

# How to campaign with confidence about cancer



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# WELCOME



Welcome to this guide on campaigning with confidence about cancer. The sad truth is that more than one in three people will develop some form of cancer during their lifetime, and cancer is often cited in polls as people's number one fear.

Cancer is also a political issue, and one that will come up in many areas of the UK during campaigning. We hope this guide will be useful to you, whether you're an old hand at campaigning, contesting your first election, or passionate about health and wanting to do your bit.

*Harpal S. Kumar  
Chief Executive  
Cancer Research UK*



## What is cancer?

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The term 'cancer' actually describes a group of more than 200 diseases that all involve the uncontrolled, abnormal growth of cells. Different types of cancer have different causes, symptoms and treatments.

Cancer occurs when cells build up faults in their genetic instructions, or DNA. These faults can cause cells to start multiplying out of control.

Cancer can spread into surrounding tissue or to other parts of the body through the blood or lymphatic system. Once cancer has spread it is harder to treat successfully.



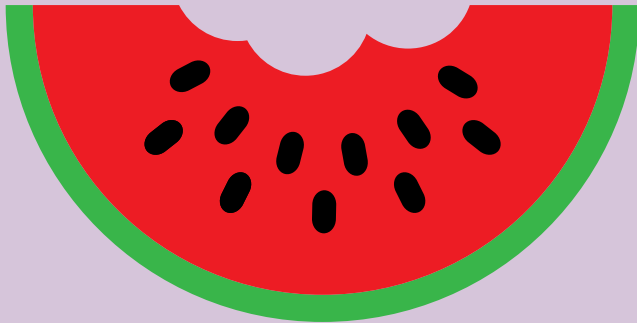
## What causes cancer?

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Anything that damages the genes in our cells can ultimately cause cancer, but a number of genes in the same cell need to be damaged before a cell becomes cancerous.

The vast majority of cancers are caused by DNA damage that accumulates over a person's lifetime ('sporadic' cancer). This is why cancer is more common in older people. There are many causes of DNA damage, including the chemicals in cigarette smoke, and ultraviolet (UV) light. Cancers that are directly caused by genetic faults inherited from a parent are rare. For example, for every 20 cases of breast cancer, only one will be caused by an inherited mutation.

There are some viruses that are linked to cancer, for example the human papillomavirus, which is linked to cervical cancer, and a number of other cancers. People who are overweight or drink too much alcohol are also more likely to develop cancer.



## How can cancer be prevented?

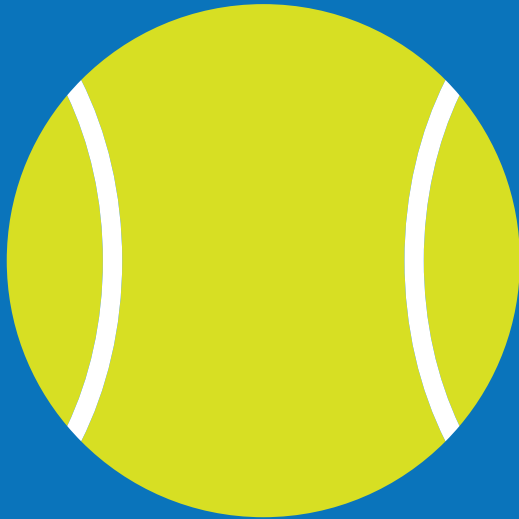
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Experts estimate that up to half of all cancers could be prevented by lifestyle changes, such as:

- Not smoking
- Cutting back on alcohol
- Keeping a healthy body weight
- Eating a healthy, balanced diet
- Keeping active
- Staying safe in the sun

**Not smoking** – Cigarettes contain at least 80 cancer causing substances. Smoking is the single biggest cause of cancer in the world, and accounts for one in four UK cancer deaths.

**Cutting back on alcohol** – Alcohol can cause seven types of cancer, and is estimated to be responsible for 9,000 cancer deaths each year in the UK. There is limited risk if you only drink a little (one small drink a day for women, or two small drinks a day for men).



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#### **Keeping a healthy body weight –**

Research has shown many cancers to be more common in overweight or obese people, including cancers of the breast, bowel and womb.

