NCIN Urology SSCRG

Recent/ongoing work

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Recently completed projects

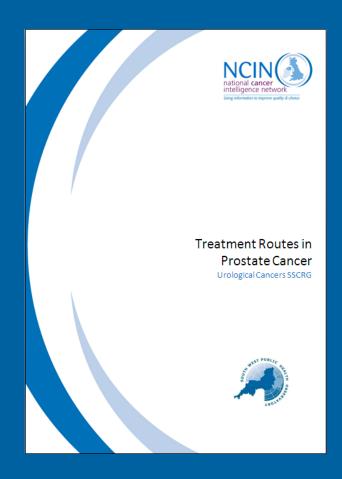
- Prostate cancer treatment report
- Prostate cancer mortality report
- Data briefing: Non-TCC bladder cancer
- Data quality report
- Updated factsheets and profiles on urology hub





Prostate cancer treatment

- Single year 2009
- Uses new RTDS dataset
- Cancer Waits used to identify 'monitoring' pathways
- Variations with age, region, ethnicity and deprivation







Prostate cancer treatment

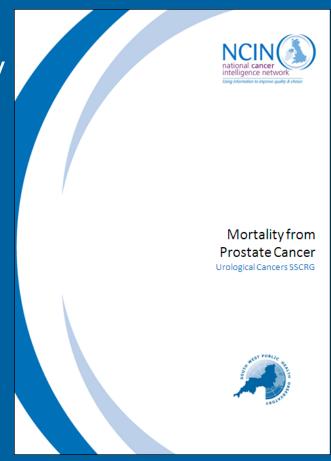
Income Deprivation Quintile	1 (Least Deprived)	2	3	4	5 (Most Deprived)
No Recorded Treatment	21%	22%	21%	21%	22%
'Active Monitoring'	15%	15%	14%	14%	14%
Hormones	21%	23%	25%	26%	28%
Hormones + Radiotherapy	15%	15%	16%	15%	14%
Prostatectomy	12%	11%	10%	9%	10%
Prostatectomy + Hormones	0%	0%	0%	0%	0%
Prostatectomy + Radiotherapy	1%	1%	1%	1%	1%
Radiotherapy	9%	9%	9%	9%	9%
Brachytherapy	2%	2%	1%	1%	1%
Statistical significance compared to England average.					
Income Deprivation Quintile	1 (Least Deprived)	2	3	4	5 (Most Deprived)
No Recorded Treatment					
'Active Monitoring'		Higher			
Hormones	Lower			Higher	Higher
Hormones + Radiotherapy					Lower
Prostatectomy	Higher	Higher		Lower	
Prostatectomy + Hormones					
Prostatectomy + Radiotherapy					
= 10 ×1					
Radiotherapy					





Prostate cancer mortality

- Trends from 1995-97 to 2007-09
- Variations with age, region, ethnicity and deprivation







Prostate cancer mortality

- No variation in mortality with deprivation
- Although rates of death decreasing in all age groups the number of deaths in those aged 80+ is increasing
- Mortality rates are higher in black men
- Regional variations are becoming smaller





Data briefing: Non-TCC bladder cancers

- Incidence, survival and treatment of non-TCC bladder cancers
- Survival much worse; e.g Males 1 year 38% vs 75%
- Lower proportion receive any treatment, surgical intervention in particular



Non-transitional-cellcarcinomas make up 1 in 6 bladder cancers. They have a much worse survival, which

presentation.

may reflect differences in

aetiology, treatment or degree of advanced disease at

NCIN Data Briefing

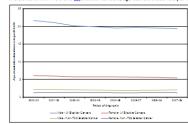
The majority of bladder cancers are transitional cell carcinomas (TCC). About 1 in 6 are not TCCs and include squamous cell carcinoma, adenocaminoma and small cell carcinoma. It is unclear if the epidemiology of this group is different, and if their treatments and outcomes are the same

Invasive bladder cancers were identified using ICD-10 Code C67, from the National Cancer Data Repository (NCDR). The recorded morphology codes were used to identify non-TCC tumours.

