

***National Cancer Action Team***



**Baseline Assessment of Gynaecological Cancer**

**South West London Cancer Network**

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# Executive Summary

Late diagnosis is a major factor contributing to poor survival rates in this country, and while survival rates in South West London are good in comparison to other networks in England, when benchmarked against counterparts in Europe it is clear that there is much more to be done. Last year the SWL cancer network successfully bid for funding for a range of initiatives to support local preventative work within the National Awareness and Earlier Diagnosis Initiative (NAEDI) to increase awareness and promote earlier diagnosis in communities and primary care. One of these initiatives that was funded was the development of this Baseline Assessment. The key findings are set out below. On pages 7 and 8 two matrices ( and ) outline the figures for each PCT and the overall SWLCN figures.

**Croydon**

The cervical screening rate is below the national target at 75.6%. The under 75 cervical cancer incidence is 6.78 per 100,000 population, while it has decreased by a fifth between 19993-95 and 2004-06. Croydon has the lowest ovarian cancer incidence rate in SWL at 13.56 per 100,000; it is also significantly lower than the national average. Croydon also has the lowest ovarian cancer mortality rate at 7.99. Uterine cancer incidence is ranked second highest at 16.84 while the mortality rate for uterine cancer in Croydon is the highest in SWL at 4.40 per 100,000. Overall, Croydon has the highest all age all gynaecological cancer incidence rate in SWL at 68.8 per 100,000 population. Mortality from gynaecological cancer is at 8.5 per 100,000 similar to all other PCTs in SWL. Croydon records a high rate of emergency bed days for gynaecological cancers at 276 per 100,000 weighted population. The crude rate for all cancer emergency admissions was 610.41 per 100,000 population. There were 43.1% of diagnosed gynaecological cancer cases that were considered to be non-urgent, above the national average at 41.6%. The average 2WW crude referral rate for suspected cancer in Croydon for 2009 was 1092.41 per 100,000 population. A proportion of 6.1% of urgent gynaecological cancer referrals resulted in a cancer diagnosis.

**Kingston**

The cervical screening rate is below the national target at 76.1%. Under 75 cervical cancer incidence is the lowest in SWL at 4.90 per 100,000 population, while the rate has decreased 36% since 1993-95. The ovarian cancer incidence and mortality rates are the highest in SWL at 19.10 and 10.73 per 100,000 respectively. Uterine cancer incidence is middle rank at 15.41 per 100,000 while mortality from uterine cancer is the lowest in SWL at 2.61. All gynaecological cancer incidence is middle ranked amongst SWL PCTs at 47.6 per 100,000 while mortality is similar to all other PCTs in SWL at 8.6 per 100,000 population. The gynaecological cancer emergency bed day rate is higher than the national average at 183 per 100,000 weighted population. The crude rate for all cancer emergency admissions was 506.50 per 100,000 population. Kingston records the lowest proportion of diagnosed gynaecological cancer cases that are initiated through a non-urgent referral at 32.8%. The PCT average urgent 2WW cancer referral rate was 1234.63 per 100,000 population. The PCT records the highest proportion of urgent gynaecological cancer referrals resulting in a cancer diagnosis at 10.1%. This is above the national average.

**Richmond & Twickenham**

Richmond & Twickenham has highest cervical screening coverage rate in SWL at 77.6%, but still below the national target. Under 75 cervical cancer incidence is middle ranked compared to other PCTs in SWL at 5.82 per 100,000. There has been a 22.40% increase in all age cervical cancer incidence between 1993-95 and 2004-06, the only PCT to show an increase. The ovarian cancer incidence is also high (compared to other SWL PCTs) at 18.87 per 100,000 while the mortality rate is also relatively high at 10.56 per 100,000. The PCT has the lowest uterine cancer incidence rate in SWL at 14.01 per 100,000 but a relatively high mortality rate. The overall all age gynaecological cancer incidence is the lowest in SWL at 36.7 per 100,000 while the mortality rate is similar to the other PCTs in SWL at 8.5 per 100,000 population. Richmond & Twickenham record the highest rate of emergency bed days for gynaecological cancers at more than double the national rate at 341 per 100,000 weighted population. The crude rate for all cancer emergency admissions was 536.97 per 100,000 population. The average 2WW crude cancer referral rate in Richmond & Twickenham for 2009 was 1156.66 per 100,000 population. Just under two-fifths of gynaecological diagnosed cancer cases stem from a non-urgent referral and only 5.6% of urgent referrals result in a cancer diagnosis.

**Sutton & Merton**

The cervical screening rate in the PCT is 76.0% and is below the national target. Under 75 cervical cancer incidence is 6.21 per 100,000 population, the rate since 1993-95 has decreased by 6%. The all age incidence rate for ovarian cancer is significantly lower than the national average at 14.08 per 100,000 population. The mortality rate is 9.24 per 100,000. The uterine cancer incidence rate is relatively high at 17.43 per 100,000 while the mortality rate is low at 2.89 per 100,000. The overall all age gynaecological cancer incidence rate is relatively high at 56.3 per 100,000 and the mortality rate is the lowest in SWL but still close to all other PCTs in SWL. The emergency bed day rate for gynaecological cancer is above the national average at 188 per 100,000. The crude rate for all cancer emergency admissions was 634.87 per 100,000 population. Sutton and Merton record 46.7% of gynaecological cancer diagnoses through non-urgent referrals. The average 2WW crude cancer referral rate in Sutton & Merton for 2009 was 1313.64 per 100,000 population. Only 6.1% of urgent referrals result in a cancer diagnosis.

**Wandsworth**

The cervical screening rate is the lowest in the SWL sector at 71.5%. Between 1993-95 and 2004-06 the all age cervical cancer incidence rate has decreased by 46%, however the under 75 cervical cancer incidence rate is still the highest in SWL at 7.99 per 100,000 population. The all age ovarian cancer incidence is relatively high at 17.24 per 100,000 while the mortality rate is middle ranked in SWL at 8.96 per 100,000. The all age uterine cancer incidence rate in Wandsworth is the highest in SWL at 17.57 per 100,000 while there is not much difference in mortality at 3.99 per 100,000. The overall incidence of gynaecological cancer for Wandsworth is 54.5 per 100,000 and the mortality is the highest in SWL at 8.7 per 100,000. However there is not much difference between PCTs for mortality. Wandsworth is the only PCT in SWL to have an emergency bed day rate that is below the national rate at 154 per 100,000 weighted population. The crude rate for all cancer emergency admissions was 443.07 per 100,000 population. Wandsworth records over half (52.0%) of diagnosed gynaecological cancer cases originating through non-urgent referrals, the highest in SWL. The PCT average crude 2WW urgent cancer referral rate was 1267.93 per 100,000. Only 6.1% of urgent referrals result in a cancer diagnosis.

**South West London Cancer Network**

The all age vulval cancer incidence is significantly lower than the national average while overall the SWLCN has the highest all gynaecological cancer incidence rate in London. The SWLCN has the highest ovarian cancer prevalence in London. The highest uterine and ovarian one-year relative survival rate is also seen in the SWLCN at 90.6% and 71.9% respectively. SWLCN uterine and ovarian one-year survival is comparable to the rates found in Finland and Norway as part of the EUROCARE-4 study, while cervical one-year survival at 85.0% is comparable to Finland, Norway and Sweden. The SWLCN also has low rates of cervical cancer (1.93 per 100,000) and vulval cancer (0.34 significantly lower than national average) mortality, while overall the gynaecological mortality rate in SWLCN is also low compared to other networks. Reflecting high rates in the SWL PCTs the SWLCN records the highest emergency bed day rate in London at 219 per 100,000 weighted population, well above the national average of 159. Just over two-fifths of gynaecological cancer cases are diagnosed through non-urgent referrals. The SWLCN also has the lowest “Hit Rate” in London for the proportion of urgent two week referrals that result in a cancer diagnosis at 6.1%. Overall the urgent 2WW referral rate for SWL was 2.33 per 1,000 women.

Figure 1: PCT Matrix of key urological cancer figures for South West London.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Croydon | Kingston | Richmond & Twickenham | Sutton & Merton | | Wandsworth |  | |
| 50+ female pop. as % of PCT pop. (2010) | 30.9% | 29.8% | 30.0% | 31.7% | 29.2% | 20.2% |  |  |
| 50+ female pop. increase (2010-2030) | 5.1% | 4.3% | 1.7% | 5.5% | 5.7% | 3.0% |  |  |  | |
| 25-49 female pop. as % of PCT pop. (2010) | 38.8% | 41.9% | 42.0% | 39.2% | 42.5% | 52.5% |  |  |
| 25-49 female pop. decrease (2010-2030) | 3.7% | 3.7% | 2.5% | 4.7% | 5.1% | 3.0% |  |  |
| Smoking prevalence (Adults) (2003-05) | 21.0 - 25.7% | 18.7-24.9% | 16.1 - 23.0% | 18.7 - 23.3% (Merton) | 22.1 - 29.1% (Sutton) | 21.0 - 27.7% | Lowest | Highest |
| % of small areas (LSOA) classed as highest deprivation (2007) | 33% | 5% | 4% | 15% | | 29% | Lowest | Highest | Lowest |
| Estimated obesity prevalence (2003-05) | 19.3% | 17.3% | 14.3% | 18.3% | | 14.2% | Significantly lower than nat. average |  |
| Cervical Screening (2008-09) | 75.9% | 76.1% | 77.6% | 76.0% | | 71.5% |  | Below 80% national target | Highest | |
| Under 75 cervical incidence (2004-06) | 6.78 | 4.90 | 5.82 | 6.21 | | 7.99 | Lowest | Highest |
| Decrease all age cervical cancer incidence (1995-2006) | 21.21% | 36.26% | +22.4% | 5.98% | | 45.83% | Highest | Increase |
| All age ovarian cancer incidence (2003-07) | 13.56 | 19.10 | 18.87 | 14.08 | | 17.24 | Significantly lower than nat. average | Highest |
| All age uterine cancer incidence (2003-07) | 16.84 | 15.41 | 14.01 | 17.43 | | 17.57 | Lowest | Highest |
| All age gynae. cancer incidence (2002-06) | 68.8 | 47.6 | 36.7 | 56.3 | | 54.5 | Lowest | Highest |
| All age ovarian cancer mortality (2004-08) | 7.99 | 10.73 | 10.56 | 9.24 | | 8.96 | Lowest | Highest |
| All age uterine cancer mortality (2004-08) | 4.40 | 2.61 | 4.13 | 2.89 | | 3.99 | Lowest | Highest |
| All age gynae. cancer mortality (2002-06) | 8.5 | 8.6 | 8.5 | 8.0 | | 8.7 | Lowest | Highest |
| Gynaecological emergency bed days per 100,000 weighted pop (2007-08) | 276 | 183 | 341 | 188 | | 154 | Lower than national average | Higher than national average |
| Average all cancer emergency admission crude rate per 100,000 | 610.41 | 506.50 | 536.97 | 634.87 | | 443.07 |  |  |
| 2WW urgent cancer referral rate per 100,000 (2009) | 1092.41 | 1234.63 | 1156.66 | 1313.64 | | 1267.93 |  |  |
| % of cases diagnosed through non-urgent referrals (2010) | 43.1% | 32.8% | 39.7% | 46.7% | | 52.0% | Lowest | Highest |
| % of urgent 2 week gynae. cancer referrals resulting in cancer diagnosis (2010) | 6.3% | 10.1% | 5.6% | 6.1% | | 6.1% | Highest | Lowest |

Figure 2: Matrix of key urological cancer figures for South West London Cancer Network.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | SWLCN | NELCN | NLCN | (N)WLCN | SELCN |  |  |
| All age vulval cancer incidence (2003-07) | 1.64 | 2.17 | 1.43 | 1.52 | 1.98 | Significantly lower than national average |  |
| All age gynaecological cancer incidence (2002-06) | 55.2 | 44.8 | 49.9 | 35.5 | 49.7 | Lowest | Highest |
| Cervical cancer prevalence (2006) | 5.5 | 3.6 | 4.7 | 5.5 | 7.7 | Lowest | Highest |
| Uterus cancer prevalence (2006) | 15.5 | 16.6 | 14.4 | 14.0 | 16.9 | Lowest | Highest |
| Ovarian cancer prevalence (2006) | 11.9 | 10.1 | 10.3 | 9.6 | 10.5 | Lowest | Highest |
| Cervical cancer one-year survival (2002-07) | 85.0% | 77.4% | 83.6% | 81.8% | 86.4% | Highest | Lowest |
| Uterine cancer one-year survival (2002-07) | 90.6% | 88.1% | 88.0% | 89.0% | 86.2% | Highest | Lowest |
| Ovarian cancer one-year survival (2002-07) | 71.9% | 63.0% | 68.2% | 63.1% | 66.3% | Highest | Lowest |
| All age cervical cancer mortality (2004-08) | 1.93 | 2.71 | 2.23 | 2.00 | 2.40 | Lowest | Highest |
| All age vulval cancer mortality (2004-08) | 0.34 | 0.78 | 0.57 | 0.35 | 0.81 | Significantly lower than national average |  |
| All age gynaecological cancer incidence (2003-07) | 8.3 | 9.2 | 8.9 | 8.0 | 9.4 | Highest | Lowest |
| Gynaecological emergency bed days per 100,000 – weighted pop. (2007-08) | 219 | 107 | 141 | 157 | 111 | Lowest | Highest |
| % of cases diagnosed through non-urgent referrals (2010) | 44.2% | 44.8% | 46.2% | - | 38.1% | Lowest | Highest |
| % of urgent 2 week gynaecological cancer referrals resulting in cancer diagnosis (2010) | 6.6% | 7.2% | 8.0% | No data | 7.0% | Highest | Lowest |

# Introduction

Since the Cancer Plan was published in 2000 more people are surviving cancer and the incidence of cancer is increasing as more people live longer. Late diagnosis is a major factor contributing to poor survival rates in this country, and while survival rates in South West London are good in comparison to other networks in England, when benchmarked against counterparts in Europe it is clear that there is much more to be done. Contemporary lifestyles predispose people to cancer and the Cancer Reform Strategy (CRS) (2007) highlighted that with over half of all cancers being potentially preventable services must now begin to think ‘upstream’ and focus on prevention.

