



CHANCE OF SURVIVING GUT CANCERS UP 40 PER CENT IN TWO DECADES

CANCER patients in England are 40 per cent more likely to survive for at least a year after diagnosis of stomach and oesophageal cancer than they were in the eighties, according to latest figures revealed at the National Cancer Research Institute (NCRI) Cancer Conference in Birmingham today (Tuesday).

Experts say that one important factor in this significant increase in survival is improved early diagnosis of these cancers, which is important for treatment to be successful. Stomach and oesophageal cancers have been hard to diagnose as the symptoms of the diseases are often a sign of conditions other than cancer.

Improvements in treatment have also played a part, including the shift to surgery by experts in specialist centres and the introduction of chemotherapy for advanced disease.

The figures also show that early detection of breast cancer has led to 95 per cent of patients surviving for more than one year following diagnosis.

The report, published by the National Cancer Intelligence Network (NCIN), looked at one-year survival for all cancers* in over 3.5 million cancer patients recorded by English cancer registries between 1985 and 2004.

Despite more people being diagnosed with cancer in England since the 1980s – due to the ageing population – there has been a fall in the number of deaths. In the five years in the late 1980s, around 840,000** people were diagnosed with cancer and 56 per cent survived beyond a year after diagnosis. In the five years from 2000, over a million people were diagnosed in a five year period with the disease, but 67 per cent survived beyond a year.

Professor David Forman, information lead at the NCIN based at the University of Leeds, said: “Increases in one-year survival rates are a useful signpost – for many types of cancer, they suggest that the disease is being diagnosed at an earlier stage, which is vitally important in treating the disease successfully.

“It’s really positive that survival rates for stomach and oesophageal cancer have significantly increased, because they’re cancers that are usually diagnosed very late – too late to cure.”

One year survival for stomach cancer went from 27 per cent in the 80s to 38 per cent in the 00s – an increase of 11 per cent. And one year survival for oesophageal cancer went from 25 to 36 per cent in the same period.

In addition, one-year survival for all of the most common cancers increased significantly in twenty years. Although survival did not decrease for any cancer***, rates for cervix, Hodgkin disease and a group including eye, brain and CNS cancers stayed relatively constant.

Marked increases in survival were also seen for breast, ovary and bowel cancer.

Professor Forman continued: “One-year survival has significantly increased for around 75 per cent of cancers. Most of the rest have shown small improvements but clearly there is more work needed to improve the detection of some cancers.”

One-year breast cancer survival has increased by six per cent in the last two decades, meaning 95 per cent of women will survive at least a year after diagnosis. This is a clear indication of greater awareness of the disease in patients and GPs, leading to faster referrals of cancer patients to specialist doctors. And the breast cancer screening programme has helped pick up the disease earlier – survival rates jumped in the early 90s following the introduction of the screening programme in 1988.

Sara Hiom, director of health information at Cancer Research UK, said: “Early detection of cancer is vital in ensuring the disease is successfully treated. It’s important that people are aware of the signs and symptoms of cancer and they go for screening when invited. Cancer Research UK is investing in research to improve early detection of the disease and is working with GPs to provide relevant information to help this.”

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Notes to editors:

* Excluding non-melanoma skin cancer

** The actual figures are higher than this because some patients had to be excluded from the cohorts. This could have been because their type of cancer is only known from the death certificate, so the cancer was diagnosed on the same day they died. There were 837,660 people in the 1985-1989 cohort and 1,002,968 people in the 200-2004 cohort.

*** The data in the report showed survival for bladder cancer had decreased. This is because the rules for how bladder cancer was classified and recorded changed during the period covered by the report. It is likely that without this change, bladder cancer survival would have increased.

About the National Cancer Intelligence Network (NCIN)

- The NCIN will coordinate the collection, analysis and publication of comparative national data on diagnosis, treatment and outcomes for types of cancer and types of patient
- As part of the National Cancer Research Institute, the NCIN aims to promote efficient and effective data collection at each stage of the cancer journey
- Patient care will be monitored by the NCIN through expert analyses of

up-to-date statistics

- The NCIN will drive improvements in the standards of care and clinical outcomes through exploiting data
- The NCIN will support audit and research programmes by providing cancer information
- Visit www.ncin.org.uk for more information

About the NCRI Cancer Conference

The National Cancer Research Institute (NCRI) Cancer Conference is the UK's premier forum for disseminating advances across all aspects of cancer research.

About the NCRI

The National Cancer Research Institute (NCRI) was established in April 2001. It is a UK-wide partnership between the government, charity and industry

which promotes co-operation in cancer research among the 21 member organisations for the benefit of patients, the public and the scientific community. www.ncri.org.uk

NCRI members are: the Association of the British Pharmaceutical Industry (ABPI); Association for International Cancer Research; Biotechnology and Biological Sciences Research Council; Breakthrough Breast Cancer; Breast Cancer Campaign; Cancer Research UK; CHILDREN with LEUKAEMIA, Department of Health; Economic and Social Research Council; Leukaemia Research; Ludwig Institute for Cancer Research; Macmillan Cancer Support; Marie Curie Cancer Care; Medical Research Council; Northern Ireland Health and Social Care (Research & Development Office); Roy Castle Lung Cancer Foundation; Scottish Government Health Directorates (Chief Scientist Office); Tenovus; Welsh Assembly Government (Wales Office of Research and Development for Health & Social Care); The Wellcome Trust; and Yorkshire Cancer Research.

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