## Use of Data to Support Decision-making in Cancer Care: Evidencebased Interventions

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Prevention, Diagnosis, Treatment

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## Cancer Burden

Second leading cause of death globally

~ 22% cancer deaths due to tobacco use 8.8 million deaths in 2015, ~70% in LMIC

Annual economic cost ~ US\$ 1.16 trillion (est) ~14 million new cases in 2012, expect increase ~ 4 out of 5 LMIC have no data to inform cancer policy

http://www.who.int/mediacentre/factsheets/fs297/en/

Cancer Statistics and Sources of Information	
Incidence Rate	<ul> <li>Census (denominator)</li> <li>Population-based cancer registry</li> <li>Death registration with causes of death</li> </ul>
Mortality Rate	<ul> <li>Census (denominator)</li> <li>Death registration with causes of death</li> </ul>
Cancer Survival	<ul> <li>Cancer registry, treatment information</li> <li>Death registration</li> </ul>
Risk Factors	<ul> <li>Population-based surveys - GATS, WHO STEPS</li> </ul>

# **Cancer Registries**



Systematic collection, storage, analysis, and interpretation of data on cancer occurrence

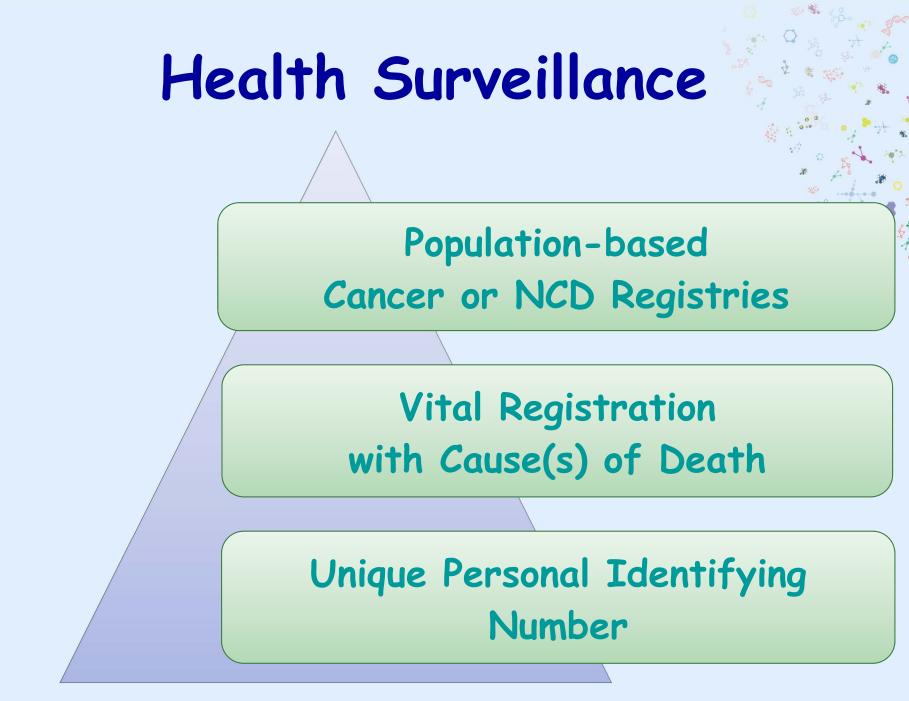


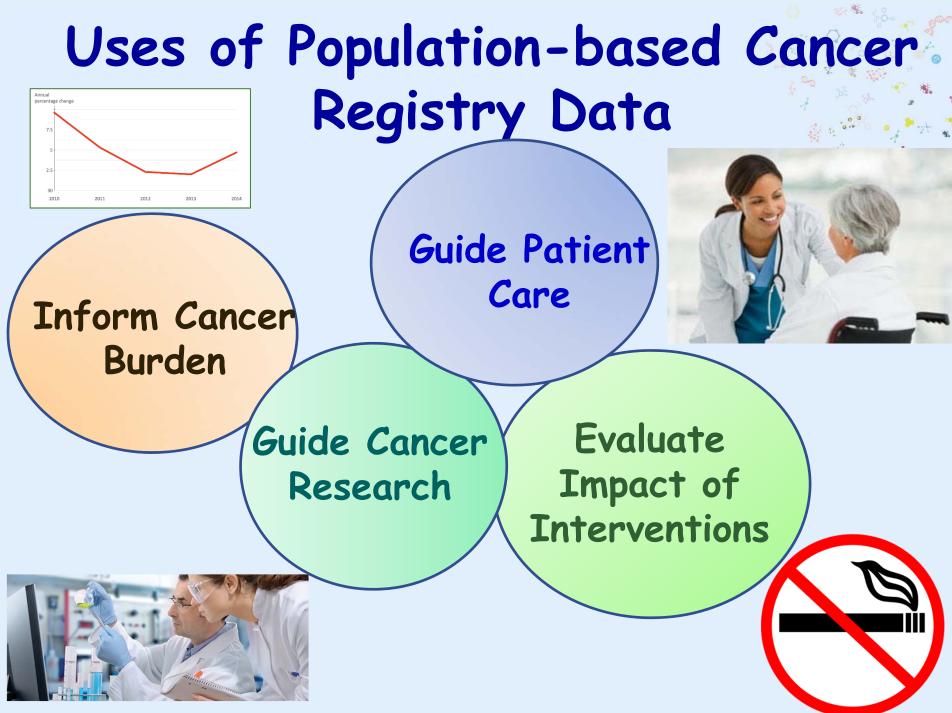
Need authority, funding support, training



Hospital-based cancer registry Useful for hospital planning Evaluate clinical performance

Population-based cancer registry All cancer cases, all sources, geographically defined population Enables computation of incidence rates







#### Population-based cancer registries

- National Investment
- Mortality data

- Authority (legislation)
- High completeness, quality

### Death registration with cause of death

Medical care system, basis of diagnosis (pathology)

Unique personal Identifying Number

Data access, sharing, and use

## Increase Use of Data

From cancer and death registries, population-based surveys, by hospital and registry staff, researchers, policy makers, patients, families

> Analyze, Report, Communicate Registry Data

Improve Registry Operations, Data Quality, Patient Management Cost Efficiencies

