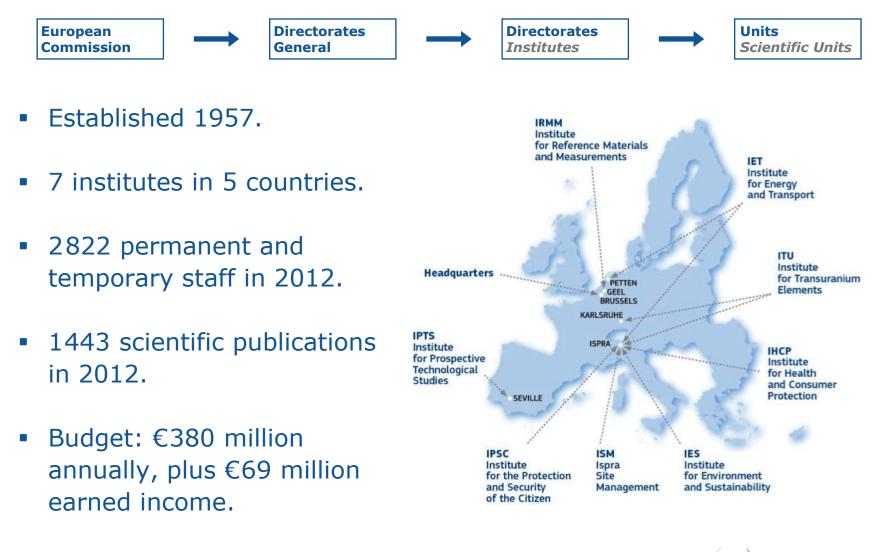


Towards a comprehensive and harmonised cancer information system:

the role of the European Commission's Joint Research Centre

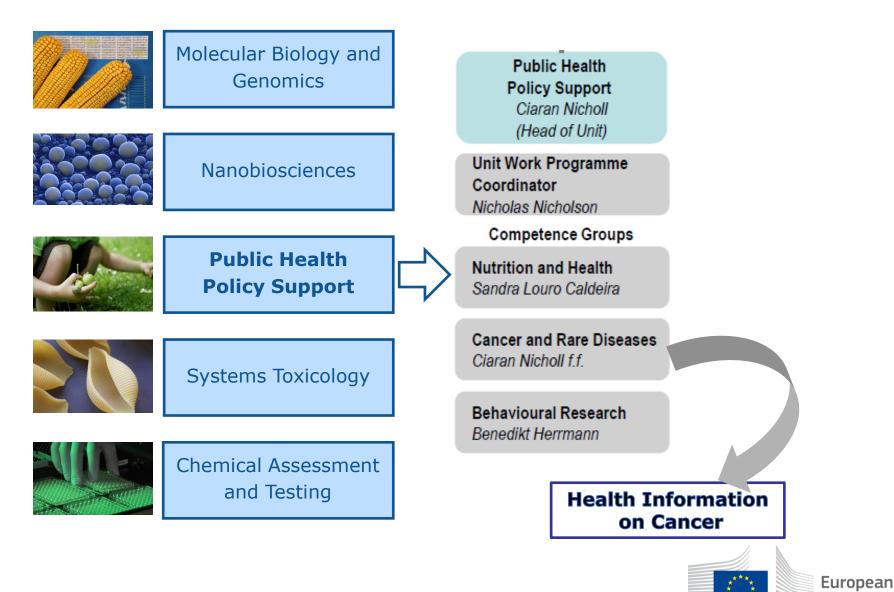
Joint Research Centre The European Commission's in-house science service

The Joint Research Centre within the European Commission





JRC – Institute for Health and Consumer Protection (IHCP)



Commission

Background – European Cancer Information System

1. Cancer is the second most common cause of death in the EU

3.45 million new cases of cancer and 1.75 million deaths from cancer in Europe estimated in 2012*

2. European Institutions active in this area since 1987

3. EC Commitment → to successfully reduce the burden of cancer in Europe

Measures to implement this goal depend on accurate and comparable European cancer data (incidence-prevalence-survival-mortality).

*Ferlay et al.: "Cancer incidence and mortality patterns in Europe: estimates for 40 countries in 2012". *Eur J Cancer* (2013 Apr) 49(6):1374-403.



European Cancer Information System

Main Achievements so far

- Hosting of ENCR Steering Committee Meetings at JRC-Ispra (Italy) – starting from December 2012.
- Official transfer of the ENCR Secretariat to JRC August 2013.
- Development and adoption for the ENCR of a new corporate image (including logo, updated website and newsflash) providing a common "look and feel" for all ENCR products – August 2013.





European Network of Cancer Registries (ENCR)

- The ENCR was established (1990) within the framework of the Europe Against Cancer Programme of the European Commission.
- Objectives:

To promote collaboration between cancer registries.

To define data collection standards.

To provide training for cancer registry personnel.

