

WP 7 - Task 6

Promoting the use of comprehensive cancer prevalence indicators in Europe

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TASK 6: MAIN OBJECTIVE & RATIONALE



<u>Aim</u>

promote the use of current registries datasets to derive population-based indicators on cancer prevalence at Country level in Europe

Why?

prevalence indicators only sparsely available despite their informative potential, especially in the context of a dramatic increase of cancer survivors

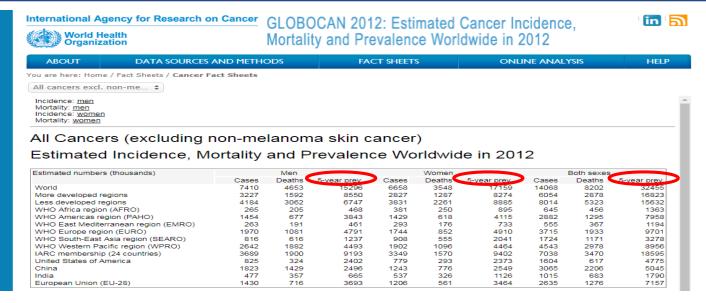


CANCER PREVALENCE: CURRENTLY AVAILABLE INFORMATION



5-y prevalence by cancer site, sex and geographical area

Long-term <u>observed</u>
prevalence available from
historical registries (30y or
more), e.g. **NORDCAN** for
Nordic European countries



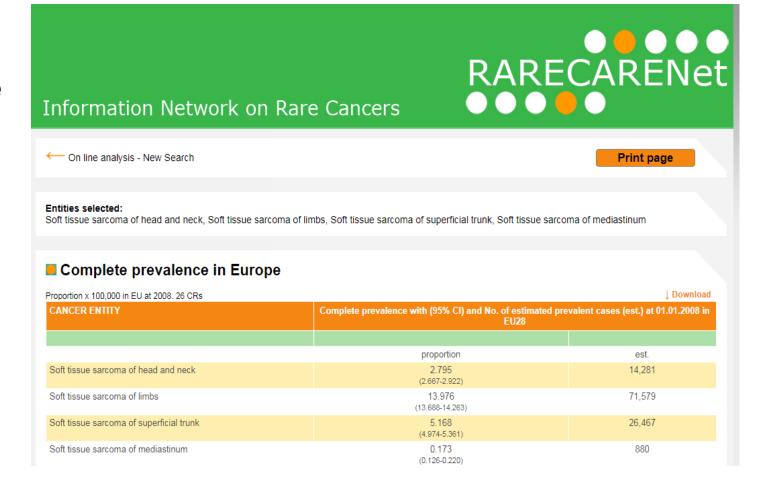
P	All sites but non-melanoma skin cancer, Female Prevalence (end of 2016), age 0-85+									
0	Numbers (Proportion per 100,000)									
Country	1-yea	ar	3-yea	r	5-yea	r	10-yea	ar	Total	
Nordic countries	55309	(410.4)	150495	(1116.8)	229552	(1703.5)	387356	(2874.5)	707206	(5248.1
Denmark	13725	(475.7)	37114	(1286.4)	56342	(1952.9)	95514	(3310.6)	164598	(5705.1)
🖶 Finland	11437	(411.9)	30589	(1101.8)	46755	(1684.1)	79133	(2850.3)	147931	(5328.3)
lceland	542	(323.9)	1464	(875.0)	2273	(1358.5)	3958	(2365.6)	7459	(4458.0
Norway	10506	(402.7)	28465	(1091.0)	42975	(1647.1)	71679	(2747.2)	130739	(5010.7
Sweden	19099	(379.1)	52863	(1049.4)	81207	(1612.0)	137072	(2721.0)	256479	(5091.3

