



May 2004

National Cancer Registry

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New report shows major survival differences between health boards

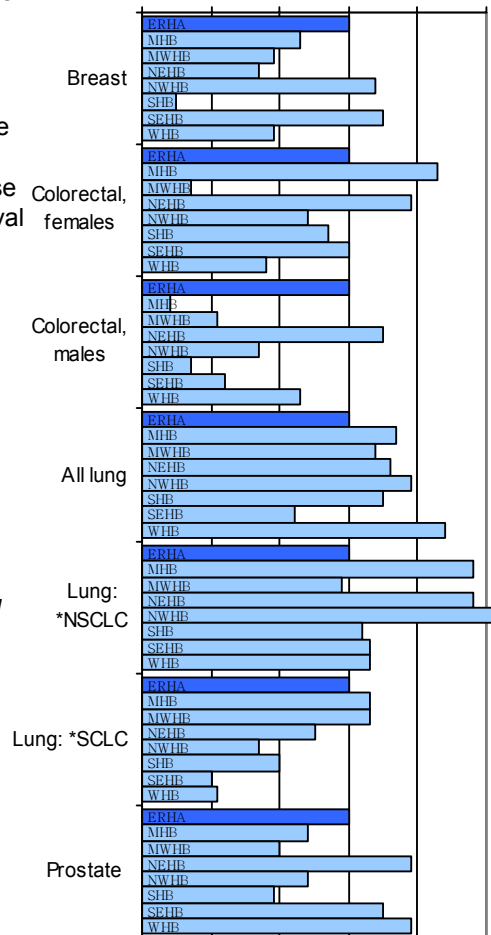
A new report¹ from the National Cancer Registry shows that in the period 1994-1998 there were significant differences between health board areas in the treatments given for four common cancers.

Patients living in the ERHA were more than twice as likely to have radiotherapy for bowel cancer as those living in the MWHB. In addition, survival for breast and colorectal cancer were better in some parts of Ireland.

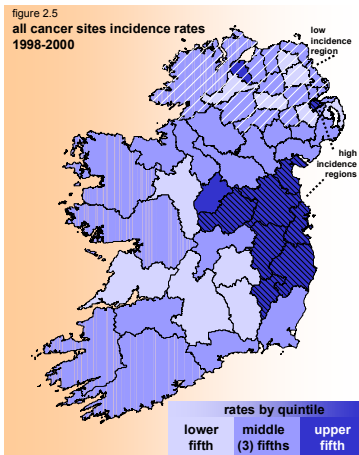
For patients diagnosed with cancer between 1994 and 1998 there was:

- **33% poorer survival for patients with breast cancer living in the SHB;**
- **31% poorer survival for female colorectal patients living in the WHB;**
- **21% to 36% poorer survival for male colorectal cancer patients living in the SEHB, MWHB, SHB and MHB.**

probability of survival relative to ERHA
 70% 80% 90% 100% 110% 120%



¹ Patterns of care and survival from cancer in Ireland 1994 to 1998
 Roisin NicAmhlaoibh, Salah Mahmud, Harry Comber
 National Cancer Registry, 2004
 Publication: May 2004



Belfast and the central east region have 8% to 10% more cases than expected

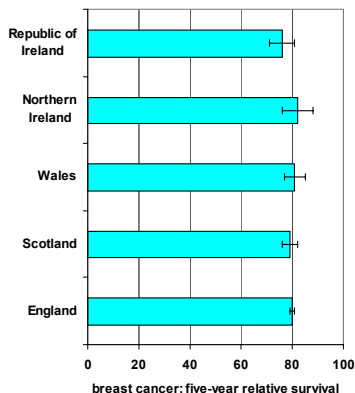
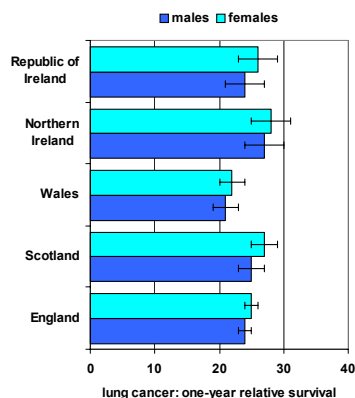
All-Ireland Cancer Statistics, Second Report

The second All-Ireland cancer incidence and mortality report² covers the years 1998-2000, and gives information on the cancer burden, survival, age patterns, time trends and geographical variation in the island of Ireland.

