

North West Regional Report



2025



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North West Cancer Research was founded more than seven decades ago with the purpose of independently funding regionally-focused research, strategies, and community-level engagement designed to tackle the cause, improve the care and ultimately find the cure for cancer.

Thanks to this work, we have cultivated an informed and nuanced picture of the key cancer issues within our area. Building up this level of localised awareness is critical, as cancer cannot be effectively tackled without a highly targeted approach that accounts for the multi-faceted, complicated, and evolving nature of the challenges at hand.

We know that no two villages, towns, cities, or even regions are exactly alike,

therefore, we cannot take a one-size-fits-all approach to cancer around the country.

This is why we have invested over £55 million since 2000 in life-saving research projects, as well as preventative awareness campaigns that address cancer inequalities. All of this work is aimed at empowering local care systems with tailored measures that reflect the lived realities of their communities.

“Localised awareness is critical, as cancer cannot be effectively tackled without a highly targeted approach.”

● Unravelling answers to our region’s complex cancer questions

The population and healthcare infrastructure in the North West of England and North Wales face a number of stark cancer-related challenges.

This is underlined by the fact that residents in this region are 25% more likely to be diagnosed with cancer than in the rest of the UK*, and the latest cancer prevalence data shows that the North West still records more people living with the disease than the rest of the UK.

As discussed in the report, the cancer burden faced across the North West can vary, but every county exhibits disproportionate levels of cancer in general while particular types of the disease continue to have an outsized impact on specific communities.

The role that socioeconomic factors play in the area’s health expectations is clear in the data, with counties that exhibit high levels of deprivation

overlapping with areas managing some of the worst cancer rates. In addition, ‘lifestyle related’ cancers – bowel, lung, liver, kidney, stomach, and skin – show some of the most alarming regional disparities.

Throughout the course of our annual reports, we’ve seen how these rates have remained largely static for a number of years, which likely reflects the entrenched deprivation in communities across the North West.

Building up this understanding of the region’s cancer landscape and the intertwined factors that contribute to it, provides us with a compass for our wider work and the approach we take to tackling the disease within our communities.

● This has informed our two-pronged approach to lowering cancer rates:

1. Educating people of all ages and backgrounds on key lifestyle factors to boost prevention by creating cross-society behavioural change.
2. Investing in research into early diagnosis and treatment to improve outcomes and support those living with cancer and their families.

Strand one underscores the critical need for targeted education and outreach programmes that provide people of all ages with the information they need to live healthy lives that minimise their risk of being diagnosed with cancer.

We frequently implement campaigns designed to spread vital information and raise awareness of the cancers most prevalent in our region. Encouraging early diagnosis and getting important messages on cancer prevention and education to all corners of our communities has seen us undertake a wide range of activities, including

school engagement to provide young people with healthy lifestyle skills and knowledge. We have also rolled out region-wide awareness campaigns to share vital information with the media alongside boots-on-the-ground work at key North West locations to circulate information first-hand.

Recently, this has involved creative messaging around oesophageal, ovarian, skin, bowel, and head and neck cancers, which are all present at above average levels in the North West. Central to these campaigns has been taking the time to understand why people in our area are not taking measures that would help prevent cancer or facilitate early diagnosis, such as wearing sunscreen or completing bowel cancer screening kits. These insights were then used to create messages that spoke to these perceptions and ways of thinking to encourage changes in behaviour and a wider understanding of the cancers impacting our communities.

“We need to change the conversation and change the way people talk about cancer. We need to expand the whole conversation about cancer, so that we start with prevention and helping people to be aware of how cancer is caused in the first place.”

David O’Hagan, GP in Kensington, at North West Cancer Research’s 2025 roundtable on health inequalities in Merseyside

*National Institute of Health and Care Research North West Coast Clinical Research Network (2023)

This approach relies on facilitating education, communication, and collaboration throughout all levels of society. Opening up a dialogue between stakeholders in our communities such as politicians, health directors, NHS clinicians, mayors, councillors, academics, and more, is essential to aligning our region’s cancer initiatives and ensuring that the issues are understood and the priorities tackled.

A guiding ethos for this work is that cancer is the point at which the pressures of society meet medicine. This underscores the impact of societal factors such as deprivation, environment, and

lifestyles but also emphasises how the weight of responsibility lies across civil society, from the expansive network of local government, central government, and the NHS to community bodies, private entities, and third sector organisations.

When untangling this web of overlapping influence and responsibility, we can break this down into three distinct levels within society and the medical landscape which governs the North West’s collective ability to prevent and treat cancer and through which we aim to engage – these are the political, medical, and research spheres.

“It’s important we understand the structure we need in the NHS and the leadership required to deliver on a new plan... We were asked by NHS England to look at how we can do something different. We found that we need a difference in leadership, a difference in scale, and a difference in scope.”

Ailsa Brotherton, Executive Director of Improvement, Research and Innovation at Lancashire Teaching Hospitals NHS Foundation Trust, at North West Cancer Research’s 2025 roundtable for Lancashire and Cumbria



For **strand two**, our research portfolio includes a mix of research types focused on common cancers, such as breast and prostate, along with studies on rare and childhood cancers and those that over-index in our region.

The largest weight of our funding is concentrated on those cancers which have the greatest impact in the North West. This includes head and neck cancers, and cancers of the digestive system, the lungs and the liver. Our funding is spent through academic and health institutions, with the overall aim and focus of improving the region’s standard of health.

We maintain a research pipeline from the earliest discovery science and understanding of the genetic causes of cancer to studies which seek to improve patient care in hospitals today. Added to this are studies which aim to improve available treatments using current techniques and those which focus entirely on novel and groundbreaking new ways to treat cancers. This scope of research activity is reflected in the wide variety of research activities currently underway. Examples of this include a project with Blackpool Hospital on an early predictive detection method for lung cancer via vibrational spectroscopy of liquid biopsy, and there is ongoing work in Manchester to decipher the evolution of small cell lung cancer. We are working with academics to identify the mechanisms within

pancreatic tumours, as well as on personalised surveillance schedules for detecting liver cancers. In Lancaster, we are supporting research into DNA repair following radio and chemotherapy treatment for bladder cancer. Beyond these examples, there are over 60 research programmes in progress, with many already yielding results.

With our region’s unique needs and cancer landscape being our core focus, an increasing amount of our research is on the inequalities which exist across the area. These may be connected to disparities in wealth or the many diverse socioeconomic factors that need to be accounted for in our region. It’s important to understand our inequalities if we are to address them, and this is what our research aims to do. Defining the approaches in these two routes provides a useful prism through which to understand the steps we need to take – although admittedly the overlapping nature of many of the local differences, medical options, political realities, and research objectives means they will fall into both approaches to a greater or lesser extent.

In essence, the underlying thread that connects all this work is uncovering and addressing why cancer is a more common disease in the North West compared to the rest of the country.

● **This report’s purpose**

The disparity between the national and regional cancer rates has been a core driver of our work as well as our regional report.

Now in its fifth year, this document plays an important part in our activities, as it helps to define the cancer map across the North West. The metrics we analyse consistently reveal long-term trends that illustrate the scale of the challenge as well as the vital need for long-term community-level interventions.

To understand the region, we look at the available data on cancer in the North West of England and explore it at a county level, covering

Greater Manchester, Cheshire, Merseyside, Cumbria, and Lancashire. Our analysis overlays multiple data points, including socio-economic information and cancer prevalence rates.

This provides us with a granular perspective on how cancer affects our communities and which conditions are having the most significant impact on the people of the North West and its healthcare systems.

● **Empowering communities**

Over the course of our regional reports, we have repeatedly seen more continuity than change, with key cancer rates remaining consistently above the national average. From this, it is clear we are facing a long-term issue that is going to require significant investment at a local level to understand the problems and how we can collectively solve them.

Education initiatives that build healthy life skills and which raise awareness of preventative measures should be a priority. Increasing levels of understanding across populations will help the North West’s cancer rate start to achieve parity with the national average.

To achieve this, we are committed to implementing outreach projects at a grassroots level. Our presence within communities and region-led research tells us that creating a cancer free future is going to take innovation, investment, time, and collaboration to address localised issues and empower people across the North West to take control of their own health.



● **Alastair Richards,**
North West Cancer Research CEO

NORTH WEST

Regional Overview



NORTH WEST Regional Overview

The North West's communities are managing a significantly more acute cancer burden than the rest of England, according to the latest prevalence data.

Despite the North West and national cancer prevalence rates showing a four percentage points closer alignment in the most recently released statistics (from 2021) than in the previous year's data, the region still records a higher proportion of its population living with cancer than across England as a whole.

The severity of the issue is underlined by the fact that the North West over-indexes for prevalence on 16 of the 20 key cancers we analysed for this report. In total, 5,630 per 100,000 people in the North West are living with cancer.

Across the North West's five counties, some are facing total prevalence rates far in excess of what would be expected by looking at the national statistics. For example, the latest cancer prevalence rate in Cumbria is 17% higher than the English benchmark.

The prevalence rates for some of the most problematic regional diseases highlight key

challenges for the North West's health infrastructure. For both lung and head & neck cancer, every single North West county recorded higher than average prevalence rates.

Compared to the national average, lung cancer has been recorded at a 19% higher rate in the North West, which is a one percentage point increase on the previous data, and head & neck cancer is present at a 17% higher rate.

Other cancer types for which the North West is facing an outsized challenge include cervical, bladder, skin, and ovarian cancers, for which the region respectively records 18%, 13%, 11%, and 10% above average rates.

While overall rates differ across counties, all can be seen to have specific, localised issues that require urgent attention. For example, communities in the Liverpool City Region (LCR) are managing a lung cancer prevalence rate that is 51% above the national benchmark. Similarly, Greater Manchester's prevalence rate for this disease is 23% higher than the rest of the country despite a much younger than average population.

