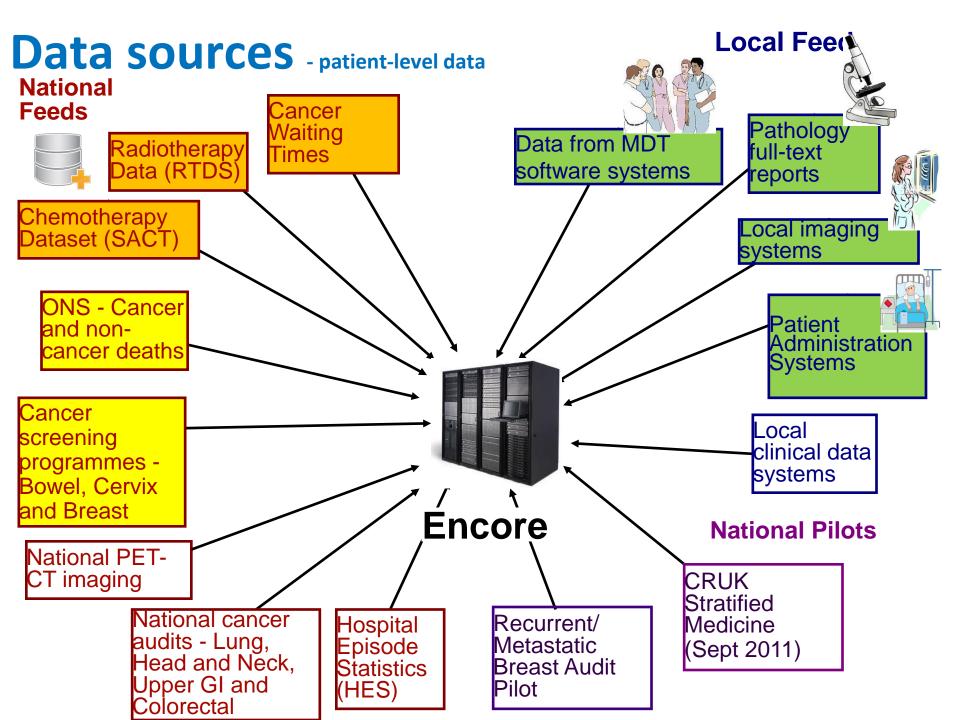




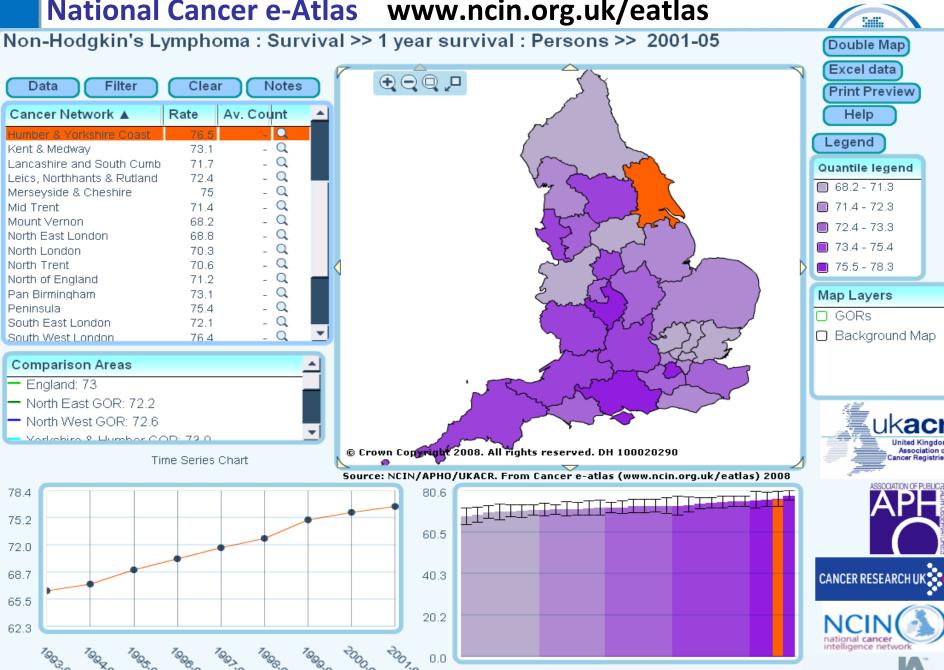
Goal for NCIN: "To develop the best cancer information service of any large country in the world – by 2012" (Mike Richards 2007)

Robin Ireland Consultant Haematologist, King's College Hospital.

