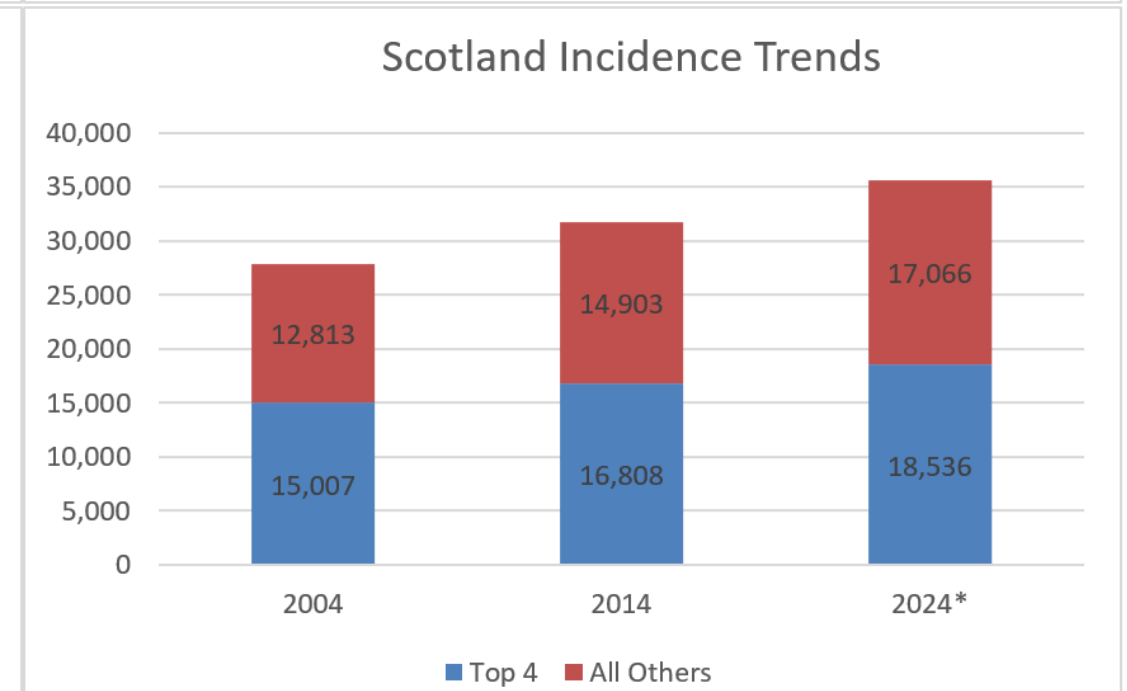
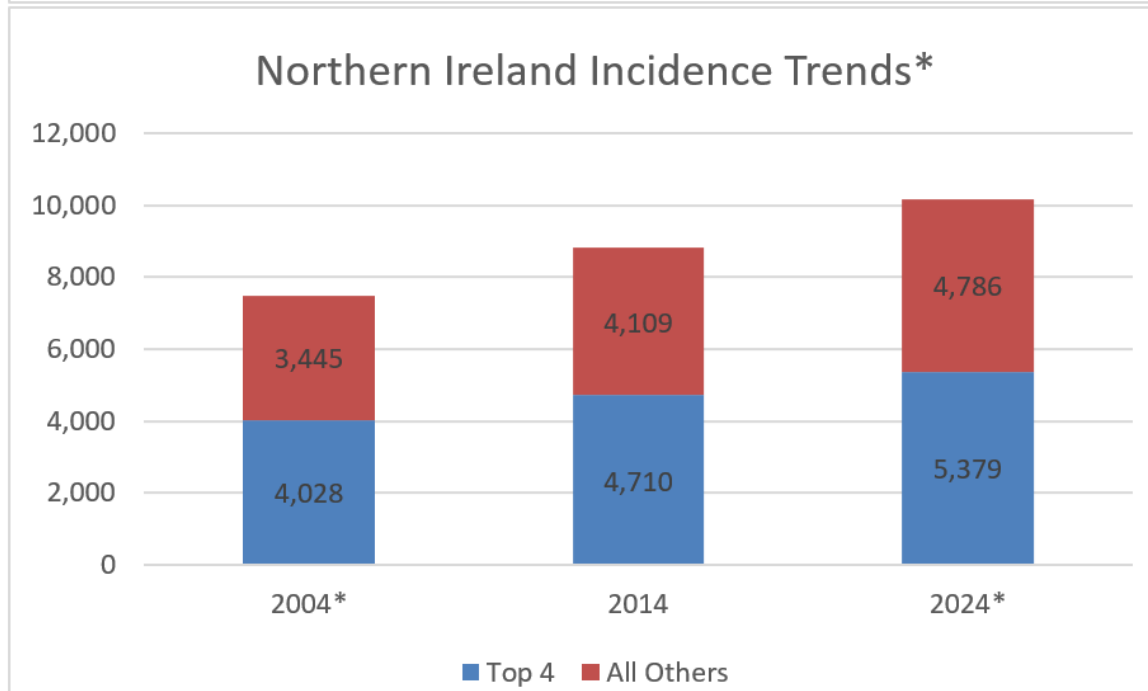
