

NWCIS TYA Update 2011 - 2012

NCIN CTYA Workshop
28th November 2011
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(NWCIS)

TYA work programme 2011 to 2012

two main themes



Survival



**Referral to
Specialist Care**

Survival

- Is survival among the 15 – 24 year olds comparable to other age groups?
- Are there any important differences in this age group that need further investigation?
- If yes, what factors may be contributing to these differences?

Comparing Children and TYA



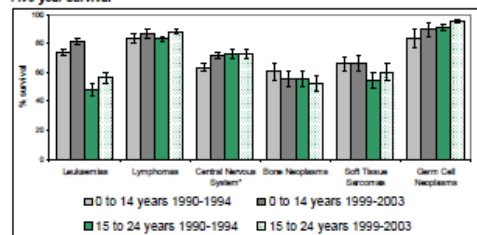
Survival of Children, Teenagers and Young Adults with Cancer in England

NCIN Data Briefing

Trends in one-year and five-year survival rates since 1990 for 0-14 and 15-24 age groups for the main cancer diagnostic groups applicable to 0-24 age group

The most recent one and five-year relative survival rates for the 0-14 and 15-24 year age groups are compared against rates for cancer patients diagnosed between 1990 and 1994. We have included the main cancer diagnostic groups that are applicable to both children and teenagers and young adults (TYA).

Five-year survival



*Includes borderline and benign tumours. Error bars represent 95% Confidence Intervals

Five-year survival rates improved for most types of cancer between 1990-1994 and 1999-2003. Survival for bone cancer decreased although this was not statistically significant in either age group. Survival rates remained the same for 15-24 year olds with CNS tumours and for 0-14 year olds with soft tissue sarcomas. The largest increases in survival were seen for leukaemias in both age groups, CNS tumours and germ cell neoplasms in the 0-14 age group and soft-tissue sarcomas in 15-24 year olds.

Among patients diagnosed in the period 1999-2003, the 0-14 year age group had five-year survival rates that were higher than those for 15-24 year olds by 25% for leukaemias and by 6.7% for soft-tissue sarcomas, whereas five-year survival for germ cell neoplasms was 3.5% higher for 15-24 year olds than for the 0-14 age group. For all other diagnostic categories, the differences in five-year survival between the age groups were less than 5%.

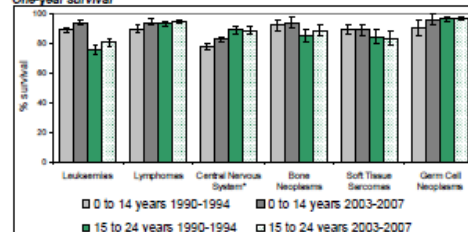
KEY MESSAGE:

Survival rates for most, though not all, types of cancer have increased in recent years for both 0-14 and 15-24 year olds.

One-year survival rates also increased from 1990-1994 to 2003-2007 for all groups except soft tissue sarcomas in both age groups and CNS tumours in the 15-24 age group. Overall, there was a greater improvement among the 0-14 year olds than 15-24 year olds.

One-year survival rates for patients diagnosed in 2003-2007 were higher for the 0-14 age group for leukaemias, bone neoplasms and soft-tissue sarcomas, and higher for 15-24 year olds with CNS tumours. The largest difference between the two age groups was 13.6% for leukaemias.

One-year survival



*Includes borderline and benign tumours. Error bars represent 95% Confidence Intervals

Conclusions and further work

Survival rates for most types of cancer are similar in those aged 0-14 years and in 15-24 year olds although for patients with leukaemia survival is higher for those aged 0-14 years. Rates have improved over time for most types of cancer. Many of the differences reported here are based on relatively small numbers of patients, making it difficult to rule out chance as a possible explanation.

Future outputs will compare survival rates for the more common individual types of cancer such as acute lymphoid leukaemia (ALL), non-Hodgkin lymphoma (NHL) and Hodgkin lymphoma (HL) across both age groups and, where numbers allow, by five-year age band. We will also provide information on cancers which are common in only one of these age groups.

All numbers and rates included here are available from the NWCIS and CCRG websites.

FIND OUT MORE:

Childhood Cancer Research Group (CCRG) and the North West Cancer Intelligence Service (NWCIS)

CCRG and NWCIS are the lead Cancer Registries for cancer in children and cancer in teenagers and young adults respectively.

<http://www.ccrq.org.uk>


<http://www.nwcis.nhs.uk>

Other useful resources within the NCIN partnership:

Cancer Research UK CancerStats – Key facts and detailed statistics for health professionals

<http://info.cancerresearchuk.org/cancerstats/>

The National Cancer Intelligence Network 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. Sitting within the National Cancer Research Institute (NCRI), the NCIN works closely with cancer services in England, Scotland, Wales and Northern Ireland. In England, the NCIN is part of the National Cancer Programme.



