

# UK improves cancer survival, but is still behind other high-income countries

September 12 2019

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Cancer survival in the UK has improved since 1995, although it still lags behind other high-income countries, according to new analysis by the International Cancer Benchmarking Partnership (ICBP), which is managed by Cancer Research UK.

The study, published in *Lancet Oncology*, looked at 3.9 million cancer cases between 1995 and 2014, in seven comparable countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway and the UK).

This is the first international study to look at changes in [cancer survival](#) alongside incidence and mortality for cancers of the oesophagus, stomach, colon, rectum, pancreas, lung and ovary. Exploring these three key measures allows us to better understand how countries like the UK compare in the prevention, diagnosis and treatment of different cancers.

Encouragingly, one-year and five-year survival has improved across all seven cancer sites in the UK across the 20-year period. Five-year survival for rectal cancer in the UK rose by 14 percentage points since 1995, from 48% to 62%. The UK also has one of the highest increases in five-year survival—almost 12 percentage points—across all countries for colon cancer. This can potentially be attributed to advances in treatment such as better surgery, among other factors.

Additionally, one-year survival for lung, ovarian and oesophageal cancer all increased by around 15 percentage points in the last 20 years. Though great progress has been made, the UK remains near the bottom of the

rankings, and has not yet caught up with the other countries.

Cancer Research UK's clinical adviser, John Butler, who co-authored the study and is a consultant surgeon at the Royal Marsden, said: "There isn't one specific reason why survival in the UK has improved—it's a combination of many different factors. Over the last twenty years we've seen improvements in cancer planning, development of national cancer strategies and the rollout of new diagnostic and treatment services.

"For lung, ovarian, and oesophageal cancer in particular, survival has increased largely because the quality of surgery has radically improved, and more surgery is taking place than before. More people are being looked after by specialist teams, rather than surgeons who aren't experts in that area. But while we're still researching what can be done to close the survival gap between countries, we know continued investment in early diagnosis and cancer care plays a big part. Despite our changes we've made slower progress than others."

Sara Hiom, Cancer Research UK's director of [early diagnosis](#), said: "More people than ever before are surviving cancer thanks to research and targeted improvements in care. But, while we're on the right track, the numbers show we can certainly do better.

"We will not see the necessary improvements in diagnosis and access to treatment unless we have enough of the right staff across our NHS. Cancer Research UK has been calling for staff shortages to be addressed because, quite simply, it will give people a better chance of surviving their cancer. If we are to achieve world class [cancer](#) outcomes in the UK, then we need to see comparable investment in the NHS and the systems and innovations that support it. It's never been a more crucial time for the Government to put new money where it matters."

**More information:** Arnold M, et al, Progress in cancer control:

survival, mortality and incidence in seven high-income countries  
1995-2014, *Lancet Oncology*, (2019)  
[dx.doi.org/10.1016/S1470-2045\(19\)30456-5](https://doi.org/10.1016/S1470-2045(19)30456-5)

Provided by Cancer Research UK

Citation: UK improves cancer survival, but is still behind other high-income countries (2019, September 12) retrieved 23 April 2024 from <https://medicalxpress.com/news/2019-09-uk-cancer-survival-high-income-countries.html>

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