# Cancer Statistics and Epidemiology

Noncommunicable Diseases and Health Promotion Kyu-Won Jung

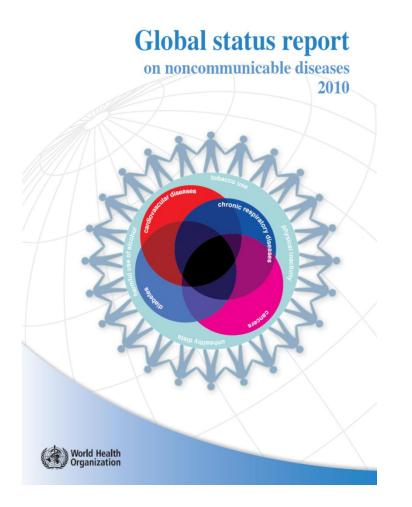


## **Outlines**

- Understand the cancer registry data
- Understand incidence and the need for standardization
- CanReg5: what function does it have?
- Understand cancer survival using cancer registry data



# Need for cancer registration



# **Key messages**

Population-based cancer registries play a central role in cancer control programmes because they provide the means to plan, monitor and evaluate the impact of specific interventions in targeted populations.

## **Uses of Cancer Registry Data**

1 <u>Epidemiological Research</u>

Descriptive Epidemiology

Analytic Epidemiology

### 2 **Health Care Planning and Monitoring**

**Patient Care** 

Survival

**Screening** 

**Prevention** 



# **Use of Cancer Registry data**

- Analyses of cancer registry data
- Record linkage studies
- Sources of cases for case-control studies
- Source of reference rates

# **Analysis of cancer registry data**

- Geographical variations
- Time trends
- Analyses by sex and ethnic group
- Analysis of other risk factors
  - occupation
    place of birth
    civil status
    religion



# **Limitations of Registry Data**

- Limited data set
- Time delays data can be at least 1 to 2 years old
- Lack of information about screenings, health behaviors, co-morbid, recurrence of disease
- Follow-up information often limited to vital status – no detailed information on side effects to tx, tx compliance, etc



## How much cancer is occurring?

**Understand incidence rates** 



### **Definitions**

 Incidence is the <u>rate of new cases</u> of a disease or condition in a population at risk during a time period



# (Crude) Incidence Rate

Number of *new cases* during a time period

\* 100,000

Population at risk during that time period

- Incidence is a rate
- Calculated for a given time period (time interval)
- Reflects risk of disease or condition



## What is crude incidence rates?

### Population A

Age group	Populati on	No of inciden ce
0-15	30,000	30
15-60	20,000	10
>60	50,000	50
Total	100,000	90

### Population B

Age group	Populati on	No of inciden ce
0-15	10,000	10
15-60	80,000	40
>60	10,000	10
Total	100,000	60

# **Age-specific Incidence Rate**

Number of *new cases in a specific age group* during a time period

\* 100,000

Population at risk of the specified age group during that time period



# What is the disadvantage of a crude incidence rates?

### Population A

Age group	Populatio n	No of inciden ce	Age- specific rate
0-15	30,000	30	100
15-60	20,000	10	50
>60	50,000	50	100
Total	100,000	90	

generation, therefore it has a higher crude rate compared to Population B

Population A has older

Age group	Populatio n	No of inciden ce	Age- specific rate
0-15	10,000	10	100
15-60	80,000	40	50
>60	10,000	10	100
Total	100 000	60	



# How does occurrence vary across period, or other regions?

# Age-standardized rate

- How to compare the two population, independently of the effect of the difference in age distribution?
- We need to have a summary measure of incidence for all age groups to avoid many tables of rates for each age group



## Age-standardized rate

- The ASR is a weighted mean of the agespecific rates; the weights are taken from population distribution of the standard population.
- There is no "correct" way to choose a standard. But, In cancer registries, we usually use World Standard Population, or WHO Standard population for comparing other countries.



# What is the age-standardized incidence rates?

#### Population A

Age group	Population	No of incidence	Age-specific rate per 100,000
0-15	30,000	30	100
15-60	20,000	10	50
>60	50,000	50	100
Total	100,000	90	90

### Population B

Age group	Population	No of incidence	Age-specific rate per 100,000	W
0-15	10,000	10	100	0.3
15-60	80,000	40	50	0.2
>60	10,000	10	100	0.5
Total	100,000	60		1.0

Let's use Population A as a standard population in this example.

#### **ASR of Population A**

= 90 per 100,000

#### **ASR of Population B**

=(100\*0.3 + 50\*0.2+100\*0.5)

=90 per 100,000

# To calculate incidence rates, you need..

• Variables

Date of incidence, age, site

Population stratified by age, and sex

- Statistical Program
  - -CanReg5
  - -SAS, STATA, R
  - **-Excel**



# **Software for registration: CanReg5**

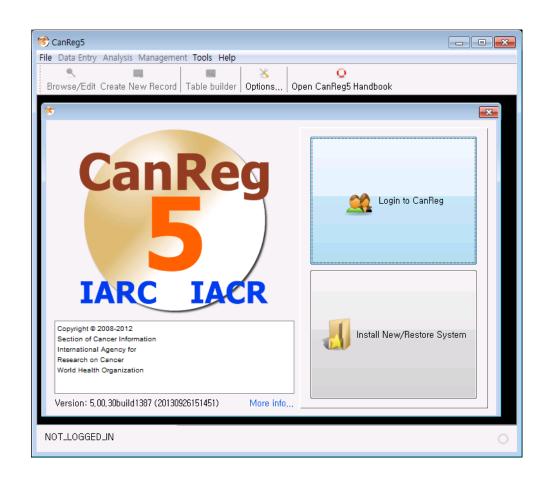
- Cancer registration data that are collected and coded in a standard way make possible the production of comparable cancer incidence among various countries.
- CanReg5 contains modules for:
  - Data entry
  - Quality control
  - Analysis of the data

