

Using information to improve quality & choice

Cancer Incidence by Deprivation England, 1995-2004

Contents

Introduction

Page 3 Introduction

Site specific tables

- Page 6 C00-C97 excl. C44: All malignant neoplasms excl. non-melanoma skin cancer
- Page 7 C00-C14 & C30-C32: Head and neck
- Page 8 C15: Oesophagus
- Page 9 C16: Stomach
- Page 10 C18-C20: Colorectum
- Page 11 C22: Liver
- Page 12 C25: Pancreas
- Page 13 C33-C34: Trachea, bronchus and lung
- Page 14 C40-C41: Bone and articular cartilage
- Page 15 C43: Malignant melanoma of skin
- Page 16 C45: Mesothelioma
- Page 17 C50: Breast
- Page 18 C53: Cervix uteri
- Page 19 C54: Corpus Uteri
- Page 20 C56: Ovary
- Page 21 C61: Prostate
- Page 22 C62: Testis
- Page 23 C64-C66 & C68: Kidney and other and unspecified urinary organs
- Page 24 C67: Bladder
- Page 25 C70-C72: Brain, and other parts of central nervous system
- Page 26 C81: Hodgkin disease
- Page 27 C82-C85 & C96: Non-Hodgkin lymphoma
- Page 28 C88-C90: Myeloma
- Page 29 C91-C95: Leukaemia
- Page 30 NCIN core objectives, notes and methodology
- Page 31 Glossary

Introduction

One of the key goals of the Cancer Reform Strategy¹ is to reduce inequalities in the incidence of cancer in England. The Strategy sets out a number of actions, within a new National Cancer Equality Initiative, designed to achieve this objective. Inequalities in cancer incidence in relation to socio-economic deprivation are one of the major concerns as it is known that risk factors for cancer, especially smoking, are strongly influenced by socio-economic determinants. This report aims to provide a set of summary statistics describing the relationship between the incidence of the most common types of cancer in relation to socio-economic deprivation within England. Previous such analyses have been carried out by the Office for National Statistics, for England and Wales, based on incidence rates in 1992-93² and in 1990-2002³ although the latter report was restricted to breast, prostate and lung cancers, and also by the North West Cancer Intelligence Service and other members of the United Kingdom Association of Cancer Registries examining incidence by deprivation for 1998-2003 for breast, lung and cervical cancers and malignant melanoma.⁴

This report provides analyses for patients diagnosed in two five-year time periods 1995-99 and 2000-04 for 23 of the more common cancer sites or groups, and for an overall grouping of all malignancies combined (excluding non-melanoma skin cancer). Analyses are presented showing the relationship between the incidence of each cancer or cancer group and the relative socio-economic deprivation for males, females and both sexes combined.

Information is presented for 17 specific sites of solid cancer together with groupings of "head and neck" cancers (comprising lip, oral cavity, pharynx and larynx) and "brain and other central nervous system" cancers. In addition, there are results for Hodgkin disease, non-Hodgkin lymphoma, myeloma and all leukaemias. Results cover cancers diagnosed at all ages.

A geographical based measure of socio-economic deprivation, the Income Domain of the Index of Multiple Deprivation (IMD) 2007⁵, has been used to classify cancer patients and populations. This provides a deprivation score based on Lower Super Output Areas assigned to the postcode of residence. While this is not a perfect index for all individuals, it has the advantage of being estimated using a standard methodology and it is readily available for the entire population (as long as the postcode is known). IMD scores are ordered with the lowest quintile having the least deprivation and divided into five quintiles of socio-economic deprivation. For further details, please see the methodology section.

In the 2000-04 time period, the all malignancies site group and 11 of the 23 site groups showed a statistically significant association between cancer incidence and socio-economic deprivation with rates being higher in relatively more deprived sections of the population. For two of these site groups, the association was only present in one sex (colorectal cancer in males and mesothelioma in females).

Five of the sites (head and neck, stomach, liver, lung and cervical cancers) had particularly strong associations with social deprivation and, for these groups, rates in the most deprived quintile of the population were close to or more than double those in the most affluent quintile: head and neck cancers had a ratio of 2.1 to 1 comparing the incidence rates in the most deprived with the most affluent (males and females combined). This ratio was 1.8 to 1 for both stomach and liver cancers, 2.5 to 1 for lung cancer and 1.9 to 1 for women with cervical cancer. Other sites that showed a statistically significant association with socio-economic deprivation were oesophageal cancer (1.4 to 1), male colorectal cancer (1.1 to 1), pancreatic cancer (1.2 to 1), female mesothelioma (1.2 to 1), kidney cancer (1.2 to 1) and bladder cancer (1.2 to 1).

In the 2000-04 time period, seven of the sites showed a statistically significant inverse association between cancer incidence and social deprivation with rates being higher in relatively affluent sections of the population. Malignant melanoma was the site with the strongest inverse association with socioeconomic deprivation and these cancers had a ratio of 0.5 to 1 comparing the incidence rates in the most deprived with the most affluent (males and females combined). Female breast cancer and prostate cancer also showed an inverse association both with ratios of 0.8 to 1. Other sites that showed a statistically significant inverse association were testicular cancer (0.8 to 1), male brain cancer (0.8 to 1), male non-Hodgkin lymphoma (0.9 to 1) and male myeloma (0.9 to 1).

Across all sites combined, the ratio between the most deprived and the least deprived was 1.2 to 1. This obviously represents a balance between those sites showing a positive association and those showing an inverse association. In terms of numbers the site groups contributing most to the overall positive association are (in order of contribution) lung, head and neck, stomach, oesophageal and bladder cancers. For these site groups, if all socio-economic deprivation quintiles had the rates of the most affluent, there would be around 11,250, 1,800, 1,800, 1,000 and 900 fewer cancers diagnosed respectively each year.

Smoking plays an aetiological role in all of these cancers, especially lung cancer, and it is the association between smoking and socio-economic deprivation that could be said, therefore, to be driving the overall relationship. Other sites of cancer with a strong association with socio-economic deprivation (liver and cervical cancers) are relatively less common and, thus, do not contribute greatly to the all malignancies pattern.

It is, however, of interest that the most important risk factors for these two cancers (and stomach cancer) are infectious agents (Hepatitis B and C viruses for liver cancer, human papilloma virus for cervical cancers and *Helicobacter pylori* for stomach cancer) that are also likely to be associated with socio-economic deprivation. Excess alcohol consumption is an important risk factor for head and neck, oesophageal and liver cancers and also associated with socio-economic deprivation.

It is notable that for nearly all the site groups showing strong associations with socio-economic deprivation and for all malignancies combined, the association was statistically more significant among men than women. This would suggest that risk factors such as smoking and alcohol consumption may make a greater contribution to the incidence of these cancers in males.

The greatest numerical contributions in the inverse direction are made by prostate cancer, female breast cancer and malignant melanoma. For these site groups, if all socio-economic deprivation quintiles had the rates of the most affluent there would be around 3,100, 2,500 and 2,000 more cancers diagnosed respectively each year. Prostate cancer is one of the few site groups showing a statistically significant change in the trends with socio-economic deprivation between the two time periods, with the inverse association being much more pronounced in 2000-04 than in 1995-99. It is very likely that the use of prostate specific antigen testing as a means of diagnosing prostate cancer has become relatively much more common among the more affluent sections of the population and this has influenced the association and its change over time. The pattern for breast cancer is likely to be determined by the relationships between socio-economic deprivation and the established risk factors for the disease, especially reproductive history, and also uptake into the mammography screening programme. For malignant melanoma, it would seem that the inverse association between socio-economic deprivation and the major risk factor, excess exposure to sunlight, is the most likely explanation.

Apart from the significant change over time in relation to prostate cancer noted above, the only other site group showing a statistically significant difference between the trends for 1995-99 and 2000-04 was kidney cancer. There was a significant increase in the strength of the association among females; and a change from there being no association in the earlier time period to having a significant trend in the later time period for males.

Overall it is estimated that if the entire population had the incidence rates of the least deprived quintile, there would be approximately 14,300 fewer cancers each year (6.2% of the total). Of these 8,700 (7.5% of the total) would be in men and 5,600 (4.9%) in women. This net burden of excess cases represents, to some extent, a target for the scope of disease reduction that could be achieved by control of the exposure to socio-economically determined risk factors. Additional control of risk factors which are associated with relative affluence, such as excessive sun exposure could bring about a further reduction.

Thanks are due to Jonathan Shelton for undertaking the statistical analyses and for constructing and formatting this report; and to many staff in the English cancer registries and the Office for National Statistics for providing and quality assuring the underlying data.

The advice and input from Paul Silcocks (Trent Cancer Registry) and Catherine Thomson (Cancer Research UK) is particularly appreciated.

David Forman

Information and Analysis Lead NCIN

1. Department of Health (2007) Cancer Reform Strategy (ref 283524). DH Publications: London.

2. Quinn M J et al (2001) Cancer Trends in England and Wales 1950–1999, ONS Series SMPS no. 66, TSO: London.

3. Rowan S (2007) Trends in cancer incidence by deprivation, England and Wales, 1990-2002. *Health Statistics Quarterly* 36:24-35.

4. Shack L et al (2008) Variation in incidence of breast, lung and cervical cancer and malignant melanoma of skin by socioeconomic group in England. *BMC Cancer* 2008 Sep 26;8:271.

