

EXSPANSE

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A REPORT FROM THE CANCER SURVIVAL & PREVALENCE ANALYTIC NETWORK



Bright ideas are changing how we approach survival statistics.

Blazing forward

The Cancer Survival and Prevalence Analytic Network's vision was to be part of a new era in cancer surveillance through the Canadian Partnership Against Cancer's Cancer Surveillance and Epidemiology Networks. Since 2009, C-SPAN has been working to distill the best thinking into national standards for calculating cancer survival and prevalence, and sharing that information. C-SPAN is shaping the future of Canadian cancer survival statistics and here are the top five ways we are making it happen, starting with #5:

5. **We are keeping up with international leaders.** European studies documenting variations in cancer survival between European countries are changing current systems and introducing standard quality-control procedures and identical analytic methods for all datasets, and we are providing similar toolkits customized for Canadian analysts.
4. **We are learning to provide what is wanted, how it is wanted.** Clear, concise information is crucial to cancer control planning and the right presentation is needed to realize the data's full potential. By exploring the disconnect between those who analyze the data and those who want to use it to manage and steer the cancer system, C-SPAN is learning how users want information displayed.

As C-SPAN continues its work, I am struck by the ongoing interest in cancer survival statistics and how keen our partners are to move the team's survival and prevalence work forward. As our own work expands, it is interesting to watch the increasing focus on survivorship and survivor statistics on both the national and international stage.

In previous issues of *exSPANse*, I have highlighted work done by the International Benchmarking Partnership which was published in *The Lancet* earlier this year. This international comparison of cancer survivorship garnered much attention as do the Canadian Partnership Against Cancer's system performance reports which include survival comparisons.

Recently the Canadian Cancer Research Alliance (CCRA), an alliance of cancer research funding organizations and other affiliated partners working together as part of the Canadian Partnership Against Cancer, released a detailed examination of Canada's investment in cancer survivorship research and palliative and end-of-life care cancer research.

Also, in its 2010 strategy plan under Priorities for Enhanced Funding and Collaboration, the CCRA outlines the importance of research that meets the needs of survivors as well as enhances cancer health service delivery. With much stakeholder input, it was concluded that the main goals for research in this area were to identify risk factors for adverse survivorship outcomes, create strategies to modify risk and tailor patient management.

As analysts, our work can be used to frame the need for survivorship research. These data are the springboards into new research which will ultimately improve patient care and the opportunity to help direct research using a coordinated approach has never been greater.

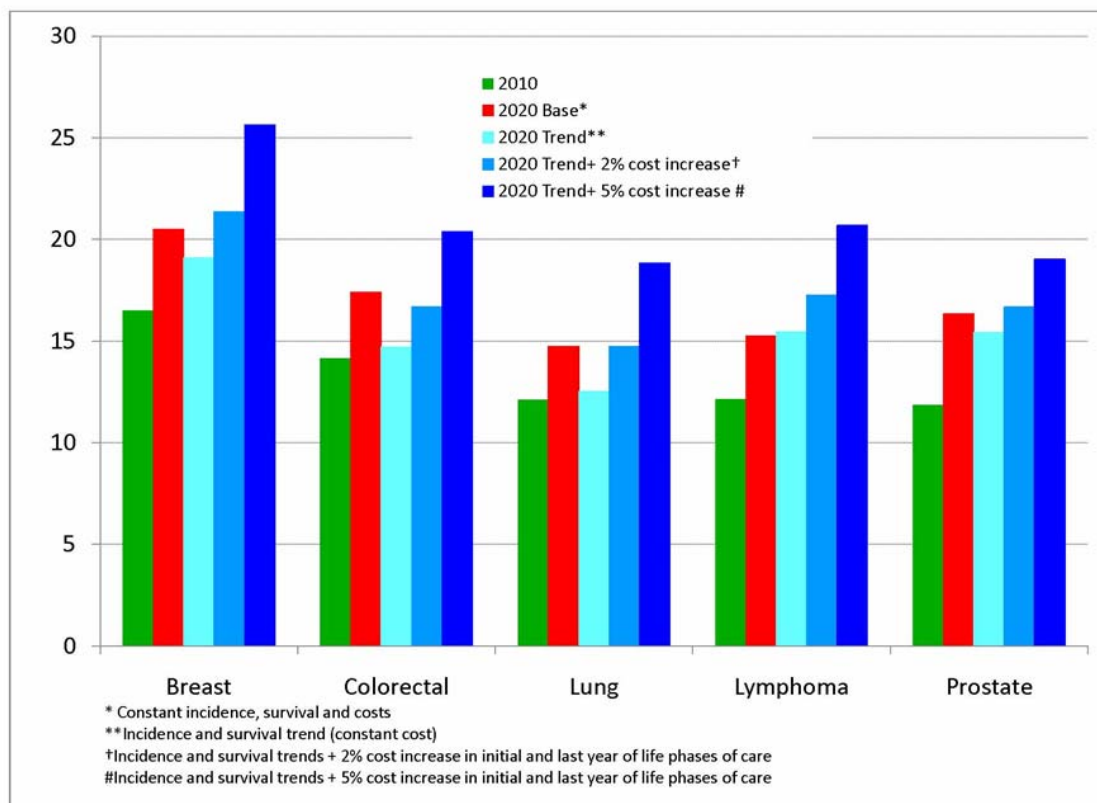
These are exciting times in our field and your continued engagement with C-SPAN is making it all possible.

