



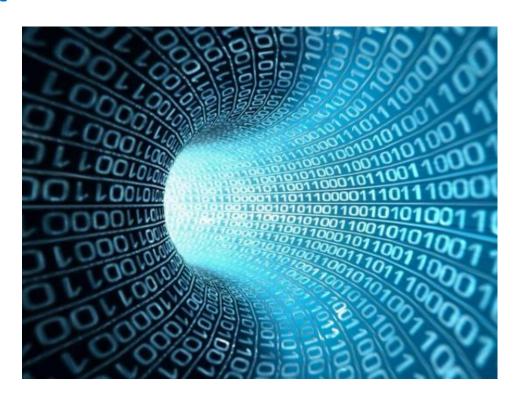
The Incidence and Outcome in England of Patients with Brain Tumours: TYA to the Elderly

Andrew Brodbelt, David Greenberg, Sarah Miller, Tina Karabatsou, Matt Williams, Peter Collins and on behalf of the NCRAS brain tumour group

NCIN CNS tumours workshop April 12th 2016

The core objective of National Cancer Registration and Analysis Service (NCRAS): link data with patient outcome

- Promoting data collection
- National repository datasets
- Expert analyses
- Improve standards of care
- and outcomes
- Support audit and research





Published UK national data is rare.

- CRUK, Macmillan
- 1999 2013
- National cancer registration service
- Hospital Episode Statistics (HES)
- NHS Personal Demographic Service
- Radiotherapy data some limitations
- England only

Questions page 1

- 1. How many adults get a primary brain tumour each year in England?
- A. 2500
- B. 5000
- C. 8500
- D. 12000

- What percentage of ≥70yr meningioma patients die within 1 year of diagnosis?
- A. 5%
- B. 10%
- C. 20%
- D. 30%

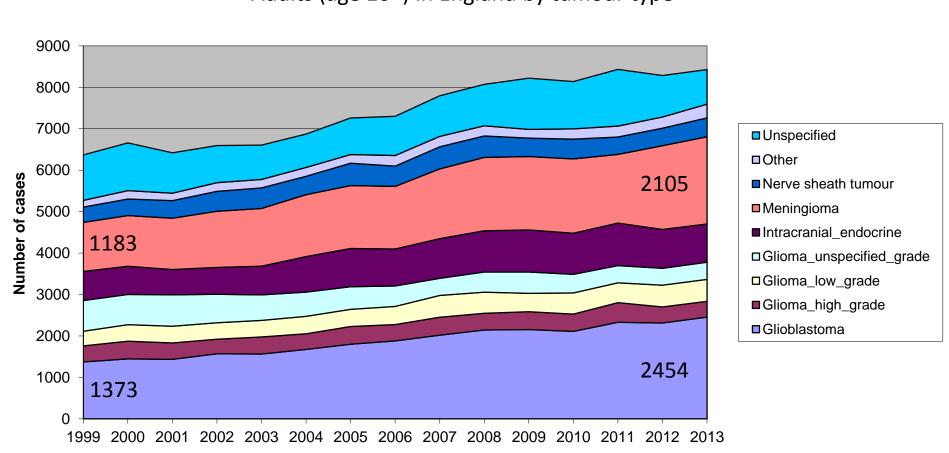
Questions page 2

- 3. Which statements are correct?
- A. The cancer two week wait pathway is a common referral route for brain tumour patients.
- B. >90% of the elderly present through A+E
- C. There are significant delays to surgery
- D. >80% of GBM patients get radiotherapy

- 4. Which statements are correct?
- A. 25% of TYA GBM patients survive 5 years
- B. LGG patient survivals are better now than 10 years ago
- C. <45% of LGG pts ≥ 70 yrs will be alive at 1 year.</p>
- D. Intracranial endocrine tumours make up 11.5% of the total tumour group

