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NCIN Urological Cancer SSCRG: workplan update 2013/14

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NCIN Urology Workshop – November 2013



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Overview

- What have we published since the last workshop (July 2012)?
- What are we doing this year?
- Ideas for the 2013/14 workplan



Published since the last workshop

- Rare bladder cancer data briefing
- Penile cancer report
- Prostate cancer mortality report
- Updates to factsheets and profiles on urology hub



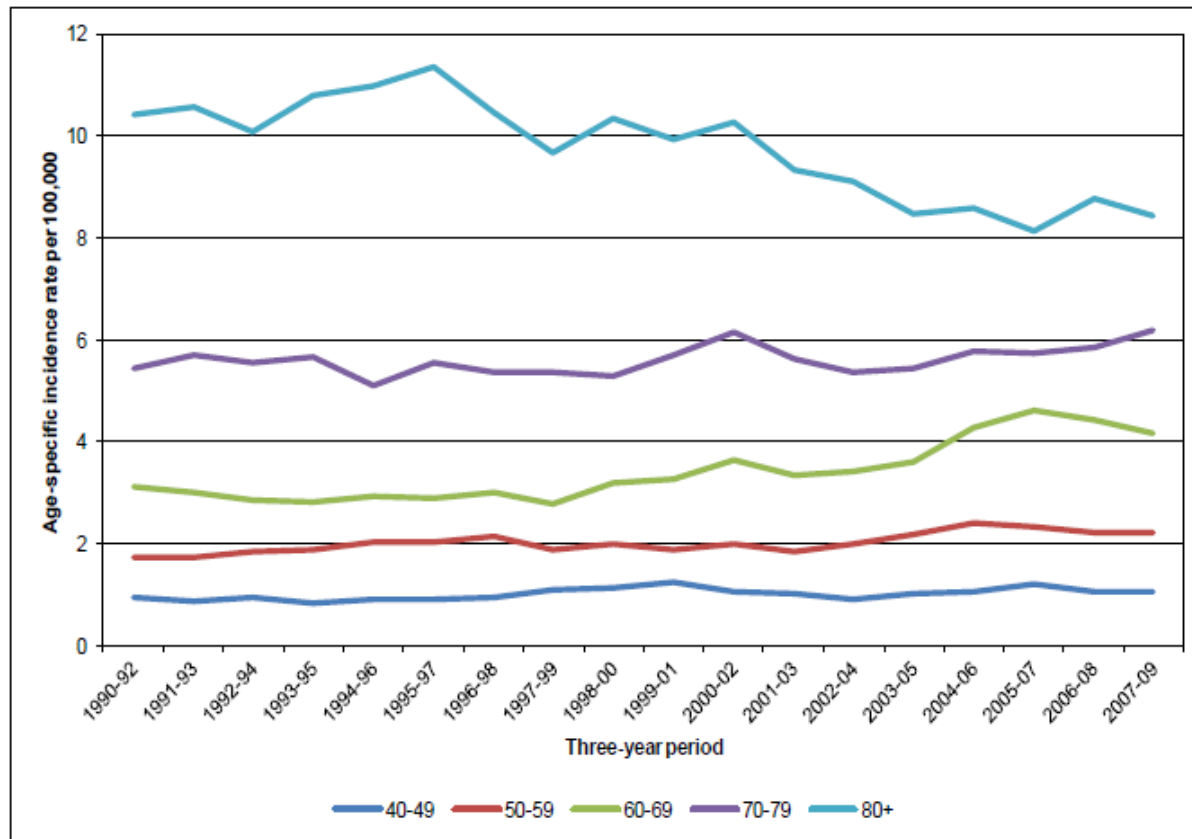
Rare bladder cancer data briefing

- 1 in 6 bladder cancers are non-TCC
- More common in women
- Survival much worse

Years	Non-TCC Bladder Cancer				All Bladder Cancer			
	Males		Females		Males		Females	
	1 year	5 year	1 year	5 year	1 year	5 year	1 year	5 year
2000-2004	35.4	23.7	23.6	14.7	74.4	56.4	59.2	44.0
2001-2005	34.9	23.8	23.6	13.6	74.2	56.9	59.2	42.0
2002-2006	35.5	24.7	24.2	13.6	74.3	56.3	59.3	41.3
2003-2007	35.4	23.5	25.1	15.2	74.4	55.0	59.9	41.6
2004-2008	35.4	22.4	25.2	15.1	74.8	55.4	60.4	42.9
2005-2009	38.8	26.5	27.2	16.9	75.2	55.8	61.0	44.4

