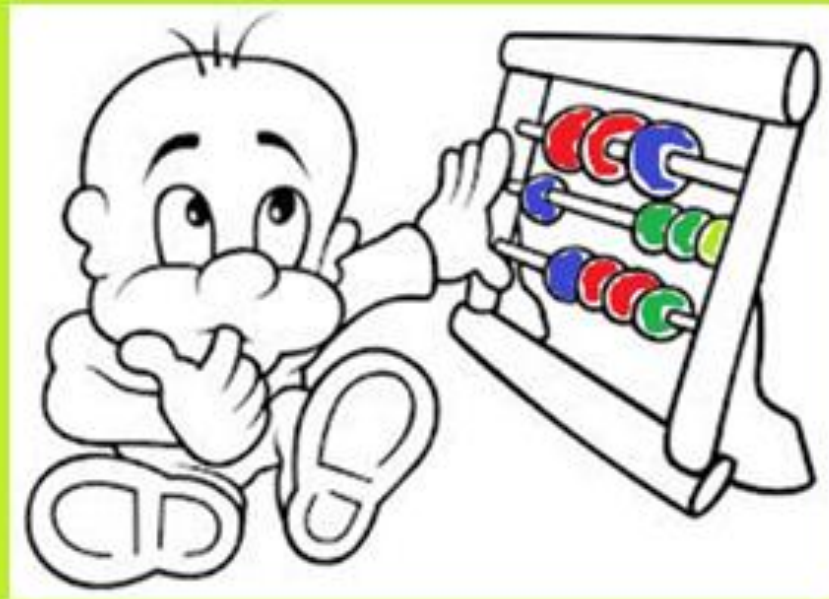


Population based Cancer registry in the Netherlands (NKR and PALGA)

Prof. Dr. Geertruida H. de Bock, (Truuske)
University of Groningen, University Medical
Center Groningen, Dept. of Epidemiology,
Groningen, The Netherlands.

Epidemiology starts with counting



Cancer registries

