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**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES**
**BY DEPUTY J.A. HILTON OF ST. HELIER**
**ANSWER TO BE TABLED ON TUESDAY 22nd SEPTEMBER 2015**

**Question**

"Can the Minister advise what the five year survival rates are for –

- each of the ten most common cancers in Jersey, when measured using the same comparators as the U.K.; and
- each of the ten most common cancers in Germany, France and Spain, using the same comparators as the U.K.?

If there are different ways of measuring the survival rates can these be explained, along with the reason why they are different?

In addition, can the Minister advise whether there has been an increase in referrals for screening of asbestos related cancers in the past year and, if so, can he state whether this has resulted in an increase in diagnosis of asbestos related cancers compared to five and ten years ago?"

**Answer**

Yes, these data are routinely monitored, collated and analysed on our behalf by the Knowledge and Intelligence Team (KIT) of Public Health England and are presented below with reference to the Deputy's question. The uniform methodology applied means that the data are robust, incorporating cancers diagnosed on the mainland as well as here in Jersey, and removing any double-counting (ie recording a new diagnosis more than once), and are directly comparable to equivalent data for England. It is also comparable to the methodology used elsewhere internationally, thus enabling international comparisons.

Looking at the overall picture, although Jersey has a 6% higher cancer incidence rate than England (the number of all new cancers diagnosed every year), the one-year and five-year survival in Jersey for all cancers is higher – i.e. better than the England average.

Returning to the Deputy's specific question, the first table shows that in almost all instances for the ten commonest cancers, from our most recent Channel Islands Cancer Report (data to 2011) 5-year survival rates for Jersey patients in relation to each 'top ten' cancer are either approximately the same, or considerably better (examples here are colorectal, lung, upper gastrointestinal), than those for patients in England.

Looking at the further tables including the requested comparisons with Germany, France and Spain, albeit these data are averaged over a slightly different time period, the same favourable comparison applies for cancer groupings with comparable headings (breast, prostate and lung): these are also three of the four commonest cancers in each of the countries.

Further information about patterns of cancer in Jersey are available in the regular Channel Islands Cancer Reports, as well as the 2013 *Cancer in Jersey* independent scoping report (available on the gov.je website), also commissioned by us from Public Health England to ensure robust external comparisons.

**Five-year survival rates for each of the ten most common cancers in Jersey:**

Top 10 cancers in Jersey with 5-year relative survival rates (%) for those diagnosed 2002-2006

| Top 10 cancers by incidence | Jersey 5-year survival rates | | England 5-year survival rates | |
|---|---|---|---|---|
| | Male | Female | Male | Female |
| Breast | n/a | 85 | n/a | 86 |
| Prostate | 89 | n/a | 86 | n/a |
| Colorectal | 63 | 63 | 52 | 52 |
| Lung | 16 | 14 | 7 | 8 |
| Malignant melanoma | 88 | 91 | 84 | 93 |
| Head and neck | 65 | 72 | 59 | 71 |
| Upper gastrointestinal | 19 | 17 | 11 | 9 |
| Lymphoma | 82 | 67 | 63 | 64 |
| Uterus | n/a | 65 | n/a | 79 |
| Bladder | 62 | 37 | 58 | 44 |

*Source: Channel Islands Cancer Report 2013 and Public Health England Knowledge and Intelligence team*

Rates for the UK as a whole are not included in this answer because there is currently no equivalent UK-wide data available for survival of cancers diagnosed after 2004. For more information see the National Cancer Intelligence Network website www.ncin.org.uk

**Five-year survival rates for each of the ten most common cancers in Germany, France and Spain**

Data from EUCAN (a World Health Organisation unit providing estimates of cancer throughout Europe) shows for 2012, the most common cancers in France, Germany and Spain are very similar to our own and those for England (see tables below). The top four are the same in all of these countries, albeit in slightly differing order.

(Explanatory note: Large bowel is equivalent to colorectal, and ‘Lip, oral cavity and pharynx’ are the main cancers included in our ‘Head and neck’ numbers. Also ‘Corpus uteri’ is equivalent to our category ‘Uterus’. Pancreas (see Germany) and Stomach (see Spain) are included in our Upper Gastrointestinal category).

