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Coleman, MP; Rachet, B; Woods, L; Berrino, F; Butler, J; Capocaccia, R; Dickman, P; Gavin, A; Giorgi, R; Hamilton, W; +5 more... Lambert, P; Peake, MD; Perme, MP; Stare, J; Vedstedt, P; (2011) Rebuttal to editorial saying cancer survival statistics are misleading. *BMJ (Clinical research ed)*, 343. d4214. ISSN 0959-8138 DOI: <https://doi.org/10.1136/bmj.d4214>

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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 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 It should be withdrawn.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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