Primary brain tumours are increasing

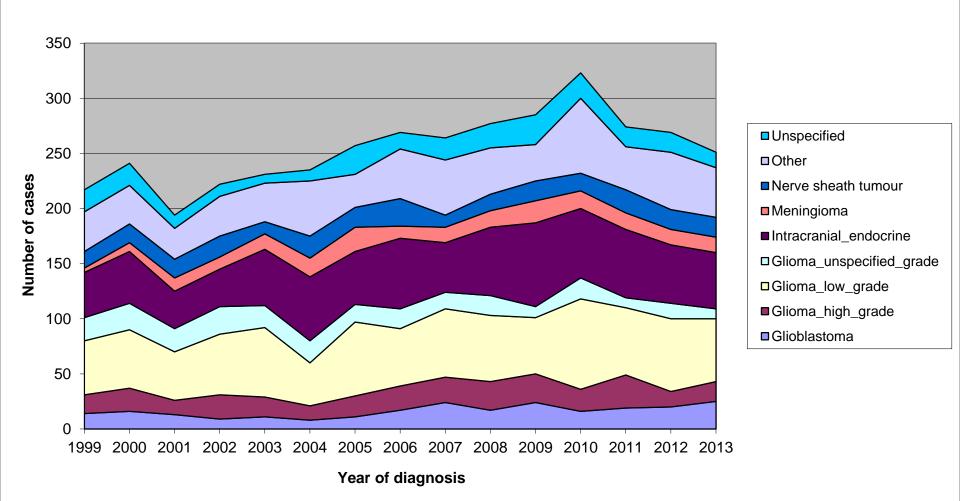




Year of diagnosis

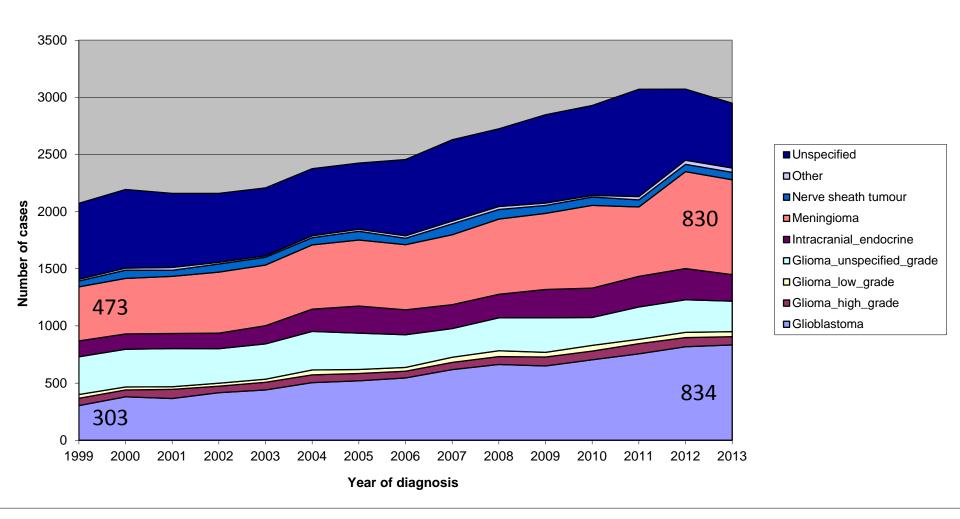
There is no significant increase in the TYA group