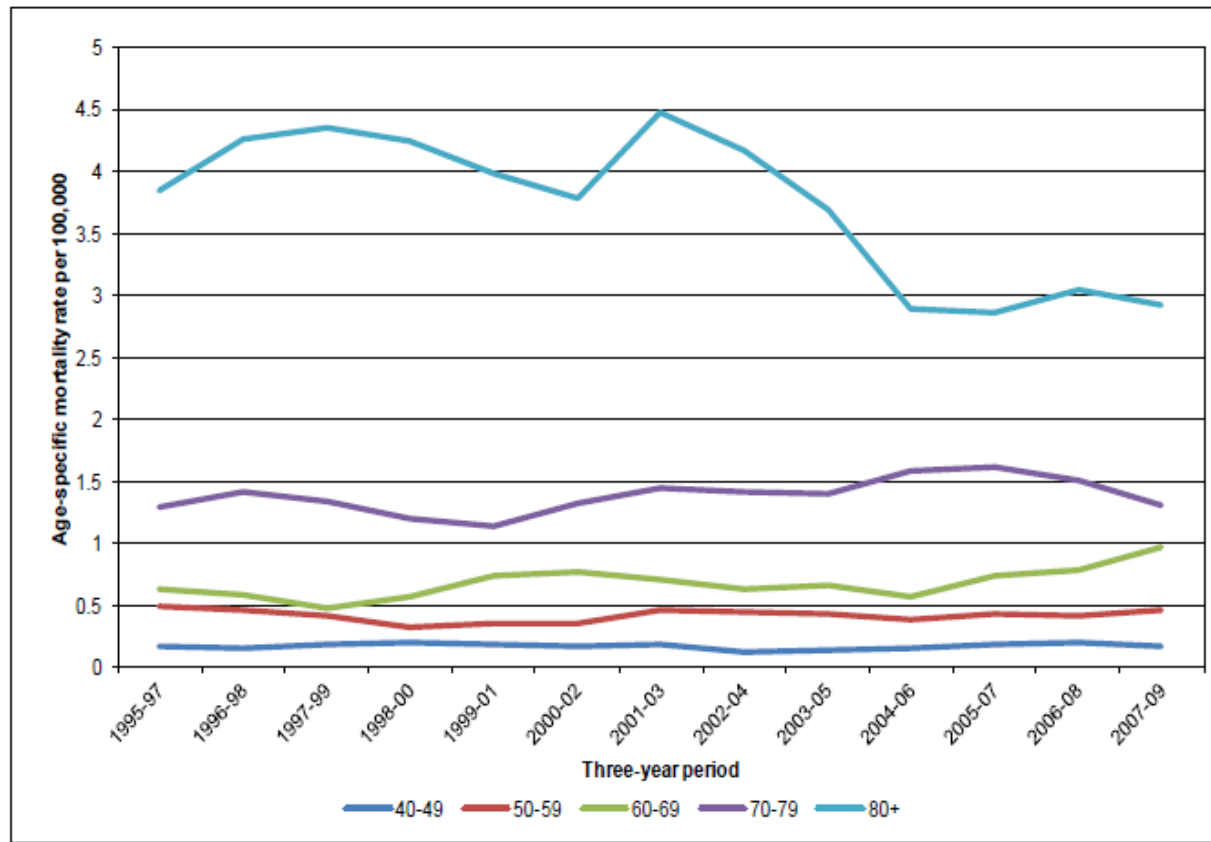


Penile cancer report – incidence by age





Penile cancer report – mortality by age





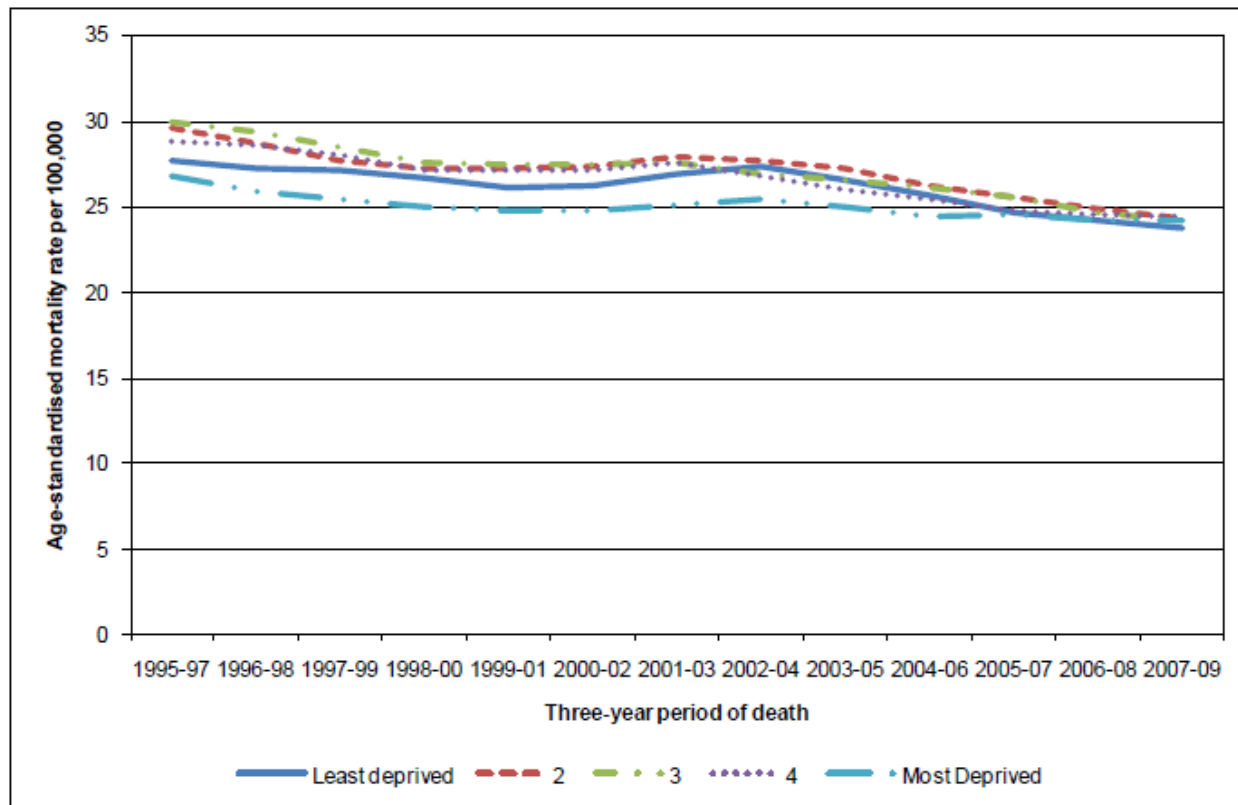
Penile cancer report – total amputation by deprivation

Quintile ID2007	Total Amputation		No Amputation	
	Number	%	Number	%
1 - Least Deprived	36	9.4	346	90.6
2	35	8.8	362	91.2
3	40	10.3	350	89.7
4	46	10.4	398	89.6
5 - Most Deprived	58	13.9	359	86.1

