

Cancer incidence, mortality and survival for health policy and cancer control

Cáncer 2019: Impacto Social y Económico, y Alianzas Público-Privadas

Universidad Católica de Chile
23 de agosto de 2018

World cancer control policy since 2011

2011 UN High-level Meeting

Cancer control plans, cancer registries

2012 WHO Global Monitoring Framework

25% cut in global NCD mortality by 2025

2013 World Health Assembly

Endorses control of NCDs as priority

2013 UICC World Cancer Declaration

Single overarching goal – includes survival

2015 Sustainable Development Goals

33% cut in premature NCD mortality by 2030

2018 UN meeting on NCDs (follow-up)

Sustainable Development Goals 2015

Goal 3.4

By 2030, reduce by one-third [the] premature mortality from non-communicable diseases through prevention and treatment ...

Indicator 3.4.1

Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

Global cancer burden and cost, 2009

	Population		Cases		Cost	
	No	%	No	%	US\$M	%
Low Income	1,009,525	14.8	899,275	7.1	647	0.2
Lower Middle Income	3,791,610	55.7	4,953,671	39.0	8,209	2.9
Upper Middle Income	964,861	14.2	1,938,748	15.2	8,945	3.1
High Income	1,042,971	15.3	4,922,418	38.7	268,002	93.8
Total	6,808,967	100.0	12,714,112	100.0	285,803	100.0

Economist Intelligence Unit Limited 2009

85% of world population

60% of all cancers

Only 6% of expenditure on treatment

Winett



Statutory cancer registration – 50+ countries

Australia

Canada

Costa Rica

Cuba

Czech Republic

Denmark

Estonia

Israel

Kuwait

from 2016

Japan

Latvia

Malta

New Zealand

Norway

Poland

Puerto Rico

Slovenia

Uruguay

USA

Switzerland

Measures of cancer burden – definition

- Incidence – new cases (number, rate)
- Survival – probability alive at time “ t ”
- Prevalence – survivors (number, %)
- Mortality – deaths (number, rate)