The National Awareness and Earlier Diagnosis Initiative (NAEDI) is a collaboration between the National Cancer Action Team and Cancer Research UK and is a key programme emerging from the CRS. Its aim is to make public and healthcare professionals more aware of the signs and symptoms of cancer and encourage those who may have symptoms to seek advice earlier. This workstream offers a good fit with the policy direction of QIPP, NHS Next Stage Review: High Quality for All and World Class Commissioning.

Last year the SWL cancer network successfully bid for funding for a range of initiatives to support local preventative work within NAEDI to increase awareness and promote earlier diagnosis in communities and primary care. These bids included this Baseline Assessment and the Primary Care Audit and Cancer Awareness Measure highlighted within this document.

In order to aid each local early detection initiative a baseline assessment has been undertaken. In collaboration the National Cancer Intelligence Network (NCIN) and the National Cancer Action Team (NCAT) have produced a guide termed: *Local Awareness and Early Diagnosis Baseline Assessments: A Guide for Cancer Networks and Primary Care Trusts.* This baseline assessment follows these guidelines as a framework (National Cancer Intelligence Network 2009a).

This document provides a summary of currently available information regarding the epidemiology of gynaecological cancers. Comparisons are made with national data and international data where possible.

# Types of gynaecological cancers

The five main gynaecological cancers are:

* Cervical (C53)
* Ovarian (C56–C574)
* Uterine (C54-C55)
* Vaginal (C52)
* Vulval (C51) (Centers for Disease Control & Prevention 2010)

These will be focused on in this assessment.

# Risk Factors

## Human papilloma virus (HPV)

Human papilloma virus (HPV) is the name of a family of viruses that affect the skin and the moist membranes that line the body, such as those in the cervix, anus, mouth and throat. These membranes are called the mucosa. There are more than 100 different types of HPV viruses, with about 40 types affecting the genital area (McCance 2004, Department of Health 2008a). These are classed as high risk and low risk.

There is conclusive evidence that infection of the cervix by some types of human papillomavirus (HPV) is a necessary cause of cervical cancer (Bosch et al 1995, Walboomers et al. 1999, Vaccarella et al. 2006a). HPV also causes a proportion of other anogenital cancers, such as cancers of the vulva and vagina (Munoz et al 2006). The risk factors for HPV infection are well documented and include multiple sexual partners of the woman and her partner and young age at first intercourse (Brinton 1992, Svare et al. 1998). Studies of incident HPV infection based on HPV DNA detection demonstrate that acquisition of at least one type of HPV infection occurs soon after sexual debut with around 30% of women being infected within two years (Winer *et al*. 2003, Winer *et al*. 2008).

While infection by genital HPV is most common among young adults (aged 18-28) (Koutsky, 1997), cases of cervical cancer peak in women in their late 30s (Department of Health 2008b). It is believed HPV type 16 (Schiffman et al. 1993, Kjaer et al . 1996) and type 18 (Smith et al. 2007) are the predominant sexually transmitted agent causally involved in the development of cervical cancer; 70% of all cervical cancers (WHO 2010). HPV is present in vaginal and vulval tumours also, and HPV 16 is the most commonly detected type (Bjørge et al. 1997, Carter et al. 2001). Approximately 50% are associated with HPV infection (Munoz *et al*. 2006, Department of Health 2008a). HPV is most strongly linked with [tumours](http://info.cancerresearchuk.org/utilities/glossary/?letter=T#Tumours) in younger women, with an 11-fold risk increase reported for vulval intraepithelial neoplasia (VIN) and early-stage cancer in women under the age of 45 with serological evidence of HPV infection, but no increase in women over this age (Basta et al. 1999, Cancer Research UK 2010a).

Since September 2008 there has been a national programme to vaccinate girls aged 12-13 against human papilloma virus (HPV). There is also a three-year catch up campaign that will offer the HPV vaccine (also known as the cervical cancer jab) to 13-18 year old girls.

In the UK (2007) the prevalence of HPV among women with a normal cytology is 8.9% (95%CI 8.6-9.1) compared to a Northern Europe average of 10.8% (WHO 2010). In relation to HPV-16 and HPV-18 the following estimates have been compiled by WHO:

Table 1: Prevalence of HPV (HPV-16 & HPV-18) in the UK, 2007.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | UK | | Northern Europe | | World | |
|  | No. Tested | HPV 16/18 Prevalence % (95% CI) | No. Tested | HPV 16/18 Prevalence % (95% CI) | No. Tested | HPV 16/18 Prevalence % (95% CI) |
| Normal cytology | 31,559 | 2.4 (2.2-2.6) | 66,151 | 3.8 (3.7-3.9) | 218,339 | 3.8 (3.7-3.9) |
| Low-grade lesions | 480 | 29.0 (24.9-33.2) | 1,099 | 30.3 (27.6-33.1) | 14,762 | 24.3 (23.6-25.0) |
| High-grade lesions | 845 | 61.9 (58.5-65.2) | 3,202 | 57.0 (55.3-58.7) | 14,901 | 51.1 (50.3-51.9) |
| Cervical cancer | 353 | 79.1 (74.4-83.2) | 2,517 | 76.3 (74.6-77.9) | 22,826 | 70.9 (70.3-71.5) |

**Source: Human Papillomavirus and Related Cancers. Summary Report Update. June 22, 2010. United Kingdom, World Health Organisation, 2010.**

## Hormone replacement therapy (HRT)

HRT use is associated with increased risk of ovarian and uterine cancer. The results support a greater risk of oestrogen-only therapy compared to oestrogen-progestin therapy (Zhou et al. 2008). The addition of progestogen prevents the proliferative effect of oestrogen on the endometrium, and may even reduce the risk of endometrial cancer compared with non-users if given continuously. The use of combined oral contraception in premenopausal women also reduces the risk of endometrial cancer but increases the risk of cervical carcinoma significantly (Marsden and Sturdee 2009). HRT (exogenous oestrogens) does not influence the risk of cervical cancer (Parazzini et al. 1997). Epithelial ovarian cancer risk may be slightly increased with long-term use of unopposed oestrogen, is not altered by the addition of progestogen, and is reduced significantly in users of combined oral contraception. The mechanism for these effects is not understood (Marsden and Sturdee 2009). A recent review found no study to date has shown HRT to have a detrimental effect on survival in patients with early stage endometrial cancer, epithelial ovarian cancer, cervical cancer and vulval tumours (Hinds and Price 2010).

## Age

The risk of developing most cancers increases with age. For uterine and ovarian cancer the majority of cases are seen in older postmenopausal women aged 50 and above. In 2007 82% of ovarian cancer cases were in this age group while 93% of cases were for uterine cancer. Uterine cancer very rarely affects women under the age of 35 years (Office of National Statistics 2010). Contrastingly, the majority of cervical cancer cases occur in women aged 25-49, at 56% for 2007, with a peak of cases in the 30-39 age group (Office of National Statistics 2010).

shows that there is a steady projected increase in the 50 and older population across each borough in SWL. However Wandsworth differs to all the other PCTs in SWL in that the 50+ female age group account for substantially less in proportion of the total female population. The highest proportion of 50+ female population is found in Sutton accounting for 31.7% of the total female population in 2010. The lowest proportion is in Wandsworth at 20.2% of the female population. The highest increase, from 2010, to 2030, in the 50 and over female population as a proportion of total female population is projected to occur in Merton with an increase of 5.7% followed by Sutton (5.5%) and Croydon (5.0%). By 2030 it is projected that nearly two-fifths of the female population in Sutton and Croydon will be 50 years old or older.

Figure 3: Projected increase in the proportion (Percent of total female population) of the female 50+ population in South West London, 2010-2030.

**Source: Greater London Authority, Population Projections 2009 Round, London Plan, Borough SYA.**

A large proportion of cervical cancer occurs in the 25-49 years age group with over half of cases occurring in women in this age group (Office of National Statistics 2010). shows the projected proportion of the 25-49 female population in SWL from 2010 to 230. The boroughs of Croydon, Kingston, Richmond, Merton and Sutton have consistently similar proportions ranging from 38% to 42% in 2010, showing a consistent decrease to 2030. Reflecting the young nature of Wandsworth over half the female population is projected to be in this age group decreasing to just under half by 2030.

Figure 4: Projected increase in the proportion (Percent of total female population) of 25-49 female population in South West London, 2010-2030.

**Source: Greater London Authority, Population Projections 2009 Round, London Plan, Borough SYA.**

## Smoking

Inactivation in cervical tumours of the fragile histidine triad putative tumour suppressor gene through cigarette smoking (which is also altered in most tobacco-associated lung cancers) has been found in the literature (Holschneider et al 2005). Smoking may also be associated with a decrease in the number of Langerhans’ immune cells in the cervix epithelium, suggesting a decrease in epithelial cell-mediated immune responses in smokers (Derchain et al. 1996, Poppe et al. 1996, Cancer Research UK 2010b). A meta-analysis by Berrington de González et al. (2004) suggested that squamous cell of the uterine cervix may differ in relation to smoking. Their results showed significant 50% higher odds for increased risk of squamous cell carcinoma. Furthermore, in women who have given up smoking after diagnosis, a reduction in early cervical lesion has been found (Szarewski et al. 1996). Castellsague et al. (2003) found 2-3 fold increase in risk for cervical cancer in current smokers. Also smokers have been found to have a 3-fold increased risk of treatment failure of CIN compared to non-smokers and therefore require more intensive follow-up after treatment (Acladious et al. 2002). A study by Kurian et al. (2005) showed that smoking can cause ovarian cancer while a review by the Agency for Research on Cancer (IARC) concluded that there is sufficient evidence now that smoking causes ovarian cancer (Secretan et al. 2009). Smoking is also a well established risk factor for vulval cancer with at least a 3 fold increase in risk (Hildesheim et al. 1997, Madeleine et al. 1997), while it is also known as a HPV cofactor for cervical and vulval squamous cell carcinoma (Daling et al. 1992).

Results from the Health Survey for England (The Information Centre 2006) showed more variation in smoking rates for BME communities compared with the population as a whole. For women after age-standardisation none of the female BME groups were more likely to smoke than the general female population. Black African, South Asian and Chinese women were found to be less likely to smoke than the general female population. These results were however based on self-reported smoking behaviour which is likely to underestimate smoking prevalence.

Table 2: Model based estimates (with 95% CIs) of smoking in adults in South West London compared with England, 2003-2005.

|  |  |  |  |
| --- | --- | --- | --- |
| Local Authority | Model Prevalence (%) | Lower 95% CI | Upper 95% CI |
| Croydon | 23.2 | 21.0 | 25.7 |
| Kingston | 21.7 | 18.7 | 24.9 |
| Merton | 20.9 | 18.7 | 23.3 |
| Richmond | 19.3 | 16.1 | 23.0 |
| Sutton | 25.4 | 22.1 | 29.1 |
| Wandsworth | 24.2 | 21.0 | 27.7 |

**Source: The Information Centre 2010.**

Overall, the model estimated smoking prevalence across the 6 boroughs of SWL are similar ( & ) ranging from 19.3% (95%CI 16.1% – 23.0%) in Richmond and Twickenham to 25.4% (95%CI 22.1% – 29.1%) in Sutton. These rates are also comparable with the London and national averages. These estimates are model based i.e. they are based on population characteristics extracted from census data for example and are not based on a survey sample. They do not take into consideration local variation, for example the effects of local campaigns. Due to this it is not strictly appropriate to compare between areas and these data should not be used to monitor performance (The Information Centre 2008). Also consideration of the 95% confidence intervals is needed when assessing the data.

Estimates by gender were not available. Trend data from The Information Centre (2009a) for the same period (2003-05) show a national prevalence of 22-24% for women and 25%-27% for men ().

Figure 5: Model based estimates of smoking in adults in South West London compared with England, 2003-2005.

**Source: The Information Centre 2010.**

Although SW London has followed the national trend with a reduction in the prevalence of smoking this masks significant health inequalities with smoking rates highest in the most deprived populations. In some super output areas in Croydon, Wandsworth and Sutton the prevalence reaches 41% ().

Map 1: Estimates of smoking prevalence in adults (16+) in the SWL sector, 2003-05.

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**Source: HSfE 2006; map by SWL PH Intelligence from Staying Healthy Strategy for South West London 2010-2016**

## Multiple Deprivation

A study by Quinn et al. (2001) found that incidence of cervical cancer was 3 times higher in the most deprived group compared to the least deprived for the period 1990-93 in England and Wales. This was based on the Carstairs deprivation scale (Office of National Statistics 2006). A similar effect was found for mortality. The National Cancer Intelligence Network (NCIN) found that the age standardised incidence of cervical cancer increased with deprivation (), and that there was a significant difference between the most and least deprived groups (National Cancer Intelligence Network 2008a).

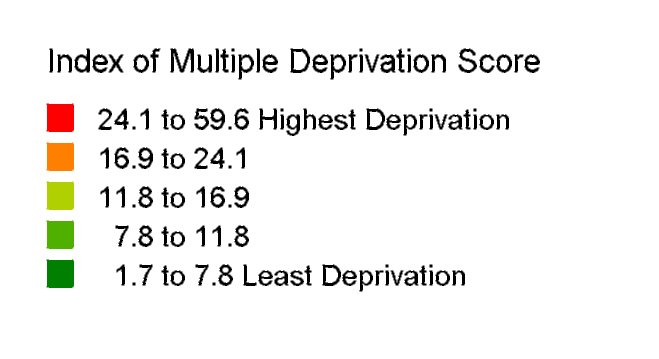
Figure 6: Cervical cancer incidence by index of multiple deprivation 2000-2004.