Work ongoing looking at 5 year survival for individual diagnostic subgroups by 5 year age band including haematological, CNS and soft tissue sarcomas, working with other SSCRGs, NCIN lead registries and the clinical community

Comparing males and females



Gender differences in survival among Teenagers and Young Adults (TYA) with Cancer in England

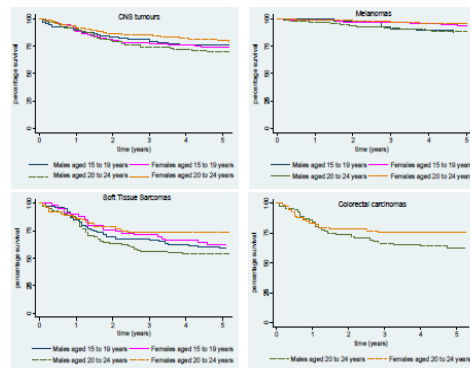
NCIN Data Briefing

A comparison of survival rates for males and females aged 15 to 24 years for cancers of particular relevance to TYA

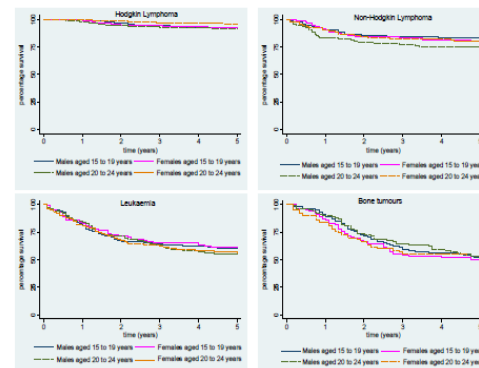
Using data for patients diagnosed between 2000 and 2004, extracted from the National Cancer Data Repository, we calculated 1, 2, 3, 4 and 5 year relative survival rates for males and females aged 15-19 and 20-24 years for England for the more common cancers in TYA based on diagnostic groups described by Birch et al (2002).

KEY MESSAGE:

For several common cancers, five-year survival is lower for males than for females within the 20 to 24 year age group. These differences are not apparent in 15-19 year olds.



Females aged 20-24 had significantly better five-year survival rates than males for CNS tumours (80% v 71%; $p = 0.02$), soft tissue sarcomas (STS) (74% v 54%; $p = 0.01$) and melanoma (95% v 89%; $p = 0.003$). Survival for females with colorectal cancer was considerably higher than for males, though this did not reach statistical significance (76% v 63%; $p = 0.09$). Similar patterns were seen for both Hodgkin lymphoma (96% v 92%; $p = 0.06$) and Non-Hodgkin lymphoma (80% v 75%; $p = 0.3$). Most of these differences were present within two years of diagnosis. No statistically significant differences were found in the 15-19 age group, though females had 6% better survival for melanoma (94% v 88%; $p = 0.17$). Five-year survival rates for leukaemia and bone tumours did not vary by gender.



All data shown here can be found at <http://www.nwcis.nhs.uk/tya/>.

Conclusions and further work

Survival rates are higher for females than for males for many common cancers in 20-24 year olds. Possible explanations for this finding include

- Differences by gender in response to treatment
- Differences by gender in health related behaviours including those that result in delay in diagnosis and treatment
- For certain groups of cancer those types of cancer within the group that have a worse prognosis may be relatively more common in males

Further work will be needed to clarify the reasons for such differences, and if possible, determine how these could be decreased. NWCIS intends to compare cancer survival rates in males and females up to age 50.

FIND OUT MORE:

North West Cancer Intelligence Service (NWCIS)

NWCIS is the lead Cancer Registries for cancer in teenagers and young adults <http://www.nwcis.nhs.uk>

Other useful resources within the NCIN partnership:

Cancer Research UK CancerStats - Key facts and detailed statistics for health professionals

<http://info.cancerresearchuk.org/cancerstats/>

The National Cancer Intelligence Network 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. Sitting within the National Cancer Research Institute (NCRI), the NCIN works closely with cancer services in England, Scotland, Wales and Northern Ireland. In England, the NCIN is part of the National Cancer Programme.

