

Statistical bulletin

Cancer Survival by NHS England Area Team - Patients diagnosed: 1996-2011, followed up to 2012

Comparisons by area of residence of cancer survivors 1 and 5 years after diagnosis for 6 cancer types.



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1 . Key findings

- One-year net survival from cancers of the oesophagus, stomach, colon, lung, breast (women) and cervix has improved by between 3% and 19% for adults diagnosed in England in 2011, compared to those diagnosed in 1996
- Five-year net survival for these same cancers has improved by between 2% and 9% for adults diagnosed in 2006, compared to those diagnosed in 1996
- For women diagnosed with breast cancer in 2011, there was very little variation in one-year survival across the 25 NHS England Area Teams: the national average value was 96.4%, and the range between the highest and lowest values was only 1.3%
- For five-year survival for women diagnosed with breast cancer in 2006, the geographic variation around the national average (84.1%) was slightly wider, at 4.0%
- Disparities in net survival across the 25 NHS England Area Teams were highest for one-year net survival for cancers of the oesophagus (men), stomach, colon (women) and lung (women) in 2011, with differences of over 10% between Area Teams. These disparities were less marked for five-year net survival

2 . Summary

This report presents one-year and five-year age-standardised net survival estimates for the 25 NHS England Area Teams, for patients who were diagnosed with a cancer of the oesophagus, stomach, colon, lung, breast (women) or cervix during 1996–2011 and followed up to 31 December 2012 (see Background Notes 13). One-year survival estimates are reported for patients diagnosed in 1996, 2001, 2006 and 2011, and five-year survival for those diagnosed in 1996, 2001 and 2006.

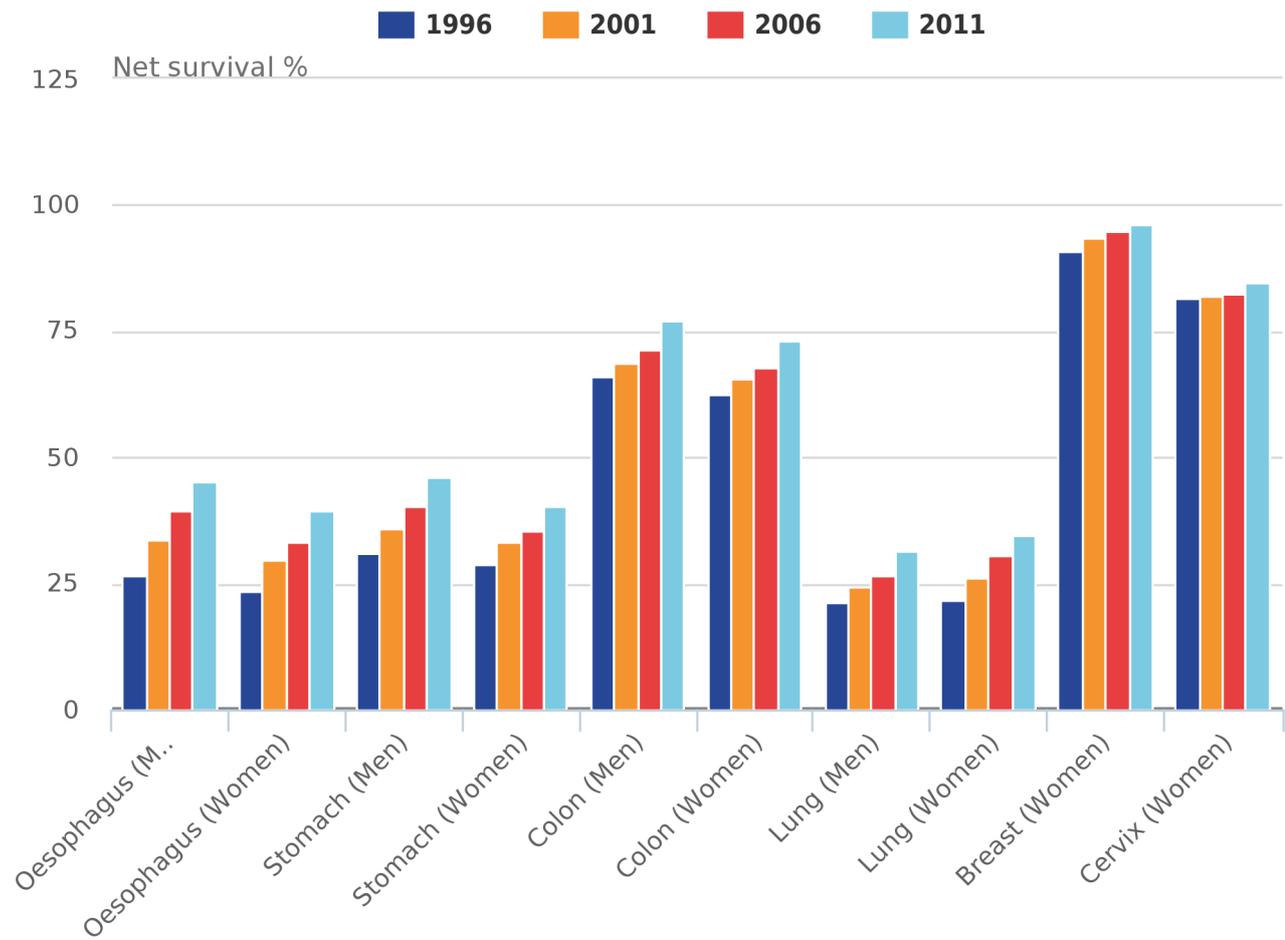
3 . Results

The 25 NHS England Area Teams were created on 1 April 2013. For the purpose of these analyses, patients have been assigned to the Area Team that includes their residence when they were diagnosed between 1996 and 2011.

Estimates of one-year and five-year age-standardised net survival (%) are presented for each of the six cancers in tables and charts for each NHS England Area Team, by sex and calendar period. The survival estimates are age-standardised to compensate for differences in the age profile of cancer patients between Area Teams, and for changes in these age profiles over time (see Background Note 5).

One-year survival is above 60% for cancers of the colon, breast and cervix, and five-year survival for these cancers is above 45% (Figures 1A and 1B). For cancers of the oesophagus, stomach and lung, however, one-year survival is below 50% and five-year survival below 20%.

Figure 1A: One-year age-standardised net survival (%) for adults (1) diagnosed with one of six cancers: England, 1996–2011, by year of diagnosis and sex