Teenage and Young Adult (16-24) in England by tumour type



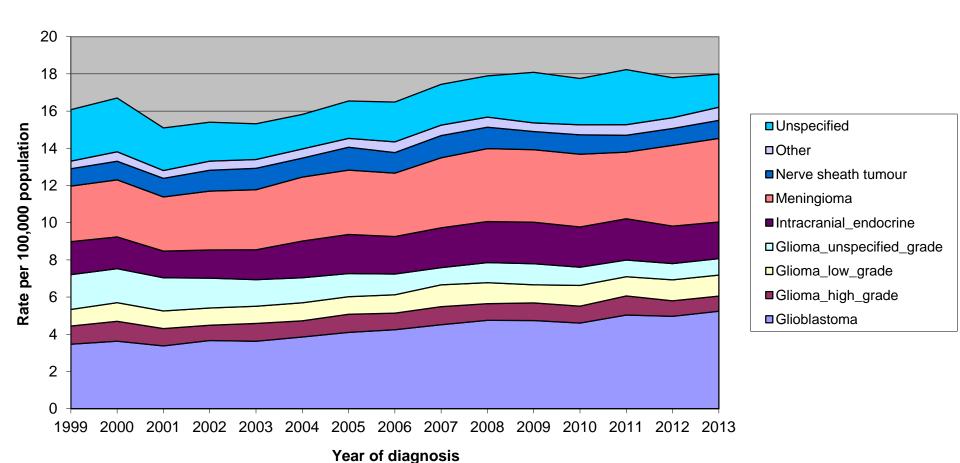
There is a significant increase in the elderly