Source: National Cancer Data Repository, Hospital Episode Statistics



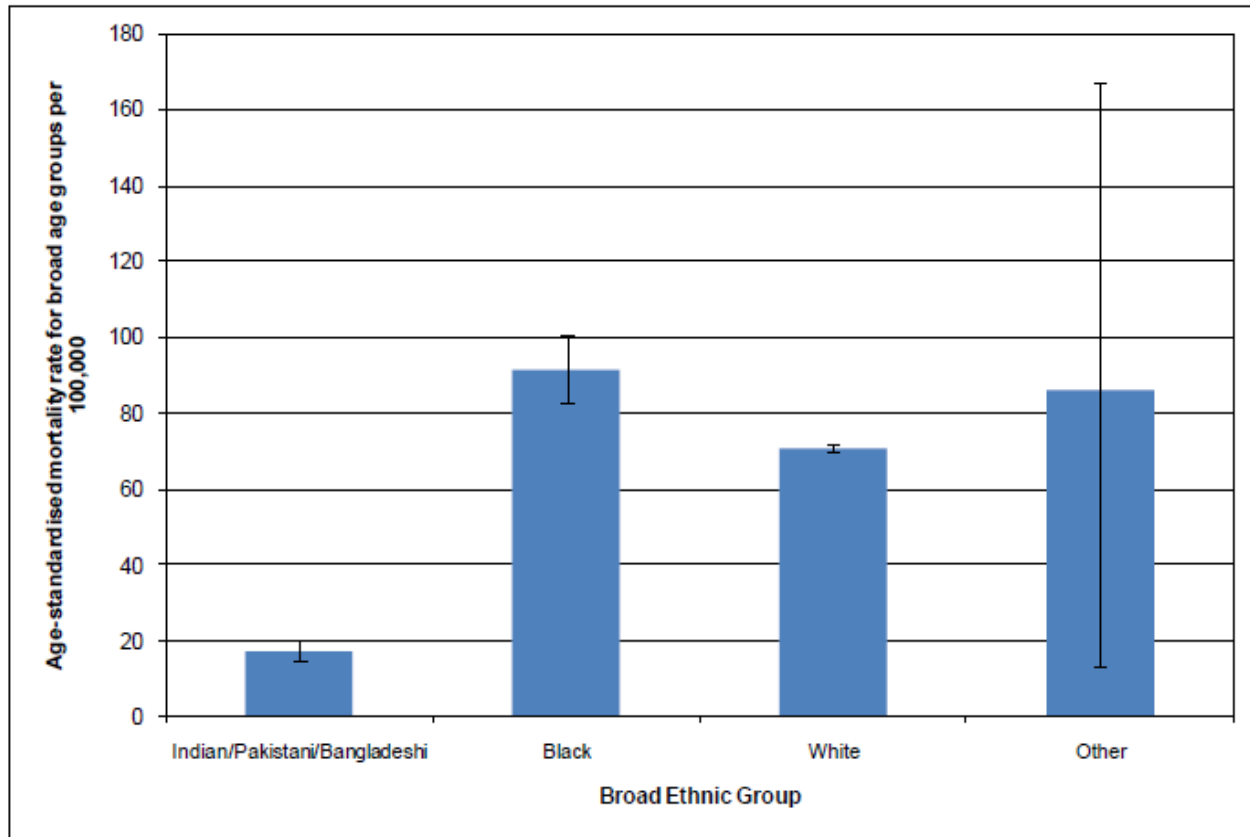
Prostate cancer mortality report - deprivation



Source: Office for National Statistics



Prostate cancer mortality report - ethnicity





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Factsheets

- Six factsheets covering incidence, mortality and survival
- Available on the NCIN urology hub
- Trend data up to 2010 for incidence and 2011 for mortality
- This year we have been able to include data from all four UK countries for the first time



Profiles

- Three interactive map profiles covering incidence, mortality and survival
- Available on the NCIN urology hub
- 2008-2010 for incidence and 2009-2011 for mortality
- Three geographies: LA, PCT and CN – working towards updating to CCG and SCN



Workplan for 2013/14

- Workplan for 2013/14
 - Recurrence of NMIBC
 - Surgical management of testicular cancer
 - Effect of 5-ARIs on prostate cancer mortality
 - Progression of G1 pTa to invasive disease (BAUS)
 - Data briefing: penile cancer by age
 - Data briefing: diet, exercise and cancer survival
- Outstanding items
 - Rare cancers report
 - Kidney cancer survival



Recurrence of NMIBC

- Recurrence and progression of cancers not registered on cancer registry
- Recurrence major issue in NMIBC – so can we use other data to infer a recurrence rate?
- Developed a methodology: look for admissions for endoscopic resection, with diagnosis code of bladder cancer, occurring >84 days after primary diagnosis
- Examined a cohort from 2006-10 (n ~ 44,000)
- About 34% (n ~ 15,000) had a recurrence using the above definition
- Peak was 5-7 months
- Most had one recurrence but about 1/3 had two or more
- Report being drafted



Surgical management of testicular cancer

- Aims to investigate practice of resection of lymph node and distant metastases
- After an initial review of the data, focus is on block dissection
 - Between 2009 and 2011 there were 7,877 unique patients (“the cohort”) with a diagnosis of testicular cancer found on HES.
 - Para-aortic block dissections were the most common block dissection performed with a total of 138 (1.8%) the cohort receiving this procedure .
 - A total of 266 block dissections were recorded (These are not mutually exclusive, and a patient could have more than one type of block dissection recorded).
 - 6 patients underwent a resection of segment of liver and a further 1 patient had thermal ablation of multiple lesions of liver.
 - 8 patients were recorded as having excisions of brain (approx. 0.1% of cohort).