“In Lancaster, the largest risk is from colorectal cancer, but that’s not the same for the whole area. In Grange-over-Sands, the larger risk is head and neck cancer. It’s something completely different, but do they know that? We need to use data in order to target our limited resources better.”

Luigi Sedda, Senior Lecturer in Spatial Epidemiology at Lancaster University, at North West Cancer Research's 2025 roundtable for Lancashire and Cumbria

● Income and age

Overlaying prevalence data with an understanding of localised factors is essential to creating an accurate picture of each county’s healthcare landscape. An area’s demographics, environment, and deprivation levels have a notable impact on the pervasiveness, outcomes, and types of cancer experienced at a community level. This is important, as research shows that communities in the North West exhibit significantly higher rates of deprivation than the national average.

Income data tells us that Greater Manchester’s population has the highest overall levels of deprivation in the North West, with Merseyside a close second. In contrast, Cheshire is the most affluent county in the region and the only one to register lower poverty levels than the English average.

Within each of the counties, the income and deprivation picture is also layered and nuanced. This is exemplified in Cumbria, which experiences deprivation levels only slightly above the English average and is 14% less deprived than the rest of the North West. Yet Barrow and Copeland record higher levels of poverty compared to areas as such as Eden and South Lakeland, which are more affluent than the national average.

Lancashire is the region’s most economically diverse county, with areas of substantial wealth as well as extreme poverty. This can be seen by comparing affluent rural areas in the Ribble Valley with ‘the 4 Bs’ - Blackburn, Blackpool, Bolton, and Bury - urban areas that record high poverty levels.

Greater Manchester’s economic landscape also plays host to significantly contrasting wealth levels within a small geographic space. For example, prosperous postcodes such as Trafford and Tameside are situated close to Manchester’s inner-city, one of England’s most deprived areas.

Access to healthcare is central to health outcomes and is inextricably linked to poverty levels. Being unable to afford travel costs or live in an area with access to healthcare facilities directly affects opportunities for early diagnosis and treatment.

The difference between each county’s population demographics also highlights how an area’s average age range affects localised cancer rates. In general, counties with older populations experience significantly higher prevalence rates for a wide range of cancers.

Cumbria has one of the oldest populations in the North West, with 49% of its adult population aged over 55 years old, which compares to the national average of 38%. This is reflected in the region’s worst overall cancer prevalence rates and over indexing for more cancer types than any other county.

In contrast to Cumbria, Greater Manchester has the youngest population in the North West, with 66% per cent of the adult population living in the area aged between 16-54. Unsurprisingly, this youthful demographic aligns with the lowest cancer prevalence rate in the North West. It is important to note that despite this age profile, the county still records higher than average prevalence rates for a wide range of cancer types, including lung cancer, liver, cervical, head & neck, and stomach cancers.

“People in deprived communities are less likely to access their treatment quicker, and so of course the longer the treatment is delayed, the worse the outcomes, or the more severe the treatment options.”

Tony Murphy, Councillor for Rock Ferry, at North West Cancer Research’s 2025 roundtable on health inequalities in Merseyside

● Cancer impacting women

Certain cancers that impact women were found to be much more common in the North West’s population compared to the rest of England.

The prevalence rate for cervical cancer was recorded as 18% higher in the North West. Certain counties are particularly impacted by this disease, including Cumbria, the LCR, and Lancashire, which respectively indexed at 30%, 28%, and 23% above the national average. Greater Manchester exhibits a 9% above average prevalence rate for this disease while Cheshire is the only county with a lower-than-average prevalence for cervical cancer.

Ovarian cancer was similarly found to be higher than average in the majority of North West counties and overall is prevalent at a rate 10% higher than the rest of the country. Cumbria and Lancashire recorded the most disproportionate rates for this disease at 22% and 16% above the norm, while LCR was the only county with a slightly better than average rate.

Cancer of the uterus indexes at a 4% higher prevalence rate compared to the benchmark for England, with Cumbria and Lancashire having the most acute challenges for uterine cancer, recording rates 27% and 10% above average.



Breast cancer is the most common single cancer type across the North West, with approximately 2,112 cases per 100,000 people. Across the five counties, the North West’s prevalence rate is only one percentage point higher than the national average, however Cumbria and Cheshire recorded markedly higher differences at 16% and 14%.

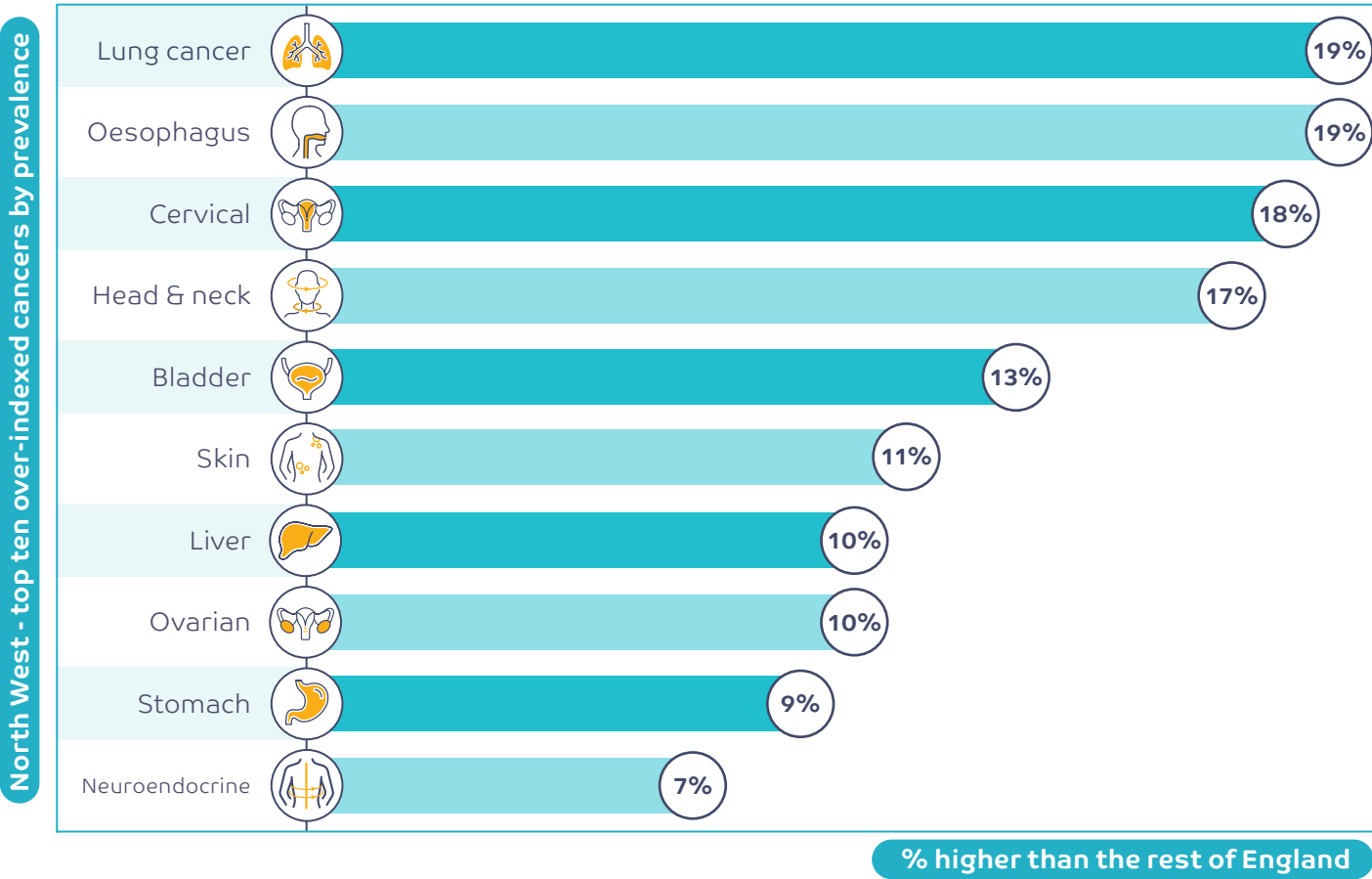
● Cancer impacting men

Prostate cancer is the second most common cancer type in the North West’s population after breast cancer, with 1,495 cases per 100,000 people. Cumbria faces a significantly more acute prostate cancer challenge compared to other North West areas, as the prevalence rate for this disease is 10% higher than the national average in the county. The only other county to over index for prostate cancer is Cheshire at two percentage points above the English benchmark, while in contrast Greater Manchester’s prevalence rate is 21% below the national average.



● Key challenges

- Across the five years we’ve published this regional report, the North West’s cancer rates have remained starkly above the rest of the country. The latest prevalence data shows some areas have become more aligned with the national average, but parity has not been achieved and significant disparities, particularly with regard to certain cancer types, remain entrenched in the region.
- Lifestyle-related cancers continue to be recorded at significantly higher than average rates in the North West. This includes lung, head & neck, oesophageal, and liver cancers, which all index at a 10% or higher rate compared to the rest of the country. In particular, lung cancer over indexed in every North West county. Urban areas appear to be particularly affected by this disease, with the LCR recording the highest prevalence rate at 51% and Greater Manchester, despite its young population, indexing at 23% above average.
- Skin cancer data shows that this disease has an outsized impact in the North West, possibly due to lifestyles or outdoor occupations which put populations at an increased risk. Overall, this disease is 11% more prevalent across the North West, a statistic which raises to 31% and 32% above average for Cheshire and Cumbria.
- The North West’s communities are managing a number of cancers that impact women at disproportionate rates. This includes prevalence rates for cervical, ovarian, and uterine cancers that are respectively 18%, 10%, and 4% above the national average. Breast cancer is the single most common type of cancer in the North West, with Cumbria and Cheshire recording prevalence rates for this disease 16% and 14% higher than the national average.



