

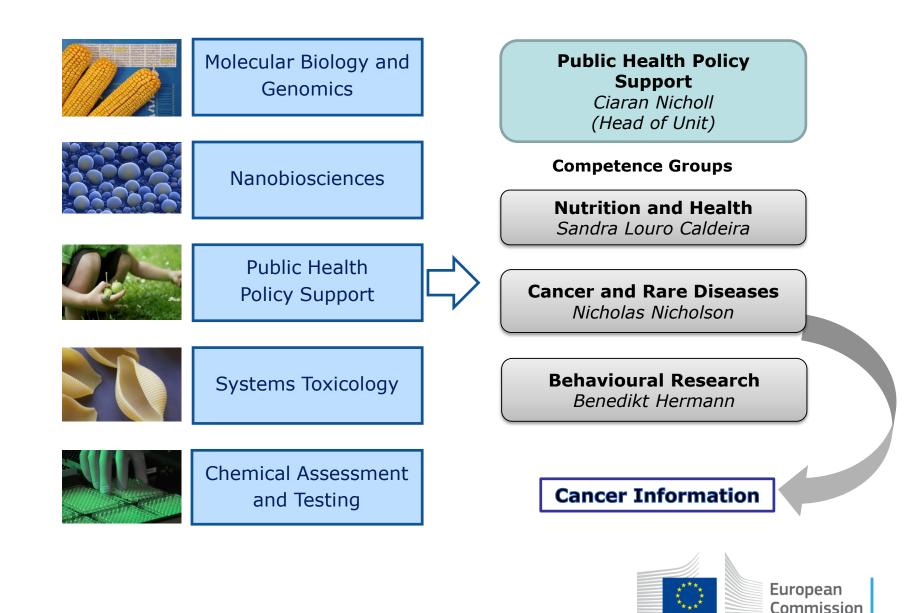
Towards a comprehensive and harmonised cancer information system:

the role of the European Commission's Joint Research Centre

Jerica Zupan, MSC Pharm, MBA Joint Research Centre The European Commission's in-house science service

> Joint Research Centre

JRC – Institute for Health and Consumer Protection (IHCP)



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 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. EJC. 2013; 49: 1374-1403.



Main Achievements so far

- Hosting of ENCR Steering Committee Meetings at JRC-Ispra (Italy) starting from December 2012 (2 in 2013 and 3 in 2014).
- 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)and provision of 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 staff.
 - To disseminate information (incidence, mortality and survival) from cancer in the European Union and Europe.

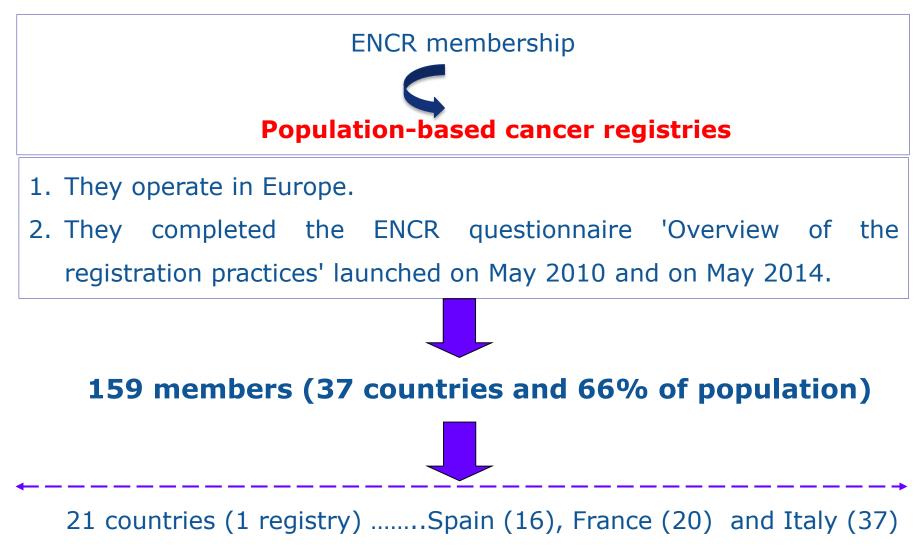


http://www.encr.eu/

- ✓ 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).