Currently one in four men and one in five women are obese. The Foresight report predicts that 60% of men and 40% of women could be obese by 2050 in England. See <http://info.cancerresearchuk.org/healthy-living/tentoptips/> for ten top tips to help achieve or maintain a healthy body weight.

#### **Eating a healthy, balanced diet –**

Our diet influences our risk of many cancers, including cancers of the bowel, stomach, mouth and breast.

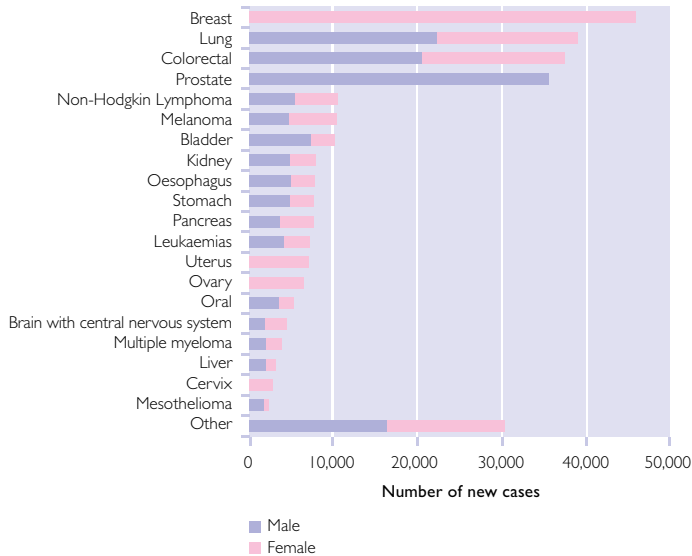
**Keeping active** – Keeping active could help prevent thousands of cases of cancer each year. For adults at least 30 minutes of moderate activity a day, five days a week, is recommended.

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Moderate activity is anything that makes you warm and slightly out of breath, such as brisk walking, gardening, dancing or housework.

**Staying safe in the sun** – SunSmart is the UK's national skin cancer prevention campaign, funded by the UK health departments and run by Cancer Research UK. Making sure you don't get sunburnt and avoiding sunbeds are crucial steps to being SunSmart. See [www.sunsmart.org.uk](http://www.sunsmart.org.uk).

A graph showing the number of men and women who were diagnosed with cancer in 2006. (Excluding non-melanoma skin cancer).  
(Source: Cancer Research UK)



## Who does cancer affect?

Cancer is responsible for one in four of all deaths in the UK.

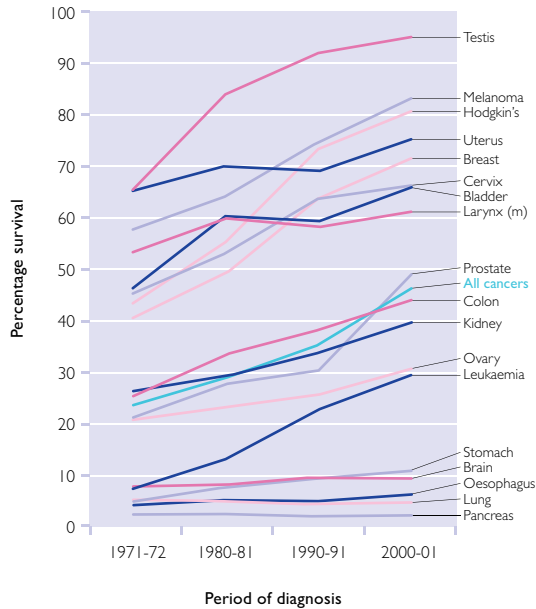
By 2024 cancer incidence rates in the UK are estimated to increase by 10% and the number of people being diagnosed with cancer is likely to rise to more than 400,000 people a year. The expected rise in cancer incidence is due to the increasing age and size of the population, and changes in lifestyle factors such as obesity and alcohol consumption.

On average, one in three of your constituents will develop some form of cancer at some point in their lives.

Every year, over 290,000 people are diagnosed with the disease, about the population of a city the size of Nottingham or Belfast.