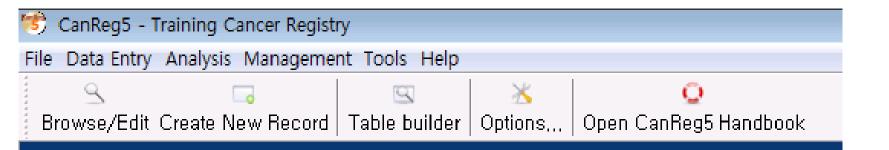


Open source, multi-user & multi-platform

Responsible Officer: Mr Ervic Morten, CIN, IARC

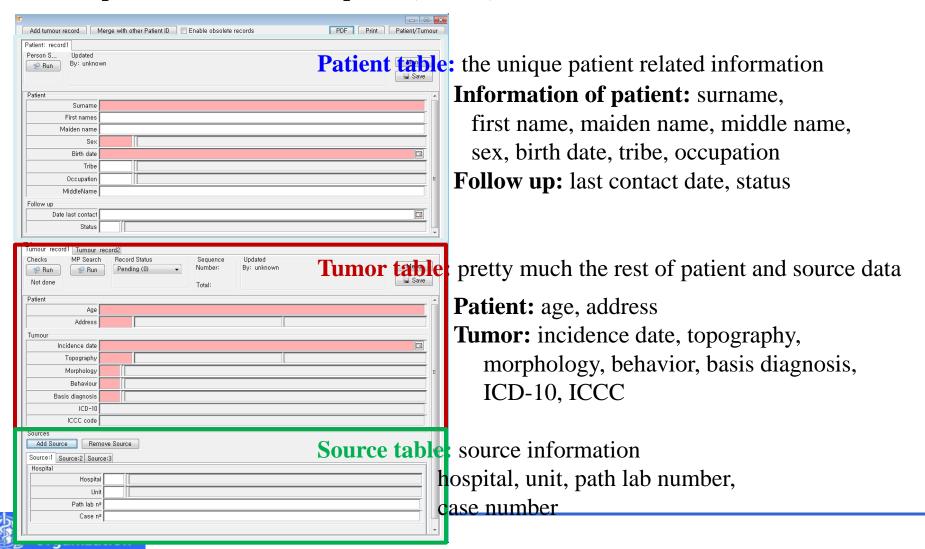






# 5 Data entry

You can input cancer registry data by using browser menu. Data is split over 3 main tables: patient, tumor, source

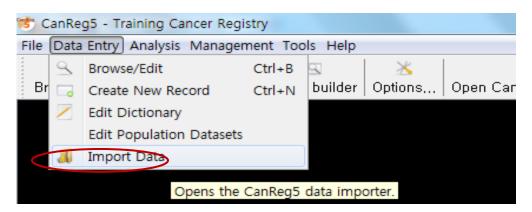


Western Pacific Region

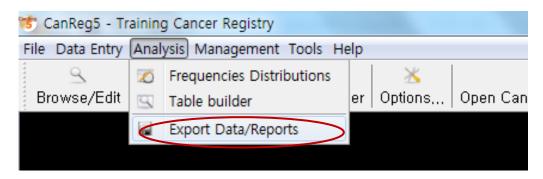


### Import/Export cancer registry data

"Import Data" is used to import data from other CanReg systems or other programs.



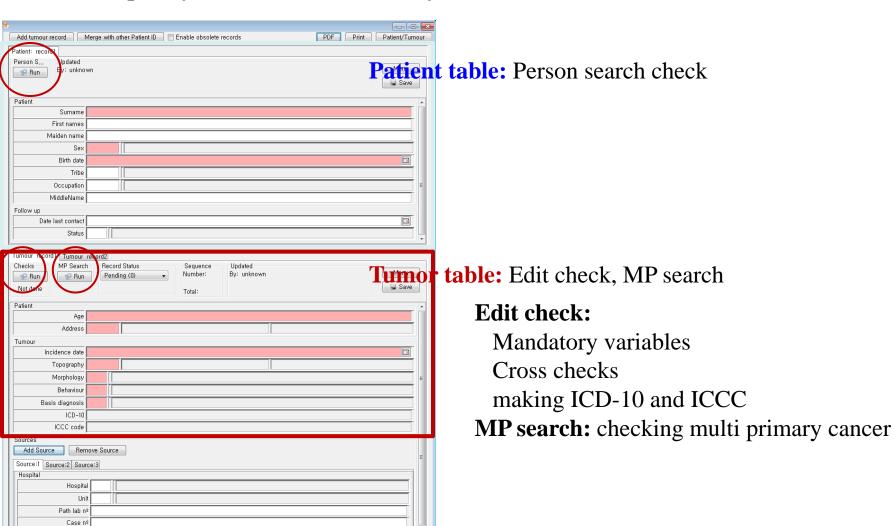
"Export Data/Reports" is used to export all, or part of, your Canreg5 data to an external text file.





