



Trends in survival for Acute Myeloid Leukaemia in England: 2001-2010.

National Cancer Intelligence Network Data Briefing

NCIN has produced a detailed report covering incidence, mortality and survival; the focus of this briefing is survival.

Detailed report: <http://www.ncin.org.uk/view?rid=2818>

Acute myeloid leukaemia (AML) is most common in people over the age of 60 and age-standardised incidence is higher in men.

Relative survival reflects the excess mortality among cancer patients, over and above the background mortality in the country or region where they live. The analyses shown in this briefing use relative survival estimated using the maximum likelihood method for individual records, developed by Estève et al (1) using the strel command in Stata version 13.

Key messages

- For AML over the period 2001-2010 there was little or no change in incidence and mortality
- A small improvement in 5 year relative survival was seen in the 25-64 year age range from 30% in 2000-03 to 38% in 2008-10

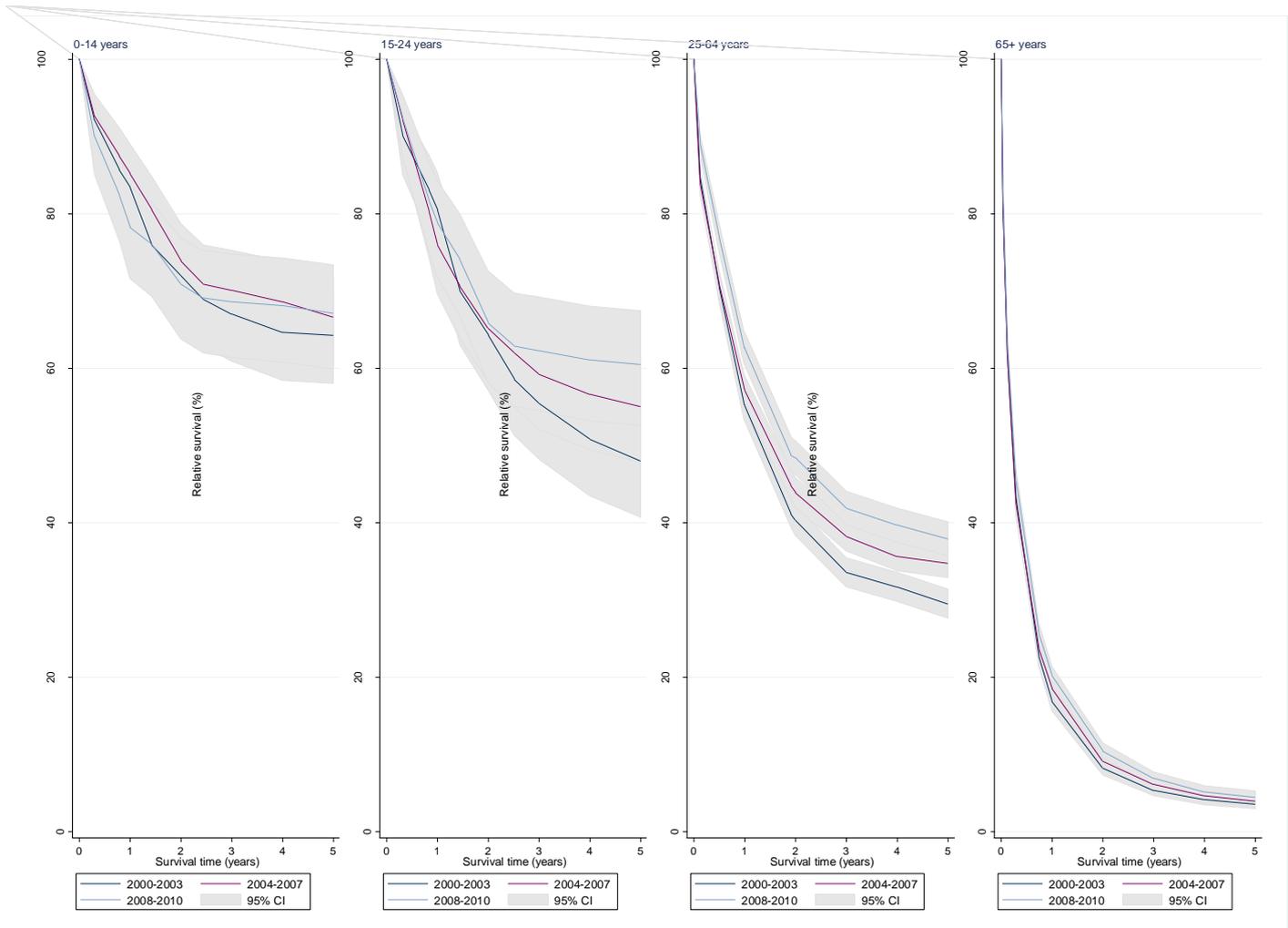
Outcomes

- Over the period 2001-2010 there was little or no change in the age-standardised incidence and mortality.
- Whilst relative survival amongst older adults (65+ years) diagnosed with AML was unchanged over this period, a small improvement in outcome was seen in the 25-64 year age range, with an increase in relative survival at five years amongst males and females combined from 30% (95% CI 28 to 31%) for individuals diagnosed in 2000-03 to 38% (95% CI 36 to 40%) for those diagnosed in 2008-10.

Treatment

- AML treatment takes several months and involves several drugs and many days in hospital. There were some alterations to the standard treatment for adults over this time and many of the patients, especially younger patients, participated in clinical trials.
- Some progress was made in identifying patients more likely to benefit from intensive chemotherapy – and those in whom this approach was likely to do more harm than good.
- New, more experimental approaches are being used in the younger patients and it is possible that allogeneic transplantation may improve outcomes.
- In older patients less toxic chemotherapy which offers a fair chance of prolonged survival with less toxicity may be selected, knowing that it will not cure the leukaemia but may extend survival.

Trends in relative survival rates for acute myeloid leukaemia diagnosed in persons in the periods 2000-2003, 2004-2007 and 2008-2010 followed up to end of 2010, by age group in England



1) Esteve J, Benhamou E, Croasdale M, Raymond L. 'Relative survival and the estimation of net survival: elements for further discussion', Stat Med, 9, 529-538 (1990)

FIND OUT MORE:

The PHE Knowledge and Intelligence Team Northern and Yorkshire is the lead KIT for haematological cancers. <https://www.gov.uk/government/organisations/public-health-england>

Other useful resources within the NCIN partnership:

What cancer statistics are available and where can I find them?

<http://www.ncin.org.uk/publications/reports/>

Public Health England's National Cancer Intelligence Network (NCIN) is a UK-wide initiative,