



Uned Gwybodaeth a Gwyliadwriaeth Canser Cymru
Iechyd Cyhoeddus Cymru
Capital Quarter 2, Stryd Tyndall, Caerdydd CF10 4BZ

Welsh Cancer Intelligence and Surveillance Unit
Public Health Wales
Capital Quarter 2, Tyndall Street, Cardiff, CF10 4BZ

3rd August 2023

Russell George MS
Chair, Health and Social Care Committee
Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN

BY EMAIL

Dear Mr George,

Thank you for your letter asking for some clarification further to my evidence session on 29 June 2023.

Bullet point 1

I can confirm your understanding. To further clarify:

The misunderstanding I referred to related to the committee's deliberations prior to my appearance. In particular, there appeared to be an impression that WCISU collected data on cases of gynaecological (and other) cancer in Wales without disaggregating that data or analysing it broken down to individual types of gynaecological cancer. I can confirm that this is not the case, and that we routinely collect population-based gynaecological cancer data on every case in Wales' residents to detailed sub-type level, and [publish](#) it at a very granular level.

I can further confirm that we create the detailed WCISU population-based cancer registry data from multiple sources of 'raw' data (e.g. CANISC, PEDW, pathology biopsy results, etc) that DHCW collates from across the NHS in Wales, as well as from data from English Trusts on Welsh patients diagnosed and treated across the border, in addition to a number of other data sources. As you state, I can confirm that we use international definitions of disease categorisation and stage at diagnosis, and so on, to create our registry, so that it can be used for international comparisons and compared over time.

At present, it is my understanding that the suspected (formerly single) cancer pathway data - that until recently was compiled by the NHS Delivery Unit - was only reported at NHS

cancer services level: for example, gynaecology, urology, upper gastrointestinal, lower gastrointestinal, skin, etc. And so it was this data that was not disaggregated to particular cancer types and sub-types.

I hope this clarifies the situation with regard to disaggregation.

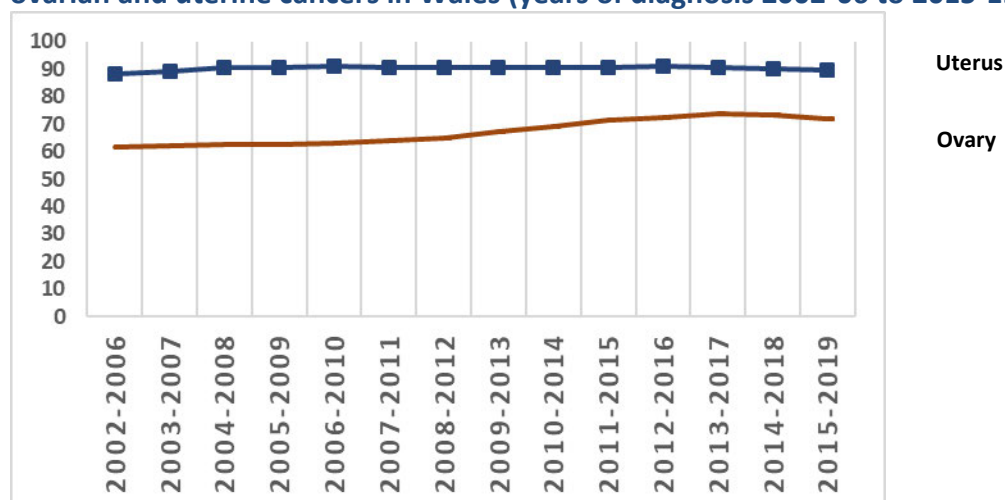
Bullet point 2

At the international level, the key information regarding ovarian cancer survival in Wales compared to other UK countries, and several other high-income countries across the globe, comes from WCISU's long-standing and on-going involvement in the International Cancer Benchmarking Partnership (ICBP) programme of research. The key research paper can be found [here](#). I also attach some graphics that summarise clearly the paper's findings about ovarian cancer. During both periods of the study, I would qualify that ovarian cancer survival was *amongst* the lowest of UK countries, as well as *amongst* the lowest of all the other participating international jurisdictions.

Although each UK country's cancer registry produce cancer survival official/national statistics, the survival statistics are not yet fully comparable owing to some statistical methodological differences. These are being harmonized and will be comparable in the near future.