Effect of 5-ARIs on prostate cancer mortality

- Aims to find out whether there is a difference in prostate cancer mortality between those taking 5-ARIs and those not, plus dose-response
- This sort of study requires primary care data to get time and dose information, plus data on confounding factors
- Have applied and been approved for GPRD data under old MRC contract
- Unfortunately the GPRC/CPRD access is very slow
- Should get data this year



Progression of G1 pTa disease to invasive cancer

- Analogous to the NMIBC recurrence project, but progression
- As pTA and CIS have different ICD-10 codes to T1+ disease this should be more feasible
- First looked at BAUS audit database as it has better staging, but <1% of pTa could be linked
- Looked at NCDR – as Ta/CIS coded separately.
 - A total of 29,831 persons were diagnosed with benign/in situ disease between 2001 and 2005.
 - A total of 1,702 cases of D414/D090 were diagnosed and progressed to malignant C67 within five years of diagnosis.
 - 5.7% of patients with benign/in situ disease developed malignant disease within five years.



Data briefing: penile cancer and age

- Lifted from the penile cancer report, but focusing on age-specific rates over the last two decades
- Incidence rates for those aged 50-59, 60-69 and 70-79 have increased while incidence in those men aged 80+ has decreased
- All increases around 18%-19%, with 80+ decrease of same relative amount
- Overall the age-standardised rate of penile cancer has increased by 12% from 1990-92 to 2008-10
- Final draft being reviewed – published on NCIN urology hub soon



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Data briefing: diet, exercise and cancer survival

- Review the literature around the effect of diet and exercise on cancer survival



Rare urological cancers

- Incidence, mortality and survival for the rare urological cancers and rare subtypes of big groups:
 - Testicular
 - Penile
 - Renal pelvis and ureter (upper tract)
 - Non-TCC bladder
 - Small cell prostate
 - TCC kidney