5. http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/



C00-C97 excl. C44: All malignant neoplasms (excl. non-melanoma skin cancer)



Notes

The increase in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value <0.001 for males; 0.007 for females) and 2000-2004 (p-value 0.004 for males; 0.001 for females)
 There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for either sex (p-value 0.14 for males; 0.97 for females)
 The increase in ASR in relation to deprivation quintile as greater for males compared to females and the difference was statistically significant (p-value <0.001)

• In 2000-2004, there would have been around 14,300 fewer cases of cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C00-C14 & C30-C32: Head and neck



Notes

The increase in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.009 for males; 0.007 for females) and 2000-2004 (p-value 0.01 for males; 0.006 for females)
 There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for either sex (p-value 0.61 for males; 0.52 for females)
 The increase in ASR in relation to deprivation quintile as greater for males compared to females and the difference statistically significant (t-ue) (to the difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for either sex (p-value 0.61 for males; 0.52 for females)
 The increase in ASR in relation to deprivation quintile was greater for males compared to females and the difference statistically significant (t-ue) (to the difference between the trends)

• In 2000-2004, there would have been around 1,800 fewer cases of head and neck cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C15: Oesophagus

			Mal	es				Fema	lles						Perso	ons			
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Excess Ratio Cases	Number of cases	Crude Rate	ASR	95% Confide Interval		ASR Ratio	Excess Cases	Number of cases	Crude Rate	ASR	95% Confid Interva		ASR Ratio	Excess Cases
1995-1999	U UUUU	nato	non	interval		Sabbo	nato	non	interva		riatio	oucoo	00000	riato	AGIN	interve		Thatio	oucco
Least deprived	2,844	12.2	10.7	10.3 - 11.1	1.0 0	1,803	7.4	4.6	4.4 -	4.8	1.0	0	4,647	9.8	7.4	7.2 -	7.6	1.0	0
2	3,314	14.1	11.7	11.3 - 12.1	1.1 286	2,245	9.1	5.3	5.1 -	5.5	1.1	278	5,559	11.5	8.2	8.0 -	8.4	1.1	563
3	3,684 3,553	15.6 14.9	13.1 13.5	12.7 - 13.6 13.0 - 13.9	1.2 691 1.3 742	2,424 2,535	9.7 10.0	5.6 6.2	5.4 - 6.0 -	5.8 6.5	1.2 1.4	423 657	6,108 6,088	12.6 12.4	9.0 9.5	8.8 - 9.2 -	9.2 9.7	1.2 1.3	1,114 1,399
Most deprived	3,731	15.3	15.4	14.9 - 15.9	1.4 1,154	2,261	8.8	6.4	6.2 -	6.7	1.4	636	5,992	12.0	10.5	10.2 -	10.7	1.4	1,790
Overall	17,126	14.4	12.8	12.6 - 13.0		11,268	9.0	5.6	5.5 -	5.7			28,394	11.7	8.9	8.8 -	9.0		
2000-2004																			
Least deprived	3,431	14.0	11.5	11.1 - 11.9	1.0 0	1,816	7.3	4.5	4.3 -	4.8	1.0	0	5,247	10.6	7.7	7.5 -	8.0	1.0	0
2	3,932 4,105	16.2 16.9	12.5 13.6	12.1 - 12.9 13.2 - 14.1	1.1 320 1.2 641	2,329 2,463	9.2 9.7	5.2 5.5	5.0 - 5.3 -	5.4 5.7	1.2 1.2	306 435	6,261 6,568	12.6 13.2	8.6 9.2	8.4 - 9.0 -	8.8 9.5	1.1 1.2	626 1,077
4	4,105	17.1	15.2	14.7 - 15.7	1.3 1,012	2,403	10.1	6.2	6.0 -	6.5	1.4	694	6,751	13.2	10.3	10.0 -	9.5	1.2	1,706
Most deprived	3,874	15.8	16.5	16.0 - 17.0	1.4 1,176	2,200	8.6	6.5	6.2 -	6.8	1.4	662	6,074	12.1	11.1	10.8 -	11.4	1.4	1,838
Overall	19,510	16.0	13.7	13.5 - 13.9		11,391	9.0	5.6	5.5 -	5.7			30,901	12.4	9.3	9.2 -	9.4		
					1995-1999								2000-20	004					
		30 -								30							1		
		25 -								25							_		
									n										
		91 Bate 20 ·							Rate	20							-		
	Males	pesi					-		lised						-	T		Males	
	Females	- 15 Standardised	-		-I-	L.			Age Standardised	15	-			Ŧŋ (-			emales	
	Error bars show 95%	B 10 -							Star	10						_			
	confidence limits	Age				-			Age						-			bars show 95 Jence limits	16
		5 -								5		-					-		
		0 -	Overall	Least deprived	2 3	4 Mo	ost deprived			0	Overall	Least depriv	ed 2	3	4	Most deprived	- 1		
			Ма	les				Fem	ales						Pers	sons			
	30				1995-1999	30					19	95-1999	30					÷ 1	95-1999
	05				• 2000-2004	05					• 20	000-2004	25					\$ 2	000-2004
	25			pwalue for difference	e between trends: 0.33	25			n-value for	difference	between tre	nde: 0.59	25			n-value fo	r difference	between tr	ands: 0.06
Rate	20 -			p value for amerone	o botwooli' trondo. o.do	월 20			p-value 101	difference	Detween nei		20			p talao la		bottioon a	
dised F	20					pe													
	15					ອື່ ສູ 15							ğ 15						
Stand						to 15							Stanc						
Sage	10					8, 10							g, 10 -				-		*
٩						۹						•							
	5					5							5						
	0 Least deprived	2		3 4	Most deprived	0 - Least deprive	d 2		3	4	Most	deprived	0 Least deprived	2		3	4	Most	deprived
	200at deprived	2			Moor deprived	23dat deprive				~	woore	Jop. 11 Ju	Ecast deprived	2		•		WIGSL	Jophrou
I	Cohort	Est. Deprivatio		95% Confidence		Cohort	Est. Deprivati		95% Confide			P-value	Cohort	Est. Deprivation		95% Confid			P-value
	Conort	(Difference in A	ISR)	Interval %	Change for Trend		(Difference in	ASR)	Interval	%	Change fo	or Trend	Conort	(Difference in)	ASR)	Interva	ıl %(Change f	or Trend
	1995-1999	4.6		3.0 - 6.2	44% 0.003	1995-1999	1.8		1.2 - 2		38%	0.002	1995-1999	3.0		2.5 -		41%	< 0.001
l	2000-2004	5.1		4.4 - 5.9	45% <0.001	2000-2004	1.9		1.4 - 2	2.4	42%	0.001	2000-2004	3.4		3.0 -	3.8	44%	<0.001

Notes

The increase in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.003 for males; 0.002 for females) and 2000-2004 (p-value <0.001 for males; 0.001 for females)
 There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for either sex (p-value 0.33 for males; 0.59 for females)
 The increase in ASR in relation to deprivation quintile as greater for males compared to females and the difference was statistically significant (p-value <0.001)

• In 2000-2004, there would have been around 1,000 fewer cases of oesophageal cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C16: Stomach

			Mal	es						Fema	ales						Perso	ons			
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confi Interv		ASR Ratio	Excess Cases	Number of cases	Crude Rate	ASR	95% Confi Interv		ASR Ratio	Excess Cases	Number of cases	Crude Rate	ASR	95% Confide Interval	ence	ASR Ratio	Excess Cases
1995-1999																					
Least deprived	3,863	16.6	14.4	13.9 -	14.8	1.0	0	2,089	8.6	5.4	5.2 -	5.6	1.0	0	5,952	12.5	9.4	9.1 -	9.6	1.0	0
2	4,840	20.6	16.7	16.2 -	17.1	1.2	675	2,581	10.5	6.0	5.8 -	6.2	1.1	260	7,421	15.4	10.6		10.9	1.1	935
3	5,500 6,009	23.3 25.2	19.0 22.1	18.5 - 21.6 -	19.5 22.7	1.3 1.5	1,353 2,115	3,168 3,554	12.7 14.1	7.2 8.5	6.9 - 8.2 -	7.4 8.8	1.3 1.6	782 1,298	8,668 9,563	17.9 19.5	12.3 14.3		12.5 14.6	1.3 1.5	2,135 3,414
Most deprived	6,445	26.5	25.9	25.3 -	26.5	1.8	2,876	3,897	15.2	10.5	10.2 -	10.9	2.0	1,904	10,342	20.7	17.2		17.5	1.8	4,780
Overall	26,657	22.5	19.5	19.3 -	19.7			15,289	12.2	7.5	7.4 -	7.6			41,946	17.2	12.7	12.6 -	12.8		
2000-2004																					
Least deprived	3,606	14.7	12.0	11.6 -	12.4	1.0	0	1,871	7.5	4.7	4.5 -	4.9	1.0	0	5,477	11.1	8.0	7.8 -	8.2	1.0	0
2	4,285	17.6	13.3	12.9 -	13.7	1.1	434	2,272	9.0	5.1	4.9 -	5.3	1.1	181	6,557	13.2	8.7	8.5 -	8.9	1.1	616
3	4,757 5,236	19.6 21.5	15.3 18.4	14.8 - 17.9 -	15.7 18.9	1.3 1.5	1,026 1,826	2,794 2,951	11.0 11.5	6.2 6.9	6.0 - 6.6 -	6.4 7.1	1.3 1.5	669 933	7,551 8,187	15.2 16.4	10.2 11.9		10.4 12.1	1.3 1.5	1,695 2,759
4 Most deprived	5,354	21.8	21.8	21.2 -	22.4	1.8	2,413	3,215	12.5	9.1	8.7 -	9.4	1.9	1,545	8,569	17.1	14.6		14.9	1.8	3,958
Overall	23,238	19.0	15.8	15.6 -	16.0			13,103	10.3	6.3	6.2 -	6.4			36,341	14.6	10.5	10.4 -	10.6		
						1995-	1000								2000-20	04					
	Males Females Error bars show 95% confidence limits 30 T	25 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	Overal Ma	Least d	eprived	2	3		T T st deprived	Fen	Ade Standardised Fate		Overall	Least depriv				Most deprived sons	Error	Males Females bars show 95% Jence limits	6
														1995-1999 2000-2004							95-1999 100-2004
	25						2	25 -							25 -						
Rate				_	-		•	P 20			p-value to	difference	e between tre	nds: 0.35	9 20			p-value for	difference	between tre	nds: 0.27
Standardised	15	2	_	p-value fc	er difference	◆ 20 e between trer	95-1999 00-2004	2 20 0 20 15 15 0 Least deprive	d 2		3	4	Most		22 20 Description 25 0 Least deprived	2		3	4	Most c	leprived
	Cohort	Est. Deprivatio (Difference in A	n Gap _{SR)}	95% Confi Interv			P-value or Trend	Cohort	Est. Deprivatio		95% Confi Interv			P-value for Trend	Cohort	Est. Deprivatio		95% Confide Interval			P-value or Trend
	1995-1999 2000-2004	11.7 10.3		9.3 - 7.1 -		85% 93%	0.001	1995-1999 2000-2004	5.3 4.5		3.4 - 2.2 -		109% 106%	0.003	1995-1999 2000-2004	8.0 6.8		5.8 - 1 4.2 - 9		90% 94%	0.001
Ŀ	2000-2004	10.3		7.1 -	13.3	93%	0.002	2000-2004	4.5		2.2 -	0.7	100%	0.008	2000-2004	0.0		4.2 - 9	.0	9470	0.004

Notes

The increase in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.001 for males; 0.003 for females) and 2000-2004 (p-value 0.002 for males; 0.008 for females)
 There was no statistically significant difference between the trends for the time periods 1995-99 and 2000-04 in the relation of ASR to deprivation quintile for either sex (p-value 0.25 for females)
 There may ano statistically significant difference between the trends for the time periods 1995-99 and 2000-04 in the relation of ASR to deprivation quintile for either sex (p-value 0.25 for females)
 The increase in ASR in relation to deprivation quintile was greater for males compared to females and the difference was statistically significant (p-value 0.201)