Chair of Haematology (SSCRG)

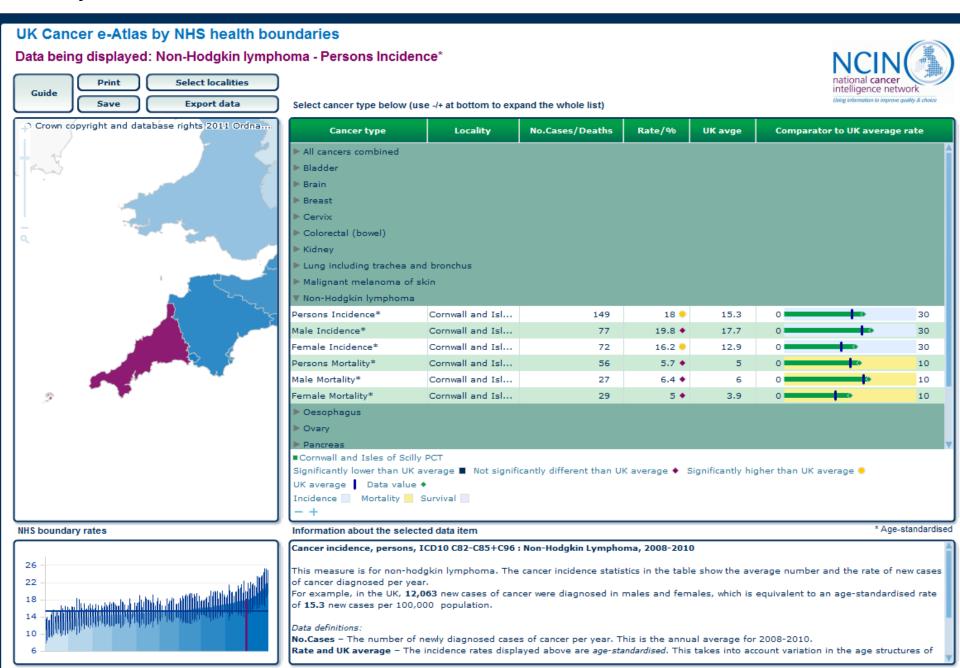


National Cancer e-Atlas www.ncin.org.uk/eatlas



InstantAtlas™ @ Copyright Geowise Ltd

National Data Comparisons; e-Atlas: Cornwall and Scilly Isles. NHL. All persons incidence and mortality.



Lincolnshire. NHL. All persons incidence and mortality

UK Cancer e-Atlas by NHS health boundaries

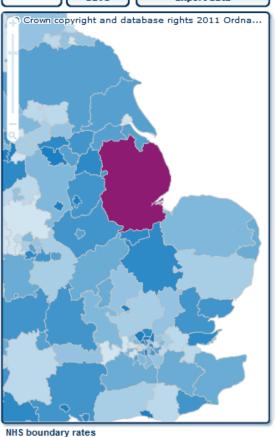
Data being displayed: Non-Hodgkin lymphoma - Persons Incidence*



Select cancer type below (use -/+ at bottom to expand the whole list)



* Age-standardised



Cancer type	Locality	No.Cases/Deaths	Rate/%	UK avge	Comparator to UK average rate	
▶ All cancers combined						A
▶ Bladder						
▶ Brain						
▶ Breast						
► Cervix						
Colorectal (bowel)						
▶ Kidney						
Lung including trachea and bronchus						
▶ Malignant melanoma of skin						
▼ Non-Hodgkin lymphoma						
Persons Incidence*	Lincolnshire Tea	184	17.3 🔸	15.3	0	30
Male Incidence*	Lincolnshire Tea	94	19.3 ♦	17.7	0	30
Female Incidence*	Lincolnshire Tea	90	15.3 🔸	12.9	0	30
Persons Mortality*	Lincolnshire Tea	50	3.9 ■	5	0	10
Male Mortality*	Lincolnshire Tea	24	4.1 ■	6	0	10
Female Mortality*	Lincolnshire Tea	27	3.7 ♦	3.9	0	10
▶ Oesophagus						
▶ Ovary						
▶ Pancreas ▼						
■Lincolnshire Teaching PCT						
Significantly lower than UK average 📕 Not significantly different than UK average 🔸 Significantly higher than UK average 🤚						
UK average Data value ◆						
Incidence Mortality Survival						
_ +						



Information about the selected data item

Cancer incidence, persons, ICD10 C82-C85+C96: Non-Hodgkin Lymphoma, 2008-2010

This measure is for non-hodgkin lymphoma. The cancer incidence statistics in the table show the average number and the rate of new cases of cancer diagnosed per year.

