

How is the NCIN changing what we know about cancer?

“ Over two million people in the UK are living with or beyond cancer and this is rising by more than 3% a year as a result of increasing incidence and survival ”

“ The most prevalent cancers are prostate, breast and colorectal ”

“ Men are almost 40 per cent more likely than women to die from cancer ”

“ For almost all of the common cancer types, one-year survival rates were much lower for patients presenting as emergencies than for those presenting via other routes ”

How is the NCIN changing what we know about cancer?

June 2011

The NCIN is a UK-wide initiative, working to drive improvements in standards of cancer care and clinical outcomes by improving and using the information collected about cancer patients for analysis, publication and research. It has also played a critical role in informing the work of national programmes, including the National Awareness and Early Diagnosis Initiative, the National Cancer Survivorship Initiative, the National Cancer Equality Initiative and the Transforming Inpatient Care programme.

This document highlights some of the information the NCIN (with its partners) has recently produced to help improve information on, and the measurement of, cancer outcomes in the UK.

NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
How many people are living with cancer today?	<ul style="list-style-type: none"> • One, Five and Ten-year Cancer Prevalence - report • Cancer Prevalence e-Atlas <p>It was estimated that in 2008 there were just over two million people in the UK living with or beyond cancer and this is rising by more than 3% a year as a result of increasing incidence and survival.</p>	<p>NCIN in conjunction with Macmillan Cancer Support and the Thames Cancer Registry have produced a range of cancer prevalence data. This information provides indicators of the burden of cancer and helps to facilitate healthcare service planning.</p>
Of those living with cancer, what was their original diagnosis?	<ul style="list-style-type: none"> • One, Five and Ten-year Cancer Prevalence - report • Cancer Prevalence e-Atlas • Cancer Equalities Portal <p>The most prevalent cancers are prostate, breast and colorectal.</p>	<p>The most prevalent types of cancer are those with a relatively high incidence rate and a good prognosis. Different types of cancer have different long term implications for patients, treatment and support services. This information allows these to be planned and configured more effectively.</p>

NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
<p>Are more people being diagnosed with cancer?</p> <ul style="list-style-type: none"> • Cancer Incidence and Mortality - report • Cancer Prevalence Projections • Cancer Incidence projections • Cancer e-Atlas • Cancer Equalities Portal 	<p>The overall cancer incidence rates are relatively stable, but the number of people being diagnosed with cancer is getting bigger, as the population as a whole is getting older.</p> <p>Using 2006 as a baseline, the annual number of cases diagnosed is projected to increase by 33% to around 300,000 new cases in 2020 (England).</p>	<p>Provides indicators of the burden of cancer and helps to facilitate healthcare service planning. Included in service and delivery planning forecasts.</p> <p>Further analyses have been undertaken and published to better understand the differences in cancer incidence by geography, cancer site and inequality areas.</p>
<p>How many people are dying prematurely from cancer?</p> <ul style="list-style-type: none"> • North West Cancer Intelligence Service, NCIN Conference 2009 	<p>As many as 15,000 people over 75 could be dying prematurely from cancer each year in the UK.</p> <p>These premature deaths could be prevented if cancer mortality rates in the UK dropped to match countries in Europe and America which have the lowest rates.</p>	<p>Further work is needed to understand the breakdown of this number, and the reasons why.</p> <p>The findings were shared with the National Cancer Equality Initiative and they are working with the NHS and other interested parties to tackle any age inequalities.</p>
<p>Has cancer survival improved?</p> <ul style="list-style-type: none"> • Cancer One Year Cancer Survival – report • Cancer survival by Primary Care Trust - report • Cancer survival by cancer network - report • Cancer e-Atlas 	<p>There was a consistent improvement in one-year survival over the 20 year period studied, 1985-2004.</p> <p>Cancer patients in England are 40 per cent more likely to survive for at least a year after diagnosis of stomach and oesophageal cancer than they were in the eighties.</p> <p>Recent analyses by NCIN partners have shown that one and five year survival rates for breast, colon, rectum and prostate cancer have improved considerably since the publication of the Cancer Plan.</p>	<p>Continued efforts are still required to be amongst the “best in Europe”</p> <p>One-year survival is a good proxy for late presentation. Further and sustained work is needed to improve awareness and early detection, which can be monitored through a One-year survival indicator.</p>

What effect does late presentation have on survival?