Among the key findings are:

- Cancer is a leading cause of death and morbidity in Ireland
- Men have higher incidence and mortality rates than women
- Incidence and mortality rates for women are higher in Ireland than in the EU
- Mortality rates for men and women are higher in Ireland than in the US
- Forty percent of those diagnosed with cancer are under age 65, as are one-fourth of those who die from it

- The rate of cancer has not appreciably changed over time
- The mortality rate in the Republic of Ireland is significantly higher than in Northern Ireland
- The northern region has significantly fewer cases than expected
- Eastern seaboard and urban regions have significantly more cases and deaths than expected
- Northern region and western regions have significantly fewer deaths than expected
- Differing cancer incidence and mortality rates for men and women, and among areas or regions probably reflect differences in life-style choices, health-care systems, and public-health initiatives



Cancer Survival in the UK and Ireland

This paper, which is due to be published this summer, will describe cancer survival in England, Wales, Scotland, Northern Ireland and Ireland.

This is the first time that a comparison of survival has been made between all the countries in these islands using the same data and methods, and will give a unique insight

into the similarities and differences. Of particular interest will be the differences between Ireland with a mixed public/private system, and the UK. Preliminary analyses suggest there are no major differences between the countries studied, and that survival for most cancers has improved.

Survival for most common cancers has improved in the past five years.

² All-Ireland Cancer Statistics, 1998-2000. Joe Campo, Anna Gavin, Harry Comber. National Cancer Registry/Northern Ireland Cancer Registry, 2004.
Publication date: September 2004

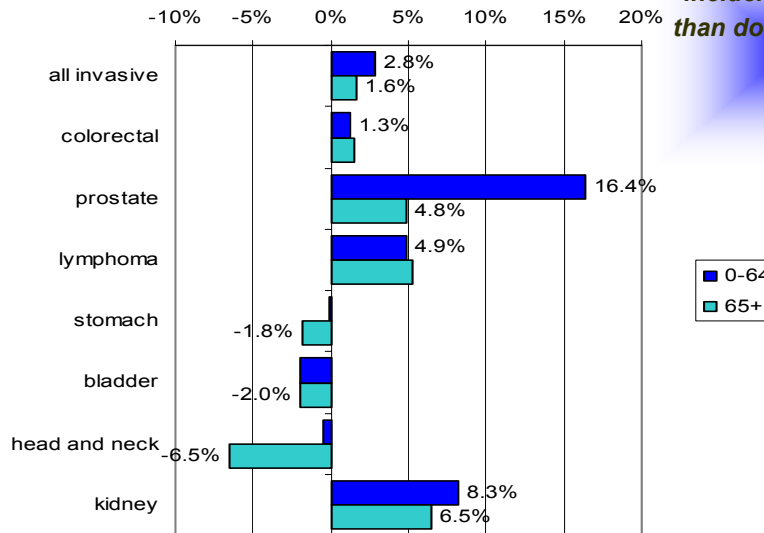
Cancer in Ireland, 1994 to 2000

The latest in the series of annual reports from the Registry³ contains the most recent statistics on cancer in Ireland.

The report

- describes recent trends in incidence and mortality,
- analyses treatment and survival patterns
- compares incidence, mortality and survival in Ireland with those in the rest of Europe
- extrapolates current trends to estimate the future cancer burden.

The most striking finding is a 52% increase in prostate cancer cases from 1089 in 1994 to 1656 in 2000 and, in particular, a 142% increase in cases in men under 65 from 158 to 383. This dramatic rise is almost certainly due to an increase in PSA testing.