Hospital based versus Population based

A population based cancer registry – The Netherlands



Iran:
4.5 times more people
47 times larger
East Azerbaijan Province:
0.25% people
About equal size
Distance Groningen-Tabriz: 4600 km



Dutch population based cancer registry

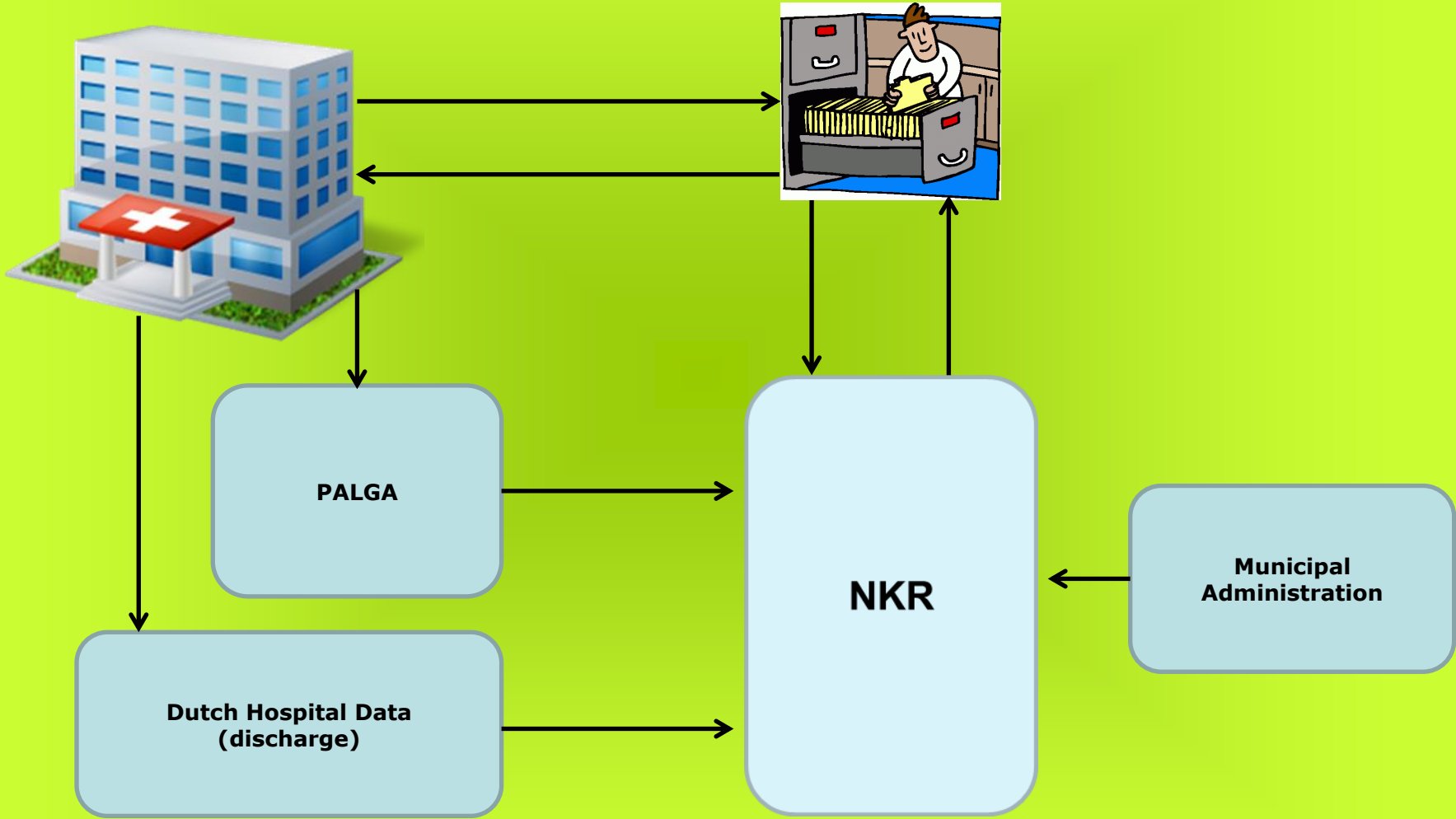
The NKR is a national database since 1989