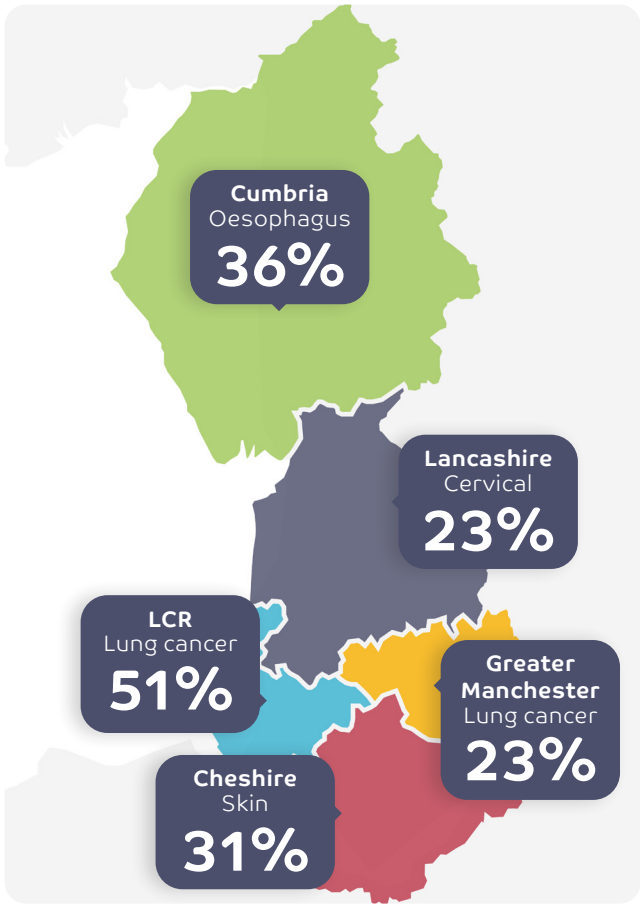
“We need to see cancer and communities together and not see cancer on its own...We need to maintain a focus on funding between housing professionals, leisure professionals, surgeons, GPs, social care workers, therapists, and monetary sector workers, collaborating to put communities and people at the centre.”

Sakthi Karunanithi, Director of Public Health at Lancashire County Council, at North West Cancer Research’s 2025 roundtable on Lancashire and Cumbria

● Mapping the most prevalent cancers in each county

While each county in the North West is managing a disproportionate cancer burden, the specific challenges can vary quite significantly across the region.

As this map shows, the cancer type in each county that over indexes the most by prevalence is rarely the same. This snapshot highlights both the severity of the issue as well as the need for localised approaches.





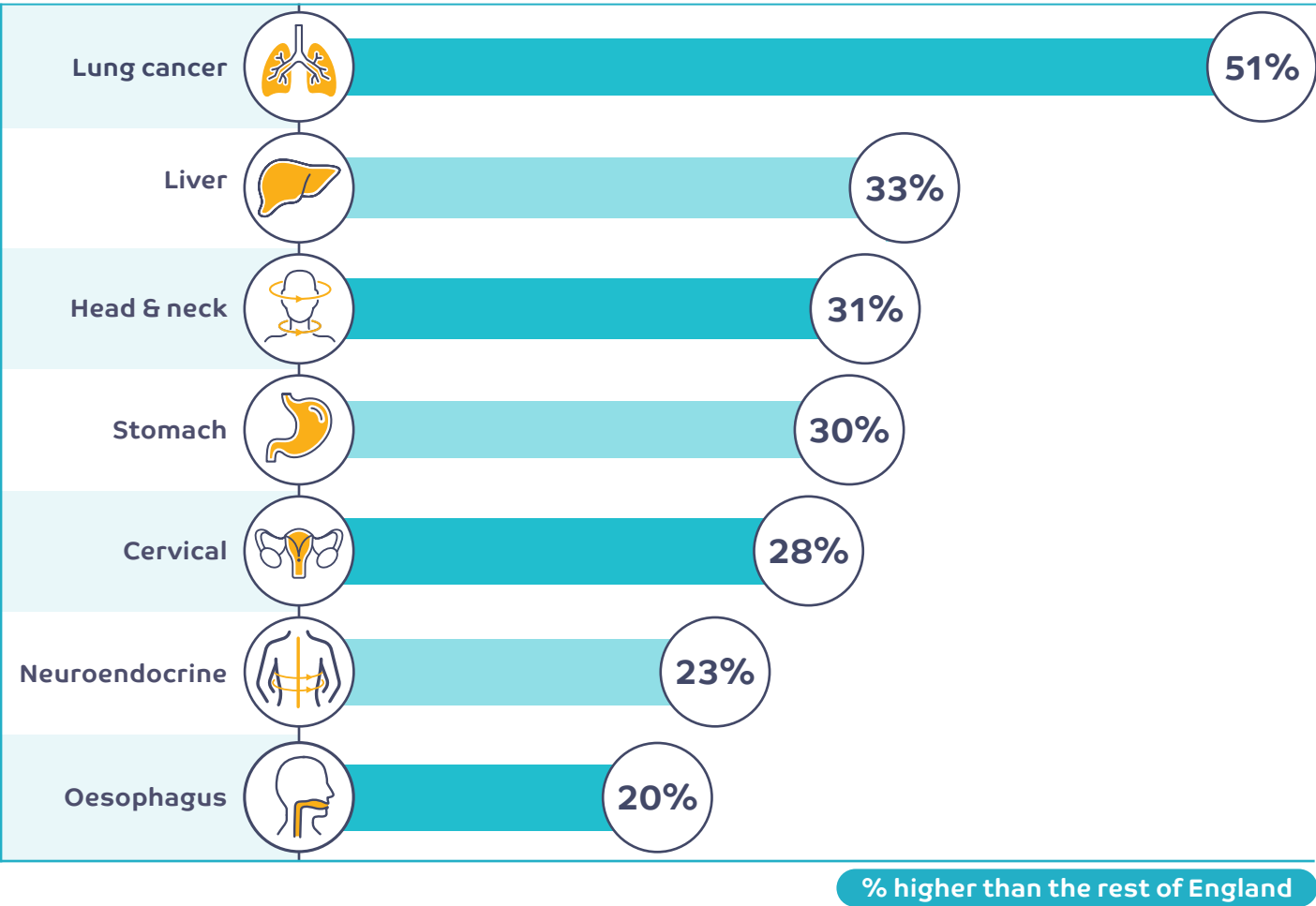
LIVERPOOL CITY REGION

Overview

The prevalence rate for cancer in the LCR is 4% higher than the rest of the country. While this is lower than the 6% disparity shown in the data for 2020, this still shows a marked difference when compared to the national picture and a number of specific cancer types have been recorded at significantly higher rates.

The cancers which are present at the most disproportionate rates in the region include lung, liver, head & neck, stomach, and cervical cancer. Respectively these diseases are 51%, 33%, 31%, 30%, and 28% more prevalent in Liverpool's population than across the country as a whole.

Liverpool City Region top seven over-indexed cancers by prevalence



Many of these are the most disproportionate rates found in any North West region. The LCR's lung cancer prevalence statistic is 28% higher than the next region, Greater Manchester, and the rate of head & neck cancer is similarly higher than elsewhere in the North West, with Cumbria ranking second at a rate 8% lower than LCR.

Looking at the 20 cancer types for which we analysed prevalence data in LCR, the region over indexed for 15 of them, was the same as the rest of the country for one and only had a lower prevalence rate for four.

High levels of deprivation likely account for the notable disparity in cancer prevalence rates. Liverpool ranks as the [third most deprived local authority](#) in England and a [report by Liverpool's Director of Public Health](#), Matt Ashton, found that 63% of residents live in areas ranked among the most deprived in England, 3 in 10 children live in poverty, and the city's residents spend more than a quarter of their life (26.1%) in ill health.

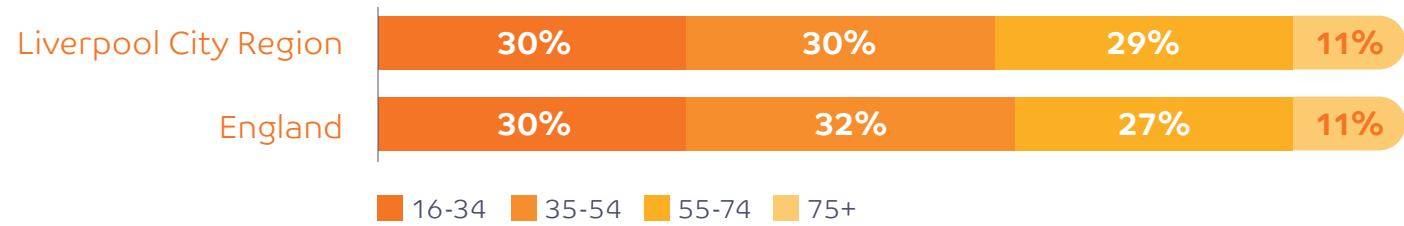
“People who are struggling to find a house, struggling to get food on the table, struggling with their families, don’t have time to get checkups, and don’t have time to access healthcare.”