NCIN sources

(For more information about these sources - see end of document)

- Routes to Diagnosis, NCIN Data Briefing
- Colorectal cancer survival by stage analysis, NCIN Data Briefing
- Prostate Cancer Survival, NCIN Data Briefing

Example findings / messages

For almost all cancer types, one-year survival rates were much lower for patients presenting as emergencies than for those presenting via other routes.

For colorectal cancer, over 90% of people diagnosed at an early stage will survive for 5 years or more, compared with only 6.6% for those diagnosed at a late stage.

Survival for men presenting with more advanced tumours is much lower.

Impact and action

This analysis provides a better understanding of the different routes taken by patients to their cancer diagnoses, and the impact this has on overall outcomes. The routes to diagnosis vary for different cancer types and by age, sex and deprivation. These are initial findings, and further work is needed on the data and analysis.

This has been a valuable source of information for the National Awareness and Early Diagnosis Initiative (NAEDI) to help promote the importance of early diagnosis of cancer and thereby improve survival rates and reduce cancer mortality.

These findings have been used in national and local awareness and early detection programmes.

What we know about treatment for specific types of cancers?

- Major resections, NCIN report

This report represents a significant step forward in providing national level analyses for the surgical treatment of a wide range of common cancer sites. This is the first report that brings together information of this nature using a common methodology and produces a common set of outputs specifically for major resections across such a wide range of cancer types.

NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
<ul style="list-style-type: none"> • 30 day post-operative mortality after colorectal cancer surgery in England, NCIN Data Briefing • Research for University of Leeds, NYCRIS and NCIN 	<p>The 30 day post-operative mortality rate for colorectal cancer is falling across England.</p> <p>There is, however, significant variation in post-operative mortality across the population with it being greater in the elderly, among men, the socio-economically deprived, those with advanced stage at diagnosis or with additional co-morbidities and among those operated upon as emergencies.</p> <p>Keyhole surgery for bowel cancer is on the up, but is not yet available to all.</p>	<p>Some patients are missing out on these benefits because of variation across England in access to this groundbreaking technique.</p>
<p>What guidance is available to evaluate whether patients are being detected early enough, and how can this information best be used?</p>	<ul style="list-style-type: none"> • Awareness and early diagnosis baseline guidance <p>Guidance on conducting baseline assessments for awareness and early diagnosis was issued by the NCIN and the NCAT in May 2009</p> <p>The guidance is to be used locally to understand the key metrics which give an insight into areas of late diagnosis.</p>	<p>Guide in use nationally and locally by PCTs and Cancer networks.</p>
<p>Are there differences in cancer incidence and mortality across the UK?</p>	<ul style="list-style-type: none"> • Cancer Incidence and Mortality - report • Cancer e-Atlas • Cancer Equalities Portal • The effect of rurality on cancer incidence and mortality, NCIN Data Briefing <p>People living in the north of England are more likely to die from cancer than the rest of the country.</p> <p>Networks in the south have the highest breast cancer rates.</p> <p>People living in the west of Scotland are 50 per cent more likely to be diagnosed with lung cancer than people living in the rest of the UK.</p> <p>There is a marked variation in cancer incidence and mortality rates between rural and urban areas. This is partly due to the variation in socioeconomic</p>	<p>Allows targeted improvements, particular to the locality.</p> <p>Further work is needed locally to use these new analyses as the baseline for investigation and improvement.</p>

NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
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Is it possible to compare cancer survival across Primary Care Trusts and Cancer Networks?