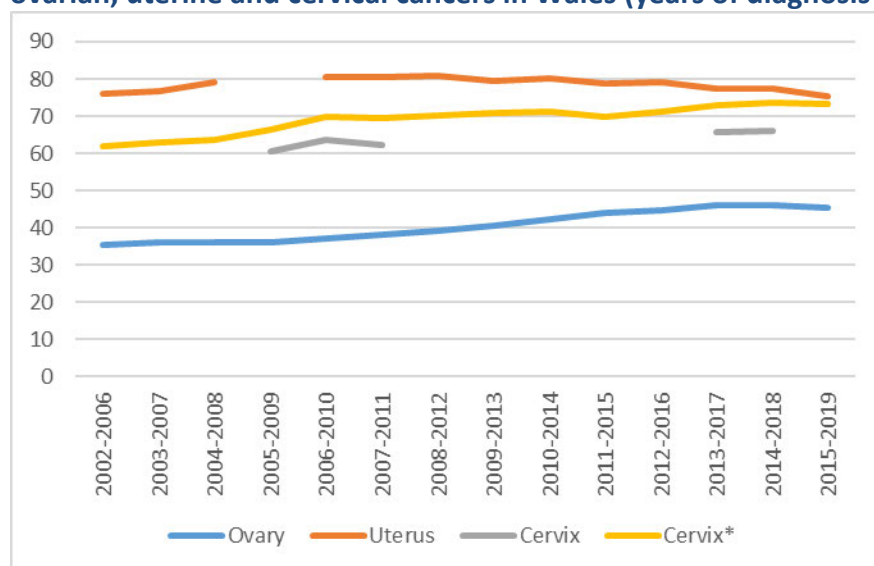
Figure 1 demonstrates that one-year survival has been decreasing slowly in Wales for uterine and ovarian cancers since around the middle of the last decade. Similarly, figure 2 demonstrates that five-year survival in Wales has changed little since the middle of the last decade for cervical and ovarian cancer, and has been decreasing since early last decade for uterine cancer. Further detail can be found within WCISU's official statistics [here](#).

Figure 1. Trends in population-based age-standardised one-year net survival (%) for ovarian and uterine cancers in Wales (years of diagnosis 2002-06 to 2015-19)



Source: WCISU population-based cancer registry official statistics

Figure 2. Trends in population-based age-standardised* five-year net survival (%) for ovarian, uterine and cervical cancers in Wales (years of diagnosis 2002-06 to 2015-19)



Source: WCISU population-based cancer registry official statistics

*net survival unstandardised for age also shown for cervical cancer

The WCISU registry [data](#) also shows that the proportion of women diagnosed at stage 1 of ovarian cancer has been decreasing gradually towards the end of the last decade whilst, simultaneously, stage 4 has been increasing.

Finally, another recent ICBP [research paper](#), co-authored by myself with many others from cancer registries around the world, showed that Wales had the third highest proportion (40.8%) of ovarian cancer diagnosis at emergency presentation out of nine high-income jurisdictions with comparable models of health care system and data that could be compared. Diagnosis as an emergency has a worse outcome.

Please do not hesitate to contact me again should you require any further clarification or information.

Yours sincerely,

Yr Athro/Professor Dyfed Wyn Huws
MBBCh BMedSci MSc DLSHTM MRCP FFPH

Iechyd Cyhoeddus Cymru - Cyfarwyddwr, Uned Gwybodaeth a Gwyliadwriaeth Cancer Cymru | Ymgyngorydd Meddygol Iechyd y Cyhoedd | Ceidwad Caldicott Amgen
Ysgol Feddygol Prifysgol Abertawe - Athro Anrhydeddus

e-bost: [REDACTED]

Public Health Wales - Director, Welsh Cancer Intelligence and Surveillance Unit | Consultant in Public Health Medicine | Alternate Caldicott Guardian
Swansea University Medical School - Honorary Professor

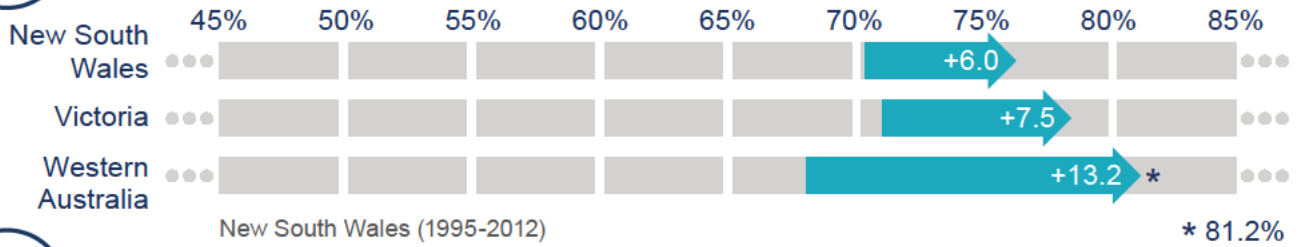
e-mail: [REDACTED]