GP David O’Hagan at North West Cancer Research’s 2025 roundtable on health inequalities in Liverpool

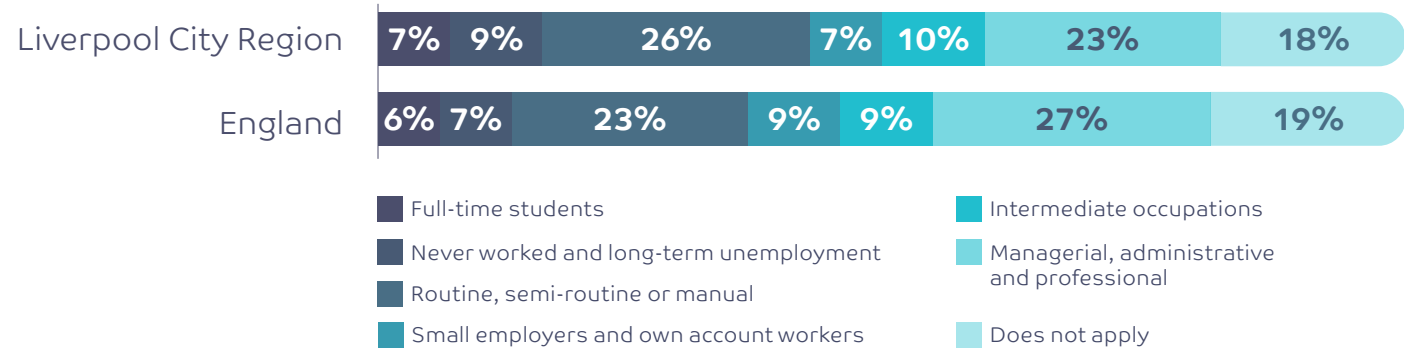


LCR's population profile

Age profile



Occupation profile



“We need to co-produce services with communities and ask them, ‘where are we going wrong?’ We need to listen and learn, because every single community takes in information differently and we can’t just deliver the same information to all communities.”

Rahima Farah, Councillor for Toxteth, at North West Cancer Research’s 2025 roundtable on health inequalities in Merseyside



● SYSTEM ENGAGEMENT: Our work

Since 2022, we’ve hosted a number of roundtables across the North West to bring together community leaders, clinicians, academics, and charities to discuss in depth how to address health inequalities in specific areas across the North West.

A recent roundtable event at Lancaster University provided local politicians, researchers based at the university, healthcare professionals and other stakeholders in Lancashire and Cumbria’s health landscape the chance to discuss issues face-to-face – with an opportunity to share their experiences and reflect on how to resolve the disparity between the national and regional cancer statistics.

This led to a number of impactful insights, ranging from access to treatment issues stemming from the

area’s geography to the urgent need for a regional and national cancer plan and how to empower patients during their treatment pathway.

Being ‘in the room’ with community leaders and regional decision makers means we can provide valuable insights where needed and enables us to connect the dots between different entities, ensuring that all those engaged in tackling cancer in our region are aligned, informed, and moving forward together.

To spread the lessons from this discussion and advance the conversation on health inequalities, we created white papers based on the roundtables, which are available on the North West Cancer Research website.



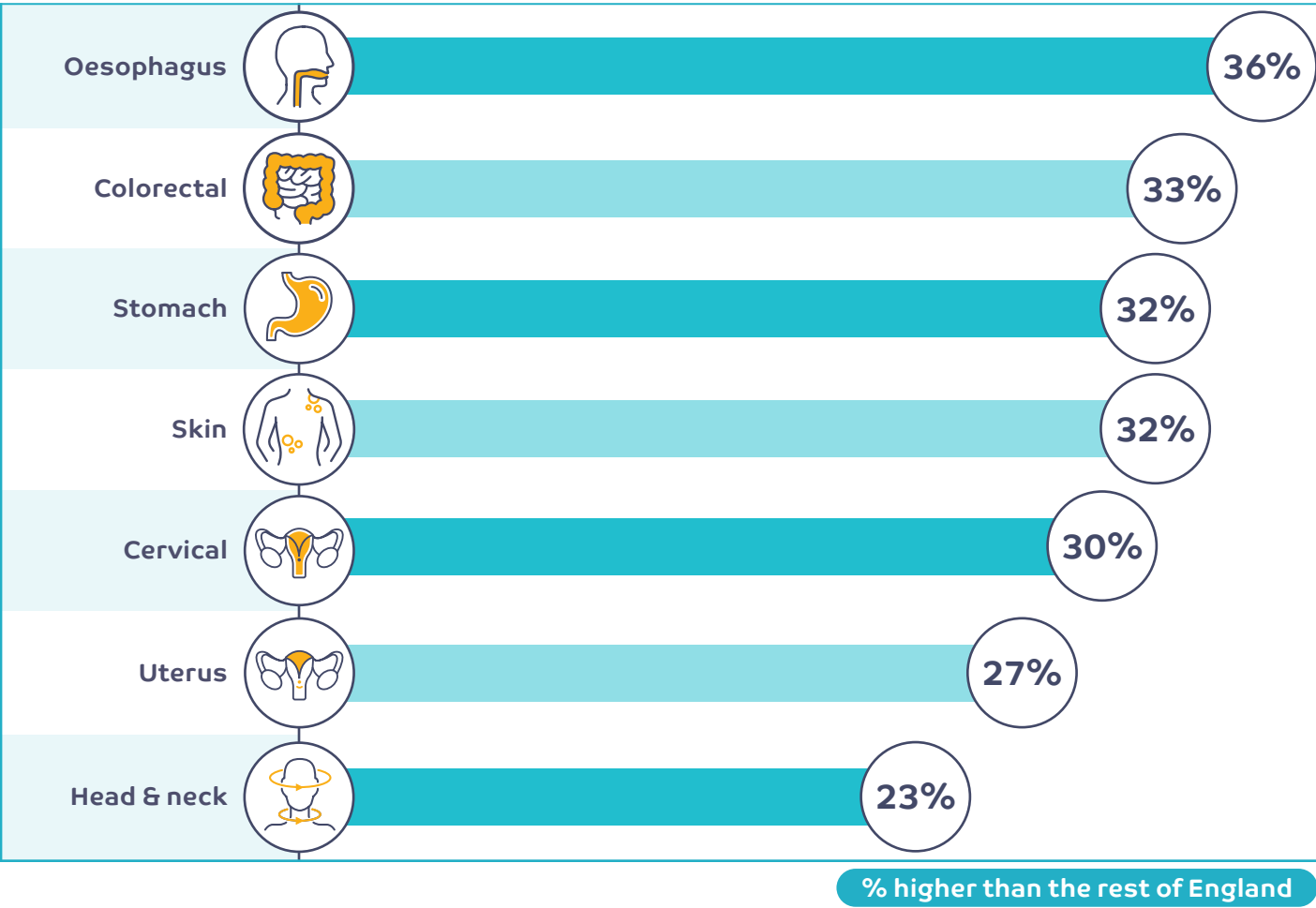
CUMBRIA

Overview

In our analysis, Cumbria stands out as facing some of the North West's starkest cancer challenges. The region's cancer prevalence rate is 17% higher than the national norm, which is nine percentage points above the next county (Cheshire). For the 20 cancer diseases for which we analysed prevalence rates, Cumbria over indexed for 18 when compared to the national benchmarks.

The cancer types which index most significantly above the national baseline include oesophageal (36%), colorectal (33%), stomach (32%), skin (32%), and cervical (30%). For many cancer types, Cumbria records the highest prevalence rates in the North West, this includes for the five previously mentioned as well as for uterine, and prostate cancers, which are respectively 17%, and 8% higher than any other county.

Cumbria top seven over-indexed cancers by prevalence



The demographic makeup of Cumbria's population is likely a key factor in the county's cancer results. Cumbria has one of the oldest population profiles in the North West, with 34% of the county's adult population aged over 55 years old and 15% aged over 75. This compares to the national totals, which are 27% and 11% respectively.

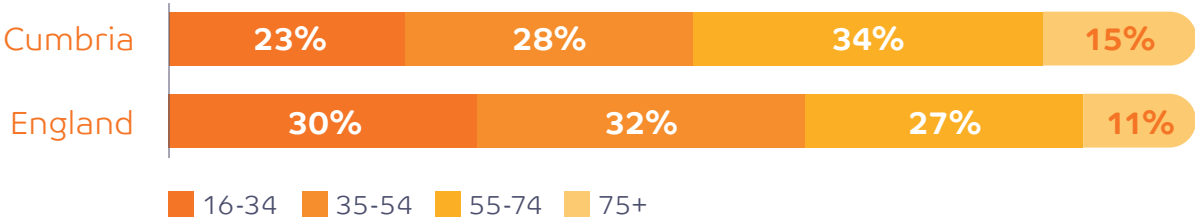
While Cumbria's deprivation rate is 20% lower than the North West average, the area does host several pockets of entrenched deprivation. Barrow for example is 26% more deprived than the English average and Copeland records 19% higher deprivation levels, which compares with locations such as Eden and South Lakeland which are much less deprived than the national average.

When compared to the national average, Cumbria's cancer prevalence rate is higher than any other North West county.

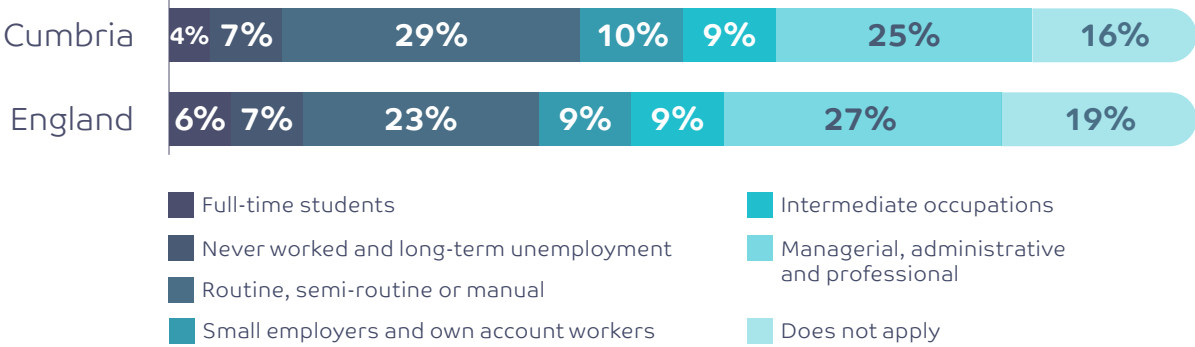


Cumbria population profile

Age profile



Occupation profile



“[Health advice] isn’t best coming from someone that says they’re a health expert, but when it comes from people in their community. This is a more sustainable way to help local communities really understand how they access health, what their barriers are, and how the NHS can help them.”