A graph showing ten year survival rates of adults improving in most cancers between 1971 and 2001. The average ten year cancer survival rate has doubled over the last 30 years. However, in some cancers there has been very little progress. These cancers with poor survival rate increases are where Cancer Research UK will be particularly focusing its energies over the coming years.

(Source: Cancer Research UK)



## Survival rates

Survival rates measure how many patients survive for a certain period of time after their initial diagnosis. Usually the time periods that we measure against are five or ten years.

It is very difficult to accurately compare cancer survival rates across countries because the way countries collect data differs and there are varying levels of completeness. Data from the 1990s tell us that UK survival rates were not among the best in Europe. We will be closely monitoring future data for improvements and to assess the impact of the *Cancer Plan* and *Cancer Reform Strategy* on more recent survival rates. (See page 36)



## Awareness and early diagnosis

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In the UK, cancer survival rates remain poorer than in some European countries. This might be because our spending on cancer remains lower and also that cancer is sometimes detected and diagnosed later in the UK than elsewhere.

As cancer is a rapidly spreading disease, it is crucial that it is detected early, and then treated as quickly as possible, to ensure maximum chances of survival. This is why milestones are put in place by UK Health Departments for how quickly those diagnosed can see specialists or be treated.

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In order to address the problems of late diagnosis in England, the *National Awareness and Early Diagnosis Initiative* (NAEDI) was set up as a result of the *Cancer Reform Strategy* in 2007. It is co-chaired by Cancer Research UK.

The NAEDI initiative aims to achieve earlier diagnosis of cancer with a view to improving outcomes, increasing cancer survival and reducing cancer mortality, through nine diverse areas of work being done both nationally and locally. For more information please see: [www.naedi.org](http://www.naedi.org).

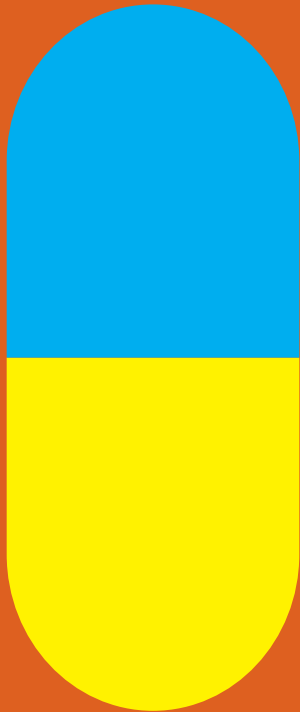


## How is cancer treated?

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As there are many different types of cancer, there is no single approach to treatment. The treatment for a leukaemia, for example, will be very different to the treatment for a solid tumour, such as stomach or breast cancer. Treatment will also differ according to the stage of a cancer, for example how far it has grown or whether it has spread.

The three most established treatments for cancer are surgery, radiotherapy and chemotherapy. Radiotherapy is treatment with X-ray radiation and chemotherapy is treatment with cell-killing drugs. Both target cells that are dividing and multiplying, which cancer cells do far more frequently than normal cells. Consequently, side effects tend to occur in body tissues that normally have a high cell turnover, such as the skin, hair, nails and lining of the mouth and gut.



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If it is possible to remove a cancer, surgery is generally the first treatment option. After surgery, cancers may be further treated with radiotherapy or chemotherapy (again, depending on the tumour type) to help stop the cancer coming back. Radiotherapy and chemotherapy are also widely used to treat more advanced cancers and relieve symptoms.

Hormone therapy is used for some of the commonest cancers such as breast and prostate cancer, which are hormone dependent. Hormone therapy may help stop recurrence of an early cancer, or it may be used to help control an advanced cancer.

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New treatments continue to be developed. Biological therapies are increasingly used. These are generally treatments that use natural substances from the body, or drugs made from these substances, to interfere with the way cells interact and signal to each other. Many of these new treatments are described as 'targeted' therapies because they are aimed at specific receptors on cancer cells.