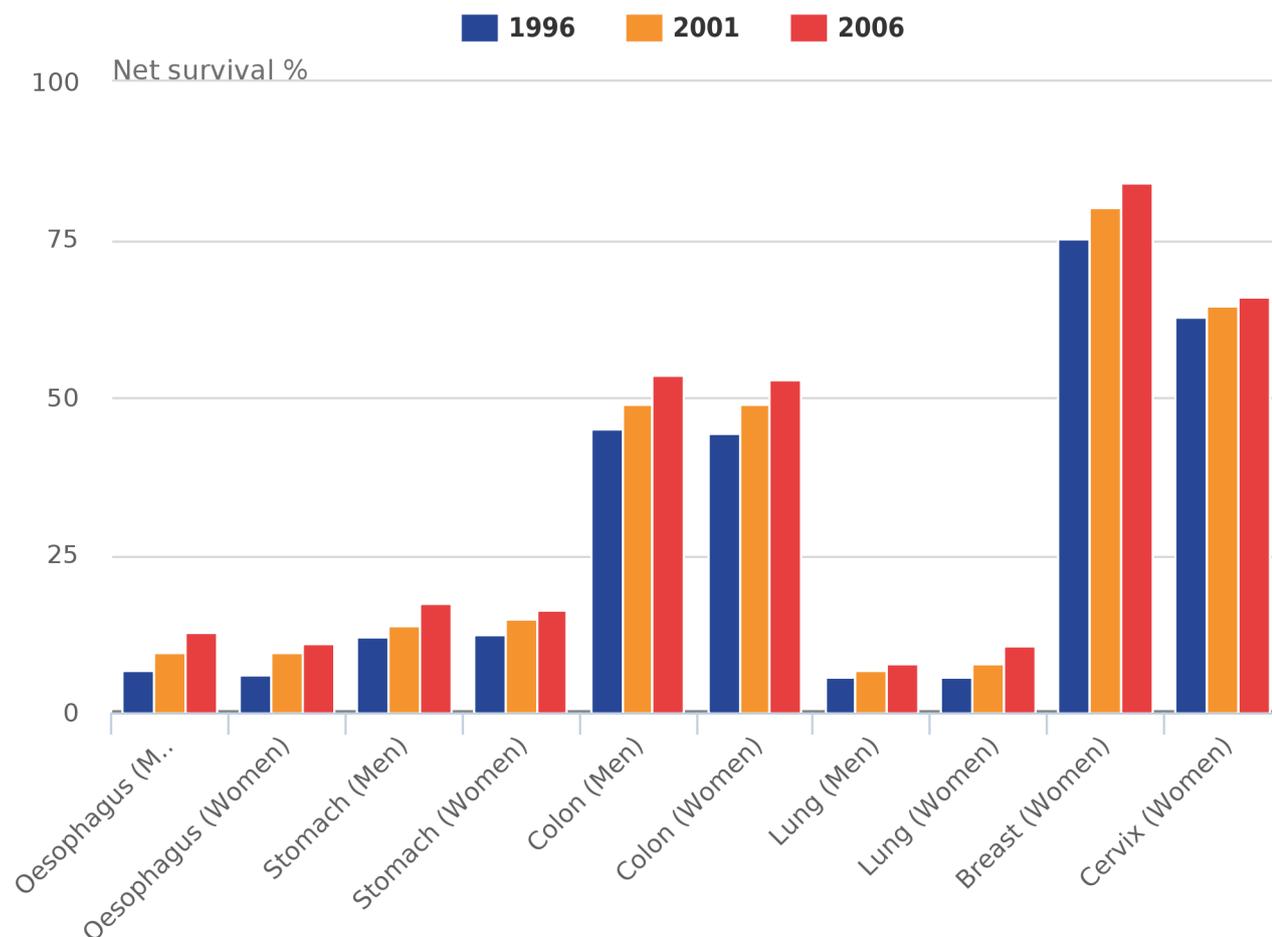


Source: Office for National Statistics

Notes:

- Adults aged 15-99

Figure 1B: Five-year age-standardised net survival (%) for adults (1) diagnosed with one of six cancers: England, 1996–2006 by year of diagnosis and sex



Source: Office for National Statistics

Notes:

1. Adults aged 15-99

At the national level an upward trend in net survival was observed for all six cancers. The largest improvement in one-year survival among men occurred for cancers of the oesophagus, where survival increased by 19% from 26.7% for those diagnosed in 1996 to 45.4% for those diagnosed in 2011. Five-year survival for men with colon cancer increased by 8% from 45.2% for those diagnosed in 1996 to 53.4% for those diagnosed in 2006. For women the largest improvement in one-year survival was for cancer of the lung, where survival increased by 13% from 21.9% for those diagnosed in 1996 to 34.7% for those diagnosed in 2011. Five-year survival for women increased the most for those diagnosed with breast cancer, increasing by 9% from 75.2% in 1996 to 84.1% in 2006.

The range in one-year survival between NHS England Area Teams with the highest and lowest survival in 2011 was widest for men diagnosed with stomach cancer at 14.2% and narrowest for women diagnosed with breast cancer at 1.3% (Table 1A). For five-year survival the range between NHS England Area Teams in 2006 was widest for women diagnosed with colon cancer at 12.0% and narrowest for men diagnosed with lung cancer at 3.7% (Table 1B).

These estimates should not be used to rank NHS England Area Teams by their survival, because a change of just 1 or 2% may radically alter the ranking of a given Area Team, especially where the range of estimates is very narrow.

Figure 2 presents a map of the 25 NHS England Area Teams. The geographic patterns of one-year survival (patients diagnosed in 2011) for cancer of the oesophagus, stomach, colon, lung, breast (women) and cervix are mapped in Figures 3A, 4A, 5A, 6A, 7A and 8A respectively. Comparable maps for five-year survival (patients diagnosed in 2006) are mapped in Figures 3B, 4B, 5B, 6B, 7B and 8B respectively.

Reference files presenting results for one-year and five-year net survival by NHS England Area Team are available to download for cancer of the [oesophagus \(393.5 Kb Excel sheet\)](#), [stomach \(364.5 Kb Excel sheet\)](#), [colon \(357.5 Kb Excel sheet\)](#), [lung \(341.5 Kb Excel sheet\)](#), [breast \(women\) \(235 Kb Excel sheet\)](#) and [cervix \(227.5 Kb Excel sheet\)](#).

Table 1A: Range in one-year age-standardised net survival between NHS England Area Team, England, adults(1) diagnosed with one of six cancers 19962011, by year of diagnosis and sex

ICD-10 Code	Site description	Sex	Range %			
			Year			
			1996	2001	2006	2011
C15	Oesophagus	Men	11.2	12.5	10.4	10.9
		Women	13.7	13.9	9.5	9.5
C16	Stomach	Men	9.2	13.3	10.1	14.2
		Women	15.5	11.3	10.3	11.3
C18	Colon	Men	11.7	11.0	8.0	7.8
		Women	15.8	9.8	9.2	10.9
C33, C34	Lung	Men	7.6	5.9	5.8	6.3
		Women	9.1	8.5	8.2	11.1
C50	Breast	Women	5.9	4.3	2.4	1.3
C53	Cervix	Women	10.8	7.4	6.1	7.8

Source: Office for National Statistics

Notes:

1. Adults aged 15-99

Table 1B: Range in five-year age-standardised net survival between NHS England Area Team, England, adults(1) diagnosed with one of six cancers 1996-2006 by year of diagnosis and sex

ICD-10 Code	Site description	Sex	Range %		
			Year		
			1996	2001	2006
C15	Oesophagus	Men	6.4	6.8	6.2
		Women	4.1	9.5	4.5
C16	Stomach	Men	7.3	9.2	8.7
		Women	9.9	6.6	8.2
C18	Colon	Men	16.3	10.0	9.8
		Women	17.3	12.6	12.0
C33, C34	Lung	Men	3.9	3.9	3.7
		Women	4.7	5.2	4.5
C50	Breast	Women	10.0	5.5	4.0
C53	Cervix	Women	12.5	11.0	9.5