### **Quality control and Consistency check**

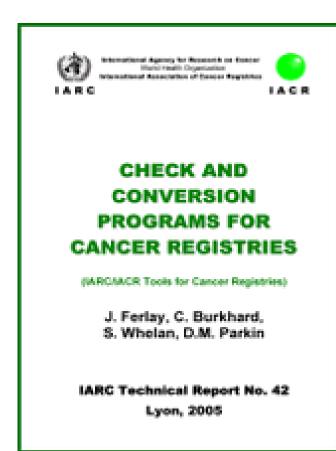
#### You can do quality control and consistency checks.





### **Quality control and Consistency check**

The Edit checks carried out by program are described blow:



- Individual data item edits
Incidence date, Age at incidence, Sex, Site,
Morphology, Behavior, Grade

#### - Data combination edits

- · Age/site/histology
- · Age/incidence/histology
- · Site/histology
- · Sex/site
- · Sex/histology
- · Behavior/site
- · Behavior/histology
- · Grade/histology
- · Basis of diagnosis/histology



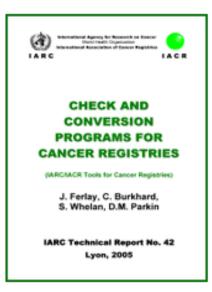
### **Quality control and Consistency check**

#### Appendix 1. Site-morphology combinations used in CHECK

Note: Morphological terms that are usually associated with a non-malignant behaviour code are in italics.

amily number	amily name	nily description	D O 3 Codes	Specific sites	n-specific sites
E.	ш.	Fan	ō	S	No

8	Liver tumours	8170 Hepatocellular carcinoma 8171 Hepatocellular carcinoma, fibrolamellar 8172 Hepatocellular carcinoma, scirrhous 8173 Hepatocellular carcinoma, spindle cell variant 8174 Hepatocellular carcinoma, clear cell type 8175 Hepatocellular carcinoma, pleomorphic type 8970 Hepatoblastoma 9124 Kupffer cell sarcoma	C22 Liver and intrahepation bile ducts
9	Biliary tumours	8160 Cholangiocarcinoma 8161 Bile duct cystadenocarcinoma 8162 Klatskin tumour 8180 Combined hepatocellular carcinoma and cholangiocarcinoma 8264 Papillomatosis, glandular	C22 Liver and intrahepation bile ducts C23 Gallbladder C24 Other and unspecifie parts of biliary tract



Bile duct cystadenocarcinoma and Intrahepatic bile ducts are unlikely combinations



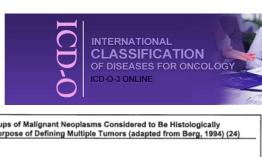
### Multiple primary cancer check (1)

You can check multiple primary cancer for cancer registry data.

**URL:** <a href="http://codes.iarc.fr/">http://codes.iarc.fr/</a>

http://whqlibdoc.who.int/publications/2000/9241545348\_eng.pdf

Table 24.	Table 24. Groups of Topography Codes from the Second and Third Editions of ICD-O		
	Considered a Single Site in the Definition of Multiple Cano		
Second/Third Editions C01 C02	Base of tongue Other and unspecified parts of tongue	First Edition	
C05 C06	Palate Other and unspecified parts of mouth	145	
C07 C08	Parotid gland Other and unspecified major salivary glands	142	
C09 C10	Tonsil Oropharynx	146	
C12 C13	Pyriform sinus Hypopharynx	148	
C19 C20	Rectosigmoid junction Rectum	154	
C23 C24	Gallbladder Other and unspecified parts of biliary tract	156	
C30 C31	Nasal cavity and middle ear Accessory sinus	160	
C33 C34	Trachea Bronchus and lung	162	
C37 C38.0-3 C38.8	Thymus Heart and mediastinum Overlapping lesion of heart, mediastinum and pleura	164 164 165.8	
C40 C41	Bones, joints and articular cartilage of limbs Bones, joints and articular cartilage of other and unspec. sites	170	
C51 C52 C57.7 C57.8–9	Vulva Vagina Other specified female genital Overlapping lesion and female genital tract, NOS	184.4 184.0 184.9 184.8, 184.9	
C60 C63	Penis Other and unspecified male genital organs	187	
C64 C65 C66 C68	Kidney Renal pelvis Ureter Other and unspecified urinary organs	189	
C74 C75	Adrenal gland Other endocrine glands and related structures	194.0 194	



		plasms Considered to Be Histologically ultiple Tumors (adapted from Berg, 1994) (24)
1.	Carcinomas Squamous carcinomas	M-805-M-808, M-812, M-813
2.	Basal cell carcinomas	M-809-M-811
3.	Adenocarcinomas	M-814, M-816, M-819-M-822, M-826-M-833, M-835-M-855, M-857, M-894
4.	Other specific carcinomas	M-803, M-804, M-815, M-817, M-818, M-823–M-825, M-834, M-856, M-858–M-867
(5.)	Unspecified carcinomas (NOS)	M-801, M-802
6.	Sarcomas and soft tissue tumors	M-868-M-871, M-880-M-892, M-899, M-904, M-912, M-913, M-915-M-925, M-937, M-954M-958
7.	Lymphomas	M-959-M-972
8.	Leukemia	M-980-M-994, M-995, M-996, M-998
9.	Kaposi sarcoma	M-914
10.	Mesothelioma	M-905
11.	Other specified types of cancer	M-872-M-879, M-893, M-895-M-898, M-900-M-903, M-906-M-911, M-926-M-936, M-938-M-953, M-973-M-975, M-976
(12.)	Unspecified types of cancer	M-800, M-997

Registries may follow different rules; in the United States of America, for example, most registries follow the rules of the Surveillance, Epidemiology and End Results (SEER) Program. The detailed instructions are outlined in the SEER Program Code Manual (25). SEER takes timing of the diagnoses into consideration, and counts as an individual site each segment of the colon, whereas IARC would consider the colon as one site. For histology, SEER counts each three-digit morphologic type mentioned as occurring in a site as one cancer, whereas the IARC guidelines use the broad groups outlined in Table 25 to define "different" histology. The SEER Program Code Manual contains more than 25 pages of discussion and instructions for determining and coding multiple combinations of lymphomas and leukemias.

