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Volume 1

ICBP Newsletter

International Cancer Benchmarking Partnership

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Welcome from the editor

Welcome to our first edition of the ICBP newsletter, designed to provide in-depth information about this exciting partnership and the ongoing research.

The *Lancet* recently published the first scientific publication relating to ICBP research: ‘Cancer survival in Australia, Canada, Denmark, Norway, Sweden and the UK, 1995-2007: the International Cancer Benchmarking Partnership’. This is the first in a series of planned ICBP publications. For a link to this publication and for further information about the ICBP and its activity, please visit www.icbp.org.uk.

We will publish ICBP newsletters every three months. In each edition, we will put a ‘spotlight’ on the ICBP Programme Board members, their organisations and the cancer systems in their jurisdictions. Each newsletter will also focus, in turn, on one of the ICBP modules of research, providing more detail around the module structure and research.

We would also like to hear from you with your views and comments about the partnership, and we encourage you to stay in touch via icbp@cancer.org.uk.

The 5 ICBP research modules

- Module 1: Epidemiology
- Module 2: Population awareness and beliefs
- Module 3: Beliefs, behaviours and systems in primary care
- Module 4: Root cause of diagnosis and treatment delays
- Module 5: Treatment, co-morbidities and other factors



The International Cancer Benchmarking Partnership

The ICBP is a unique and innovative international partnership of clinicians, academics and policymakers. It is the first of its kind seeking to understand how and why cancer survival varies between countries/jurisdictions.

The partnership aims to generate insight and understanding that will help all partners improve cancer survival outcomes by optimising cancer policies and services.

The initial drive behind the ICBP came from England, following the latest EURO CARE¹ studies indicating that England continues to have poorer cancer outcomes compared with much of Western Europe.

Globally, the CONCORD² study had also indicated significant differences in cancer survival in the 1990s.

Therefore, in 2009, Professor Sir Mike Richards, the National Cancer Director for England, led the formation of an international benchmarking partnership to update the comparisons and address the remaining variations in cancer outcomes.

The ICBP is a truly international partnership involving 12 jurisdictions in 6 countries across 3 continents:

- Australia (New South Wales, Victoria)
- Canada (Alberta, British Columbia, Manitoba, Ontario)
- Denmark
- Norway
- Sweden
- United Kingdom (England, Northern Ireland, Wales)

The ICBP research focuses on 4 cancers:

- Breast
- Colorectal
- Lung
- Ovarian

1 Berrino F, De Angelis R, Sant M et al. Survival for eight major cancers and all cancers combined for European adults diagnosed in 1995-99: results of the EURO CARE-4 study. *Lancet Oncol* 2007, 8: 773-783. 2 Coleman MP, Quaresma M, Berrino F et al. Cancer survival in five continents: a worldwide population-based study (CONCORD). *Lancet Oncol* 2008, 9: 730-756.



The ICBP - aims of the partnership

“The ICBP aims to generate insights which will help all partners enhance cancer survival outcomes by improving cancer policies and services“

Professor Sir Mike Richards, Chair,
International Cancer Benchmarking
Partnership

All ICBP partners have broadly comparable wealth, offer universal access to health care and have a longstanding, high-quality, population-based cancer registration. This was an essential requirement to ensure the validity and comparability of data between countries.

The ICBP focuses on four cancers. Breast, colorectal and lung cancer were chosen as common cancers that contribute a large share of the burden of cancer disease in developed countries. Significant international differences in survival have been reported for these cancers.

Ovarian cancer is less common but a disease with a complex diagnostic pathway and large variations in survival across countries.

The five ICBP areas of research (modules) explore the variation in cancer survival and look at possible reasons that could explain the differences between partners.

- 1) Module 1: Epidemiology
- 2) Module 2: Population awareness and beliefs
- 3) Module 3: Beliefs, behaviours and systems in primary care
- 4) Module 4: Root cause of diagnosis and treatment delays
- 5) Module 5: Treatment, co-morbidities and other factors

An international steering group is overseeing the ICBP body of research. The group contains at least one key decision maker from each jurisdiction and is chaired by Professor Sir Mike Richards.

If you are interested in finding out more about the partnership, please visit www.icbp.org.uk or drop us an email via icbp@cancer.org.uk.



Focus on Module 1: Epidemiology

Module 1 is the core benchmarking Module of the ICBP. It has already delivered one of its key aims: to produce robust and comparable analyses of cancer epidemiology between all ICBP partners.

The scientific paper ‘Cancer survival in Australia, Canada, Denmark, Norway, Sweden and the UK, 1995-2007: the International Cancer Benchmarking Partnership’ was published by the *Lancet* recently¹.