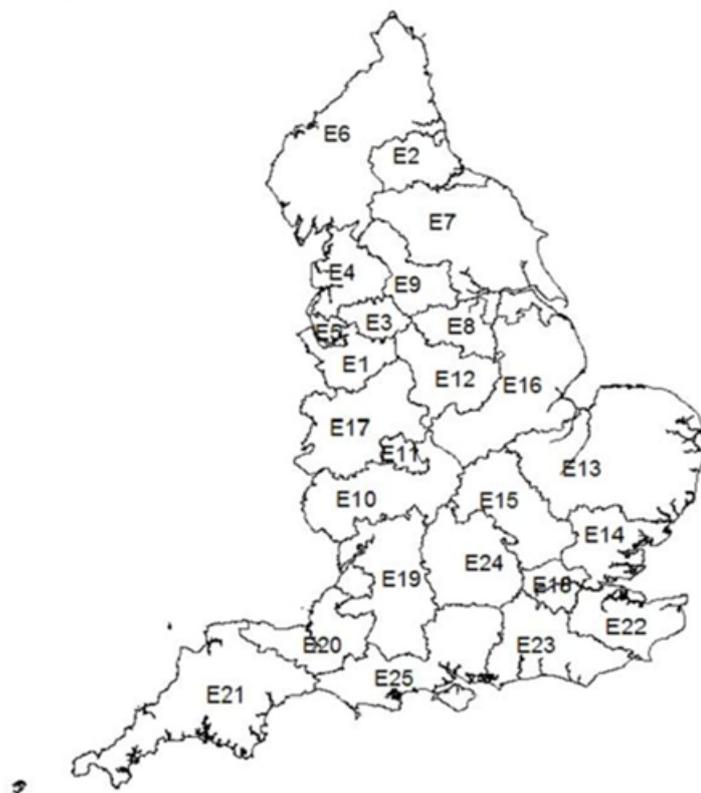
Source: Office for National Statistics

Notes:

1. Adults aged 15-99

4 . NHS England area team boundaries, 2013

Figure 2: NHS England area team boundaries, 2013



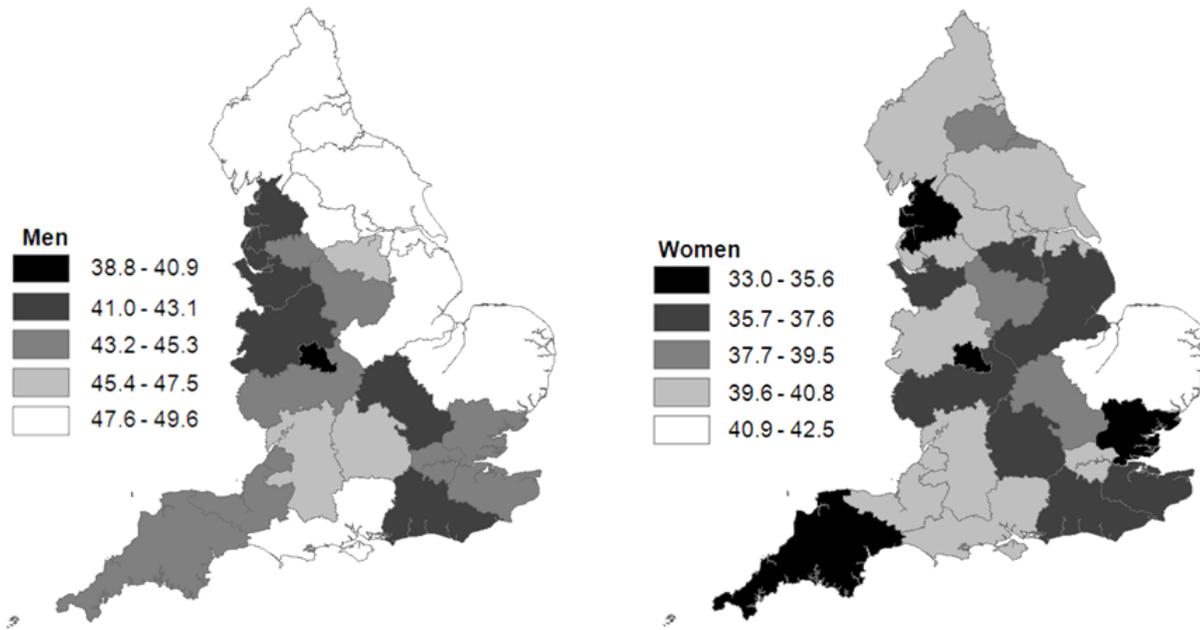
E1	Cheshire, Warrington and Wirral	E14	Essex
E2	Durham, Darlington and Tees	E15	Hertfordshire and the South Midlands
E3	Greater Manchester	E16	Leicestershire and Lincolnshire
E4	Lancashire	E17	Shropshire and Staffordshire
E5	Merseyside	E18	London
E6	Cumbria, Northumberland, Tyne and Wear	E19	Bath, Gloucestershire, Swindon and Wiltshire
E7	North Yorkshire and Humber	E20	Bristol, North Somerset, Somerset and South Gloucestershire
E8	South Yorkshire and Bassetlaw	E21	Devon, Cornwall and Isles of Scilly
E9	West Yorkshire	E22	Kent and Medway
E10	Arden, Herefordshire and Worcestershire	E23	Surrey and Sussex
E11	Birmingham and the Black Country	E24	Thames Valley
E12	Derbyshire and Nottinghamshire	E25	Wessex
E13	East Anglia		

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5 . Oesophageal cancer

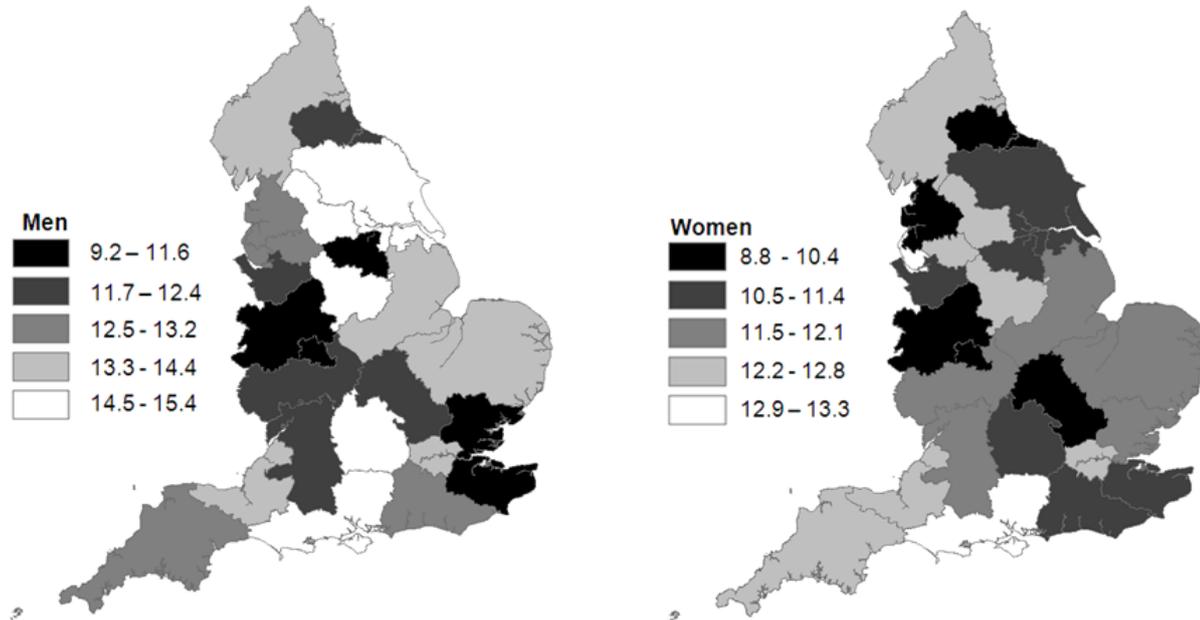
One-year age-standardised net survival improved considerably for patients diagnosed between 1996 and 2011, however survival was still low for patients diagnosed in 2011 and ranged between 38.8% and 49.6% for men and between 33.0% and 42.5% for women. One-year age-standardised net survival doubled in four NHS England Area Teams for men: Durham, Darlington and Tees; Greater Manchester; South Yorkshire and Bassetlaw; and Arden, Herefordshire and Worcestershire. One-year age-standardised net survival doubled in three NHS England Area Teams for women: Cheshire; Warrington and Wirral; Greater Manchester; and Merseyside ([Tables and Figures A1 and A2 \(393.5 Kb Excel sheet\)](#)). Five-year age standardised net survival ranged between 9.2% and 15.4% for men and 8.8% and 13.3% for women. Statistically significant improvements in five-year age-standardised net survival between NHS England Area Teams ranged between 4.2% and 9.1% in men and 3.8% and 8.3% in women ([Tables and Figures A3 and A4 \(393.5 Kb Excel sheet\)](#)).