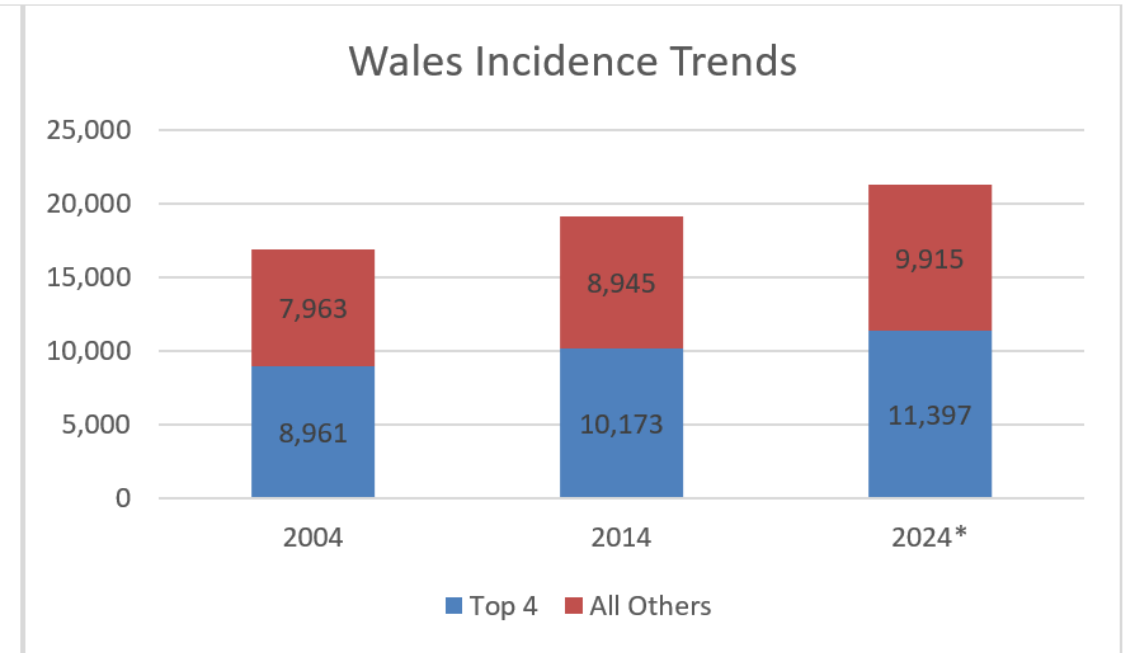
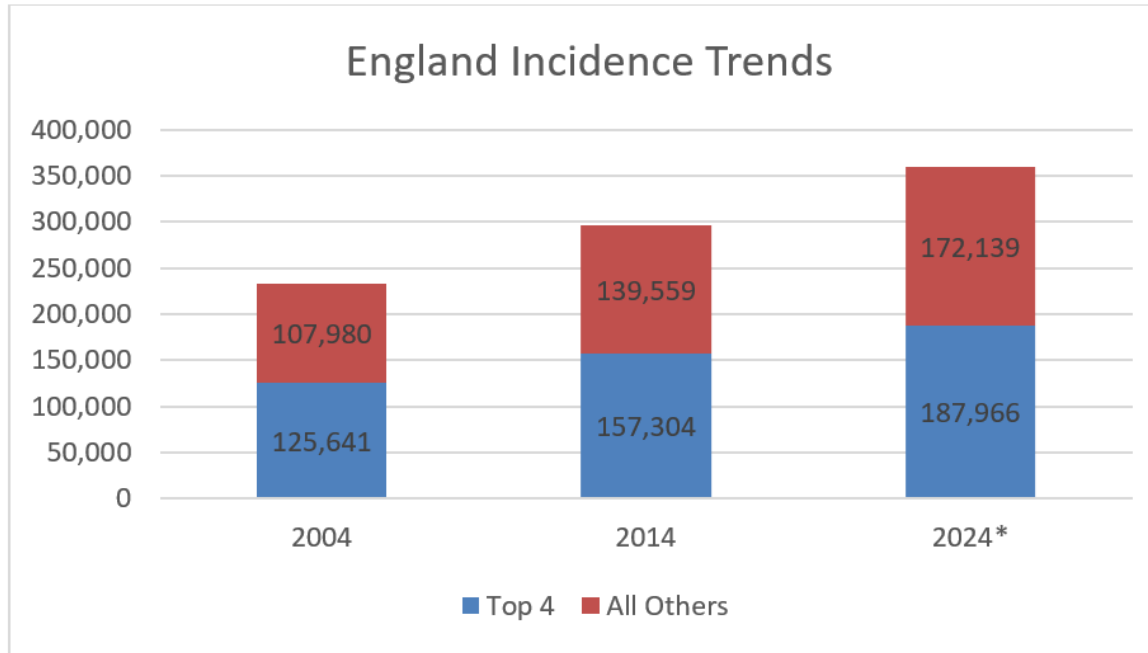


