



Trends in survival for Chronic Myeloid Leukaemia in England: 2001-10

National Cancer Intelligence Network Data Briefing

NCIN has produced a detailed report covering incidence, mortality and survival; the focus of this briefing is survival.

Detailed report: <http://www.ncin.org.uk/view?rid=2818>

Chronic Myeloid Leukaemia (CML) is a relatively rare cancer, predominantly affecting people over 60, with higher age-standardised incidence in males.

There were no changes in the incidence of CML between 2001 and 2010; but there have been marked changes in mortality and survival over this time.

Until the 1990's cancer registrations for CML were not distinguished from chronic myelomonocytic leukaemia (CMML). It is possible that registrations for CML, particularly among older patients, may include some individuals who do not have a diagnosis of CML. This may result in an underestimate of the relative survival of older patients with a diagnosis of CML.

Relative survival reflects the excess mortality among cancer patients, over and above the background mortality in the country or region where they live. The analyses shown in this briefing use relative survival estimated using the maximum likelihood method for individual records, developed by Estève et al (1) using the strel command in Stata version 13.

Outcomes

- Relative survival curves comparing consecutive diagnostic cohorts show a substantial improvement, in both males and females.
- For patients aged 15-64 years relative survival at five years rose from 59% for those diagnosed in 2000-03 to 87% for those diagnosed in 2008-10. For patients aged 65 and over relative survival at five years rose from 22% for individuals diagnosed in 2000-03 to 44% for those diagnosed in 2008-10.
- The observation that CML survival in older people remains low is at variance with other published data (HMRN). In the absence of any evidence for either differences in treatment efficacy or uptake of treatment, it raises questions about the accuracy of cancer registration for CML in older patients.

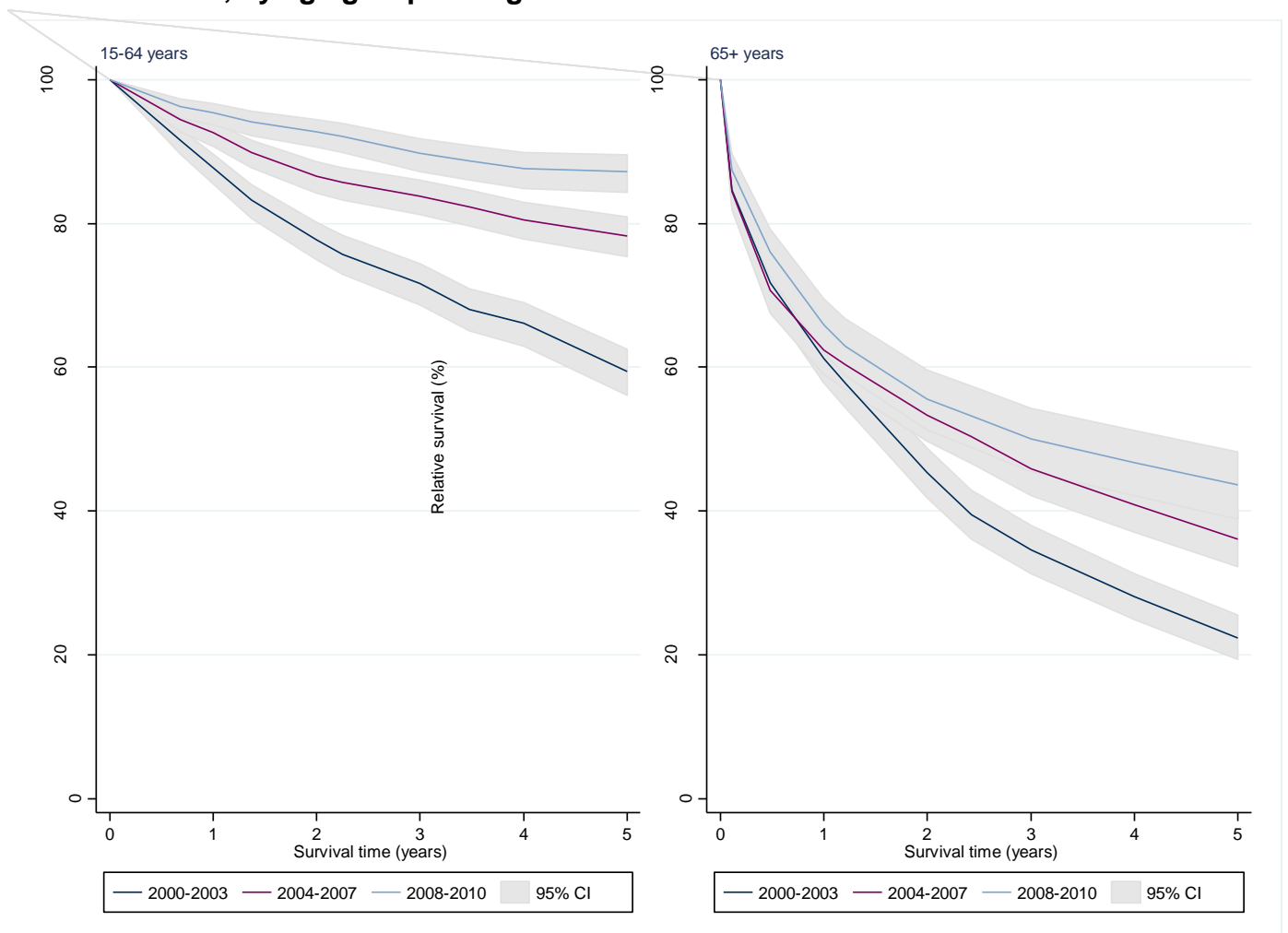
Key messages

- There were no changes in incidence over the period; however there have been marked improvements in mortality and survival over this time.
- It is possible that registrations for CML, particularly for older people, may include some individuals who do not have a diagnosis of CML potentially underestimating the relative survival of older patients with a diagnosis of CML.

Treatment

- The improvement in prognosis is due to the increasing use of a new class of drugs (tyrosine-kinase inhibitors) over the reporting period.

Trends in relative survival rates for chronic myeloid leukaemia diagnosed in persons in the periods 2000-2003, 2004-2007 and 2008-2010 followed up to end of 2010, by age group in England.



(1) Esteve J, Benhamou E, Croasdale M, Raymond L. 'Relative survival and the estimation of net survival: elements for further discussion', Stat Med, 9, 529-538 (1990)

FIND OUT MORE:

The PHE Knowledge and Intelligence Team Northern and Yorkshire is the lead KIT for haematological cancers. <https://www.gov.uk/government/organisations/public-health-england>

Other useful resources within the NCIN partnership:

What cancer statistics are available and where can I find them? <http://www.ncin.org.uk/publications/reports/>

Public Health England's National Cancer Intelligence Network (NCIN) is a UK-wide initiative, working to drive improvements in cancer awareness, prevention, diagnosis and clinical outcomes by improving and using the information collected about cancer patients for analysis, publication and research.