Recent, ongoing and planned analyses of childhood cancer data

Cancer Network CTYA Clinical Leads Workshop
28 November 2011

Kroll ME *et al.* Childhood cancer registration in Britain: capture-recapture estimates of completeness of ascertainment. *Br J Cancer* 2011,104, 1227-1233

NRCT registrations of children with cancer in England, Wales and Scotland diagnosed 2003-2004.

Stratified capture-recapture applied to notifications from general cancer registries and CCLG registrations.

Results verified by cross-checking with HES for leukaemia patients from England born in 1998 and diagnosed before 2005.

Childhood cancer registration in Britain: capture-recapture estimates of completeness of ascertainment

General cancer registries notified 92-96% of cases, depending on assumptions about how many received after February 2007 resulted from feedback by NRCT to general registries of cases previously only registered via CCLG.

CCLG notified 93% of cases.

Overall completeness estimate for NRCT was 99-100%.

Childhood cancer registration in Britain: capture-recapture estimates of completeness of ascertainment

HES file contained 432 different IDs.

390 (90%) automatically matched to 297 NRCT cases on NHS number or birthdate + sex + postcode.

Distinct IDs don't necessarily represent distinct patients.

297 NRCT cases:

- 269 leukaemia patients, born 1998, diagnosed before 2005 while resident in England
- 2 born 1997
- 3 not resident in England at diagnosis
- 16 non-leukaemia cancer
- 7 non-cancer

4 relevant NRCT cases not matched with HES: apparently not NHS in-patients while resident in England

Childhood cancer registration in Britain: capture-recapture estimates of completeness of ascertainment

The 42 unmatched IDs were grouped by NHS number, birthdate, sex, postcode as available.

26 probably distinct patients:

- 9 possible matches to NRCT cases linked to other HES IDs
- 4 definite matches to cases already known to be ineligible for NRCT
- 2 further patients found to be non-UK resident at diagnosis by enquiry to treatment centres
- 4 likely haematological, non-leukaemic diagnosis from check with full HES database
- 7 perhaps unidentified treatment fragments or errors (11 leukaemia episodes in total)

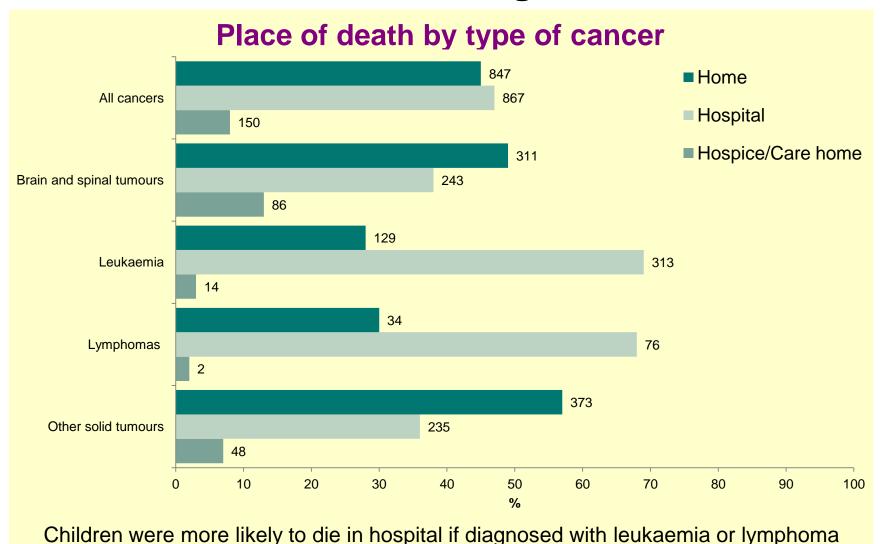
Shah A et al. Place of death and hospital care for children who died of cancer in England, 1999-2006.