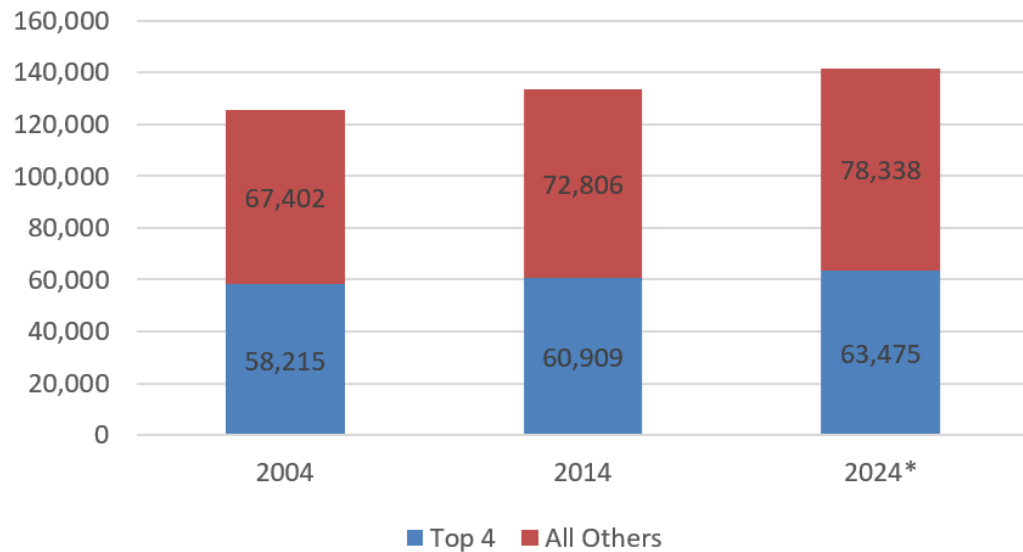
# Cancer52 – Data update

# Incidence Trends 2004-2014

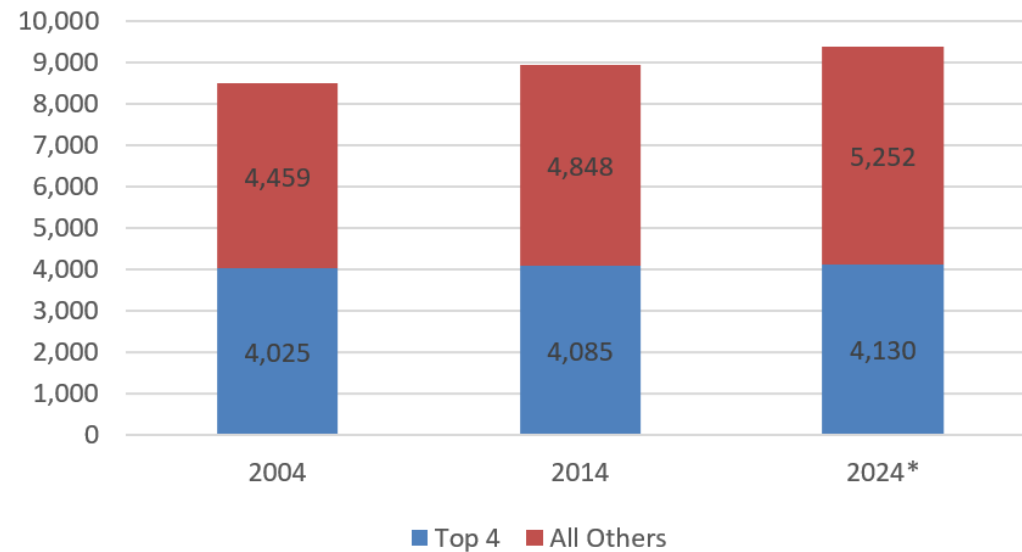


# Mortality Trends 2004-2024

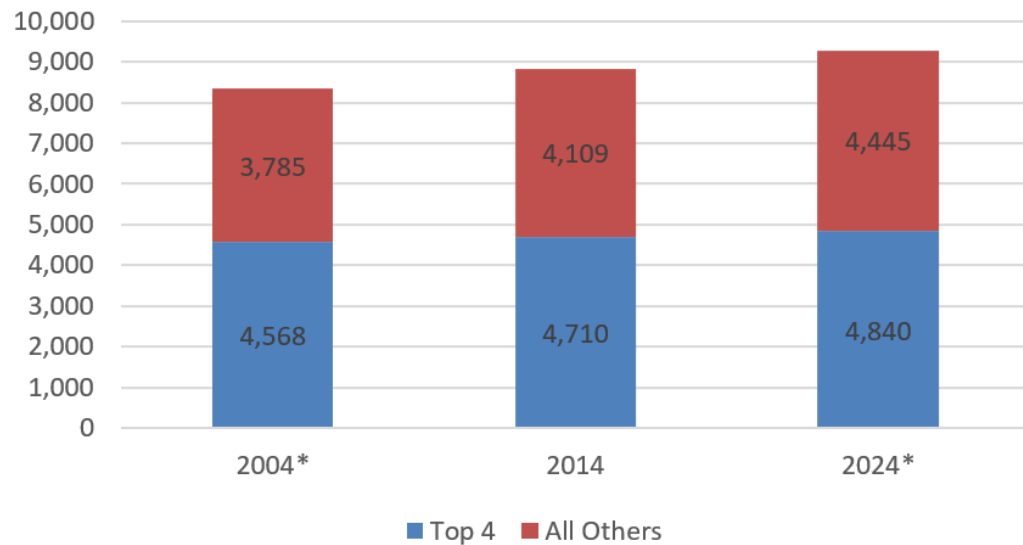
## England Mortality Trends



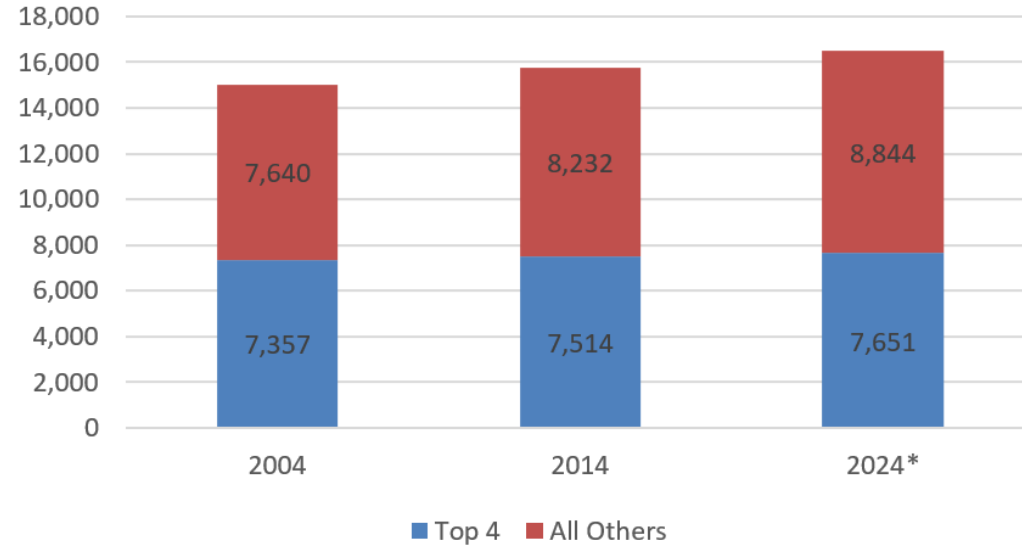
## Wales Mortality Trends



## Northern Ireland Mortality Trends



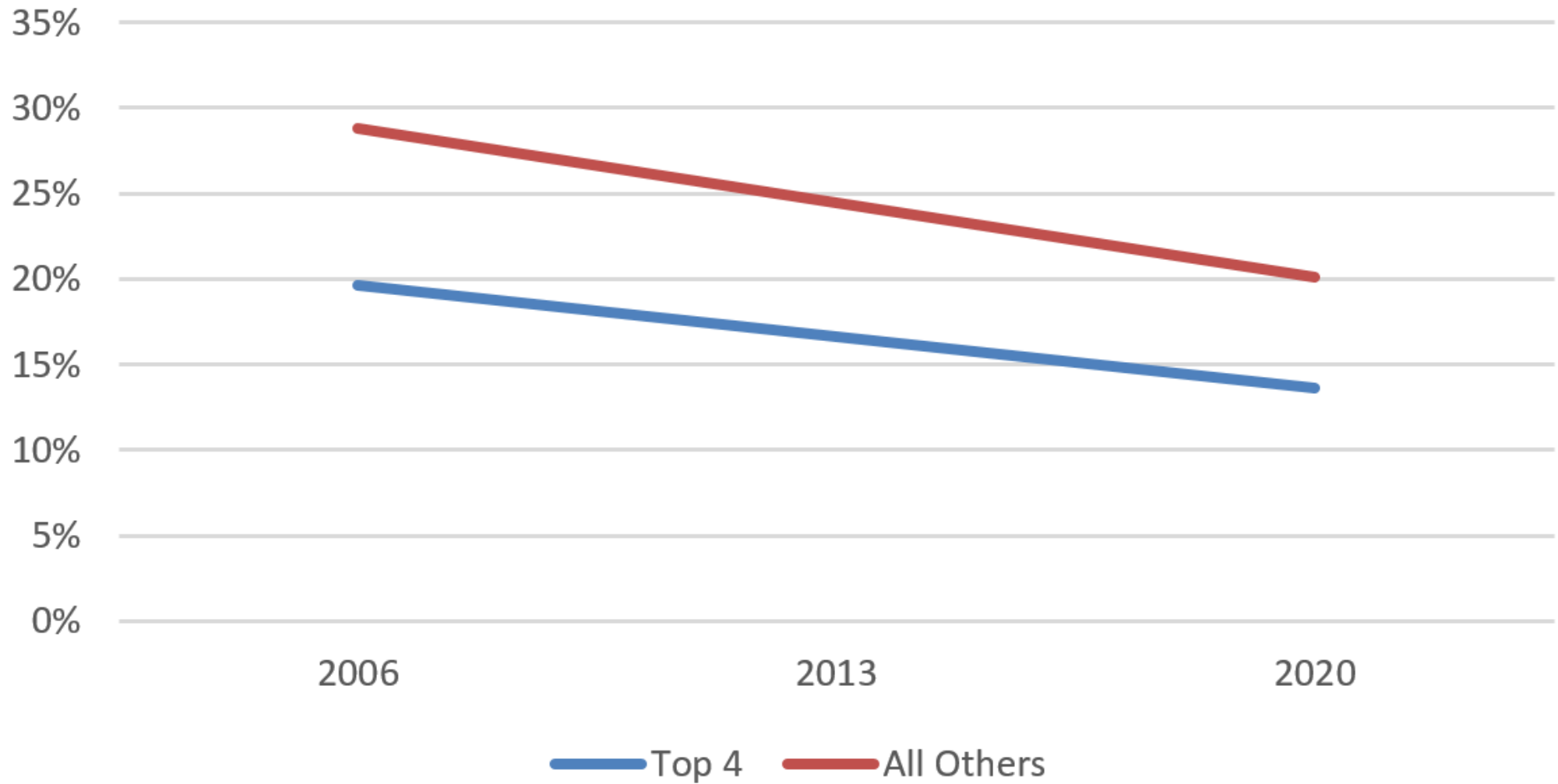
## Scotland Mortality Trends



# Rarer and less common cancers

- ▶ Incidence
  - ▶ Increasing across the UK
  - ▶ (standardisation methods can differ across UK)
- ▶ Mortality
  - ▶ Cancer deaths on the decline (when age/sex standardised)
  - ▶ Actual numbers are still on the rise
  - ▶ Rarer cancers rising more quickly than the Big 4
- ▶ Survival
  - ▶ Improving across the UK
  - ▶ But (e.g.) pancreatic cancer 1 year net survival 2006-2010 (18.7%) and 2010-2014 (21.9%)