The elderly (70+) in England by tumour type



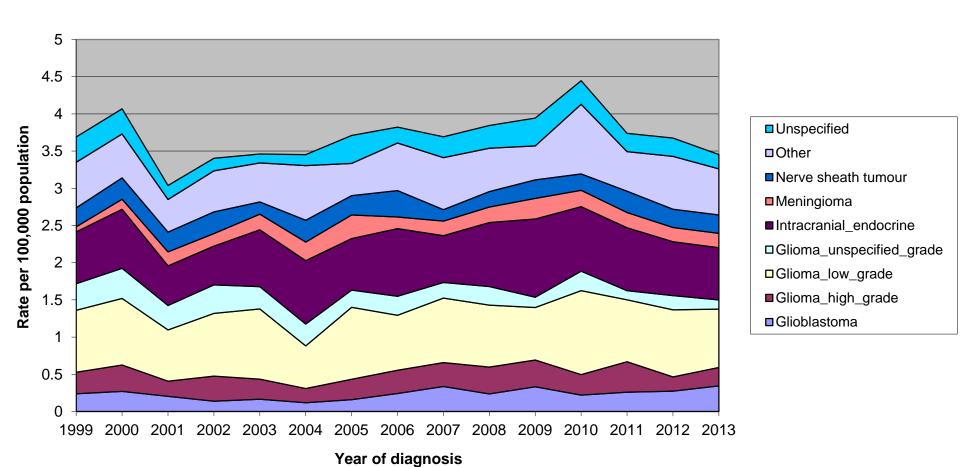
The incidence in adults has increased

Adults (age 16+) in England by tumour type



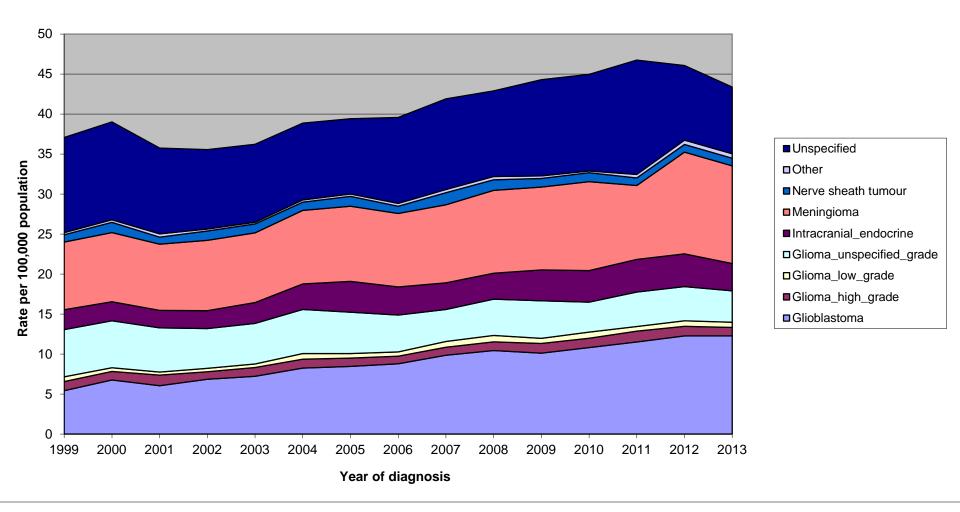
There is little change in the TYA group

Teenage and Young Adult (16-24) in England by tumour type

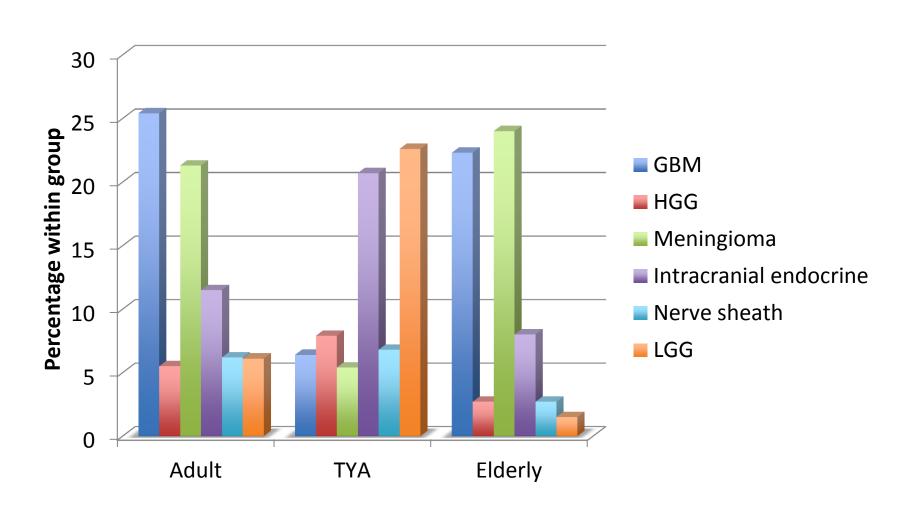


Incidence is high, and increasing in the elderly

The elderly (70+) in England by tumour type



Tumour types by age group