Proportions per 100,000

COMPLETE PREVALENCE: RARE CANCERS IN EUROPE



- Complete prevalence for rare cancers in Europe
- RARECARE project
 Eur J Cancer 2011
- RARECARE-net project
 Lancet Oncol 2017



http://www.rarecarenet.eu

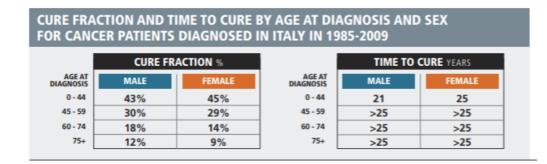


COMPREHENSIVE PREVALENCE INDICATORS IN ITALY



AIRTUM Monographs 2011, 2015

- Systematic estimates of prevalence in Italy
- complete and by disease duration
- Indicators on cured survivors, time to cure and cure fraction



https://www.registri-tumori.it/cms/pubblicazioni/i-tumoriitalia-rapporto-2014-prevalenza-e-guarigione-da-tumore-italia

NC

Pool of Italian Cancer Registries - 1 January 2010

LINFOMA NON-HODGKIN NON-HODGKIN LYMPHOMA

D-10 C82-85,96)

AIRTUM- Report 2014, Epid&Prev 2015

COMPLETE PREVALENCE BY YEARS SINCE DIAGNOSIS

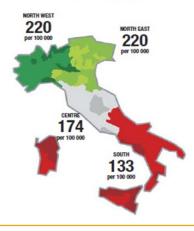
YEARS →	≤2	(2 - 5]	(5 - 10]	(10 - 15]	(15 - 20]	> 20	1
No. →	18 577	23 331	25 656	16 826	9 333	12 444	-
% →	17%	22%	24%	16%	9%	12%	
ROPORTION → PER 100 000	33	41	46	30	17	22	-
	BRALE Edw					PERMANE AOM	

106 168 NON-HODGKIN LYMPHOMA CANCER SURVIVORS

COMPLETE PREVALENCE BY SEX, MACRO-AREA, AND AGE

PROPORTION PER 1	00 000)				
AGE CLASS →	0-44	45-59	60-74	75+	ALL AGES
MALE		290000	7/19		
NORTH WEST	59	240	499	672	228
NORTH EAST	53	253	521	775	232
CENTRE	48	222	356	550	178
SOUTH	53	182	344	395	145
POOL	54	225	451	619	199
FEMALE					
NORTH WEST	40	191	441	499	212
NORTH EAST	43	195	431	540	208
CENTRE	40	185	349	423	170
SOUTH	34	153	278	292	122
POOL	39	180	384	453	178
BOTH SEXES					
NORTH WEST	49	215	468	561	220
NORTH EAST	48	224	474	625	220
CENTRE	44	203	352	472	174
SOUTH	43	167	309	333	133
POOL	47	202	416	515	188

ALREADY CURED at 1 JANUARY 2010 **1 807** (2%)





TASK 7.6: GENERAL WORK PLAN



Database preparation

Validation of methods

Estimation of indicators

Dissemination of results

- Quality checks
- Corrections of inconsistencies
- Exclusion of records with major errors
- Tests of different methodologies on preliminary data
- Choice of most suitable methods
- Computation
 of indicators
 for all Cancer
 Sites and
 European
 Countries
 included in the
 database
- Reports
- Release of indicators
- Training to disseminate methods



TASK 7.6: DATABASE



- Task 7.6 activity relies on the <u>EUROCARE-6 project</u>, the widest collaborative study on cancer survival and prevalence in Europe
- Unique data collection protocol, quality checks procedures, statistical methods for all countries/CRs
- Data collection protocol and quality checks agreed and harmonised with ENCR-JRC call for data 2015-2016