IKNL is responsible for collection, analysis and provision of data of this cancer registry

Financed by Ministry of Health

www.cijfersoverkanker.nl

Dutch population based cancer registry



PALGA

The nationwide network and registry of histo- and cytopathology in the Netherlands

- Started in 1971

- National coverage since 1991

- All pathologists are trained (50 hospitals)

- Embedded in care

- Financed by Ministry of Health

Dutch Hospital Data

A nationwide database of hospitalization and discharge

- Started in 1961

- National coverage since 1991

- Administrative workers in 100 hospitals

- Yearly update

- 99% reliability

- Financed by Ministry of Health

Municipal administration

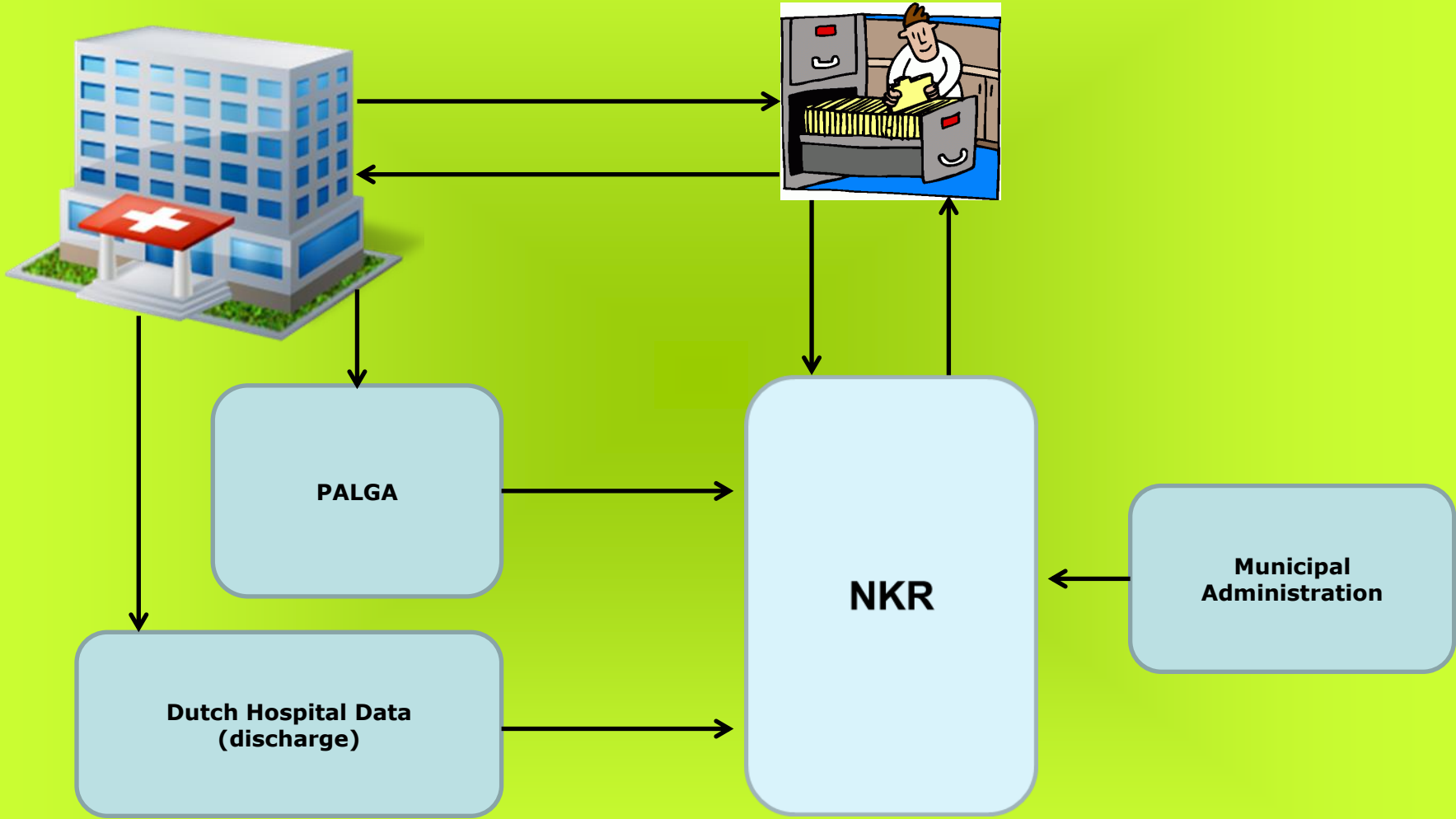
Registration of all people living in The Netherlands

Name

Date of birth

Date of death (if applicable)

Dutch population based cancer registry



Dutch population based cancer registry

Registered is:

Date of diagnosis

Tumor localization (ICD-O)

Morphological classification

Grade / differentiation grade

Stage (TNM)

Type and date of start of treatment(s)

Dutch population based cancer registry

Proces

Few weeks after PALGA signal: start case

9 months later: register case

Yearly check with hospital data (cases are missed?)

Yearly check with municipal administration

Dutch population based cancer registry

Quality

Trained registers, paid by cancer registry
1 year training, national protocol (IARC)

Double data entry key parameters (e.g.
date of birth)