Figure 3A: One-year age-standardised net survival (%) from oesophageal cancer for patients diagnosed 2011, by NHS England area teams and sex



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Figure 3B: Five-year age-standardised net survival (%) from oesophageal cancer for patients diagnosed 2006, by NHS England area teams and sex

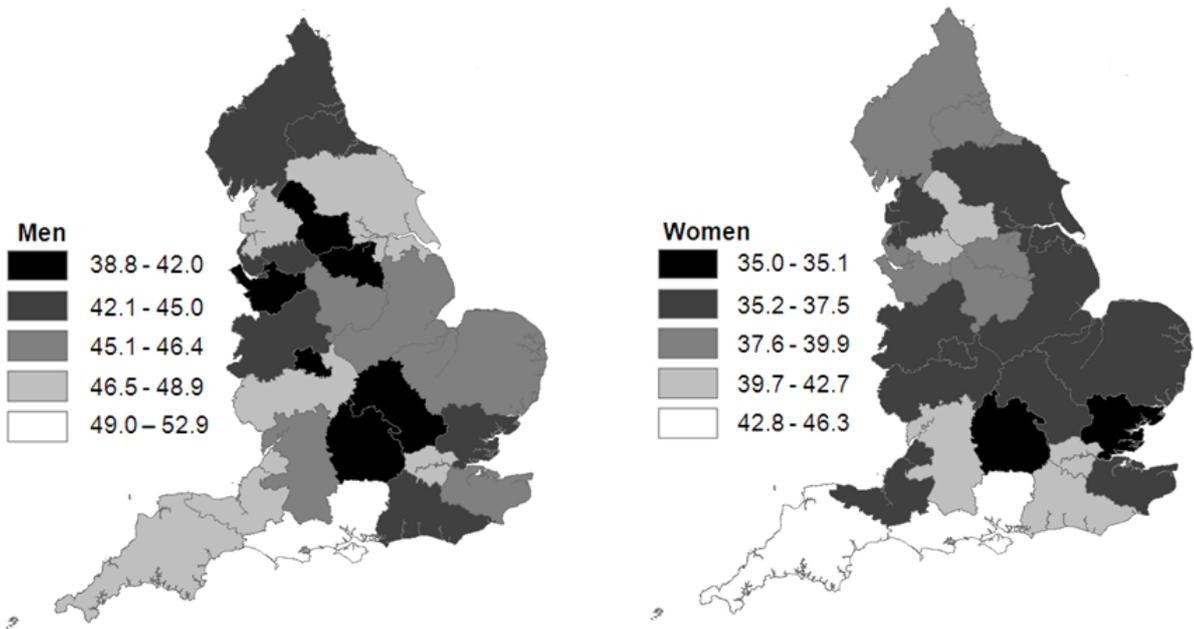


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6 . Stomach cancer

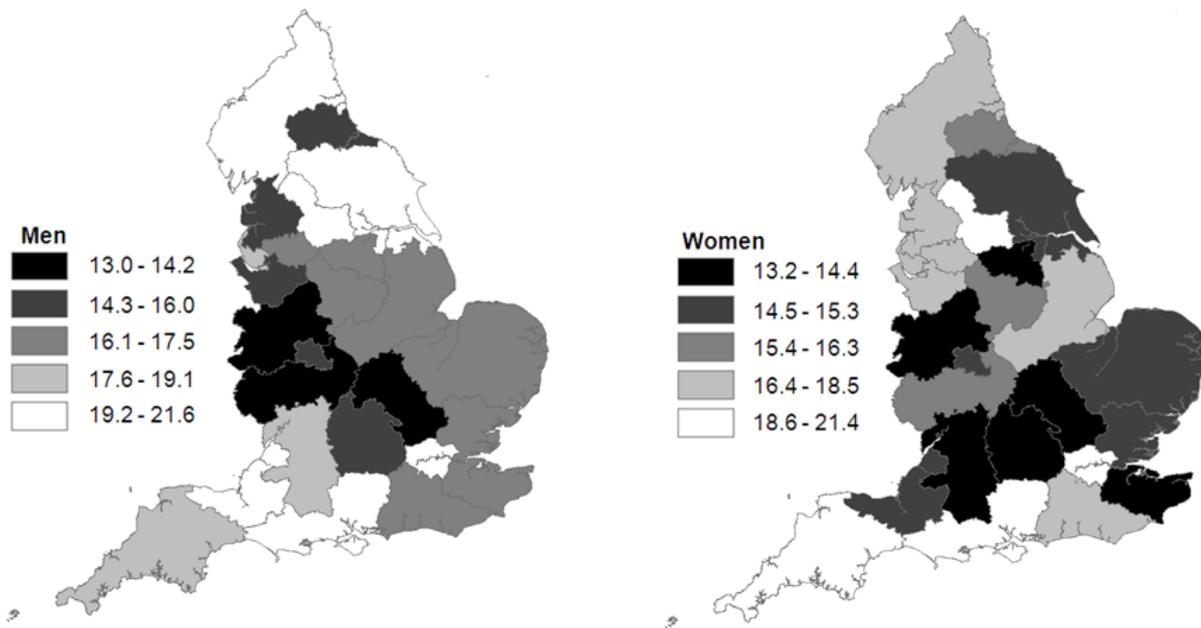
One-year age-standardised net survival ranged between 38.8% and 52.9% in men and between 35.0% and 46.3% in women. Statistically significant improvements in one-year age-standardised net survival for men diagnosed in 2011 compared to those diagnosed in 1996 varied between NHS England Area Teams ranging from 6.9% to 19.6% ([Tables and Figures B1 and B2 \(364.5 Kb Excel sheet\)](#)). Five-year age-standardised net survival doubled in three NHS England Area teams for men between 1996 and 2006: Cumbria, Northumberland, Tyne and Wear; West Yorkshire; and Bristol, North Somerset, Somerset and South Gloucestershire. Both one and five-year net survival doubled for women in the South Yorkshire and Bassetlaw NHS England Area team. Five-year age-standardised net survival ranged between 13.0% and 21.6% for men and between 13.2% and 21.4% ([Tables and Figures B3 and B4 \(364.5 Kb Excel sheet\)](#)).