Lee Threlfall, Associate Director of Performance and Planning at Lancashire and South Cumbria Integrated Care Board, at North West Cancer Research’s 2025 roundtable for Lancashire and Cumbria.



● INNOVATIVE TREATMENT: Our work

The North West has the highest regional incidence and mortality rate of pleural mesothelioma, a cancer that affects the lining of the lung. The reason for this stems from the fact that mesothelioma is directly linked to asbestos exposure - a material that was widely used as part of the North West’s historic shipbuilding industry.

Chemotherapy drugs and drugs that target the immune system can help some patients with this disease, but it has been found that others do not respond at all and in most cases the cancer eventually becomes resistant to treatment.

A new study will use a targeted drug combination to understand why some patients might benefit from treatment more than others.

An innovative process has been devised for the project, in which a tiny mesothelioma sample from a diagnostic biopsy is placed into a hen’s egg. Cancerous cells will then form a tumour nodule in the egg and grow, allowing for new and existing drugs to be tested against the mesothelioma cells.

This study identified that a biomarker gene called BAP1 influences how patients respond to two existing drugs used to treat mesothelioma. Thanks to this insight, the hen’s egg model can be used to understand the likely response of mesothelioma in individual patients to design better clinical trials.



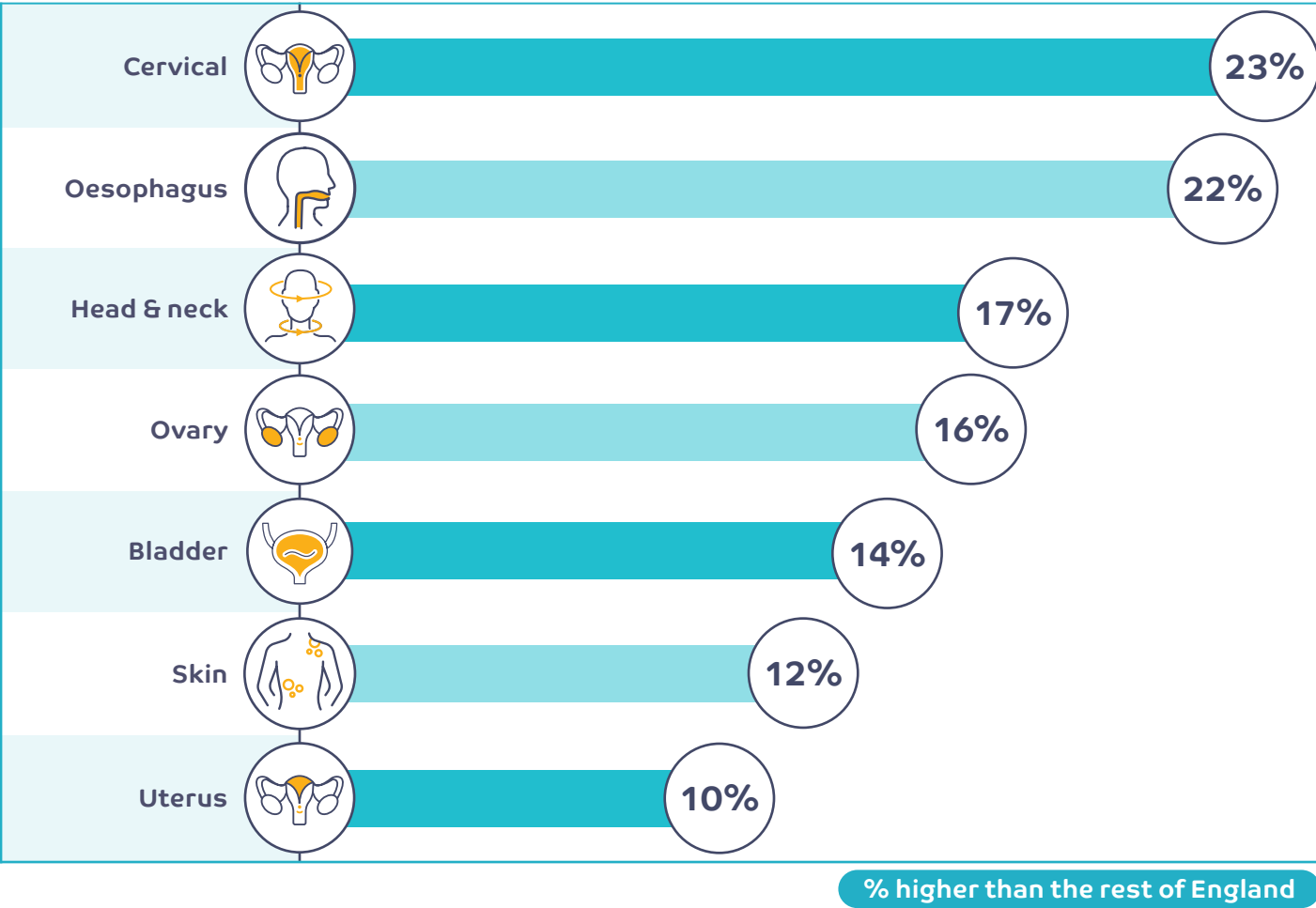
LANCASHIRE

Overview

The cancer prevalence rate in Lancashire is higher than the North West average and three percentage points above the rest of the country. For many specific cancer types, Lancashire exhibits prevalence rates that are markedly higher than the English and North West averages.

Lifestyle-related cancers are among those that are recorded at a significantly higher rate in Lancashire. This includes oesophageal, head & neck, and skin cancers, which are respectively present at rates 22%, 17%, and 12% above the norm.

Lancashire top seven over-indexed cancers by prevalence



Cancers which impact women are also frequently found to be more prevalent in Lancashire's population than the rest of the country. This is illustrated by cervical, ovarian, and uterine cancers which are respectively 23%, 16%, and 10% higher than the average for England.

The county is the most economically diverse in the North West, encompassing both Blackpool, which has some of the most deprived communities in England, and the Ribble Valley, one of the nation's wealthiest areas.

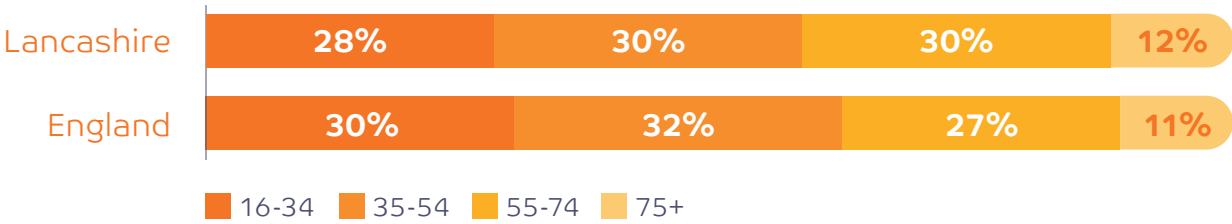
“A lot of the things we need to do to prevent cancer are also the things that prevent all sorts of morbidity and mortality. The challenge in a constituency like mine is variable. You have Morecambe, where the services are relatively close, but you have huge levels of deprivation...You have low health literacy and higher levels of smoking, alcohol use, and obesity.”

Lizzi Collinge, MP for Morecambe and Lunesdale, at North West Cancer Research’s 2025 roundtable on Lancashire and Cumbria roundtable for Lancashire and Cumbria.

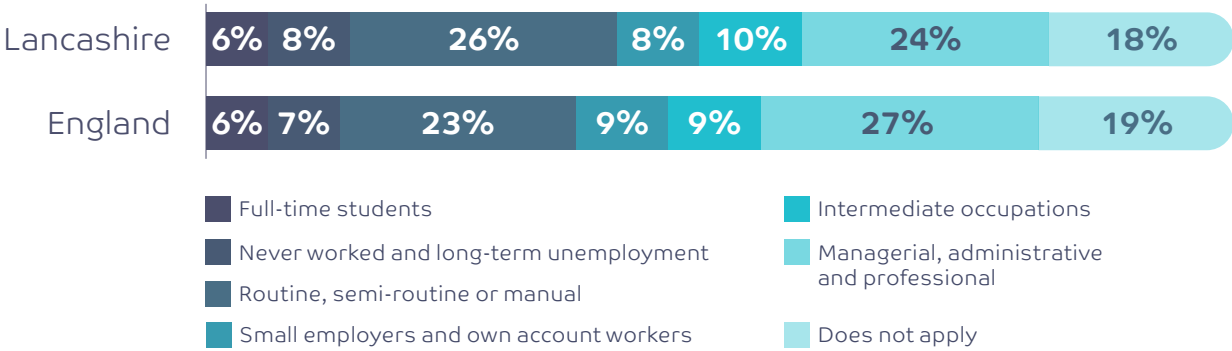


Lancashire population profile

Age profile



Occupation profile



“We’re sitting here surrounded by green fields in rural North Lancashire. But this is a very different place to the middle of Preston or the front of Morecambe or the Four Bs as they’re referred to within the ICB area - Blackburn, Burnley, Blackpool, Barrow. There are city areas with strong elements of deprivation, and some very different challenges to what you would think about.”