• In 2000-2004, there would have been around 1,800 fewer cases of stomach cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C18-C20: Colorectum

			Mal	es					Fema	ales			F	Perso	ons	
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Ratio	Excess Cases	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Excess Ratio Cases	Number of cases	Crude Rate	g ASR	95% Confidence Interval	ASR Excess Ratio Cases
1995-1999	Cases	nate	ASh	Interval	natio	Cases	Cases	nate	ASh	Interval	Hatio Cases	Cases	nate	ASh	Interval	Hallo Cases
Least deprived 2	13,886 15,336	59.5 65.3	52.0 54.0	51.2 - 52.9 53.2 - 54.9	1.0 1.0	0 560	11,911 13,954	49.0 56.5	33.7 35.9	33.1 - 34.3 35.3 - 36.5	1.0 1.1 No	25,797 29,290	54.2 60.8	41.8 43.9	41.3 - 42.4 43.4 - 44.4	
3	15,812	67.1	55.5	54.7 - 56.4	1.1	993	14,714	59.1	36.7	36.1 - 37.3	1.1 Significant	30,526	63.0	44.8	44.3 - 45.3	1.1 Significant
4 Most deprived	14,970 13,894	62.8 57.1	55.8 56.3	54.9 - 56.7 55.3 - 57.2	1.1	1,012 1,046	14,092 12,002	55.8 46.8	36.5 34.4	35.9 - 37.1 33.8 - 35.1	1.1 Difference 1.0	29,062 25,896	59.2 51.8	45.0 44.0	44.4 - 45.5 43.5 - 44.5	
Overall	73,898	62.3	54.7	54.3 - 55.1			66,673	53.4	35.5	35.3 - 35.8	,	140,571	57.8	44.0	43.7 - 44.2	
2000-2004																
Least deprived	15,265	62.3	51.3	50.5 - 52.1	1.0	0	12,137	48.5	32.8	32.2 - 33.3	1.0	27,402	55.3	41.2	40.7 - 41.6	
2	16,444 16,385	67.6 67.5	52.1 53.3	51.3 - 52.9 52.5 - 54.1	1.0 1.0	256 623	14,101 14,436	55.8 56.9	34.3 34.6	33.8 - 34.9 34.0 - 35.2	1.0 No 1.1 Significant	30,545 30,821	61.6 62.0	42.3 42.9	41.8 - 42.8 42.4 - 43.4	
4	15,522	63.7	55.3	54.5 - 56.2	1.1	1,135	13,431	52.6	34.1	33.5 - 34.7	1.0 Difference	28,953	58.0	43.4	42.9 - 43.9	1.1
Most deprived Overall	13,826 77,442	56.3 63.5	56.8 53.6	55.8 - 57.7 53.2 - 54.0	1.1	1,340	11,150 65,255	43.5 51.4	33.4 33.9	32.8 - 34.1 33.6 - 34.2	1.0	24,976 142.697	49.8 57.3	43.8	43.3 - 44.3	
Overall	77,442	00.0	33.0	55.2 - 54.0			03,233	51.4	55.5	33.0 - 34.2		142,057	57.5	42.1	42.3 - 42.3	1
		70 -			1995-	1999				70 -		2000-2	004			
		70 -								70						
		60 -			_	_T_	-	I.		60 -					-I-1	
		Bate 50 ·			-					- 05 -	╶┎╹	T	₹			
		82 76 40 -								22 pg 40 -						
	Males	ardise	-		-		- I I I I I I I I I I I I I I I I I I I	-		ardise			-	x.		Males
	Females	Stands								- 05 Standardised						Females
	Error bars show 95% confidence limits	6 20 ·			_	_				s 95, 20-						Error bars show 95% confidence limits
		10 -								10 -						
		0 -								0 -						
			Overall	Least deprived	2	3	4 Mo	ost deprived			Overall Least dep	rived 2	3 4	4 N	Most deprived	
	70 -		Ма	ales			70		Fen	nales		70 -		Pers	ons	
											1995-1999					1995-1999
	60						60				◆ 2000-2004	60				◆ 2000-2004 . nce between trends: 0.75
te	50			*			£ 50					19 50			p-value for differe	nce between trends: 0.75
d Rate							eta un second Hard					d Re				
ardise	40 -						2 40			•		40 + Otaged 40 + O				
Standar	30						30 - Taug				•	40				
	20						S 96 20					о в V 20				
٩	20					95-1999	4 20					< 20 ·				
	10					00-2004	10					10				
	0			p-value for differen	nce between trer	ds: 0.08	0					0				
	Least deprive	d 2	1	3 4	Most d	prived	Least deprive	d 2		3 4	Most deprived	Least deprived	1 2	3	3 4	Most deprived
	Cohort	Est. Deprivatio		95% Confidence Interval		P-value r Trend	Cohort	Est. Deprivatio		95% Confidence Interval	Modelled P-value % Change for Trend	Cohort	Est. Deprivation ((Difference in ASR)		95% Confidence Interval	Modelled P-value % Change for Trend
	1995-1999	4.1		1.4 - 6.7	8%	0.02	1995-1999	0.8		-5.1 - 6.7	0.68	1995-1999	2.1		-2.1 - 6.3	0.21
	2000-2004	5.7		4.3 - 7.2	11%	0.001	2000-2004	0.0		-2.9 - 3.7	0.72	2000-2004	2.5		1.6 - 3.5	6% 0.004

Notes

• The increase in ASR in relation to deprivation quintile was statistically significant for males in both 1995-1999 (p-value 0.02) and 2000-2004 (p-value 0.001) whilst for females there was no statistically significant change for either cohort There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for males (p-value 0.08)
 In 2000-2004, there would have been around 700 fewer cases of colorectal cancer in males each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C22: Liver

			Mal	es					Fema	lles						Perso	ons			
Deprivation Quintile	Number of	Crude		95% Confide			Number of	Crude		95% Confi		ASR	Excess Cases	Number of	Crude		95% Confid			Excess
1995-1999	cases	Rate	ASR	Interval	Ratio	Cases	cases	Rate	ASR	Interv	al	Ratio	Cases	cases	Rate	ASR	Interva	1	Ratio	Cases
Least deprived	859	3.7	3.2	3.0 -	3.4 1.0	0	547	2.3	1.5	1.4 -	1.6	1.0	0	1.406	3.0	2.3	2.2 -	2.4	1.0	0
2	978	4.2	3.5	3.2 -	3.7 1.1	65	647	2.6	1.7	1.6 -	1.8	1.1	65	1,625	3.4	2.5	2.4 -	2.6	1.1	130
3	1,035 1,175	4.4 4.9	3.7 4.5	3.5 - 4.2 -	3.9 1.1 4.7 1.4		789 845	3.2 3.3	2.0	1.9 - 2.0 -	2.1 2.3	1.3 1.4	189 261	1,824 2,020	3.8 4.1	2.8 3.2	2.6 - 3.1 -	2.9 3.4	1.2 1.4	324 585
Most deprived	1,439	5.9	6.0	5.6 -	6.3 1.8		924	3.6	2.8	2.6 -	2.9	1.4	416	2,363	4.7	4.2	4.0 -	4.4	1.8	1,076
Overall	5,486	4.6	4.1	4.0 -	4.2		3,752	3.0	2.0	2.0 -	2.1			9,238	3.8	3.0	2.9 -	3.0		
2000-2004]																			
Least deprived	1,195	4.9	4.0	3.8 -	4.3 1.0		711	2.8	1.8	1.7 -	2.0	1.0	0	1,906	3.8	2.8	2.7 -	3.0	1.0	0
2	1,236 1,313	5.1 5.4	3.9 4.4	3.7 - 4.1 -	4.2 1.0 4.6 1.1		836 911	3.3 3.6	2.0 2.2	1.9 - 2.0 -	2.1 2.3	1.1 1.2	70 145	2,072	4.2 4.5	2.9 3.2	2.8 - 3.0 -	3.0 3.3	1.0 1.1	38 248
4	1,433	5.9	5.3	5.0 -	5.5 1.3	335	973	3.8	2.5	2.4 -	2.7	1.4	273	2,406	4.8	3.8	3.6 -	3.9	1.3	607
Most deprived	1,738	7.1	7.3	7.0 -	7.7 1.8	781	1,099	4.3	3.3	3.1 -	3.5	1.8	489	2,837	5.7	5.2	5.0 -	5.3	1.8	1,270
Overall	6,915	5.7	4.9	4.8 -	5.0		4,530	3.6	2.3	2.3 -	2.4			11,445	4.6	3.5	3.4 -	3.6		
		30			199	5-1999					30			2000-2	004			_		
		00									00									
		25	-	_							25							-		
		et								Bate										
		교 20 및	1																	
	Males	200 JS	-							Indise	15								Males	
	Females	ande								Standardised									Females	
	Error bars show 959	920 Vate Standardised Rate	-							Age St	10								r bars show 95	%
	confidence limits	₹ 5						T		4	5-	_				1		cont	idence limits	
		5																		
		0	Overall	Least dep	ived 2	3	4 Mc	ost deprived			0 🗕	Overall	Least depri	ved 2	3	4	Most deprived	4		
				ales	1000 2	5	4 140	at deprived	Fon	nales		Overall	Least depit	760 Z	5		sons			
	30		1410	aicə		1995-1999	30		1 01	laica			995-1999	30		1 01	30113			995-1999
						2000-2004							000-2004							000-2004
	25 -			p voluo for	difference between	tranda: 0 E1	25 -							25			a calca fa			
ate	20 -			p-value ior	Tillelelice permeeti	trenus. 0.51	20			p-value t	or differenc	e between tr		20			p-value to	ramerence	between tre	ands: 0.49
Page 1	20						P 20							a pas						
dardis	15 -						Vge Standardised							រចំ ឆ្លូ 15						
Stanc							Stand							Stane						
Age							ě, 10							8, 10						
						-														
	5			\$	•		5							5				-		\$
	0							\$		•			-	0			*			
	Least depriv	ved 2		3	4 Mc	st deprived	Least deprive	d 2		3	4	Most	deprived	Least deprive	d 2		3	4	Most	deprived
		Est. Deprivati	on Con	95% Confide	nce Modelled	P-value		Est. Deprivation	on Con	95% Confi	dence 🚽	Indelled	P-value		Est. Deprivati	on Con	95% Confid	ence M	Indelled	P-value
	Cohort	Difference in	ASR)	Interval	% Change		Cohort	(Difference in .		Interv		Change 1		Cohort	Difference in		Interva			or Trend
	1995-1999	2.8		0.8 - 4	.8 101%	0.02	1995-1999	1.2		0.7 -	1.8	89%	0.005	1995-1999	2.0		0.8 -	3.1	97%	0.013
	2000-2004	3.6		0.6 - 6	.6 109%	0.03	2000-2004	1.5		0.6 -	2.4	92%	0.01	2000-2004	2.5		0.5 -	4.4	104%	0.026