European Network of Cancer Registries (ENCR)





The ENCR Newsflash

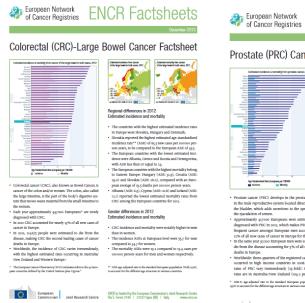


- July 2013
- December 2013
- May 2014
- July 2014
- October 2014
- January 2015 in preparation

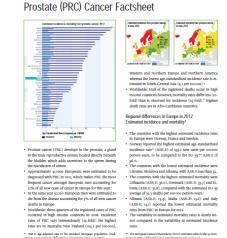


The ENCR Factsheets

The factsheets provide an overview of the cancer burden in Europe. They inform about regional differences in incidence within Europe, on gender patterns and on trends over the last decades. Complete with a summary of screening and prevention methods and an overview of causes and risk factors. New Factsheet in preparation (Melanoma)



December 2013



* The European Gancer Observatory (ECD) estimates refers ear countries defined by the United Nations plus Cyprus.*

ENCR Factsheets

European Commission Joint Research Centre UNCR is hosted by the European Commission's Joint Research Centre Via E. Fermi 2740 | 21027 Ispra (IM) | Italy www.encc.ee

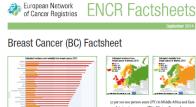
European Network ENCR Factsheets Lung Including Trachea and Bronchus (LUNGC) Cancer Factsheet Estimated incidence & mortality from long cancer including baches and bronches in both space, 2012 Extended incidence including baches an 87, 85-815 37-84 32-34 App Standardinal Rels Surge and Incidence — Markelly Lung cancer (LUNGC) develops in the lung, either of the 6.4+ 25-453 25-355 27-25 two large organs of respiration located in the chest cavity and responsible for adding oxygen to and removing car-bon dioxide from the blood. Approximately 430000 Europeans were estimated to be diagnosed with LUNGC in 2012, which makes LUNGC he second most frequent cancer amongst Europeans, ac counting for 12% of all new cases of cancer in Europe for In the same year ataooo Europeans were estin In the same year 553000 haropeans were estimated to du from the disease, accounting for 20% of all new cances death in Harope, making it the most common cause of cancer death. Worldwide: LUNGC has been the most common cancer

European Cemmission Jeint Research Centre Via E. Fermi 2749 | 21027 lipra (UI) | Italy www.ceczeu

June 2014

for several decades. There are estimated to be 1.8 million new cases in 2012 (13% of the total), 58% of which oc-

carred in low income regions. LUNGC is the most com



n Asia to 96 per 100 000 PY in Western Europe." Worldwide: BC is the most frequent cause of cancer death in women and its mortality ranges from 6 per 100000 P in Eastern Asia to 20 per 100000 PY in Western Africa.¹

Regional differences in Europe in 2012 Estimated incidence and mortality

e countries with the highest estimated incidence rate in Europe were Belgium, Denmark and France. Belgium in larope were lieigum, Denmark and France, lieigum reported the highest estimated aga-standardised inci-dence rate⁴ (ASR-E) of 1435 new cases per 100000 PY compared to the European average⁴⁴ ASR-E of 94.2. The countries with the lowest estimated indicance were Ukraine, Moldova and Bosnia and Herzegovina with ASR-E less or equal to 54.0. The countries with the highest estimated mortality were FIR Outstands with the inguest estimated intertainty were FYR Macedonia with ASR-E of 36.3 deaths per 100000 PY, Serbia (ASR-E: 31.5) and Belgium (ASR-E: 29.5), compared to the estimated European average of 23.1 Estonia (ASR, F: st 1) Spain (ASR, F: 16.7) and Bosnia and Herzegovina (ASR-E: 16.9) reported the lowest mated mortality rates from BC in Europe for 2012.

Temporal changes in selected European countries^{1,1}

anoma skin, the second, most common cancer in the world (1.67 million, 25% of the total) and the most common can-· Due to differences in country marile comming activity cer in women. Age-standardised incidence rates range from ties, BC care services and the distribution of aetiologi

18 The European Gancer Observatory (ECD) estimates refers to the 33

sheet refers to women only.

all new female cases that year."

of female cancer death." Worldwide: BC is after lung cancer and excluding non mel-

· Breast cancer (BC) develops in the breast and occurs in

both men and women. Women are about 100 times more

likely to develop the disease than men and therefore this

An estimated 464000 women were diagnosed with BC in Europe in 2012. BC was the leading cancer site among women in all European countries, accounting for 29% of

In the same year, 13000 women were estimated to die from BC, accounting for 17% of all new female cancer deaths in Europe and making it the most common cause

European Commission Joint Research Centre Via E. Fermi 27/69 | 21/027 lspra (W) | bity www.enczeu

September 2014



European Commission



Training courses

Organisation and funding of a Cancer Registries (Training Course) (45 participants): Izmir, Turkey, 30 Sep - 4 Oct 2013

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.