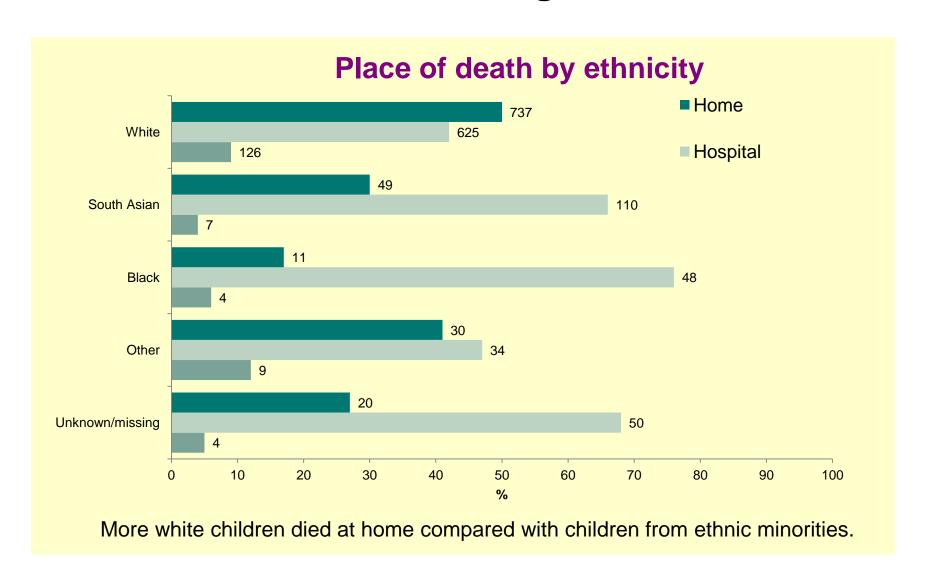
Eur J Cancer 2011, 47, 2175-2181

- NRCT registrations of children who were diagnosed with cancer and died were linked to HES and death certificates.
- 96% of children with cancer registrations were linked to HES.
- 14% of children who died in hospital did not have their death recorded in a HES episode; of these, about half died in intensive care units.

 Place of death was home for 45% of children, hospital for 47%, hospice /care home for 8%.

 74% of those who died in hospital were admitted as emergencies or transferred from another hospital.





Children were also more likely to die in hospital if they:

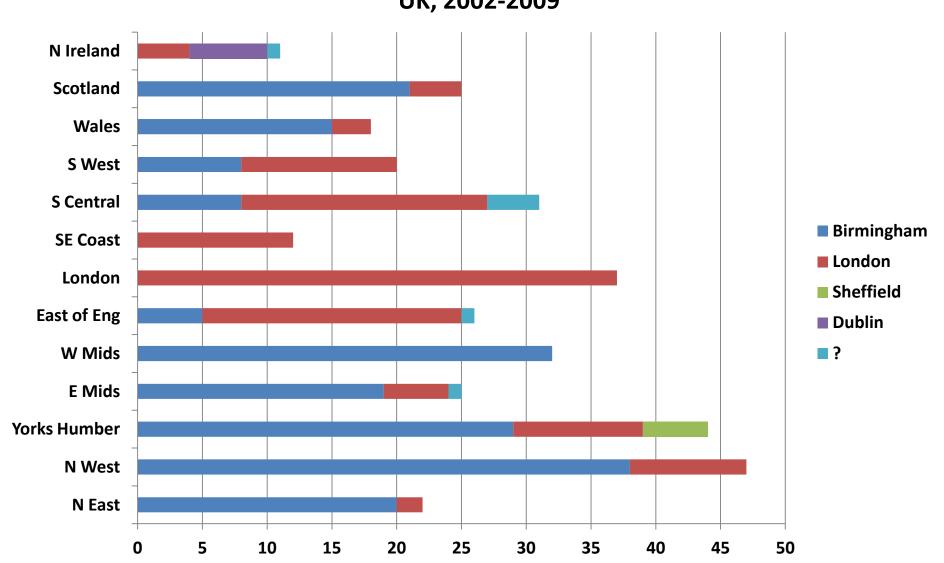
- died within 6 months of diagnosis
- were from a deprived background

Supra-regional referral patterns of childhood cancer patients

Retinoblastoma, UK, 2002-2009
Liver cancer, UK, 1998-2007
Bone cancer, England & Wales, 1998-2007