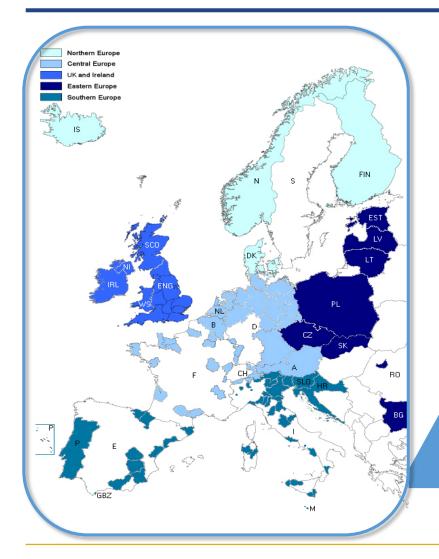






EUROCARE-6 DATA FROM 134 CANCER REGISTRIES





29 Countries

23 National Registries +

6 with partial coverage

102
Eligible
Cancer
Registries

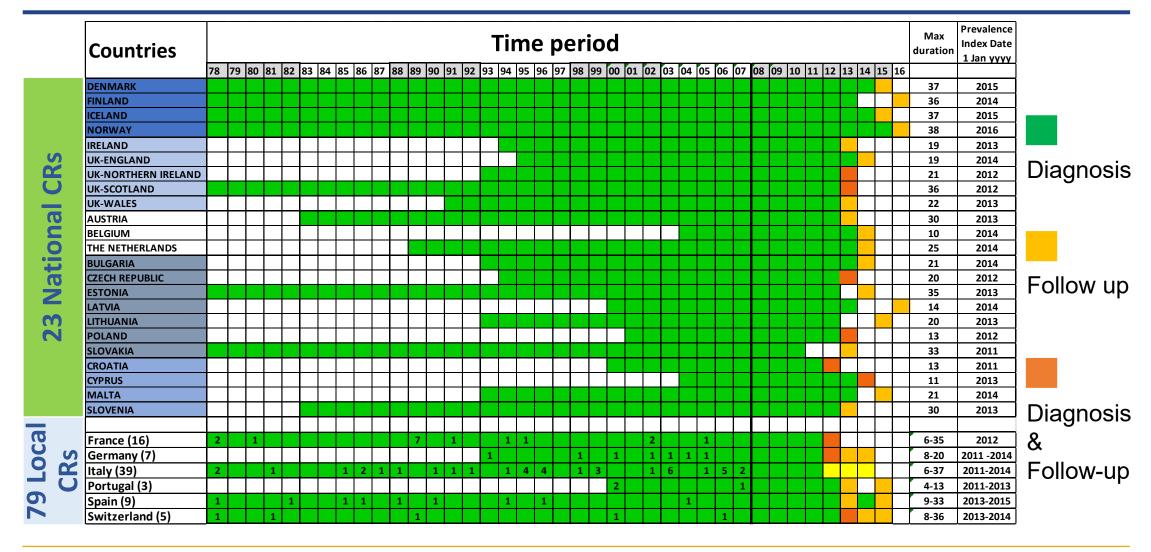
6 countries with local registries (79 CRs):

France (16), Germany (7), Italy (39), Portugal (3), Spain (9), Switzerland (5)



29 PARTICIPATING COUNTRIES POPULATION AND TIME COVERAGE





TASK 7.6: TARGET INDICATORS



- 1. Complete and limited-duration prevalence
 - time projections
 - phase of care (initial, terminal, intermediate)
- 2. Prevalence of cured patients, cure fraction and time to cure (*mixture cure models*)

3. Life expectancy of cancer survivors



Validation of methods and estimates on the of **prevalence** for **3 iPAAC index tumors**: **colon**, **pancreas** and **skin melanoma**

Evaluation of methods for the **projection** of prevalence estimates to **1**st **January 2021** (in progress)

PREVALENCE MEASURES



Complete prevalence

 Proportion (number) of people alive at a given date (index date) who had a cancer diagnosis, regardless of how long ago the diagnosis was made

Limited-duration prevalence

Proportion (number) of people alive at the index date who had a diagnosis n years before. e.g. 1,2, 5, 10, 20, ... y