France

| Top 10 most common cancers | |
|---|---|
| **1** | Prostate |
| **2** | Breast |
| **3** | Lung incl. trachea and bronchus |
| **4** | Large bowel |
| **5** | Corpus Uteri |
| **6** | Lip, oral cavity and pharynx |
| **7** | Kidney incl. renal pelvis and ureter |
| **8** | Non-Hodgkin lymphomas |
| **9** | Malignant melanomas |
| **10** | Bladder |

*Source: http://eu-cancer.iarc.fr/eucan*

Germany

| Top 10 most common cancers | |
|---|---|
| **1** | Breast |
| **2** | Prostate |
| **3** | Large bowel |
| **4** | Lung incl. trachea and bronchus |
| **5** | Bladder |
| **6** | Corpus Uteri |
| **7** | Kidney incl. renal pelvis and ureter |
| **8** | Malignant melanomas |
| **9** | Lip, oral cavity and pharynx |
| **10** | Pancreas |

*Source: http://eu-cancer.iarc.fr/eucan*

Spain

| Top 10 most common cancers | |
|---|---|
| **1** | Prostate |
| **2** | Breast |
| **3** | Large bowel |
| **4** | Lung incl. trachea and bronchus |
| **5** | Bladder |
| **6** | Corpus Uteri |
| **7** | Stomach |
| **8** | Kidney incl. renal pelvis and ureter |
| **9** | Ovary |
| **10** | Lip, oral cavity and pharynx |

*Source: http://eu-cancer.iarc.fr/eucan*

Age-standardised 5-year relative survival for adult patients with cancer diagnosed 2000-2007 as per EUROCARE-5: (headings indicated with * are those which match three of the cancer types in our 'top ten')

| | Stomach cancer | Colon cancer | Rectal cancer | Lung cancer* | Skin melanoma | Breast cancer* | Ovarian cancer | Prostate cancer* | Kidney cancer | Non-Hodgkin lymphoma |
|---|---|---|---|---|---|---|---|---|---|---|
| **France** | 26 | 60 | 58 | 14 | 87 | 86 | 40 | 89 | 64 | 66 |
| **Germany** | 31 | 62 | 60 | 16 | 89 | 84 | 40 | 89 | 70 | 64 |
| **Spain** | 26 | 57 | 56 | 11 | 85 | 83 | 37 | 85 | 58 | 60 |
| **England** | 17 | 51 | 54 | 9 | 85 | 73 | 31 | 80 | 47 | 57 |

*Source: De Angelis et al, 2014*

Due to differences in time periods and groupings in the EUROCARE-5 study, it is not possible to directly compare to Jersey. It should also be noted that figures given for England rates in the table above will differ from those provided earlier in this answer, given the differing time periods which apply.

## Methodology for cancer survival

Cancer survival rates are expressed as the percentage of people still alive after a specified amount of time, often 1, 5 or 10 years after a diagnosis of cancer at a specific time. It usually only refers to primary cancers and does not include secondary cancers or recurrences.

## Problems of using survival statistics

What the survival figures don't show is the stage at which the cancer was first diagnosed, the time from noticing symptoms to presentation at a GP, the time from first presentation to diagnosis, the time from diagnosis to treatment - all of which impact on the overall survival rate.

The UK has been aware that its survival rates are lower than other jurisdictions and there is work currently going on looking at and trying to understand survival differences across countries.

There is ongoing global (global surveillance of cancer survival) & international (Cancer Research UK) research. Preliminary results show some differences in survival rates between jurisdictions but work continues to investigate the underlying reasons. For instance, both the UK and Denmark have lower survival rates compared to other countries. It has been suggested that this may be due to later diagnosis, which may account for differences in measured survival times from diagnosis.

Inequality in diagnosis and treatment and differences in the awareness and beliefs about cancer between countries are also being considered as possible explanations for differences in survival rates.

**Has there been an increase in referrals for screening of asbestos-related cancers in the past year?**

The only cancer which is strongly associated with asbestos is malignant mesothelioma. Because it is a relatively rare condition with no early or latent stage amenable to detection by a suitable screening test, there is no routine screening programme for the condition. With our relatively low population size, numbers of new diagnoses of malignant mesothelioma vary considerably from year to year, normally between one and four per year on average over the years. There has been no general trend either upwards or downwards. Our Channel Islands Cancer reports, as mentioned above, provide us with robust data retrospectively, after subjecting clinical and pathological records to a careful checking process that removes duplication eg if second or subsequent clinic attendances were to be recorded as 'new diagnoses', or if a case is counted twice both at clinical, and then at pathological diagnosis, there would be double counting. It is not possible from local hospital data to separately identify new diagnoses of a particular condition (as against any attendance for such a condition).

**References**

De Angelis, R., Sant, M., Coleman, M. P., Francisci, S., Baili, P., Pierannunzio, et al., (2014). Cancer survival in europe 1999-2007 by country and age: Results of EUROCARE-5--a population-based study. *Lancet Oncology*, *15*(1), 23-34. doi:http://dx.doi.org.ezproxy.brighton.ac.uk/10.1016/S1470-2045(13)70546-1

EUCAN website http://eu-cancer.iarc.fr/eucan

Cancer Research UK website http://www.cancerresearchuk.org

National Cancer Intelligence Network website http://www.ncin.org.uk

International Agency for Research on Cancer website http://www.iarc.fr/index.php

Public Health England Knowledge and Intelligence Team, Cancer in Jersey Report 2013, available from www.gov.je

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