For example, in the UK, 12,063 new cases of cancer were diagnosed in males and females, which is equivalent to an age-standardised rate of 15.3 new cases per 100,000 population.

Data definitions:

No.Cases - The number of newly diagnosed cases of cancer per year. This is the annual average for 2008-2010.

Rate and UK average - The incidence rates displayed above are age-standardised. This takes into account variation in the age structures of

City and Hackney. All persons incidence and mortality

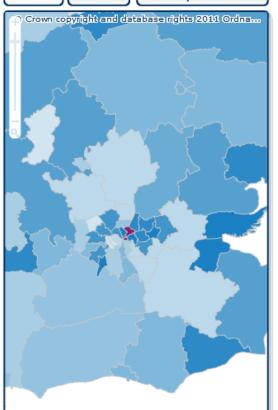
UK Cancer e-Atlas by NHS health boundaries

Data being displayed: Non-Hodgkin lymphoma - Persons Mortality*



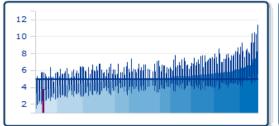


Select cancer type below (use -/+ at bottom to expand the whole list)









Cancer mortality, persons, ICD10 C82-C85+C96 : Non-Hodgkin Lymphoma, 2009-2011

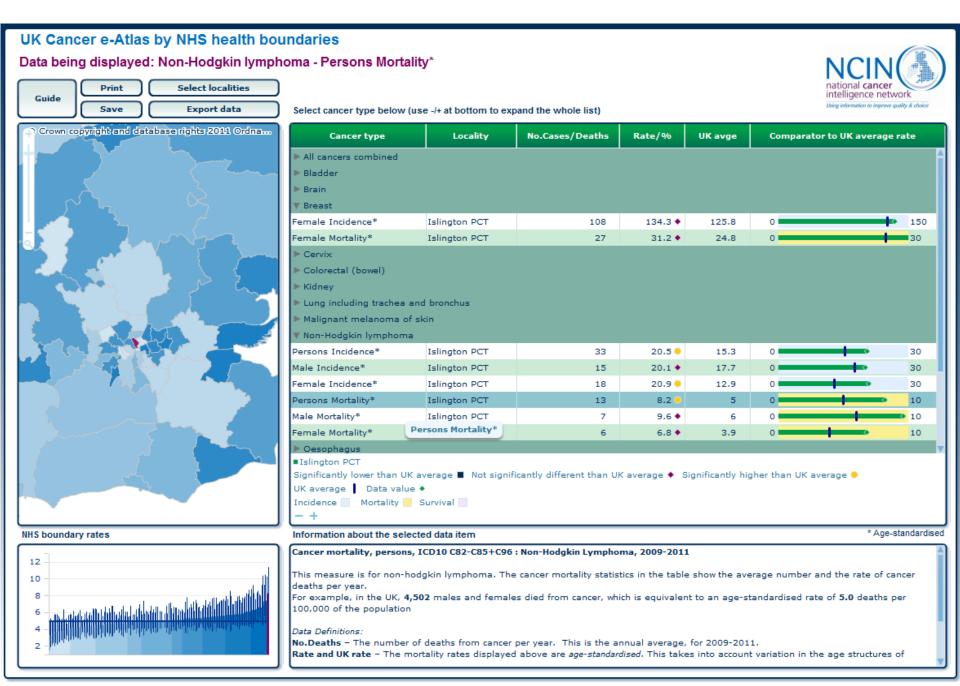
This measure is for non-hodgkin lymphoma. The cancer mortality statistics in the table show the average number and the rate of cancer

For example, in the UK, 4,502 males and females died from cancer, which is equivalent to an age-standardised rate of 5.0 deaths per 100,000 of the population

No.Deaths - The number of deaths from cancer per year. This is the annual average, for 2009-2011.