The paper compares survival from colorectal, lung, breast, and ovarian cancer in the six ICBP countries for patients diagnosed between 1995 and 2007. It shows that survival has continued to improve for each cancer in all six countries, but generally remains higher in Australia, Canada, and Sweden, intermediate in Norway, and lower in Denmark and the UK.

The patterns are consistent with later stage at diagnosis or differences in treatment, particularly in Denmark and the UK and in older patients.

To read the full paper, please visit www.icbp.org.uk.

Where next for Module 1?

Following the *Lancet* publication, work is underway on the next scientific paper of Module 1. This will explore the impact of stage at diagnosis

and access to treatment by surgery, radiotherapy and chemotherapy on the observed differences between partners.

Registry leads and clinical leads in all jurisdictions are working with Professor Michel Coleman and his team at the London School of Hygiene and Tropical Medicine to understand better the quality and extent of the staging data from which international comparisons can be made.

Another paper, focusing on using data from the high performing countries to set survival, mortality and treatment goals for others to achieve, is also being considered.

Module 1 funding and management

Module 1 is funded by the Department of Health (England) and the [National Cancer Action Team \(NCAT\)](#) as a direct result of the English Cancer Reform Strategy commitments. McKinsey&Co. are providing the programme management for this Module.

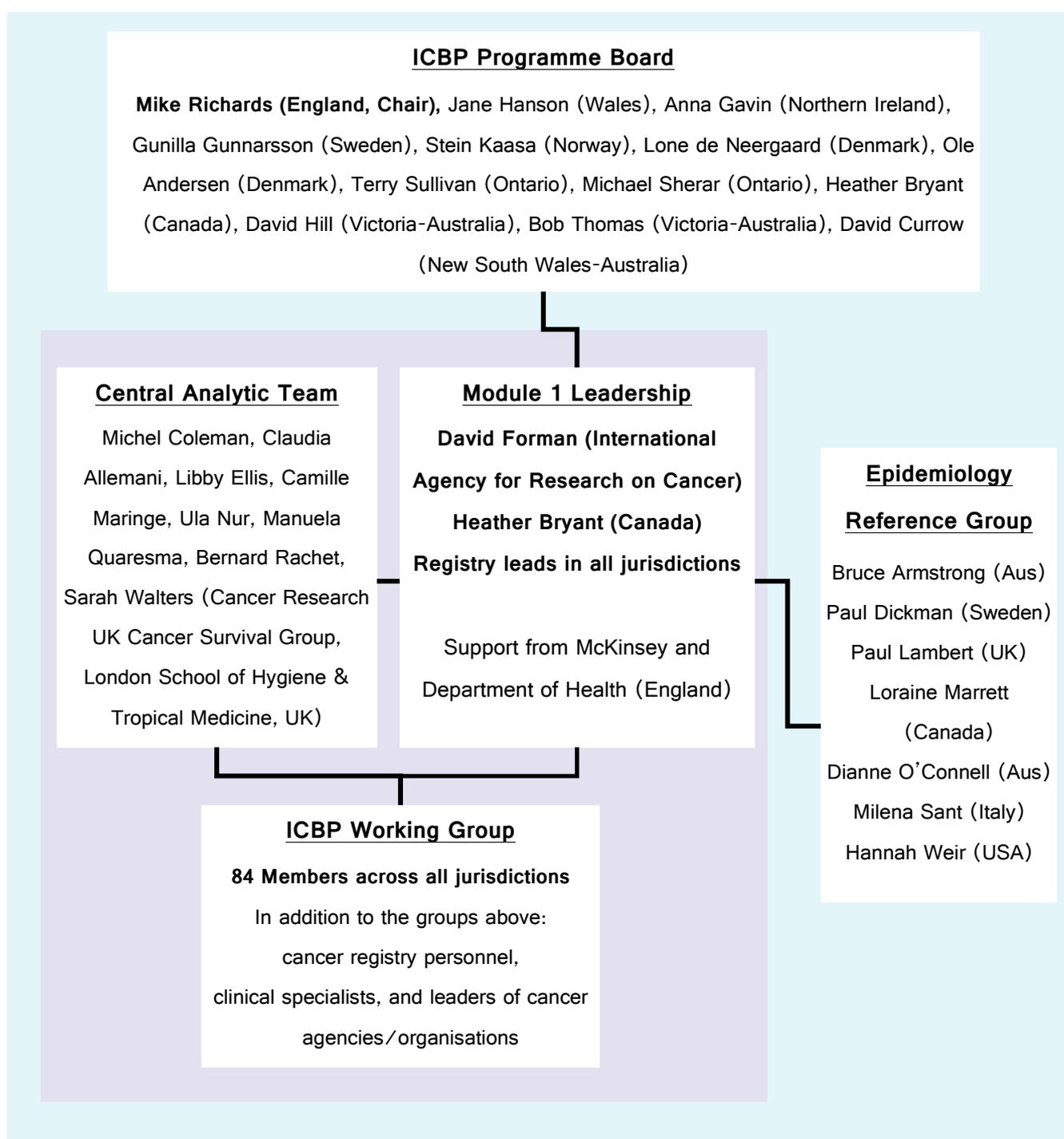
Modules 2-5 of the ICBP are funded in a collaborative model, with each participating jurisdiction contributing a proportion of the costs. Cancer Research UK are managing the delivery of these Modules.

