

Protecting and improving the nation's health

Briefing on the ONS cancer survival index release

Introduction

On 26 February 2016, ONS released the Index of cancer survival for Clinical Commissioning Groups in England: Adults diagnosed 1998-2013 and followed up to 2014. This includes 1-year cancer survival for all cancers combined, for breast (women), colorectal, and lung cancer and for these three cancers combined, and can be found here:

http://www.ons.gov.uk/releases/cancersurvivalforclinicalcommissioninggroupsengland2014

Net survival is the probability of survival derived solely from the risk of death from cancer, compensating for the risk of death from other causes (background mortality). The survival index is then constructed as a weighted average of the net survival estimates for each type of cancer, each sex and each age group.

Two versions of the tables have been released, one with confidence intervals, and the second with precision estimates. The key points in this briefing are based on the former (Tables 10-16), showing results for the North West by CCG and Area Team. The Area Teams in the North West are: Cheshire, Warrington and Wirral (CWW), Greater Manchester (GM), Lancashire and Merseyside.

ONS have also released a statistical bullet:

http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddis eases/bulletins/indexofcancersurvivalforclinicalcommissioninggroupsinengland/adultsdiagno sed19982013andfollowedupto2014

Key points for all cancers, patients aged 15-99

- 1-year survival for all cancers combined has increased steadily from 1998 to 2013 for all Area Teams in North West
 - CWW, from 59.9% to 70.1%
 - o GM, from 56.1% to 69.8%
 - Lancashire, from 56.7% to 69.9%
 - Merseyside, from 58.3% to 70.3%

Published: February 2016

- 1-year survival for all cancers for patients diagnosed in 2013 in the North West is similar to England.
- 5-year cancer survival has also increased in the North West from 1998 to 2009
 - o CWW, from 41.7% to 49.2%
 - o GM, from 39.2% to 48.8%
 - Lancashire, from 40.3% to 49.2%
 - Merseyside, from 41.0% to 49.9%
- For patients diagnosed in 2009, 5-year all cancer survival is similar to England for all Area Teams in the North West except for GM where survival is significantly lower: 48.8% (95% CI 48.5% to 49.1%) in GM compared to 49.6% (95% CI 49.5% to 49.7%) in England.

Key points for breast (women), lung and colorectal cancers

 1-year survival for breast (women), lung and colorectal cancers have all increased nationally, with survival in England for patients diagnosed in 2013 of 96.7%, 35.4% and 77.7%, respectively. This improved from 92.0%, 23.1% and 68.3%, respectively.

Key points about variations in the North West

- For patients diagnosed in 2013, the North West CCG with the highest 1-year survival for all cancers combined was Southport and Formby (72.8%). Vale Royal had the lowest 1-year survival, with a value of 66.0%
- For patients diagnosed in 2013, Lancashire North had the highest 1-year survival for breast cancer (98.1%), and Warrington had the lowest survival (94.8%)
- For patients diagnosed in 2013, Stockport had the highest 1-year survival rate for lung cancer (41.5%), and Blackburn with Darwen had the lowest (28.2%)
- For patients diagnosed in 2013, Eastern Cheshire had the highest 1-year survival for colorectal cancer (79.8%) and Vale Royal had the lowest (69.6%).

Key points for about trends

- The North West CCGs with the most improvement in 1-year survival from 1998 to 2013 (in absolute terms) were:
 - o Central Manchester for all cancers combined, from 54.2% to 70.1%
 - Central Manchester for breast cancer, from 88.8% to 97.5%
 - Central Manchester for lung cancer, from 17.3% to 40.1%
 - North Manchester for colorectal cancer, from 57.7% to 74.1%.

Figure 1a shows 1-year survival for all cancers combined for patients diagnosed between 1998 to 2013 in the North West and England

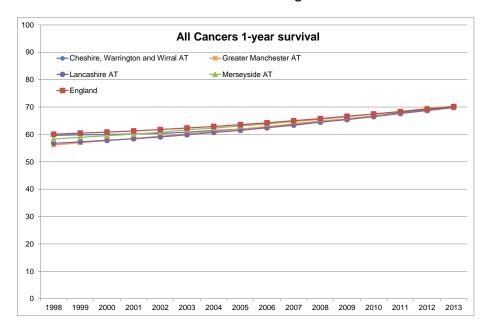
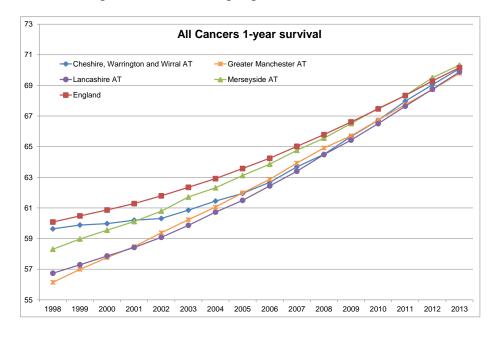


Figure 1b highlights the improvement in 1-year survival in the North West Area Teams, as compared to England. The range of the axis is very narrow, as the variation is very small and a small range is needed to highlight the difference. This is a zoomed in version of Figure 1a.



First published: February 2016

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