Notes

The increase in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.02 for males; 0.005 for females) and 2000-2004 (p-value 0.03 for males; 0.01 for females)
 There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for either sex (p-value 0.51 for males; 0.45 for females)
 There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for either sex (p-value 0.51 for males; 0.45 for females)
 The increase in ASR in relation to deprivation quintile was greater for males compared to females and the difference was statistically significant (p-value 0.04)

• In 2000-2004, there would have been around 430 fewer cases of liver cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C25: Pancreas

			Mal	es					Fema	les					Perso	ons	
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Ratio	Excess Cases	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Ratio	Excess Cases	Number of cases	Crude Rate	ASR	95% Confidenc	e ASR Excess Ratio Cases
1995-1999	Cases	nale	ASh	Interval	natio	Cases	Cases	nale	ASh	Interval	natio	Cases	Cases	nale	ASh	Interval	Hallo Cases
Least deprived	2,469	10.6	9.2	8.8 - 9.6	1.0	0	2,572	10.6	6.9	6.7 - 7.	2 1.0	0	5,041	10.6	7.9	7.7 - 8	
2	2,884 2,918	12.3 12.4	10.2 10.3	9.8 - 10.6 9.9 - 10.7	1.1 1.1	275 308	3,012 3,200	12.2 12.8	7.4 7.6	7.2 - 7. 7.4 - 7.		208 305	5,896 6,118	12.2 12.6	8.7 8.8	8.5 - 8 8.6 - 9	
4	2,895	12.1	10.9	10.5 - 11.3	1.2	441	3,200	12.7	8.0	7.7 - 8.	3 1.2	439	6,095	12.4	9.3	9.1 - 9	5 1.2 880
Most deprived	2,838	11.7	11.6	11.2 - 12.1	1.3	594	2,969	11.6	8.5	8.2 - 8.		540	5,807	11.6	9.9	9.6 - 10	
Overall 2000-2004	14,004	11.8	10.4	10.2 - 10.6			14,953	12.0	7.7	7.6 - 7.	3		28,957	11.9	8.9	8.8 - 9	0
Least deprived	2.767	11.3	9.3	8.9 - 9.6	1.0	0	2.777	11.1	7.1	6.9 - 7.	4 1.0	0	5.544	11.2	8.1	7.9 - 8	3 1.0 0
2	3,084	12.7	9.8	9.4 - 10.1	1.1	156	3,297	13.1	7.8	7.5 - 8.) 1.1	278	6,381	12.9	8.7	8.5 - 8	9 1.1 434
3	3,137 3,059	12.9 12.5	10.3 11.1	9.9 - 10.7 10.7 - 11.5	1.1 1.2	312 502	3,291 3,382	13.0 13.2	7.5 8.4	7.3 - 7.		172 518	6,428 6,441	12.9 12.9	8.8 9.6	8.6 - 9 9.4 - 9	
Most deprived	2,803	11.4	11.7	11.2 - 12.1	1.3	574	2,900	11.3	8.5	8.2 - 8.		480	5,703	11.4	9.9	9.7 - 10	
Overall	14,850	12.2	10.3	10.2 - 10.5			15,647	12.3	7.8	7.7 - 8.	D		30,497	12.3	9.0	8.9 - 9	1
					1995	-1999							2000-2	2004			
		³⁰ T								30							
		25 -								25							
		8								000'001 20							
		001 20															
	Males	9 15 -								e aj 15	-						Males
	Females	еНа	_		_	-	-T-			еНа					-I-	-	Females
	Error bars show 95% confidence limits	0000001						T		15 10 10 10 10		T.			-	-	Error bars show 95% confidence limits
		≝ 5-								<u> </u>		+ 1					
		0								0							
		01	Overall	Least deprived	2	3	4 Me	ost deprived		0	Overall	Least depr	ived 2	3	4	Most deprived	
	30 -		Ма	ales			30 -		Ferr	nales			30		Per	sons	
	50					1995-1999	50					1995-1999	30				1995-1999
	25					2000-2004	25					2000-2004	25				* 2000-2004
ate	20 -			p-value for differer	ce between t	ends: 0.46	92 20			p-value for diffe	rence between	rends: 0.79	9월 20			p-value for diffe	erence between trends: 0.88
E pec							8 20 -						20 - Pg				
dardis	15						Standardised						pasipus 15 -				
Stanc						•	Stane						Star				
Age	, 10	+		•			86 10 -					-	8, 10			÷	
	5						5			•			5				
	5						5						Ū.				
	0	-					0	-					0				
	Least deprived	2		3 4	Most	deprived	Least deprive	ed 2		3 4	Mos	t deprived	Least deprive	d 2		3	4 Most deprived
	Cohort	Est. Deprivation		95% Confidence		P-value	Cohort	Est. Deprivation		95% Confidence			Cohort	Est. Deprivati		95% Confidenc	
		(Difference in AS	SR)			for Trend		(Difference in A	ASR)	Interval	% Change			(Difference in	ASR)	Interval	% Change for Trend
	1995-1999 2000-2004	2.2 2.5		1.4 - 3.1 2.1 - 2.8	24% 27%	0.004 <0.001	1995-1999 2000-2004	1.5 1.4		1.2 - 1.8 0.3 - 2.4	21% 19%	0.001 0.02	1995-1999 2000-2004	1.8 1.8		1.3 - 2.4 1.2 - 2.5	23% 0.002 23% 0.003
				2.1 2.0	27.70	10.001				0.0 2.4	/0	0.02				2.0	2070 0.000

Notes

• The increase in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.004 for males; 0.001 for females) and 2000-2004 (p-value <0.001 for males; 0.02 for females) • There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for either sex (p-value 0.46 for males; 0.79 for females) • The increase in ASR in relation to deprivation quintile was greater for males compared to females and the difference was statistically significant (p-value 0.002)

• In 2000-2004, there would have been around 600 fewer cases of pancreatic cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C33-C34: Trachea, bronchus and lung



Notes

The increase in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.002 for males; 0.004 for females) and 2000-2004 (p-value 0.004 for males; 0.006 for females)
 There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for either sex (p-value 0.76 for males; 0.65 for females)
 The increase in ASR in relation to deprivation quintile was greater for males compared to females and the difference was statistically significant (p-value 0.006)
 The increase in ASR in relation to deprivation quintile was greater for males compared to females and the difference was statistically significant (p-value 0.006)

• In 2000-2004, there would have been around 11,250 fewer cases of lung cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C40-C41: Bone and articular cartilage

			Male	es				Fema	ales					Perso	ons		
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confidence	ASR Excess Ratio Cases	Number of cases	Crude Rate	ACD	95% Confid		ASR Excess Ratio Cases	Number of	Crude Rate		95% Confide		ASR Excess Ratio Cases
1995-1999	cases	Rate	ASR	Interval	Ratio Cases	cases	Rate	ASR	Interva	1	Ratio Cases	cases	Rate	ASR	Interval		Ratio Cases
Least deprived	222	1.0	0.9	0.8 - 1.0	1.0	184	0.8	0.7	0.6 -	0.8	1.0	406	0.9	0.8	0.7 -	0.9	1.0
2	228	1.0	0.9	0.8 - 1.0	1.0 No	185	0.7	0.7	0.6 -	0.8	0.9 No	413	0.9	0.8	0.7 -	0.9	1.0 No
3 4	283 205	1.2 0.9	1.2 0.8	1.0 - 1.3 0.7 - 1.0	1.3 Significant 0.9 Difference	203 187	0.8 0.7	0.7 0.7	0.6 - 0.6 -	0.8 0.8	1.1 Significant 1.0 Difference	486 392	1.0 0.8	0.9 0.8	0.9 - 0.7 -	1.0 0.8	1.2 Significant 0.9 Difference
Most deprived	245	1.0	1.0	0.9 - 1.1	1.1	204	0.8	0.7	0.6 -	0.8	1.1	449	0.9	0.9	0.8 -	0.9	1.1
Overall	1,183	1.0	1.0	0.9 - 1.0		963	0.8	0.7	0.7 -	0.7		2,146	0.9	0.8	0.8 -	0.9	
2000-2004																	
Least deprived	224	0.9	0.9	0.8 - 1.0	1.0	192	0.8	0.7	0.6 -	0.8	1.0	416	0.8	0.8	0.7 -	0.9	1.0
2	242 245	1.0 1.0	0.9 1.0	0.8 - 1.0 0.9 - 1.1	1.1 No 1.1 Significant	185 211	0.7 0.8	0.6 0.8	0.5 - 0.7 -	0.7 0.9	0.9 No 1.1 Significant	427 456	0.9 0.9	0.8 0.9	0.7 - 0.8 -	0.8 0.9	1.0 No 1.1 Significant
4	230	0.9	0.9	0.8 - 1.0	1.1 Difference	195	0.8	0.7	0.6 -	0.8	1.0 Difference	425	0.9	0.8	0.7 -	0.9	1.0 Difference
Most deprived	243	1.0	1.0	0.9 - 1.1	1.1	183	0.7	0.7	0.6 -	0.8	1.0	426	0.8	0.8	0.7 -	0.9	1.1
Overall	1,184	1.0	0.9	0.9 - 1.0		966	0.8	0.7	0.6 -	0.7		2,150	0.9	0.8	0.8 -	0.8	
					1995-1999							2000-2	004				
		³⁰]								30						1	
		25 -								25							
										25]	
		- 02 Bate							Rate	20							
	Males	pes							pes								ales
	Females	- 51 Standardised							Age Standardised	15							emales
	_	ur 10 -							Stan	10						_	
	Error bars show 95% confidence limits	Age							Age	10							ars show 95% ence limits
		5 -								5							
				_											-		
		0 -	Overall	Least deprived	2 3	4 Mo	st deprived			0 +	Overall Least depr	ived 2	3	4	Most deprived	ł	
				les	2 0	4 110	or dopiniod	For	nales		ovoran Ecolor dopr		0		sons		
	30		IVId	lies	♦ 1995-1999	30		1.61	naics		1995-1999	30		FCI	50115		1995-1999
					◆ 2000-2004						 1995-1999 2000-2004 						1995-1999 2000-2004
	25 -					25						25					
Rate						환 20						92 20					
	20 -					8						8					
Standardised	15					Standardised						sp 15 -					
tand						tand						Stand					
Age S	10					96 10						6 10 -					
۷						<						۹.					
	5					5						5					
	-											-					
	0 Least deprived	2	3	3 4	Most deprived	0 Least deprived	d 2		3	4	Most deprived	0 Least deprived	1 2		3	4	Most deprived
		-					-		-				-		-		
	Cohort	Est. Deprivatio		95% Confidence		Cohort	Est. Deprivati		95% Confid			Cohort	Est. Deprivatio		95% Confide		
		(Difference in A	SR)		6 Change for Trend		(Difference in	ASR)	Interva		Change for Trend		(Difference in A	ASR)	Interval		hange for Trend
	1995-1999 2000-2004	0.0 0.1		-0.6 - 0.6 0.0 - 0.2	0.89	1995-1999 2000-2004	0.0 0.0		-0.1 - -0.2 -		0.53	1995-1999 2000-2004	0.0 0.0		-0.3 - -0.1 -	0.4	0.81
Ŀ	2000-2004	U. I		0.0 - 0.2	0.13	2000-2004	0.0		-0.2 -	0.2	0.92	2000-2004	0.0		-0.1 -	0.2	0.40