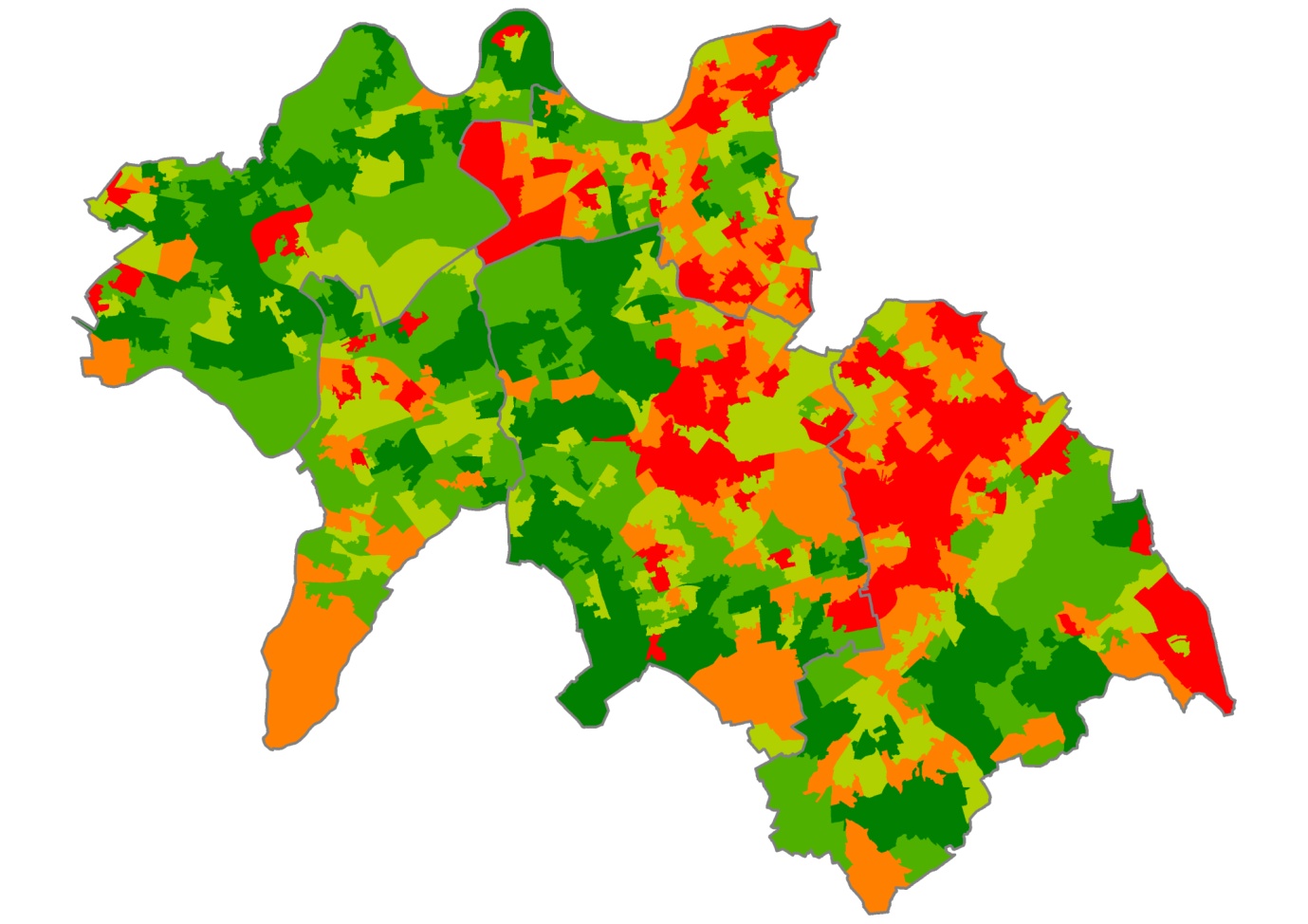
**Source: National Cancer Intelligence Network, 2008a.**

The NCIN also looked at ovarian and uterine cancer incidence in relation to deprivation and found no significant difference between levels of deprivation.

In SWL the main areas of high deprivation are in Wandsworth (Battersea, Roehampton, Tooting), Sutton & Merton (Morden, Carshalton) and Croydon (Croydon centre and surrounding area and New Addington).

Map 2: Index of multiple deprivation, South West London, 2007 (SWL Scale).





**Source: Department of Local Government and communities, 2007.**

## Ethnicity

Ethnicity has an effect on the health and well being of individuals, to a lesser or greater extent depending on the type of cancer. As part of the Cancer Reform Strategy the National Cancer Inequalities Initiative (NCEI) was launched with the aim to reduce inequalities in cancer incidence and survival for several different groups where inequality exists; one such grouping is Black and Minority Ethnic (BME) populations. Historically though the recording of ethnicity for routinely collected cancer data has been incomplete and of poor quality (Department of Health 2007). As a result work on cancer and ethnicity has been limited in the UK, with mortality studies using place of birth information (Grulich et al. 1992, Swerdlow et al. 1995, Wild et al. 2006) while incidence work has only been carried out on the south Asian ethnic population (Winter et al. 1999, dos Santos Silva et al. 2003, Farooq and Coleman 2005).

However as part of the National Cancer Inequalities Initiative, the National Cancer Intelligence Network (NCIN) and Cancer Research UK produced analysis on incidence and survival by major ethnic group for the period 2002-2006, in 2009 (National Cancer Intelligence Network 2009b). It found Asian women under the age of 65 had significantly lower rates of cervical cancer (RR 0.37 - 0.51) and ovarian cancer (RR 0.69 – 0.92) incidence compared to white women of the same age. For Asian women aged 65 and over the rate of cervical cancer was significantly higher (RR 1.32 – 2.70) and ovarian cancer incidence significantly lower (RR 0.61 – 0.88) compared to white women. Asian women aged 65 and over were found to have a significantly lower risk (RR 0.68 – 0.97) of uterine cancer compared to white women too.

Black women aged 65 and over also had rates (RR 1.29 – 3.06) of cervical cancer incidence that were significantly higher than white ethnicity while ovarian cancer rates for this group was significantly lower (RR 0.54 – 0.82) compared to white ethnicity.

Figure 7: Projected (2010) female resident ethnic composition of SWL PCTs, all ages.

**Source: Greater London Authority Ethnic Group Projections 2008 Round, London Plan, Borough.**

Croydon has the largest non-white resident ethnicity at 41.8% (72,848) of the total female population of the PCT followed by Sutton & Merton with 23.7% (46,377) (). The PCTs of Sutton & Merton, Kingston and Wandsworth have similar proportions of non-white project population residing in them. Richmond has the lowest at 12.0%. The largest resident BME group across all PCTs is Asian, which comprises of Pakistani, Indian, Bangladeshi and other Asian. The largest proportion (15.8% of total PCT population) resides in Croydon as does the Black population accounting for 22.4% or one in five of the PCT population. For exact figures see Appendix 1.

## Obesity

Results from the European Prospective Investigation into Cancer and Nutrition (Lahmann et al. 2010) show that women with a high BMI (>30 kg/m²) have an increased risk of ovarian cancer (RR = 1.33, 95% CI = 1.05-1.68). This risk is increased for postmenopausal (RR 1.59, 95% CI = 1.20-2.10). No increased risk was observed for pre-menopausal women. Similar results were found in the UK Million Women Study where an increased risk in relation to a higher BMI was found in a mixed group of pre and post menopausal women (Reeves et al. 2007). However, a meta-analysis of prospective studies published previously showed that obese pre-menopausal women have a RR of 1.72 (95%CI 1.02-2.89) compared to lean women, but there was no effect of BMI on risk in post-menopausal women (Schouten et al. 2008). A number of studies/analysis have found significantly higher risk for uterine cancer for women with a higher BMI (>30 kg/m²) (Terry et al. 1999, Schouten et al 2004, Xu et al. 2005). One European study found that 39% of endometrium (cancer of uterine) cancers could be attributed to being overweight (Bergström et al. 2001).

Model based estimates were not available by gender; therefore total population estimates are presented (). Overall, the model estimated obesity prevalence across the 6 boroughs of SWL are similar () ranging from 14.2% (95%CI 12.5% - 16.0%) in Wandsworth to 19.3% (95%CI 17.6% - 21.1%) in Croydon. These rates are also comparable with the London and national averages. These estimates are model based i.e. they are based on population characteristics extracted from census data for example and are not based on a survey sample. They do not take into consideration local variation, for example the effects of local campaigns. Due to this it is not strictly appropriate to compare between areas and these data should not be used to monitor performance (The Information Centre 2008). Also consideration of the 95% confidence intervals is needed when assessing the data. Furthermore, here we are concerned with the female population. Female only obesity levels by local authority were not available. should only be used as a guide due to this (plus the nature of how estimates are generated), however survey based estimates from the Health Survey for England 2008 show that nationally male and female obesity levels are similar, 24% and 25% respectively.

Figure 8: Model based estimates of obesity in Adults in South West London, 2003-2005.

**Source: The Information Centre 2010.**

The highest overweight or obesity levels in females are in the 55-64 and 65-74 years age groups. At the national level the prevalence for these age groups is around 70% (The Information Centre 2009b).

## Other risk factors

Prolonged use of oral contraceptive (OC) has been associated with cervical cancer (Berrington de González et al. 2004) with Vaccarella et al. (2006b) finding that OC increased the risk of progression from HPV infection to cervical cancer. For ovarian cancer the use of oral contraceptives is protective, perhaps due to cessation of ovulation ([Collaborative Group on Epidemiological Studies of Ovarian Cancer](http://www.ncbi.nlm.nih.gov/pubmed?term=%22Collaborative%20Group%20on%20Epidemiological%20Studies%20of%20Ovarian%20Cancer%22%5BCorporate%20Author%5D) 2008). Some studies have linked the occurrence of ovarian cysts (Polycystic ovary syndrome) with ovarian cancer (Borgfeldt and Andolf 2004, Norman et al. 2007); however other studies and reviews present conflicting evidence (Balen 2001, Gadducci et al. 2005).

The presence of antibodies to the herpes simplex virus type 2 in blood samples has been associated with an increased risk of vulval and vaginal cancer and pre-cancer, after HPV infection is controlled for (Sherman et al. 1991, Hildesheim et al. 1997, Madeleine et al. 1997, Daling et al. 2002). Studies show there is also an increased risk for vaginal cancer and pre-cancer in [HIV](http://info.cancerresearchuk.org/cancerstats/types/vagina/riskfactors/ssLINK/news-human-immunodeficiency-virus)-positive women, with a particularly strong relationship for women under the age of 30 (Frisch et al. 2000, Sitas et al. 2000).

# Cervical Screening

Coverage is described as the percentage of eligible women, in this case women aged 25 to 64 years old, and who have been screened in the last 5 years (NHS Cancer Screening Programmes 2009).

Note that the cervical screening coverage rates (PCT and GP) presented in this section is data sourced through the KC53 process with all exceptions included. The data is not sourced from the Quality and Outcomes Framework (QOF) dataset.

## Coverage by PCT 2006-09

All SWL PCTs do not achieve the national target rate of 80%; this is also the trend across London (). The overall trend in each PCT and for London as an average reveals a dip in coverage for 2007-08 before an increase for the latest year 2008-09. The lowest coverage rates are in Wandsworth PCT, where they are considerable lower than other PCTs in the SWL sector, ranging from 4% to nearly 6% lower. They are also around 2% lower than the London average. The highest coverage rate for 2008-09 is 77.6% in Richmond & Twickenham, the lowest, 71.5% in Wandsworth.

Figure 9: Yearly cervical screening coverage rates by Primary Care Trust for age 25-64year, 2006-09.

**Source: Cervical Screening Programme Statistics, The Information Centre October 2009.**

## Coverage by GP practice quarter to June 2010 (5 Year cohort)

From 234 GP practices across South West London, 182 (77.8%) did not meet the national cervical screening target of 80% in the quarter to June 2010. The average screening coverage rate for the whole of South West London was 75.7%.

### Croydon

Fifteen GP practices from a total of 63 (excludes 3 GP practices with less than 5 eligible population) achieve the national target of 80% coverage (). The highest coverage rate was 88.0% at practice H83048. The GP practices of H83035 and H83029 achieve high cervical and breast screening rates. The lowest coverage is at practice Y02962 recording a coverage rate of 43.1% (). However this is only from an eligible population of 51. Other GP practices with lowest coverage rates in Croydon perform considerably better but still some way short of the 80% target. Practice H83011 records low cervical and breast screening coverage rates. The majority of practices, 61.9% (39 practices), record a coverage rate of between 70 and 80%.

Table 3: Highest and lowest achieving GP practices for cervical screening coverage (25-64 years), Croydon.

|  |  |
| --- | --- |
| Practice Code | Coverage |
| H83048 | 88.0% |
| H83035 | 87.2% |
| H83614 | 85.7% |
| H83049 | 84.4% |
| H83029 | 84.0% |
|  |  |
| H83608 | 68.1% |
| H83002 | 67.4% |
| H83021 | 65.0% |
| H83011 | 63.6% |
| Y02962 | 43.1% |

**Source: Primary Care Information Service (PCIS).**

Figure 10: Croydon GP practices cervical screening rates, 25-64 years.