Each registry must decide what rules to use for handling multiple tumors and the conventions followed should be outlined when presenting data.



Korea National Cancer Center

International Classification of Diseases for Oncology



### Multiple primary cancer check (2)

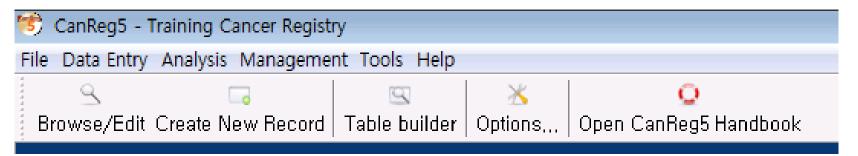
When a patient has two topographies (C33, C34) and two morphologies (81403, 82603), since they are duplicate cases, you should make one topography and one morphology.

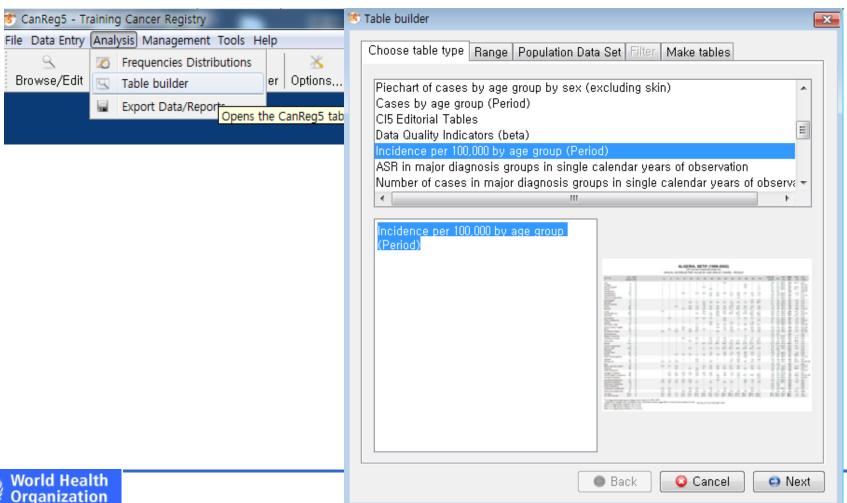
Second/Third		
Editions		First Edition
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		M-954-M-958
7.	Lymphomas	M-959-M-972
8.	Leukemia	M-980-M-994, M-995, M-996, M-998
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### **Data Quality Indicators**

#### **Data Quality Indicators (beta)**

#### **Training Cancer Registry (1995)**

**Data Quality Indicators** 

#### **MALE**

SITE	Cases	% Total	4	ASR(se)	MV(%)	CLII	N(%) I	DCO(%)	ICI	010			
Mouth & pharynx	41	5.01											
Oesophagus	40	4.89							FEMALE				
Stomach	24	2.93							FLIVIALL				
Colon, rectum, anus	26	3.18											
Liver	24	2.93				SITE	Cases	% Total	ASR(se)	MV(%)	CLIN(%)	DCO(%)	ICD10
Pancreas	2	0.24		M	outh & pha	rynx	16	1.94	7.87 ( 2.21)	93.75	6.25	Ò	C00-14
Larynx	5	0.61			Oesoph	agus	34	4.12	25.51 ( 4.54)	47.06	52.94	0	C15
Lung, trachea, bronchus	5	0.61			Stor	nach	15	1.82	9.15 ( 2.63)	86.67	13.33	0	C16
Pleura & other thoracic	1	0.12		Color	n, rectum,	anus	11	1.33	7.08 ( 2.34)	90.91	9.09	0	C18-21
Melanoma of skin	13	1.59				Liver	17	2.06	9.03 ( 2.49)	35.29	64.71	0	C22
Prostate	67	8.19			Pano		4	0.48	1.42 ( 0.92)	75.00	25.00	0	C25
Testis	1	0.12				rynx	3	0.36	1.97 ( 1.16)	100.00	0.00	0	C32
Kidney & urinary NOS	8	0.98		-	chea, bron		1	0.12	0.75 ( 0.75)	100.00	0.00	0	C33-34
Bladder	6	0.73			& other tho		3	0.36	2.55 ( 1.48)	66.67	33.33	0	C37-38
	2	0.73		IVIE	elanoma of	reast	16 76	1.94 9.21	11.81 ( 3.06)	93.75	6.25 19.74	0	C43
Brain & nervous sytem	1					ervix	196	23.76	38.63 ( 4.95) 97.53 ( 7.86)	80.26 83.67	16.33	0	C50 C53
Thyroid		0.12		Cornus	& Uterus		18	23.76	10.41 ( 2.66)	94.44	5.56	0	C54-55
III-defined	45	5.50			Ovary & ad		24	2.10	11.10 ( 2.62)	66.67	33.33	0	C56
Lymphoma	58	7.09			& urinary		1	0.12	0.12 ( 0.12)	100.00	0.00	0	C64-66,68
Leukaemia	9	1.10		raanoj		dder	3	0.36	2.53 ( 1.47)	66.67	33.33	0	C67
All sites but C44	798	97.56	38	Brain &	nervous s		5	0.61	2.11 ( 1.02)	100.00	0.00	0	C70-72
						yroid	20	2.42	9.03 ( 2.36)	95.00	5.00	0	C73
					III-de	fined	23	2.79	11.73 ( 2.78)	82.61	17.39	0	C76-80
					Lymph	oma	49	5.94	10.75 ( 2.06)	81.63	18.37	0	C81-85,90,88,96
					Leuka	emia	5	0.61	1.30 ( 0.70)	20.00	80.00	0	C91-95
				Α	II sites but	C44	814	98.67	341.92 (14.52)	80.84	19.16	0	ALLbC44