The incidence of non-TGC bladder cancers shows no clear trend between 2000-02 and 2007-09. In males the age-standardised rate (ASR) decreased from 2001-03 to 2004-06 (pc/0.001), but increased from 2004-06 to 2007-09 (pc/0.002). In females the ASR decreased from 2010-03 to 2004-06 (pc/0.003) but there was no statistically significant difference between 2004-06 and 2007-09. In the same time periods for all bladder cancers, the ASR in males firstly decreased (p<0.001) and then was unchanged; and the ASR in females decreased in both periods (p=0.01, p=0.003). The number of cases in 2007-09 in males was 970 (annual average), in females it was 634

Incidence rates prior to the year 2000 are not shown as there was a change in recording which makes comparisons either side of this date invalid.

Incidence of non-TCC and all bladder cancers, age-standardised rate per 100,000, in England



Mortality rates from non-TCC bladder cancer cannot be calculated as the morphology codes are not recorded on the ONS deaths database. However all-cause survival can be calculated from NCDR Period survival is calculated for the year 2000 onwards, for one and five years, survival. Period survival is a technique which allows survival past the point of follow-up to be estimated using a combination of the most recent data. This is why five year survival for more recent years can be





Data quality report

- Completeness of stage of all urological cancers, 2007-09
- Detailed look at bladder cancer histology, ethnicity and treatment
- Stage recording generally poor lots of work on improving this









Kidney Cancer Incidence, Mortality and Survival Rates in England: Summary

June 2012

This summary factsheet presents data for ICD-10 C64 "Malignant neoplasm of kidney cancer, except renal pelvis". The most recent incidence and mortality data have been used.

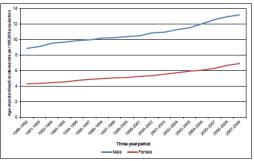
Incidence rates

In England, the age-standardised incidence rate of kidney cancer is almost twice as high in males as in females (p-0.001 for 2007-09), the rate in males is 13.2 per 100,000 compared to 6.9 per 100,000 in females (Figure 1). In 2007-09, there were an average of 2,438 new cases of kidney cancer per year in females and 3,968 per year in males.

For both sexes, the incidence rate has increased from 1990-92 to 2007-09 (p<0.001 for both sexes). During this period the age-standardised rate in males increased from 8.9 per 100,000 (2,170 cases per year on average) to 13.2 per 100,000, while in females the increase was from 4.3 per 100,000 (1,337 cases per year on average) to 6.9 per 100,000 females.

The increase in rates of kidney cancer is thought to be partly explained by the increased use of imaging, resulting in the detection of asymptomatic disease (Cancer Research UK).

Figure 1: Age-standardised incidence rates (per 100,000 population) of kidney cancer (ICD-10 C64), for males and females, England 1990–2009



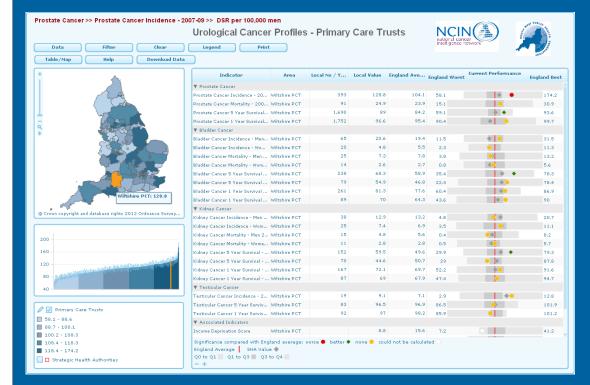
Source: South West Public Health Observatory from National Cancer Information Service















Current projects

- Rare urological cancers
- Penile cancer: incidence, treatment and outcomes





Rare urological cancers

- Penile, testicular, renal pelvis & ureter, small cell prostate, non-TCC bladder cancer
- Incidence, mortality and survival
- Indications are that the rarer forms of the larger cancer groups tend to do much worse





Penile cancer

- Incidence of malignant and in-situ tumours
- Treatment by type, deprivation
- Reconstruction
- Progression from in-situ to malignant





Planned projects

- Radiotherapy use in urological cancers
- Kidney cancer survival: morphology, grade/stage
- Data briefing: trends in grade of bladder cancers
- Updates to:
 - Data quality report
 - Factsheets
 - Profiles





www.ncin.org.uk/urologicalcancer



