Swanmore, Hambledon & West Meon in Winchester have the highest rates across the ICB.

Small area mortality rates can be explored in more detail by all districts and MSOAs and for males and females separately in the [JSNA Cancer PowerBI data resource](#), note this analysis is not available for Portsmouth.

*Note for maps: MSOAs where the number of deaths is fewer than 10 have been suppressed and will be shown as a DSR of 0.00 on the map. MSOA data not available for Portsmouth.*





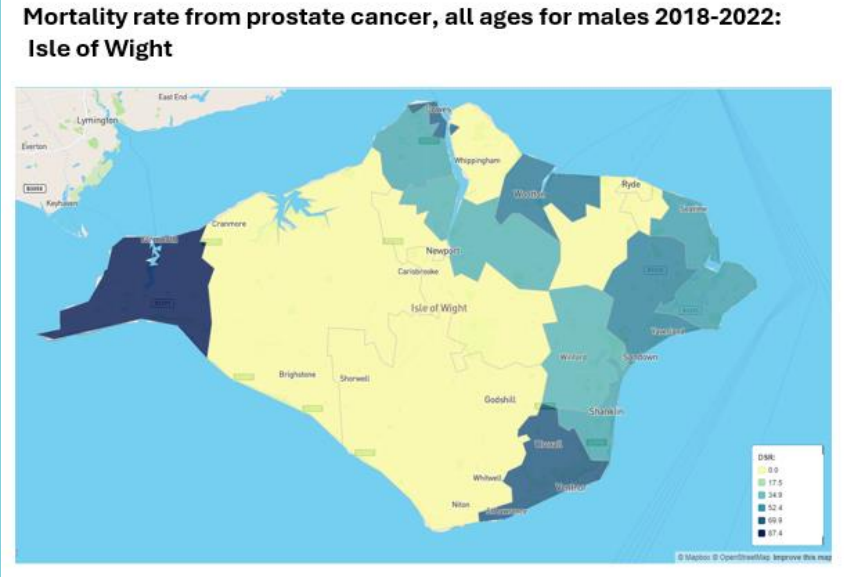
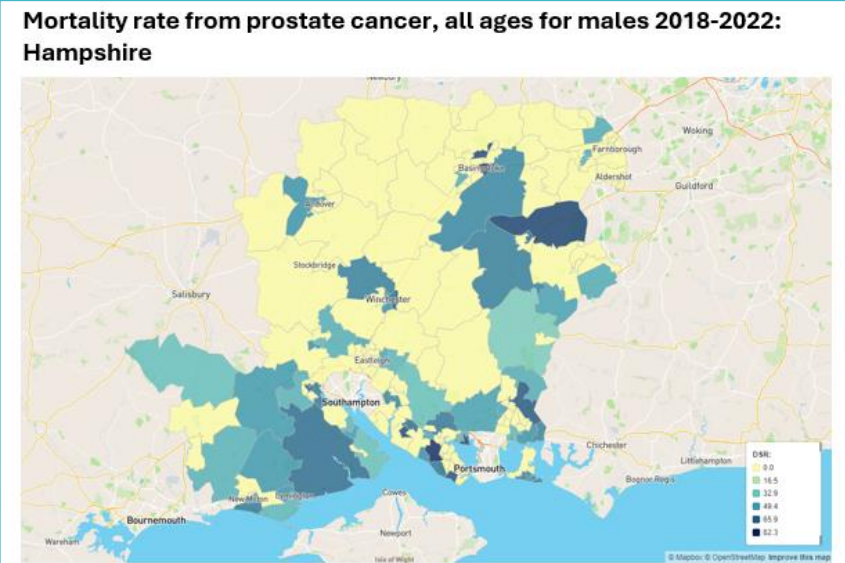
# Prostate cancer mortality rate, 2018-2022, small area analysis.

All age prostate cancer mortality rates are similar to the national rate in Portsmouth, Southampton, and the Isle of Wight. Hampshire has a significantly lower rate of mortality from prostate cancer.