Rate and UK rate - The mortality rates displayed above are age-standardised. This takes into account variation in the age structures of

Islington. All persons incidence and mortality



EUROCARE

 Largest cooperative, population-based study of cancer survival in Europe

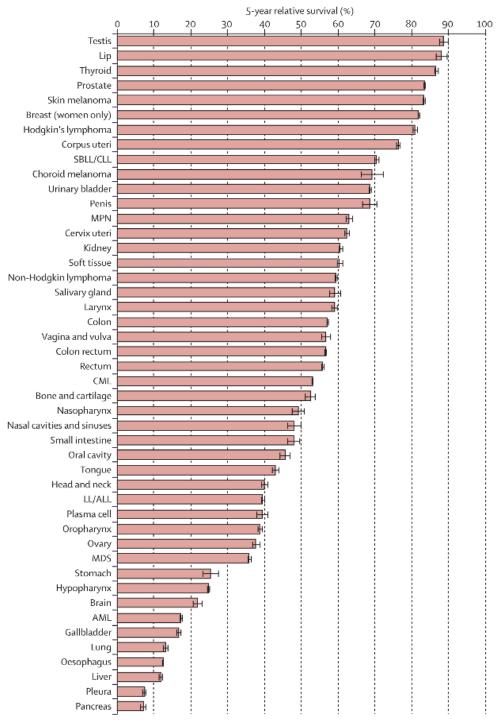


Cancer survival in Europe 1999-2007 by country and age: results of

EUROCARE-5—a population-based study

Roberta De Angelis, MSc^a,

Milena Sant, MD^b, Prof Michel P Coleman, BM BCh^d, Silvia Francisci, PhD^a, Paolo Baili, MSc^b, Daniela Pierannunzio, PhD^a, Annalisa Trama, MD^c, Otto Visser, MD^e, Prof Hermann Brenner, MD^f, Eva Ardanaz, MD^g, Prof Magdalena Bielska-Lasota, MD^h, Gerda Engholm, MSc^b, Alice Nennecke, MD^j, Sabine Siesling, PhD^e, Franco Berrino, MD^c, Riccardo Capocaccia, MSc^b, the EUROCARE-5 Working Group †

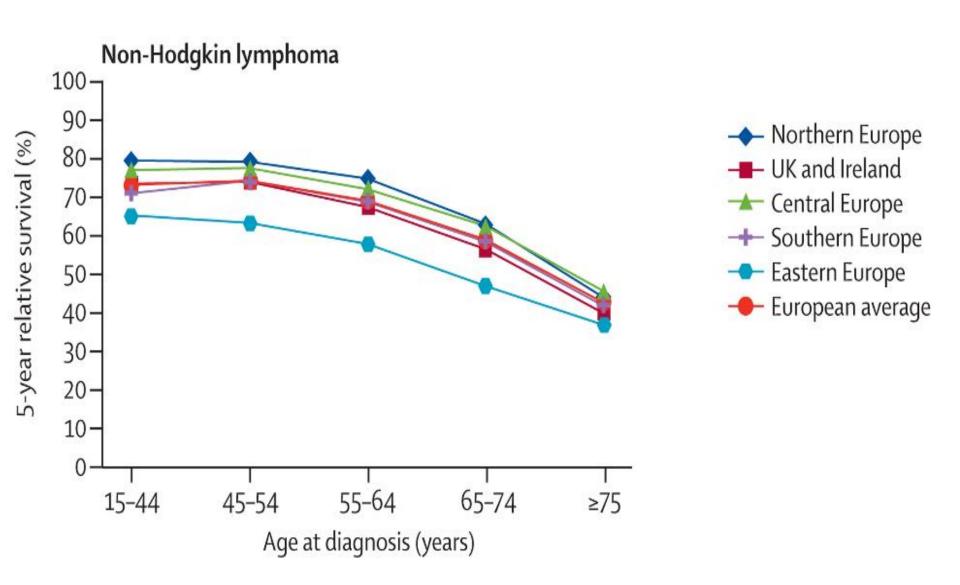


European mean agestandardised 5-year relative survival for adult patients with cancer diagnosed in 2000–2007

Error bars are 95% Cls.