Observed prevalence

- Observed by CRs following up life status of incident cases over time
- Maximum <u>observed duration</u> is limited by time length of cancer registration
- Only historical CRs (activity >40,50 years) can measure complete prevalence, all others CRs measure limited-duration prevalence

OBSERVED PREVALENCE:



Counting method

- Incident cases alive at the index date are simply 'counted'
- Alive patients among those lost to follow up are estimated using patients' survival

Problem

prevalence can be highly underestimated if the registry has a short registration period

COLORECTAL CANCER Prevalence at 1/1/2014 in Belgium (EUROCARE-6 results)

	Estimated Prevalence	Estimated			Lost	Dead Prior to
Disease Duration	Prop. X 100,000	Prevalence Count	Known Alive	Lost	Estimated Alive	Prevalence Date
<=1 Year	66	7,413	7,392	23	21	944
>1-2 Years	57	6,333	6,299	42	34	1,989
>2-3 Years	49	5,480	5,444	47	36	2,796
>3-4 Years	43	4,857	4,832	36	25	3,234
>4-5 Years	40	4,495	4,469	38	26	3,542
>5-6 Years	37	4,089	4,066	33	23	3,951
>6-7 Years	31	3,498	3,467	55	31	4,238
>7-8 Years	29	3,220	3,184	57	36	4,436
>8-9 Years	26	2,900	2,866	66	34	4,558
>9-10 Years	25	2,751	2,708	90	43	4,749
>1u-11 Years	0	0	0	0	0	0
>11-12 Years	0	0	0	0	O	0
>12-13 Years	0	0	0	0	0	0
>13-14 Years	0	0	0	0	0	0
>14-15 Years	U	0	0	0	0	0
>15 36 Years	0	0	0	0	0	
<=36 Years	403	45,037	44,727	487	310	34,437

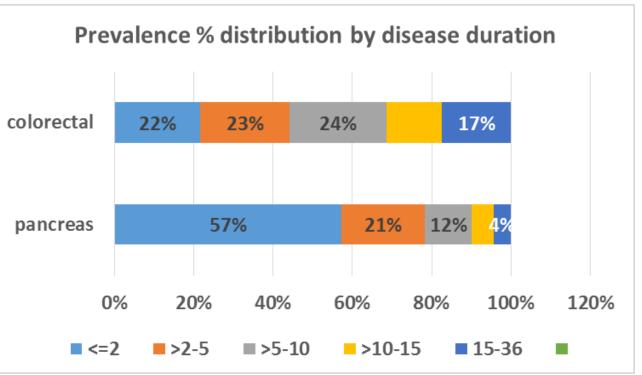


UNOBSERVED PREVALENCE



- CRs miss patients surviving longer than the registration period lenght
- The impact of a limited observation time on complete prevalence estimation depends on cancer <u>PROGNOSIS</u> and <u>AGE</u>

COLORECTAL	Obser		
Duration	00-49	5	
<=2	389		
>2-5	309		
>5-10	235		
>10-15	76		
15-36	39		
TOTAL	1,048		
% 15-36	4%		





COMPLETENESS OF OBSERVED PREVALENCE IN EUROCARE-6



- 16 CRs (10 Regional + 6 National)
 with registration periods > 30 years
- Observed prevalence virtually complete

- 59 CRs (47 Regional + 12 National)
 with registration periods < 20
 years
- Observed Prevalence is far from complete for many cancer sites

Observation	National	Regional	All
Length (years)	CRs	CRs	CRs
5-10	1	22	23
10-15	4	13	17
15-20	4	13	17
20-30	7	21	28
30-37	7	10	17
All	23	79	102



Data from registries with long durations can be used to estimate correction factors needed to obtain complete prevalence