Tumour incidence by sex



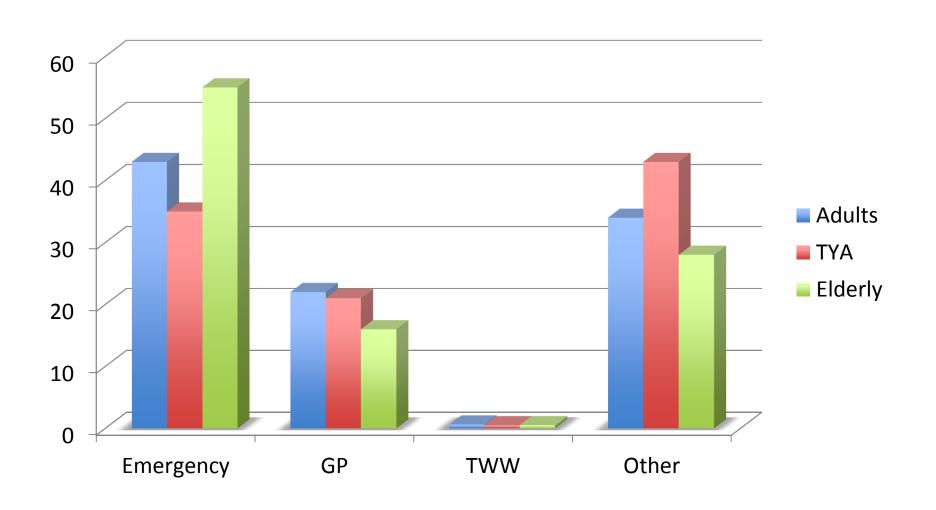
Nerve sheath tumour



- Glioma
- Intracranial endocrine

Meningioma

Routes to diagnosis



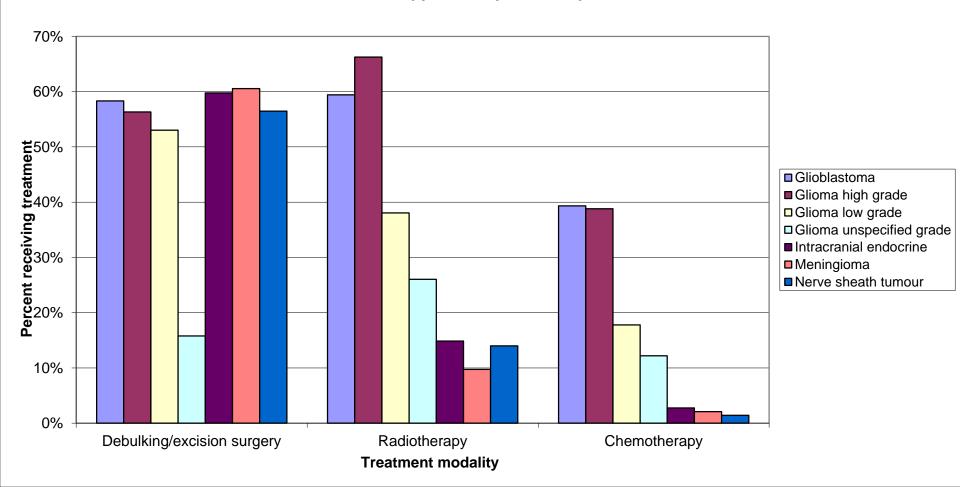
There must be a better way.



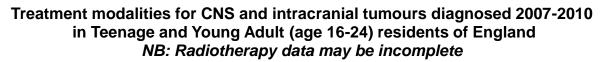
50-60% of adults get surgery

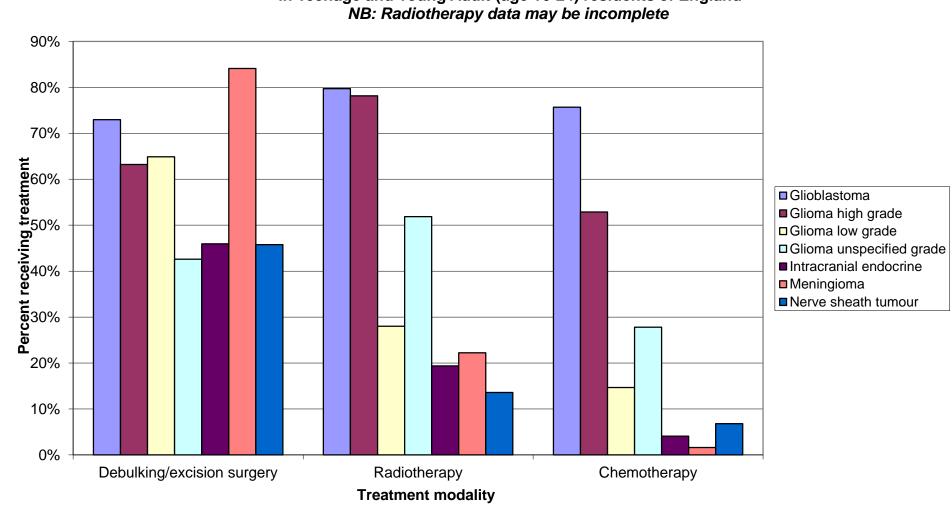
Treatment modalities for CNS and intracranial tumours diagnosed 2007-2010 in residents of England aged 16 and over