Notes

The was no statistically significant change in the ASR in relation to deprivation quintile for either sex in both 1995-1999 (p-value 0.89 for males; 0.53 for females) and 2000-2004 (p-value 0.13 for males; 0.92 for females)





C43: Malignant melanoma of skin



Notes

The decrease in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.005 for males; 0.003 for females) and 2000-2004 (p-value 0.002 for males; 0.004 for females)
 There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for either sex (p-value 0.06 for males; 0.09 for females)

There was no statistically significant difference in the decrease in ASR in relation to deprivation quintile between the sexes (p-value 0.58)

• In 2000-2004, there would have been around 2,000 more cases of malignant melanoma skin cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C45: Mesothelioma

			Male	es					Fema	lles						Perse	ons		
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Excess Ratio Cases	Nu	mber of cases	Crude Rate	ASR	95% Confi Interv		ASR Excess Ratio Cases			Crude Rate	ASR	95% Confid Interva		ASR Excess Ratio Cases
1995-1999		interest	Aon	Interval	natio Gubbo		Cubbo	nato	Aon	Interv	ai				intero	Aon	interve		
Least deprived	1,036	4.4	3.9	3.7 - 4.2	1.0 0		158	0.7	0.5	0.4 -	0.6	1.0	1,:		2.5	2.1	2.0 -	2.2	1.0
2	1,185 1,178	5.0 5.0	4.3 4.4	4.0 - 4.5 4.1 - 4.6	1.1 91 1.1 112		182 220	0.7 0.9	0.5 0.6	0.5 - 0.6 -	0.6 0.7	1.1 No 1.3 Significant	1,0		2.8 2.9	2.2 2.3	2.1 - 2.2 -	2.3 2.5	1.1
4	1,158	4.9	4.5	4.2 - 4.7	1.1 136		220	0.9	0.7	0.6 -	0.8	1.3 Difference	1,0	378	2.8	2.4	2.2 -	2.5	1.1
Most deprived Overall	1,126 5,683	4.6 4.8	4.6 4.3	4.4 - 4.9	1.2 168		200 980	0.8	0.6	0.6 -	0.7	1.3	1,0		2.7	2.4	2.3 -	2.5	1.2
2000-2004	3,003	4.0	4.5	4.2 - 4.4			900	0.0	0.0	0.0 -	0.0		0,0	000	2.1	2.0	2.2 -	2.3	
Least deprived	1,472	6.0	5.0	4.7 - 5.2	1.0		263	1.1	0.8	0.7 -	0.9	1.0 0	1,3	'35	3.5	2.7	2.6 -	2.8	1.0
2	1,585	6.5	5.1	4.8 - 5.3	1.0 No		290	1.1	0.8	0.7 -	0.9	1.0 -5	1,8	375	3.8	2.8	2.6 -	2.9	1.0 No
3	1,658 1,455	6.8 6.0	5.5 5.3	5.2 - 5.7 5.0 - 5.5	1.1 Significant 1.1 Difference		312 314	1.2 1.2	0.9	0.8 - 0.7 -	0.9 0.9	1.1 25			4.0 3.5	2.9 2.8	2.8 - 2.7 -	3.1 2.9	1.1 Significant 1.0 Difference
Most deprived	1,433	5.1	5.2	4.9 - 5.5	1.0		298	1.2	1.0	0.8 -	1.1	1.2 54			3.1	2.8	2.7 -	3.0	1.0
Overall	7,419	6.1	5.2	5.1 - 5.3			1,477	1.2	0.8	0.8 -	0.9		8,8	96	3.6	2.8	2.7 -	2.9	
					1995-1999								20	00-20	04				
		30 -									30							٦	
		25 -									25								
		- 20 - - 51 - 51 - 10 - 10 - 10 -								Rate	20							-	
	Males	lised								Standardised									Males
	Females	p. 15 -								ldarc	15								Females
	Error bars show 95%	10 -								Star	10							Erro	r bars show 95%
	confidence limits	Age								Age	,							conf	idence limits
		5 -				 *					5					T			
		0 -									0		╸╷│┢╸			_ 		4	
			Overall	Least deprived	2 3		4 Ma	ost deprived				Overall Least de	prived 2		3		Most deprive	d	
	30 1		Ма	ales		30 -			Fem	ales			30			Per	sons		
					 1995-1999 2000-2004 							• 1995-1999							1995-1999
	25 -				◆ 2000-2004	25						2000-2004	25						2000-2004
te				p-value for differen	nce between trends: 0.13	ate 20				p-value fe	or differenc	e between trends: 0.90	ate 20				p-value f	or difference	e between trends: 0.06
Pa Ba	20 -					20 -							20 - 20 -						
isi,	15					Idardised							siput 15						
Stands						tands							Stand						
Age S	, 10					Age Stanc							96, 10						
٩						4													
	5			•		5							5						
	0					0	<u> </u>			-	+		0					-	
	Least deprived	2		3 4	Most deprived	0 +	Least deprive	d 2		3	4	Most deprived	Least	deprived	2		3	4	Most deprived
						_													
	A Land	st. Deprivatio	n Gan	95% Confidence	Modelled P-value			Est. Deprivati	on Gan	95% Confi	dence A	Iodelled P-value		E	st. Deprivation	on Gan	95% Confid	lence M	odelled P-value
	Cohort	(Difference in A				Coho	t	(Difference in							(Difference in)				
	1995-1999	(Difference in A			% Change for Trend	Coho 1995-		(Difference in 0.2		Interv 0.0 -	al %	Change for Trend 0.07	Conort		(Difference in)		Interva 0.1 -	al %	Change for Trend

Notes

• The increase in ASR in relation to deprivation quintile was statistically significant for males in 1995-1999 (p-value 0.006) but not in 2000-2004 (p-value 0.42)

The increase in ASR in relation to deprivation quintile was not statistically significant for females in 1995-1999 (p-value 0.07) but was statistically significant in 2000-2004 (p-value 0.04)
 Although there were significant increases for males and females in ASR in relation to deprivation quintile, these increases were relatively small





C50: Breast



Notes

• The decrease in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.01) and 2000-2004 (p-value 0.008)

• There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile (p-value 0.90)

• In 2000-2004, there would have been around 2,500 more cases of breast cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C53: Cervix uteri



Notes

• The decrease in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.009) and 2000-2004 (p-value 0.006)

• There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile (p-value 0.20)

• In 2000-2004, there would have been around 650 fewer cases of cervical cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C54: Corpus Uteri



Notes

There was no statistically significant change in ASR in relation to deprivation quintile in both 1995-1999 (p-value 0.98) and 2000-2004 (p-value 0.70)





C56: Ovary



Notes

There was no statistically significant change in ASR in relation to deprivation quintile in both 1995-1999 (p-value 0.23) and 2000-2004 (p-value 0.52)





C61: Prostate



Notes

• The decrease in ASR in relation to deprivation quintile was statistically significant in both 1995-1999 (p-value 0.03) and 2000-2004 (p-value 0.001)

• There was a statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile (p-value <0.001) with the decrease greater in 2000-2004







C62: Testis



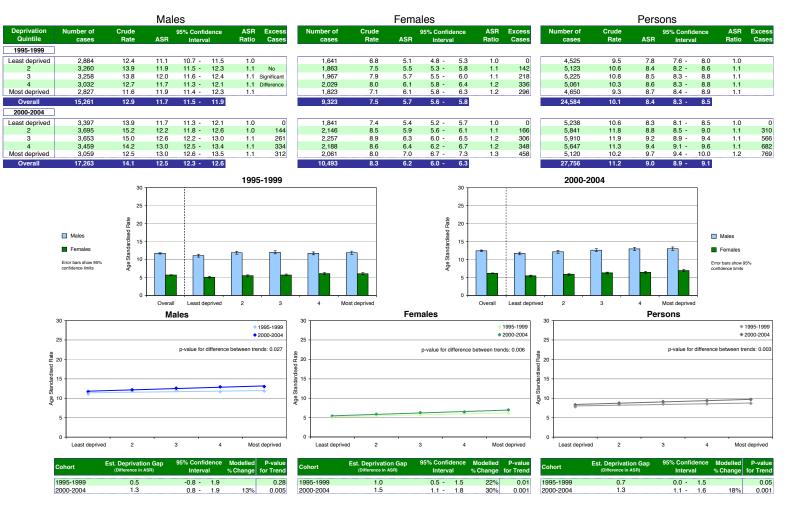
Notes

The decrease in ASR in relation to deprivation quintile was not statistically significant in 1995-1999 (p-value 0.06) but was statistically significant in 2000-2004 (p-value 0.004)
 In 2000-2004, there would have been around 200 more cases of testicular cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C64-C66 & C68: Kidney and other and unspecified urinary organs



Notes

The increase in ASR in relation to deprivation quintile was statistically significant in 1995-1999 for females (p-value 0.01) but not males (p-value 0.28). It was statistically significant for both sexes in 2000-2004 (p-value 0.005 for males; 0.001 for females)
 The was a statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for females (p-value 0.006) with the increase greater in 2000-2004
 There was no statistically significant difference in the increase in ASR in relation to deprivation quintile between males and females (p-value 0.38) to add female (p-value 0.006) with the increase in 2000-2004
 There was no statistically significant difference in the increase in ASR in relation to deprivation quintile between males and females (p-value 0.38).