**Source: Primary Care Information Service (PCIS).**

### Kingston

Ten practices accounting for 35.7% of the total achieve the 80% national target in Kingston. The highest coverage rate is 85.6% at the practice H84637 (, ). This practice also achieves high breast screening coverage. The lowest coverage rate is at practice H84607 at 62.7%. Practice H84629 records one of the lowest coverage rates for cervical and breast screening. Practice H84027 also reports a low coverage rate for cervical screening but a high rate for breast screening, while practice H84061 records a high cervical screening rate but a low breast screening rate. Fifty-seven percent of practices (16) record a cervical screening coverage rate of 70 to 80% ().

Table 4: Highest and lowest achieving GP practices for cervical screening coverage (25-64 years), Kingston.

|  |  |
| --- | --- |
| Practice Code | Coverage |
| H84637 | 85.6% |
| H84015 | 83.6% |
| H84025 | 83.1% |
| H84061 | 82.8% |
| H84062 | 82.6% |
|  |  |
| H84049 | 70.5% |
| H84629 | 70.2% |
| H84027 | 70.0% |
| H84020 | 69.6% |
| H84607 | 62.7% |

**Source: Primary Care Information Service (PCIS).**

Figure 11: Kingston GP practices cervical screening rates, 25-64 years.

**Source: Primary Care Information Service (PCIS).**

### Richmond & Twickenham

Nine from a total of 32 (28.1%) of Richmond & Twickenham’s GP practices (1 excluded, only 2 eligible population) reach the 80% national target. The highest coverage rate is at practice H84031 at 86.9% (). It also has a high breast screening rate. Practice H84002 also has high cervical and breasting screening coverage rates. The lowest recorded cervical cancer is at practice H84608 at 59.6%; it also has a low breast screening coverage rate. Practice H84615 also has low cervical and breast screening coverage rates. Nineteen GP practices (59.4%) record a cervical screening rate of between 70 and 80% ().

Table 5: Highest and lowest achieving GP practices for cervical screening coverage (25-64 years), Richmond & Twickenham.

|  |  |
| --- | --- |
| Practice Code | Coverage |
| H84031 | 86.9% |
| H84059 | 85.9% |
| H84002 | 85.2% |
| H84043 | 84.5% |
| H84048 | 83.9% |
|  |  |
| H84615 | 71.3% |
| H84639 | 69.4% |
| Y02964 | 68.8% |
| H84041 | 68.0% |
| H84608 | 59.6% |

**Source: Primary Care Information Service (PCIS).**

Figure 12: Richmond & Twickenham, GP practices cervical screening rates, 25-64 years.

**Source: Primary Care Information Service (PCIS).**

### Sutton & Merton

Thirteen GP practices (23.6%) in Sutton & Merton (excludes 1 practice with only 1 eligible woman) reach the national 80% target for cervical screening. The highest cervical screening rate is 85.2% at practice H85029 (). The GP practices of H85618 and H85113 record high cervical and breast screening rates. The lowest cervical screening rate is at practice H85078 at 64.8%. The GP practices of H85090 and H85634 record low coverage rates for both cervical and breast screening. The majority (39 practices accounting for 70.9% of the total) of GP practices record cervical coverage rates of between 70 and 80% ().

Table 6: Highest and lowest achieving GP practices for cervical screening coverage (25-64 years), Sutton & Merton.

|  |  |  |
| --- | --- | --- |
| Practice Code | Practice | Coverage |
| H85029 | M N Patel | 85.2% |
| H85618 | K K Kanthan | 85.2% |
| H85063 | C A M Brennan | 84.5% |
| H85064 | S D C Elliott | 83.8% |
| H85113 | Kar Gupta | 83.0% |
|  |  |  |
| H85053 | A Hafeez | 70.7% |
| H85090 | Figges Marsh Surgery | 70.3% |
| H85634 | E R W Nortley | 69.0% |
| H85027 | Dr Allen & Partners | 68.9% |
| H85078 | R Lall | 64.8% |

**Source: Primary Care Information Service (PCIS).**

Figure 13: Sutton & Merton, GP practices cervical screening rates, 25-64 years.

**Source: Primary Care Information Service (PCIS).**

### Wandsworth

Only four (8.7%) GP practices (5 GP practice exclude due to less than 5 eligible population) in Wandsworth achieve the 80% national target for cervical screening in Wandsworth. The highest coverage rate is 81.9% at practice H85114 (). It also records one of the highest breast screening rates in Wandsworth, however it is still below the 70% target for breast screening coverage. The lowest cervical screening rate in Wandsworth is very low, for this cohort at 30.5% at practice H85107. This GP practice also records a low breast screening rate also. The majority of cervical screening coverage rates are in the range of 70 to 80%, 27 (58.7%) GP practices in total ().

Table 7: Highest and lowest achieving GP practices for cervical screening coverage (25-64 years), Wandsworth.

|  |  |  |
| --- | --- | --- |
| Practice Code | Practice | Coverage |
| H85114 | C J D Peach | 81.9% |
| H85003 | S A Job | 81.5% |
| H85075 | S Haider | 81.0% |
| H85685 | M Sreetharan | 80.3% |
| H85069 | C M Kroll | 79.4% |
|  |  |  |
| H85664 | B C Amin | 61.0% |
| H85065 | A M Alissa | 60.4% |
| H85008 | P L Bowen | 57.1% |
| H85056 | A Kumar | 53.2% |
| H85107 | S M Sultan | 30.5% |

**Source: Primary Care Information Service (PCIS).**

Figure 14: Wandsworth, GP practices cervical screening rates, 25-64 years.

**Source: Primary Care Information Service (PCIS).**

# Gynaecological Cancer Incidence

This section presents information on incidence for a range of cancers that are grouped under gynaecology. Data is presented by individual cancer site or as grouped under the term gynaecology. For some rare cancers such as vulval and vaginal cancer incidence data is not available.

## Under 75 cervical cancer incidence by PCT 2004-06

shows the under 75 age standardised cervical cancer incidence in SWL for 2004-06. The highest incidence is seen in Wandsworth at 7.99 per 100,000 population (95%CI 5.09 – 10.89). The lowest incidence rate is in Kingston at 4.90 per 100,000 (95%CI 2.12 – 7.69). Due to the small number of cases (e.g. 36 over 3 years in Wandsworth) the confidence intervals are wide.

Figure 15: Directly age standardised (DSR) under 75 years cervical cancer incidence, 2004-06.

**Source: Clinical and Health Outcomes Knowledge Base, National Centre for Health Outcomes Development (NCHOD).**

## All age cervical cancer incidence by PCT 2004-06

The all age directly standardised cervical cancer incidence follows a similar pattern to the under 75 incidence (). Again Wandsworth (8.08 per 100,000 95%CI 5.24 – 10.92) has the highest incidence rate while Kingston has the lowest (5.50 per 100,000 95%CI 2.67 – 8.32).

Figure 16: Directly age standardised (DSR) all ages cervical cancer incidence, 2004-06.

**Source: Clinical and Health Outcomes Knowledge Base, National Centre for Health Outcomes Development (NCHOD).**

## All age cervical cancer incidence by PCT 1993-2006 (3-year rolling average)

shows age standardised cervical cancer incidence of all women for all ages. From the graph it can be seen that incidence of cervical cancer has declined rapidly in Wandsworth, by nearly a half, while in Richmond & Twickenham the incidence rate has increased by 22.4% for the same period. The fact the incidence rates are based on small yearly figures and subject to large fluctuations must be taken into consideration. The other PCTs in SWL have all experienced a reduction in the incidence rate.

Figure 17: All persons all ages directly age standardised (DSR) cervical cancer incidence, 1993-2006, 3-year rolling average.

**Source: Clinical and Health Outcomes Knowledge Base, National Centre for Health Outcomes Development (NCHOD).**

## All age ovarian cancer incidence by PCT 2003-07

The PCTs of Croydon (13.56 per 100,000 95%CI 11.11 – 16.02) and Sutton & Merton (14.08 95%CI 11.69 – 16.45) both have significantly lower incidence rates of ovarian cancer compared to the national average at 17.06 per 100,000 (95%CI 16.59 – 17.53).100 (). The highest incidence rate is in Kingston at 19.10 per 100,000 population (95%CI 14.70 – 23.50).

Figure 18: Directly age standardised (DSR) all age ovarian cancer incidence, 2003-07.

**Source: UK Cancer Information Service portal, NCIN.**

## All age corpus uteri (uterine) cancer incidence by PCT 2003-07

The all age uterine cancer incidence rate in Wandsworth and Sutton & Merton are similar at 17.57 per 100,000 population (95%CI 13.95 – 21.19) and 17.43 (95%CI 14.77 – 20.1) respectively (). They are also similar to the national (17.37 95%CI 17.15 – 17.58) and London averages (17.61 95%CI 16.98 – 18.23). Croydon, Kingston and Richmond & Twickenham have lower rates but the wide confidence intervals mean that the true value from year to year may be similar for all PCTs.

Figure 19: Directly age standardised (DSR) all ages corpus uteri cancer incidence, 2003-07.

**Source: UK Cancer Information Service portal, NCIN.**

## All age vulval cancer incidence by Cancer Network 2003-07

The age standardised rate for cancer of the vulva in SWL is significantly lower than the national average (). The rate in SWL is 1.64 per 100,000 population (95%CI 1.26 – 2.02) while the national rate is 2.36 per 100,000 (95%CI 2.28 – 2.43). The figures are too small to generate rates at the PCT level.

Figure 20: Directly age standardised (DSR) all ages corpus uteri cancer incidence, 2003-07.

**Source: UK Cancer Information Service portal, NCIN.**

## All age vaginal cancer incidence by Cancer Network 2003-07

Vaginal cancer is rare. The number of new cases was too small to generate rates for all cancer networks for comparison purposes. In the SWLCN area there were 22 incidence of vaginal cancer between 2003 and 2007, which results in an age standardised rate of 0.49 per 100,000 population (95% CI 0.27 – 0.70).

## All age gynaecological cancer incidence by PCT and Cancer Network 2002-06

The SWLCN has the highest incidence of gynaecological cancer in London at 55.2 per 100,000 population, however this is still below the national average of 64.8 per 100,000 (). Croydon records the highest incidence rate at 68.8 per 100,000 population of all PCTs in SWL. All other PCTs record an incidence rate much lower than this ranging from the lowest in Richmond & Twickenham at 36.7 per 100,000 to 56.3 in Sutton & Merton. Croydon is the only PCT with incidence higher than the national average. Confidence intervals were not available.

Figure 21: All ages directly age standardised (DSR) gynaecological cancer incidence, 2002-06.

**Source: NHS Cancer Commissioning Toolkit 2010.**

# Gynaecological Cancer Prevalence 2006

**C**ancer prevalence refers to the number of people who have previously received a diagnosis of cancer and who are still alive at a given time point. Some of these patients will have been cured and others will not. Therefore prevalence reflects both the incidence of cancer and its associated [survival](http://info.cancerresearchuk.org/cancerstats/incidence/prevalence/ssLINK/news-survival) pattern. Data is presented as individual cancer rather than a group measure under gynaecology.

## One-year prevalence by Cancer Network

In 2006 the SWLCN had an age standardised prevalence rate of cervical cancer comparable to other cancer networks in the capital () at 5.5 per 100,000 population (95%CI 3.9 – 7.0). Given the wide confidence intervals of the cancer network data it cannot be ruled out that there is no difference between cancer networks or the national average.

Table 8: Age standardised cervix uteri cancer prevalence per 100,000 population, 2006.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cancer Network | No. of patients | Crude Prevalence | ASP\* | 95% Lower CI | 95% Upper CI |
| SWLCN | 50 | 6.2 | 5.5 | 3.9 | 7.0 |
| WLCN | 54 | 5.8 | 5.5 | 4.0 | 7.0 |
| NLCN | 39 | 5.0 | 4.7 | 3.2 | 6.2 |
| NELCN | 28 | 3.6 | 3.6 | 2.2 | 5.0 |
| SELCN | 60 | 7.7 | 7.7 | 5.7 | 9.7 |
| England | 2,032 | 7.9 | 7.4 | 7.0 | 7.7 |

\*Age standardised prevalence

**Source: National Cancer Intelligence Network (2010).**

shows that uterine cancer is more prevalent that cervical cancer. The SWLCN has a prevalence rate ranked in the middle of London cancer networks. However, the confidence intervals are wide meaning the true value could range widely for each network.

Table 9: Age standardised uterus cancer prevalence per 100,000 population, 2006.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cancer Network | No. of patients | Crude Prevalence | ASP\* | 95% Lower CI | 95% Upper CI |
| SWLCN | 130 | 16.2 | 15.5 | 12.7 | 18.2 |
| WLCN | 126 | 13.6 | 14.0 | 11.5 | 16.5 |
| NLCN | 112 | 14.4 | 14.4 | 11.6 | 17.1 |
| NELCN | 116 | 14.9 | 16.6 | 13.5 | 19.7 |
| SELCN | 128 | 16.4 | 16.9 | 13.9 | 19.9 |
| England | 4,996 | 19.3 | 15.8 | 15.4 | 16.3 |

\*Age standardised prevalence

**Source: National Cancer Intelligence Network (2010).**

shows that ovarian cancer is more prevalent than cervical cancer but not uterine cancer. The SWLCN has the highest one-year age standardised prevalence for cancer of the uterus in London. Wide confidence intervals mean the true value could be similar to other cancer networks in London or the national average.

Table 10: Age standardised cancer of the ovarian cancer prevalence per 100,000, 2006.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cancer Network | No. of patients | Crude Prevalence | ASP\* | 95% Lower CI | 95% Upper CI |
| SWLCN | 106 | 13.2 | 11.9 | 9.5 | 14.3 |
| WLCN | 89 | 9.6 | 9.6 | 7.6 | 11.7 |
| NLCN | 79 | 10.2 | 10.3 | 7.9 | 12.6 |
| NELCN | 74 | 9.5 | 10.1 | 7.7 | 12.5 |
| SELCN | 81 | 10.4 | 10.5 | 8.1 | 12.8 |
| England | 3,775 | 14.5 | 12.4 | 12.0 | 12.8 |

\*Age standardised prevalence

**Source: National Cancer Intelligence Network (2010).**

No prevalence data for vulval or vaginal cancer was available.