NB: Radiotherapy data may be incomplete

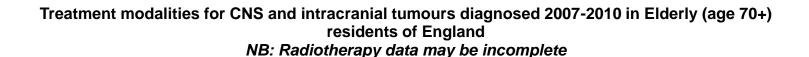


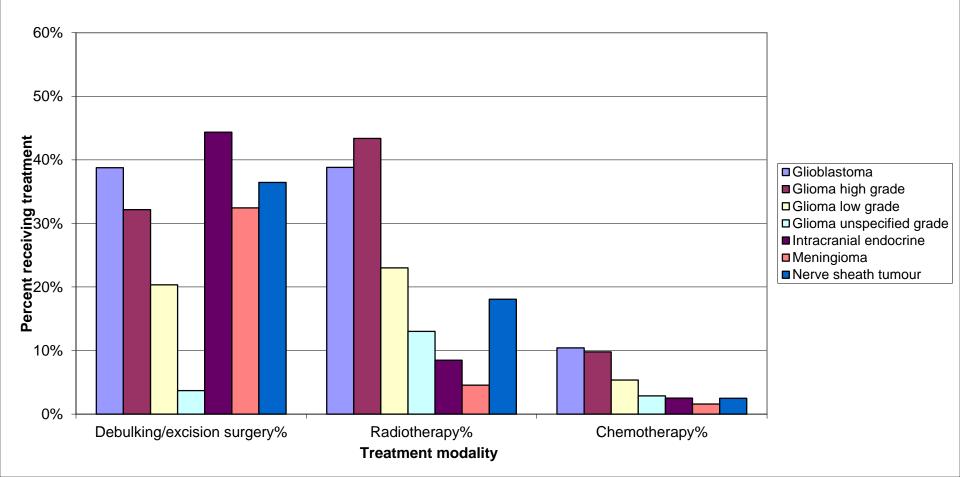
More TYA are treated



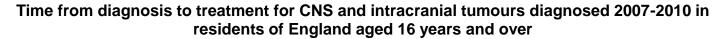


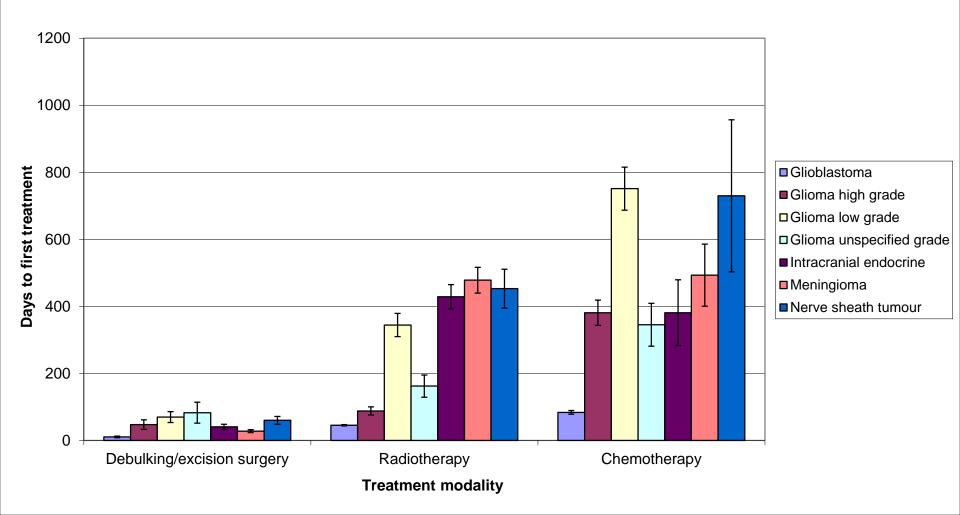
The elderly are treated less often





There appears little delay for treatment

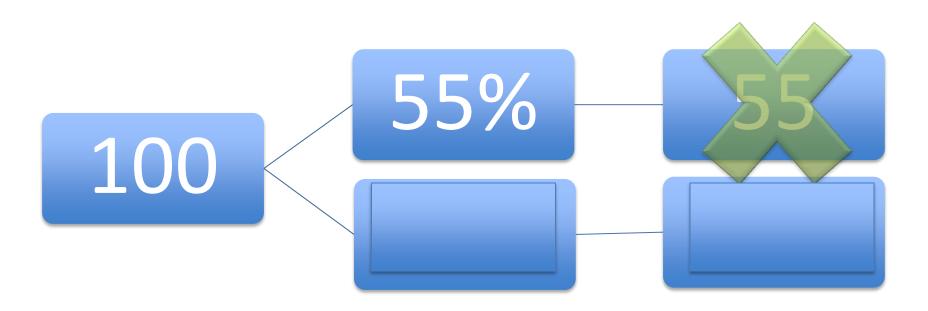




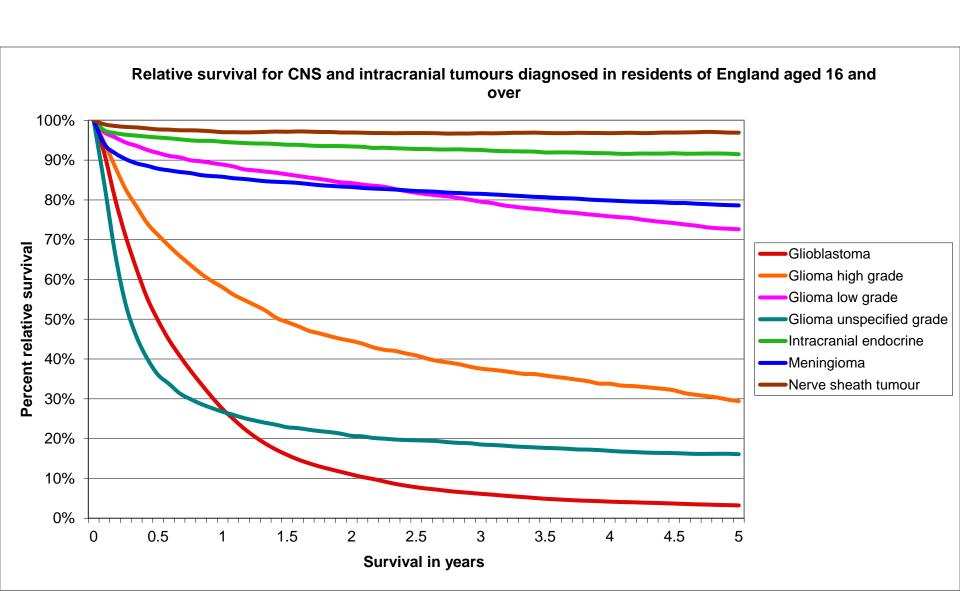
Relative survival