Check on logical inconsistencies

The database contains about 95% of all
cancer cases in the Netherlands

Dutch population based cancer registry

Type of data

Incidence

Prevalence

Cancer death

Cancer survival

Treatment

Dutch population based cancer registry

Application

Research

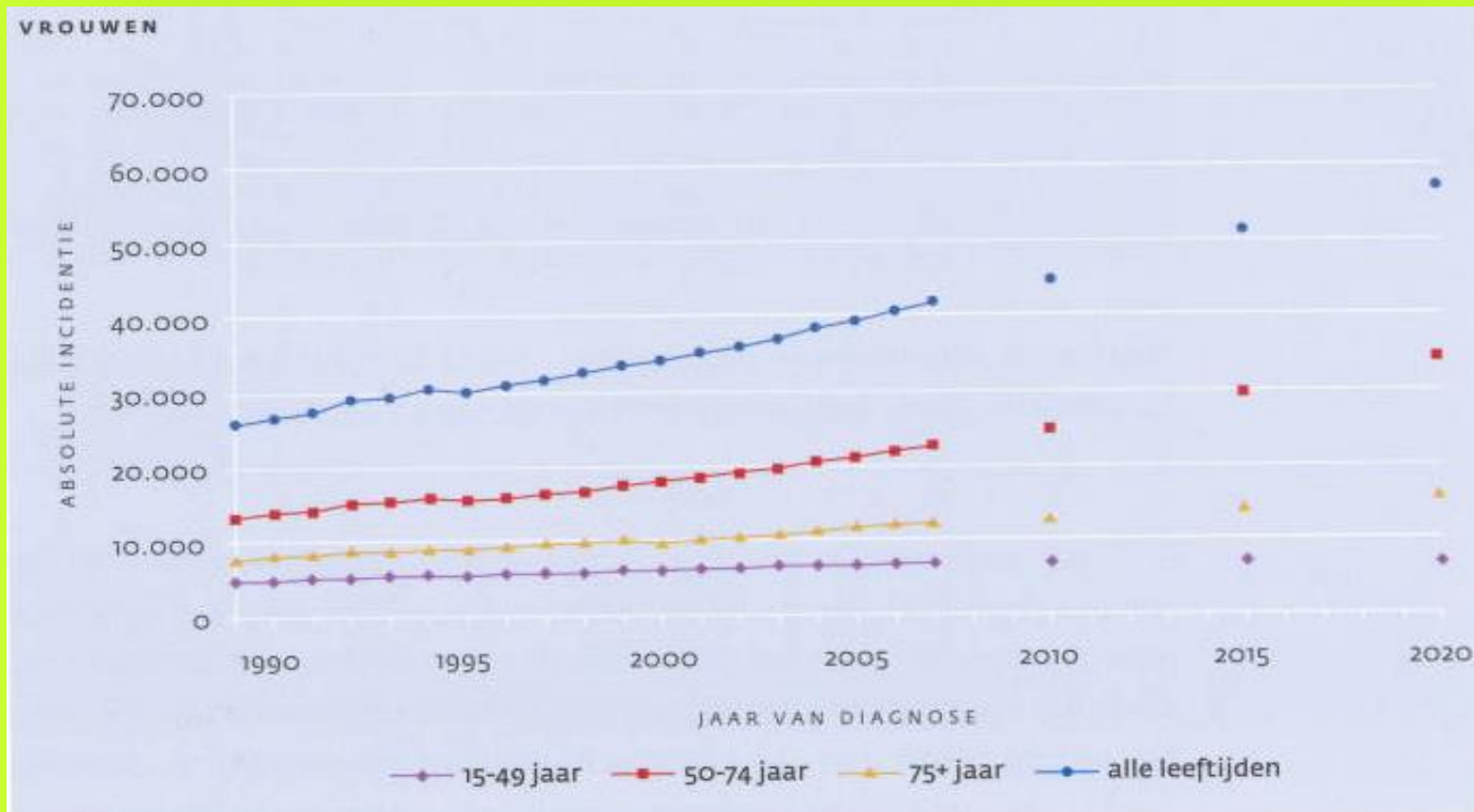
Health policy / trends / planning of care