# Gynaecological Cancer Survival 2002-07

The Cancer Reform Strategy (Department of Health 2007) emphasizes the importance of diagnosing cancer early by screening, raising public awareness of signs and symptoms of cancer and minimising delays in investigation and referral. The overarching goal of NAEDI is to promote earlier diagnosis of cancer and thereby improve survival rates and reduce cancer mortality. Individual cancer survival data is provided by the Thames Cancer Registry, which was obtained from the NCIS, while the grouped urology data was obtained through the NHS Cancer Commissioning Toolkit.

## Cervical cancer one-year relative survival Cancer Network

The Cancer Reform Strategy (Department of Health 2007) acknowledges the lack of data concerning the staging of cancers and suggests that one-year cancer survival rates are a good proxy for late presentation of cases. The survival analysis was based on a cohort of cancer patients aged between 0 and 99 years, diagnosed between 2002 and 2006, and follow-up was to the end of 2007. The cohort approach was used to estimate the relative survival. The cancer network one-year survival rates are sourced from the Thames Cancer Registry (TCR) whom also extracted other country survival rates for comparison purposes. They are survival rates from the EUROCARE-4 study. Finland, Norway and Sweden are selected as these countries have similar cancer registration features and access to death certification data as the United Kingdom. It is worth noting that some of the definitions for the cancer sites were slightly different for colorectal cancer between the two data sources. The data from the NCIS refer to a more recent cohort of patients than those from the EUROCARE-4 study.

show that the SWLCN estimated performance on cervical cancer one-year survival is comparable to the three Scandinavian countries, ranging from 86.8% (95%CI 85.5 – 88.1) in Finland to 88.6% (95%CI 87.7 – 89.4) in Norway. The proportion of women estimated to be still alive one year after diagnosis in SWLCN is 85.0% (95%CI 80.6 – 89.3). Only the SELCN has a better estimated survival rate.

Figure 22: One-year (2002-07) estimated relative survival rates for cervical cancer by cancer network with selected Eurocare 4 study countries.

**Source: Cancer in South East England 2007 Report, Thames Cancer Registry, 2010.**

## Ovarian cancer one-year relative survival by Cancer Network

The SWLCN has the highest estimated one-year survival in London at 71.9% (95%CI 68.2 – 75.5) (). The one-year relative survival rates for ovarian cancer are lower than for cervical and uterine cancer. SWL’s performance is well below the Scandinavian countries with Norway being the closet country at 74.5% (95%CI 73.6 – 75.5). Sweden’s one-year survival rate is as high as the cervical one-year survival in the UK.

Figure 23: One-year (2002-07) estimated relative survival rates for ovarian cancer by cancer network with selected Eurocare 4 study countries.

**Source: Cancer in South East England 2007 Report, Thames Cancer Registry, 2010.**

## Uterine cancer one-year relative survival by Cancer Network

The SWLCN has the highest estimated one-year survival in London at 90.6% (95%CI 88.1 – 93.1) (), higher than the one-year survival rate for cervical cancer. Due to a low number of uterine cancer cases the confidence intervals are wide at the cancer network level. The true value could vary widely and therefore it is not appropriate to compare against the Scandinavian countries.

Figure 24: One-year (2002-07) estimated relative survival rates for uterine cancer by cancer network with selected Eurocare 4 study countries.

**Source: Cancer in South East England 2007 Report, Thames Cancer Registry, 2010.**

Providing comparisons and a benchmark to aim for is valid. The difference in survival rates between the UK and European rates may not only be due to later presentation in the UK but also additional factors such as data quality, tumour-related factors, host factors and healthcare-related factors (Thomson and Forman 2009, Brewster 2010). However comment and research does state that poor survival in the UK compared to other European countries is associated with more advanced stage at presentation ([Imperatori](http://thorax.bmj.com/search?author1=A+Imperatori&sortspec=date&submit=Submit) et al. 2006, Richards 2009, Brewster 2010, Crawford 2010).

# Gynaecological Cancer Mortality

## All age cervical cancer mortality by Cancer Network 2004-08

The number of deaths from cervical cancer was too small to produce mortality rates by PCT. The SWLCN has the lowest mortality rate from cervical cancer in London at 1.93 per 100,000 population (95%CI 1.52 – 2.35) (). It is also lower than the national average at 2.41 per 100,000 (95%CI 2.33 – 2.49).

Figure 25: Directly age standardised (DSR) all age cervical cancer mortality by Cancer Network, 2004-08.

**Source: UK Cancer Information Service portal, NCIN.**

## All age ovarian cancer mortality by PCT 2004-08

The numbers of women dying from ovarian cancer are small, which is reflected in the wide confidence intervals in . Kingston and Richmond & Twickenham have similar mortality rates that are the highest in SWL at 10.73 per 100,000 (95%CI 7.62 – 13.84) and 10.56 (95%CI 7.62 – 13.51) respectively. Croydon has the lowest recorded mortality rate at 7.99 per 100,000 population (95%CI 6.16 – 9.81).

Figure 26: All persons directly age standardised (DSR) ovarian cancer mortality, 2004-08 by PCT.

**Source: UK Cancer Information Service portal, NCIN.**

## All age uterine cancer mortality by PCT 2004-08

Croydon records the highest mortality from uterine cancer in SWL at 4.40 per 100,000 population (95%CI 3.06 – 5.73) with Kingston the lowest at 2.61 per 100,000 (95%CI 1.09 – 4.14) (). Wandsworth and Richmond & Twickenham have similar mortality rates at 3.99 per 100,000 population (95%CI 2.33 – 5.66) and 4.13 (95%CI 2.32 – 5.93) respectively. The small number of deaths from uterine cancer results in the confidence intervals being wide which may give an indication of the possible variation from year to year in the mortality rate.

Figure 27: Directly age standardised (DSR) all ages uterine cancer mortality, 2004-08.

**Source: UK Cancer Information Service portal, NCIN.**

## All age vulval cancer mortality by Cancer Network 2004-08

Mortality from vulval cancer is very low compared to many other cancers (). The SWLCN has the lowest rate of mortality from vulval cancer in London at 0.34 per 100,000 population (95%CI 0.19 – 0.49). It is also significantly lower than the national average which has a rate of 0.62 per 100,000 (95%CI 0.59 – 0.66).

Figure 28: Directly age standardised (DSR) all age vulval cancer mortality, 2004-08.

**Source: Clinical and Health Outcomes Knowledge Base, National Centre for Health Outcomes Development (NCHOD).**

## All age vaginal cancer mortality 2004-2008

Mortality from vaginal cancer is rare. The number of deaths over 5 years was too small at PCT and cancer network level to generate rates.

## All age gynaecological cancer mortality by PCT and Cancer Network 2003-07

Gynaecological cancer mortality in SWL is below the national average, which was at a rate of 9.3 per 100,000 population for the 5-year period 2003-07 (). The highest rate is recorded for Wandsworth at 8.7 per 100,000 while Sutton & Merton records the lowest at 8.0. On a sector level the SWLCN has a mortality rate lower than all other networks except (N)WLCN. The mortality rate from all gynaecological cancer in SWLCN is 8.3 per 100,000 population. Confidence intervals were not available.

Figure 29: Directly age standardised (DSR) all age gynaecological cancer mortality, 2007.

**Source: NHS Cancer Commissioning Toolkit 2010.**

# Emergency Admissions

Emergency admissions are a reflection that patients may not be getting diagnosed or treated at an early stage of their cancer, thus it may be an indicator of late presentation, late diagnosis and entry to treatment not through primary care (National Cancer Intelligence Network 2009a). Over the past eight years, although elective day case episodes (usually for chemotherapy) have risen, inpatient admissions for cancer have also risen by 25% (nationally). Most of this increase relates to emergency cancer inpatient episodes and emergency bed days are rising by 2.5% each year. A number of emergency admissions are due to the side effects of treatment, for example chemotherapy, or radiotherapy, or due to progressive disease (NHS Cancer Commissioning Toolkit 2010).

## All cancer emergency admissions by GP Practice 2008-09

Data in this section include all emergency admissions with an invasive cancer code (ICD-10 C00-C97, excluding C44) present in any diagnostic field and were originally extracted from the national HES database. Data by cancer site was not available. The figures are crude rates expressed per 100,000 persons of emergency in-patient or day-case admissions. As these are crude rates it is not suitable to compare between PCTs. Emergency admissions may occur at any stage of the cancer pathway and will include persons diagnosed with cancer in prior years. This indicator may be expected to be higher in practices with an unusually high fraction of persons of 65+ years of age, due to the higher incidence of cancer at these ages. This must be considered when/if GP practices with high rates are investigated. Where the number of referrals for a GP practice was less than 5, no rate has been released nor has the GP practice been identified.

* + 1. **Croydon**

shows the variation in emergency admissions by GP practice across Croydon PCT. The highest admission rate is 1349.21 per 100,000 population (95%CI 1004.49 – 1774.00) at practice H83029 and is significantly higher than the PCT average (610.41 95%CI 585.49 – 636.12). Six other GP practices record admission rates significantly higher than the PCT average. They are practices H83619, H83031, H83033, H83019, H83050 and H83015.

**Figure 30: Croydon all cancer emergency admissions crude rate per 100,000 population.**

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

The lowest admission rate is 146.88 per 100,000 population (95%CI 53.63 – 319.70) at practice H83041. This rate is also significantly lower than the PCT average. A further three GP practices record cancer admission rates significantly below the PCT average; they are H83051, H83625 and H83025. One GP practice records less than five admissions over 2008-09.

* + 1. **Kingston**

Five GP practices, H84015, H84049, H84607, H84053 and H84033 record an all cancer emergency admission rate that is significantly higher than the PCT average which is calculated at 506.50 per 100,000 population (95%CI 472.50 – 542.27). The highest rate is 1359.91 per 100,000 (95%CI 1090.65 – 1675.48) at practice H84015 ().

**Figure 31: Kingston all cancer emergency admissions crude rate per 100,000 population.**

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

The lowest admission rate is 200.32 per 100,000 population (95%CI 64.56 – 467.48) at practice Y02379. This rate is also significantly lower than the PCT average. A further three GP practices record cancer admission rates significantly below the PCT average; they are H84020, H84025 and H84619. One GP practice records less than five admissions in 2008-09.

* + 1. **Richmond & Twickenham**

Richmond & Twickenham has an average cancer admission rate of 536.97 per 100,000 population (95%CI 505.10 – 570.33) (). Four GP practices record admission rates significantly higher than the PCT average. These practices include; H84060, H84018, H84031 and H84032. The highest admissions rate was 1272.17 per 100,000 population (95%CI 993.53 – 1604.70) at practice H84060.

**Figure 32: Richmond & Twickenham all cancer emergency admissions crude rate per 100,000 population.**

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

The lowest admission rate was 246.36 per 100,000 population (95%CI 127.15 – 430.36) at practice H84625. This rate was significantly lower than the PCT average. Two other GP practices also record an admission rate significantly below the PCT average; they are H84005 and Y01206. Two GP practices recorded less than five admissions.

* + 1. **Sutton & Merton**

shows the variation in cancer emergency admissions by GP practice across Sutton & Merton PCT. The highest admission rate was 1858.19 per 100,000 population (95%CI 1314.79 – 2550.60) at practice H85108 and is significantly higher than the PCT average (634.87 95%CI 609.88 – 660.63). A further seven GP practices record admission rates significantly higher than the PCT average. They are practices H85110, H85683, H85032, H85653, H85038, H85030, and H85037.

**Figure 33: Sutton & Merton all cancer emergency admissions crude rate per 100,000 population.**

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

The lowest admission rate is 88.42 per 100,000 population (95%CI 28.49 – 206.34) at practice H85112. This rate is also significantly lower than the PCT average. Six other GP practices record cancer admission rates significantly below the PCT average; they are, H85022, H85649, H85634, H85027, H85028 and H85686. One GP practice records less than 5 emergency admissions in 2008-09.

* + 1. **Wandsworth**

Wandsworth has an average cancer admission rate of 443.07 per 100,000 population (95%CI 420.53 – 466.51). Six GP practices record admission rates significantly higher than the PCT average (). These practices include; H85006, H85643, H85005, H85067, H85008 and H85045. The highest admissions rate was 840.49 per 100,000 population (95%CI 615.29 – 1121.13) at practice H85006.

**Figure 34: Wandsworth all cancer emergency admissions crude rate per 100,000 population.**

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

Two GP practice recorded no emergency admissions for 2008-09. The lowest rate was 171.56 per 100,000 population (95%CI 98.00 – 278.63) at practice Y01132. This rate was significantly below the PCT average. Four other practices, H85012, H85049, H85680 and H85048 also recorded an emergency admission rate below the PCT average.

## Gynaecological cancer emergency bed days by PCT and Cancer Network 2007-08

PCTs, supported by cancer networks, should ensure that emergency bed usage is minimised by the provision of individualised patient care, including a specialist out of hours service and effective community support. This indicator, which measures the number of emergency bed days for cancer per head of unified weighted population, is an indicator for local action in the “Vital Signs”.

Compared to all the cancer networks in London the SWLCN records the highest number of emergency bed days per 100,000 weighted population at 219 per 100,000 for gynaecological cancers (). The SWLCN sector also records the highest emergency bed days for lung, colorectal and breast cancer. Split by PCT reveals a large variation between areas with Richmond & Twickenham at 341 per 100,000 the highest. This is one of the highest rates for emergency bed days in the country for gynaecological cancers. Wandsworth records the lowest rate at 154 bed days per 100,000 weighted population; in addition to Richmond & Twickenham, Kingston, Croydon and Sutton & Merton also record rates above the national average.