Referral of children with retinoblastoma to ophthalmological centres

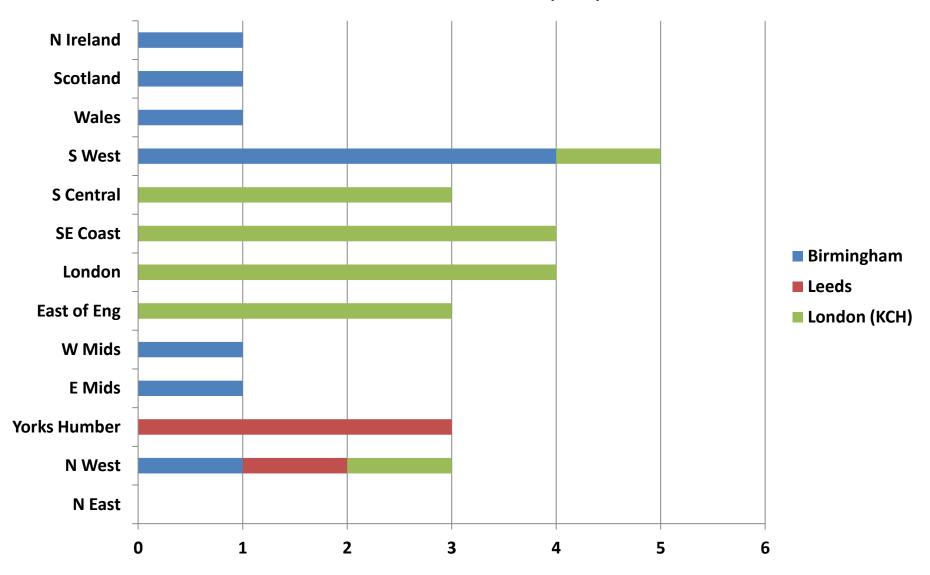
UK, 2002-2009



Children with liver cancer UK, 1998-2007

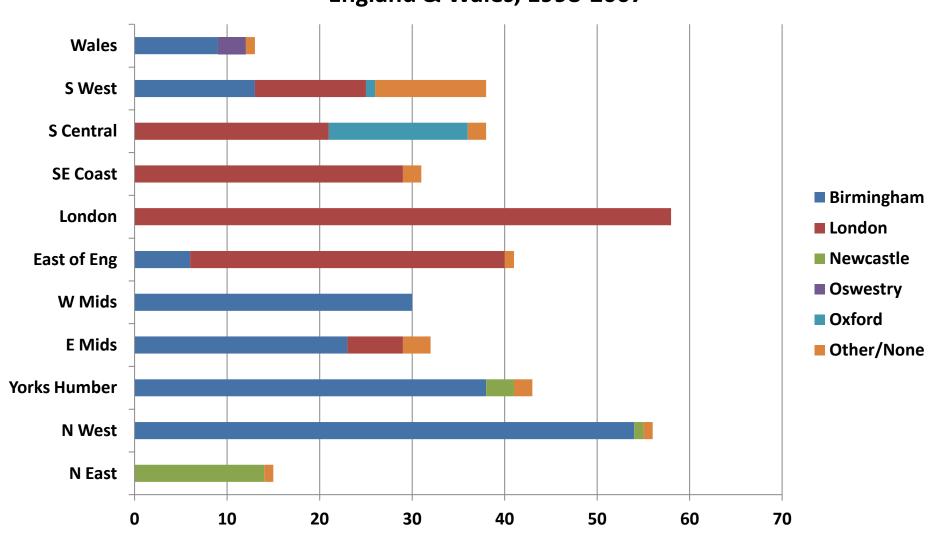
	Transplant	No transplant	Total
Total	30 (14%)	183	213
Hepatoblastoma	27 (18%)	120	147
Carcinoma	2 (6%)	30	32
Other tumour types	1 (3%)	33	34
1998-2002	14 (14%)	85	99
2003-2007	16 (14%)	98	114

Children with liver cancer who had a liver transplant Referral to liver disease centres, UK, 1998-2007