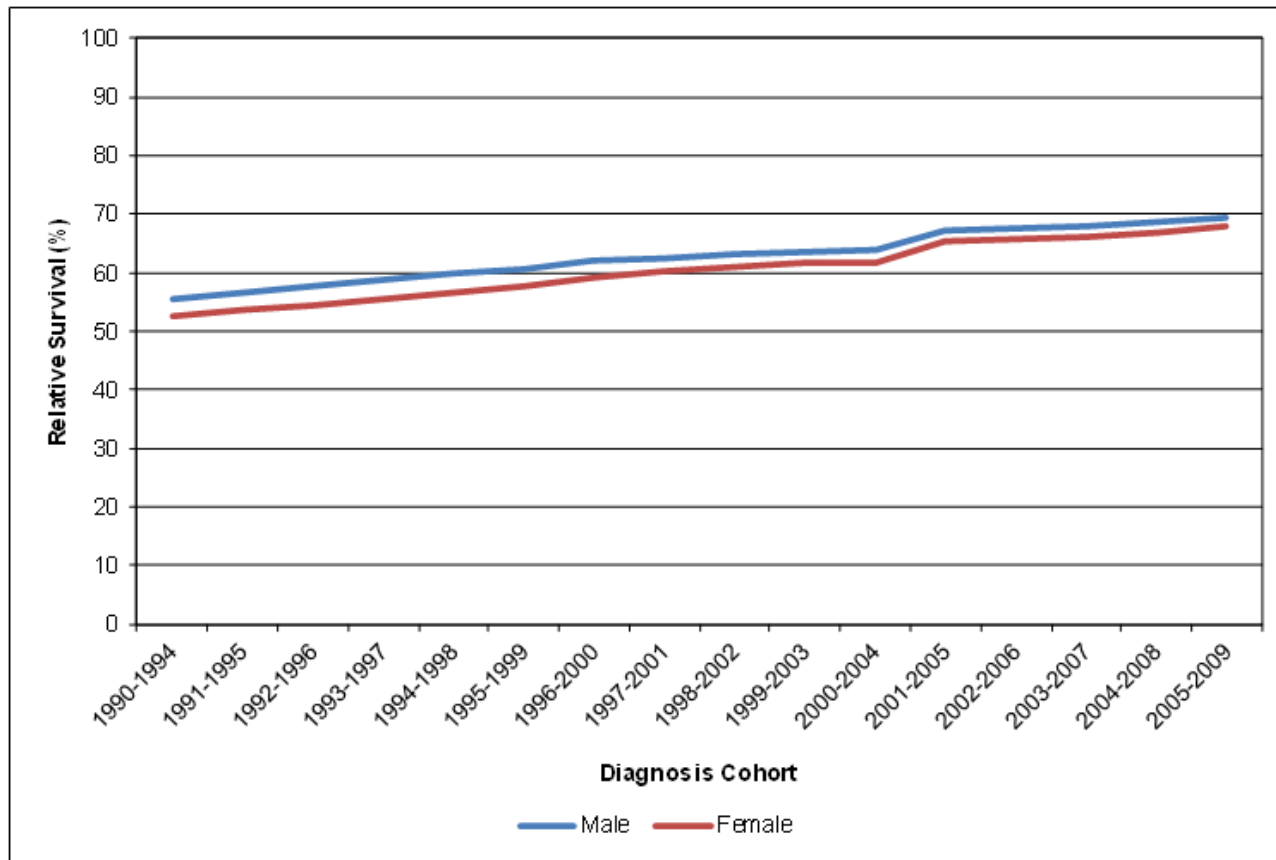


Kidney cancer survival

- Survival for kidney cancer, broken down by key factors
 - Sex
 - Grade
 - Histology