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Policy on 2

This section is designed to engage, educate and learn from the end-users of cancer surveillance information so that we can create products that work for you.



A new NIH study projects survivorship and costs of cancer care based on changes in the US population and cancer trends. The above graph shows projections based on the most recent data available on cancer incidence, survival, and costs of care. Medical costs associated with cancer were projected to reach \$124.6 billion in 2010, with the highest costs associated with breast (\$16.5 billion), followed by colorectal (\$14 billion), lymphoma (\$12 billion), lung (\$12 billion) and prostate (\$12 billion).

<http://www.cancer.gov/newscenter/pressreleases/2011/CostCancer2020>

The cost of doing business is going up

Using Economist Intelligence United data, a September 2011 report commissioned by the *Lancet Oncology* estimates the cost of new cancer cases is about \$286 billion a year, with medical costs making up more than half the economic burden and productivity losses account for nearly a quarter.

Based on growth and aging of the population of the United States, medical expenditures for cancer in the year 2020 are projected to reach at least \$158 billion (in 2010 dollars) – an increase of 27 percent over 2010, according to a National Institutes of Health analysis. If newly developed tools for cancer diagnosis, treatment, and follow-up continue to be more expensive, medical expenditures for cancer could reach as high as \$207 billion, said researchers from the National Cancer Institute, part of the NIH.

In 2010, medical costs associated with cancer were projected to reach \$124.6 billion, with the highest costs associated with breast cancer (\$16.5 billion), followed by colorectal cancer (\$14 billion), lymphoma (\$12 billion), lung cancer (\$12 billion) and prostate cancer (\$12 billion). The projections were based on the most recent data available on cancer incidence, survival, and costs of care.

Here in Manitoba, if the number of people who are smoking, physically inactive and overweight or obese is not reduced, the province will be facing a \$4.7 billion dollar economic burden by 2026. Released last September, *Making the Case for Primary Prevention: An Economic Analysis of Risk Factors in Manitoba* focused on three key risk factors – tobacco smoking, physical inactivity, and overweight/obesity – to develop an economic analysis of primary prevention of chronic disease. Funded by Heart and Stroke Foundation of Manitoba, Alliance for the Prevention of Chronic Disease, CancerCare Manitoba and Health in Common, the report revealed that just a one per cent reduction in risk factors per year, starting in 2011, using a sample investment of \$529 million would result in \$540 million saved in direct health-care costs. If taking into account indirect costs, in 15 years the savings to the Manitoba economy would be nearly \$1.8 billion, a better than 3-to-1 return on investment.

Reference:

Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, and Brown ML. Projections of the Cost of Cancer Care in the United States: 2010-2020. Jan 19, 2011, JNCI, Vol. 103, No. 2. survivor voice and call to action.