- Relative survival is defined as the ratio of the proportion of observed survivors in a cohort of cancer patients to the proportion of expected survivors in a comparable set of cancer free individuals.
- Relative survival provides a measure of the mortality associated with the disease process described.
- Relative Survival is used where survivals are long or in the elderly

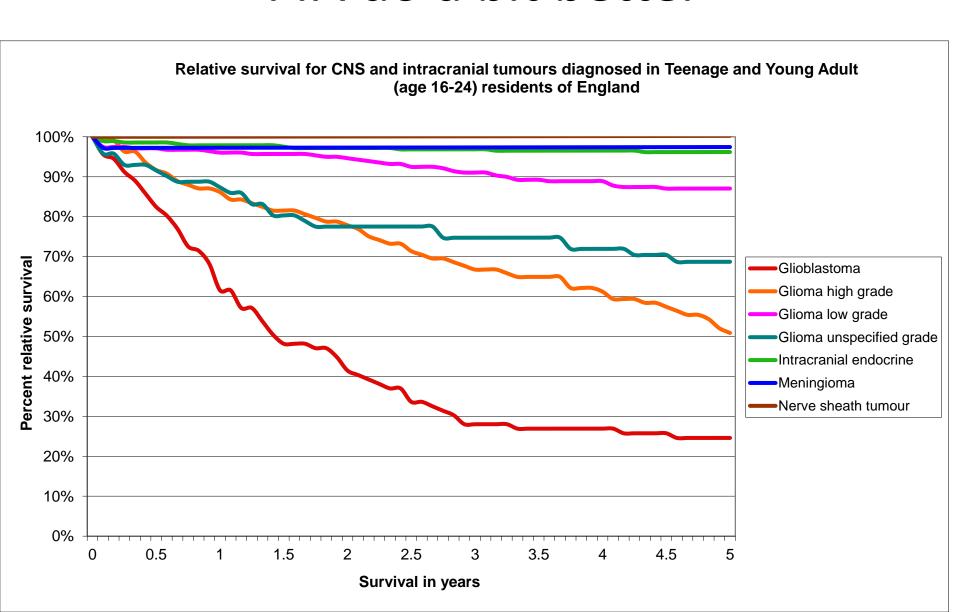
Of 100 70-80 year old patients with a meningioma, how many will be alive after 5 years?