Alastair Richards at North West Cancer Research’s 2025 roundtable on Lancashire and Cumbria’s cancer strategy





Greater Manchester

Overview

While many cancer types are present at above average rates, Greater Manchester has the lowest overall cancer prevalence statistics in the North West, being 9% below the national average according to the latest data.

The region’s cancer landscape is notably more complex than other North West regions, as the younger-than-average population obscures the true scale of the challenge at hand. In Greater Manchester, 66% of adult residents are aged between 16 – 54, with the national average for this age range being 62%.

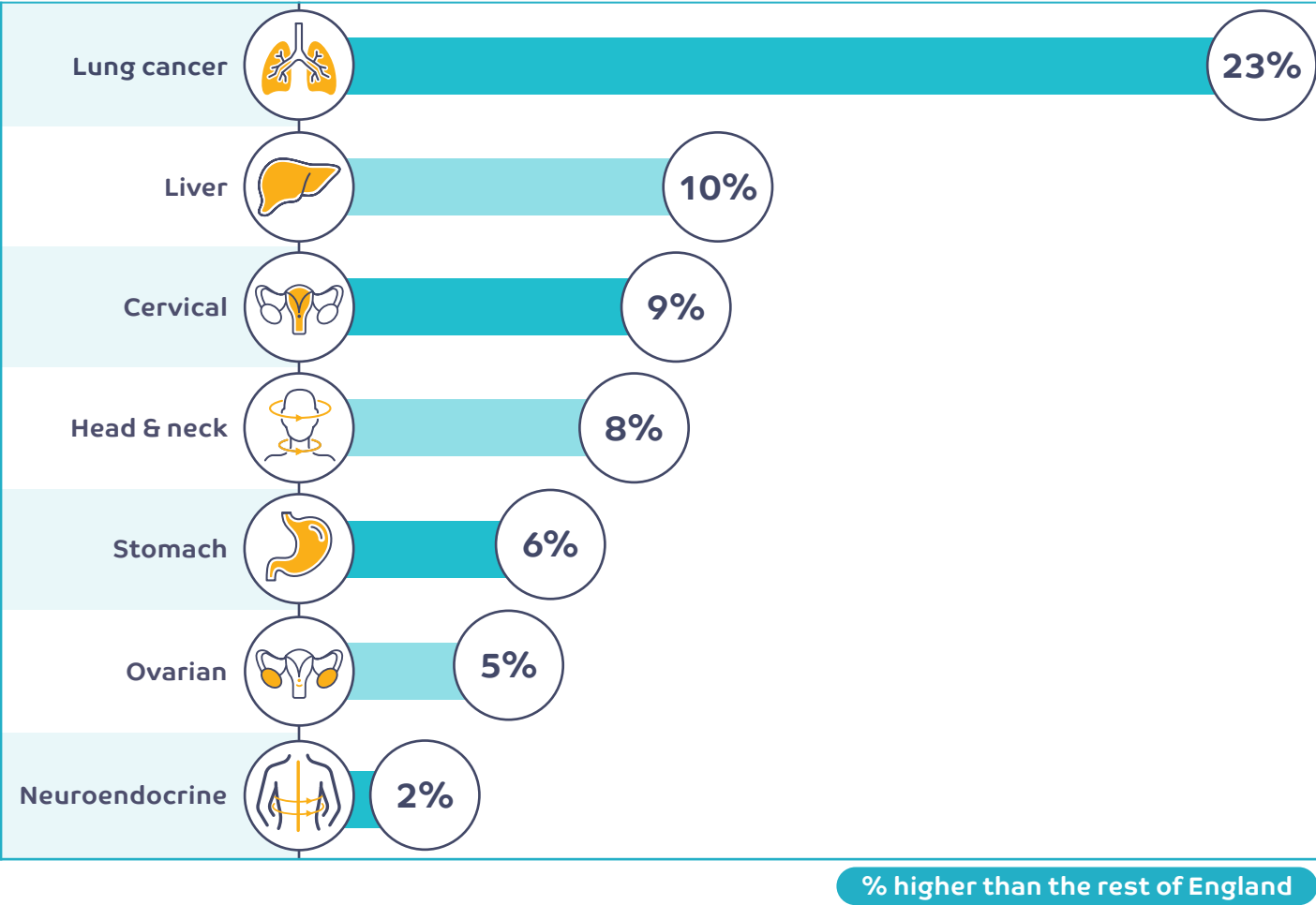
Despite this youthful age profile, Greater Manchester is still disproportionately affected by many cancer types. For lung cancer, the region has the second highest prevalence rate after LCR, indexing at 4% above the North West average and 23% higher than the national benchmark. The burden that this type of cancer places on the county’s healthcare system is underlined by the fact that the total number of diagnoses for trachea, bronchus, and lung cancers in 2022 was recorded at a 22% higher than average rate by the NHS Greater Manchester Integrated Care Board (ICB).

Other lifestyle related cancers are also recorded at a disproportionate level in Greater Manchester, including liver, head & neck, and stomach cancer, which are respectively present at 10%, 8% and 6% higher prevalence rates.

Cancers affecting women are also present at notably higher rates than the national average, with cervical cancer’s prevalence indexing at 9% above the rest of England and ovarian cancer recording a 5% difference. The 2022 incidence rate (annual number of diagnoses) for cervical cancer was recorded at an 11% higher than average number in Greater Manchester.

Greater Manchester’s deprivation levels also highlight the complexities of the region’s healthcare challenges. The county has very high overall inequality levels, being 38% more deprived than the national average, with many contrasting pockets of comparative wealth. More affluent areas such as Trafford and Tameside are situated very close to inner-city communities that experience significant deprivation. The city centre of Manchester is one of the country’s poorest areas, with deprivation levels 54% higher than the England average.

Greater Manchester top seven over-indexed cancers by prevalence



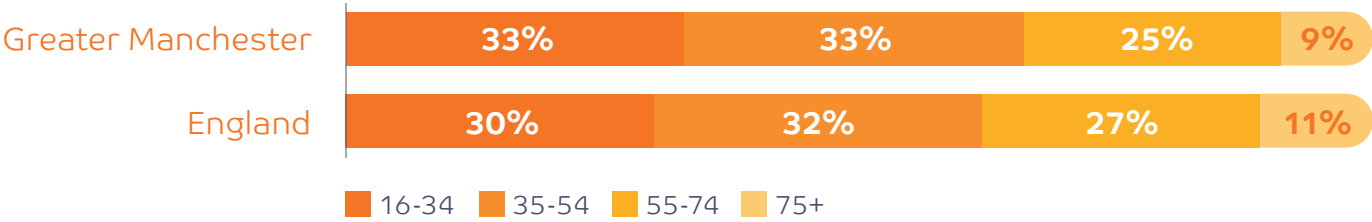
“We need to keep up the passion and commitment fuelling the partnerships and collaborations, because that doesn’t happen everywhere and that’s something that’s very unique to Greater Manchester.”

Edna Boampong, Programme Director for Diverse and Inclusive Communications at the NHS Confederation, at North West Cancer Research’s 2024 roundtable on health inequalities in Greater Manchester

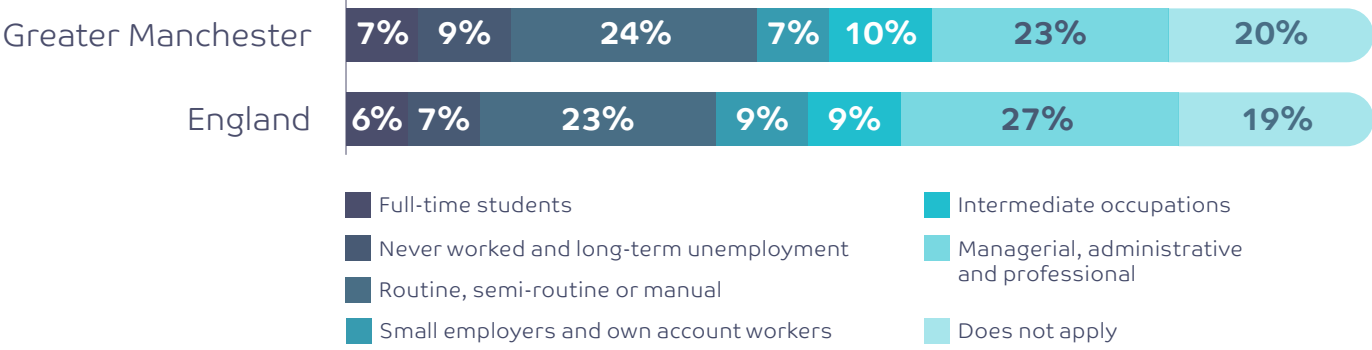


Greater Manchester population profile

Age profile



Occupation profile



“What we’ve seen here is the passion around joining everything together. That’s been a theme that’s come out from this room - that we are doing things together, but that we can do better. We can do more. We want to communicate more. And we want to deliver more.”

Alastair Richards, CEO of North West Cancer Research, at North West Cancer Research’s 2024 roundtable on health inequalities in Greater Manchester



● HAPPY HEALTHY ACTIVE: Our work

North West Cancer Research and Liverpool School Sports Partnership worked together to deliver their Happy Healthy Active project to over 16,000 primary school children in Liverpool over the last year.

Funded by Public Health Liverpool and Alder Hey Children’s Hospital, this innovative programme comprises of 10 creative and engaging sessions that give children the knowledge and insight needed to make healthy life choices and the confidence to adopt healthy behaviours and thrive throughout their lives.

North West Cancer Research believe that the earlier we educate children about healthy choices, the more embedded it will become in their natural behaviours, acting as the perfect foundation for them to thrive and better their long-term health.

Over the last year, the project has made a small difference to the children that will impact them for life.