### Cases by age group and site

#### Training Cancer Registry (1995)

POPULATION ESTIMATE

Cases by age group (Period) - Male

SITE	ALL AGE AGES UNK	0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+	(%)	ICD (10th)
Lip Tongue Mouth Salivary glands Tonsil Other oropharynx Nasopharynx Hypopharynx	1 0 2 0 17 0 1 0 3 0 2 0 10 0 2 0		1	-	- - - - - 1	1	2	2	1 2 -	2	1	2	1 2	-	1 - 1	1	2	2	-	0.1 0.3 2.1 0.1 0.4 0.3 1.3 0.3	C00 C01-02 C03-06 C07-08 C09 C10 C11 C12-13
Pharynx unspecified Oesophagus Stomach	3 I 40 I 24 0	-	-	-	-	1	- 2	2	-	5 2	8	8 2	1 1 2	2	2 2	6	1 3	3	-	0.4 5.0 3.0	C14 C15 C16
Small intestine Colon Rectum Anus Liver Gallbladder etc. Pancreas	0 0 5 1 15 1 6 0 24 1 0 0 2 0	-	-	-	1 1 -	2	1	5	- 1 - 4 -	- - 1 1 - -	1	1 1 1 5	-	1 2	1 3 1 2 -	2 1 1 2 -	- 1 - - -	1	1	0.0 0.6 1.9 0.8 3.0 0.0	C17 C18 C19-20 C21 C22 C23-24 C25
Nose, sinuses etc. Larynx Trachea, bronchus and lung Other thoracic organs	1 0 5 0 5 1 1 0	-	-	-	-	-	2	-	1	-	-	-	1 1 - 1	2	1	1	-	-	-	0.1 0.6 0.6 0.1	C30-31 C32 C33-34 C37-38
Bone	8 0	-	-	1	3	2	-	1	-	1	-		٠.	-	-		-	-	-	1.0	C40-41
Melanoma of skin Other skin	13 0 20 2	-	1	-	-	-	-	1	2	2	1	2	1	1	3	3	3	1	1	1.6 2.5	C43 C44
Mesothelioma Kaposi sarcoma Connective and soft tissue	0 0 338 6 14 1	11	17 1	5 1	4	23	61	71	52	36 2	22	8	8 2	5 1	2	3 1	4	-	-	0.0 42.4 1.8	C45 C46 C47,C49
Breast	8 2	-	-	-	-	1	-	-	-	1	1	1		٠,	- 2	1	-	1	-	1.0	C50
Penis Prostate Testis Other male genital organs	24 2 67 3 1 0 1 0	-	-	-	-	- 1	1	- 1	-	-	1 2 -	1 - -	2	6 15 -	8	22 -	3	3	7	3.0 8.4 0.1 0.1	C60 C61 C62 C63
Kidney Renal pelvis Ureter Bladder Other urinary organs	6 0 0 0 1 0 6 0 1 0	6 - - -	-	-	-	-	-	-	-	-	- - 1	-	- 1 -	- - - 1	- - 1	2	-	- - 1		0.8 0.0 0.1 0.8 0.1	C64 C65 C66 C67 C68
Eye Brain, nervous system Thyroid Adrenal gland Other endocrine	25 0 2 0 1 0 0 0 0 0	- - -	1	-		3 - - -	3 - - -	5 - 1 -	2	2		2	-	1 - - -	2 - - -					3.1 0.3 0.1 0.0 0.0	C69 C70-72 C73 C74 C75
Hodgkin disease Non-Hodgkin lymphoma Immunoproliferative diseases Multiple myeloma	8 0 50 0 0 0	6	18	1 6 -	2	-	2 1 -	1 3 -	3	2	2	1 3 -	-	4	-	1 - - -	-	-	-	1.0 6.3 0.0 0.0	C81 C82-85,C96 C88 C90
Lymphoid leukaemia Myekoid kukaemia Leukaemia unspecified Myekoproliferative disorders Myekodyspkastic syndromes	3 0 4 0 2 0 0 0	1	2	1 1 - -	-	2		-	-		-	-	-	-	- - - -			-		0.4 0.5 0.3 0.0 0.0	C91 C92-94 C95 MPD MDS
Other and unspecified	46 4	-	4	1	3	3	2	1	-	2	4	5	3	8	2	2	1	1	-	5.8	0&U
All sites	818 26	29	45	17	18	42	79	97	72	62	47	49	35	57	37	62	18	16	10		ALL
All sites but C44	798 24	29	44	17	18	42	79	96	71	60	46	47	34	56	37	59	15	15	9	100.0	ALLbC44