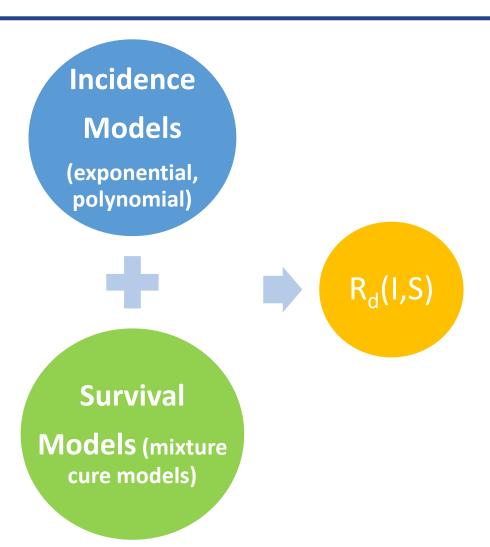


COMPLETE PREVALENCE: ESTIMATION



Completeness index method¹
 P'_{complete} = P_d / R_d
 where d=disease duration

 R_d expresses completeness (%) of limited-duration P_d and is estimated by modelling cancer incidence and survival

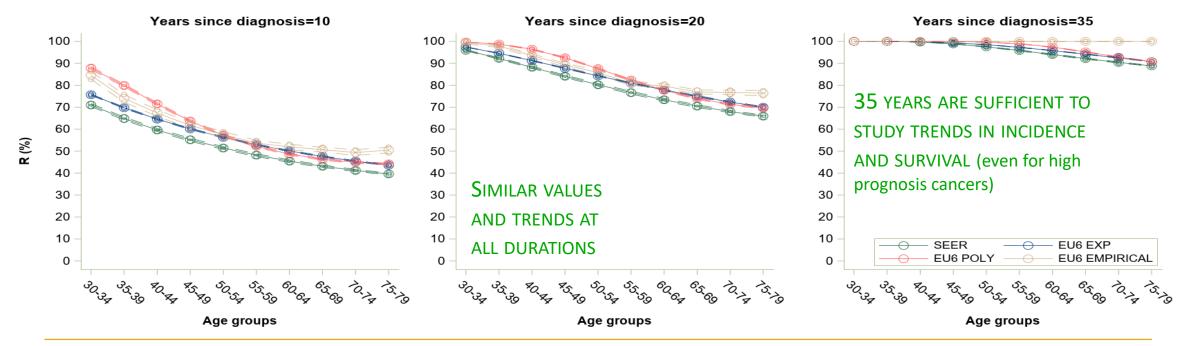


¹ Capocaccia and De Angelis, Stat Med 1997



Comparison between model-based (EUROCARE-6 and SEER) and empirical indexes

Example: females, Skin Melanoma, completeness indexes by age and years since diagnosis



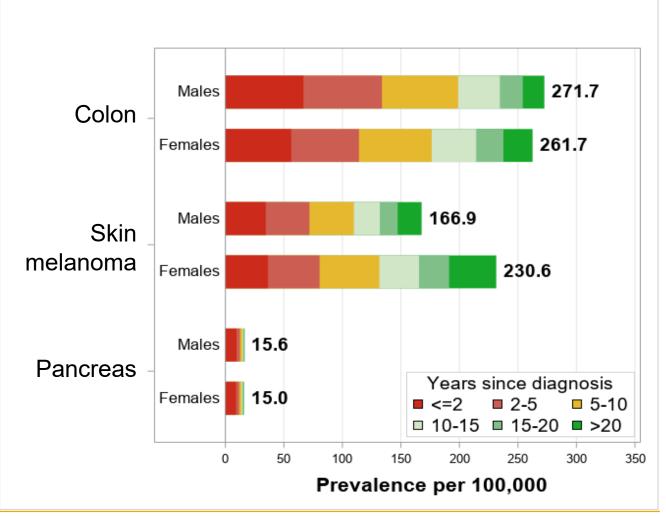
TARGET INDICATORS: 1 LIMITED DURATION & COMPLETE PREVALENCE



- Index tumours
- Europe
 - Pool of EUROCARE-6 registries
- 1st January 2013

Estimates provided by:

