

Date last modification documentation sheet: 17-04-2012

Compared to previous version documentation sheet (16-07-2010) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

<i>ECHIM Indicator name</i>	D) Health interventions: health services 78. Cancer survival
<i>Relevant policy areas</i>	- Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety
<i>Definition</i>	The relative survival rate for (10 different groups of) cancer; the proportion of patients who survive at least five years after diagnosis, after correction for background mortality.
<i>Calculation</i>	Relative survival rate is calculated as the observed rate of persons diagnosed with cancer surviving five years after diagnosis, divided by expected survival rate in the general population. Age-standardized 5-year relative survival rate is calculated for the following 10 cancer-groups: 1) all cancers combined without non-melanoma skin (ICD codes C00-C97), 2) trachea, bronchus or lung (C33-34), 3) breast (C50), 4) colorectal (C18-C21), 5) prostate (C61), 6) stomach, 7) melanoma, 8) cervical (C53), 9) leukaemias/lymphomas, 10) all childhood cancers (0-14).
<i>Relevant dimensions and subgroups</i>	- Calendar year - Country - Region (according to ISARE recommendations; see data availability), - Sex (when appropriate). - Age group (0-64, 65+)
<i>Preferred data type and data source</i>	Preferred data type: - National Cancer Registries (population based or regional/local). Preferred source: - EUROCARE –datasets.
<i>Data availability</i>	EUROCARE has collected and analysed survival data on cases diagnosed between 1978 and 1984 (EUROCARE-1), 1985 and 1989 (EUROCARE-2), 1990 and 1994 (EUROCARE-3), and 1995 and 1999 (EUROCARE-4). EUROCARE-5 will include patients diagnosed between 2000 and 2007. EUROCARE is constantly updating and correcting their database. The current version of the EUROCARE-4 database has data available for 21 European countries (DK, FI, IS, NO, SE, IE, UK, AT, BE, FR, DE, NL, CH, IT, MT, PT, SK, SI, ES, CZ and PL; no data for BG, EE, GR, CY, LV, LT, LU, HU, RO, HR, MK and TR) on patients diagnosed over the period 1978–2002 with vital status information available up to 31st December 2003 or later. Age-standardized relative survival rate data is available by cancer site, population, sex, age, and period of follow-up. Data covers 45 major cancer sites (including the 10 groups covered by the indicator) as well as all cancers combined. Not all 10 groups are included in all of the publications, but the data exist. The ISARE project on regional data has not collected data on cancer survival.
<i>Data periodicity</i>	Annually (also see data availability).
<i>Rationale</i>	High burden diseases. Cancer survival is an indicator of the effectiveness of a country's health care system in the area of cancer screening, screening/early detection and treatment. The health care system can improve the survival of certain cancers through early detection and appropriate treatment. Monitoring of a larger array of important cancers is important for the overall effectiveness of the system, including prevention.
<i>Remarks</i>	- Problems of observed survival rate are due to the fact that not all deaths among cancer patients will be due to the primary cancer in question. To avoid this problem of comparability, relative survival rates are calculated. - In order to have survival data, Cancer Registries have to collect data on incident cases and follow them up for a given period from diagnosis. Cancer Registries publish incidence data with a delay of 2-5 years. - In some MSs the Cancer Registry covers the entire population, in others one or more Cancer

	<p>Registries cover a fraction of the population. Methods for estimating cancer survival at national levels, where missing, are done by EURO CARE.</p> <ul style="list-style-type: none"> - Routine data can be taken from IARC (The International Agency for Research on Cancer), but EURO CARE-database ensures better data comparability and best methods. Some cancer survival data is collected through IARC also for OECD Health Data and the Health Care Quality Indicators-project. - EURO CARE-databases are project databases, thus updates are subject to availability of funding for the project. - EURO CARE-5 project will update the existing EURO CARE data bank by including data of patients diagnosed up to 2007. Next update will be done in summer 2010.
<i>References</i>	<ul style="list-style-type: none"> - EURO CARE –project (EUROpean CANcer REGistry-based study on survival and CARE of cancer patients)): http://www.eurocare.it/ - EURO CARE 4 final report and data: a monograph of the journal the European Journal of Cancer: “Survival of cancer patients in Europe, 1995–2002: The EURO CARE 4 study” (eds. Riccardo Capocaccia, Anna Gavin, Timo Hakulinen, Jean-Michel Lutz and Milena Sant). The European Journal of Cancer, volume 45, Issue 6, Pages 901-1094 (April 2009). - Health Indicators in the European Regions (ISARE) project: http://www.isare.org
<i>Work to do</i>	<ul style="list-style-type: none"> - Check in detail the availability of time trend data by the 10 groups of cancer in EURO CARE data sets.