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C-SPAN Member Biosketch

Oliver Bucher

Agency:
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Job title/Position

Epidemiologist

Education & Training

- ▶ Undergraduate degree, Food Science
University of Manitoba
- ▶ Graduate degree, Food Microbiology
University of Manitoba
- ▶ Graduate degree, Epidemiology
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Area of interest

Currently, Oliver is involved in the Cancer Survival and Prevalence Analytic Network and Cancer Projections Network. He has a particular interest in disease surveillance activities and survival analysis and methodology.

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From page 1 ...

3. **We're ensuring comparability.** Measuring cancer survival has become a popular indicator of key aspects of cancer control - an important indicator of success in finding and treating cancer early. It is important that comparisons be made to similarly defined and calculated indicators which is why C-SPAN's Methodology Working Group is shining a light on decision points to get us there.
2. **We're providing data that highlights survivorship.** More Canadian cancer patients are surviving their cancers years after diagnosis, however as people age, they risk being diagnosed with a second or even a third cancer increases. Patients and families are interested in learning what to expect in terms of lifespan (expected longevity and quality of life are two prime examples) and understanding that information.
1. **We're supporting benchmarking!** The development of standard approaches to calculating cancer survival statistics facilitates assessment and comparisons of cancer system performance (benchmarking) which leads to the identification and adoption of best practices to improve outcomes.

Cancer surveillance in Quebec

Rabiâ Louchini tells us what's new in la belle province

Cancer surveillance in Quebec is undergoing some exciting new enhancements and we are pleased to begin carrying out several cancer surveillance indicators.

To start, since January 1, 2011, the Fichier des tumeurs du Quebec, which is supplied by hospital discharge records and death file records, has been upgraded to a new information system: The Registre québécois du cancer (Quebec Cancer Registry or QCR).

The QCR is principally supplied by pathology/cytology report records (reported by 50 hospitals with pathology laboratories), hospital discharge records and death file records.

Currently there are 70 facilities treating cancer in Quebec and 20 local cancer registries. To improve cancer data, facilities currently without a local cancer registry plan to have one. The QCR is also going to collect data on staging and the first course of treatment for the common cancer sites. Those data will be reported by the local cancer registries.

This new Registry will allow high completeness, high accuracy and a best date of diagnosis. To handle the multiple sources of reporting and to determine a new

case or a new tumour, the QCR staff faces a great challenge regarding data quality.

Three issues were identified to evaluate the QCR's data quality: accuracy, validity and completeness. As the data coding is locally made (pathology/cytology laboratories and local cancer registries), those issues will be evaluated locally and centrally.

To minimize the overestimation of the cancer incidence for the first years, data is going to be linked to a health claim database so we will be able to identify cases treated for cancer before January 1, 2011.

Also identified as an issue in the former data were immortals. To resolve the issue, linkage was done with death file records and the results will be integrated in QCR soon. Additionally, for vital status, the QCR has several sources of reporting including death file records, hospital discharge facility records when patients die in the hospital and Quebec health insurance, which also is supplied by different sources.

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Items under Discussion

This regular feature highlights topics that have come up for discussion and require further action or updates.

1. Join Dr. Donna Turner for a one-hour webinar previewing C-SPAN's latest report, *Cancer Prevalence in Canada: A focus on cancer overall and the four most common disease types*. Sessions are scheduled for October 5 at 1pm Central (11 am Pacific, 12 pm Mountain, 2 pm Eastern, 3 pm Atlantic, 3:30 pm in Newfoundland), and October 6 at 11 am Central (9 am Pacific, 10 AM Mountain, 12 PM Eastern, 1 PM Atlantic, 1:30 PM in Newfoundland). To sign up, contact Madeline at Madeline.Kells@cancercare.mb.ca.
2. The C-SPAN Methodology Working Group has been examining suppression strategies to ensure information regarding any individual is not inadvertently disclosed in prevalence tables. Strategies include combining age groups as well as sex where necessary, and rounding to the nearest ten for regional aggregate numbers.



This newsletter is a quarterly update of the C-SPAN project, a unique initiative focusing on the production of cancer survival and prevalence statistics in Canada. We aim to reach everyone who generates, analyzes or uses these measures of cancer survivorship.

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