

Announcement of methodological changes to Cancer survival in England

Background

On 1 October 2021, responsibility for the National Disease Registration Service (NDRS) transferred from Public Health England (PHE) to NHS Digital. NHS Digital is the data controller for this data. The National Cancer Registration and Analysis Service (NCRAS) as part of the NDRS is still responsible for collecting data on patients with cancer in England and continues to produce the Cancer survival in England publications.

The methodological changes listed below are due to changes in the coding of new cancer registrations, to align with other public health data outputs, or due to the COVID-19 pandemic.

Methodological changes

From the 2022 release (cancers registered up to and including 2019):

- Cancers diagnosed from 2013 are registered using the International Classification of Diseases for Oncology, 3rd edition (ICD-O3). These were previously registered using International Statistical Classification of Diseases 10th revision (ICD-10) revision 0 and the International Classification of Diseases for Oncology, 2nd edition (ICD-O2).
- Cancers diagnosed from 2013 are defined using the International Statistical Classification of Diseases 10th revision (ICD-10) revision 5 (2016 revision). These were previously defined using the International Statistical Classification of Diseases 10th revision (ICD-10) revision 0.
- The methods used to create the general population life tables, used for calculating net survival in adults, have been updated to use:
 - The full Index of Multiple Deprivation (to align with other public health data outputs)
 - New knot locations for the restricted cubic splines in the flexible Poisson models
 - The new methodology is fully explained in the paper [Method for creating smoothed sub-national life tables](#)
- The methods used to calculate overall survival in children has been updated to use cohort and period survival analysis. We previously used a mixture of cohort, period and hybrid methods. Hybrid methods were used to estimate survival where we had follow-up available for a particular year but cancer registrations were not yet available. For example, we have information on cancer registrations up to 2019 and follow-up up to 2020, so hybrid survival would be used to estimate the likely survival experience for patients diagnosed in 2020. Hybrid survival techniques are based on the assumption that cancer survival will show steady improvements over time.

However, due to the unknown effect of the COVID-19 pandemic on cancer survival for patients diagnosed and treated during 2020, the assumption about mortality may not be met so it was decided not to use hybrid survival to estimate survival for patients diagnosed in 2020.

Timing

The first publication to be affected by this change will be the February 2022 release, which will cover the period:

- Adults diagnosed with cancer between 2015 to 2019 and followed to 2020
- Children diagnosed with cancer between 2002 and 2019 followed to 2020

Impact

The impact of the above changes on Cancer survival in England is expected to be minimal. These have been discussed in the [Impact paper on the changes to cancer survival methodology](#).

Further information

Questions and feedback on the publication are welcomed and should be sent to NDRSenquiries@nhs.net or alternatively call 0300 303 5678.