<ul style="list-style-type: none"> • Cancer One Year Cancer Survival – report • Cancer survival by Primary Care Trust - report • Cancer survival by cancer network – report • Cancer e-Atlas • Cancer Equalities Portal 	<p>deprivation but even when this is taken into account some significant differences remain.</p> <p>As well as survival rates by cancer type for these localities, a new cancer survival index for all cancers combined for the Primary Care Trusts (PCTs) has recently been published. The new index of cancer survival can serve as a measure of the effectiveness of cancer services at both local and national level.</p>	<p>The one-year cancer survival index for all cancers combined for the Primary Care Trusts (PCTs) was produced by NCIN in collaboration with the Office for National Statistics (ONS) and the London School of Tropical Hygiene and Medicine (LSTHM).</p>
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How does cancer survival in this country compare with other countries?

<ul style="list-style-type: none"> • Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK - the International Cancer Benchmarking Partnership; The Lancet • Comparison of the survival of patients with colorectal cancer in England, Norway and Sweden; Gut 	<p>Survival trends show increases but there are persistent differences between countries.</p> <p>Recent research using the National Cancer Data Repository shows:</p> <p>Based on the countries included in a recent analysis, survival rates for colorectal, lung, breast (women), and ovarian cancers were higher in Australia, Canada and Sweden, intermediate in Norway, and lower in Denmark, England, Northern Ireland and Wales, particularly in the first year after diagnosis and for patients aged 65 and older.</p> <p>The survival of English patients with colorectal cancer was significantly lower than was observed in both Norway and Sweden (based on research published in February 2011). It seems likely that in England a greater proportion of the population present with more rapidly fatal disease (especially in older groups) than in Norway and Sweden.</p>	<p>This shows there is major scope for improvement.</p>
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NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
<p>North West Cancer Intelligence Service</p>	<p>Death rates in the over 75s, compared with Europe, is actually widening.</p>	<p>Further work is needed to understand differences in treatment and outcomes for older patients. This should be both nationally and locally.</p>
<p>If reducing inequalities in cancer services & outcomes is a priority, what has the NCIN done about it?</p> <ul style="list-style-type: none"> • The excess burden of cancer in men in the UK • Cancer Equalities Portal • Evidence to March 2010 on cancer inequalities in England – report • Cancer Incidence and Survival by Major Ethnic Group • Cancer Incidence and Survival by Deprivation 	<p>New analyses were undertaken for the National Cancer Equality Initiative (NCEI) by the NCIN during 2009. These related to ethnicity and cancer, gender and cancer and older age and cancer. This has led to a much better understanding of the problems faced by different inequality groups.</p>	<p>The findings formed a major part of the evidence submitted by the NCEI to the All Party Parliamentary Group on Cancer’s inquiry into cancer inequalities.</p> <p>A guide setting out practical action that needs to be taken at a local level was published in 2010.</p>
<p>How does deprivation affect cancer?</p> <ul style="list-style-type: none"> • Cancer Incidence by Deprivation - report • NCIN, Britain Against Cancer 2009 • Cancer Equalities portal • Evidence to March 2010 on cancer inequalities in England - report • Breast Cancer: Deprivation – NCIN Data Briefing 	<p>There could be as many as 14,000 fewer cases of cancer each year in England if everyone was as healthy as the least deprived.</p> <p>The difference between the classes is more marked among men than women. Among men there were 21 per cent more cases of cancer in the most deprived areas compared to the least deprived, whereas the gap among women was 11 per cent.</p> <p>Breast cancer patients are more likely to be affluent than deprived. Affluent patients are more likely to have screen-detected breast cancer. The most deprived patients have a higher mastectomy rate and receive less immediate reconstruction.</p>	<p>Highlights the scale of the challenge. Deprivation is the biggest factor in inequalities and cancer. This information needs to be used nationally and locally.</p> <p>Further work needed to target, improve and monitor gaps in equality.</p>

How does cancer mortality for people over 75 compare with Europe?

If reducing inequalities in cancer services & outcomes is a priority, what has the NCIN done about it?

How does deprivation affect cancer?

NCIN sources

(For more information about these sources - see end of document)

Example findings / messages

Impact and action

Women living in the most deprived areas of England are nearly twice as likely to be diagnosed with cervical cancer than their affluent counterparts.

Overall for cancers in the most deprived:

- Incidence and mortality is higher
- Awareness is lower
- Screening uptake is lower
- 1 and 5 year survival is lower

Survival rates are lower in Spearhead PCTs, although the rate of improvement is faster than for the population as a whole.