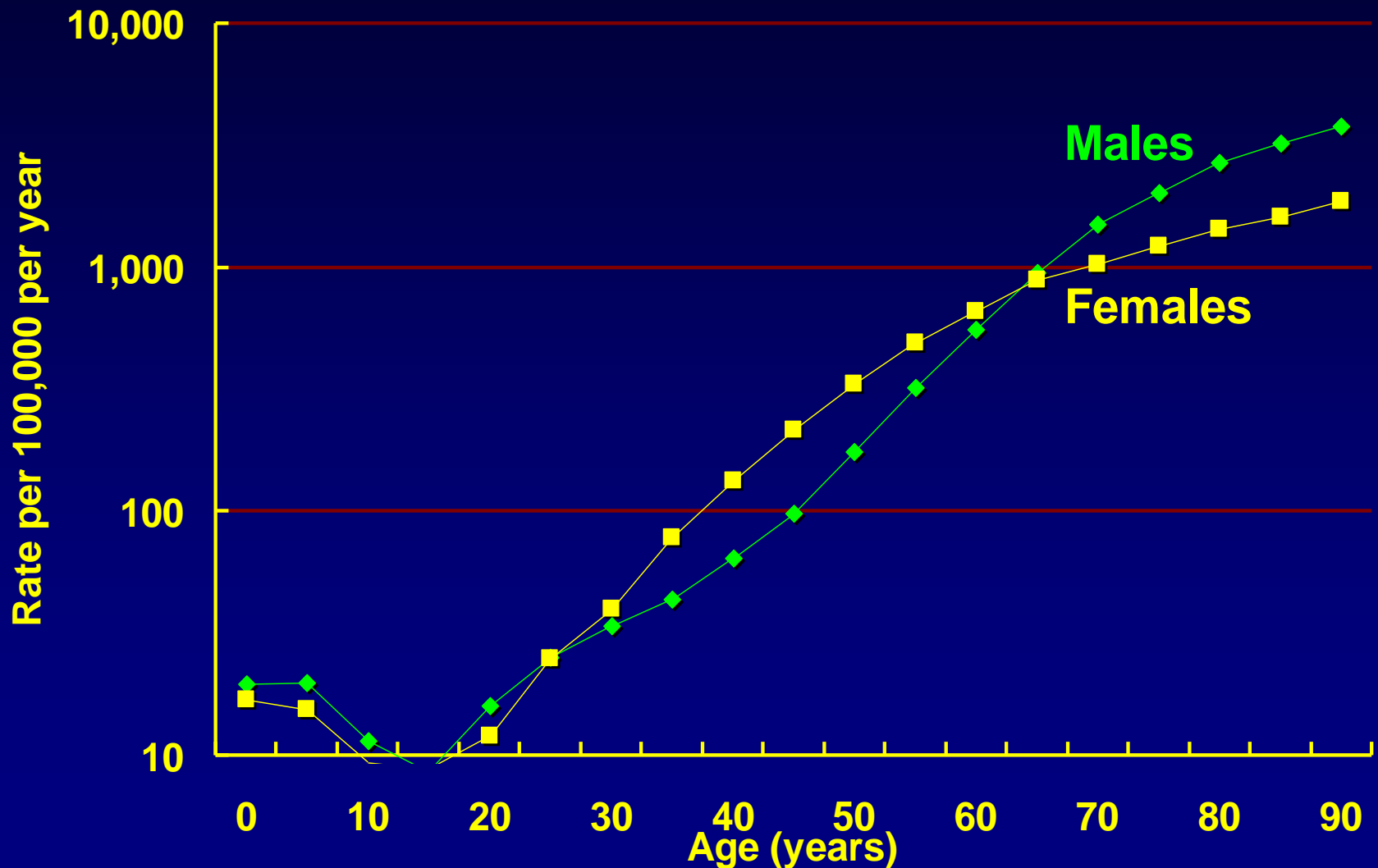
Measures of cancer burden – for me

- Incidence – what is my risk?
- Survival – what are my chances?
- Prevalence – how many of us are there?
- Mortality – those we have lost ...

Measures of cancer burden - application

- Incidence – prevention, planning
- Survival – effectiveness of health care
- Prevalence – care, survivorship
- Mortality – priorities

Cancer incidence by age, sex ...