Evaluation and improvement of care

Support and evaluation of screening programs

(Inter)National comparison

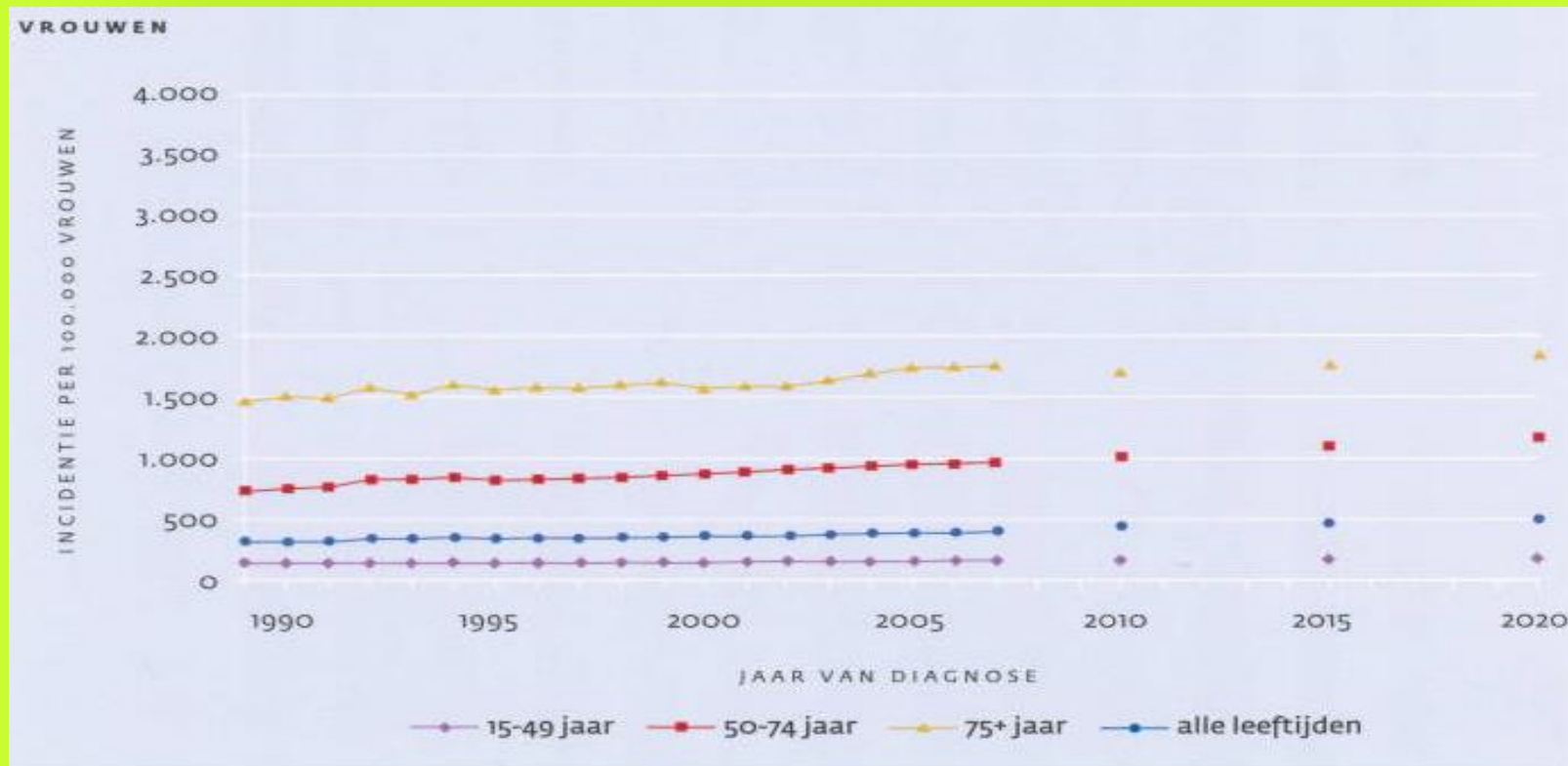
Dutch example: Incidence of cancer



All types of cancer: Absolute incidence numbers 1989-2007 with prognoses up to 2020.

Kanker in Nederland: Trends, prognoses en implicaties voor zorgvraag. Signaleringscommissie Kanker van KWF Kankerbestrijding
Source NKR

Incidence of cancer



All types of cancer: For age standardized incidence rates 1989-2007 with prognoses up to 2020 (females).

Kanker in Nederland: Trends, prognoses en implicaties voor zorgvraag. Signaleringscommissie Kanker van KWF Kankerbestrijding
Source NKR

Incidence of cancer

In future the absolute number of patients with cancer will increase.

Males: 45.000 (2007) -> 66.000 (2020)