• In 2000-2004, there would have been around 450 fewer cases of kidney cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C67: Bladder

			Male	es				Fema	les						Perso	ons		
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Excess Ratio Cases	Number of cases	Crude Rate	ASR	95% Confid Interval		ASR Ratio	Excess Cases	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Ratio	Excess Cases
1995-1999	04000	inato	hom	interval		00000	riato	non	interva		natio	ouooo	00000	riato	non	interval	natio	ouooo
Least deprived	6.962	29.9	25.7	25.1 - 26.3	1.0	2.431	10.0	6.5	6.3 -	6.8	1.0	0	9,393	19.7	14.8	14.5 - 15.	1.0	
2	7,866	33.5	27.2	26.6 - 27.8	1.1 No	3,129	12.7	7.7	7.4 -	8.0	1.2	487	10,995	22.8	16.1	15.8 - 16.4		
3	8,345 8,450	35.4 35.4	28.9	28.3 - 29.5 30.4 - 31.8	1.1 Significant	3,318	13.3 14.0	8.0 9.0	7.7 - 8.7 -	8.2 9.3	1.2	609	11,663	24.1 24.4	16.9 18.4	16.6 - 17.2		
4 Most deprived	7,278	29.9	31.1 29.3	28.6 - 30.0	1.2 Difference 1.1	3,536 3,117	12.1	9.0	8.6 -	9.3	1.4 1.4	986 835	11,986 10,395	24.4	17.5	17.2 - 17.9		
Overall	38,901	32.8	28.4	28.1 - 28.7	I	15,531	12.4	8.0	7.9 -	8.1			54,432	22.4	16.7	16.6 - 16.9		
2000-2004																	-	
Least deprived	5,704	23.3	18.8	18.3 - 19.3	1.0 0	2,079	8.3	5.2	5.0 -	5.5	1.0	0	7,783	15.7	11.2	10.9 - 11.4	1 1.0	0
2	6,399	26.3	19.7	19.2 - 20.2	1.0 290	2,407	9.5	5.4	5.2 -	5.6	1.0	76	8,806	17.8	11.6	11.4 - 11.9		366
3	6,641 6,438	27.3 26.4	21.1 22.5	20.6 - 21.6 21.9 - 23.0	1.1 722 1.2 1,055	2,596 2,747	10.2 10.7	5.7 6.5	5.5 - 6.2 -	5.9 6.7	1.1 1.2	220 526	9,237 9,185	18.6 18.4	12.3 13.3	12.1 - 12.0		942 1,581
Most deprived	5,546	22.6	22.5	21.9 - 23.1	1.2 914	2,481	9.7	7.0	6.7 -	7.3	1.3	635	8,027	16.0	13.7	13.4 - 14.0		1,549
Overall	30,728	25.2	20.8	20.5 - 21.0		12,310	9.7	5.9	5.8 -	6.0			43,038	17.3	12.4	12.2 - 12.	5	
					1995-1999								2000-20					
		35 -			1992-1999					35 -			2000-20	104				
		30	-		- 1		-1 -			30								
		g 25							e	25								
		e 25 - Hate							d Rate				_	- T	I	E I		
	Males	Pesp 20 -							dised	20		Ē	L	-			Males	
	Females	21 Standar							Standardised	15						-	Females	
	Error bars show 95%	Sta							e Sta								Frror bars show 9	
	confidence limits	96 10 - Y					Ŧ		Age	10							confidence limits	176
		5								5		_						
										0								
		0 +	Overall	Least deprived	2 3	4 Mo	ost deprived			0 +	Overall	Least depriv	ved 2	3	4	Most deprived		
			Ма	les				Fem	ales						Pers	sons		
	35					35		-			• 1	995-1999	35					995-1999
	30			•		30						000-2004	30					2000-2004
	50				•	30			p-value for	differenc	e between tre	ends: 0.41	30			p-value for diffe	rence between ti	ends: 0.70
Bate	25					뫑 25							ag 25 -			•		
				•		8							20					
Standardised	20					25							SP 20			•		-
anda	15					15 -							215 - Tage	+				·
Age St						Je Sl												*
Åç	10				♦ 1995-1999	₹ 10				٠		•	₹ 10					
	5 -				♦ 2000-2004	5				+		•	5					
	Ŭ.			p-value for differen	ce between trends:0.85								5					
	0					0	-,						0					
	Least deprived	2	:	3 4	Most deprived	Least deprive	d 2	:	3	4	Most	deprived	Least deprived	2	:	3 4	Most	deprived
		st. Deprivation	Can	95% Confidence	Modelled P-value		Est. Deprivatio		95% Confid	anco 🚽	Indollad	P-value		Tet. Densivette		95% Confidence	Modellar	P-value
	Cohort E	St. Deprivation (Difference in AS)			6 Change for Trend	Cohort	Est. Deprivation (Difference in A		Interval		Change f		Cohort	Est. Deprivatio (Difference in A		Interval		for Trend
	1995-1999	4.3		-1.0 - 9.6	0.08	1995-1999	2.4		0.8 -	4.0	35%	0.02	1995-1999	3.0		0.1 - 6.0	20%	0.046
	2000-2004	4.0		2.1 - 5.8	21% 0.006	2000-2004	1.9			2.7	38%	0.004	2000-2004	2.7		2.0 - 3.4	24%	0.001
	lotes																	

Notes

It is important to note there was a change in the coding rules for registering some types of bladder cancer in 2000. This meant that some tumours previously classified as being invasive were re-classified as being non-invasive, hence accounting for the large drop in incidence observed between the time periods 1995-1999 and 2000-2004

• The increase in ASR in relation to deprivation quintile was statistically significant in 1995-1999 for females (p-value 0.02) but not males (p-value 0.08). It was statistically significant for both sexes in 2000-2004 (p-value 0.006 for males; 0.004 for females) • There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for females (p-value 0.41)

• The increase in ASR in relation to deprivation quintile was greater for males compared to females and the difference was statistically significant (p-value 0.001)

• In 2000-2004, there would have been around 900 fewer cases of bladder cancer each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C70-C72: Brain, and other parts of central nervous system



Notes

• The increase in ASR in relation to deprivation quintile was statistically significant in 1995-1999 for both sexes (p-value 0.004 for males; 0.008 for females) but was only statistically significant for males in 2000-2004 (p-value 0.002 for males; 0.26 for females) • There was no statistically significant difference between the trends for the time periods 1995-1999 and 2000-2004 in the relation of ASR to deprivation quintile for males (p-value 0.08) • In 2000-2004, there would have been around 150 more cases of brain cancer each year if the ASR of each of the deprivation quintile mane as the ASR for the corresponding least deprived quintile





C81: Hodgkin disease

			Mal	es				Fema	lles				Pers	ons		
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Excess Ratio Cases	Number of cases	Crude Rate	ASR	95% Confidence Interval	ASR Excess Ratio Cases	Number of cases	Crude Rate	ASR	95% Confide Interval		ASR Excess Ratio Cases
1995-1999																
Least deprived 2 3 4 Most deprived	629 684 643 682 650 3,288	2.7 2.9 2.7 2.9 2.7 2.9 2.7	2.7 2.8 2.6 2.8 2.7 2.7	2.5 - 2.9 2.6 - 3.1 2.4 - 2.8 2.6 - 3.0 2.5 - 2.9 2.6 - 2.8	1.0 No 1.1 No 1.0 Significant 1.0 Difference 1.0 Difference	460 537 550 475 494 2,516	1.9 2.2 2.2 1.9 1.9 2.0	1.9 2.1 2.1 1.8 1.9 2.0	1.7 - 2.1 2.0 - 2.3 2.0 - 2.3 1.6 - 1.9 1.7 - 2.0	1.0 1.1 No 1.1 Significant 0.9 Difference 1.0	1,089 1,221 1,193 1,157 1,144 5,804	2.3 2.5 2.5 2.4 2.3 2.4	2.3 2.5 2.4 2.3 2.3 2.3	2.1 - 2.3 - 2.2 - 2.1 - 2.1 - 2.3 -	2.4 2.6 2.5 2.4 2.4 2.4	1.0 1.1 No 1.0 Significant 1.0 Difference 1.0
2000-2004	0,200	2.0	2.1	2.0 - 2.0		2,010	2.0	2.0	1.5 - 2.0		0,004	2.4	2.0	2.0 -	2.4	
Least deprived 2 3 4 Most deprived Overall	691 737 693 734 710 3,565	2.8 3.0 2.9 3.0 2.9 2.9	2.8 3.0 2.8 2.9 2.9 2.9	2.6 - 3.0 2.7 - 3.2 2.6 - 3.0 2.7 - 3.1 2.7 - 3.1 2.8 - 2.9	1.0 1.1 No 1.0 Significant 1.1 Difference 1.0	529 519 501 525 511 2,585	2.1 2.1 2.0 2.1 2.0 2.0	2.1 2.0 1.9 2.0 2.0 2.0	1.9 - 2.3 1.8 - 2.2 1.7 - 2.1 1.8 - 2.2 1.8 - 2.2 1.8 - 2.1 1.9 - 2.1	1.0 0.9 No 0.9 Significant 0.9 Difference 0.9	1,220 1,256 1,194 1,259 1,221 6,150	2.5 2.5 2.4 2.5 2.4 2.5 2.4 2.5	2.4 2.5 2.3 2.4 2.4 2.4	2.3 - 2.3 - 2.2 - 2.3 - 2.3 - 2.3 -	2.6 2.6 2.5 2.6 2.5 2.5	1.0 1.0 No 1.0 Significant 1.0 Difference 1.0
ovoran	0,000	2.0	2.0	210 210	1995-1999	2,000	210	2.0			2000-2			2.0	2.0	
	Males Females Eror bars show 95% confidence limits	30 - 25 - 20 - 20 - 15 - 15 - 10 - 5 - 0 -	Overal	Least deprived	2 3		st deprived	Fen	30 25 42 20 15 15 10 5 0 10 10 10 10 10 10 10 10 10 10 10 10 1	Overall Least depri		* 3	4 Per	Most deprived SONS	Error	failes emailes pars show 85% ence limits
dised Rate	25 20 15 10					30 25 012 20 012 20 15 5 5					30 25 June 20 25 June					 ♦ 1995-1999 ♦ 2000-2004
	0 Least deprived	2		3 4	Most deprived	0 Least deprive	d 2	,	3 4	Most deprived	0 Least deprive	d 2		\$	4	Most deprived
		Est. Deprivatio (Difference in A		95% Confidence M Interval %			Est. Deprivatio (Difference in A			Modelled P-value 6 Change for Trend		Est. Deprivati (Difference in		95% Confide Interval		
	1995-1999 2000-2004	0.0 0.1		-0.4 - 0.4 -0.3 - 0.5	0.93 0.55	1995-1999 2000-2004	-0.2 -0.1		-0.9 - 0.5 -0.4 - 0.1	0.45 0.20	1995-1999 2000-2004	-0.1 0.0		-0.5 - -0.3 -		0.47