However, we are also aware that more still needs to be done to continue to reinforce this messaging across the region in children and adults. Initiatives like this will also help produce communities who know when and how to access services, allowing them to be diagnosed at an earlier stage and have better health outcomes.

In addition to the positive feedback from teachers, parents and children, the project was also commended by Ofsted who were carrying out a ‘deep dive’ inspection at a school that the sessions were being held. The report concluded it was one of the most positive sessions they had witnessed and they were impressed with the knowledge and enthusiasm of the children.

The Happy Healthy Active project also received national recognition when it won the Engaging Schools Award at the School Games Impact Awards.



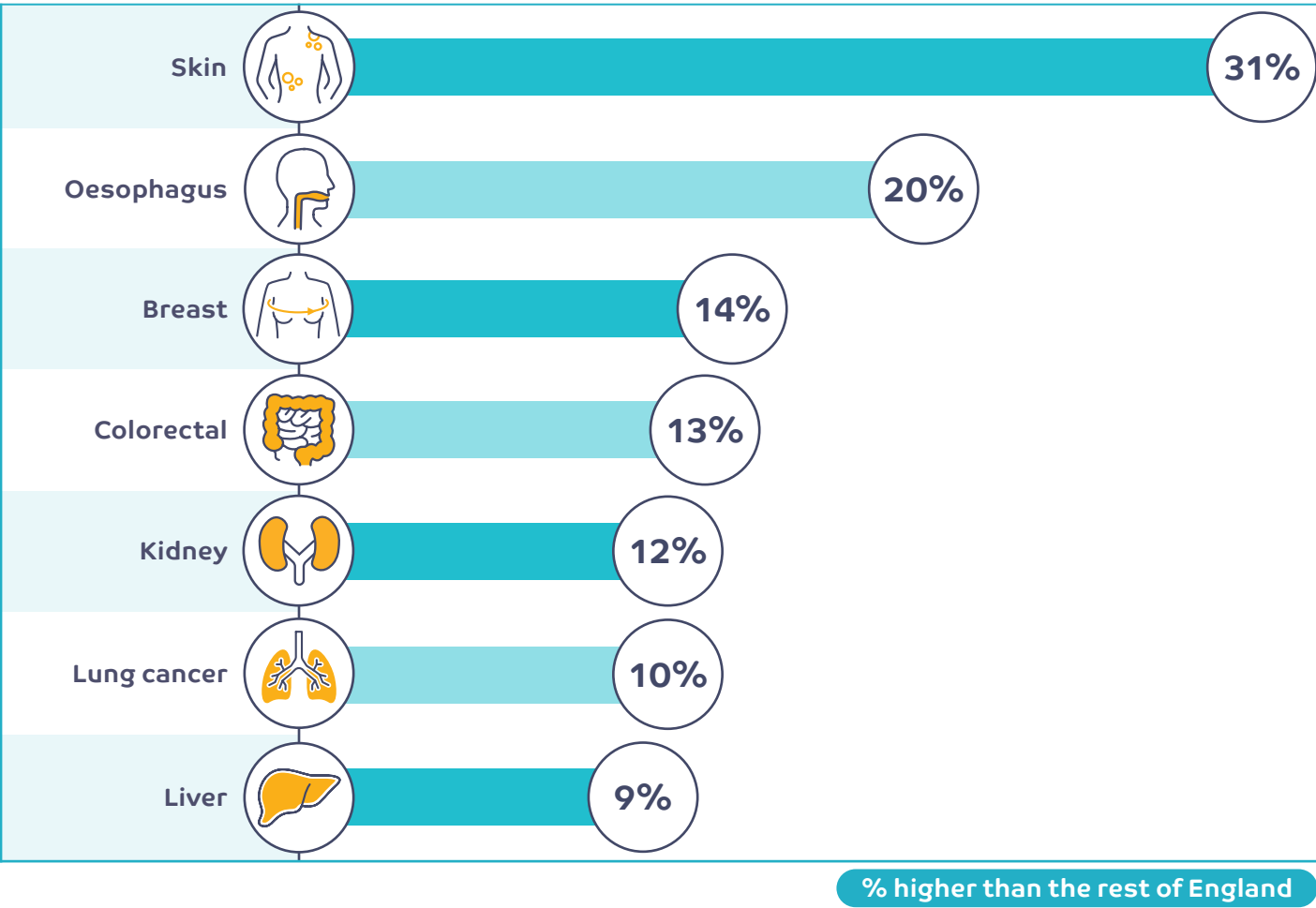
Cheshire

Overview

In the latest cancer prevalence data, Cheshire ranks as the second most disproportionately affected county in the North West at 8% above the national benchmark. While it is rarely the most over-indexed for any one cancer type, there are many for which it is recording starkly above average prevalence rates.

Cheshire’s skin cancer burden is especially concerning, as the county exhibits a prevalence rate for this disease 20% above the North West average and 31% higher than the national norm.

Cheshire’s top seven over-indexed cancers by prevalence



As with every other North West county, Cheshire has recorded a prevalence rate for lung cancer that is significantly higher than the rest of the country, at 10% above average.

Other cancer types found to be having a significant burden on the county’s population and healthcare network include oesophageal, breast, colorectal, and kidney cancer which are respectively present at 20%, 14%, 13%, and 12% higher than average rates.

Cheshire is a notable outlier for certain cancer types being substantially lower than the rest of the North West. This is evidenced by the prevalence rate of cervical cancer, which is 28% lower than the North West average and 10% less than the overall national picture. In contrast, nearby LCR records a cervical cancer prevalence rate 38 percentage points higher than Cheshire. Similarly, Cheshire records the lowest level of head & neck cancer, with a prevalence rate 11% below the North West average (although still 6% above the national average).

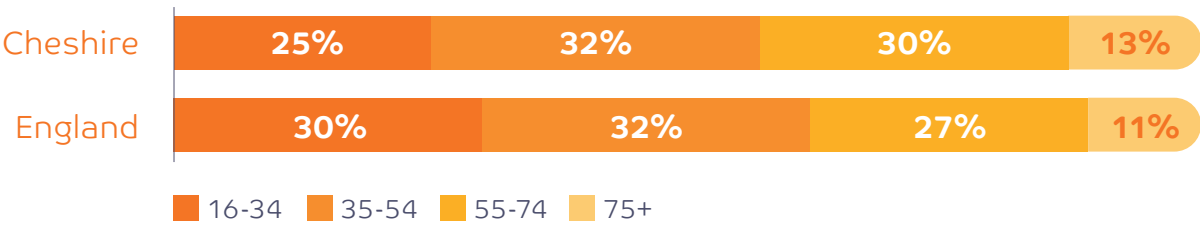
Cheshire ranks as the most affluent region in the North West by some margin, indexing at 18% less deprived than the national average. However, areas of the county record significant poverty levels, for example Crewe in Cheshire East, and in Cheshire West and Chester [16% of neighbourhoods are in the lowest income deciles](#).

“Cheshire’s skin cancer prevalence rate is 20% above the North West average and 31% higher than the rest of the country.”

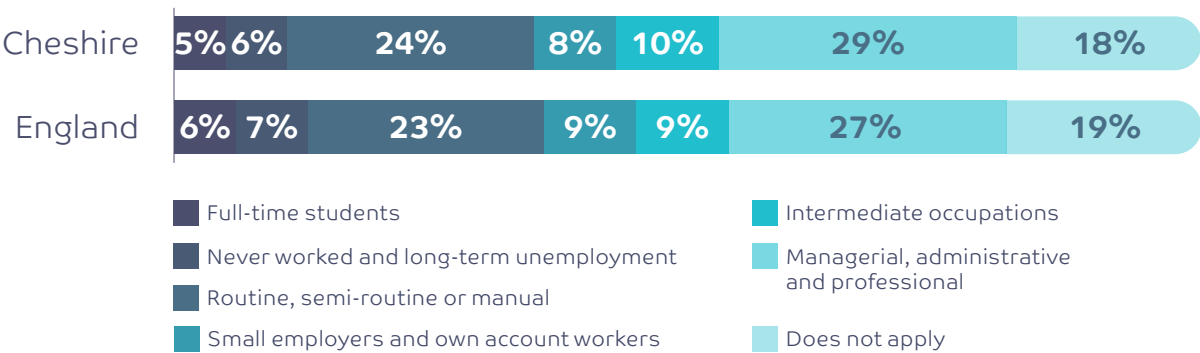


Cheshire population profile

Age profile



Occupation profile



“Despite ranking as the most affluent region in the North West, some areas of Cheshire record significant poverty levels.”



● DIAGNOSIS AND TREATMENT AMONG PEOPLE FROM MINORITY ETHNIC BACKGROUNDS: Our work

It is vitally important to catch cancer at the earliest possible stage. As the sooner the diagnosis, treatment and care can occur then the better the patient’s outcomes typically are. People from ethnic minority backgrounds can face specific obstacles in cancer care, such as unmet cultural needs and language barriers. This can lead to them presenting to healthcare services after their cancer has progressed to a later stage, which can have an impact on the outcome and treatment options available.

Despite knowing that overarching diagnosis rates are often poor among people from ethnic minority backgrounds, no research has focused on how we can better support those who have

cancer as well as long-term health conditions that affect how they communicate or think.