Increase: 50%

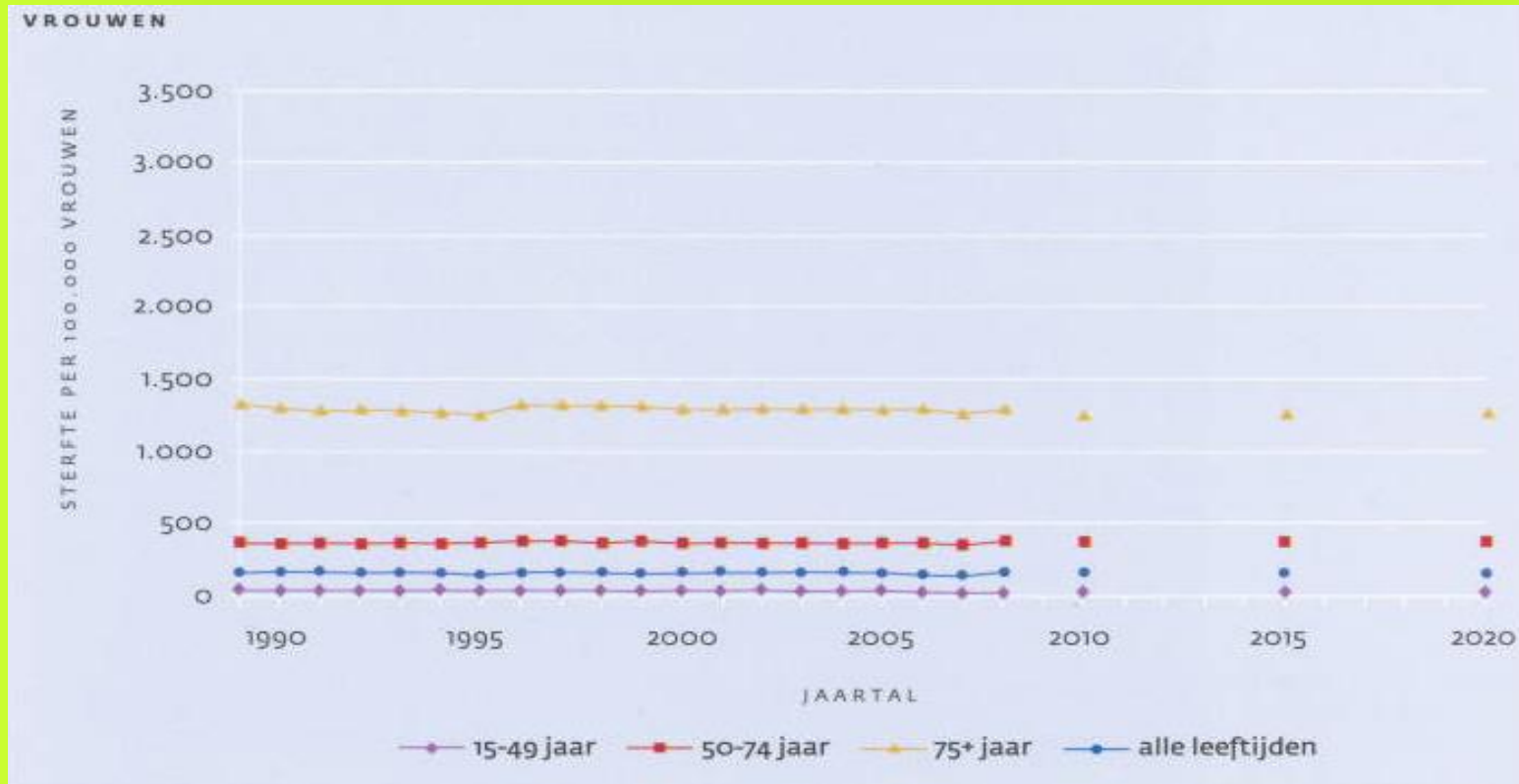
Females: 42.000 (2007) -> 57.000 (2020)

Increase: 35%

Incidence of cancer

Aging of the population is the main cause of the increased incidence of cancer.