¹Coleman MP, Forman D, Bryant H *et al.* Cancer survival in Australia, Canada, Denmark, Norway, Sweden and the UK, 1995-2007 (the International Cancer Benchmarking Partnership): an analysis of population-based cancer registry data. *The Lancet* 2011, 377: 127-138



Module 1 governance

The governance structure for Module 1 (outlined below) consists of an Epidemiology Reference Group, Central Analytic Team and Working Group feeding into the Module 1 Leadership group, which is overseen by the ICBP Programme Board.





Spotlight on.....

Dr Heather Bryant - Vice President, Cancer Control, Canadian Partnership against Cancer and ICBP Programme Board Member, Canada



Heather is vice president of cancer control for the Canadian Partnership Against Cancer (the Partnership), an organisation set up by the federal government to implement the national cancer control strategy across Canada.

Heather joined the Partnership in January 2008 from the Alberta Cancer Board, where she was Vice-President and Chief Information Officer and Director of the Division of Population Health and Information. Heather studied medicine at the University of Calgary and took her first residency certification in family medicine.

She followed this with a fellowship in community medicine and a PhD in epidemiology. Heather has been active on many national committees and chaired the national committee for the Canadian Breast Cancer Screening Initiative (Health Canada), the joint advisory committee on cancer control (National Cancer Institute of Canada), the population health committee (Medical Research Council), and was inaugural chair of the Institute Advisory Board for Cancer for the Canadian Institutes for Health Research. She currently chairs the National Colorectal Cancer Screening Network.

Heather is also a Clinical Professor in the departments of Community Health Sciences and Oncology at the University of Calgary.

The Canadian Partnership Against Cancer

The Canadian Partnership Against Cancer (the Partnership) is an independent organisation funded by the federal government to accelerate action on cancer control for all Canadians.

It is a partnership of cancer experts, charitable organisations, governments, patients and survivors, determined to bring change to the cancer control domain. The Partnership aims to stimulate

generation of new knowledge and accelerate the implementation of existing knowledge about cancer control across Canada.

It evolved from the Canadian



Strategy for Cancer Control – a volunteer-driven coalition working to counteract the growing burden of cancer on Canadian society. The coalition drafted Canada's first national cancer control plan and advocated successfully for its funding.

To find out more, visit: www.partnershipagainstcancer.ca

The Partnership's home page includes the '[Impact report 2010: partnership makes the difference](#)'. The 2010 Systems performance report, focusing on quality of cancer control and health care delivery across Canada, can be found here:

http://www.cancerview.ca/idc/groups/public/documents/webcontent/system_performance_2010.pdf



Q&A with Heather Bryant

Q: How does the Canadian Partnership against Cancer fit into the Canadian cancer system?

The Partnership is an organisation that works with many partners currently working in aspects of cancer control across the country, and works to both reduce gaps in knowledge, and to accelerate the development of the best available knowledge. It has worked on many fronts: working with all registries in Canada to implement collaborative staging of

the four major cancers by the 2010 coding year, reporting for the first time on the performance of the entire continuum of the cancer control system across the country, and developing innovative ways of initiating multisectoral involvement in prevention, to name but a few initiatives.

Q: Why did Canada decide to join the ICBP?

We joined the ICBP because we see the potential of accelerating

continued improvement in cancer outcomes if we work with partners beyond our own borders to identify issues of common concern, and to work together to address strategies to address them.

Having reference points from other countries will be particularly important as the ICBP moves into modules that will be quite exploratory in nature, such as those dealing with public perceptions and patterns of seeking care for symptoms.



Spotlight on.....

Professor David Currow - Chief Cancer Officer and CEO

Cancer Institute New South Wales and ICBP programme board member



David is Chief Cancer Officer and CEO of the Cancer Institute NSW. Prior to this he was the foundation Chief Executive Officer of Cancer Australia, the Australian Government's national cancer control agency.

David initially trained as a physician in internal medicine with sub-speciality training in palliative medicine and he also holds a Master of Public Health.