### Incidence table by site, and age group

#### - Incidence per 100,000 by age group (Period)

#### Training Cancer Registry (1995)

POPULATION ESTIMATE

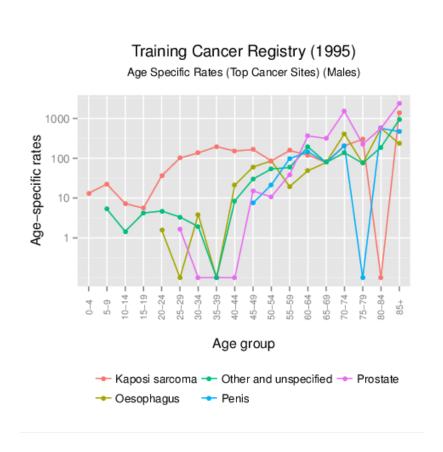
Incidence per 100,000 by age group (Period) - Male

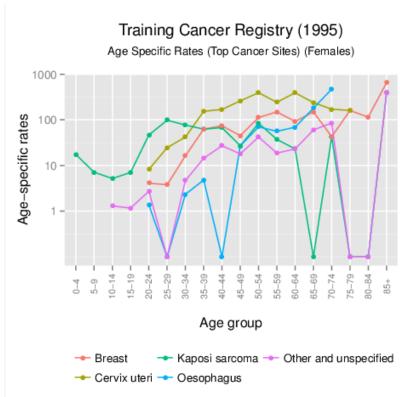
	Incidence per 100,000 by age group (Period) - wate																								
SITE	ALL A		0-	5-	10-	15-	20-	25-	30-	35-	40-	45-	50-	55-	60-	65-	70-	75-	80-	85+	CRUDE RATE		M CUM 64 0-74		ICD (10th)
Lip Tongue Mouth Salivary glands Tonsil Other oropharynx Nasopharynx Hypophary ax Phary ax unspecified	1 2 17 1 3 2 10 2 3	0 0 0 0 0 0 0		13		1.4 :	1.6 1.6 1.6	3.3	3.8	3.77.5	8.4 4.2 4.2	7.5	21.5 21.5 10.7 10.7	19.5 19.5 38.9	24.2	39.1 39.1 39.1 39.1	68.5 68.5	150.0	376.6		0.2 0.4 3.0 0.2 0.5 0.4 1.8 0.4 0.5	0.3 0. 2.1 0. 0.1 0. 0.4 0. 0.3 0. 1.3 0. 0.3 0.	12 0.12 02 0.21 33 0.33 00 0.34 06 0.25 10 0.44 27 0.46 05 0.25 23 0.23	1.4 6.9 1.4 1.9 2.1 3.7 1.7	C00 C01-02 C03-06 C07-08 C09 C10 C11 C12-13 C14
Oesophagus Stomach Small intestine Colon Rectum Anus Liver Gallbladder etc. Pan creas	40 24 0 5 15 6 24 0 2	1 0 0 1 1 0 1 0				1.4 1.4 1.4	3.1	3.3 1.7 1.7	9.6	3.7 15.0	21.1 8.4 4.2 4.2 4.2	60.1 15.0	85.9 21.5 10.7 10.7 10.7 53.7	19.5 38.9	48.4 121.1 24.2 48.4	78.2 78.2 39.1 117.2 39.1 78.2	411.2 274.2 137.1 68.5 68.5 137.1 68.5	75.0 225.1 75.0	188.3	233.1	7.1 4.3 0.0 0.9 2.7 1.1 4.3 0.0 0.4	3.0 1. 0.0 0. 0.6 0. 1.9 0. 0.8 0. 3.0 0. 0.0 0.	23 3.74 04 2.80 00 0.00 07 1.17 26 1.26 08 0.62 73 1.85 00 0.00 05 0.40	19.2 0.0 5.6 9.7 4.6 12.5 0.0	C15 C16 C17 C18 C19-20 C21 C22 C23-24 C25
Nose, sinuses etc. Larynx Trachea, bronchus and lung Other thoracic organs	1 5 5	0 0 1 0	:	:	:	:	:	3.3	:	3.7	:	:	:	19.5 19.5 19.5	48.4 24.2	39.1	68.5	:	:	:	0.2 0.9 0.9 0.2	0.6 0. 0.6 0. 0.1 0.	10 0.10	4.1 3.3 0.8	C30-31 C32 C33-34 C37-38
Bone Melanoma of skin Other skin	13 20	0 2	:	1.3	1.4	4.2	3.1	:	1.9	7.5 3.7	8.4	7.5	10.7 21.5	38.9 19.5	24.2 24.2	117.2	274.2 205.6	225.1	188.3	233.1	1.4 2.3 3.5	1.6 0	07 0.07 41 2.36 49 <i>1.63</i>	12.5	C40-41 C43 C44
Mesothelioma Kaposi sarcoma Connective and soft tissue	338 14	0 6 1	13.2	22.3 1.3	7.2 1.4	5.6	36.2 3.1	101.4	136.2	194.9 7.5	152.0 8.4	165.3 7.5	85.9	155.6 38.9	121.1 24.2	78.2	205.6 68.5	300.1	:	:	0.0 59.9 2.5	1.8 0.	09 7.54 50 0.87	81.2 6.3	C45 C46 C47, C49
Breast Penis Prostate Testis Other male genital organs	24 67 1	2 3 0	:	:	:	:	1.6	1.7	1.9		4.2	7.5 15.0	10.7 21.5 10.7	97.3 38.9	145.3 363.2	78.2 312.6	205.6 1507.9	225.1	565.0 565.0	1631.7	1.4 4.3 11.9 0.2 0.2	3.0 1. 8.4 2. 0.1 0.	16 0.62 48 3.03 25 11.78 01 0.01 01 0.01	22.4 73.7 0.1	CS0 CS0 CS1 CS2 CS3
Kidney Renal pelvis Ureter Bladder Other urinary organs	6 0 1 6	0 0 0 0	7.2	:	:	:	:	:	:	:	:	7.5	:	19.5	24.2	39.1	137.1	:	188.3	233.1	1.1 0.0 0.2 1.1 0.2	0.0 0. 0.1 0. 0.8 0.	04 0.04 00 0.00 10 0.10 <i>04 0</i> .92 12 0.12	0.0 0.8 6.5	C64 C65 C66 C67 C68
Eye Brain, nervous system Thysoid Adrenal gland Other endocrine	25 2 1 0 0	0 0 0 0	6.0	1.3	:	:	4.7	5.0	9.6 1.9	7.5 3.7	8.4	:	21.5	:	24.2	78.2	:	:	:	:	4.4 0.4 0.2 0.0 0.0	0.3 0. 0.1 0. 0.0 0.		0.4 0.1 0.0	C69 C70-72 C73 C74 C75
Hodg kin disease Non-Hodgkin lymphoma Immunopuolifemtive diseases Multiple myeloma	8 50 0 0	0 0 0	7.2	23.7	1.4 8.7	2.8	:	3.3 1.7	1.9 5.8	11.2	8.4	15.0	10.7 32.2	:	96.9	:	68.5	:	:	:	1.4 8.9 0.0 0.0	6.3 L 0.0 0.	10 0.44 07 1.07 00 0.00 00 0.00	12.3 0.0 0.0	C81 C82-85,C96 C88 C90
Lymphoid leukaemia. Myeloid leukaemia. Leukaemia un specified. Myeloproliferative disorders. Myelodysplastic syndromes.	3 4 2 0 0	0 0 0	1.2	2.6	1.4	1.4	3.1			:						39.1				:	0.5 0.7 0.4 0.0 0.0	0.0 0.	03 0.03 02 0.02 00 0.00 00 0.00	0.5 0.3 0.0 0.0	C91 C92-94 C95 MP D MD S
Other and unspecified All sites	46 818	26	34.9	5.3	24.6	4.2 25.2	66.1	3.3	1.9	260.0	8.4	30.1	53.7	58.4 680.9	193.7	78.2 1445.9	137.1	75.0	188.3	2331.0	8.2 145.0		00 3.18		O&U ALL
All sites but C44	798	24	34.9	57.8	24.6	25.2	66.1	131.4	186.0	269.8 266.1	261.8 253.4	353.1 345.6	526.3 504.8					1350.3	3013.2 2824.9	2097.9		20. .100.0 20	65 50.07 16 48.46		ALL: ALL:bC44
	0.000		200	200					2 00000				- arrival				- a very				8-7-8-7				



