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Dear Dr Godlee

**“UK cancer survival statistics are misleading and make survival look worse than it is”:  
rebuttal**

This editorial is unfounded, untenable and inconsistent. The *BMJ* editor reports the authors were too busy to defend it<sup>1</sup>. The editorial is indefensible. It should be withdrawn.

The editorial is unfounded. The provocative title “*UK cancer survival statistics are misleading and make survival look worse than it is*” is pure conjecture. Conjecture becomes assertion, then conclusion, with no intervening evidence:

“*If* the first months or years of the illness are never traced, the earliest event registered *may be* some aspect of cancer recurrence. The date of this recurrence *would* then be taken as the date from which “survival rates” are calculated. This *makes* [sic] short term survival look misleadingly worse in the UK than in countries such as Sweden ...” [*our emphasis*]

The editorial is untenable. It posits two errors that supposedly make UK cancer survival misleading. Full-scale simulation with the national cancer registry<sup>2</sup> shows that even implausibly extreme levels of the alleged errors could not account for the UK-Sweden survival deficit. Evidence refutes conjecture.

The editorial is inconsistent: one author published survival estimates for England in 1998-99 using the same cancer registry data criticised in the editorial, without mentioning these criticisms. Survival trends were interpreted (quite reasonably) as reflecting improved treatment<sup>3</sup>. Data quality has improved substantially since the 1990s<sup>4</sup>. If clinical interpretation of survival estimates derived from the National Cancer Registry was acceptable in 1999, why not now?

A misleading *BMJ* editorial by such eminent authors is not trivial. It is inappropriately cited in support of a criticism<sup>5</sup> that health policy aimed at improving cancer survival “fails to acknowledge *substantial methodological problems* with studies reporting these [survival] rates” [*our emphasis*]. The editorial undermines research to explain the UK cancer survival deficit, as well as policy designed to reduce the deficit. That is a disservice to cancer patients in the UK.

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1. Godlee F. Spotlights and letters. *Br Med J* 2010; **341**: c5066 <http://www.bmj.com/content/341/bmj.c5226.short>
2. Woods LM, Coleman MP, Lawrence G *et al*. Evidence against the proposition that "UK cancer survival statistics are misleading": simulation study with national cancer registry data. *Br Med J* 2011; **342**: d3399 <http://www.bmj.com/cgi/doi/10.1136/bmj.d3399>
3. Reeves GK, Beral V, Bull D *et al*. Estimating relative survival among people registered with cancer in England and Wales. *Br J Cancer* 1999; **79**: 18-22
4. UK Association of Cancer Registries. UKACR quality and performance indicators 2009: final. *UKACR* 2010, last accessed 3 June 2011. [http://www.ukacr.org/sites/default/files/UKACR%20report2010\\_final.pdf](http://www.ukacr.org/sites/default/files/UKACR%20report2010_final.pdf)
5. Whitehead M, Hanratty B, Popay J. NHS reform: untried remedies for misdiagnosed problems? *Lancet* 2010; **376**: 1373-5