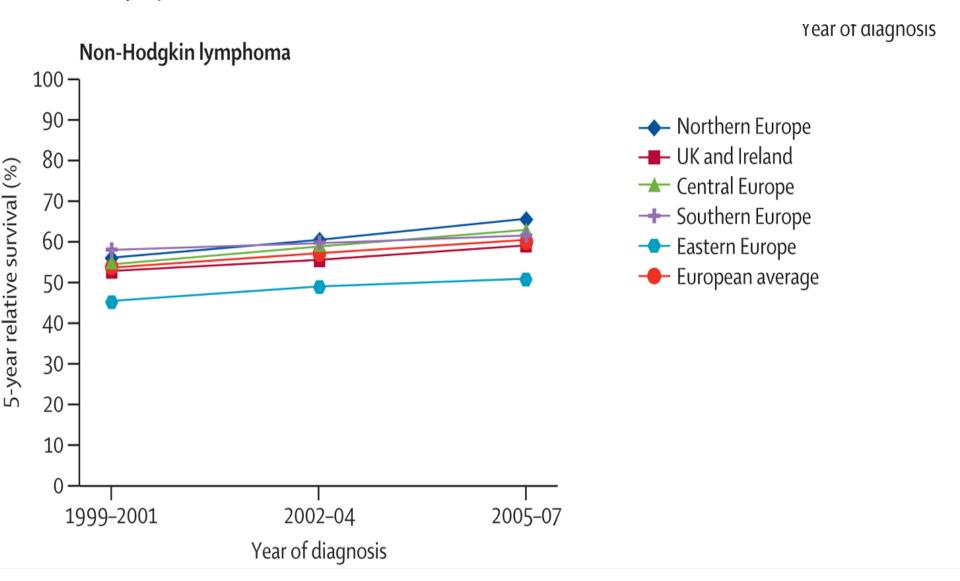
The European mean is the (population) weighted mean of country-specific relative survival estimates

Age-specific 5-year relative survival for adults with cancer diagnosed in 2000–07 The European mean is the (population) weighted mean of country-specific relative survival estimates



Age-standardised 5-year relative survival for adult cancer patients followed up in 1999–2001, 2002–04, and 2005–07.

The European mean is the (population) weighted mean of country-specific relative survival estimates.



EUROCARE CONCLUSIONS-1



- Cancer survival is improving:
 - Substantial improvements in 5-year relative survival for Non-Hodgkin lymphoma - High-dose chemotherapy, autologous stem-cell reconstitution, and anti-CD20 monoclonal antibody (rituximab)
 - Persistent differences between countries for cancer survival
- Cancer survival a key measure of the effectiveness of health-care systems.

EUROCARE CONCLUSIONS-2



- Survival was highest for Northern, Central, and Southern Europe.
- Survival in Eastern Europe was generally low and below the European mean.
- Survival in the UK and Ireland was intermediate for rectal cancer, breast cancer, prostate cancer, skin melanoma, and Non-Hodgkin lymphoma:
 - Explanations include: differences in stage at diagnosis, accessibility to good care, different diagnostic intensity and screening programmes, differences in cancer biology.
 - ?effects of socioeconomic, lifestyle, and general health between populations.
- The low survival of UK and Danish cancer patients has been extensively analysed; the main cause seems to be delayed diagnosis

Although the report finds England 2012 survival is "broadly typica ared with other European em Rashbass, of Public Health Engl said it was too early to celebrate. ow we are now

earty. Bowel cancer patients are more than twice as likely to survive if their disease is diagnosed early, while lung cancer patients' chances of survival increase more than fourfold.

Lung cancer survival showed the biggest improvement among five types analysed by the National Cancer Intelligence Network, with 36.3 per cent of those given a diagnosis of Britain's most survival is up L6 points to 96.4 per cent and prostate cancer survival is up 3.5 points to 96.6 per cent.

"It's hugely encouraging to see this significant improvement in cancer survival, which is excellent news for patients," Sean Duffy, national clinical director for cancer at NHS England, said. "This report shows we cannot underestimate the importance of early diagnosis — the earlier cancer is spotted, the better the outcome."

The report reveals in unprecedented detail how overall figures hide huge differences depending on how early cancer is picked up. In lung cancer, 87 per cent of patients survive a year if the disease is spotted in its earliest stage when the tumour is small. Yet this falls

early. Lung cancer patients are more than four times more likely to survive at least a year after diagnosis if the disease is caught early. Colorectal cancer patients are more than twice as likely to survive. And there are big improvements in the life chances of women with breast cancer."

He added: "While it's encouraging to see that overall survival rates for some Vews

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ers in Enw that we cre in the the best in

England's ical "comcountries, h England, rate. "The s good as

Europe was four or five years ago. Who knows where they are now," he said.

Dr Rashbass praised campaigns to encourage people to come forward with common symptoms of cancer. "There is a general tardiness with which people present in primary care and all the comparisons show if you drive people into the system quicker you can get that stage shift," he said.