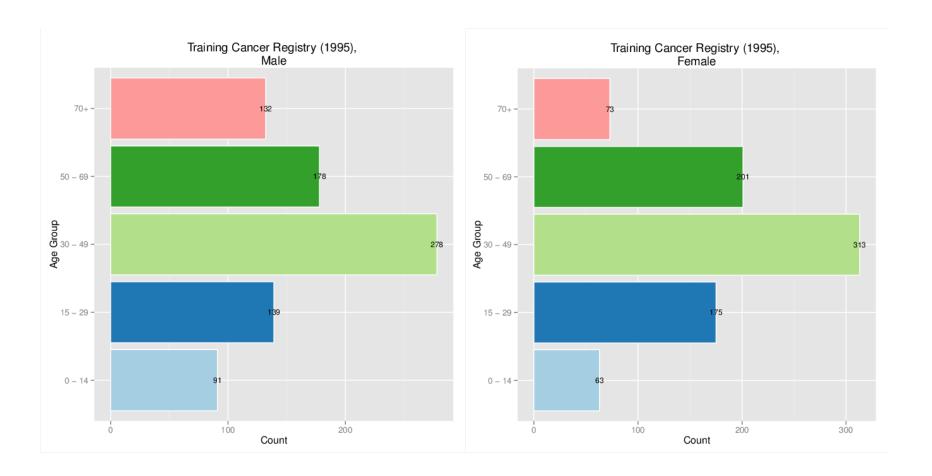
### Age-specific rates for major cancers