## What research is aimed at beating cancer?

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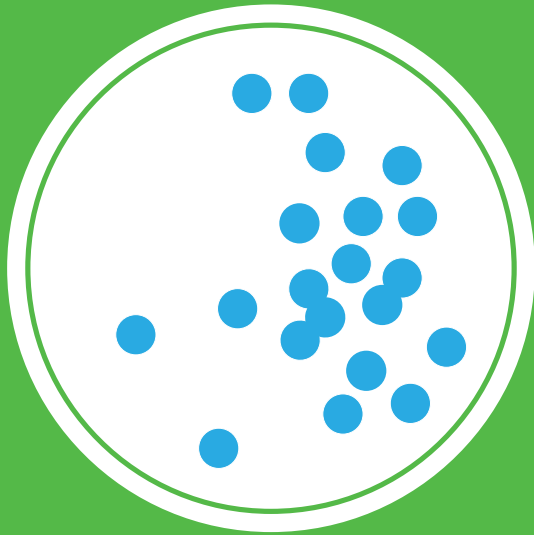
There is a broad spectrum of cancer research that aims to improve our understanding of the disease and how best to prevent, diagnose and treat it. Below are some examples:

### Fundamental laboratory research

Research in the lab explores how the cells in our bodies work and what goes wrong in cancer cells. Discoveries in the lab pave the way for scientists and doctors to tackle the disease more effectively.

### Behavioural and prevention research

This involves looking at how cancer affects different populations and identifying key risk factors. This can lead to new ways to prevent the disease and increase people's awareness of the causes of cancer.



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### Translational research

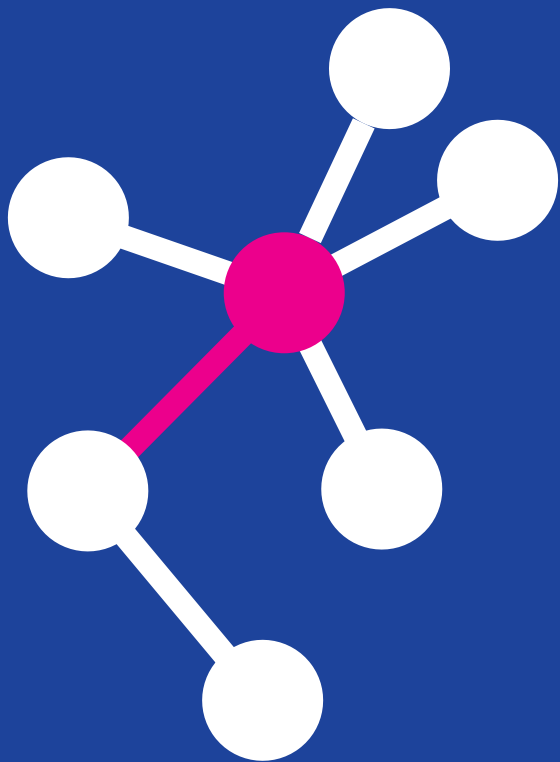
This is where discoveries made in the laboratory are turned into ways of preventing, diagnosing and treating cancer.

### Clinical research

Clinical trials are vital for testing new drugs and ways to prevent or detect the disease. Drugs that successfully pass three stages of clinical trials will typically go through an appraisal by the *National Institute of Health and Clinical Excellence* (NICE) before being made available on the NHS (through Primary Care Trusts in England). In Scotland the *Scottish Medicines Consortium* (SMC) performs a similar role to NICE.

For further information on cancer research please see

<http://info.cancerresearchuk.org/cancerandresearch/aboutcancerresearch/>.



## What has research achieved so far?

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Thanks to earlier detection and improved treatments, survival rates have improved for nearly all cancers.

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Cancer death rates have dropped by 10% over the last ten years.

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Breast cancer death rates have fallen by almost a fifth in the last ten years.

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More than seven out of ten children with cancer are now successfully treated.

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More than 95% of men with testicular cancer are now cured.

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Nearly two out of three women with breast cancer now survive beyond 20 years.

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Half of all people with cancer now survive beyond five years.

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Around half of all people with bowel cancer are now alive five years after diagnosis.

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Breast cancer screening began in 1988, and saves 1400 lives per year in England alone.