Figure 35: Cancer emergency bed days per 100,000 weighted population, 2007-08.

**Source: National Cancer Services Analysis Team (NatCanSAT) from Hospital Episode Statistics (HES).**

# Cancer Referrals

## Urgent two week wait (2WW) referrals for suspected cancer by GP Practice 2009

Gynaecological cancer specific referral data was not available therefore all cancer referral rates have been included as a substitute. Patient level Cancer Waiting Times data (including patient identifiers) was sourced from the Department of Health Cancer Waiting Times Database by the Trent Cancer Registry. Each patient was traced to a GP Practice using the Open Exeter Batch Tracing Service Two Week Wait Referrals were identified for patients with a date first seen on the CWT database in 2009. All records with a ‘Referral Priority Type’ of 3 (Two Week Wait) were counted, excluding patients referred for non-cancer breast symptoms. The data included the number of Two Week Wait referrals with a suspicion of cancer, whether or not cancer was subsequently diagnosed. This indicator may be expected to be higher in practices with an unusually high proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages. In many cases the number of referrals will be small resulting in large confidence intervals. Where the number of referrals for a GP practice was less than 5, no rate has been released nor has the GP practice been identified.

### Croydon

The average 2WW crude referral rate for suspected cancer in Croydon for 2009 was 1092.41 per 100,000 population (95%CI 1058.99 – 1126.63) (). Thirteen GP practices record a referral rate that is significantly higher than the PCT average. They are: H83035, H83048, H83009, H83013, H83016, H83014, H83052, H83015, H83004, H83029, H83018, H83001 and H83024. The highest referral rate was 2990.30 per 100,000 population (95%CI 2459.89 – 3601.14) at practice H83035.

Figure 36: Croydon urgent 2WW referrals for suspected cancer, crude rate per 100,000 population.

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

Twenty-four GP practices record an all cancer crude urgent 2WW referral rate that is significantly lower than PCT average. The five lowest practices are: H83030, H83623, H83625, H83023 and H83634. The lowest referral rate was 296.34 per 100,000 population (95%CI 147.73 – 530.26) at practice H83030.

### Kingston

Four GP practices in Kingston record a suspected cancer referral rate that is significantly higher than the PCT average. These four GP practices were: H84008, H84637, H84025 and H84034. The PCT average rate was 1234.63 per 100,000 population (95%CI 1181.25 – 1289.80) (). GP practice H84008 records a much higher referral rate compared to all other GPs in Kingston at 3807.11 per 100,000 population (95%CI 3291.45 – 4380.62).

Figure 37: Kingston urgent 2WW referrals for suspected cancer, crude rate per 100,000 population.

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

The lowest referral rate was 426.48 per 100,000 population (95%CI 263.90 – 651.96) at practice H84629. Seven GP practices in Kingston record an urgent cancer referral rate significantly below the PCT average; they are H84629, H84054, H84033, H84619, H84607, H84020 and H84635. One GP practice records less than 5 cancer referrals for the whole of 2009.

### Richmond & Twickenham

The average 2WW crude cancer referral rate in Richmond & Twickenham for 2009 was 1156.66 per 100,000 population (95%CI 1109.66 – 1205.15) (). Seven GP practices, H84623, H84060, H84006, H84031, H84007, H84615, and H84012, record a referral rate that is significantly higher than the PCT average. The highest referral rate was 2246.73 per 100,000 population (95%CI 1916.97 – 2616.93) at practice H84623.

Figure 38: Richmond & Twickenham urgent 2WW referrals for suspected cancer, crude rate per 100,000 population.

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

The lowest referral rate was 163.13 per 100,000 population (95%CI 59.57 – 355.08) at practice H84041, a rate significantly below the PCT average. Eleven other GP practices record urgent suspected cancer referral rates significantly below the PCT average. The practice codes were: H84632, H84608, H84625, H84630, H84005, H84036, H84014, H84039, H84055, H84023 and H84017.

### Sutton & Merton

The average 2WW crude cancer referral rate in Sutton & Merton for 2009 was 1313.64 per 100,000 population (95%CI 1277.57 – 1350.46) (). Fifteen GP practices record a referral rate that was significantly higher than the PCT average. The five highest GP practices are H85019, H85035, H85076, H85030 and H85033. The highest referral rate was 2453.05 per 100,000 population (95%CI 2046.48 – 2916.71) at practice H85019.

Figure 39: Sutton & Merton urgent 2WW referrals for suspected cancer, crude rate per 100,000 population.

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

The lowest cancer referral rate was 294.12 per 100,000 population (95%CI 107.40 – 640.19) at practice H85618 and was significantly lower than the PCT average. In total seventeen GP practices recorded urgent cancer referral rates significantly below the PCT average. The five lowest GP practices were H85618, H85053, H85665, H85070 and H85656.

### Wandsworth

Thirteen GP practices in Wandsworth record a suspected cancer referral rate that is significantly higher than the PCT average. These practices are H85052, H85006, H85048, H85100, H85082, H85003, H85005, H85114, H85011, H85111, H85069, H85087 and H85045. The PCT average is 1267.93 per 100,000 population (95%CI 1229.93 – 1307.17) (). The highest suspected urgent cancer referral rate was 2788.03 per 100,000 population (95%CI 2339.12 – 3297.96) at practice H85052.

Figure 40: Wandsworth urgent 2WW referrals for suspected cancer, crude rate per 100,000 population.

**Source: Practice Profiles, NHS Cancer Commissioning Toolkit.**

One GP practice did not record a cancer referral for 2009, while a further two GP practices recorded less than five referrals in the year. The lowest generated referral rate was 279.20 per 100,000 population (95%CI 144.10 – 487.74) at practice H85088. Along with another sixteen practices the referral rates recorded were significantly below the PCT average. The five lowest GP practices were H85088, H85107, H85650, H85008 and H85056.

## Proportion of gynaecological cancer cases diagnosed through non-urgent referral by PCT and Cancer Network 2010

In general, the earlier a cancer is diagnosed, the greater the prospect of a cure. Evidence suggests that later diagnosis of cancer has been a major factor in the poorer survival rates in the UK compared with some other countries in Europe. One of the priorities of the Cancer Reform Strategy for England, is to diagnose more cancers early. The proportion of cases of cancer diagnosed through the two week wait programme (2WW) is an indicator of a GPs' recognition of the signs and symptoms of cancer and appropriateness of the referral. There is wide variation across the country in the percentage of cases diagnosed through non urgent referral routes. If relatively high numbers of patients are diagnosed through non urgent referrals, this would merit investigation by the PCT (Cancer Commissioning Toolkit 2010).

Figure 41: Percentage of total gynaecological cancer cases diagnosed through non-urgent referral, 2010.

**Source: National Cancer Waiting Times database (CWT-db).**

Wandsworth records the highest proportion of diagnosed non-urgent gynaecological cancer referrals at 52.0% (). This is high relative to the national average and most other PCTs in SWL. Sutton & Merton has the next lowest proportion at 46.7% which is ranked just above the lower quartile for the national range of proportions. Kingston records the lowest proportion of non-urgent referrals at 32.8%. The SWLCN records a proportion of diagnosed cases through non-urgent referrals at 44.2%. This is above the national average of 41.6%. There was no data available for the (N)WLCN.

## Percentage of urgent 2 week gynaecological cancer referrals resulting in a cancer diagnosis (‘The Hit Rate’) by PCT and Cancer Network 2010

shows the percentage of suspected gynaecological cancer referrals that result in an actual diagnosis of cancer.

1. The proportion of cases of cancer diagnosed through the two week wait programme (2WW) is an indicator of GPs’ recognition of the signs and symptoms of cancer and appropriateness of the referral.

Overall a low proportion of cancer diagnoses are made through the 2 week wait (2WW) referral process, 8.6% nationally (). In SWL 6.6% of 2WW referrals resulted in a cancer diagnosis, the lowest in London. Within the SWLCN, Kingston PCT records the highest percentage of gynaecological referrals resulting in cancer at 10.1%, while Richmond and Twickenham records the lowest at 5.6%.

Although not a Department of Health standard, this metric demonstrates the percentage of two week referrals (TWR) found to have cancer, and may be indicative of the quality of service provided by local organisations. If the benchmarked data show the organisation within the lower quartile (i.e. a smaller proportion of patients referred as TWR are diagnosed with cancer than other organisations) then questions could be asked about the interpretation of the TWR NICE Referral Guidelines by primary care. The PCTs of Richmond & Twickenham, Sutton & Merton, Croydon and Wandsworth as well as the SWLCN as a whole are within the lower quartile. In addition local secondary care teams could be asked to audit the appropriateness of all TWR referrals received (NHS Cancer Commissioning Toolkit 2010).

Figure 42: Percentage of urgent gynaecological cancer referrals diagnosed with cancer.

**Source: National Cancer Waiting Times database (CWT-db).**

# Primary Care Audit 2010

The Cancer Reform Strategy 2007 proposed undertaking a national audit in primary care of newly-diagnosed cancers, to inform decisions about how best to support primary care professionals and ensure the earliest diagnosis. During the period April-June 2010 the SWLCN undertook such an audit. A person’s cancer pathway begins when they recognise and then act on signs and symptoms. A person who has a type of cancer with easily recognisable symptoms will present sooner. For example, breast cancer signs are more recognisable than those of colon cancer. Sometimes, despite recognising symptoms, people are reluctant to present to primary care. The audit covered 39 practices across South West London. The results are presented generically for all cancers with data aggregated for all cancers also.

Of all the cancer patients found in the audit 46% (299 cases) were 2 week referrals, which is similar to the average (45%) recorded across England for 2009-10. Fourteen percent (89) were emergency cases and 15% (101) were classed as routine. The number of emergency cases appears excessive (compared to other networks); this may be due to occurrences of patients that did not visit the GP but were admitted to hospital via A&E being recorded as emergency cases. The correct definition in relation to GPs is only those patients that visit the GP and are immediately (same day) referred to the acute trust. Consultation with participating GPs and the lead GP for the SWLCN audit confirmed this ambiguity had arisen (SWLCN 2010).

Twelve percent (81) were not referred by the practice. Overall 146 cases (22%) were identified as cases where an avoidable delay had occurred. Seventy-seven percent of patients (all cancers) were referred to secondary care after 2 or less visits to the GP surgery, 9% (64) between 3 and 4 times and 4% (25) five times or more.

## Avoidable delays (all cancers)

GP’s identified **146** cases of avoidable delays as assessed by the auditing GP. Of these:

* **31%** (45 cases) due to patient delaying either first presentation, investigation or hospital referral.
* **11%** (16 cases) could have been referred sooner using 2 week rule.
* **23%** (34 cases) delayed in referral to secondary care, often due to the GP not initially thinking of cancer as a possible diagnosis.
* **9%** (14 cases) delayed due to communication problems between primary and secondary care.
* **18%** (27 cases) delayed after referral to secondary care.
* **7%** (10 cases) delayed due to other causes.

# Cancer Awareness Measure (CAM) Survey in South West London 2010

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This section summarises the findings from research conducted by Ipsos MORI Social Research Institute (2010) and commissioned by the SWLCN on cancer awareness amongst the residents of South West London undertaken between May and August 2010. A total of 5,009 resident people were interviewed across South West London. The majority of South West London residents report having been affected by cancer in some way, either personally or through friends or family having the disease. One in ten residents (12%) has personally had cancer themselves. Specific groups of residents – particularly women, white residents, those aged 45-54 and those from social grades AB – are particularly more likely to have been affected by cancer. Over half of residents (54%) reported having a close family member having had cancer.

Residents mention a range of possible warning signs and symptoms of cancer when unprompted, the most commonly mentioned of which is an unusual lump or swelling (59%). In Richmond a significantly higher proportion (67%) compared to the sector average, recognised this as a warning sign of cancer while a significantly lower proportion (52%) recognised this in Wandsworth (). Bleeding was recognised as a possible warning sign of cancer by a quarter (24%) of respondents. This rose to a high of 29% in Richmond. The lowest proportion was in Croydon at 22%.

Table 11: Summary of CAM responses (%).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Warning Signs of Cancer | | SWL | Croydon | Kingston | Merton | Richmond | Sutton | Wandsworth |
| Unprompted | Unusual lump or swelling | 59 | 60 | 64 | 54 | 67 | 61 | 52 |
| Bleeding | 24 | 22 | 25 | 27 | 29 | 23 | 23 |
| Persistent unexplained pain | 20 | 20 | 22 | 21 | 27 | 13 | 20 |
| Unexplained weight-loss | 18 | 20 | 17 | 15 | 22 | 17 | 15 |
| Loss of appetite | 8 | 7 | 8 | 7 | 11 | 7 | 8 |
| Prompted | Unusual lump or swelling | 94 | 96 | 94 | 90 | 97 | 96 | 91 |
| Bleeding | 83 | 81 | 83 | 81 | 87 | 85 | 81 |
| Persistent unexplained pain | 79 | 79 | 79 | 80 | 81 | 79 | 76 |
| Unexplained weight-loss | 83 | 85 | 81 | 80 | 84 | 85 | 80 |
| If you had an unexplained pain, how long would you wait until making an appointment | | | | | | | | |
|  | 1-3 days | 24 | 29 | 22 | 29 | 22 | 16 | 24 |
|  | 4-6 days | 16 | 15 | 19 | 18 | 15 | 17 | 17 |
|  | 1 week | 24 | 24 | 23 | 25 | 24 | 28 | 21 |
|  | 2 weeks | 18 | 15 | 17 | 14 | 21 | 21 | 20 |
|  | 1 month | 9 | 7 | 11 | 7 | 10 | 10 | 9 |
| How much do you agree or disagree, if at all, that each of these can increase the chance of getting cancer? - Agree | | | | | | | | |
|  | HPV infection | 32 | 28 | 27 | 36 | 36 | 29 | 35 |
|  | Smoking | 90 | 90 | 93 | 89 | 92 | 93 | 88 |
|  | Eating red or processed meat | 5 | 4 | 6 | 11 | 7 | 1 | 4 |
|  | Drinking alcohol | 41 | 41 | 42 | 49 | 38 | 36 | 39 |
|  | <5 portions of fruit & veg a day | 39 | 37 | 37 | 41 | 45 | 34 | 39 |
|  | Not doing enough exercise | 38 | 33 | 39 | 41 | 39 | 38 | 41 |
| At what age are women first invited for cervical screening? | | | | | | | | |
|  | 25 | 22 | 22 | 19 | 23 | 20 | 24 | 22 |
|  | Within 5 years of correct answer | 27 | 25 | 29 | 28 | 27 | 26 | 26 |

However, the depth of residents’ awareness appears to be quite shallow, with only a relatively small proportion able to identify more than five signs of symptoms of cancer (13%). While prompted awareness of symptoms is significantly higher than unprompted, South West London residents appear to have lower levels of awareness than residents elsewhere in the country.