Notes

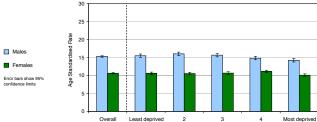
There was no statistically significant change in ASR in relation to deprivation quintile for either sex in both 1995-1999 (p-value 0.93 for males; 0.45 for females) and 2000-2004 (p-value 0.55 for males; 0.2 for females)

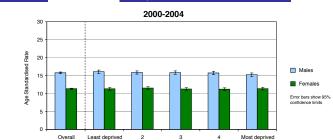


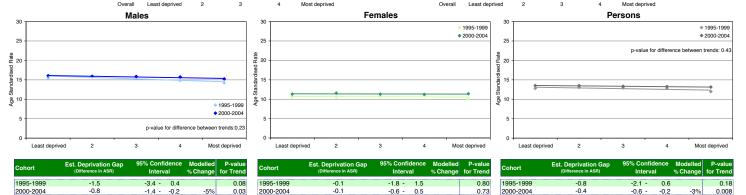


C82-C85 & C96: Non-Hodgkin lymphoma

			Ma	les						Fema	ales					Pers	ons			
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confi Interv		ASR Ratio	Excess Cases	Number of cases	Crude Rate	ASR	95% Confic Interva		ASR Excess Ratio Cases	Number of cases	Crude Rate	ASR	95% Confid Interva		ASR Ratio	Excess Cases
1995-1999]																			
Least deprived	3,998	17.1	15.5	15.0 -	16.0	1.0		3,308	13.6	10.6	10.2 -	11.0	1.0	7,306	15.3	12.8	12.5 -	13.1	1.0	
2	4,315	18.4	16.0	15.6 -	16.5	1.0	No	3,573	14.5	10.5	10.2 -	10.9	1.0 No	7,888	16.4	13.1	12.8 -	13.4	1.0	No
3	4,208	17.9	15.7	15.2 -	16.1	1.0 \$	lignificant	3,698	14.8	10.7	10.3 -	11.0	1.0 Significant	7,906	16.3	13.0	12.7 -	13.2	1.0	Significant
4	3,800	15.9	14.8	14.4 -	15.3	1.0 [Difference	3,688	14.6	11.1	10.8 -	11.5	1.1 Difference	7,488	15.2	12.8	12.5 -	13.1	1.0	Difference
Most deprived	3,405	14.0	14.2	13.8 -	14.7	0.9		3,063	11.9	10.1	9.8 -	10.5	1.0	6,468	12.9	12.0	11.7 -	12.3	0.9	
Overall	19,726	16.6	15.3	15.1 -	15.5			17,330	13.9	10.6	10.5 -	10.8		37,056	15.2	12.8	12.6 -	12.9		
2000-2004]																			
Least deprived	4,612	18.8	16.1	15.6 -	16.5	1.0	0	3,790	15.1	11.3	11.0 -	11.7	1.0	8,402	17.0	13.5	13.2 -	13.8	1.0	
2	4,722	19.4	15.9	15.4 -	16.3	1.0	-60	4,140	16.4	11.5	11.2 -	11.9	1.0 No	8,862	17.9	13.5	13.2 -	13.8	1.0	
3	4,575	18.8	15.8	15.4 -	16.3	1.0	-69	4,091	16.1	11.3	11.0 -	11.6	1.0 Significant	8,666	17.4	13.4	13.1 -	13.6	1.0	
4	4,179	17.1	15.7	15.3 -	16.2	1.0	-91	3,843	15.0	11.2	10.9 -	11.6	1.0 Difference	8,022	16.1	13.3	13.0 -	13.6	1.0	
Most deprived	3,616	14.7	15.2	14.7 -	15.7	0.9	-202	3,357	13.1	11.4	11.0 -	11.8	1.0	6,973	13.9	13.1	12.8 -	13.4	1.0	
Overall	21,704	17.8	15.8	15.6 -	16.0			19,221	15.2	11.4	11.2 -	11.5		40,925	16.4	13.4	13.3 -	13.5		
		30				1995	1999					30		2000-2	004			٦		







N	o	ho	~	

• There was no statistically significant change in ASR in relation to deprivation quintile for either sex in 1995-1999 (p-value 0.08 for males; 0.80 for females)

• The decrease in ASR in relation to deprivation quintile was statistically significant for males in 2000-2004 (p-value 0.03) but was not statistically significant for females (p-value 0.73)

. In 2000-2004, there would have been around 85 more cases of NHL each year if the ASR of each of the deprivation quintiles had been the same as the ASR for the corresponding least deprived quintile





C88-C90: Myeloma

			Male	es					Fema	ales						Perso	ons			
Deprivation Quintile	Number of	Crude		95% Confid		ASR Exces Ratio Case		Crude		95% Confide	nce	ASR Exces Ratio Case		nber of	Crude		95% Confid			xcess
1995-1999	cases	Rate	ASR	Interva	1	Ratio Case	cases	Rate	ASR	Interval		Ratio Case	5	cases	Rate	ASR	Interva	1	Ratio C	Cases
Least deprived	1,623	7.0	6.0	5.8 -	6.3	1.0	1,349	5.6	3.9	3.7 -	4.1	1.0		2,972	6.2	4.8	4.7 -	5.0	1.0	
2	1,886	8.0	6.6	6.3 -	6.9	1.1 No	1,634	6.6	4.3	4.1 -	4.5	1.1 No		3,520	7.3	5.3	5.1 -	5.5		No
3	1,795 1,686	7.6 7.1	6.3 6.2	6.0 - 5.9 -	6.6 6.5	1.0 Significan 1.0 Difference	1,795 1,564	7.2	4.6 4.2	4.4 - 4.0 -	4.8 4.4	1.2 Significan 1.1 Difference		3,590 3,250	7.4 6.6	5.3 5.0	5.1 - 4.9 -	5.5 5.2	1.1 Signi 1.0 Diffe	
Most deprived	1,423	5.8	5.8	5.5 -	6.1	1.0	1,319	5.1	3.9	3.7 -	4.1	1.0		2,742	5.5	4.7	4.5 -	4.9	1.0	
Overall	8,413	7.1	6.2	6.1 -	6.4		7,661	6.1	4.2	4.1 -	4.3			16,074	6.6	5.1	5.0 -	5.1		
2000-2004	4 000																	5.0		
Least deprived 2	1,899 2,045	7.8 8.4	6.4 6.5	6.1 - 6.2 -	6.7 6.8	1.0 1.0 2		5.8 6.9	3.9 4.3	3.7 - 4.1 -	4.1 4.5	1.0 1.1 No		3,344 3,786	6.8 7.6	5.0 5.2	4.9 - 5.1 -	5.2 5.4	1.0 1.0 M	No
3	1,958	8.1	6.4	6.1 -	6.7	1.0 -	5 1,680	6.6	4.0	3.8 -	4.2	1.0 Significan		3,638	7.3	5.1	4.9 -	5.2	1.0 Sign	
4 Most deprived	1,749 1,467	7.2 6.0	6.2 6.1	5.9 - 5.8 -	6.5 6.4	1.0 -4 0.9 -8		6.0 5.2	4.1 4.1	3.9 - 3.9 -	4.3 4.3	1.0 Difference 1.1	•	3,291 2,796	6.6 5.6	5.0 5.0	4.8 - 4.8 -	5.2 5.2	1.0 Diffe 1.0	erence
Overall	9,118	7.5	6.3	6.2 -	6.5		7,737	6.1	4.1	4.0 -	4.2			16,855	6.8	5.1	5.0 -	5.1		
						1995-1999								2000-20	04					
		30 - 25 -								Ð	25									
		Pate 20 -								Age Standardised Rate	20									
	Males	- 51 Standardised								disec.	15								Males	
	Females	anda								anda									Females	
	Error bars show 95%	t⊽ 10 - 95v								ge St	10								bars show 95%	
	confidence limits	<				*)*				۲	5		T		*)(T		conti	dence limits	
		0 -									0									
			Overall	Least dep	prived	2 3	4 N	Nost deprived				Overall Least d	eprived	2	3	4	Most deprived	i		
	30 1		Ма	les			30		Fen	nales			30			Per	sons			
						• 1995-1999						• 1995-199	9						1995	
	25					◆ 2000-2004	25					♦ 2000-200-	25						\$ 2000-	-2004
Rate							₽ ₽ 20						98 20							
d R	20						20 P8						20 - B							
Standardised	15						8 9 15						Standardised							
land							15 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -						stand							
Age S	10						8, 10						- 6 10 -							
	•	•			-	.														
	5					, i i i i i i i i i i i i i i i i i i i	5 🔶	÷		\$	+	•	5	+			•	+	+	
	0						0						0		-					
	Least deprived	2	:	3	4	Most deprived	Least depriv	ved 2		3	4	Most deprived		east deprived	2		3	4	Most dep	rived
	-	st. Deprivation	n Gan	95% Confid	ence M	lodelled P-valu		Est. Deprivat	ion Gan	95% Confide	nce M	lodelled P-valu	e		Est. Deprivatio	n Gan	95% Confid	lence M	odelled P-	-value
	Cohort	(Difference in AS		Interva		Change for Tren		(Difference in		Interval		Change for Tren			Difference in A		Interva			Trend
	1995-1999	-0.4		-1.6 -		0.4		0.0		-1.4 -		0.9			-0.2		-1.4 -			0.61
12	2000-2004	-0.4		-0.8 -	0.0	-6% 0.0	2000-2004	0.1		-0.5 -	0.6	0.7	0 2000-2	2004	-0.2		-0.6 -	0.2		0.30

Notes

There was no statistically significant change in ASR in relation to deprivation quintile for either sex in 1995-1999 (p-value 0.44 for males; 0.94 for females)
 The decrease in ASR in relation to deprivation quintile was statistically significant for males in 2000-2004 (p-value 0.05) but not for females (p-value 0.7)