Prostate cancer incidence has more than doubled in men under 65

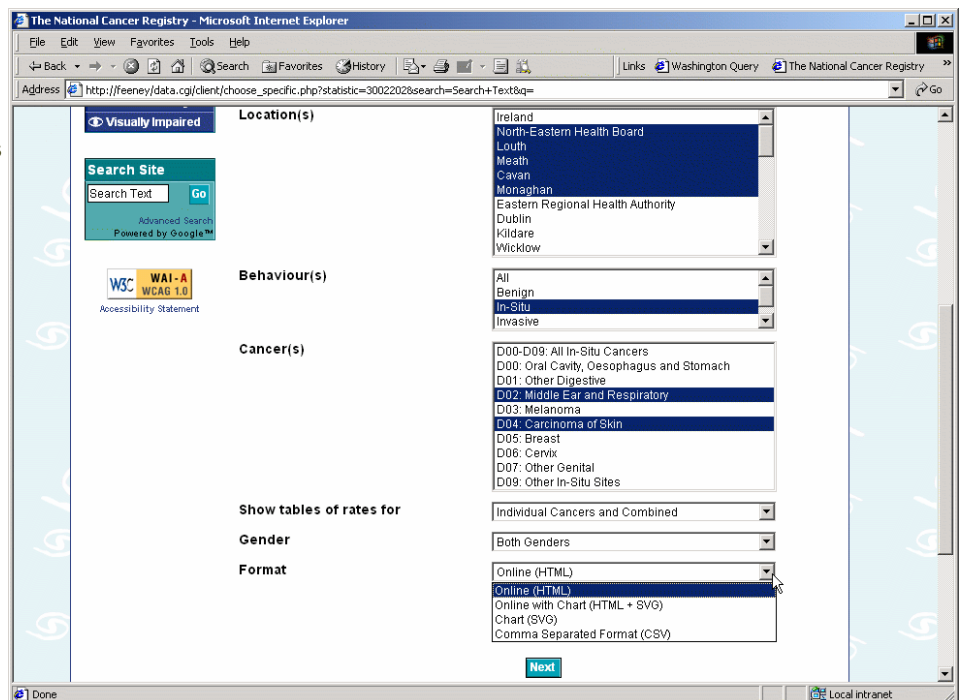
Annual rate of increase in cancer numbers, 1994-2000

On-line access to data

The registry will soon be able to provide on-line access to data. At present we have data from 1994 to 2000, and later years will be added as soon as they are available. Users will have instant on-line access to a wide variety of cancer data, by site and place of residence and will be able to design their own tables, based on cancer type, age, county and health board. The output will include numbers of cases and deaths from cancer, age-specific, crude and adjusted rates.

The existing data query service will continue to be provided, as will the ability to download the dataset.

The online query system will be available in June 2004



³ Cancer in Ireland, 1994-2000. Incidence, mortality and survival. National Cancer Registry, 2004. Publication date: September 2004

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Electronic data collection

The Registry is expanding data collection from the current manual system to allow us to register cases directly from electronic pathology reports, HIPE data and death certificates.

This will help us to provide our users with data earlier than at present and also allow our tumour registration officers to concentrate on extracting more detailed information from medical records. We are also beginning a process of geocoding all

records to add and electoral division (DED) of residence for each case. This will enable us to rapidly identify areas of high cancer risk and to look at the links between cancer and deprivation.

New staff join the National Cancer Registry

To provide more up-to-date and accurate data to our users, the Registry has recently recruited some new staff members.

Anne Cooney has joined the registry as a tumour registration officer, based in the Eastern region. Over half of all cancer patients are treated in this area, and we have seen a major increase in registrations there.

Bryan Feeney has designed and implemented the Registry website and the new interactive query system.

Neil McCluskey has been funded by the health boards to assign electoral districts of residence to all registered cases of cancer.

Colm Quinn is spearheading our effort to collect more data from electronic sources, and will be working with pathology laboratories and HIPE units around the country.

Tracy Kelleher has joined us as data quality officer to work on checking and quality assurance of our data

Chris Smith is our new

executive assistant, who has the responsibility of setting up and maintaining our new accounting and personnel systems.

About the National Cancer Registry

The National Cancer Registry was set up in 1991 to collect, store, analyse and report on all cancer cases and cancer deaths in Ireland. We have a staff of 44, most of whom are based in Cork and the rest located in hospitals throughout the country.

Reporting of cases to the Registry is voluntary, relying on the help of pathology laboratories, HIPE units, medical records departments and many others, to whom we wish to express our thanks. Information on cancer deaths is provided by the Central Statistics Office.

The registry is wholly funded by the Department of Health and Children.

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