Figure 4A: One-year age-standardised net survival (%) from stomach cancer for patients diagnosed 2011, by NHS England area teams and sex



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Figure 4B: Five-year age-standardised net survival (%) from stomach cancer for patients diagnosed 2006, by NHS England area teams and sex

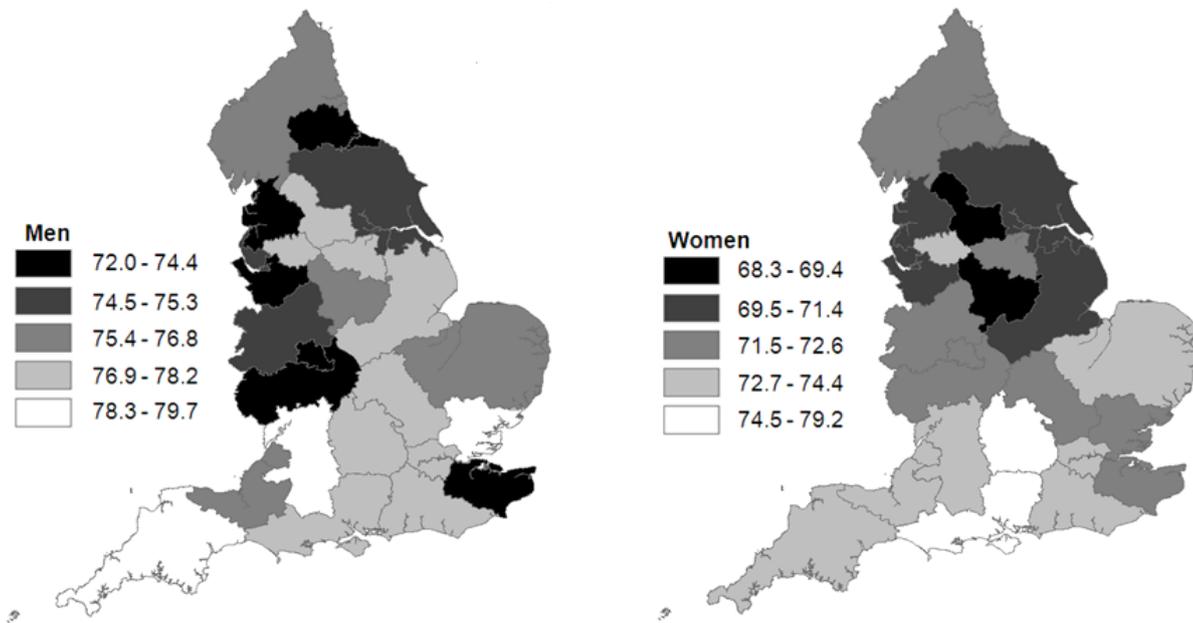


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7 . Colon cancer

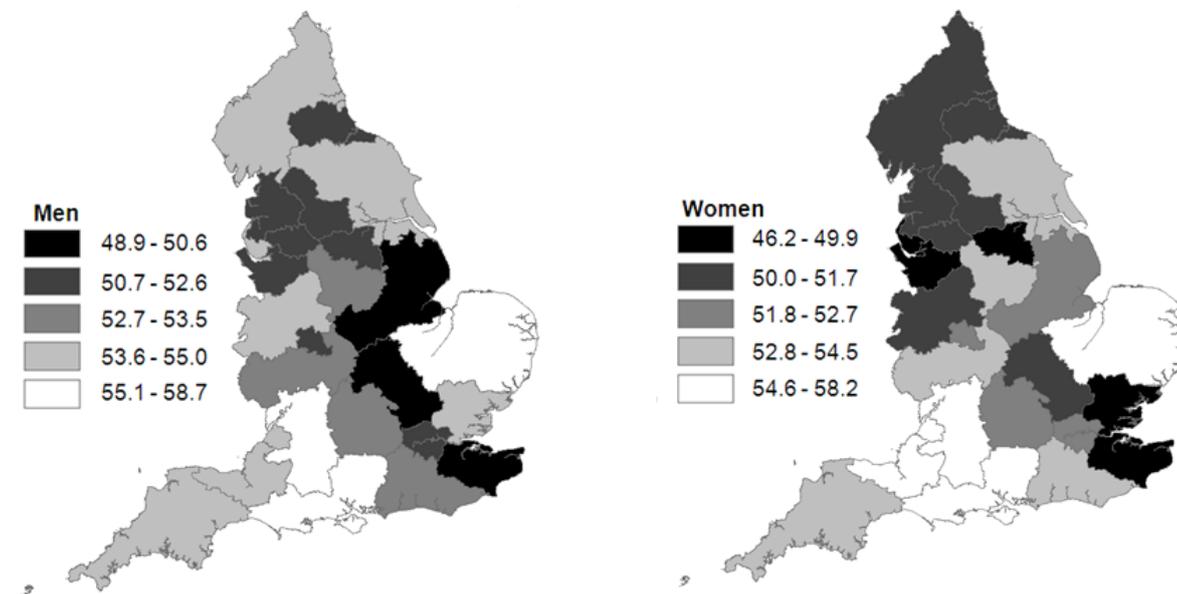
One-year age-standardised net survival ranged between 72.0% and 79.7% in men and between 68.3% and 79.2% in women. (Tables and Figures C1 and C2). Most NHS England Area Teams saw statistically significant improvements in survival for those diagnosed in 2011 compared to those diagnosed in 1996, these improvements ranged from 8% to 18% for men and 4.4% to 18.5% for women. Five-year age-standardised net survival ranged between 48.9% and 58.7% in men ([Tables and Figures C1 and C2 \(357.5 Kb Excel sheet\)](#)), and between 46.2% and 58.2% in women. Many of the NHS England Area Teams also saw statistically significant improvements in five-year survival, ranging from 1.4% to 16.6% for men and 4.1% to 15.8% for women ([Tables and Figures C3 and C4 \(357.5 Kb Excel sheet\)](#)).

Figure 5A: One-year age-standardised net survival (%) from colon cancer for patients diagnosed 2011, by NHS England area teams and sex



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Figure 5B: Five-year age-standardised net survival (%) from colon cancer for patients diagnosed 2006, by NHS England area teams and sex