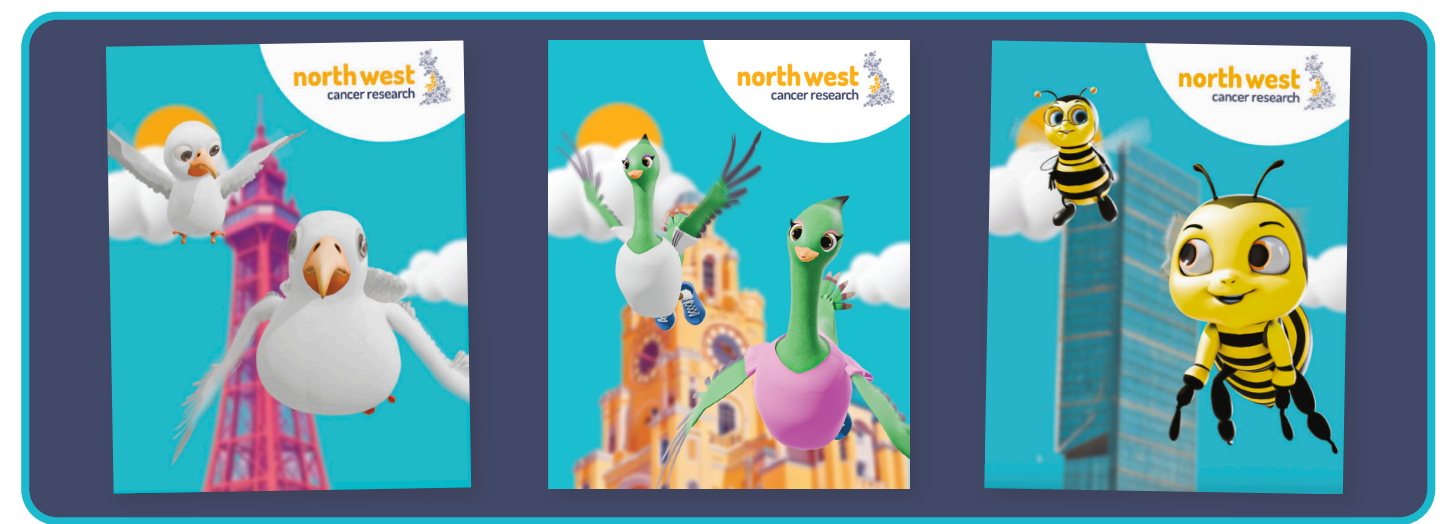
A project taking place in Liverpool aims to address this gap and optimise the care provided for people from ethnic minority backgrounds, to help local services better understand and meet their needs. By carrying out interviews with patients from ethnic minority backgrounds who have cancer and another long-term condition, as well as their relatives and staff members who have cared for them during or after their cancer diagnosis, we aim to understand patient experience and the key factors that make accessing healthcare easy or difficult, and how local cancer services can better support them.

Communicating with Communities

Education is a central pillar of our approach.

Raising awareness and empowering our communities with key skills, knowledge, and information is essential to helping individuals minimise their risk of being diagnosed with cancer and increasing their chance of an early diagnosis should they contract the disease.

The importance of education-based initiatives in the North West is underlined by the fact that lifestyle-related cancer types are much more prevalent here than elsewhere. If we can support the region's population to adjust particular behaviours, then it will help to significantly address the disparities in cancer rates described in this report.



● SKIN CANCER AWARENESS - Sun safety campaign

Why skin cancer?

Our research shows that people living in the North West are significantly more likely to develop skin cancer than those living elsewhere in England. The latest prevalence data records an 11% higher prevalence rate in the region compared to the rest of the country. This disparity rises to more than 30% in some counties, such as Cumbria and Cheshire which respectively recorded above average prevalence rates of 32% and 31%.

Our campaign

To highlight the danger of UV rays, we implemented a campaign to encourage adults to protect their own skin just as carefully as they do for their children. The campaign was designed to act as a general reminder while myth-busting the perception that sunscreen is only needed abroad. The content consisted of local children's voices in an informal and engaging manner that championed sun safety.

Local children voiced iconic regional characters, including bees from Manchester, liver birds in Liverpool, seagulls in Blackpool and Welsh dragons for North Wales. To enhance the messaging's local nature, the visuals utilised recognisable landmarks, such as the Liver Building and Blackpool Tower.

The campaign was executed across traditional and online media, with Meta and TikTok content directing audiences to a landing page with

sun safety tips. To spread important information among communities first-hand, a roadshow with a pop-up ice cream stand handed out free suncream samples at the Ice Cream Farm in Cheshire, Knowsley Safari Park, and the National Eisteddfod.

The results

The campaign led to a significant amount of engagement and a marked increase in sunscreen application.

- Nearly seven million people saw the online messaging, with more than five thousand engaging directly
- 58% who saw the campaign claimed they applied sunscreen on a cloudy day compared to only 43% who had not seen the campaign
- Two thirds strongly agreed that the campaign had made them more likely to apply sunscreen on their children and on themselves
- 98% stated that it provided them with new information
- 99% stated that it helped them understand the need to apply sunscreen on warm cloudy days



● BOWEL CANCER AWARENESS - ‘Remember when...’

Why bowel cancer?

Bowel cancer is the second biggest cause of cancer deaths in the North West. Recently, the age range at which people receive screening kits for bowel cancer was lowered to 50-74. These kits are an important part of the prevention, diagnosis and treatment of this disease. Notably, there is a correlation between the uptake of bowel screening and deprivation, which is a critical factor in the North West given its many low-income areas.

Our campaign

To improve screening rates, we implemented a campaign about the importance of returning bowel cancer testing kits. We conducted research to discover why people avoid returning kits, which found that fear, disgust and denial were the primary reasons. Our messaging was designed to act as a positive reminder to return kits and make people feel good about the process.

The campaign used nostalgia to connect with the audience, suggesting that if they remember a particular item or moment, such as a chopper bicycle, Walkmans, or the opening of Eric’s music venue in Liverpool, then it’s time to return their bowel screening kit. To resonate with the target audiences, the messaging was regionalised and case studies with people who had been diagnosed and treated for bowel cancer were utilised.

Research showed men are particularly reluctant to return screening kits, so elements of the

campaign were tailored to this demographic. This included working with football clubs across Cheshire and Merseyside to develop adverts in match day programmes featuring moments from the club’s history. Ex-Everton and Republic of Ireland footballer Kevin Sheedy was a prominent case study, with him sharing his story of being diagnosed with bowel cancer at 52 and highlighting the importance of early diagnosis.

The results

Post-campaign analysis showed this approach was successful in reaching the target audience and encouraging them to complete and return bowel cancer testing kits.

- Media outreach resulted in an interview on ITV Granada Reports with Kevin Sheedy alongside coverage in multiple online and broadcast outlets across the North West as well as significant engagement with social media activity and campaign videos.
- A survey of Cheshire and Merseyside residents aged between 54-74 found that 94% were encouraged by the campaign to return a bowel screening kit.
- The campaign was particularly effective at encouraging male and older respondents to complete their screening kits.



● OVARIAN CANCER AWARENESS - ‘Listen to your body’

Why ovarian cancer?

Our analysis of cancer rates shows that the North West regularly over-indexes for this disease, with the latest prevalence data showing it is 10% higher in the region than in the rest of the country. Cumbria is facing a particularly acute ovarian cancer burden, with a prevalence rate 22% above the national average.

Our campaign

We implemented the ‘Listen To Your Body’ campaign to highlight symptoms of this cancer, which are often ignored or mistaken for less serious conditions, and to help people know what to look out for and when to speak to their GP.

Case studies of women who had been diagnosed with this disease and which described their real-life stories of diagnosis and treatment were a key element of the campaign. As ovarian cancer is more common in women over the age of 50, they formed the audience for the paid digital activity. The content was tested with women in our target audience to ensure that the visual approach, tone, and messaging had the required impact and that it would encourage the desired behaviours from those interacting with the campaign.

The results

Research following the campaign showed that it generated additional knowledge of ovarian cancer.

- Among those aware of the campaign, 80% knew something about ovarian cancer, while this figure was 65% among those who did not see it
- 99% of those surveyed stated that it provided them with new information and 92% said that it helped them understand the symptoms of ovarian cancer, with almost half saying it helped a lot
- Those aware of the campaign were more likely to be able to spot the signs of ovarian cancer compared to those who had not seen the campaign

DATA

The statistics behind the report



The main metric used for this report was to compare the crude rate of cancer prevalence in the North West and its five individual counties to the average for England. We analysed both the total prevalence for all cancers as well as the prevalence rates for 20 specific cancer types for which NHS data is available.

Cancer prevalence is defined as the total number of people in the population who have had a diagnosis of cancer. The most recent prevalence data covers the year 2021 and was sourced from local authorities, Integrated Care Boards (ICBs), the National Cancer Registration and Analysis Service (NCRAS) Cancer Data for England (www.cancerdata.nhs.uk) the Office for National Statistics (<https://www.nomisweb.co.uk/>), and Public Health Wales (<https://phw.nhs.wales>) for Wales. Population, employment, household religion and ethnicity data was obtained from the UK Office for National Statistics via Nomis (www.nomisweb.co.uk) and from 2021 Census data.

Cancer incidence data is also used in places to highlight key areas. Incidence is defined as the total number of annual diagnoses and the latest data, sourced from NHS England, covers 2022.

Incidence was not used as the lead metric in this report as the data is only available by the three ICBs that cover the North West (NHS Cheshire and Merseyside Integrated Care Board, NHS Greater Manchester Integrated Care Board, and NHS Lancashire and South Cumbria Integrated Care Board) and so cannot be viewed at a county level. Additionally North Cumbria now falls into the North East and North Cumbria Integrated Care Board, and so data from this region could not be accounted for.

The latest full set of prevalence data used in this report covers the 2021 calendar year, the second year of the COVID-19 pandemic. Research has suggested that cancer diagnosis and prevalence may have been affected during this time. However, as the main metric used is the difference between national and regional rates, rather than overall totals, this is still the best indication for the disparity between the likelihood of living with cancer in the North West compared to elsewhere.

north west
cancer research



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