

Report to: **East Sussex Health and Wellbeing Board**

Date: **29 July 2014**

By: **Cynthia Lyons, Acting Director of Public Health**

Title of report: **Publication of Experimental Statistics on Cancer Staging**

Purpose of report: **To inform the Health and Wellbeing Board of the limitations and misinterpretation of the recently published experimental statistics on cancer staging and that they primarily represent variation in completeness of staging information rather than genuine differences in rates of early diagnosis.**

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to note this report.

1. Background

1.1 In May 2014, Public Health England published experimental statistics showing the percentage of new cases of cancer diagnosed at an early stage (stage 1 and 2) as a proportion of all new cases of cancer diagnosed during the year 2012. Local results were published in local newspapers but the experimental nature of the statistics was overlooked and this led to misinterpretation of the statistics as representing differences in early cancer diagnosis.

2. Introduction

2.1 When a cancer is diagnosed it is given a particular 'stage' to denote how far it has developed, grown or spread. Cancer is a progressive disease, moving from early to more advanced stages over time, so the stage at diagnosis is related to survival.

2.2 Diagnosis at an early stage of the cancer's development leads to dramatically improved survival chances.

3. Experimental Cancer Staging Statistics

3.1 This experimental statistics measures new cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed at any stage or unknown stage. The results for East Sussex are copied below.

	Percentage of new cases stage 1 & 2
England	41.6
East Sussex	37.6
Eastbourne	33.9
Hastings	33.9
Rother	37.0
Wealden	40.3
Lewes	40.3

3.2 There are a number of reasons why these figures are labelled as experimental statistics and should be interpreted with caution:

- because of the variation in data quality

- several types of cancers (specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkins lymphomas, and invasive melanomas of skin) are grouped into a single indicator
- cancers where the stage is not recorded are included in the denominator, so a low proportion of cases with staging data will lead to the indicator showing a low proportion of cases diagnosed at stage 1 or 2
- the casemix of cancers diagnosed will impact on the proportion of early stage cancers. For example breast cancer is far more likely to be diagnosed at an early stage than lung cancer, so areas with a high proportion of breast cancer will have better outcomes on this indicator in comparison with areas with a high proportion of lung cancer
- data for areas where there was less than 70% staging information known for the cancers used in the numerator and denominator were not published (this affected 35% of areas nationally), however locally, the percentage of staging was only just above the 70% threshold but with the lower confidence interval around the local values below the 70% threshold.

4. Interpreting the Experimental Statistics

4.1 An indicator on the proportion of cancers diagnosed at an early stage is a useful proxy for assessing improvements in cancer survival rates, however at this stage, these experimental statistics have significant limitations.

4.2 It is important to note that data completeness in 2012, the first year of this indicator, varies very widely, and as a result the indicator values primarily represent variation in completeness of staging information rather than genuine differences in rates of early diagnosis.

4.3 Improving data quality will result in better outcomes on this indicator: if more cases are staged, the proportion of early staged cancers will tend to increase.

5. Improving Cancer Outcomes

5.1 Cancer is a major cause of death, accounting for around 29% of deaths in East Sussex annually. More than 1 in 3 people will develop cancer at some point in their life.

5.2 Cancer is a key priority for both the NHS and Public Health and we are committed to working together to improve, screening programmes, symptom awareness campaigns to help tackle late presentation by people to their GPs, early diagnosis and treatment available.

5.3 We are also committed to promoting healthy lifestyles and providing services to support healthy lifestyles as people can lower their risk of developing certain cancers by:

- eating a healthy balanced diet
- maintaining a healthy weight
- drinking less alcohol
- stopping smoking
- protecting their skin from sun damage

6. Conclusion and Reason for Recommendation

It is recommended that the Health and Wellbeing Board note this report as the recently published experimental statistics on cancer staging are open to misinterpretation. They primarily represent variation in completeness of staging information rather than genuine differences in rates of early diagnosis.

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