When asked about the actual causes of cancer, the factors highlighted by South West London residents are largely consistent with the priority ranking. They are dominated by avoidable lifestyle factors (especially smoking, 90%). A third (32%) of respondents knew that HPV infection increases the chance of developing cervical cancer. Few residents do not know or did not mention any factors that affect a person’s chance of getting cancer (five per cent combined).

The majority of South West London residents believe that there is an NHS breast cancer screening programme and an NHS cervical cancer screening programme (78% for both), although these figures are lower than for the country as a whole (87% and 84% respectively). Half of respondents (49%) knew the age or knew within 5 years the age at which a woman is first invited for cervical screening.

In almost identical results to residents across the country as a whole, South West London residents clearly believe that breast cancer is the most common form of cancer among women, with over four in five residents believing this to be true (82%). Few residents highlight other cancers, with breast cancer ten times more likely to be mentioned than the next most popular choice. In reality the three most common forms of cancer among women in South West London are breast, colorectal (bowel) and lung cancer. A third (32%) of participants believed cervical cancer was the second most common cancer in women; it is actually the 11th; while 17% stated ovarian cancer as the second most common female cancer. Thirty-seven percent of women did not know whether infection with HPV affects a person’s chances of getting cancer.

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# Conclusion

Where there is a statistical significant difference between PCTs or cancer networks it is stated in the text below. Where a rate is quoted to be higher or lower than another area or national average but the word significant is not used then no significant difference is present and it is possible (at the 95% confidence level) there is no difference between the two compared figures.

## GP practice summaries

Cervical screening data is for the quarter to the end of June 2010.

**Croydon**

Fifteen (23.8%) GP practices reached the 80% national cervical screening coverage target. The highest coverage was 88.0% at practice H83048. The GP practices of H83035 (87.2%) and H83029 (84.0%) both also achieved the highest breast screening uptake and coverage rates in the PCT. The lowest cervical screening coverage rate was 43.1% at the practice Y02962, however it is only from an eligible population of 51. Practice H83011 had a low screening coverage rate for cervical (63.6%) and breast (48.2%) cancer. Thirty-nine practices have a cervical screening coverage rate of between 60 and 70%. Seven GP practices recorded all cancer emergency admission rates significantly higher than the PCT average; they were H83029, H83619, H83031, H83033, H83019, H83050 and H83015. Four GP practices recorded emergency admission rates significantly lower than the PCT average; they were H83041, H83051, H83625 and H83025. Thirteen GP practices record a referral rate that is significantly higher than the PCT average. They five highest are: H83035, H83048, H83009, H83013 and H83016. The highest referral rate was 2990.30 per 100,000 population) at practice H83035. Twenty-four GP practices record an all cancer crude urgent 2WW referral rate that is significantly lower than PCT average. The five lowest practices are: H83030, H83623, H83625, H83023 and H83634. The lowest referral rate was 296.34 per 100,000 population (95%CI 147.73 – 530.26) at practice H83030.

**Kingston**

Ten (35.7%) GP practices achieve the 80% national cervical screening coverage target. The highest coverage rate is 85.6%% at the practice H84637. This practice also has one of the highest breast screening coverage rate in the PCT at 72.3%. Practice H84062 with an 82.6% cervical screening coverage rate also has a relatively high breast screening uptake rate at 72%. The lowest cervical coverage rate is 62.7% at practice H84607 which also has one of the lowest breast screening uptake rates at 58%. Practice H84629 also has a low cervical screening coverage rate at 70.2% and a low breast screening uptake and coverage rate at 51.0% and 55.2% respectively. Sixteen practices have a cervical screening coverage rate of between 60 and 70%. Five GP practices recorded all cancer emergency admission rates significantly higher than the PCT average; they were H84015, H84049, H84607, H84053, and H84033. Four GP practices recorded rates significantly lower than the PCT average; they were Y02379, H84020, H84025, and H84619. Four GP practices in Kingston record a suspected cancer referral rate that is significantly higher than the PCT average. These four GP practices were: H84008, H84637, H84025 and H84034. GP practice H84008 records a much higher referral rate compared to all other GPs in Kingston at 3807.11 per 100,000 population. The lowest urgent cancer referral rate was 426.48 per 100,000 population at practice H84629. Seven GP practices in Kingston record an urgent cancer referral rate significantly below the PCT average; they are H84629, H84054, H84033, H84619, H84607, H84020 and H84635. One GP practice records less than 5 cancer referrals for the whole of 2009.

**Richmond & Twickenham**

Nine (28.1%) GP practices achieve the 80% national cervical screening coverage target. The highest coverage rate is 86.9%% at practice H84031. Along with practice H84002 (85.2%) these two practices were amongst the highest coverage rates for cervical screening as well as breast screening coverage at 73.9% and 75.6% respectively. They also have the highest breast screening uptake rates at 75% and 74% respectively. The lowest cervical screening coverage rate was 59.6% at practice H84608 which also had low breast screening uptake and coverage rates at 43.0% and 43.1% respectively. In addition the practices of H84615 (71.3%) and H84639 (69.4%) had low cervical screening rates and low breast screening coverage rates at 51.5% and 51.4% respectively. Nineteen practices have a cervical screening coverage rate of between 60 and 70%. Four GP practices recorded all cancer emergency admission rates significantly higher than the PCT average; they were H84060, H84018, H84031 and H84032. Three GP practices recorded rates significantly lower than the PCT average; they were H84625, H84005 and Y01206. Seven GP practices, H84623, H84060, H84006, H84031, H84007, H84615, and H84012, record a referral rate that is significantly higher than the PCT average. The highest referral rate is 2246.73 per 100,000 population was at practice H84623. The lowest referral rate was 163.13 per 100,000 population at practice H84041, a rate significantly below the PCT average. Eleven other GP practices record urgent suspected cancer referral rates significantly below the PCT average. The practice codes for the five lowest are: H84632, H84608, H84625, H84630 and H84005.

**Sutton & Merton**

Thirteen (23.6%) GP practices achieve the 80% national cervical screening coverage target. The highest coverage rate was 85.2% at practice H85029. The practices of H85113 and H85063 have high cervical screening coverage rates, 83.0% and 84.5% respectively, as well as high breast screening rates at 82.9% and 76.3%. The lowest cervical screening coverage rate was 64.8% at practice H85078. The practices of H85090and H85634 both have low cervical screening coverage rates at 70.3% and 69.0% respectively as well as low breast screening rates at 56.8% and 56.6%. Thirty-nine practices have a cervical screening coverage rate of between 60 and 70%. Eight GP practices recorded all cancer emergency admission rates significantly higher than the PCT average; they were H 85108, H85110, H85683, H85032, H85653, H85038, H85030, and H85037. Seven GP practices also recorded rates significantly lower than the PCT average; they were H85112, H85022, H85649, H85634, H85027, H85028 and H85686. Fifteen GP practices record a referral rate that is significantly higher than the PCT average. The five highest GP practices are H85019, H85035, H85076, H85030 and H85033. The highest referral rate is 2453.05 per 100,000 population (95%CI 2046.48 – 2916.71) at practice H85019. The lowest cancer referral rate was 294.12 per 100,000 population at practice H85618 and was significantly lower than the PCT average. In total seventeen GP practices recorded urgent cancer referral rates significantly below the PCT average. The five lowest GP practices were H85618, H85053, H85665, H85070 and H85656.

**Wandsworth**

Only four (8.7%) GP practices achieve the 80% national cervical screening coverage target. The highest coverage rate was 81.9% at practice H85114. It also records one of the highest breast screening rates in the PCT at 67.4%, however still below the national target of 70%. The lowest cervical screening uptake rate was at practice H85107 at 30.5%, followed by practices H85056 (53.2%) and H85008 (57.1%). Six practices did not reach 50% uptake. The H85065 practice showed one of the lowest breast screening uptake (45.0%) and coverage (45.3%) rates as well as the lowest cervical screening coverage. Practice H85008 had one of the lowest breast screening uptake rates at 47.0% as well as a low cervical screening coverage rate. Twenty-seven practices have a cervical screening coverage rate of between 60 and 70%. Six GP practices recorded all cancer emergency admission rates significantly higher than the PCT average; they were H85006, H85643, H85005, H85067, H85008 and H85045. Five GP practices recorded admission rates significantly lower than the PCT average; they were Y01132, H85012, H85049, H85048 and H85087. Thirteen GP practices in Wandsworth record a suspected cancer referral rate that is significantly higher than the PCT average. These practices are H85052, H85006, H85048, H85100, H85082, H85003, H85005, H85114, H85011, H85111, H85069, H85087 and H85045. The highest suspected urgent cancer referral rate was 2788.03 per 100,000 population at practice H85052. The lowest generated referral rate was 279.20 per 100,000 population. Along with another sixteen practices the referral rates recorded were significantly below the PCT average. The five lowest GP practices were H85088, H85107, H85650, H85008 and H85056.

## PCT summaries

Detailed figures of each PCT are shown in the matrix below (

Figure 43).

**Croydon**

There are more areas of high deprivation in Croydon compared to other PCTs in SWL. This is possibly reflected in the higher estimated smoking prevalence for the PCT. Nearly a third of the female population is aged 50 years and older and this proportion is projected to increase by 5% in the next 20 years. Just under 40% of the population is aged between 25 years and 49 years old. One in five of the population (male & female) are obese and is the highest estimate for SWL. However this is still estimated to be significantly lower than the national average.

The cervical screening rate is below the national target at 75.6%. The under 75 cervical cancer incidence is 6.78 per 100,000 population, and it has decreased by a fifth between 19993-95 and 2004-06. Croydon has the lowest ovarian incidence rate in SWL at 13.56 per 100,000; it is also significantly lower than the national average. Croydon also has the lowest ovarian cancer mortality rate at 7.99. Uterine cancer incidence is ranked second highest at 16.84 while the mortality rate for uterine cancer in Croydon is the highest in SWL at 4.40 per 100,000. Overall, Croydon has the highest all age all gynaecological cancer incidence rate in SWL at 68.8 per 100,000 population. Mortality from gynaecological cancer is at 8.5 per 100,000 similar to all other PCTs in SWL. Croydon records a high rate of emergency bed days for gynaecological cancer at 276 per 100,000 weighted population, higher than the national average which is 159 per 100,000. The crude rate for all cancer emergency admissions was 610.41 per 100,000 population. There were 43.1% of diagnosed gynaecological cancer cases that were considered to be non-urgent, above the national average at 41.6%. The average 2WW crude referral rate for suspected cancer in Croydon for 2009 was 1092.41 per 100,000 population. A proportion of 6.1% of urgent gynaecological cancer referrals resulted in a cancer diagnosis.

**Kingston**

Thirty percent of female population is projected to be 50 years or older, and 40% is aged between 25 and 49 years old. The female 50+ population is projected to increase its share of total female population by 4.3%. There is little deprivation in the Kingston area and has possibly the lowest smoking rates in SWL. This PCT is characterised by healthier living with high estimates for exercise and fruit and vegetable consumption. The estimated obesity rate is 17.3%, significantly lower than the national average.

Under 75 cervical cancer incidence is the lowest in SWL at 4.90 per 100,000 population, while the rate has decreased 36% since 1993-95. The ovarian cancer incidence and mortality rates are the highest in SWL at 19.10 and 10.73 per 100,000 respectively. Uterine cancer incidence is middle rank at 15.41 per 100,000 while mortality from uterine cancer is the lowest in SWL at 2.61. All gynaecological cancer incidence is middle ranked amongst SWL PCTs at 47.6 per 100,000 while mortality is similar to all other PCTs in SWL at 8.6 per 100,000 population. Gynaecological cancer emergency bed day rate is higher than the national average at 183 per 100,000 weighted population but is much lower than the rate in Croydon and Richmond & Twickenham. The crude rate for all cancer emergency admissions was 506.50 per 100,000 population. Kingston records the lowest proportion of diagnosed gynaecological cancer cases that are initiated through a non-urgent referral at 32.8%. The PCT average urgent 2WW cancer referral rate was 1234.63 per 100,000 population. The PCT records the highest proportion of urgent suspected gynaecological cancer referrals resulting in a cancer diagnosis at 10.1%, which is above the national average.

**Richmond & Twickenham**

This PCT is the healthiest in SWL in health related behaviour. Thirty percent of the female population is projected to be 50 years or older, and 42.0% projected to be aged between 25 and 49 years old. The borough is characterised by healthier living with high estimates for exercise and fruit and vegetable consumption while having the lowest smoking prevalence estimates and experiencing the lowest deprivation. Obesity levels are estimated to be amongst the lowest in SWL at 14.3%.