The excess mortality may also be linked to later presentation/diagnosis in more deprived groups.

People from more deprived social groups are less likely to die at home than those from more affluent groups.

There is a close association between deprivation and risk factors such as Smoking, Alcohol, Obesity, Infection (HPV / *H. Pylori* / Hep B&C) and UV exposure (PSA testing).

What are the differences between men and women in their likelihood of dying from cancer?

- The excess burden of cancer in men in the UK, report
- Cancer Equalities Portal
- Evidence to March 2010 on cancer inequalities in England - report

Men are almost 40 per cent more likely than women to die from cancer.

After excluding breast cancer and cancers specific to one sex from the analysis, the difference is even greater – with men being almost 70 per cent more likely to die from cancer and over 60 per cent more likely to develop the disease.

More men than women die at home.

Use in targeted awareness campaigns. Impact on service provision and planning.

NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
<p>What are the differences between men and women in relation to the diagnosis, treatment and survival for cancer?</p> <ul style="list-style-type: none"> • The excess burden of cancer in men in the UK - report • Cancer Incidence and Mortality - report • Cancer One Year Cancer Survival – report • Cancer survival by Primary Care Trust - report • Cancer survival by cancer network - report • Cancer e-Atlas • Equalities Portal • Evidence to March 2010 on cancer inequalities in England – report 	<p>There are more women than men living with or beyond a diagnosis of cancer.</p> <p>Men’s one-year survival is generally similar to or slightly better than women’s for individual cancer types.</p> <p>Despite this, the different mix of cancers in women means that their overall one-year survival is significantly better.</p> <p>For those cancers which affect both sexes, men generally report more favourably on their care than women. Men with prostate cancer reported a poor patient experience.</p> <p>Men have a lower awareness of the signs and symptoms of cancer and a lower uptake of screening.</p>	<p>As one area of inequality, there are clearly specific issues around men and cancer which may benefit from targeted and specialist intervention.</p>
<p>What percentage of people over 65 are living with cancer?</p>	<p>10% of people aged over 65 are living with or beyond a diagnosis of cancer in the UK.</p>	<p>Provides indicators of the burden of cancer within cancer networks and helps to facilitate healthcare service planning.</p>
<p>What are the differences for older people in relation to the diagnosis, treatment and survival for cancer?</p>	<p>For the vast majority of cancers, incidence increases with age. Just over half of all cases of cancer diagnosed in 2003-5 in England occurred in people over 70 years and over a fifth in people over 80 years. Older people may not be aware of their increased risk and may have lower awareness of cancer symptoms than younger age groups.</p> <p>Significant reductions in cancer mortality have been achieved among the under 75s over the past decade. However, the improvement has been much less marked for the over 75s.</p>	

NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
<ul style="list-style-type: none"> England – report • Breast Cancer in the Elderly – NCIN Data Briefing • NHS treated cancer patients receiving major surgical resections – NCIN Data Briefing 	<p>Cancer survival decreases with age and there is evidence that older people’s cancers are investigated and treated less intensively.</p> <p>Elderly breast cancer patients are less likely to receive surgical treatment or radiotherapy than younger patients.</p> <p>A recent NCIN analysis of 13 cancer sites using the NCDR found there is a large reduction with age in the % of patients receiving a major resection, even for patients over 50. For patients aged 80 and over, less than 2% had a record of major resection for 6 of the 13 cancer sites.</p>	
<p>What are the differences for younger people in relation to the diagnosis, treatment and survival for cancer?</p> <ul style="list-style-type: none"> • Cancer Incidence & Mortality - report • One year cancer survival by cancer network • Evidence to March 2010 on cancer inequalities in England – report • Cancer e-Atlas • Cancer Equalities Portal • Survival of Children, teenagers and young adults with cancer in England, NCIN Data Briefing 	<p>Overall five-year survival from childhood cancers was 76% for children diagnosed between 1996 and 2000 and has increased significantly over the last forty years.</p> <p>Cancer remains a significant cause of death among children, teenagers and young adults (but not infants aged less than 1), exceeded only by transport accidents.</p> <p>Survival rates for most, though not all, types of cancer have increased in recent years for both 0-14 and 15-24 year olds.</p>	<p>The low incidence of cancers in younger age groups presents challenges to GPs in terms of identifying potential signs and symptoms of cancer and referring appropriately. There is some evidence that teenagers and young adults are not always referred to the appropriate specialist services.</p>
<p>What do we know about how cancer affects people of different ethnicity?</p> <ul style="list-style-type: none"> • Cancer incidence and survival by major ethnic group - report • Cancer Equalities Portal • Evidence to March 2010 on cancer inequalities in England - report 	<p>Overall, the incidence of cancer in the minority ethnic population is lower than that in the White British population. The variations in cancer incidence between ethnic groups are likely to be the result of a mixture of lifestyle and genetic factors.</p>	<p>Used in national and local awareness and early detection programmes. Particular impact in areas of diverse ethnic mix.</p> <p>There is a need for access to culturally relevant information about</p>

NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
<ul style="list-style-type: none"> Breast Cancer: Ethnicity – NCIN Data Briefing 	<p>Black people are up to three times more likely to get prostate and stomach cancer than the white population.</p> <p>Women from Black and Minority Ethnic (BME) groups are more likely to present with more advanced breast cancers and have poorer survival than White women.</p> <p>Awareness of cancer is generally lower in BME groups than amongst white men and women and screening uptake is generally lower in minority ethnic groups than in the population as a whole. Although there may be some cultural factors involved in this, it is also likely to be related to deprivation.</p>	<p>cancer and its signs and symptoms; existing cancer information rarely reflects multi-ethnicity in terms of images and language.</p>
<p>What are the differences in outcomes for breast cancer, for patients detected through screening and those detected symptomatically?</p>	<ul style="list-style-type: none"> All breast cancer report <p>Breast Cancer Screening improves outcomes for women irrespective of background or ethnicity.</p> <p>Outcomes for women with screen-detected cancers are better than for non-screen detected cancers even amongst deprived or Black and Minority Ethnic (BME) communities.</p>	<p>These results show that if these women do attend screening their prognosis is just as good as white women.</p> <p>Women from these communities must be encouraged to consider attending their next breast screening appointment.</p>
<p>How has the incidence for specific cancers changed over time?</p>	<ul style="list-style-type: none"> Cancer e-Atlas <p>Examples</p> <ul style="list-style-type: none"> Malignant Pleural Mesothelioma – NCIN Data Briefing Bone Sarcomas: Incidence and survival – NCIN Data briefing <p>In the UK mesothelioma is five times more common in men than in women. The incidence of mesothelioma is still increasing and is expected to peak in about 15 years.</p> <p>Bone sarcomas are more likely to affect males than females, with two peaks of incidence in early adolescence and the elderly. Survival rates have increased steadily over the past 25 years.</p>	

NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
<ul style="list-style-type: none"> • Profile of Head and Neck Cancers in England • Cervical Cancer Incidence and Screening Coverage 	<p>Between 1990 and 2006: Oral cavity cancer incidence has risen by more than 30%; immigration from the Indian subcontinent may have contributed to this trend, since chewing of betel quid is an important risk factor.</p> <p>Oropharyngeal cancer incidence has more than doubled – the biggest rise in any head and neck cancer. Recent research suggests a change in patterns of causation, with human papilloma virus (rather than smoking and alcohol) being the primary risk factor in a younger subpopulation.</p> <p>The incidence of thyroid cancer has doubled. This may be due in part to increased detection of small papillary carcinomas through the imaging of goitres.</p> <p>There has been an increase in the incidence of cervical cancer in women aged under 35 since the late 1990's. Over this time there has been steady fall in the coverage of screening in women of this age group; however in the last few years coverage has increased. It is important that this trend continues, so that the number of women who develop cervical cancer may be reduced.</p>	<p>The findings support the further development of oral cancer risk awareness programmes.</p> <p>The reasons for this rise are unclear, but analysis of trends in different pathological subtypes might be informative.</p> <p>Further work is needed to establish whether the rise is primarily in soft palate cancer (matching the rise in oropharyngeal cancer) or hard palate cancer.</p>
<p>What information do we collect in the NHS about sexuality?</p> <ul style="list-style-type: none"> • Evidence to March 2010 on cancer inequalities in England - report 	<p>Information on sexuality is not routinely collected by the NHS.</p> <p>The evidence base for cancer inequalities and sexual orientation is under-developed and is often based on US studies or small UK surveys.</p>	<p>Efforts are underway to address this in surveys of cancer awareness and patient experience.</p>
<p>What do we know about cancer in people with the different types of sexual orientation?</p> <ul style="list-style-type: none"> • Evidence to March 2010 on cancer inequalities in England - report 	<p>There is evidence for differences in health and other behaviours among lesbian, gay and bisexual people compared with the general population and these may lead to differences in cancer incidence.</p>	