C91-C95: Leukaemia

	Males						Females						Persons					
Deprivation Quintile	Number of cases	Crude Rate	ASR	95% Confidence	ASR Excess Ratio Cases	Number of cases	Crude Rate	95% Confidence ASR Interval		ASR Excess Ratio Cases		Crude Rate	ASR	95% Confidence		ASR Excess Ratio Cases		
1995-1999	cases	nale	ASh	Interval	Hallo Cases	cases	nate	ASh	Interval	Hallo Cases	Cases	nale	ASh	Interva	11	Hallo Cases		
Least deprived	3,227	13.8	12.6	12.1 - 13.0	1.0	2,369	9.8	7.5	7.2 - 7.8	8 1.0	5,596	11.8	9.7	9.4 -	10.0	1.0		
2	3,522	15.0	13.0	12.5 - 13.4	1.0 No	2,770	11.2	7.9	7.6 - 8.2		6,292	13.1	10.1	9.9 -	10.4	1.0 No		
3	3,441 3,272	14.6 13.7	12.7 12.5	12.3 - 13.1 12.0 - 12.9	1.0 Significant 1.0 Difference	2,765 2,843	11.1 11.3	7.6 8.1	7.3 - 7.9		6,206 6,115	12.8 12.5	9.8 10.0	9.6 - 9.7 -	10.1 10.2	1.0 Significant 1.0 Difference		
Most deprived	2,891	11.9	11.7	11.3 - 12.2	0.9	2,357	9.2	7.4	7.1 - 7.7		5,248	10.5	9.3	9.0 -	9.5	1.0		
Overall	16,353	13.8	12.5	12.3 - 12.7		13,104	10.5	7.7	7.6 - 7.8		29,457	12.1	9.8	9.7 -	9.9			
2000-2004																		
Least deprived	3,524	14.4	12.4	12.0 - 12.8	1.0	2,507	10.0	7.4	7.2 - 7.7		6,031	12.2	9.7	9.5 -	10.0	1.0		
2	3,650 3,551	15.0 14.6	12.3 12.1	11.9 - 12.7 11.7 - 12.5	1.0 No 1.0 Significant	2,752 2,767	10.9 10.9	7.6 7.5	7.3 - 7.9		6,402 6,318	12.9 12.7	9.7 9.5	9.4 - 9.3 -	9.9 9.8	1.0 No 1.0 Significant		
4	3,399	13.9	12.5	12.1 - 12.9	1.0 Difference	2,651	10.4	7.5	7.2 - 7.7	1.0 Difference	6,050	12.1	9.7	9.4 -	9.9	1.0 Difference		
Most deprived	3,012	12.3	12.4	11.9 - 12.8	1.0	2,114	8.3	6.8	6.5 - 7.1		5,126	10.2	9.3	9.0 -	9.5	1.0		
Overall	17,136	14.0	12.4	12.2 - 12.5		12,791	10.1	7.4	7.3 - 7.5	1	29,927	12.0	9.6	9.5 -	9.7			
	1995-1999										2000-2	2000-2004						
		³⁰ T							30									
		25 -							25									
		98 20 -							Age Standardised Rate 10 10						-			
	Males	Age Standardised							ised							Males		
	Females	p. 15 -	_	Ŧ		-			ip 15	-	_		-		_	Females		
	_	June 10 -					T		Lap 10			Ē [-					
	Error bars show 95% confidence limits	Age				. .	-		Age				-	-	Erro	r bars show 95% Idence limits		
		5 -							5					_	-			
		0 +	Overall	Least deprived	2 3	4 Mo	st deprived		0	Overall Least de	prived 2	3	4	Most deprive				
				ales				Fem	ales					sons				
1	30		IVIC	aico	♦ 1995-1999	30		i en	uico	♦ 1995-1999	30		1.01	00110		1995-1999		
					◆ 2000-2004					◆ 2000-2004						 1995-1999 2000-2004 		
;	25					25					25							
Rate						an 20					ate							
E S	20 -					8 20 -					- 02 - 02 - 02 - 02 - 02 - 02 - 02 - 02							
Standardised	15					Standardised					sip 15							
tand	· · · · ·			• • •		tand					15							
Age S	10				•	8 10 -					80 80 10				_			
۲						< ←	+				< ⁺							
	5					5					5							
	0 Least deprived	2		3 4	Most deprived	0 Least deprive	1 2		3 4	Most deprived	- 0				4	Most deprived		
		4		J 4	wost deprived	Least depriver			, 4	wost deprived	Least deprived	1 2	5	3		Most deprived		
	Cohort E	st. Deprivation		95% Confidence		Cohort	Est. Deprivation		95% Confidence			Est. Deprivation		95% Confid	lence N	lodelled P-value		
	Cohort E	St. Deprivation (Difference in AS			Modelled P-value % Change for Trend	Cohort	Est. Deprivatio		95% Confidence Interval	Modelled P-value % Change for Trend		Est. Deprivatio		95% Confid Interva	lence N			
1	Cohort E 1995-1999 2000-2004	St. Deprivation (Difference in As -0.9 0.0				Cohort 1995-1999 2000-2004	Est. Deprivatio (Difference in A 0.0 -0.6				1995-1999	Est. Deprivation (Difference in A -0.4 -0.4			dence M al % 0.9	lodelled P-value		

Notes

There was no statistically significant change in ASR in relation to deprivation quintile for either sex in both 1995-1999 (p-value 0.14 for males; 1.00 for females) and 2000-2004 (p-value 0.84 for males; 0.17 for females)



NCIN core objectives

Using information to improve quality and choice for cancer patients

- Promoting efficient and effective data collection throughout the cancer journey
- Providing a common national repository for cancer datasets
- Producing expert analyses, based on robust methodologies, to monitor patterns of cancer care
- Exploiting information to drive improvements in standards of cancer care and clinical outcomes
- Enabling use of cancer information to support audit and research programmes

Notes

There are differences in the coding of some cancers between this report and previous NCIN reports.

- Head and neck cancer has been used to describe the grouping of ICD10 codes C00-C14 & C30-C32 replacing the previous grouping C00-C14: Lip, oral cavity and pharynx
- C54: Corpus Uteri is now used, replacing C54-C55: Uterus.
- C64-C66 & C68: Kidney and other and unspecified urinary organs is used instead of C64: Kidney, except renal pelvis
- C70-C72: Brain and other parts of the central nervous system no longer contains C69: Eye
- C82-C85 & C96: Non-Hodgkin lymphoma now includes C96.

New sites previously unreported in NCIN publications include:

- C22: Liver
- C45: Mesothelioma
- C88-C90 Myeloma

Methodology

Anonymised data for all registrations of malignant neoplasms excluding non melanoma skin cancer were obtained for patients diagnosed between 1995 and 2004 from the English cancer registries and ONS. Records were excluded when there was no age and where ICD coding was incomplete or missing.

Deprivation scores are available for each lower super output area (LSOA) in England. The Income Score from the Index of Multiple Deprivation 2007 (IMD2007)¹ was used here. Each LSOA was ranked by deprivation score such that each quintile contained 20% of the population. , The postcode of residence of each patient was used to assign the relevant deprivation quintile through the LSOA. Populations for both of the five year cohorts were created using the sum of the populations for each quintile for each year.

¹ http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/

Glossary

Deprivation Quintile

This publication used the Income Score from IMD2007 to assign each LSOA in England a deprivation quintile. The quintiles were re-ordered such that deprivation was presented from the least deprived (1) to the most deprived (5).

Number of Cases

The number of new registrations of cancer diagnosed within the specified five year cohort.

Crude Rate

The crude rate was calculated by dividing the number of cases by the population at risk for each deprivation quintile, as well as overall. In this case using the sum of cases over each five year period divided by the sum of the population over the corresponding five year period to give an average annual crude rate. This rate does not take into account the age structure of the different populations and therefore does not adjust for the confounding effect this may have.

Age Standardised Rate (ASR)

Age standardised rates are used to eliminate the variation in the age structures of populations and as such enable comparisons between different areas or over time to be made. They are obtained by using a weighted average of age specific rates, i.e. the crude rates within each 5-year age group. Direct age standardisation has been used here, applied to the European Standard Population. The ASRs are the figures which should be used when making comparisons between the different time periods.

95% Confidence Interval (95% C.I.)

For the age standardised rates and the modelled estimated deprivation gap, a 95% confidence interval is given. Confidence intervals are used as a measure of uncertainty in the estimated rates. The upper and lower limits of the interval show how big a contribution chance may have made to a particular statistic. The 95% confidence intervals quoted give the range in which the rate in question would fall 19 times out of 20, were it possible to repeat the analysis.

ASR Ratio

The ASR ratio was calculated by dividing the ASR of each deprivation quintile with the corresponding ASR of the least deprived quintile. The resulting ratio indicates the increase or decrease in ASR compared to the least deprived quintile.

Excess Cases

For males and females, the number of excess cases for each quintile was calculated by dividing the number of cases by the ASR Ratio and subtracting this result from the number of cases. This gives a crude estimate as to how many extra or fewer cases there would have been had that quintile had the same ASR as the least deprived quintile. These figures are not shown in the situation when the corresponding regression analysis showed a non statistically significant trend across the quintiles.

For persons, the number of excess cases was calculated as the sum of the excess cases for males and females. Again these results are not shown if the test for trend across the quintiles was not significant for either males or females.

Estimated Deprivation Gap (Difference in ASR)

Weighted ordinary least squares linear regression was used to model the trend across ASRs for the deprivation quintiles. The estimated deprivation gap and corresponding confidence intervals were then derived using the modelled ASR for the most deprived quintile minus the modelled ASR for the least deprived quintile. The weight used for the linear regression was the corresponding variance for each quintile. This weighting was used to take into account any differences between the quintiles.

Modelled % Change (between most and least deprived quintiles)

This is the estimated deprivation gap as a percentage of the modelled ASR for the least deprived quintile. Where the regression analysis did not produce a statistically significant trend across the quintiles, the modelled percentage change was not calculated.

P-value for Trend

The p-value given in the table is the resulting p-value from the weighted ordinary least squares linear regression.

P-value for difference between trends (on graph)

As a way of examining whether or not the trends have changed significantly over time, a z-test was performed using the regression coefficients and their corresponding standard errors from the linear regression analyses for each time period. The p-value shown on the trends graph is from the z-test for the trends over the two time periods.

For further reading please see: L Shack, C Jordan, C Thomson et al; Variation in incidence of breast, lung and cervical cancer and malignant melanoma of skin by socioeconomic group in England. BMC Cancer 2008 Sep 26; 8:271.



North West Cancer Intelligence Service





West Midlands Cancer Intelligence Unit

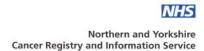




Fighting cancer with information











National Cancer Intelligence Network Coordinating Centre 2nd Floor, Queens House, 55/56 Lincoln's Inn Fields, London WC2A 3PX Tax: +44 (0) 20 7061 8137 Fax: +44 (0) 20 7061 8461 enquiries@ncin.org.uk www.ncin.org.uk