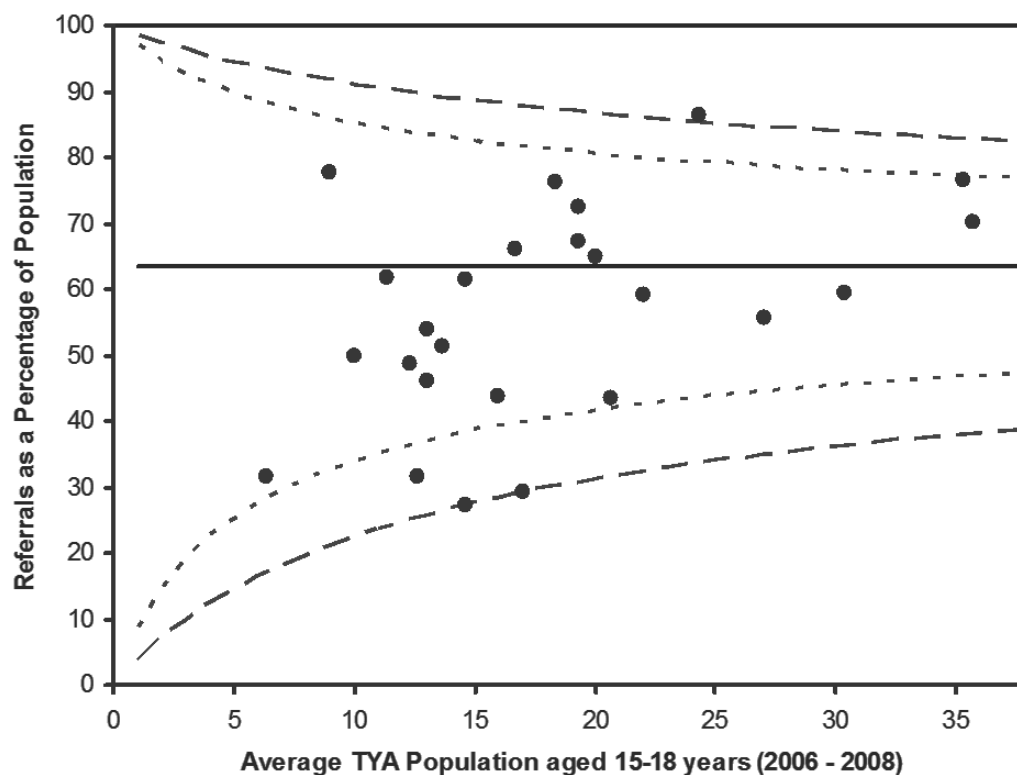
Five-year relative survival rates for England for patients diagnosed in 2000-2004 aged 20-24 by gender

	<i>Female</i>	<i>Male</i>	<i>P value</i>
CNS	80%	71%	0.02
STS	74%	54%	0.01
Melanoma	95%	89%	0.003

Referral to specialist care

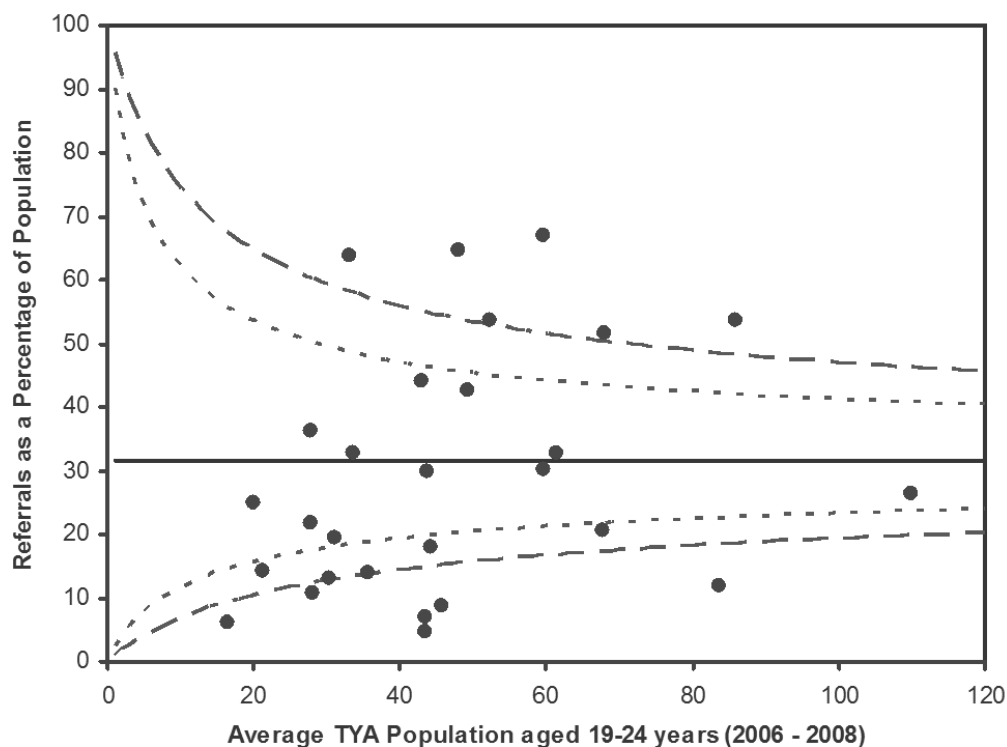
- What proportion of patients aged 15 – 24 are not being referred to a specialist TYA MDT as per IOG?
- Are there any particular groups of TYA patients not being referred?
- How best to help inform commissioning services about TYA care?

