Background
An estimated 2.5 million people are living with cancer in the UK which is predicted to rise to four million by 2030.1 The Macmillan-NCIN UK Cancer Prevalence Project aims to provide the most granular understanding of the cancer population here we explore variations by deprivation.

The Marmot review highlighted how social inequalities and deprivation often determine health inequalities in later life.2 Cancer incidence is highest in the most deprived group.3 In Scotland4 and Northern Ireland people living with cervical, head and neck, or lung cancer are twice as likely to be from the most deprived group as those with skin cancer.

Results
(i) People living with cancer from the most and least deprived groups

In England, Wales, Northern Ireland and Scotland men are more likely to be living with cancer from higher deprivation quintiles (i.e. in Wales where bladder cancer instead of skin cancer is in the top four3). In addition to these cancers, in Northern Ireland, long-term survivors of leukaemia (D45.8) and multiple myeloma (D29.9) are more likely to be from the most deprived group.3 In England and Wales, long-term survivors of eight of the UK’s 10 most prevalent cancers can be more likely to be from the least deprived than the most deprived group.3 In addition to these cancers, in Northern Ireland, long-term survivors of cervical cancer (D18.3) and approximately 14,000 people living with lung cancer.

(ii) Short-term and long-term survivors

For most cancer types, the proportion of survivors from the most-deprived group decreases slightly from short-term survivors (between zero and two years since diagnosis) to long-term survivors. Though for a few cancers in England and Wales (such as lung and stomach cancers3) the proportion of most-deprived survivors is actually higher in long-term survivors (figure 3). This, however, does vary between each nation and by cancer type.

Conclusions

While the analysis highlights variation by deprivation, caution should be applied when looking at these trends. This is due to small numbers, especially relating to long-term survivors of some poor prognosis cancers. The figures presented are based on a first specification of the model. This means that some people, who have had more than one cancer diagnosis of a different site within the 20-year period, could be counted more than once. Caution should be taken when comparing deprivation.

Deposition variations between those living with cancer are reflective of incidence and survival trends among the most and least deprived groups. This analysis also showed that for cancers such as lung and stomach cancers, the number of long-term survivors from the most-deprived group is higher than those from the least deprived group. It is these people who may struggle to cope with the economic burden of cancer, perhaps years after diagnosis.