Small geography analysis at MSOA level show that Basingstoke Central , Black Dam & Eastrop in Basingstoke & Deane and Stubbington in Fareham have the highest prostate cancer all age mortality rates in Hampshire county. On the Isle of Wight, the highest prostate mortality rates are observed in Yarmouth & Freshwater and Ventnor & Wroxall.

Small area mortality rates can be explored in more detail by all districts and MSOAs and for males and females separately in the [JSNA Cancer PowerBI data resource](#), note this analysis is not available for Portsmouth.

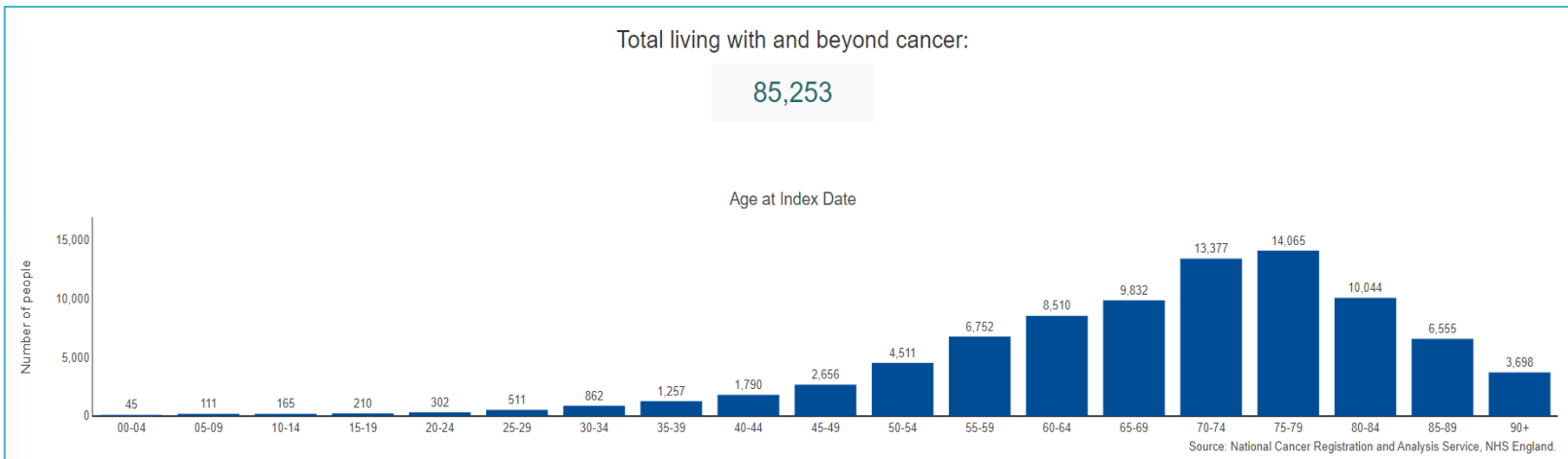
*Note for maps: MSOAs where the number of deaths is fewer than 10 have been suppressed and will be shown as a DSR of 0.00 on the map. MSA data not available for Portsmouth.*