- sex
- age at prevalence
- country



COMPLETE PREVALENCE BY COUNTRY: COLON CANCER, ALL AGES

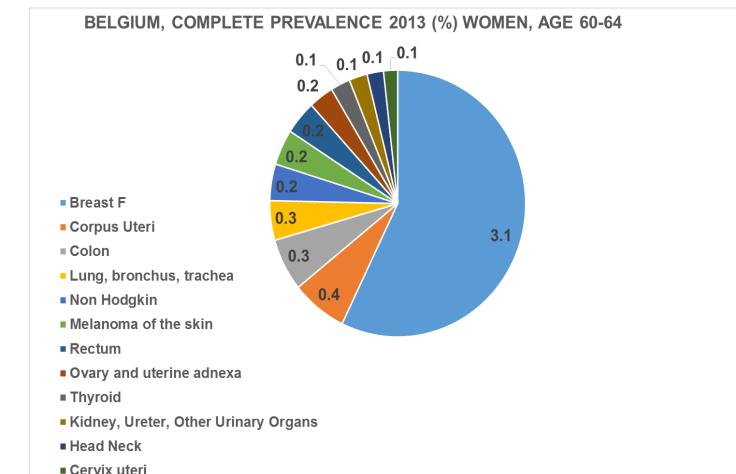




TARGET INDICATORS: 1 COMPLETE PREVALENCE - SITE RANKING



- Belgium
- 60-64 years of age
- 1st January 2013
 - 1. Breast
 - 2. Colon Rectum
 - 3. Corpus uteri
 - 4. Lung
 - 5. Non Hodgkin



IN PROGRESS: TIME PROJECTIONS



1

 Estimate prevalence at different index dates for a sufficient number of years

2

3

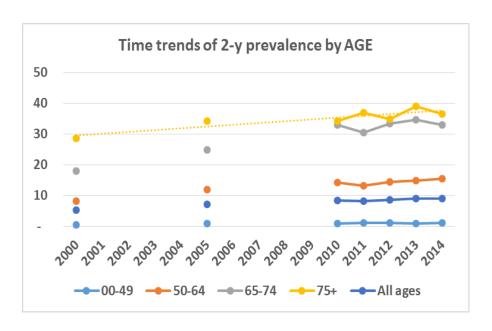
Model prevalence trends over time

Use estimated models for projections
- at least up to 1° January 2021 -

Example:

Norway, pancreatic cancer

Incidence data 1978-2014 Follow up to 2015





FURTHER STEPS: CURE OF CANCER



Questions:

- How many patients can expect to be cured from cancer?
- O How long does it take for a patient to be cured from cancer?
- How long can a cancer patient expect to live after diagnosis?

Interesting information for patients and physicians

Base for public health decisions (need and costs of care)

PREVIOUS WORK ON EUROCARE-5 DATA:

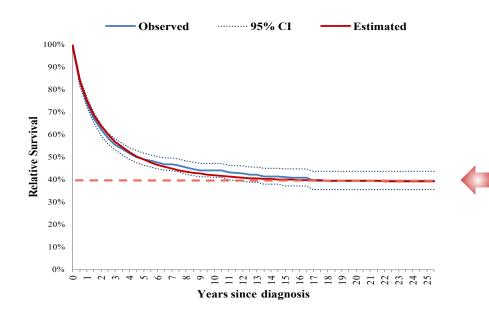
- Dal Maso L., et al. Ann Oncol. 2014;
 25:2251-60. doi:10.1093/annonc/mdu383
- AIRTUM Working Group. Epidemiol Prev. 2014; 38(6 Sup1):1-122. <u>www.registri-tumori.it/cms/it/Rapp2014</u>
- Dal Maso L., et al. Submitted 2019.