Former roles include foundation Director of the Nepean Cancer Care Centre, Sydney and Area Director of Palliative Services Wentworth Area Health Service, Sydney. Since 2000 he has held the Chair of Palliative and Supportive Services at Flinders University. He is a former president of the Clinical Oncological Society of Australia and a former president of Palliative Care Australia, the peak body for palliative care in the country.

The Cancer Institute in New South Wales

The Cancer Institute NSW was established in July 2003 and is the state governments' organisation for improving cancer outcomes across the community.

It has a separate act of Parliament and is charged with

key activities in cancer control.

It works closely in collaboration with non-government organisations (Cancer Council NSW) and other cancer organisations including Can Assist and

Cancer Voices NSW.

It is funded by the NSW State Government and governed by a Board appointed by the Minister for Health and the Minister assisting the Minister for Health (Cancer).

To find out more, visit: <http://www.cancerinstitute.org.au/>



The NSW Cancer plan 2011 - 2015

The state's third cancer plan (NSW cancer plan 2011-2015) has recently been published and builds on the successes of the previous plans.

The Cancer Plan not only seeks to decrease cancer incidence by improved measures of the whole of population level, but to improve five year survival across the community.

Importantly there is the specific aim of decreasing the disparity in cancer outcomes between Aboriginal people, cultural linguistically diverse communities, socio economically challenged communities and

people from rural regions.

If the Cancer Plan is successful, cancer outcomes in these four groups with differentially poor outcomes will have been improved.

Participation in screening is the key activity for the screening program and the prevention team will continue to work on reducing the use of tobacco and in reducing exposure to ultra violet radiation.

You can download the plan from the Cancer Institute NSW webpage:

<http://www.cancerinstitute.org.au/>

Q&A with David Currow

Q: What was your motivation for joining the ICBP?

The motivation to join the International Cancer Benchmarking Partnership was about improving the quality of the care we offer.

Another key motivation is to understand the areas where our system is already performing strongly - in order to further

strengthen it - as well as identifying areas where our system is not performing optimally - in order to understand how we can subsequently build on this in the future.

It is also a wonderful opportunity to work with like services from around the world to understand the pressures, successes and challenges that they face, and how these are being addressed.

Q: What you are hoping that the ICBP can do for NSW?

I hope the participation in the ICBP will provide us with specific opportunities for improving our models of service delivery and our program of work in order to further improve cancer outcomes across the state.





Spotlight on.....

Professor Sir Mike Richards - National Clinical Director for Cancer and End of Life Care, England and Chair, ICBP

Mike was appointed as the first National Cancer Director in October 1999. In 2000, he led the development of the NHS Cancer Plan - the first comprehensive strategy to tackle cancer in England - and was then responsible for overseeing its implementation.



More recently he has led the development of the Cancer Reform Strategy (December 2007), the first ever End of Life Care Strategy (July 2008) and 'Improving Outcomes: A strategy for cancer' (January 2011). He works closely with ministers, parliamentarians, civil servants, clinicians, managers, patient groups, charities, researchers and industry to achieve the objectives of the strategies.

Prior to his appointment to the Department of Health, Mike was a Consultant Medical Oncologist at Guy's Hospital specialising in breast cancer (1986-1995) and Sainsbury Professor of Palliative Medicine at St Thomas' Hospital (1995-1999). He was also Clinical Director of Cancer Services at Guy's and St Thomas' from 1993 to 1999. Mike has been a board member of the National Cancer Research Institute since its foundation in 2001 and was chair 2006-2008. In 2008 Mike led the Additional Drugs (top-ups) Review for the government.

Mike was appointed CBE in 2001 and was awarded a Knighthood in the 2010 New Year's Honours.

Q&A with Mike Richards

Q: How does your role as National Cancer Director fit into the English cancer system?

My role is to coordinate the development of the Cancer strategy in England, and then to oversee its implementation. I am sometimes referred to as the "Cancer Czar" but this is completely erroneous as I do not have bespoke authority (though I

hope I have influence). I could not do my job without the support of the Cancer Policy Team at the Department of Health and teams which support the National Health Service to implement the strategy.

Q: What you are hoping that the ICBP can do for England?

From an England perspective, I am hoping that the ICBP will

enable us to channel our energy and resources most effectively to get the maximum benefit for patients.

Our overall aim is to bring survival in England up to the level of the best countries within ICBP. We estimate that this would eliminate thousands of avoidable deaths each year.



The ICBP partners and funders

The ICBP is a partnership which involves many collaborators and funders. These include:



National Cancer Action Team
Part of the National Cancer Programme



CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER



Cancer Services
Co-ordinating Group
Grŵp Cydgysylltu
Gwasanaethau Canser

