"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 it¹. 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 It should be withdrawn.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 registry² 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 treatment³. Data quality has improved substantially since the 1990s⁴. 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 criticism⁵ 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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