PREVALENCE OF CURED PATIENTS: CURE FRACTION



 Cure fraction: proportion of patients who have reached the same mortality probability of the general population of the same sex and age



EXAMPLE: Cancer patients diagnosed in Italy (1988-1990) with **colorectal cancer** at age 65-74 years

Cure fraction = 40%

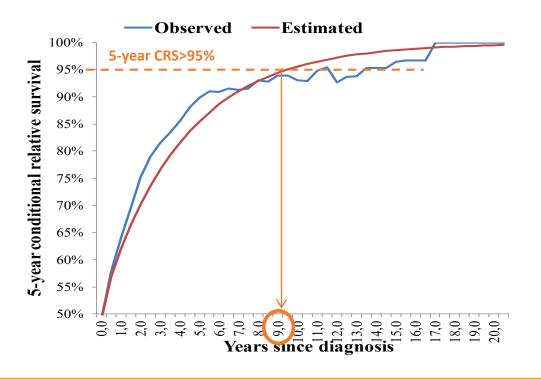
We expect 40% of patients diagnosed between 65 and 74 years of age to be cured from colorectal cancer in Italy



PREVALENCE OF CURED PATIENTS: TIME TO CURE



 Time to cure: time after diagnosis needed for cancer patients to reach the same mortality probability as the general population



EXAMPLE: Cancer patients diagnosed in Italy (1988-1990) with **colorectal cancer** at age 65-74 years

Time to cure = 9 years

We expect colorectal cancer patients diagnosed between 65 and 74 years to be cured 9 years after diagnosis



TASK 7.6: IMPACT AND EUROPEAN ADDED VALUE



- 1. Capacity building at EU MS level: promoting the use of prevalence indicators will help to address information needs of relevant stakeholders (health professionals, patients, decision makers and research community)
- 2. Integrating the European Cancer Information System (ECIS) Comprehensive and comparable indicators on cancer survivors in EU by country will feed the EC web-site managed by the ENCR-JRC

ECIS - European Cancer Information System

Measuring cancer burden and its time trends across Europe





ECIS provides the latest information on indicators that quantify cancer burden across Europe. It permits the exploration of geographical patterns and temporal trends of incidence, mortality and survival data across Europe for the major cancer entities.

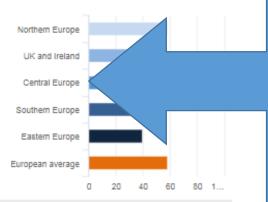
The purpose of the web-application is to **support research** as well as public-health decision-making in the field of cancer and to serve as a point of reference and information for **European citizens**.

Incidence and mortality estimates 2018

National estimates of cancer incidence and mortality in 2018, for the major cancer sites in 40 European countries.

Incidence and mortality historical data

Incidence and mortality statistics over time by cancer site and demographic variables, in European cancer registration areas.



Survival estimates

Estimated indicators of survival, by cancer sites and sex, across European countries and regions.

Prevalence?

Estimated indicators on cancer survivors by cancer type, sex, age, and European country

Information on disease duration, cure, phase of care, life expectancy



TASK-6 PARTNERSHIP



Task leader: ISS, Italy

9 iPAAC Partners/Countries

- INT, CRO-Aviano, ISPRO, MoH, Italy
- WIV-ISP, National CR*, Belgium
- NCPHA, Bulgaria
- HZJZ, National CR, Croatia
- RIVM, National CR*, Netherlands

- CRN (OUS), National CR, Norway
- NIPH NIH, National CR*, Poland
- INSP, Romania
- ICO, Local CR* Spain

*Cancer Registries affiliated to the national iPAAC Competent Authority (CA)



COLLABORATING PARTNERS AND STAKEHOLDERS



Cancer registries

- ENCR European Network of Cancer Registries
- National Associations of Cancer Registries (Italy, Spain)
- Single European registries affiliated to national CA in iPAAC
- JRC Joint Research Center in Ispra (IT)
- Sub-contracts
 - ECPC European Cancer Patients Coalition
 - AIRTUM Italian Association of Cancer Registries

Experts

 Research groups from European registries/countries with experience in Task 6 topics





THANK YOU for your attention!