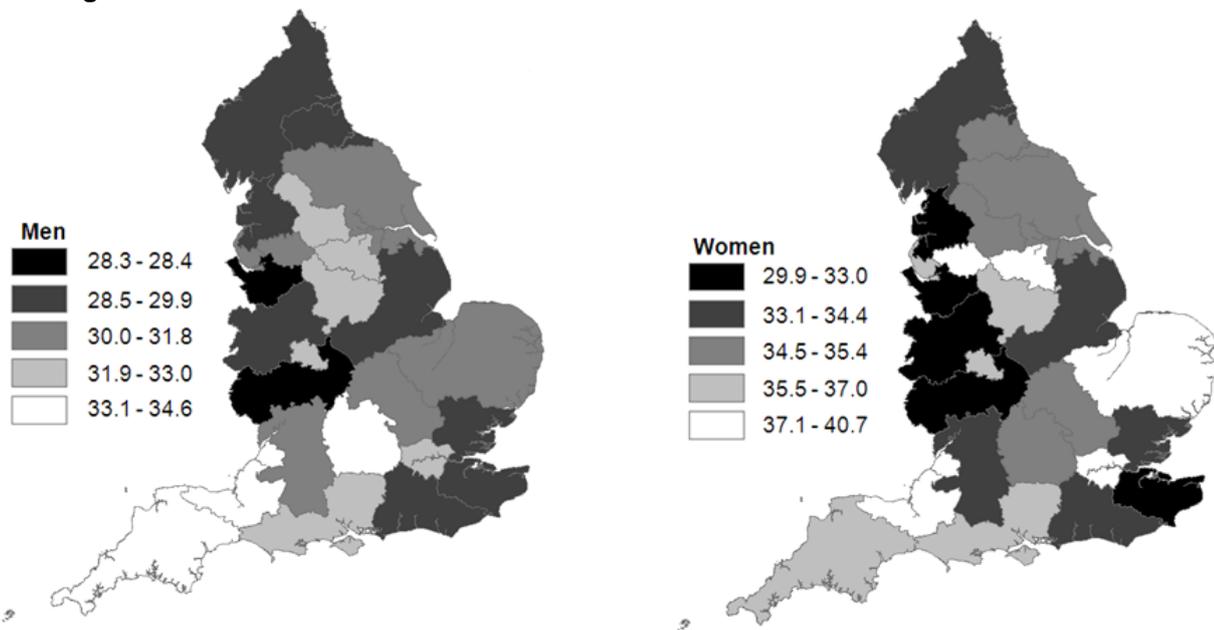


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8 . Lung cancer

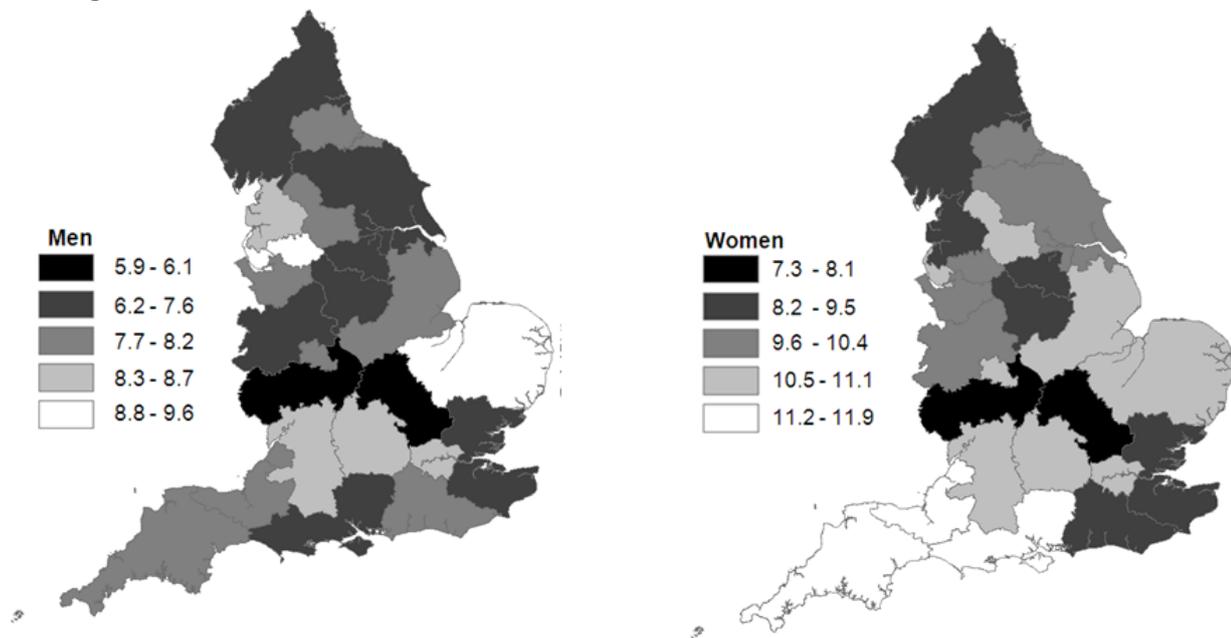
One-year age-standardised net survival improved between 1996 and 2011, however survival remained low, ranging between 28.3% and 34.6% in men and between 29.6% and 40.7% in women ([Tables and Figures D1 and D2 \(341.5 Kb Excel sheet\)](#)). Five-year age-standardised net survival doubled in three NHS England Area Teams for men in the North of England Region: Greater Manchester, Lancashire, and South Yorkshire and Bassetlaw, while survival for women doubled in five NHS England Area Teams: Lancashire; South Yorkshire and Bassetlaw; Bristol, North Somerset, Somerset and South Gloucestershire; Kent and Medway; and Thames Valley. Despite these improvements five-year age-standardised net survival remained under 20% for both men and women. Five-year age-standardised net survival varied between NHS England Area Teams ranging from 5.9% to 9.6% in men and 7.3% to 16.6% in women ([Tables and Figures D3 and D4 \(341.5 Kb Excel sheet\)](#)).

Figure 6A: One-year age-standardised net survival (%) from lung cancer for patients diagnosed 2011, by NHS England area teams and sex



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Figure 6B: Five-year age-standardised net survival (%) from lung cancer for patients diagnosed 2006, by NHS England area teams and sex

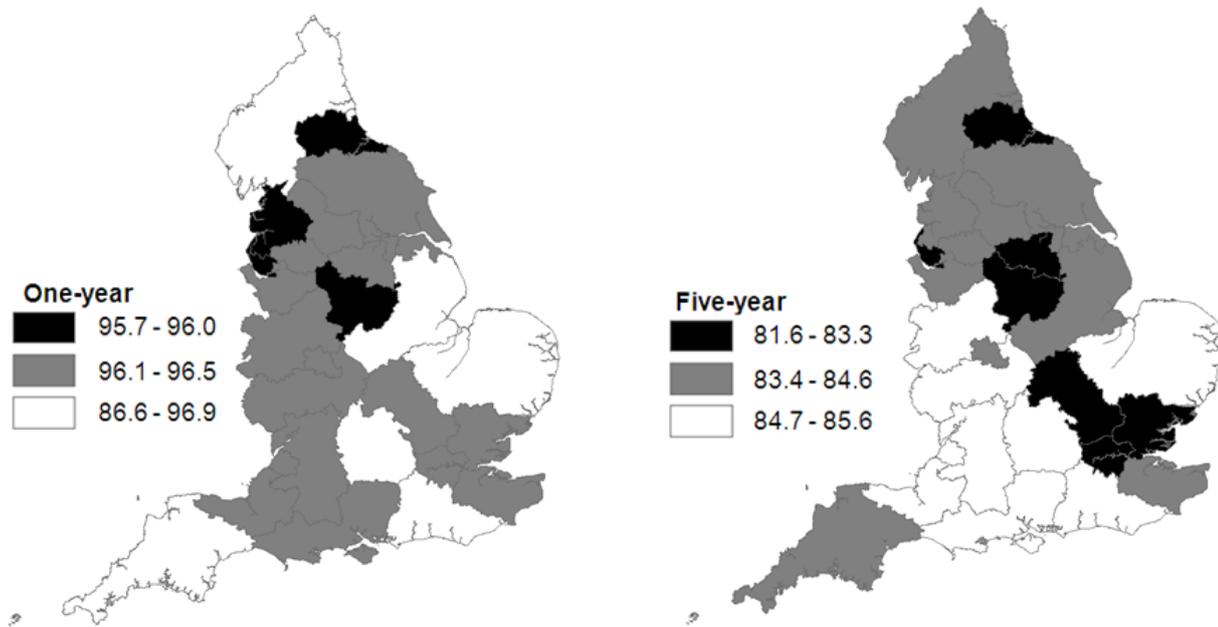


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9 . Breast cancer (women)

One-year age-standardised net survival was very high and above 95%, with a narrow range of only 1.3% between the highest (96.9%) and lowest NHS England Area Team (95.7%). Statistically significant improvements in one-year age-standardised net survival for patients diagnosed in 2011 compared with 1996 ranged from 2.8% to 8.9% ([Table and Figure E1 \(235 Kb Excel sheet\)](#)). Five-year age-standardised net survival was above 80% with a range of 4% between the highest (85.6%) and lowest NHS England Area Team (81.6%). Statistically significant improvements in five-year age- standardised net survival for women diagnosed in 1996 compared to women diagnosed in 2006 ranged from 5.7% to 14.5% ([Table and Figure E2 \(235 Kb Excel sheet\)](#)).

