

PRESS RELEASE

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Breast Cancer Screening improves outcomes for women irrespective of background or ethnicity**Outcomes for women with screen-detected cancers are better than for non-screen detected cancers even amongst deprived or BME communities**

Breast cancer patients from deprived or black and ethnic minority communities will do just as well as white breast cancer patients if they are diagnosed by a routine mammogram – according to new results released today.

The new figures, from the NHS Breast Screening Programme and the National Cancer Intelligence Network, show that if black and ethnic women go for screening when invited, their prognosis is just as good as for white women.

Historically, acceptance of breast screening invitations has been lower in deprived and black and minority ethnic communities. These results show that if these women do attend screening their prognosis is just as good as white women. Women from these communities are encouraged to consider attending their next breast screening appointment.

The All Breast Cancer Report includes data on more than 49,000 breast cancers diagnosed across the UK in 2006. Ethnicity information was available for 68% of the cases diagnosed in England (28,239 patients). In patients of known white ethnicity, only 19% of breast cancers were diagnosed under the age of 50, compared to 49% in those of known black ethnicity, 31% in those of known Asian ethnicity, and 35% of Chinese patients. These differences may represent differences in incidence trends or may reflect different age profiles within the different ethnic groups.

Black patients who presented symptomatically generally had breast cancers associated with a worse prognosis than those in other ethnic groups due to their significantly larger size, higher grade and greater likelihood of having spread to the lymph nodes. This pattern has been reported in other research series. However data from the All Breast Cancer Report show that Black women who had a cancer detected through screening had tumour characteristics similar to those of White women i.e. predominantly small, low grade cancers that had not spread beyond the breast.

There was also a marked relationship between deprivation and breast cancer incidence, with only 15% of breast cancers being diagnosed in patients in the most deprived quintile compared with

23% in those in the most affluent quintile. However, patients from the most deprived communities tended to be diagnosed with tumours associated with the poorest outcomes (large size, high grade) and 41% had cancers which had spread to their lymph nodes. However, as with ethnicity, when women from these backgrounds had their cancer diagnosed by screening, their tumours had much better prognostic characteristics.

Professor Julietta Patnick CBE, Director of the NHS Breast Screening Programme commented:

"The All Breast Cancer Report tells the story of the almost 50,000 breast cancers that were diagnosed in the UK in 2006. Just under a third of these were found by the screening programme. Significant differences in survival are evident when the data are analysed by degree of deprivation; with the most deprived patients doing particularly badly. Women whose breast cancers are diagnosed through screening do better; they are diagnosed earlier and the cancers are often more treatable. These benefits seem to apply to all women, being largely irrespective of deprivation or ethnicity.

"The NHS Breast Screening Programme is internationally recognised as a world-class service. But there are still challenges to overcome. We continue to support the local NHS in increasing awareness amongst those less likely to accept invitations to breast screening. These include older women and women from lower socio-economic groups and Black and Minority Ethnic communities."

Dr Gill Lawrence, Director of the West Midlands Cancer Intelligence Unit which co-ordinated the report commented:

"All Breast Cancer Report provides an important insight into how breast cancer tumour characteristics and outcomes vary with ethnicity, socio-economic status, age and route of presentation. Whilst important differences between ethnic groups have been identified in England, care should be taken when interpreting the data because of the relatively high proportion of cases with missing data on ethnicity. In order for differences in disease profiles with ethnicity to be fully evaluated it is vital that these data are recorded routinely and accurately across the whole of the UK."

Professor Mike Richards CBE, National Clinical Director for Cancer commented:

"Initiatives announced in the NHS Cancer Reform Strategy will allow us to further improve the outcomes for cancer patients irrespective of their socio-economic background or ethnicity. The NHS Breast Screening Programme is being extended to ensure that women receive their first invitation before the age of 50 and the age of the last routine invitation will be extended to 73 years. In addition, a national initiative to improve recognition of the early signs of cancer has been

launched (National Awareness and Early Diagnosis Initiative). It aims to raise public awareness of the signs and symptoms of early cancer and encourage people to seek help sooner. This should result in improvements in the characteristics of breast cancers being diagnosed symptomatically.”

Chris Carrigan, head of the National Cancer Intelligence Network (NCIN), said:

“This is a milestone report which, for the first time, takes an in-depth look at breast cancer in the UK, highlighting differences in survival by deprivation and ethnicity for women diagnosed because of symptoms and through screening.

“It’s important that policy makers act on these results and step up efforts in some communities to raise awareness of breast cancer and encourage women to go for screening.”

Notes to Editor/Statistics from the *All Breast Cancer Report*:

- A total of 49,452 cases of breast cancer diagnosed in the UK in 2006 are included in the *All Breast Cancer Report*. Of these, 84% were diagnosed in England, 9% in Scotland, 5% in Wales and 2% in Northern Ireland
- 334 of the 49,452 diagnosed in 2006 were diagnosed in men. This represents <1% of the total number of breast cancers diagnosed.
- Data on ethnicity were only available for cases diagnosed in England.
- Relative survival is the observed survival in a patient group divided by the expected survival of the general population.
- **The NHS Breast Cancer Screening Programme:**
- The NHS Breast Screening Programme was started in 1988 and it is estimated that 1,400 lives are saved every year through breast screening.
- The NHS Breast Screening Programme routinely invites women aged 50 – 70 for breast screening; with women over 70 able to self refer. The age extension announced in the Cancer Reform Strategy is being rolled out across England.
- **The National Cancer Intelligence Network:**
- The National Cancer Intelligence Network was established in June 2008 and its remit is to coordinate the collection, analysis and publication of comparative national statistics on diagnosis, treatment and outcomes for all types of cancer.
- As part of the National Cancer Research Institute, the NCIN aims to promote efficient and effective data collection at each stage of the cancer journey. Patient care will be monitored by the NCIN through expert analyses of up-to-date statistics.
- The NCIN will drive improvements in the standards of care and clinical outcomes through exploiting data. The NCIN will support audit and research programmes by providing cancer information.
- Visit www.ncin.org.uk for more information

For further information, please contact the NHS Cancer Screening Programmes' press office on 020 7400 4499 or e-mail press.office@nhscancerscreening.co.uk.
