

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Gauci, DW; Woods, LM (2014) Trends in survival of colorectal cancer in Malta for patients diagnosed from 1995 to 2009 followed up to 2010 (poster presentation). In: UNSPECIFIED.

Downloaded from: <http://researchonline.lshtm.ac.uk/2121471/>

DOI:

Usage Guidelines

Please refer to usage guidelines at <http://researchonline.lshtm.ac.uk/policies.html> or alternatively contact researchonline@lshtm.ac.uk.

Available under license: Copyright the author(s)

Trends in colorectal cancer survival – a study among Maltese patients diagnosed in 1995 to 2009

D. Gauci^a, L. Woods^b

^aDirectorate for Health Information and Research, Malta

^bLondon School of Hygiene and Tropical Medicine, UK

Aim

- Assess trends of colorectal cancer survival in Malta over a 15 year period by the demographic features of the population

Population

- Maltese residents diagnosed with colorectal cancer from 1995 to 2009 and followed up to end 2010
- 2463 participants included in the study (97%)

Method

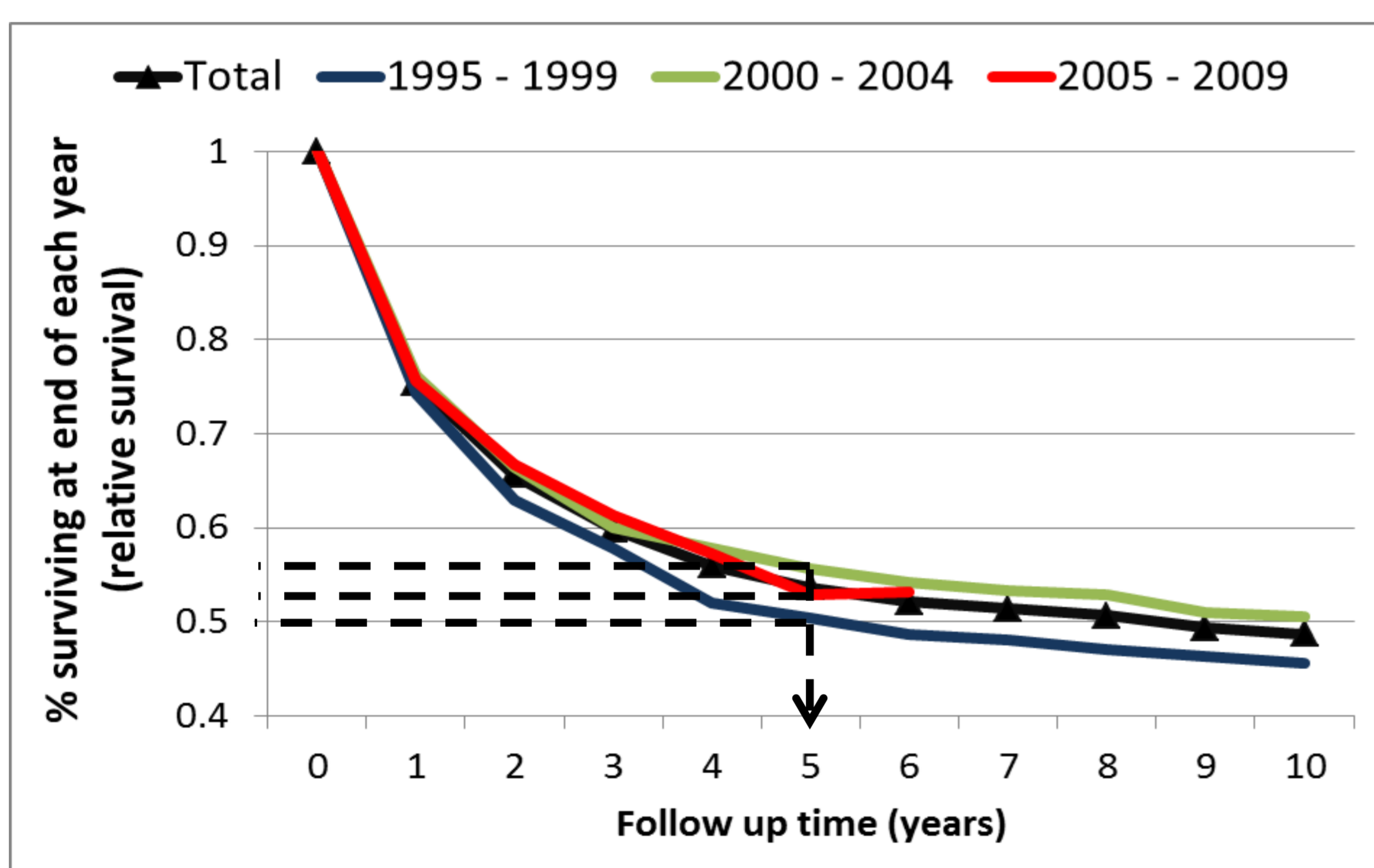
- Cohort method for five year relative survival using national cancer registry data and annual population life tables.
- Generalized linear models with a poisson distribution and link function were used to model the collapsed relative survival data².
- Excess mortality risk ratios calculated as a function of follow up time, year of diagnosis, age at diagnosis, region of residence and gender.



In Europe; an estimated 446,800 cases of colorectal cancer are diagnosed yearly¹.

One of the most common cancers among the elderly – it will remain a major public health concern as the population ages.

Results



- Five year relative survival for all patients is 53.6% (95% CI 51.1 – 56.1).
- Risk ratios show a significant reduction of 17% in risk of mortality for patients diagnosed in 2005 – 2009 compared to those in 1995 – 1999 ($p=0.024$, 95% CI 0.71 – 0.98).

- In the first year of follow up patients aged 55 to 64 have a 1.57 ($p=0.003$, 95% CI 1.17 – 2.11) greater risk of death when compared to those aged less than 55 while those aged 75+ are 2.72 times more likely to die before the end of the first year of follow up ($p<0.001$, 95% CI; 2.05 – 3.6)
- Across all ages, risk of mortality is highest in the first year of follow up. Patients diagnosed at age 75+ who survive the first year after follow-up, can expect their relative excess risk of death to drop by 71% in the second year ($p<0.001$, 95% CI 0.20 – 0.42)

Key Findings

Reduction in risk of mortality for patients diagnosed in 2005 – 2009 compared to 1995 – 1999

There are no differences by gender and region of residence.

Age at diagnosis and follow up time are significantly associated with excess risk of mortality.

Conclusions

- While improvements have been made in survival over the past 15 years, a gap in survival for older and younger patients remains.
- Improving the knowledge of this target group to increase screening participation will help early diagnosis

References

1. Ferlay J, Steliarova-Foucher E, Lortet-Tieulent J, et al. Cancer incidence and mortality patterns in Europe: estimates for 40 countries in 2012. *European journal of cancer*. 2013;49(6):1374-403.
2. Dickman PW, Sloggett A, Hills M, Hakulinen T. Regression models for relative survival. *Stat Med*. 2004 Jan 15;23(1):51-64.