Adult relative survival

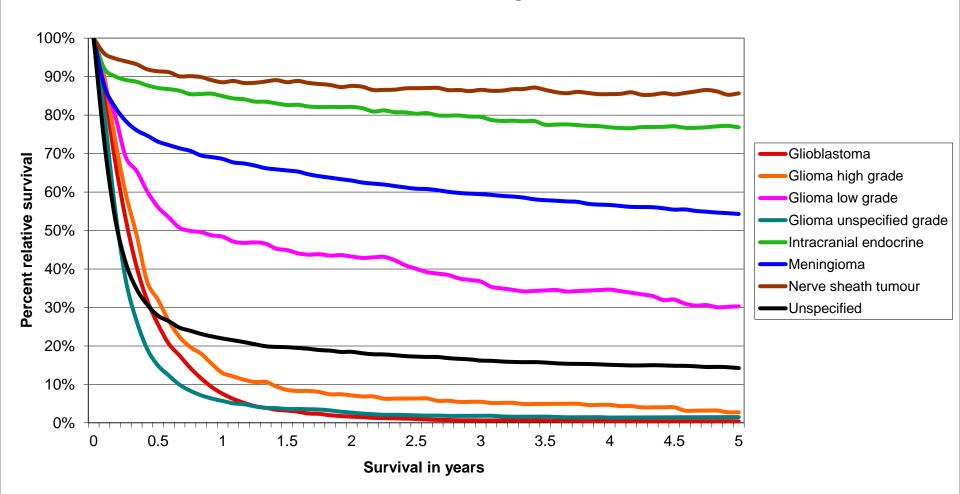


TYA do a bit better

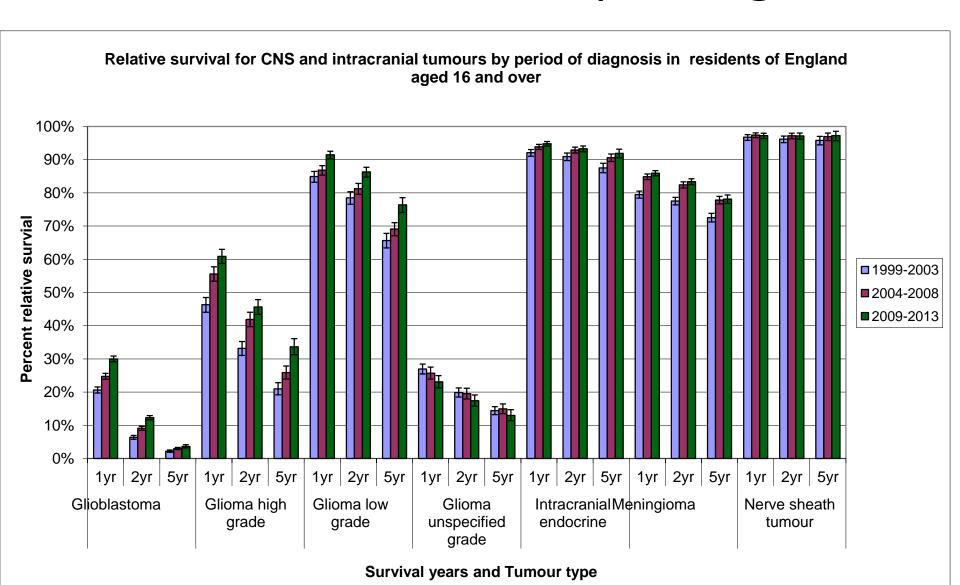


The elderly do badly

Relative survival for CNS and intracranial tumours diagnosed in 2006-2010 in elderly (age 70+) residents of England



Outcomes are improving



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