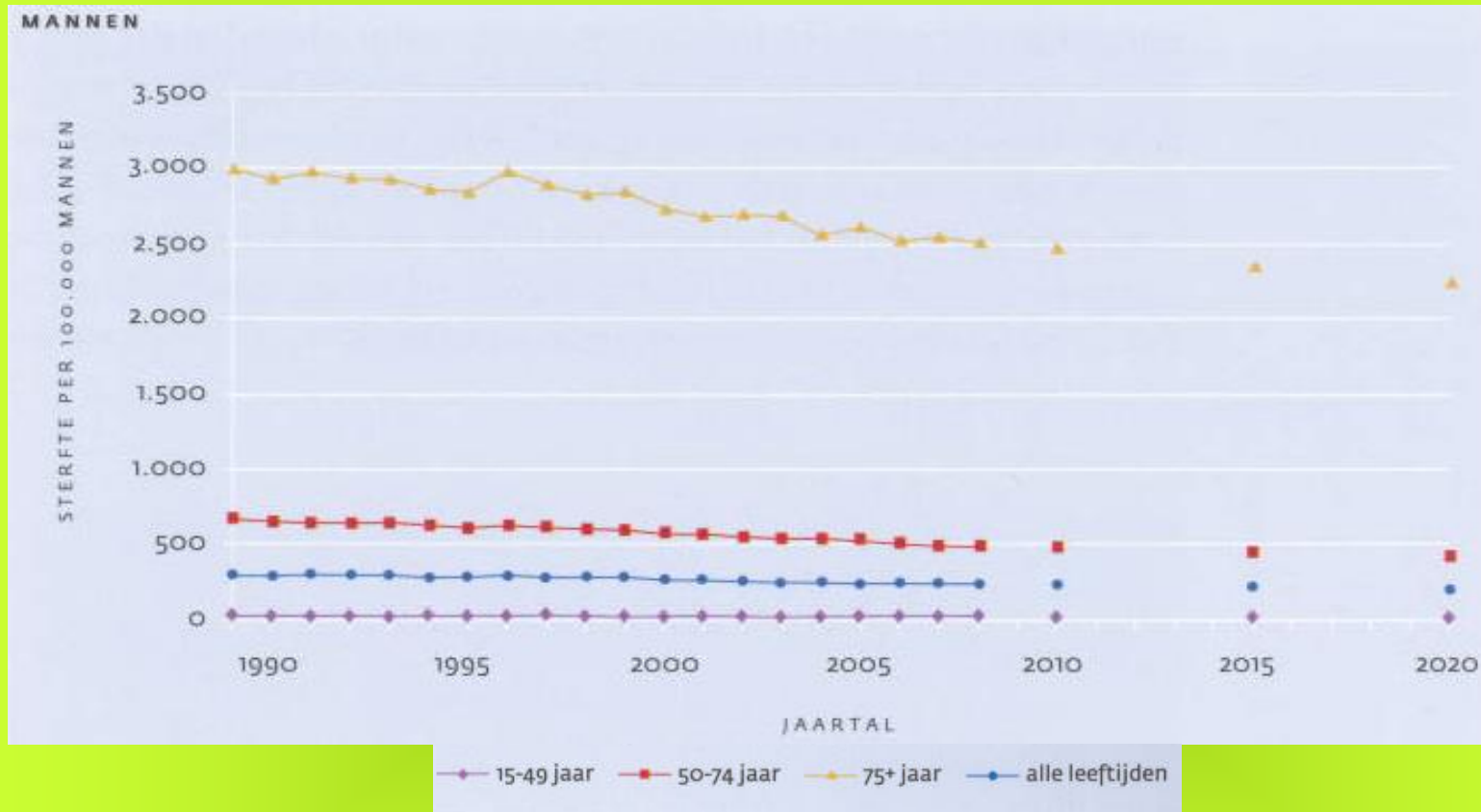
Cancer mortality rates



All types of cancer: Cancer mortality rates 1989-2007 with prognoses up to 2020 (females).

Kanker in Nederland: Trends, prognoses en implicaties voor zorgvraag. Signaleringscommissie Kanker van KWF Kankerbestrijding
Source CBS

Cancer mortality rates



All types of cancer: Cancer mortality rates 1989-2007 with prognoses up to 2020 (males).

Kanker in Nederland: Trends, prognoses en implicaties voor zorgvraag. Signaleringscommissie Kanker van KWF Kankerbestrijding
Source CBS

Cancer mortality rates

The cancer mortality rates lower over the age of 75. This effect is stronger for males than for females.

Males: 25/1000 (2007) -> 22/1000 (2020)

Decrease: 12%

Females: 13/1000 (2007) -> 12.5/1000 (2020)