### **Age Specific Rates (Top Cancer Sites)**

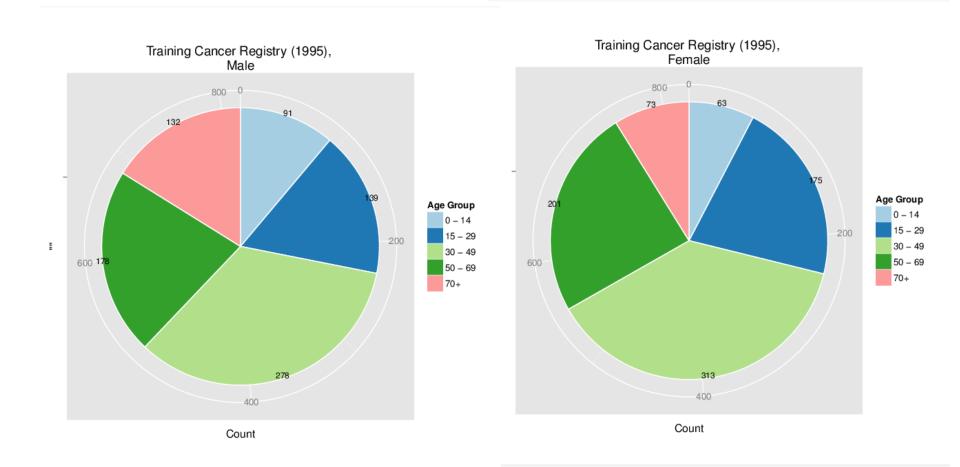




### Barchart of cases by age group by sex



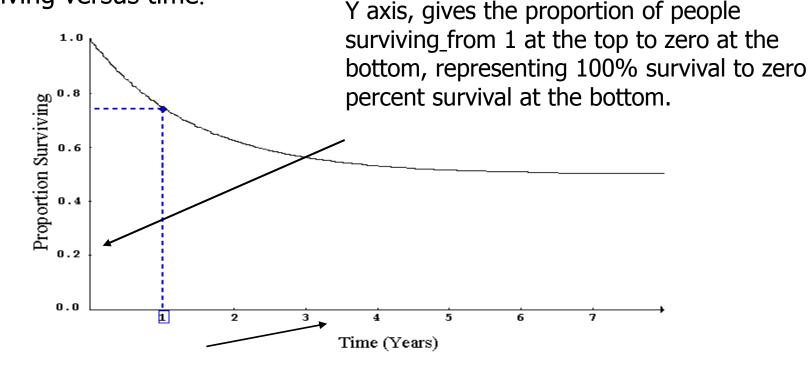
### Piechart of cases by age group by sex



# **Population-based survival**

#### **Survival Curves**

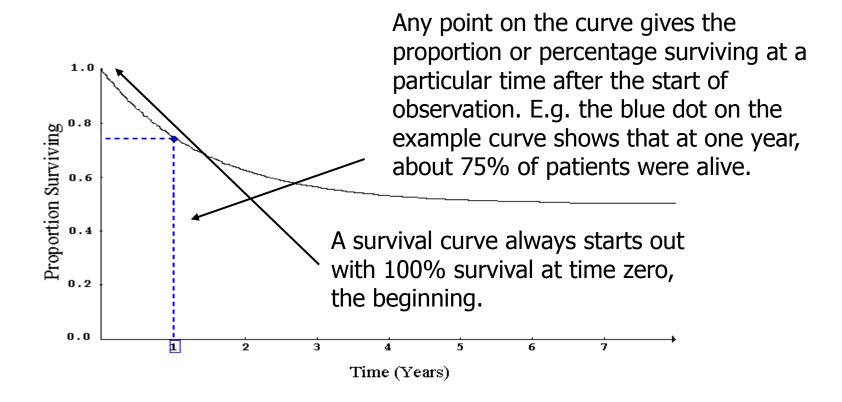
A survival curve is a statistical picture of the survival experience of a group of patients in the form of a graph showing the percentage surviving versus time.



The X axis, gives the time after diagnosis



#### **Survival Curves**



#### **Questions in survival analyses**

#### **Which Survival?**

- Observed (or crude) survival
- Cause-specific survival
- Relative survival



### Observed (crude) survival

Observed survival = number surviving the interval number alive at the start of the interval



### Observed (crude) survival

Often the length of follow-up is not the same for all patients and some became "censored" during the interval. Usually we assume that each "censored" patient was at risk for only half of the interval, so:

number surviving the interval
 number alive at start of interval –
 (0.5 \*number censored)



#### Observed (crude) survival

- -"Real" survival of the patients
- survival from disease of interest and all causes of death combined
- Intuitive; easy to explain
- Easily computed in wide variety of statistical software



#### **Cause-specific Survival**

The analysis is exactly the same as for observed survival (actuarial or Kaplan-meier) but those dying from other causes are counted as censored at their time of death



### **Cause-specific Survival**

## Cause of death from the death certificate is used to attribute the death to

- the disease of interest
- other causes

**BUT.....** 

Which deaths should be considered attributable to the disease of interest? Are the death certificates available and accurate?



#### **Relative Survival**

# Relative survival = observed survival / expected survival

#### where:

Expected survival = survival that would have been expected if the patients had been subject only to the mortality rates of the general population.

It can be interpreted as the proportion of patients alive after i years of follow-up in the hypothetical situation where the disease in question is the only possible cause of death.



### Calculating the expected survival

Life tables

## Tables of the mortality rates of the general population from Life table, by

- age (single year of age at death, 0-99)
- Sex, calendar period of death

#### And by other important factors such as

- Geographical area
- deprivation category



#### **Relative Survival**

- separates risk from disease of interest and background risk (everyone)
  - -all deaths in study period are included
  - uses vital statistics to account for background risk
  - -does not require information on cause of death
  - -Standard method in cancer survival



# To calculate relative survival, you need..

- Variables

  Date of incidence, Date of follow-up, Status
- Expected survival of general population (Life table from Statistical office)

- Statistical Program
  - SAS, STATA, R
  - SEER\*Stat



## Thank you for your attention

