

N. Ireland Cancer Registry Implications of Research for Services

NICR Lead Author (Office use only)
Paper ID (Office use only)
Date Submitted to NICR Steering Group Click here to enter a date. (Office use only)

Paper Title	Use of chemotherapy in patients with oesophageal, stomach, colon, rectal, liver, pancreatic, lung, and ovarian cancer: an International Cancer Benchmarking Partnership (ICBP) population-based study
Authors	McPhail S, Barclay M, Johnson SA, Swann R, Alvi R, Barisic A, Bucher O, Creighton N, Denny C A, Dewar R A, Donnelly D W, Dowden J J, Downie L, Finn N, Ga vin A T, Habbous S, Huws D W, May L, McClure C A, Møller B, Zalcborg J R,Bennett D
Journal	The Lancet Oncology
DOI	https://doi.org/10.1016/S1470-2045(24)00031-7
Funders	International Cancer Benchmarking Partnership (funded by the Canadian Partnership Against Cancer, Cancer Council Victoria, Cancer Institute New South Wales, Cancer Research UK, Danish Cancer Society, National Cancer Registry Ireland, The Cancer Society of New Zealand, National Health Service England, Norwegian Cancer Society, Public Health Agency Northern Ireland on behalf of the Northern Ireland Cancer Registry, DG Health and Social Care Scottish Government, Western Australia Department of Health, and Public Health Wales NHS Trust).
Full paper available online	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT YET <input type="checkbox"/>
Conclusion	<p>The study investigated international disparities in chemotherapy use and timing among cancer patients across various jurisdictions. Utilizing data from Norway, the UK, Canada, and Australia, researchers analysed information from over 780,000 patients diagnosed with specific cancers between 2012 and 2017.</p> <p>Significant variation in chemotherapy usage was found across all examined cancer types, with wide prediction intervals. For instance, utilization ranged from 47.5% to 81.2% for ovarian cancer and from 3.5% to 50.7% for liver cancer. Substantial differences were also observed in the timing of chemotherapy initiation, especially for rectal cancer patients.</p> <p>Furthermore, disparities were evident across age groups, with patients aged 85–99 being less likely to receive</p>

	chemotherapy compared to those aged 65–74. Age-related differences varied significantly across jurisdictions.
What this means for the service	The findings underline the importance of understanding and addressing the factors contributing to variation in chemotherapy use to enhance patient outcomes. Further research is needed to determine underlying causes, facilitating targeted interventions to ensure equitable access to timely and appropriate cancer treatments.