



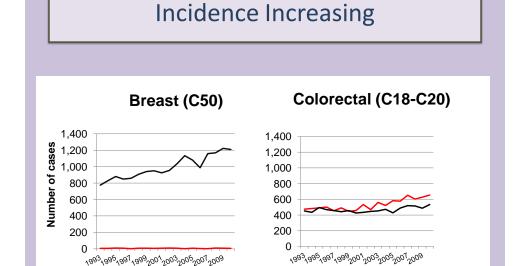


Stage distribution and excess mortality rates in breast and colorectal cancer patients diagnosed in N. Ireland (NI) 1996-2007.

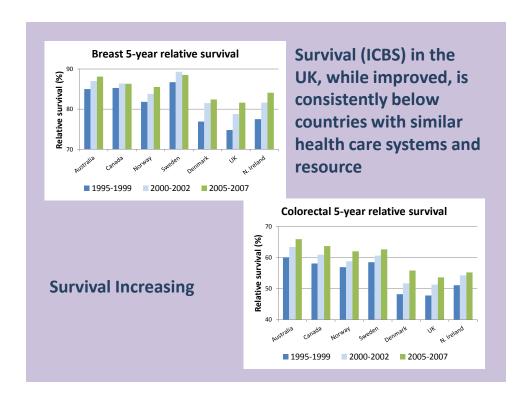
Bannon FJ, Middleton RJ, Kelly J, McConnell J Anderson B, Gavin AT.

Northern Ireland Cancer Registry

-Male -Female

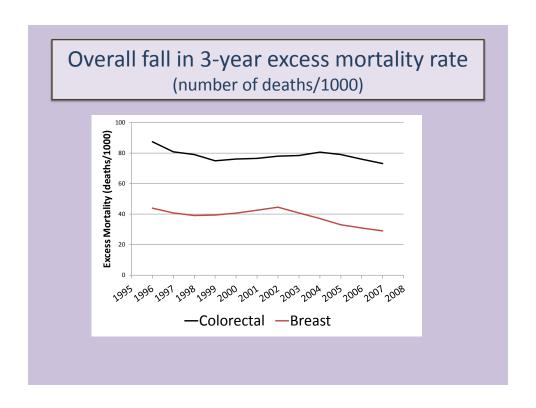


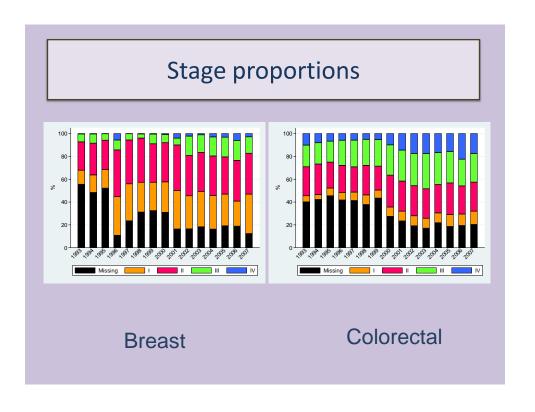
-Male -Female

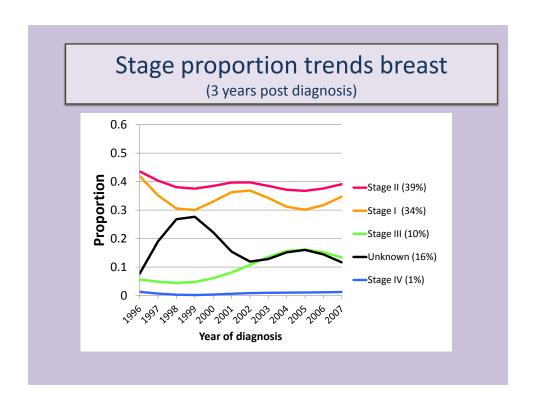


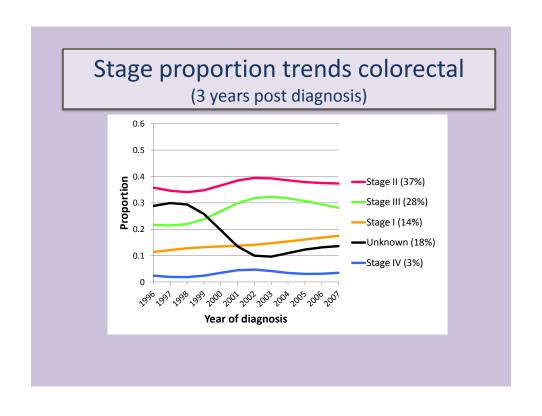
Basic question

 is increase in survival due to earlier stage detection or through better stage-specific survival (treatment)?