To disseminate information (incidence, mortality and survival) from cancer in the European Union and Europe.



http://www.encr.eu/

The ENCR is governed by the Steering Committee.

The ENCR is hosted by the European Commission's Joint Research Centre.

The ENCR is affiliated to the International Association of Cancer Registries (IACR).



Launch of the new ENCR website <u>www.encr.eu</u> – August 2013.



The ENCR Newsflash:

- August 2013
- December 2013





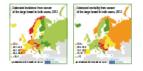
ENCR Cancer Factsheets December 2013



Colorectal (CRC)-Large Bowel Cancer Factsheet



- Colorectal cancer (CBC), also known as Bowel Cancer, is cancer of the colon and/or rectum. The colon, also called the large intestine, is the part of the body's digestive system that moves waste material from the small intestine to the rectum.
- Each year approximately 447000 Europeans⁴ are newly diagnosed with CRC.
- In 2012 CRC accounted for nearly 13% of all new cases of cancer in Europe.
- In 2012, 214675 people were estimated to die from the disease, making CRC the second leading cause of cancer deaths in Europe.
- Worldwide, the incidence of CRC varies tremendously, with the highest estimated rates occurring in Australia/ New Zealand and Western Europe.
- * The European Cancer Observatory (ECO) estimates refers to the 39 European countries defined by the United Nations plus Cyprus.*



Regional differences in 2012 Estimated incidence and mortality

- The countries with the highest estimated incidence rates in Europe were Slovakia, Hungary and Denmark.
- Slovakia reported the highest estimated age-standardized
- Incidence rate** (ASR) of $6_{3.3}$ new cases per 100000 person-years, to be compared to the European ASR of $6_{3.5}$. • The European countries with the lowest estimated Incidence were Albania, Greece and Bosnia and Herzegovina, with ASR less than or equal to 24.
- The European countries with the highest mortality belong to Eastern Europe: Hungary (ASR: 31.9), Croatia (ASR: 29.0) and Slovakia (ASR: 28.0), compared with an European average of 19.5 deaths per 100000 person-years.
- Albania (ASR: 6.5), Cyprus (ASR: 10.8) and Iceland (ASR: 12.1) reported the lowest estimated mortality rates from CRC among the Baropean countries for 2012.

Gender differences in 2012 Estimated incidence and mortality

- CRC incidence and mortality were notably higher in men than in women.
- The Incidence ASRs at European level were 55.7 for men compared to 34.7 for women.
- The mortality ASRs were 25.2 compared to 15.4 cases per 100000 person-years for men and women respectively.

** ASR: age-adjusted rate to the standard European population (Doll, 1976), to account for the different age structure in various countries.



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Prostate (PRC) Cancer Factsheet



· Prostate cancer (PRC) develops in the prostate, a gland

in the male reproductive system located directly beneath

the bladder, which adds secretions to the sperm during

diagnosed with PRC in 2012, which makes PRC the most

frequent cancer amongst European men accounting for

die from the disease accounting for 5% of all new cancer

12% of all new cases of cancer in Europe for this year."

· In the same year 92200 European men were estimated to

· Worldwide: three-quarters of the registered cases of PRC

occurred in high income countries in 2008. Incidence

rates of PRC vary tremendously (25-fold): the highest

rates are in Australia/New Zealand (104.2 per 100000),

* ASR-E: age-adjusted rate to the standard European population (Doll, 1976) to account for the different age structure in various countries.

· Approximately 417000 Europeans were estimated to be

whereas the lowest age-standardised incidence rate is estimated in South-Central Atta (4, per 100000).* Worldwide: Half of the registered deaths occurs in high income countries however, mortality rates differ less (0fold) than is observed for incidence (35-fold).* Highest death rates are in Afric-Caribbean countries.

> Regional differences in Europe in 2012 Estimated incidence and mortality¹

 The countries with the highest estimated incidence rates in Europe were Norway, France and Sweden.

Western and Northern Europe and Northern America

Estimated mortality from pr in mark, 2012

- Norway reported the highest estimated age-standardized incidence rate⁴ (ASR-E) of 193.2 new cases per 100000 person-years, to be compared to the EU-39⁴⁴ ASR-E of 96.0.
- The countries with the lowest estimated incidence were Ukraine, Moldova and Albania, with ASR-E less than 32.
- The countries with the highest estimated mortality were Lithmania (ASR-E: 35.0), Denmark (ASR-E: 33.7) and Estonia (ASR-E: 32.8), compared with the estimated EU-39 average of 92.3 deaths per 100000 person-years.
- Albanta (ASR-E: 13-4), Malta (ASR-E: 13-6) and Italy (ASR-E: 14-1) reported the lowest estimated mortality rates from PRC in Barope for 2012.
- The variability in estimated mortality rates is clearly minor compared to the variability in estimated incidence rates.

** The European Cancer Observatory (ECO) estimates refers to the 39 European countries defined by the United Nations plus Cyprus.*



deaths in Europe.

the elaculation of semen.