NCIN sources <i>(For more information about these sources - see end of document)</i>	Example findings / messages	Impact and action
	<p>Perceptions of risk and healthcare seeking behaviour may also vary. For example, there is some evidence to suggest that lesbians may delay seeking help from a healthcare professional when compared with heterosexual women.</p>	
<p>Disability encompasses a wide range of issues from mental health to learning disability and sensory impairment as well as physical disability. What do we know about disability and cancer?</p> <ul style="list-style-type: none"> • Evidence to March 2010 on cancer inequalities in England - report 	<p>There is no national information on variations in cancer incidence, treatment and outcomes for people with a disability.</p> <p>There is some evidence for increased incidence of cancer associated with some mental illnesses (although those with schizophrenia may have a lower incidence of respiratory cancers). This is associated with increased cancer mortality.</p> <p>People with learning disabilities appear to have a similar age standardised incidence to the general population although patterns of incidence may be different.</p> <p>Screening uptake for those with learning disabilities and mental health needs seems to be lower than the general population. People with physical disabilities may also experience barriers to screening.</p> <p>Those with learning difficulties may struggle to express changes to their health, potentially complicating and delaying diagnosis.</p>	<p>Further research evidence needed in this area, where knowledge and evidence is poor.</p>
<p>What do we know about religion and cancer?</p> <ul style="list-style-type: none"> • Evidence to March 2010 on cancer inequalities in England - report 	<p>There is very little information on differences in cancer incidence, treatment or outcomes by religion and none at a national level.</p> <p>Many issues faced by religious groups are closely linked to ethnicity and culture.</p> <p>Religious practices (for example fasting during Ramadan) can impact upon cancer treatment.</p>	<p>A significant lack of knowledge, best addressed through research.</p>

More about the NCIN and its information sources

	NCIN source <small>(more information about these sources are at the end of document)</small>	Example findings / messages	Impact and action
How is the NCIN improving the scope and quality of cancer information in the UK?	Examples <ul style="list-style-type: none"> • National Cancer Data Repository (NCDR) • National Cancer Datasets and Site Specific Clinical Reference Groups (SSCRGs) 	The NCDR holds data for cancer registrations in England linked to other cancer related patient level datasets e.g hospital activity. This new data source is invaluable for understanding the cancer challenge, the patient journey and outcomes. Initial analysis using the NCDR has already taken place, resulting in new and improved quality of cancer information. The NCIN and the SSCRGs have worked on developing national standard datasets to improve what information is collected on cancer in the future.	Expansion and enrichment of information to drive improvements in cancer care, research and clinical outcomes.
How is the NCIN improving how cancer information is accessed and used?	Examples <ul style="list-style-type: none"> • Regular reports / Data briefings • GP Practice profiles • Cancer e-Atlas • UKCIS • Cancer Commissioning Toolkit • Cancer Equalities Portal 	Examples below	Accessible information to drive improvements in cancer care, research and clinical outcomes.