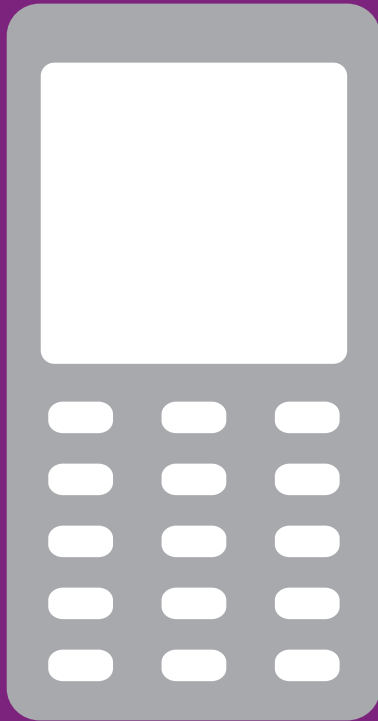
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The NHS cervical cancer screening programme began in 1988 and to date has screened 64 million women. It saves an estimated 5000 lives per year in England.

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Government, charities like Cancer Research UK, pharmaceutical companies and many others together spend hundreds of millions of pounds every year on research. Much has been achieved, but there is still a lot to do.

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## Cancer controversies

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Do mobile phones cause cancer? Power lines? Pesticides? There are a lot of rumours around cancer that you may be asked about, which sometimes, unfortunately, distract from the importance of known risk factors such as smoking, obesity and alcohol. Here are the scientific perspectives on some cancer controversies:

### Mobile phones

Scientific evidence so far shows that using mobile phones doesn't increase your risk of any type of cancer.

The largest study so far on mobile phones and cancer is a Danish study, which looked at over 420,000 people. It found no link between mobile phones and any type of cancer, including brain cancers and leukaemia. Even people who had been using their phones for 10 years or more did not have increased risks.

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The vast majority of other studies have also found that mobile phones do not increase the risk of cancer. Research in this field is still ongoing and Cancer Research UK will continue to look for any new evidence.

#### Power lines

There is little strong evidence to link electromagnetic fields (EMFs) from power lines to adult cancers. But studies have found an association between EMFs and childhood leukaemia.

The UK has very low levels of EMFs compared to some other countries like the USA, and research suggests that the average EMF levels in the UK do not increase the risk of any cancer. But the very highest levels of EMFs found in this country may double the risk of leukaemia in children. About 1 in 250 of UK homes experience EMF levels that high.

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Even so, we cannot say for sure that EMFs cause childhood leukaemia. The link could be explained by common factors or biases in the research. Because the evidence is limited, the *International Agency for Research on Cancer* (IARC) has classified EMFs as a 'possible' cause of cancer.

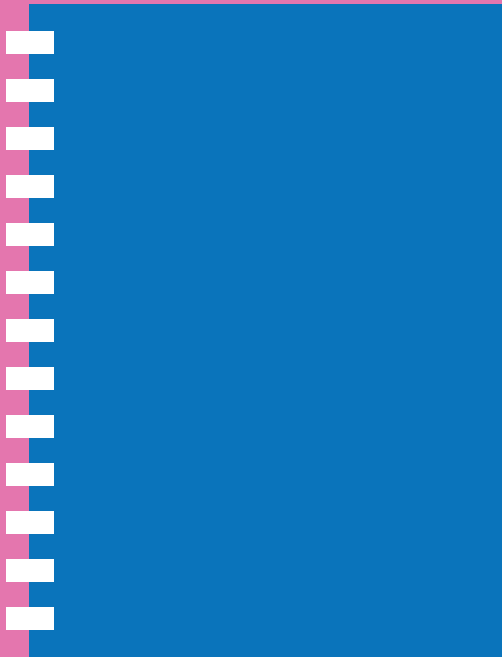
#### Pesticides

Pesticides are widely used in agriculture and have been linked to various types of cancers, including breast cancer, bowel cancer, leukaemia, and lymphomas. High doses of some of these chemicals can cause cancer in animals, but the levels found in foods are much, much lower.

Fruit and vegetables sometimes contain very small amounts of pesticides. Because of this, you are recommended to rinse fruit and vegetables before eating them. But there is no evidence that these small amounts can increase cancer risk.

