

Benchmarking International Cancer Survival: In-depth analyses to drive action

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Background

International benchmarking studies on cancer survival is an important aspect in cancer surveillance and plays a key role to develop and assess early-detection strategies, the quality of clinical care, and the management of cancer patients.

The International Cancer Benchmarking Partnership (ICBP) SURVMARK-2 is a global, multidisciplinary partnership of clinicians, academics, and policy makers seeking to understand how and why cancer survival differs across countries that have high-quality cancer registries and universal access to, and comparable expenditure on, health care. The SURVCAN expands the work on SURVMARK to provide benchmarking of survival estimates in low and middle income countries (LMICs).

Methods

Under the ICBP SURVMARK-2 and SURVCAN projects, we collated and validated patient-level data from population-based cancer registries. For SURVMARK-2, data was collected on 3.9 million patients spanning seven countries on seven different cancer sites (oesophagus, stomach, colon, rectum, pancreas, lung, and ovary). For SURVCAN-3, data on over 30 LMICs were collected for all cancer sites.

Results

The SURVMARK-2 study showed marked improvements in cancer survival over time and across countries. For example, 5-year survival of rectal cancer increased by more than 13 percentage points during the 20-year study period in Denmark, Ireland and the U.K. Most of the international variations in survival were due to stage and age at diagnosis. In-depth studies also highlighted differences in survival by histological subtypes.

Using SURVCAN data, in Thailand for example, regional differences in survival were also noted for three preventable cancer sites (cervical, breast and colorectal). Of the three, colorectal cancer had the lowest 5-year survival (47.6%) compared to breast (75.1%) and cervical (59.5%) during 2008-2012.

Conclusion

The international benchmarking studies conducted show that cancer survival continues to increase globally; however, international disparities persist, particularly in LMICs. Future studies are needed to assess the impact of these factors to further our understanding of international disparities in cancer survival.

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