Figure 7: One-year and five-year age-standardised net survival (%) from breast cancer for patients diagnosed 2011 and 2006 respectively, by NHS England area teams

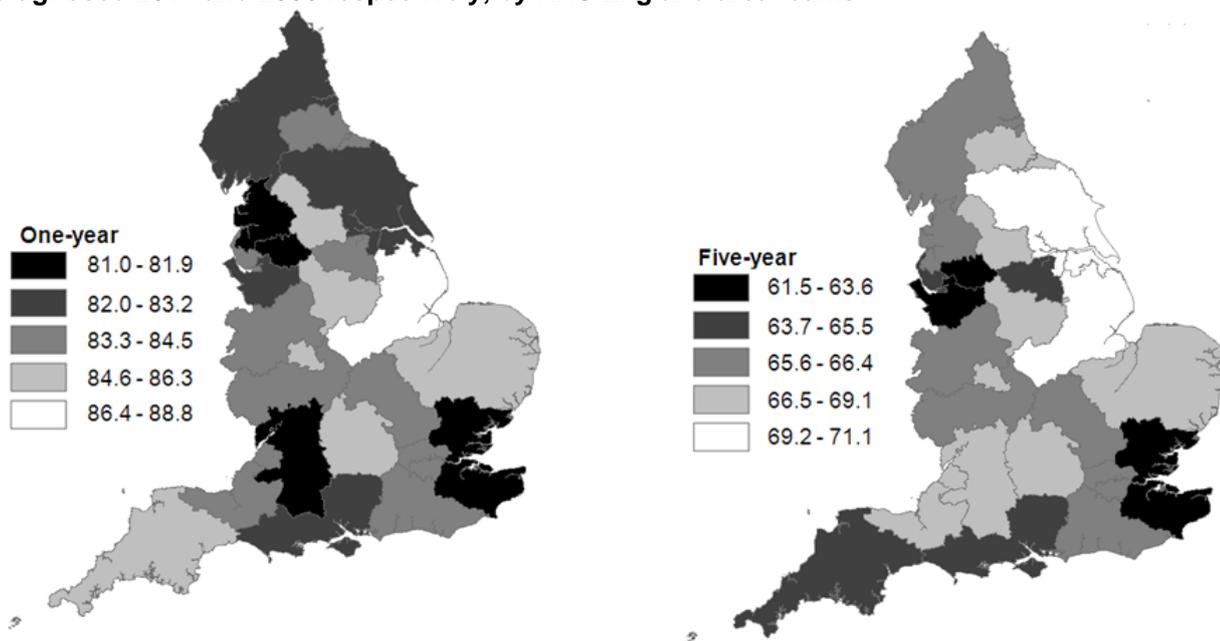


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10 . Cervical cancer

One-year age-standardised net survival was above 80% across all NHS Area Teams ranging from 81.0% in the lowest to 88.8% in the highest. A number of NHS England Area Teams saw statistically significant improvements in one-year age-standardised net survival for those diagnosed in 2011 compared with those diagnosed in 1996, with these improvements ranging from 4.2% to 12.8% ([Table and Figure F1 \(227.5 Kb Excel sheet\)](#)). Five-year age-standardised net survival ranged between 61.5% and 71.1%. Statistically significant improvements in five-year age-standardised net survival were seen in nine NHS England Area Teams, with improvements ranging from 4.5% to 13.5% ([Table and Figure F2 \(227.5 Kb Excel sheet\)](#)).

Figure 8: One-year and five-year age-standardised net survival (%) from cervical cancer for patients diagnosed 2011 and 2006 respectively, by NHS England area teams



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11 . Users and uses

Key users of cancer survival estimates include the Department of Health, academics and researchers, cancer charities, cancer registries, other government organisations, researchers within ONS, the media, and the general public. The Department of Health uses cancer survival figures to brief parliamentary ministers, and as part of the evidence base to inform cancer policy and programmes, for example in drives to improve survival rates. Cancer survival estimates will also be used to measure progress against [NHS Outcomes Framework](#) indicators. Academics and researchers use the figures to inform their own research. Similarly cancer registries and other government organisations use the figures to carry out individual and collaborative projects to apply subject knowledge to practice. Charities use the data so they can provide reliable and accessible information about cancer to a wide range of groups, including patients and health professionals via health awareness campaigns and cancer information leaflets/web pages. Researchers within ONS use the data to support further research and to publish alongside other National Statistics.

12 . Policy context

In '[Improving Outcomes: A Strategy for Cancer](#)' (January 2011), the Department of Health stated that although improvements have been made in the quality of cancer services in England, a significant gap remains in survival compared with the European average. Survival estimates for cervical, colorectal and breast cancer are some of the lowest among Member States of the Organisation for Economic Co-operation and Development (OECD) (figures for cancer survival in OECD countries are available from the [OECD website](#)). The strategy document sets out how the Department of Health aims to improve outcomes for all cancer patients and improve cancer survival, with the aim of saving an additional 5,000 lives every year by 2014/15.

Outcomes strategies set out how the NHS, public health and social care services will contribute to the ambitions for progress agreed with the Secretary of State in each of the high-level outcomes frameworks. The indicator set for the [NHS Outcomes Framework 2013 to 2014](#) – focus on measuring health outcomes include one- and five-year cancer survival indicators for all cancers combined, and for colorectal, breast and lung cancers combined.

13 . Authors

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14 . Acknowledgements

The National Cancer Registry at the Office for National Statistics and the London School of Hygiene & Tropical Medicine wish to acknowledge the work of the regional cancer registries in England, which provided the raw data for these analyses.

15. Additional information

Further information about cancer survival estimates published by the Office for National Statistics (ONS) can be found in the [Cancer Survival Quality and Methodology Information paper](#). Quality and Methodology Information papers are overview notes which pull together key qualitative information on the various dimensions of the quality of statistics as well as providing a summary of the methods used to compile the output. Information about key users of these statistics is also provided.

The [Scottish Cancer Registry](#) produces statistics on cancer in Scotland.

Statistics on cancer in Wales are produced by the [Welsh Cancer Intelligence and Surveillance Unit](#).

The [Northern Ireland Cancer Registry](#) produces statistics on cancer in Northern Ireland.

16. References

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17. Background notes

1. National cancer registration data for England were received from the National Cancer Registry at the Office for National Statistics (ONS), which collates cancer registrations submitted by regional cancer registries in England. The Health and Social Care Information Centre (HSCIC) updates these records with the registration of death or emigration. The data used in these analyses were extracted from the live database at ONS on 2 July 2013 and provided to the Cancer Research UK Cancer Survival Group at the London School of Hygiene and Tropical Medicine on the 4 July 2013.

2. All adults (15–99 years) who were diagnosed with a first, invasive, primary, malignancy during the period 1996–2011 were eligible for inclusion in the analyses. We excluded patients who were diagnosed with a tumour that was benign (behaviour code 0), in situ (2) or of uncertain behaviour (1). Patients were excluded if their cancer was only registered from a death certificate. Patients with zero recorded survival time were included in the analyses with one day added to their survival. Table 2 shows the number of patients excluded and Table 3 shows the final number of patients in each NHS England Area Team who were included in the analyses.

