

NCIN... One Year On

How is the NCIN changing what we know
about cancer?

Professor Mike Richards

National Cancer Director

25th June 2009

National Motorcycle Museum, Birmingham

Changes in year one

- Process changes
- Clinical engagement
- New intelligence

In “process” terms...



- Real collaborations between the NCIN partners
- Registries managing the first cross-linked national data repository to include cancer incidence and hospital activity
- Online tools for health professionals and the public, including the NCIS, the Cancer e-Atlas and the Commissioning Toolkit
- Regular series of Publications
- Regular monthly Data Briefings

Clinical Engagement

- Site Specific Clinical Reference Groups have been established
- These provide the clinical priorities to:
 - Refine our data requirements
 - Define the key outcome measures
 - Engage with professional groups (e.g. RCPATH)

New intelligence

- Incidence
- Prevalence
- Survival
- Inequalities

Some highlights

Cancer in the future

- **Cancer Incidence Projections**
 - Incidence rates are remaining stable
 - Number of cases is set to increase by 33% to around 300,000 cases in England by 2020

Cancer in the Population

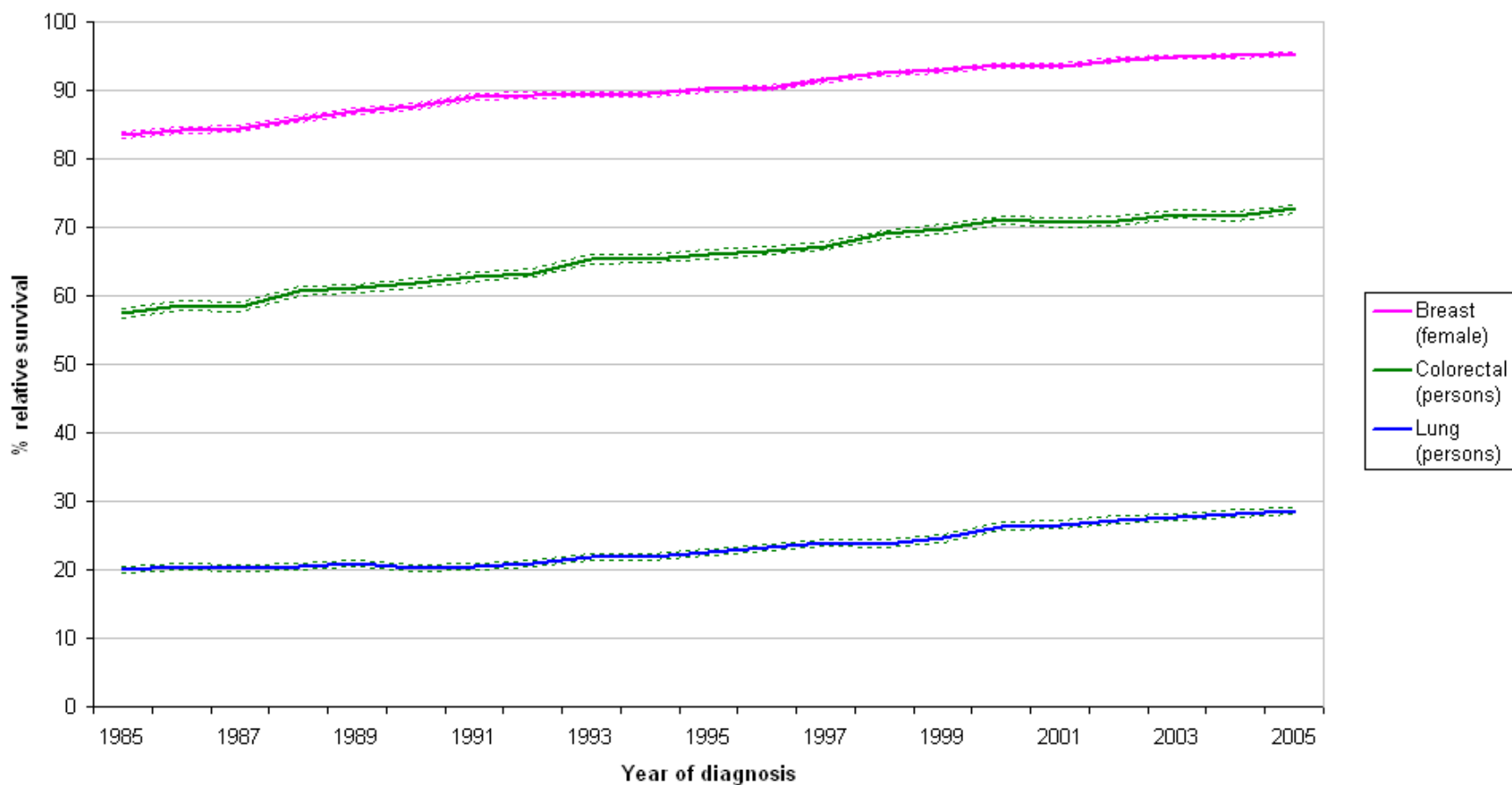
- Information on Prevalence
 - Over 2 million people living with/beyond cancer
 - 10% of people aged over 65 are cancer survivors
 - Number of survivors increasing by 3.2% per year