Referral of children with bone sarcoma of limbs to bone tumour services

England & Wales, 1998-2007

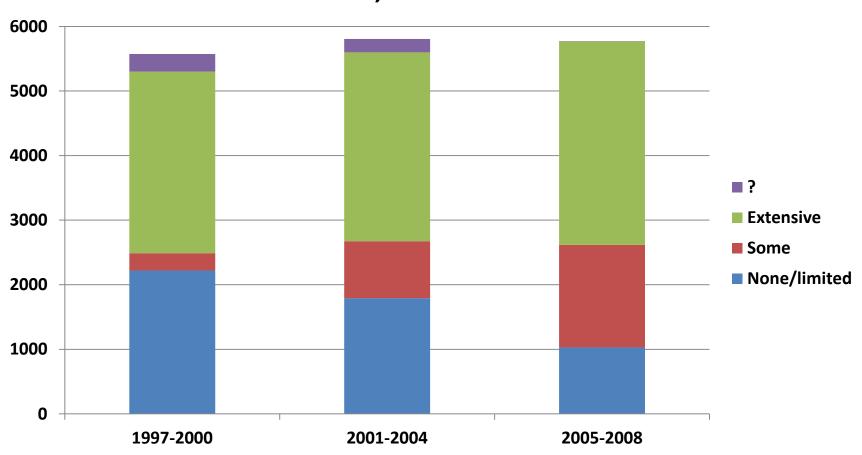


Survey of extent of shared care at UK PTCs for childhood cancer, 1997 onwards

Centres classified by extent of shared care

	1997-2000	2001-2004	2005-2008
None/limited	10	8	5
Some	2	4	7
Extensive	8	8	8
?	1	1	1
Total	21	21	21

Children with cancer registered from PTCs by extent of shared care at PTC UK, 1997-2008



Shared care at UK PTCs for childhood cancer

Next step:

Survival by extent of shared care at PTC

Early mortality (30 day) rate in paediatric CNS tumour surgery in the UK

Paul Chumas¹, Charles Stiller², Tom Kenny³, Roger Parslow⁴, Ryan Mathew¹, Fiona Bragg⁵

- 1 Leeds General Infirmary
- 2 NRCT/CCRG
- 3 National Specialist Commissioning Team (England)
- **4 University of Leeds**
- **5 NHS London**

Early mortality (30 day) rate in paediatric CNS tumour surgery in the UK

Eligible cases from NRCT:

- histologically verified CNS tumour
- UK resident at diagnosis
- diagnosed 2004-2007
- age <15 years

Exclusions:

- optic nerve glioma
- PM diagnosis

30-day post-operative mortality by tumour type

	N (patients)	30 day mortality (%)
Ependymoma	111	4 (3.6)
Choroid plexus carcinoma	16	3 (18.8)
Choroid plexus papilloma	29	0
Low grade astrocytoma	399	0
High grade astrocytoma	93	9 (9.7)
Other glioma	68	3 (4.4)
Medulloblastoma	212	5 (2.4)
Other embryonal	77	10 (13.0)
Germ cell	59	1 (1.7)
Pineal parenchymal	24	1 (4.2)
Craniopharyngioma	75	0
All other	119	0
Total	1282	36 (2.8)

30-day post-operative mortality by age

	N (patients)	30 day mortality (%)
Age <2 years	185	13 (7.0)
Age 2-14 years	1097	23 (2.1)
Total	1282	36 (2.8)

30-day post-operative mortality by case load

Patients per year	N (centres)	N (patients)	30 day mortality (%)	Expected deaths adjusted for tumour type	Expected deaths adjusted for age
28-46	2	297	11 (3.7)	7.97	8.41
20-22	4	329	7 (2.1)	9.02	9.46
15-19	5	353	12 (3.4)	9.24	9.59
0-13	9	303	6 (2.0)	9.77	8.54
Total	20	1282	36 (2.8)	36	36

Forthcoming Data Briefings

- Patterns of occurrence of second and subsequent primary cancers in CTYA (jointly with NWCIS)
- Use of hospital resources by CTYA with cancer, by age, gender and diagnostic group (jointly with NWCIS)
- Survival of children with cancer by socioeconomic status, ethnicity, region of residence, urban/rural status of residence