

Lancashire Cancer Mortality in Individuals with a Learning **Disability: A Mixed-Methods Systematic Review**





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BACKGROUND

- Cancer is a leading cause of death worldwide¹
- Although survival rates have improved for the general population², people with a learning disability (about 1-2.5% of the Western population)³ may face poorer cancer
- Evidence points to higher cancer mortality and poorer survival in this group⁴, which may







Differences in



OBJECTIVES

 Asess whether cancer specific mortality and overall survival differ between people with and without a learning

Quantitatively

- disability Systematically review the existing literature to determine mortality and verall survival rate
- following cancer diagnosis in people with a learning disabilitiv compared to the general population

Qualitatively

- Identify factors mortality and population
- Explore barriers and facilitators affecting cancer diagnosis, treatment and end-

learning disabilitiv

of-life care for people with a

DATABASES

METHODS

- EBSCO Host (Medline with full text. Cinahl
- PsycINFO)
 OVID –
- **Embase** Scopus

KEYWORDS

- Cancer
- Intellectual learning
- disability Mortality and survival

ASSESMENT

- JBI assessment used for critical appraisal
- JBI convergent segregated approach used for mixed-methods systematic review synthesis
- Thematic analysis for qualitative data synthesis

INCLUSION CRITERIA

- Population & exposure:
- individuals of any sex and age with a learning disability
- Outcomes: cancer-specific mortality & overall survival following a diagnosis of cancer
- Study types: quantitative observational studies. publications from 2000 to 2025

EXCLUSION CRITERIA

- Editorials, reviews and commentaries
- Incomplete articles
- conference/meeting abstracts

DATA EXTRACTION

- Study characteristics
 Population characteristics
 Cancer-related details
- Cancer-related details
 Effects estimates related to
 overall survival following diagnosis

treatment screening

RESULTS & FINDINGS

Screening Results

- 1928 studies & 11 reports found
 1824 studies progressed to title/abstract screening after removal of duplicates
 31 studies & 11 reports progressed to full-text screening
 22 studies & 6 reports included

Qualitative findings*

Only one qualitative ethnographic study was identified, ⁸ underscoring the limited qualitative research exploring cancer mortality in people with a learning disability. The following themes were highlighted:

Some patients denied suggesting possible assumptions about



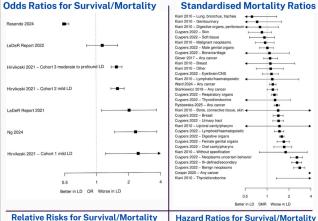
influenced treatment decisions; patient involvement was minimal.

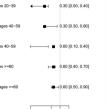


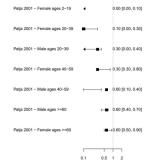


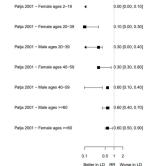


Forest Plots Showing Effect Sizes

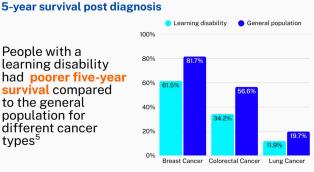






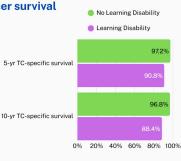


People with a learning disability had poorer five-year survival compared to the general population for different cancer types⁵



Testicular cancer survival

Testicular cancer survival is notably poorer for those with a disability, with 10-vear survival rates nearly 5-vear survival rates over 6 lower compared to individuals without a learning disability



DISCUSSION

People with a learning disability experience significantly poorer survival rates across several cancer types. including breast, colorectal, lung, and testicular cancer, when compared with the general population. $^{5.7}$ Reported including breast, colorectal, lung, and testicular cancer, when compared with the general population. cancer mortality rates are nearly 1.5 times higher in this group. 6 Only one qualitative study was identified, highlighting the limited qualitative research in this area. This study highlighted several barriers which may underpin these disparities including, delayed diagnosis, misdiagnosis, minimal involvement of patients in $treatment\ decision-making,\ and,\ in\ some\ cases,\ discrimination\ within\ healthcare\ systems. ^8\ Such\ systemic$ barriers are likely to contribute directly to the survival gap observed. The current body of evidence remains fragmented, with most studies focusing on mortality data and few exploring lived experiences. More in-depth qualitative work is required to fully capture patient perspectives and understand how healthcare process

RECOMMENDATIONS

- Strengthen early detection: Improve access to timely cancer screening and diagnostic services for people with a learning disability.
- nication and support: Provide clear, accessible
- information and actively involve patients in treatment decision-making. Address systemic barriers: Tackle discrimination and ensure equitable delivery of standard cancer treatments.
- Expand qualitative research: Invest in studies exploring lived experiences to better understand how healthcare processes impact

REFERENCES