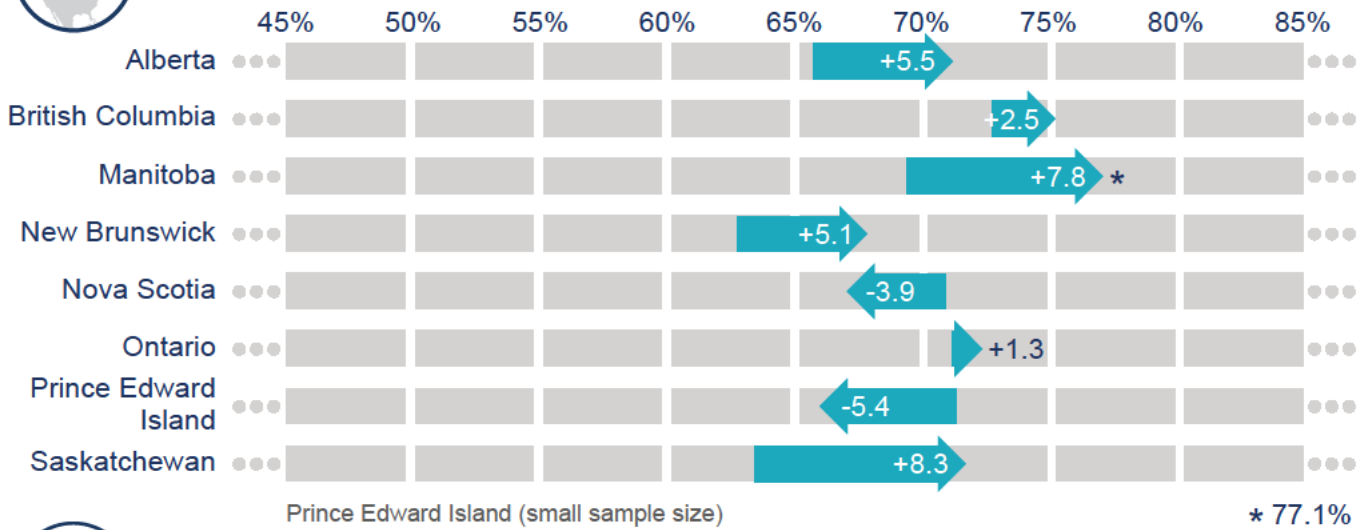
* = Highest 2010-2014 survival for this country



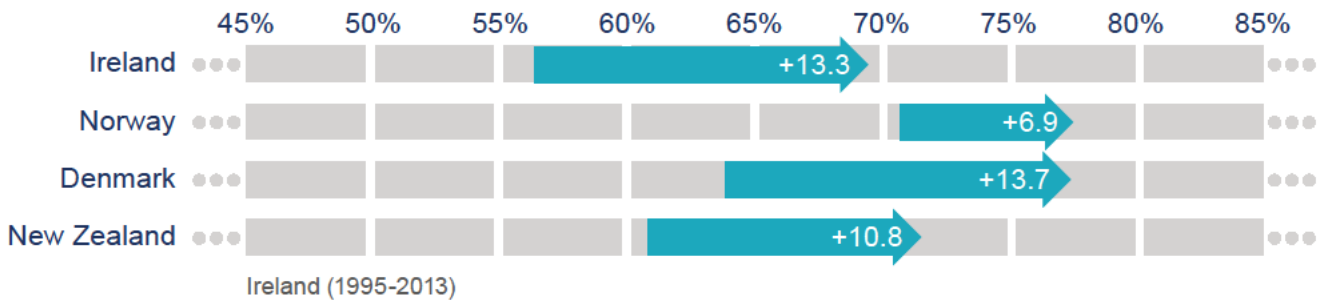
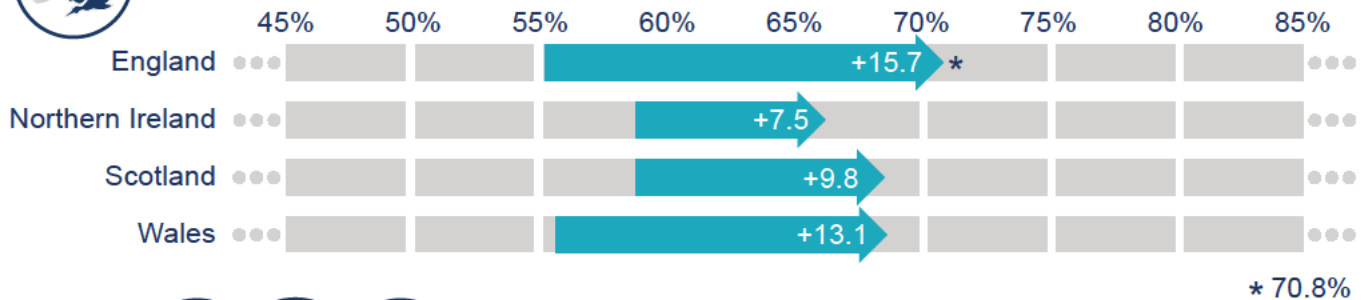
Australia