Table 2: Number of patients eligible for analysis, exclusions, and number (%) of eligible patients included in analyses: selected cancers, England, adults (1) diagnosed 1996–2011 and followed up to 2012

ICD-10 code ²	Site Description	Eligible for analysis	Exclusions		Patients included	
			DCO ³	Other ⁴	Number	%
C15	Oesophagus	100,855	3,168	397	97,290	96.5
C16	Stomach	113,127	4,761	547	107,819	95.3
C18	Colon	306,419	10,765	5,080	290,574	94.8
C33, C34	Lung	516,000	30,141	3,944	481,915	93.4
C50	Breast (women)	589,671	9,542	23,928	556,201	94.3
C53	Cervix	39,745	527	420	38,798	97.6

Source: Office for National Statistics

Notes:

1. Adults aged 15-99 years
2. International Classification of Diseases, tenth edition.
3. Registration from a death certificate only (DCO): date of diagnosis unknown
4. Aged 100 years or over at diagnosis, sex or vital status unknown, sex-site error, invalid dates, duplicate registration, synchronous tumours, or previous cancer of the same organ since 1971

Table 3: Number of patients included in survival analyses, by NHS England Area Team: England, adults (1) diagnosed 1996–2011 and followed up to 2012

NHS England Area Team	Site					
	Oesophagus	Stomach	Colon	Lung	Breast	Cervix
England	97,289	107,819	290,573	481,915	556,197	38,798
E1 Cheshire, Warrington and Wirral	2,812	2,704	7,247	12,164	13,927	827
E2 Durham, Darlington and Tees	2,319	3,341	7,480	16,084	12,620	1,155
E3 Greater Manchester	5,444	6,486	14,413	29,425	26,820	2,299
E4 Lancashire	3,310	3,499	8,644	15,903	15,912	1,331
E5 Merseyside	2,787	3,360	7,268	16,184	12,771	1,189
E6 Cumbria, Northumberland, Tyne and Wear	3,875	5,882	12,994	27,294	21,550	1,720
E7 North Yorkshire and Humber	3,545	3,929	10,032	18,063	18,648	1,597
E8 South Yorkshire and Bassetlaw	2,705	4,290	8,174	17,796	15,039	1,182
E9 West Yorkshire	4,002	5,378	11,438	25,364	21,915	2,155
E10 Arden, Herefordshire and Worcestershire	3,103	3,037	9,491	12,974	18,245	1,195
E11 Birmingham and the Black Country	4,452	5,963	12,652	22,180	23,508	1,984
E12 Derbyshire and Nottinghamshire	4,147	4,616	10,741	19,505	20,667	1,587
E13 East Anglia	4,387	5,037	15,805	21,124	28,233	1,513
E14 Essex	3,150	3,119	9,556	14,958	19,384	924
E15 Hertfordshire and the South Midlands	4,066	4,316	12,613	19,968	27,120	1,547
E16 Leicestershire and Lincolnshire	3,527	3,562	9,857	15,134	18,445	1,439
E17 Shropshire and Staffordshire	3,367	3,957	9,494	14,243	17,496	1,303
E18 London	9,573	11,573	29,567	54,554	65,024	4,530
E19 Bath, Gloucestershire, Swindon and Wiltshire	2,706	2,435	8,925	10,325	16,827	1,079
E20 Bristol, North Somerset, Somerset and South Gloucestershire	2,866	2,670	8,609	11,419	16,344	1,245
E21 Devon, Cornwall and Isles of Scilly	3,972	3,615	12,224	15,396	21,498	1,326
E22 Kent and Medway	3,383	2,833	8,685	14,796	18,373	1,086
E23 Surrey and Sussex	5,376	4,245	16,390	21,461	31,978	1,495
E24 Thames Valley	3,228	2,836	10,472	13,580	21,824	1,217
E25 Wessex	5,187	5,136	17,802	22,021	32,029	1,873
Missing	1		1	0	4	0

Source: Office for National Statistics

Notes:

1. Adults aged 15-99 years

3. Net survival in a population of cancer patients is their survival from the cancer of interest in the absence of other causes of death. It was estimated at one and five years after diagnosis for each cancer, sex and year of diagnosis. Net survival was estimated with an excess hazard model in which the all-cause mortality is modelled as the sum of the excess (cancer-related) mortality hazard and the expected (or background) mortality. The background mortality is defined by life tables from the general population. This approach enables population-level cancer survival to be estimated in the absence of detailed data on the cause of death. To obtain an unbiased estimation of net survival, age needs to be carefully modelled to account for the informative censoring associated with age (Danieli et al., 2012).

We used flexible parametric models (Royston and Parmar, 2002) with age and year of diagnosis as main effects and an interaction between age and year of diagnosis. We also examined interactions between year and follow-up time and between age and follow-up time to deal with potential non-proportionality of the excess hazards over time since diagnosis. The Akaike Information Criterion (AIC) (Akaike, 1974) was used to select the best-fitting statistical model using the relative goodness of fit. The publicly available program, `stpm2`, was used to estimate net survival (Lambert and Royston, 2009). Analyses were performed in Stata 13 (Statacorp, 2013)

4. Life tables were constructed for the years 1996, 2001, and 2006 using the mid-year population estimates and the mean annual number of deaths in the three years centred on those index years ([Cancer Research UK Cancer Survival Group, 2004](#)). Life tables for each year from 1996 to 2005 were created by linear interpolation. The life table for 2005 was used for 2006–11. Background mortality changes with time and varies by sex, age, socio-economic status and region, so life tables were created by single year of age, sex, region and deprivation quintile for each calendar year of death.
5. The age distribution of cancer patients at diagnosis changes with time and varies between NHS England Area Teams. Since survival also varies with age at diagnosis, robust summary comparisons of survival require control for these differences. The directly standardised overall survival figure for each cancer is a weighted average of the age-specific survival estimates, with standard weights taken from the proportionate distribution by age and sex of patients diagnosed in England and Wales during 1996–99.

Age-standardisation requires a set of survival estimates for each age group. It is not always possible to obtain an estimate for each combination of cancer, age group, sex and calendar year of diagnosis in geographic units with small populations because of the limited number of cases. In this situation, the missing estimate was replaced by the equivalent age-specific estimate for England.

6. A 95% confidence interval is a measure of the uncertainty around an estimate. It provides a range of values which contains the true population value with a 95% level of confidence.
7. NHS England was established in April 2013, following the Health and Social Care Act 2012. There are 25 NHS England Area Teams. The role of the area teams includes commissioning of primary care services (such as GP, dental and pharmacy services), supporting and developing Clinical Commissioning Groups, and working with local NHS and public health organisations. The NHS England Area Team boundaries were applied to the whole period 1996–2011, enabling geographic trends to be charted over time (Figure 2). NHS England Area Team populations range from 1.1 to 7.7 million (2011 figures) ([NHS England, 2012](#)), making them more suitable for detailed statistical comparison of survival than smaller health geographies such as Clinical Commissioning Groups.
8. Cancers were defined by codes in the International Classification of Diseases, Tenth Revision (ICD-10) and International Classification of Diseases for Oncology, Second Edition (ICD-O-2) (Ashley, 1990), see Table 2.
9. Differences between survival estimates for the two periods are taken as the arithmetic difference: for example, 12% is shown as 2% (not 20%) higher than 10%. Survival figures are rounded to one decimal place, but the differences are based on the exact underlying figures.
10. A list of the names of those given pre-publication access to the statistics and written commentary is available in [Pre-release Access List: Cancer Survival by NHS England Area Team: Patients Diagnosed 1996–2011 and Followed up to 2012](#). The rules and principles which govern pre-release access are featured within the [Pre-release Access to Official Statistics Order 2008](#).

11. Special extracts and tabulations of cancer data for England are available to order for a charge (subject to legal frameworks, disclosure control, resources and agreement of costs, where appropriate). Such enquiries should be made to:

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12. We would welcome feedback on the content, format and relevance of this release. Please contact cancer.newport@ons.gsi.gov.uk.
13. Follow ONS on [Twitter](#) and [Facebook](#).
14. Next publication date: December 2014/January 2015.
15. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

These National Statistics are produced to high professional standards and released according to the arrangements approved by the UK Statistics Authority.