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Some potentially dangerous pesticides such as DDT are now banned but were used in the past. These chemicals break down slowly so they can accumulate in the environment. They could eventually find their way up the food chain and be stored in our fatty tissues. Even so, scientists have not found a link between these chemicals and cancer. These studies have been very consistent across different research groups and countries, so their results are likely to be accurate. Workers exposed to higher levels of pesticides in industry or farming may be at higher risk of certain cancers, particularly leukaemias and lymphomas. Some scientists think that these chemicals could suppress the immune system in people who are regularly exposed to them. This could increase their risk of cancer, but more research is needed to make sure. The current evidence is inconclusive but suggests that any possible risks would be very small.



## Key developments in cancer policy

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Health policy is devolved to the Scottish Government, and in large part to the Welsh and Northern Irish Assemblies. Members of Parliament therefore do not have responsibility for health policy outside of England. In this section we refer to health policy across the UK. However, we mainly focus on England.

In 1992, *The Health of the Nation* was published in response to the World Health Organisation's *Health for All by the Year 2000* initiative. Cancer was one of five priority areas highlighted for action throughout the UK, and a number of targets were set in relation to screening, smoking, alcohol consumption and obesity.

In 1995, the *Calman Hine* report was published. This laid the foundations for the structure of cancer services that still operate across the UK. It recommended the establishment of generalist Cancer Units and specialist

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Cancer Centres, with multi-disciplinary teams for the co-ordination of cancer care for individual patients. It also proposed the establishment of Cancer Networks to provide a framework for planning cancer services across geographical localities.

In 2000, the *Cancer Plan* was published in England. This first national plan covered a range of issues, including the introduction of waiting time targets to promote earlier diagnosis, the extension of cancer screening programmes and targets for the reduction of smoking. It announced significant investment in equipment, staff and specialist palliative care. It also created the *National Cancer Research Institute* (NCRI) and the *Cancer Task Force* (now the *National Cancer Action Team*).

The 2007 *Cancer Reform Strategy* built on the 2000 Cancer Plan by identifying areas in cancer policy that

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needed concerted action to improve patient outcomes in England. As well as announcing new legislation to further regulate tobacco products, it introduced a co-ordinated programme of work aimed at detecting and diagnosing cancer earlier, including making improvements to the three national screening programmes. It also announced improvements in the treatment of cancer, through increased radiotherapy capacity, and new processes for assessing cancer drugs. It identified information, commissioning and investment as key drivers in achieving the aims of the strategy.

**Other important policy initiatives** *High Quality Care For All* (2008) is the report of the review of the NHS by Lord Darzi. It highlights the need for quality, innovation, prevention and productivity within the NHS in England.

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The Cancer Reform Strategy established the *National Cancer Equality Initiative*, in recognition of the fact that some social groups experience inequalities in access to cancer care. The *National Cancer Survivorship Initiative* was also set up by the Cancer Reform Strategy, and it aims to improve the quality of life for people living with or beyond cancer.

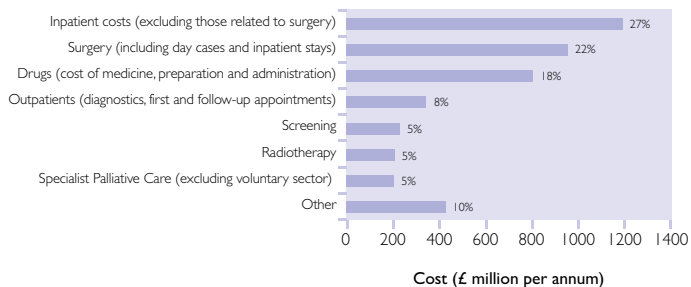
**Cancer policy in the rest of the UK** *Better Cancer Care* is the Scottish Government's action plan for cancer, published in October 2008.

*Designed to Tackle Cancer in Wales: 2008-2011 Strategic Framework* is the Welsh Assembly Government's action plan for cancer, published in July 2008.

The *Cancer Control Programme for Northern Ireland* was published in 2006. *A Service Framework for Cancer Prevention, Treatment and Care* is expected to be published shortly.