Canada



UK



Ovarian cancer

HSC(6) 27-23 PTN 15

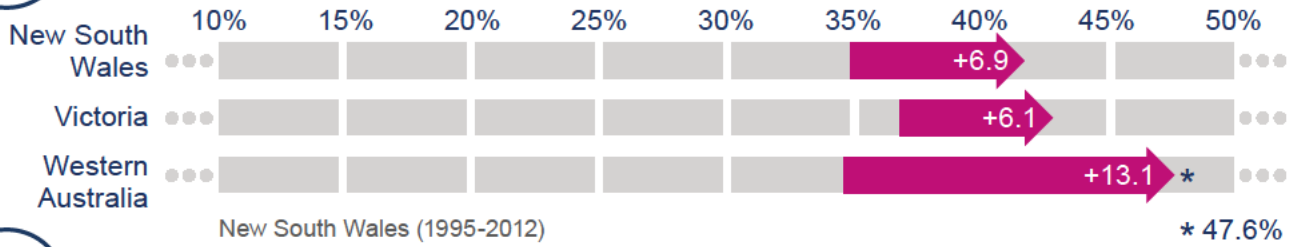
5-year survival changes, 1995-1999 to 2010-2014



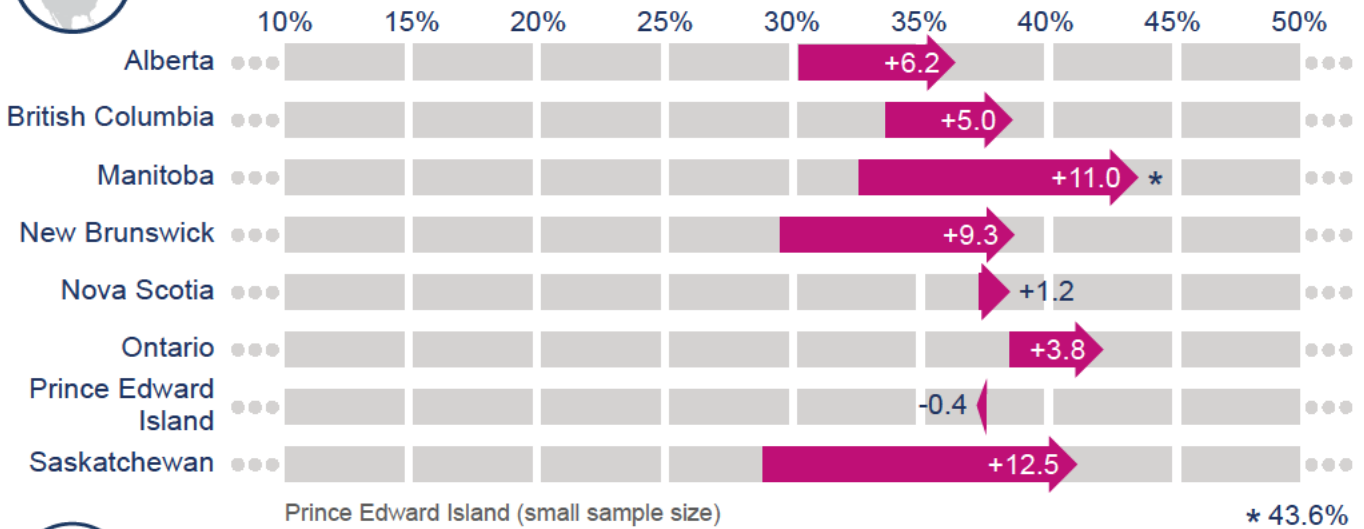
* = Highest 2010-2014 survival for this country



Australia



Canada



UK