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Joint Research Centre



- Organisation and funding of a Cancer Registry Training Course, in collaboration with ENCR, IARC, MECC and the US National Cancer Institute, E&I countries, Izmir, Turkey, 30 Sep - 4 Oct 2013:
 - to provide CR staff with understanding of good practices and procedures to establish/improve their registries and harmonise their processes for data collection;
 - to facilitate inter-comparative studies on specific cancer types;
 - to provide participants basic principles of cancer epidemiology and use of statistical tools;
 - to develop closer links with the ENCR, JRC, IARC.

Participants from: Albania, Algeria, Armenia, Azerbaijan, Bahrain, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Egypt, Faroe Island, the Former Yugoslav Republic of Macedonia, Georgia, Iceland, Israel, Iraq, Jordan, Kosovo, Lebanon, Libya, Liechtenstein, Kuwait, Moldova, Montenegro, Morocco, Norway, Occupied Palestinian Territory, Oman, Qatar, Romania, Russia, Saudi Arabia, Serbia, South Sudan, Sudan, Switzerland, Syria, Tunisia, Turkey, Ukraine, United Arab Emirates, Yemen, Western Sahara.

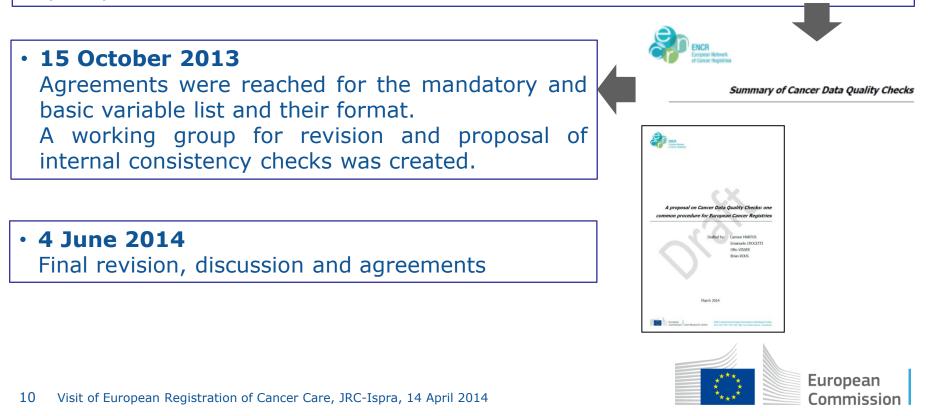


3 Workshops on "Quality checks for analysing cancer registry data:

development for one common procedure"

• 2 July 2013

Overview of data quality checks in the EU and open discussions on a range of quality control.



On-going and Future Priorities

ENCR Scientific Meeting and General Assembly 2014

12-14 November 2014, Ispra (Varese), Italy

Towards a harmonised cancer information system in Europe

The ENCR Scientific Meeting and General Assembly provide the opportunity for all European cancer registries to have a face-to-face meeting. The purpose of the event is for the registries to share research findings, discuss cancer registration issues, exchange ideas and best practices, network, present epidemiological work based on cancer registry data and finally meet their representatives, the ENCR Steering Committee.

The scientific sessions will cover topics such as:

- Availability, completeness and reliability of information collected by registries
- Clinical data: Integration and use of clinical datasets in population-based registries
- Privacy and data confidentiality issues: current national and EU regulations
- Coding issues such as extent of disease, haematological malignancies coding rules date of diagnosis and multiple cancers
- Statistical methods and software for use of cancer registries
- Collaboration with public health, patients and non-governmental organizations
- Cancer burden in Europe: incidence, mortality, survival and prevalence
- Electronic data collection: new tools or old threats.



Meeting venue: the JRC-Ispra site, the third biggest Commission site after Brussels and Luxembourg, covers an area of 167 hectares and is located in Ispra (VA), a small town on the shore of Lake Maggiore in the province of Varese of the Lombardy region, Italy. After more than 50 years of development, Ispra is firmly established as one of Europe's leading research campuses. Nested in the beautiful setting of the Italian lakes, Ispra provides a fascinating, multicultural working environment for people from all over Europe and beyond. For more information on the Ispra site, please visit the JRC web page.



On-going and Future Priorities

- Providing an up-to-date mapping of the European cancer registries, their individual registration processes and needs.
- Becoming a reliable and sustainable data hub for epidemiological research in the cancer data domain.
- Start gradually the transfer of ENCR data and tools to the JRC, to stabilise the management of cancer data by the European Commission on a permanent basis in the future.
- Bring all stakeholders and expert groups together to tackle priority issues through training programmes, conferences, workshops.
- Ensure alignment with other EU-wide initiatives and other EC DGs (SANCO, EUROSTAT, RTD).



For More Information

Websites

http://ihcp.jrc.ec.europa.eu/our activities/public-health/cancer policy support

http://www.encr.eu





Research Centre T GE ho

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UROPEAN COMMITSION

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Thank You for Your Attention

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