Decrease: 4%

Improved relative survival

More frequent an early diagnosis of cancer

Screening

Increased cancer awareness

Improved staging

Improved treatment

Changes in patterns of cancer

Males: lung and stomach cancer ↓
prostate cancer ↑

Females: lung cancer ↑
breast cancer relative good prognosis

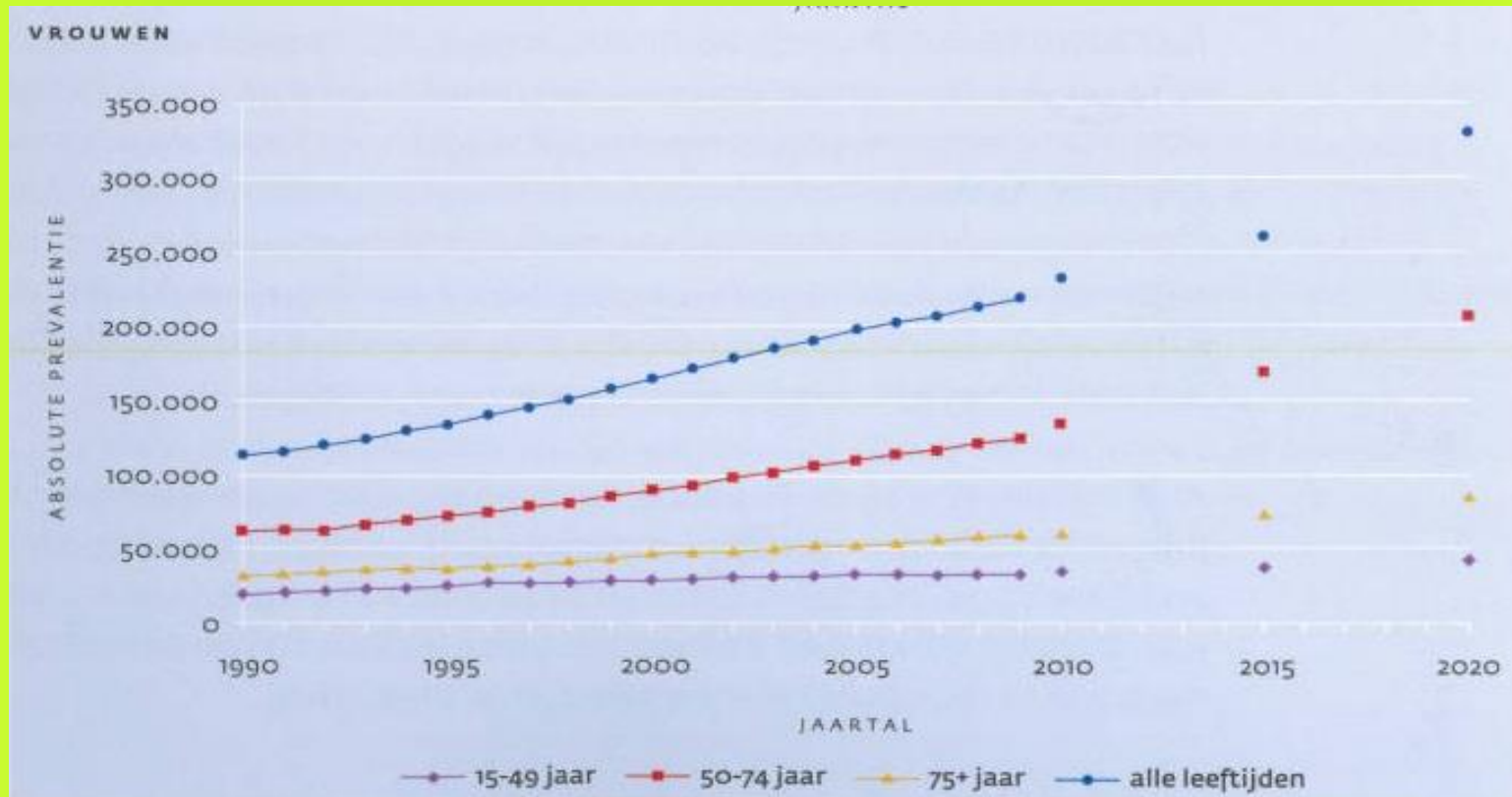
Numbers

| Females | 2007 | 2020 |
|-------------------|--------|--------|
| Breast cancer | 12.843 | 17.500 |
| Colorectal cancer | 5.493 | 7.000 |
| | | |
| Males | | |
| Prostate cancer | 9.588 | 17.000 |
| Colorectal cancer | 6.366 | 10.000 |

NB: Absolute numbers



Prevalence of cancer



All types of cancer: 10-years prevalences 1990-2009 with prognoses up to 2020.

Kanker in Nederland: Trends, prognoses en implicaties voor zorgvraag. Signaleringscommissie Kanker van KWF Kankerbestrijding
Source IKZ

Prevalence of cancer

The prevalence of cancer is increasing.

Males: 200.828 (2009) -> 330.000 (2020)

Increase: 65%

Females: 218.465 (2009) -> 330.000 (2020)

Increase: 50%

Explanations

The prevalence of cancer is increasing:

The ageing of the population.

An almost stable risk to develop cancer.

A decreased risk of cancer death.

Thanks for your attention