 Paediatric Oncology for Cancer Registries Training course: IARC, Lyon (France), 25 to 29 November 2013



ENCR Scientific Meeting and General Assembly 12-14 November 2014 • Ispra (Varese) • Italy

ENCR Scientific Meeting and General Assembly 12-14 November 2014 • Ispra (Varese) • Italy

Towards a harmonised cancer information system in Europe





2014 ENCR survey: Cancer registration practices

Aim

- Build the JRC database of European registries
- Update information on registration practices
- Disseminate info to the ENCR members and SC

Contact info

Registry description (geography, coverage, type, year established)

Conditions of cancer registration (legislation, personal identifiers, restrictions) Funding sources

Data sources

Registration criteria and procedures (sites, data collected and coding, etc.)



A proposal on Cancer Data Quality Checks



JRC TECHNICAL REPORTS



A proposal on cancer data quality checks: one common procedure for European cancer registries

2014

European Network of Cancer Registries Carmen Martos. Emanuele Crocetti (Coordinator), Otto Visser, Brian Rous and the Cancer Data Quality Checks Working Group

Version 1.0 · November 2014

Barrett FLE 27 008 FM

- To establish a comprehensive, standardised, and common list of quality checks for harmonising CR data for international studies
- To stimulate collaborations between CRs and the

main stakeholders in cancer information in Europe

Case definition

Focuses on

Variables and their formats

Internal consistency checks

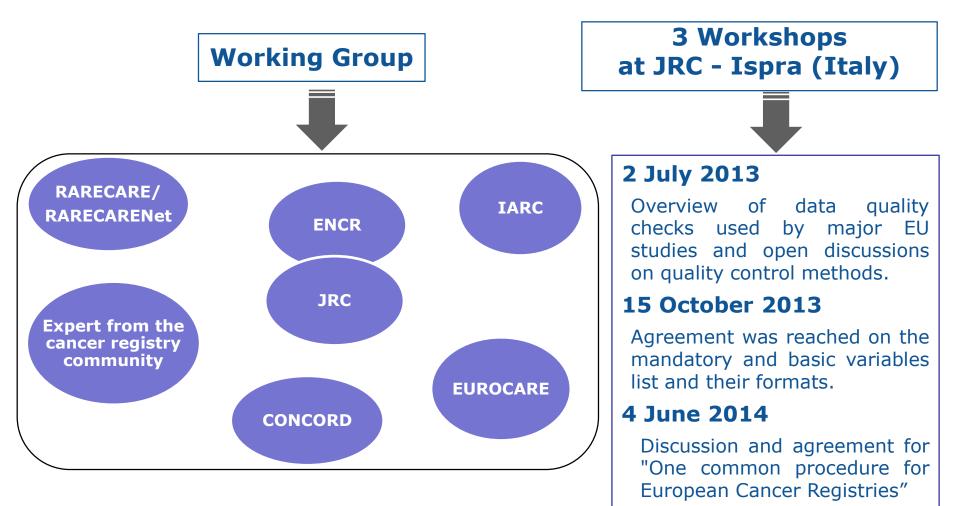
Impossible codes or combinations \rightarrow **Error**

Very unlikely codes or combinations \rightarrow Warning

Possible, but very rare code or combinations \rightarrow Warning



A proposal on Cancer Data Quality Checks





European Commission

On-going and Future Priorities

- Providing an up-to-date mapping of the European cancer registries, their individual registration processes and needs.
 Analysis of the 2014 ENCR survey
- Becoming a reliable and sustainable data hub for epidemiological research in cancer.



- Development of a free software for quality checks Call for data in 2015
- Bring all stakeholders and expert groups together to tackle priority issues



ENCR-JRC working groups



On-going and Future Priorities

- Organising training courses and workshops.
- Ensure alignment with other EU-wide initiatives (ex.INSPIRE) and other EC DGs (SANTE, EUROSTAT, RTD,...).

For More Information:

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

http://www.encr.eu





Research Centre T GE h

Supporting legislation

Serving society

www.jrc.ec.europa.eu Robust science for policy making

00d & Heat

ALL PLAN

JRC xxxxx - © European Union, 201

Thank You for Your Attention

JRC-ENCR@ec.europa.eu

ation are the views of the author and do not

ts of this