  - ▶ Still much lower than the worst prognosis in the top 4 cancers – Lung (36.9%)

## Percentage of emergency presentation diagnoses



# Rarer and less common cancers

- ▶ Numbers of people living with cancer
- ▶ The rarer-cancer population is growing
  - ▶ In England in 2010 there were 629,433 people living after a diagnosis (with a rarer cancer)
  - ▶ This has grown to 687,400 in just 3 years

# Rarer and less common cancers

- ▶ There may be an option to have a focus on cost and “savings”
- ▶ The Incisive Health Report - Ovarian twice the cost-per-head saving.....

Table 5: summary of patient impact and NHS cost implications of achieving the best in England

Cancer type	Additional patients diagnosed with early stage cancer	Additional costs
Colon cancer	4,516	-£24,435,267
Rectal cancer	1,707	-£9,624,907
Non-small cell lung cancer	3,468	£6,477,471
Ovarian cancer	1,406	-£16,673,157
<b>Total</b>	<b>11,097</b>	<b>-£44,255,861</b>

# Rarer and less common cancers

- ▶ Research spending
- ▶ NCRI CaRD database
  - ▶ 2011 was £521 m
  - ▶ 2015 was £498 m
  - ▶ Drop (absolute) of @ 5%
  - ▶ Real terms drop of perhaps closer to 10%



# Rarer and less common cancers

- ▶ 10 years back – Now – 10 years forward
- ▶ Use the current figures to project forwards
- ▶ Mostly simplistic (trend lines) unless known interventions
- ▶ Discussion – what would need to happen to change these?

# An overarching indicator for less common cancers

- ▶ There is clear political support and drive for an indicator for less common cancers
  - ▶ Similar in “power” to the CCG 1-year survival index
  - ▶ For inclusion in national dashboards and accountability frameworks
  - ▶ A specific 1-year survival index for less common cancers has been suggested
  - ▶ “Combining all rarer cancers together to estimate survival may be possible, but it would not be an index as we cannot estimate their survival individually and weight the final index”

# A step-change in data transparency for less common cancers

- ▶ PHE (and NHS Digital), plus ISD, WCISU and QUB generate large sets of aggregate data
- ▶ They are difficult to find, and difficult to use (e.g. RtD)
- ▶ There is strong support for much greater transparency of aggregate metrics
  - ▶ Recent paper produced by Cancer52 and use MY data highlighted a new and novel approach

# Continues risks around the flow and uses of cancer data

- ▶ Govt yet to respond to Caldicott-3 (published July 2016)
- ▶ DH review (Keith McNeil) of PHE role in “data” – including cancer registration and intelligence
- ▶ There are still significant and growing risks to the uses of cancer data
  - ▶ Med Confidential recent update

Questions...?