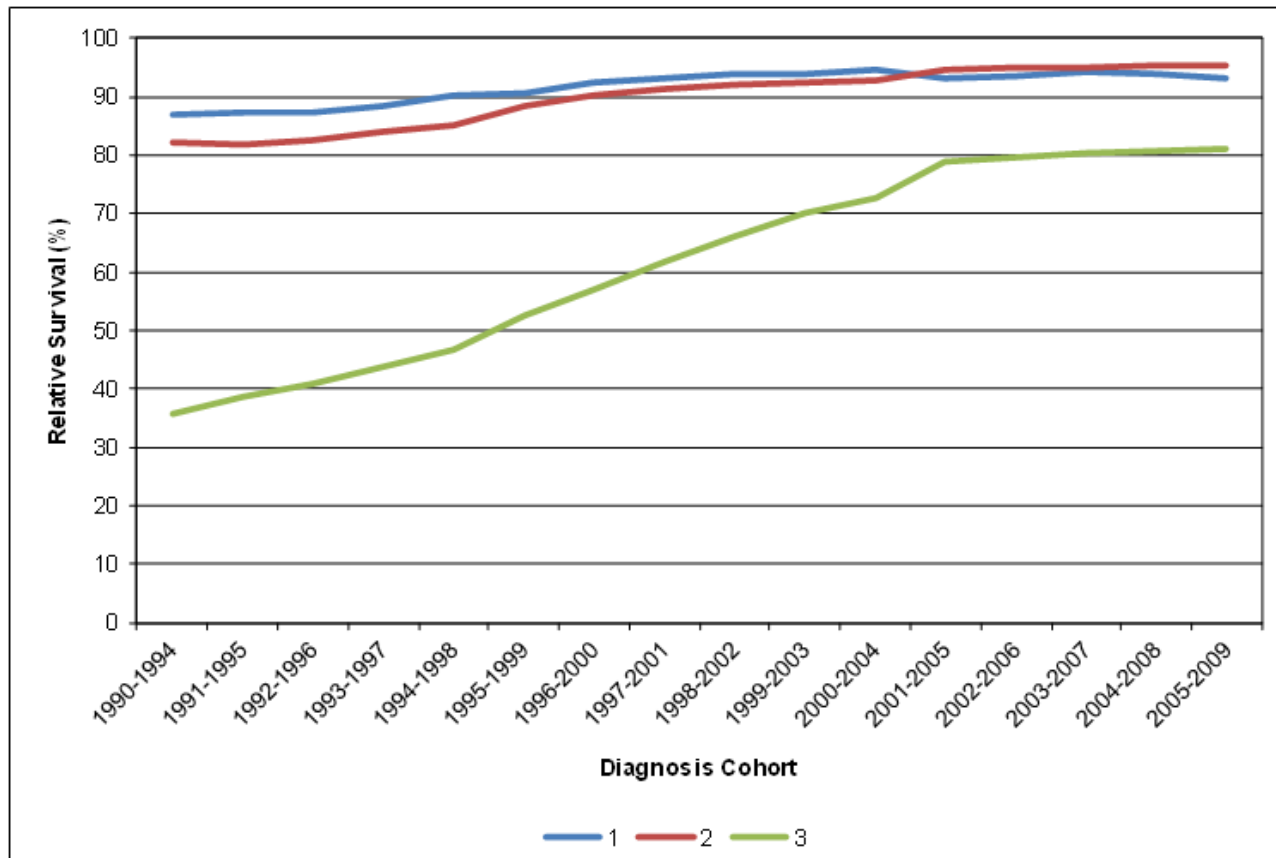


Kidney cancer survival (1-year by sex)