How cancer care spend in England is split (based on 2005/06 figures)

Source: Department of Health



## What does the government spend on cancer in England?

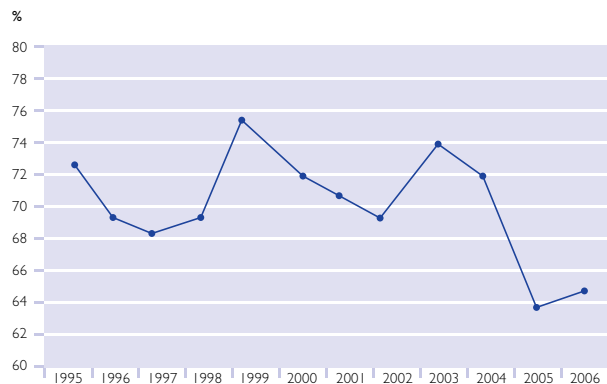
The total NHS budget in 2007/08 was £106bn. At least £4.35bn is spent on cancer care each year.

This spending equates to £80 per head, which compares to £121 in France and £143 in Germany. Overall, England spends 5.6% of its public healthcare budget on cancer, compared to 7.7% in France, 9.2% in the United States and 9.6% in Germany.

(Source: Cancer Reform Strategy)

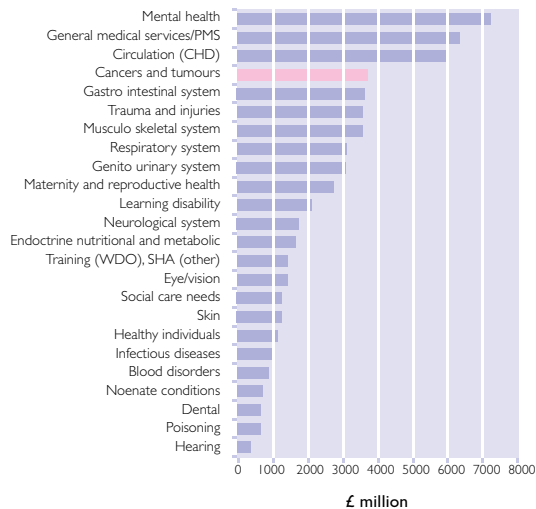
In cancer research, the Department of Health and the NHS together spent £159m in 2007/08.

This is how the UK's spend per head on cancer drugs compares to the EU average as a percentage

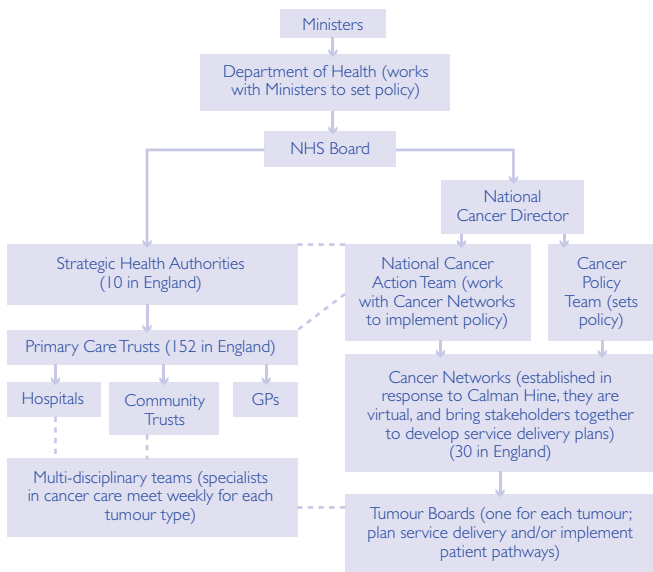


Source: *Funding Medicines for Cancer*, ABPI and PharmaPartners, 2007

This is how cancer spend compares to spend on other disease types, in terms of how much Primary Care Trusts spent in 2004/05