Estimated referral rates 2009



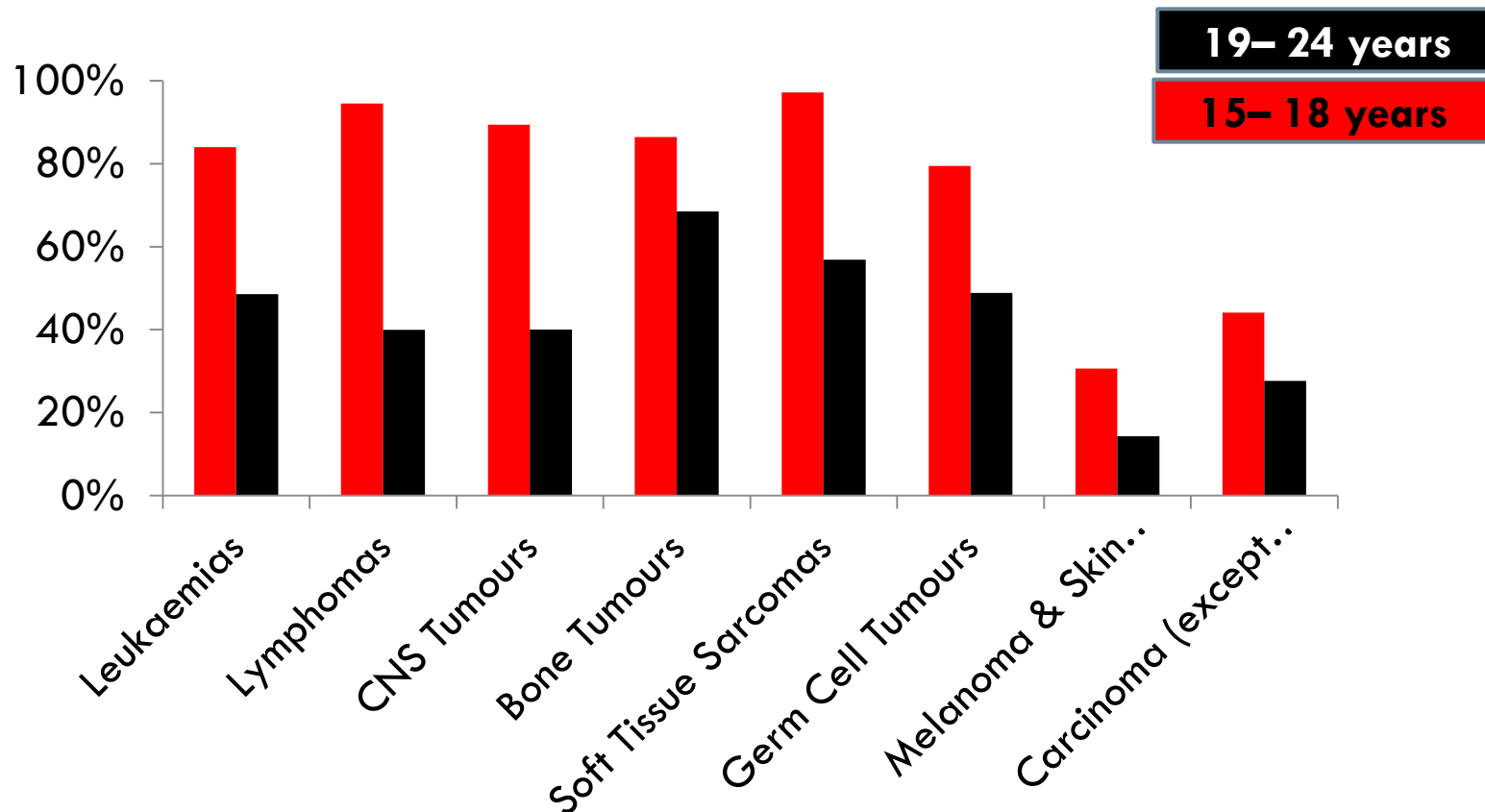
- Based on TYAC notifications as of June 2011

Estimated referrals rates 2009



- Based on TYAC notifications as of June 2011

Estimated referrals rates 2009



- Based on TYAC notifications as of June 2011

Actual referrals 2009

□ NW Pilot

□ England (NCDR)

Referrals 2009

- Actual numbers being referred to PTC by region and by trust
- Identify characteristics of patients not being referred:
 - Age/sex/diagnosis/place of residence/sociodemographic status
- Number of patients being treated by each trust
(referred and not referred)
- Look at differences in pathways, treatment and outcomes between referred and non-referred patients

Questions

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www.nwcis.nhs.uk

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