Richmond & Twickenham has highest cervical screening coverage rate in SWL at 77.6%, but still below the national target. Under 75 cervical cancer incidence is middle ranked compared to other PCTs in SWL at 5.82 per 100,000. Female incidence is low at 5.82 per 100,000. There has been a 22.40% increase in all age cervical cancer incidence between 1993-95 and 2004-06, the only PCT to show an increase in incidence. The ovarian cancer incidence is also high (compared to other SWL PCTs) at 18.87 per 100,000 while the mortality rate is also relatively high at 10.56 per 100,000. Richmond & Twickenham has the lowest uterine incidence cancer rate in SWL at 14.01 per 100,000 but a relatively high mortality rate. The overall all age gynaecological cancer incidence is the lowest in SWL at 36.7 per 100,000 while the mortality rate is similar to the other PCTs in SWL at 8.5 per 100,000 population. Richmond & Twickenham record the highest rate of emergency bed days for gynaecological cancers at more than double the national rate at 341 per 100,000 weighted population. The crude rate for all cancer emergency admissions was 536.97 per 100,000 population. The average 2WW crude cancer referral rate in Richmond & Twickenham for 2009 was 1156.66 per 100,000 population. Just under two-fifths of diagnosed cases stem from a non-urgent referral. Only 5.6% of urgent suspected gynaecological cancer referrals result in a cancer diagnosis.

**Sutton & Merton**

Sutton & Merton reveals lifestyle prevalence estimates (smoking, exercise, diet) that rank in the middle across the SWL PCTs. There is some deprivation present with 15% of small areas (LSOA) classed amongst the highest deprivation in the sector. Obesity levels are estimated to be amongst the highest in SWL at 18.3% but are still below the national average. Around thirty percent of the female population is projected to be 50 years or older, and around 40% are projected to be aged between 25 and 49 years old. The 50+ population is projected to increase by 5.5-5.7% by 2030 while the 25 to 49 years old population is projected to decrease by 4.7-5.1% by 2030.

The cervical screening rate in the PCT is 76.0% and is below the national target. Under 75 cervical cancer incidence is 6.21 per 100,000 population and the rate since 1993-95 has decreased by 6%. The all age incidence rate for ovarian cancer is significantly lower than the national average at 14.08 per 100,000 population. The mortality rate is 9.24 per 100,000. The uterine cancer incidence is relatively high at 17.43 per 100,000 while the mortality rate is low at 2.89 per 100,000. The overall all age gynaecological cancer incidence rate is relatively high at 56.3 per 100,000 and the mortality rate is the lowest in SWL but still close to all other PCTs in SWL. The emergency bed day rate for gynaecological cancer is above the national average at 188 per 100,000. The crude rate for all cancer emergency admissions was 634.87 per 100,000 population. Sutton and Merton record 46.7% of gynaecological cancer diagnoses through non-urgent referrals. The average 2WW crude cancer referral rate in Sutton & Merton for 2009 was 1313.64 per 100,000 population. Only 6.1% of urgent suspected gynaecological cancer referrals result in a cancer diagnosis.

**Wandsworth**

Wandsworth has one of the highest estimated smoking prevalence in SWL reflecting the level of deprivation and young population in the borough. Twenty-nine percent of small areas (LSOA) in the borough are classed as highly deprived. Exercise and fruit and vegetable consumption is relatively high. Obesity levels are estimated to be the lowest in SWL and significantly lower than the national average. It has the one of the youngest populations in London with only one in five people projected to be aged 50 years and over, while over half the population is aged between 25 and 49 years old.

The cervical screening rate is the lowest in the SWL sector at 71.5%. Between 1993-95 and 2004-06 the all age cervical cancer incidence rate has decreased by 46%, however the under 75 cervical cancer incidence rate is still the highest in SWL at 7.99 per 100,000 population. The all age ovarian cancer incidence is relatively high at 17.24 per 100,000 while the mortality rate is middle ranked in SWL at 8.96 per 100,000. The all age uterine cancer incidence rate in Wandsworth is the highest in SWL at 17.57 per 100,000 while there is not much difference in mortality at 3.99 per 100,000. The overall incidence of gynaecological cancer for Wandsworth is 54.5 per 100,000 and the mortality is the highest in SWL at 8.7 per 100,000. However there is not much difference between PCTs for mortality. Wandsworth is the only PCT in SWL to have an emergency bed day rate that is below the national rate at 154 per 100,000 weighted population. The crude rate for all cancer emergency admissions was 443.07 per 100,000 population. Wandsworth records over half (52.0%) of gynaecological diagnosed cancer cases originating through non-urgent referrals, the highest in SWL. The PCT average crude 2WW urgent cancer referral rate was 1267.93 per 100,000. Only 6.1% of urgent suspected gynaecological cancer referrals result in a cancer diagnosis.

Figure 43: PCT Matrix of key urological cancer figures for South West London.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Croydon | Kingston | Richmond & Twickenham | Sutton & Merton | | Wandsworth |  | |
| 50+ female pop. as % of PCT pop. (2010) | 30.9% | 29.8% | 30.0% | 31.7% | 29.2% | 20.2% |  |  |
| 50+ female pop. increase (2010-2030) | 5.1% | 4.3% | 1.7% | 5.5% | 5.7% | 3.0% |  |  |  | |
| 25-49 female pop. as % of PCT pop. (2010) | 38.8% | 41.9% | 42.0% | 39.2% | 42.5% | 52.5% |  |  |
| 25-49 female pop. decrease (2010-2030) | 3.7% | 3.7% | 2.5% | 4.7% | 5.1% | 3.0% |  |  |
| Smoking prevalence (Adults) (2003-05) | 21.0 - 25.7% | 18.7-24.9% | 16.1 - 23.0% | 18.7 - 23.3% (Merton) | 22.1 - 29.1% (Sutton) | 21.0 - 27.7% | Lowest | Highest |
| % of small areas (LSOA) classed as highest deprivation (2007) | 33% | 5% | 4% | 15% | | 29% | Lowest | Highest | Lowest |
| Estimated obesity prevalence (2003-05) | 19.3% | 17.3% | 14.3% | 18.3% | | 14.2% | Significantly lower than nat. average |  |
| Cervical Screening (2008-09) | 75.9% | 76.1% | 77.6% | 76.0% | | 71.5% |  | Below 80% national target | Highest | |
| Under 75 cervical incidence (2004-06) | 6.78 | 4.90 | 5.82 | 6.21 | | 7.99 | Lowest | Highest |
| Decrease all age cervical cancer incidence (1995-2006) | 21.21% | 36.26% | +22.4% | 5.98% | | 45.83% | Highest | Increase |
| All age ovarian cancer incidence (2003-07) | 13.56 | 19.10 | 18.87 | 14.08 | | 17.24 | Significantly lower than nat. average | Highest |
| All age uterine cancer incidence (2003-07) | 16.84 | 15.41 | 14.01 | 17.43 | | 17.57 | Lowest | Highest |
| All age gynae. cancer incidence (2002-06) | 68.8 | 47.6 | 36.7 | 56.3 | | 54.5 | Lowest | Highest |
| All age ovarian cancer mortality (2004-08) | 7.99 | 10.73 | 10.56 | 9.24 | | 8.96 | Lowest | Highest |
| All age uterine cancer mortality (2004-08) | 4.40 | 2.61 | 4.13 | 2.89 | | 3.99 | Lowest | Highest |
| All age gynae. cancer mortality (2002-06) | 8.5 | 8.6 | 8.5 | 8.0 | | 8.7 | Lowest | Highest |
| Gynaecological emergency bed days per 100,000 weighted pop (2007-08) | 276 | 183 | 341 | 188 | | 154 | Lower than national average | Higher than national average |
| Average all cancer emergency admission crude rate per 100,000 (2008-09) | 610.41 | 506.50 | 536.97 | 634.87 | | 443.07 |  |  |
| 2WW urgent cancer referral rate per 100,000 (2009) | 1092.41 | 1234.63 | 1156.66 | 1313.64 | | 1267.93 |  |  |
| % of cases diagnosed through non-urgent referrals (2010) | 43.1% | 32.8% | 39.7% | 46.7% | | 52.0% | Lowest | Highest |
| % of urgent 2 week gynae. cancer referrals resulting in cancer diagnosis (2010) | 6.3% | 10.1% | 5.6% | 6.1% | | 6.1% | Highest | Lowest |

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## South West London Cancer Network specific

From the matrix below it can be seen that the SWLCN performs well on some indicators and no so well on others (). All age vulval cancer incidence is significantly lower than the national average while overall the SWLCN has the highest all gynaecological cancer incidence rate in London (no confidence intervals provided). It must be noted that the time period is slightly different. The SWLCN has the highest ovarian cancer prevalence in London. The highest uterine and ovarian one-year relative survival rate is seen in the SWLCN at 90.6% and 71.9% respectively. SWLCN uterine and ovarian one-year survival is comparable to the rates found in Finland and Norway as part of the EUROCARE-4 study, while cervical one-year survival at 85.0% is comparable to Finland, Norway and Sweden. The SWLCN also has low rates of cervical cancer (1.93 per 100,000) and vulval cancer (0.34 significantly lower than national average) mortality, while overall the gynaecological mortality rate in SWLCN is also low compared to other networks. Reflecting high rates in the SWL PCTs the SWLCN records the highest emergency bed day rate in London at 219 per 100,000 weighted population, well above the national average of 159. Just over two-fifths of gynaecological cancer cases are diagnosed through non-urgent referrals. The SWLCN also has the lowest “Hit Rate” in London for the proportion of urgent two week referrals that result in a cancer diagnosis at 6.1%. Overall the urgent 2WW referral rate for SWL was 2.33 per 1,000 women.

Figure 44: Matrix of key urological cancer figures for South West London Cancer Network.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | SWLCN | NELCN | NLCN | (N)WLCN | SELCN |  |  |
| All age vulval cancer incidence (2003-07) | 1.64 | 2.17 | 1.43 | 1.52 | 1.98 | Significantly lower than national average |  |
| All age gynaecological cancer incidence (2002-06) | 55.2 | 44.8 | 49.9 | 35.5 | 49.7 | Lowest | Highest |
| Cervical cancer prevalence (2006) | 5.5 | 3.6 | 4.7 | 5.5 | 7.7 | Lowest | Highest |
| Uterus cancer prevalence (2006) | 15.5 | 16.6 | 14.4 | 14.0 | 16.9 | Lowest | Highest |
| Ovarian cancer prevalence (2006) | 11.9 | 10.1 | 10.3 | 9.6 | 10.5 | Lowest | Highest |
| Cervical cancer one-year survival (2002-07) | 85.0% | 77.4% | 83.6% | 81.8% | 86.4% | Highest | Lowest |
| Uterine cancer one-year survival (2002-07) | 90.6% | 88.1% | 88.0% | 89.0% | 86.2% | Highest | Lowest |
| Ovarian cancer one-year survival (2002-07) | 71.9% | 63.0% | 68.2% | 63.1% | 66.3% | Highest | Lowest |
| All age cervical cancer mortality (2004-08) | 1.93 | 2.71 | 2.23 | 2.00 | 2.40 | Lowest | Highest |
| All age vulval cancer mortality (2004-08) | 0.34 | 0.78 | 0.57 | 0.35 | 0.81 | Significantly lower than national average |  |
| All age gynaecological cancer incidence (2003-07) | 8.3 | 9.2 | 8.9 | 8.0 | 9.4 | Highest | Lowest |
| Gynaecological emergency bed days per 100,000 – weighted pop. (2007-08) | 219 | 107 | 141 | 157 | 111 | Lowest | Highest |
| % of cases diagnosed through non-urgent referrals (2010) | 44.2% | 44.8% | 46.2% | - | 38.1% | Lowest | Highest |
| % of urgent 2 week gynaecological cancer referrals resulting in cancer diagnosis (2010) | 6.6% | 7.2% | 8.0% | No data | 7.0% | Highest | Lowest |

## Recommendations

* Improve cervical screening rates across the sector particularly targeting eligible women at practices where coverage rates are low.
* Investigate gynaecological emergency admissions in Kingston, Richmond & Twickenham and Sutton & Merton, the emergency bed day rates are above the national average in these PCTs.
* Review the proportion of diagnosed cancer cases referred through a non-urgent route in Croydon, Sutton & Merton and Wandsworth PCTs.
* Investigate the interpretation of the NICE Referral Guidelines for breast cancer by primary care at Croydon, Richmond & Twickenham, Sutton & Merton and Wandsworth (Proportion of urgent 2 week referrals resulting in cancer diagnosis is in lowest quartile).
* Local secondary care teams to consider auditing the appropriateness of all breast cancer urgent 2 week referrals received from Croydon, Richmond & Twickenham, Sutton & Merton and Wandsworth (Proportion of urgent 2 week referrals resulting in cancer diagnosis is in lowest quartile).
* Implement the recommendations of the Primary Care Audit of Cancer.
* Implement social marketing strategy resultant from the results of the CAM survey.

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# Appendix 1: South West London GLA Projected female population by ethnicity, 2010.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Croydon | Kingston | Richmond | Sutton & Merton | Wandsworth |
| Female | All Ethnicities | 174,456 | 78,296 | 94,926 | 195,372 | 150,618 |
| White | 101,608 | 60,272 | 83,555 | 148,995 | 116,585 |
| Black Caribbean | 19,760 | 564 | 403 | 6,222 | 6,368 |
| Black African | 12,092 | 1,123 | 606 | 6,236 | 5,557 |
| Black Other | 7,283 | 655 | 981 | 4,062 | 3,757 |
| Chinese | 1,037 | 1,591 | 764 | 2,241 | 1,563 |
| Asian | 27,649 | 9,016 | 5,443 | 21,050 | 10,869 |
| Other | 5,028 | 5,077 | 3,175 | 6,565 | 5,919 |

**Source: Greater London Authority Ethnic Group Projections 2008 Round, London Plan, Borough.**