# Survival data

Exploring people living with and beyond cancer  
across HIOW ICB

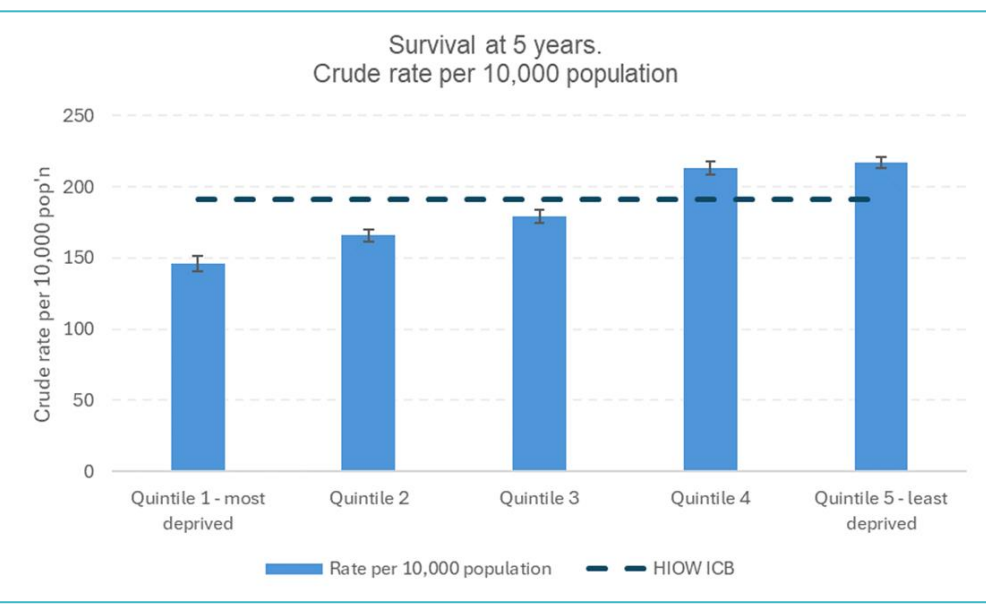
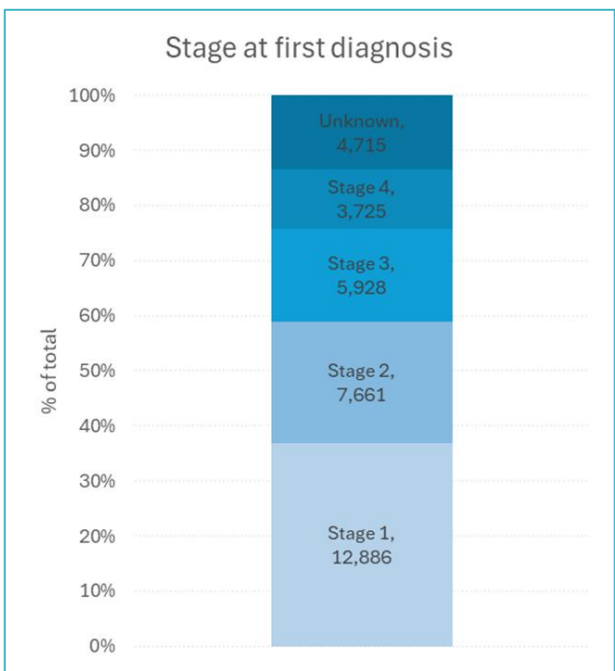
# People living with and beyond cancer across HIOW ICB, 2021.



The maximum observation period over which it is possible to reliably count individuals over time in the National Cancer Registration Dataset is currently 26 years (1995-2021). Data available are limited.

Total number of people who are living with and beyond cancer across the ICB, who had a cancer diagnosis between 1995 – 2021, is just over 85,000 this equates to one in 20 people (5%) of the ICB population.

34,915 people diagnosed with cancer 5 years ago are now living with and beyond cancer this equates to 2% of the total population.



The proportion of people surviving cancer after 5 years is higher if diagnosed early at stage 1 and 2. Across the HIOW ICB, in 2021, 37% were diagnosed at stage 1, compared to 14% at stage 5

The rate of survival at 5 years per 10,000 population is significantly lower for people living in the 20% most deprived areas of the ICB compared to those in the 20% least deprived areas.

The 1-year index of cancer survival across Hampshire, Southampton and IOW CCG was higher than England in both 2004 and 2019 and has improved from 66.1% in 2004 to 75.5% in 2019.

The 1-year index of cancer survival across Portsmouth CCG has improved between 2004 and 2019 increasing from 62.8% to 74.8% however in 2019 the survival rate was lower compared to England suggesting improvements have not been as comparable.