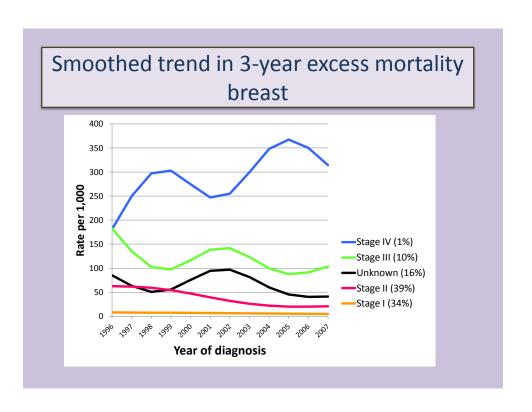


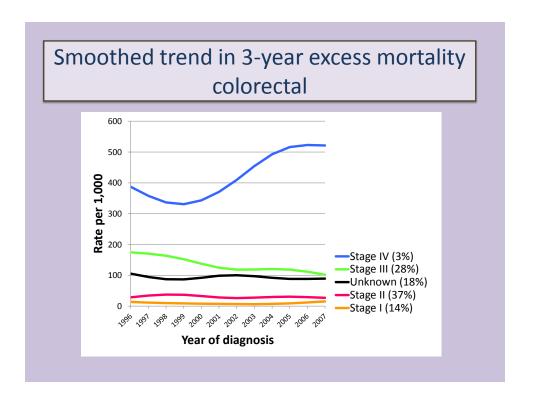


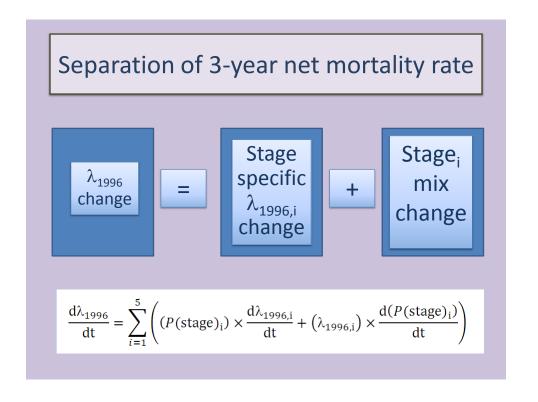


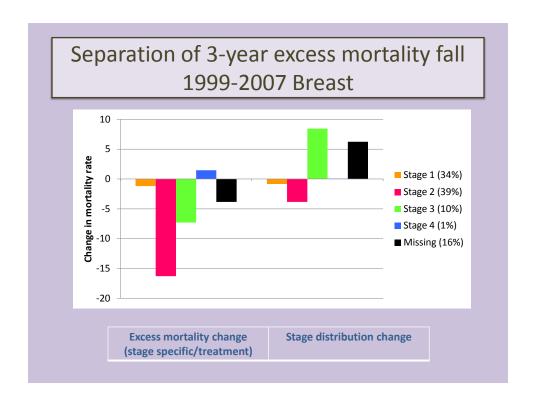
Excess mortality

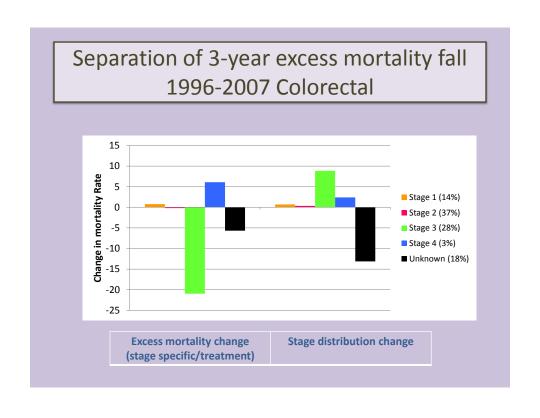
- 1. Excess mortality was estimated using a parametric approach employing a user-led Stata command stpm2.
- 2. Restricted cubic splines were employed to model nonlinearity in:
 - underlying hazard (5 knots),
 - covariates calendar year (4 knots) and age (4 knots)
 - time-dependency of hazard with stage, year and age (2knots).
- 3. All patients directly adjusted for population mortality rates based on their age, sex, calendar year











Summary

- Overall 100% breast and 96% colorectal excess mortality reduction is due to treatment and not changed stage profile .
- •Reductions in excess mortality for Breast were in Stage II and III from diagnosis
- but only Stage III in Colorectal and only from 6 months after diagnosis
- •Potential to make further gains in mortality decrease by reducing the number of late-stage presentations.