

Existing Studies Around Cancer Health Inequalities

This document provides a non-exhaustive curated list of key research and data on cancer health inequalities in the United Kingdom. It covers a wide range of underserved communities, in addition to socioeconomic and regional data. It is intended to support funded partners in understanding the evidence base for their work.

UK-wide Research on Cancer Inequalities

National Disease Registration Service ([Link](#))

This is the central data hub from the NHS for official statistics on cancer inequalities in England. It provides the official definition of health inequalities and serves as a portal to numerous detailed datasets and dashboards that break down cancer statistics by deprivation, ethnicity, age, and gender.

Cancer Inequalities by Factors

1. Socioeconomic Deprivation

Cancer Research UK ([Link](#))

This foundational report provides a comprehensive overview of how socioeconomic deprivation impacts cancer outcomes across the UK. Key statistics include: cancer death rates are nearly **60% higher** for people living in the most deprived areas of the UK compared to the least deprived; for lung cancer, the death rate in the most deprived areas is **almost three times higher** than in the least deprived areas; participation in bowel cancer screening is around **19% lower** in the most deprived parts of England; people in more deprived areas are over **50% more likely** to be diagnosed with cancer after an emergency presentation.

2. LGBTQIA+ Communities

Macmillan Cancer Support ([Link](#))

Inequalities persist throughout the entire cancer pathway for LGBTQIA+ people. Transgender and non-binary individuals face significant systemic barriers, such as screening invitations being based on registered gender rather than anatomy. Experiences of discrimination, discomfort, and lack of professional awareness create further obstacles.

3. People with Severe Mental Illness (SMI)

Public Health England ([Link](#))

This report from UK Government (Public Health England) shows that people with SMI are a high-risk group for poor physical health and face significant inequalities in accessing cancer screening. They are more likely to be diagnosed with cancer at a later stage and have a higher premature death rate from cancer. Compared to the general population, people with SMI are: **31% more likely** not to have participated in bowel screening; **20% more likely** not to have participated in cervical screening; and **18% more likely** not to have participated in breast screening.

Kerrison, R.S., Jones, A., Peng, J. et al. ([Link](#))

Adults with SMI are significantly less likely to participate in national cancer screening programmes, which may contribute to their higher rates of premature cancer mortality.

4. People with Learning Disabilities

University of Manchester ([Link](#))

People with learning disabilities have a higher risk of cancer especially before age 50. They also have more diagnoses outside Urgent Suspected Cancer (USC) pathways, fewer treatments, and poorer prognosis. Many are diagnosed with cancer when it has already metastasized, leading to lower odds of survival.

NHS Digital ([Link](#))

A significantly smaller proportion of people with learning disabilities had participated in cancer screening.

5. Gypsy, Roma, and Traveller (GRT) Communities

University of York / Yorkshire Cancer Research ([Link](#))

GRT communities face some of the most severe health inequalities in the UK. Barriers include low health literacy, cultural beliefs about cancer, and a mistrust of mainstream health services, leading to delayed diagnosis and lower screening uptake.

6. People Experiencing Homelessness (PEH)

GatewayC ([Link](#))/ Fragner, Belogianni and Grabovac ([Link](#))

The average age of death for men and women experiencing homelessness is 45 and 43. Cancer is the second leading cause of death among PEH. Their transient circumstances, competing priorities (such as finding shelter), and difficulty navigating the healthcare system are major barriers to prevention and early diagnosis.

7. Neurodiverse Individuals (including Autism) – emerging area of research

Macmillan Cancer Support ([Link](#))

This guide provides information for people with neurodiversity to help them navigate the cancer care system. It also signposts training and support for health professionals in delivering services to neurodiverse individuals.

Bhatia, et.al. ([Link](#))

Research shows autistic individuals are up to **30% more likely** to be diagnosed with cancer and often face worse outcomes due to barriers such as poor communication with providers, lack of accommodating healthcare environments, limited staff training, and fragmented care.

Health Inequalities in BNSSG & South West Area Data

BNSSG ICB ([Link](#))

This report confirms that national trends are present in the BNSSG area. The percentage of cancers diagnosed at an early stage (1 or 2) in BNSSG is **54.4%**. A man living in the most deprived area of Bristol lives **9.9 years less** than a man in the least deprived area; and a woman living in the most deprived area of North Somerset lives **7.9 years less** than a woman living in the least deprived area.

Creavin, A. et al. ([Link](#))

This academic study of over 86,000 local citizens confirmed that significant inequalities in the uptake of the NHS Bowel Cancer Screening Programme exist right here in the BNSSG community.