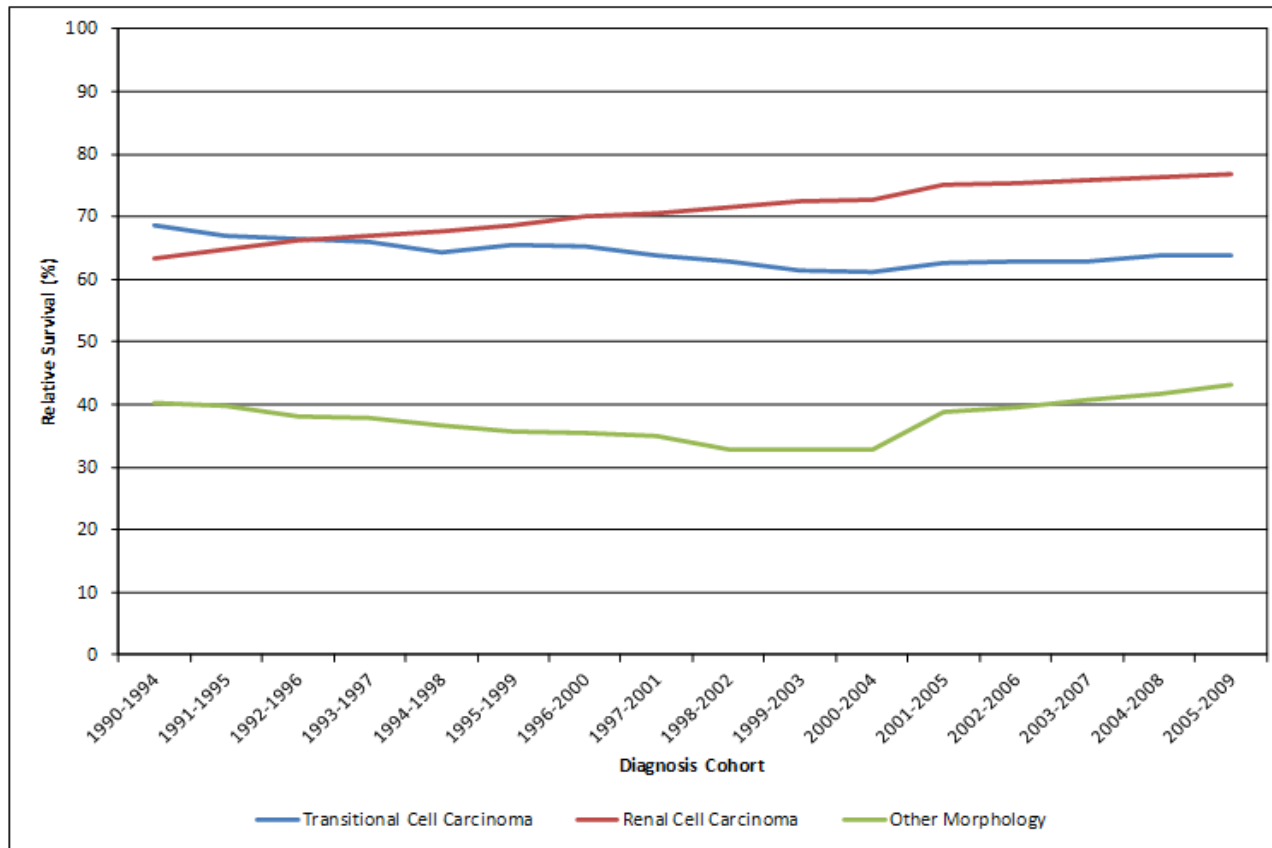


Kidney cancer survival (1-year males by grade)