Cancer survival

- Trends in 1 year survival
 - Show the effect that late presentation has on overall survival
- Absolute benefits of early detection in colorectal cancer
 - Early stage - over 90% survive for 5 years
 - Advanced stage only 6.6%

Cancer Survival: 1 year trends

Trends in one year cancer survival 1985-2005



Regional Variations

- Differences in Incidence and Mortality
 - By Cancer Network
 - By cancer type, with trends
 - Online Cancer e-Atlas

Inequalities: New studies

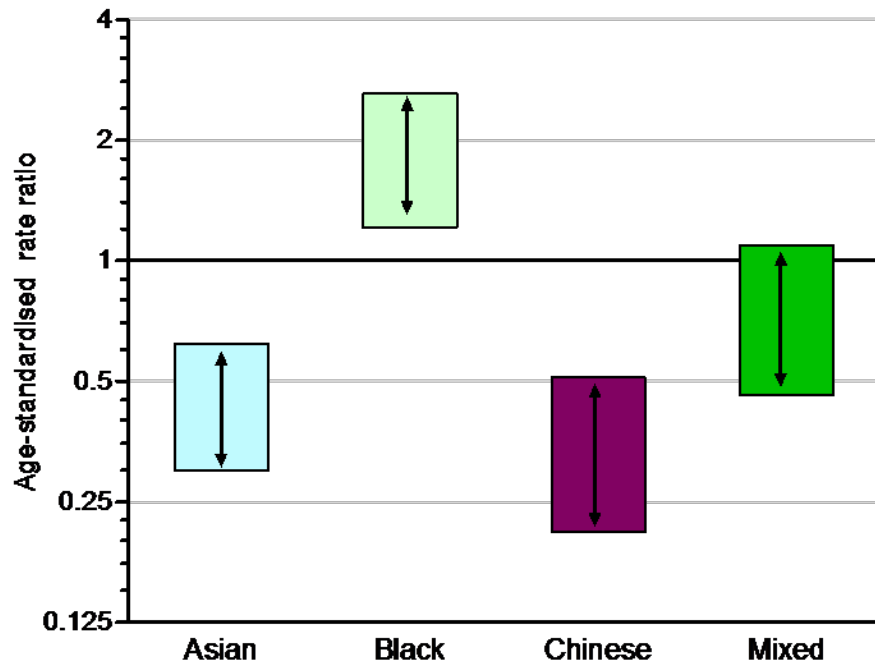
- Deprivation (quantifying the differences)
- Ethnicity (incidence and survival)
- Gender (incidence and mortality)
- Older people (mortality: UK vs. other countries)

Incidence by ethnic group

- Data on ethnicity was available for around 75% of cases
- In general incidence is lower in Asian, Chinese and mixed-race groups than in Whites
- But ... incidence in Asians is higher than in Whites for liver, mouth (females) and cervix (older females) – but lower for several other cancers
- Incidence in Blacks is higher than in Whites for prostate, stomach, liver, myeloma and cervix (over 65s) – but lower for several other cancers

Prostate cancer

Rate ratios of age-standardised incidence rates by major ethnic group (White=1), cases diagnosed 2002-06



Potential range in age-standardised rates per 100,000

Ethnic Group	Lowest*	Highest*
White	96.0	99.9
Asian	28.7	60.6
Black	120.8	247.9
Chinese	17.8	51.3
Mixed	43.2	104.9

Overall rate for England: **98.0** per 100,000

These bars are **not** confidence intervals but represent the potential range in the rate ratio based on different assumptions regarding patients with unknown ethnicity.

Excess cancer in men

	Incidence	Mortality
All cancers x NMSC	1.16	1.38
All cancers x NMSC and breast + sex specific cancers	1.62	1.69

Excess cancer in men

	Incidence	Mortality
Oesophagus	2.48	2.68
Stomach	2.48	2.32
Colorectal	1.54	1.56
Liver	2.21	1.99
Pancreas	1.27	1.27
Lung	1.64	1.65
Melanoma	0.92	1.46
Kidney	1.99	2.07
Bladder	3.30	2.94
NHL	1.39	1.57

Older people

- New analysis of mortality rates undertaken by North West Cancer Intelligence Service
- Mortality is falling significantly in people under 75 years in the UK
- Little progress has been made in the over 75s
- In older people the gap between the UK and other countries is getting wider

International Comparisons

- Project initiated to scope international work programme to gain fuller understanding of poor survival outcomes in England

- NCRI review on data access and sharing
- Use of NCIN repository for long-term follow-up of clinical trials (with NCRN)
- Improving methodologies to compare performance at individual and Trust level and identify outliers
- Linkages to genetic databases

One year on - summary

- Excellent progress: Thank you very much to all concerned
- In next 12 months, new outputs will focus on patterns of care and outcomes, led by SSCRG priorities
- The new intelligence will now be used to inform cancer policy on awareness and early diagnosis, survivorship and inequalities

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