The NCIN produces a wide range of reports and information, all of which are available through our website, www.ncin.org.uk

Reports: Detailed national and sub-national scientific reports on aspects of cancer and its treatment, including areas of inequality. These reports can be found on the NCIN website, www.ncin.org.uk/analysis/index.shtml

Reports mentioned in this document:

- *One Year Cancer Survival*
- *Cancer survival by Primary Care Trust*
- *Cancer survival by cancer network*

- *Cancer Incidence and Mortality*
- *The Excess Burden of Cancer in Men in the UK*
- *One, Five and Ten-year Cancer Prevalence*
- *Cancer Incidence by Deprivation*
- *Cancer Incidence and Survival By Major Ethnic Group*
- *NHS treated cancer patients receiving major surgical resections*
- *Evidence to March 2010 on cancer inequalities in England* www.ncin.org.uk/equalities

Data briefings: Short documents highlighting one issue and written for a wider general audience. www.ncin.org.uk/analysis/index.shtml

Briefings mentioned in this document:

- *Routes to Diagnosis*
- *Malignant Pleural Mesothelioma*
- *Cervical Screening and Cancer e-Atlas*
- *Bone Sarcomas: Incidence and Survival Rates in England*
- *Breast Cancer: Deprivation*
- *Breast Cancer: Ethnicity*
- *Breast Cancer in the Elderly*
- *All Breast Cancer Report*
- *Profile of Head and Neck Cancers in England*
- *Cervical cancer Incidence and Screening Coverage*
- *NHS treated cancer patients receiving major surgical resections*
- *Colorectal Cancer Survival by Stage*
- *Thirty-day postoperative mortality after colorectal cancer surgery in England*
- *The effect of rurality on cancer incidence and mortality*
- *Survival of Children, Teenagers and Young Adults with Cancer in England*

Peer reviewed publications: Articles published in peer reviewed journals make use of the National Cancer Data Repository

Articles mentioned in this document:

- Coleman M.P. et al. (2010), [Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995–2007 \(the International Cancer Benchmarking Partnership\): an analysis of population-based cancer registry data](#). *The Lancet*, [Epub ahead of print] doi: 10.1016/S0140-6736(10)62231-3
- Morris E.J. et al. (2011), [A population-based comparison of the survival of patients with colorectal cancer in England, Norway and Sweden between 1996 and 2004](#). *Gut*, [Epub ahead of print] doi: 10.1136/gut.2010.229575

- Morris EJA, Taylor EF, Thomas JD, Quirke P, Finan PJ, Coleman MP, Rachet B & Forman D. Thirty-day postoperative mortality after colorectal cancer surgery in England. Gut 2011 doi:10.1136/gut.2010.232181

Profiles: The GP practice profiles were released in 2010. They provide comparative information for benchmarking and reviewing variations at General practice level. They are intended to help primary care think about clinical practice and service delivery in cancer, and in particular, early detection and diagnosis. www.ncin.org.uk/analysis/gpprofiles.shtml

Guidance documents: Documents written to support health service and other users in understanding and using the available information.

Electronic tools: Tools to provide access to our data in a user friendly fashion targeted at particular audiences. Some tools are restricted to specific groups to protect patient confidentiality.

- **Cancer e-Atlas:** The Cancer e-Atlas is a new interactive web-based cancer information tool, developed to improve access to cancer statistics across England. The Cancer e-Atlas now includes incidence, mortality and survival data by Primary Care Trust, Cancer Network and Local Authority for different age groups. www.ncin.org.uk/analysis/eatlas.shtml
- **UK Cancer Information Service (UKCIS):** This is a national web-based reporting tool, running across the NHS national network (N3), providing the user access to cancer information for their area. Until recently, the tool only covered England. It now covers the UK. www.ncin.org.uk/analysis/ncis.shtml
- **Cancer Commissioning Toolkit (CCT):** The CCT is an online library of key cancer information and data which can be easily accessed by commissioners and other cancer stakeholders for use in the preparation of their commissioning plans. The tool has been updated regularly to ensure the data is up to date and relevant for the users. www.ncin.org.uk/analysis/cct.shtml
- **Cancer Equalities Portal:** This portal brings together a range of equality metrics, with the aim of informing action to tackle inequalities and measuring progress towards this. The portal has been launched to support the National Cancer Equality Initiative's (NCEI) report Reducing cancer inequality: evidence, progress and making it happen. www.ncin.org.uk/equalities/
- **Cancer Prevalence e-Atlas**