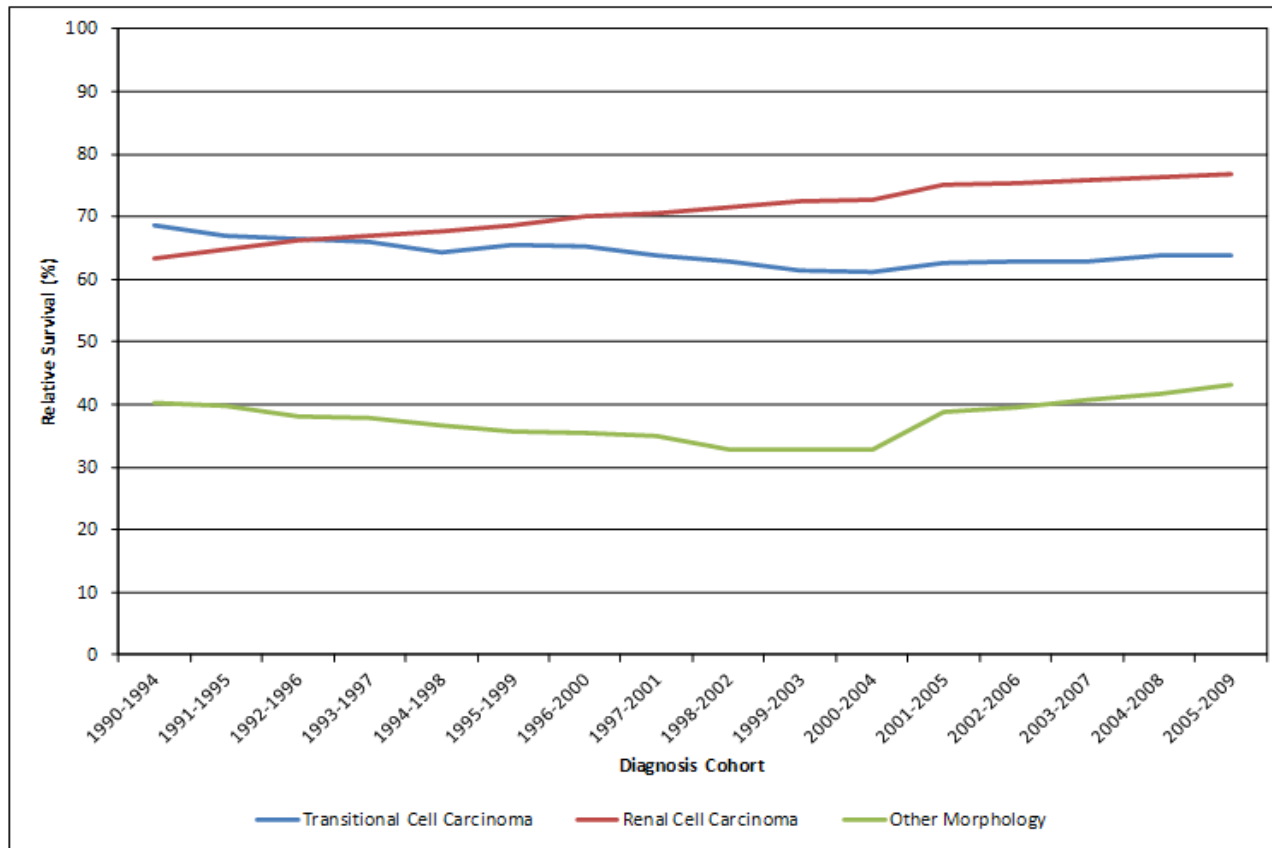


Kidney cancer survival (1-year males by type)





Kidney cancer survival (1-year males by type)





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- Thank you for your attention
- Luke.Hounsome@phe.gov.uk
- [www.ncin.org.uk\urologicalcancer](http://www.ncin.org.uk/urologicalcancer)