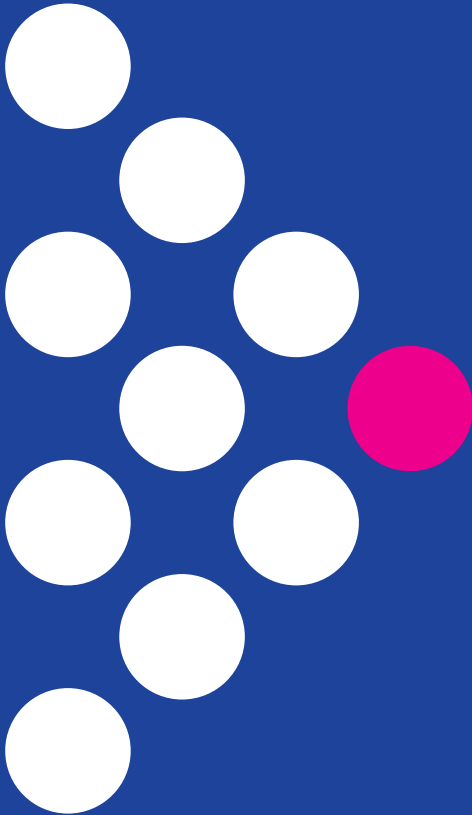


Source: *Future Trends and Challenges for Cancer Services in England*, Kings Fund, 2006



## How are cancer services organised in England?

Left is a very brief (and not exhaustive!) summary of how cancer services are organised in England.



## About Cancer Research UK

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Cancer Research UK is the world's leading charity dedicated to beating cancer through research. We have discovered new ways to prevent, diagnose and treat cancer that together have saved millions of lives across the world.

We have been at the heart of the progress that has already seen cancer survival rates double in the last 30 years. But one in three of us will still develop some form of cancer at some point in our lives. Our groundbreaking work, funded almost entirely by the public, will help ensure that millions more people will survive.

We work in partnership with others to achieve the greatest impact in the global fight against cancer. We provide life-changing information to anyone affected by cancer. We run awareness initiatives so that cancer can be detected early and help people reduce their risk of the disease. And our campaigning and lobbying keeps cancer at the top of the political agenda.



## Our policy calls for the next general election

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**Goal:** Make the UK's cancer outcomes among the best in Europe in the next ten years

To reach this goal, the next Government needs to act on several fronts:

- More must be done to prevent cancer
- Cancers must be diagnosed and treated earlier
- Patients must have timely access to world-class treatments
- Cancer inequalities must be tackled
- Our position at the forefront of medical research must be protected

For more information please see our manifesto at <http://info.cancerresearchuk.org/publicpolicy/workingwithgovernment/manifestos/>.





## Useful contact numbers and websites

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### Cancer Research UK

[www.cancerresearch.org.uk](http://www.cancerresearch.org.uk) (and <http://info.cancerresearchuk.org/publicpolicy/> for Policy sections)

### Cancer Research UK – Fundraising

<http://supportus.cancerresearchuk.org/home/>

### Cancer Research UK – CancerHelp UK website

For information about cancer, its treatment and clinical trials  
[www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)

### Cancer Research UK – Cancer Information Nurses

Free and confidential information helpline 0808 800 404 (Mon-Fri, 9-5)  
<http://www.cancerresearchuk.org/aboutus/contactus/cancerinformationnurses/>

### Cancer Research UK – Cancer Chat

Online forum for those affected by cancer to share experiences and information  
[www.cancerchat.org.uk](http://www.cancerchat.org.uk)

### Cancer Research UK – Cancer Statistics in the UK

<http://info.cancerresearchuk.org/cancerstats/>

### England and Wales statistics

You can search by constituency  
[www.statistics.gov.uk](http://www.statistics.gov.uk)

### Macmillan Cancer Support

For issues relating to cancer survivorship  
[www.macmillan.org.uk](http://www.macmillan.org.uk)

### Marie Curie Cancer Care

For issues relating to end of life care  
[www.mariecurie.org.uk](http://www.mariecurie.org.uk)

### NHS Smoking helpline

0800 022 4 332 (7am-11pm every day)

### NHS Direct

For health advice and information  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) / 0845 4647

### NHS Choices

Information on a range of health issues  
[www.nhs.uk](http://www.nhs.uk)

### NHS Factsheets

Useful background information on NHS workings  
<http://www.info.doh.gov.uk/nhsfactsheets.nsf>

### Cancer Network contacts

<http://www.cancerimprovement.nhs.uk/View.aspx?page=/contacts/networks.html>

### PCT performance

Find out the performance of your PCT  
<http://www.performance.doh.gov.uk/cancerwaits/2008/q3/az.html>

*Together we will beat cancer*