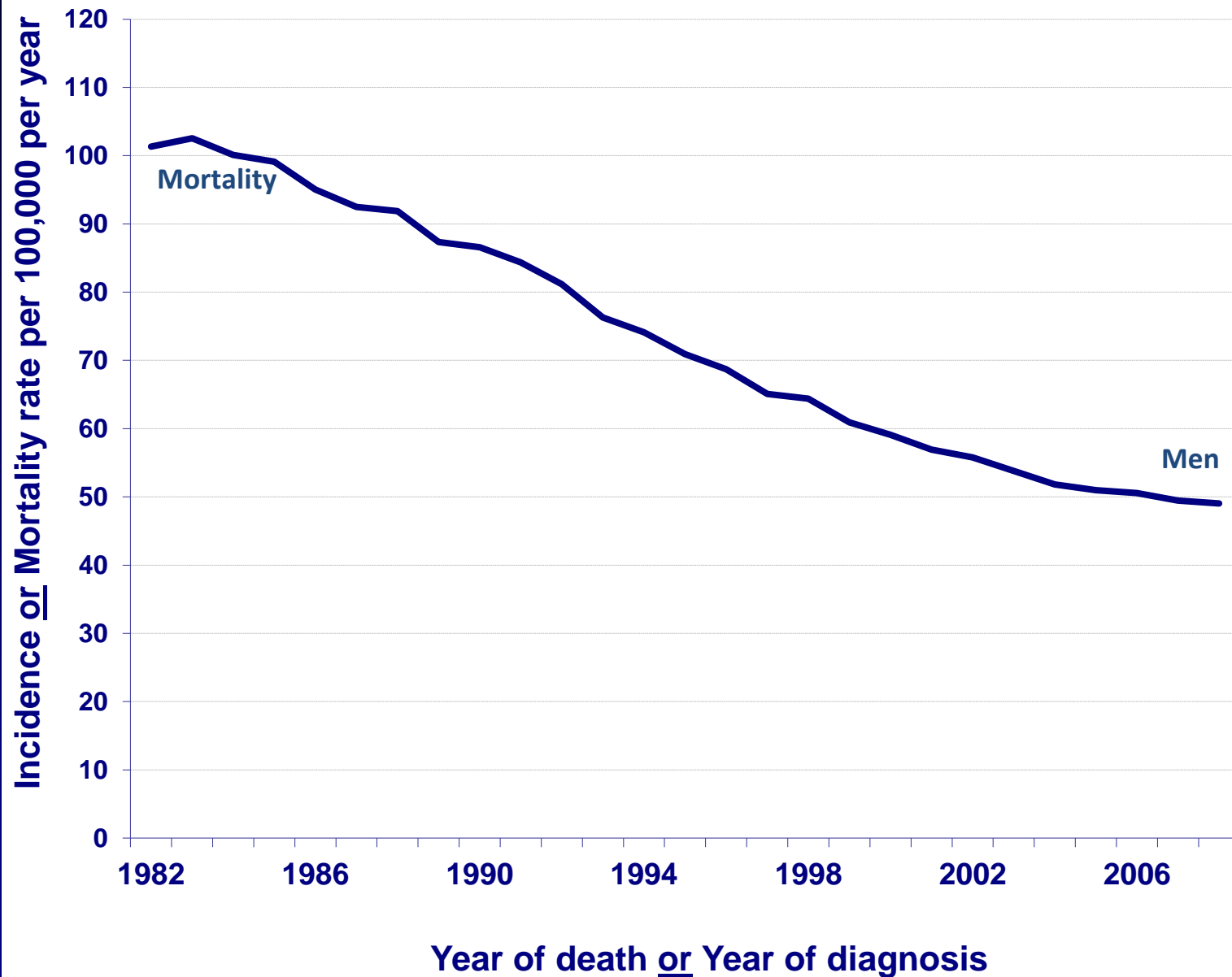


Global cancer burden, around 2012

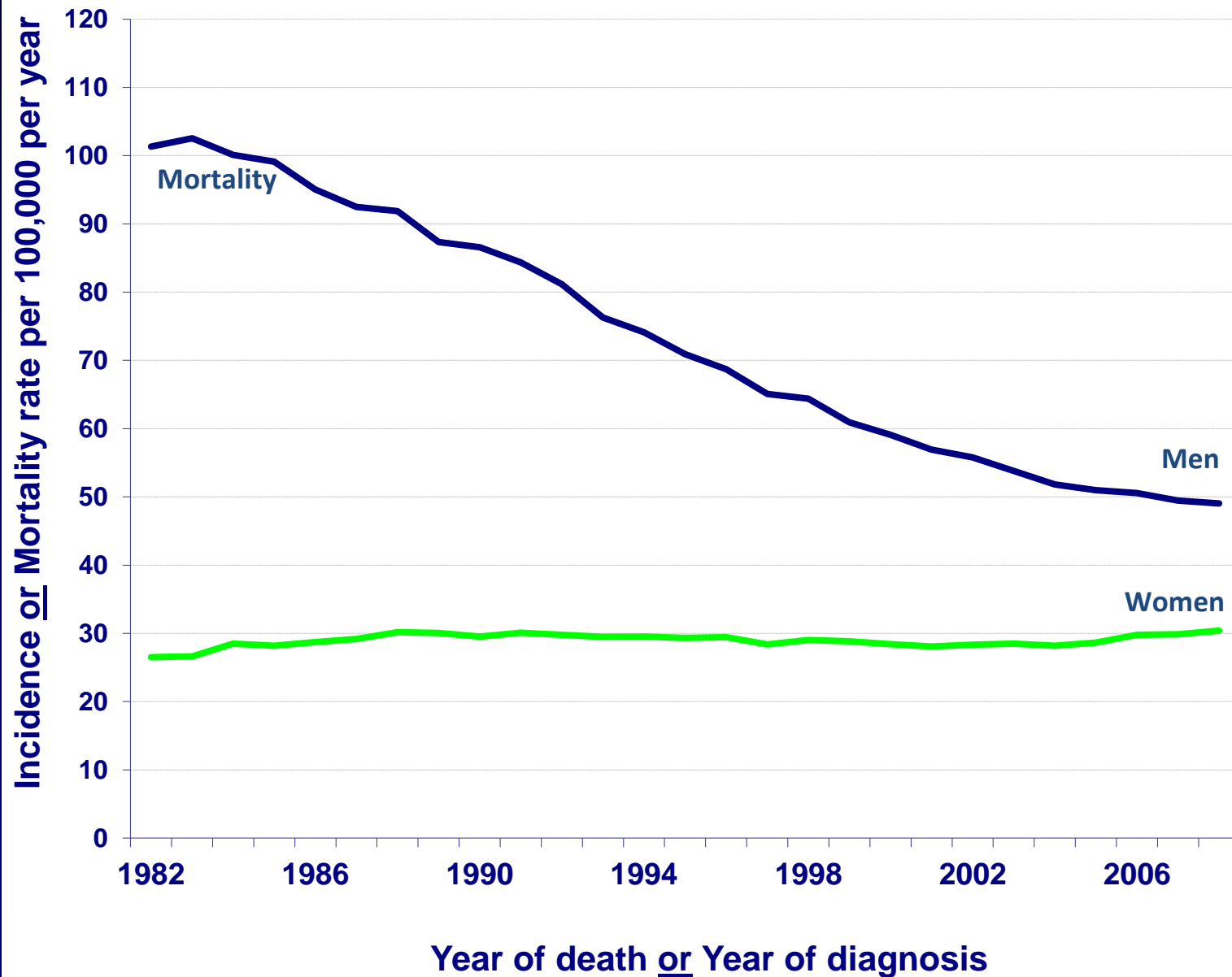
Cases and deaths per year, by economic development

NEW DIAGNOSES	Overall		Developed		Developing	
	No.	%	No.	%	No.	%
Oesophagus	455,784	3.2	86,144	1.9	369,640	6.2
Stomach	951,594	6.8	274,509	4.5	677,085	8.4
Colorectum	1,360,602	9.7	736,867	12.2	623,735	7.8
Liver	782,451	5.6	134,302	2.2	648,149	8.1
Pancreas	337,872	2.4	187,465	4.1	150,407	2.5
Lung	1,824,701	13.0	758,214	12.5	1,066,487	13.3
Melanoma	232,130	1.7	191,066	3.2	41,064	0.5
Breast (F)	1,671,149	25.1	788,200	27.9	882,949	23.0
Cervix	527,624	7.9	83,078	2.9	444,546	11.6
Ovary	238,719	3.6	99,752	3.5	138,967	3.6
Prostate	1,094,916	14.8	741,966	23.0	352,950	8.4
Brain and CNS	256,213	1.8	88,967	1.5	167,246	2.1
Lymphomas	451,691	3.2	219,255	3.6	232,436	2.9
Leukaemias	351,965	2.5	141,274	2.3	210,691	2.6
All cancers	14,067,894	100.0	6,053,621	100.0	8,014,273	100.0
DEATHS	8,201,575	100.0	2,878,462	100.0	5,323,113	100.0

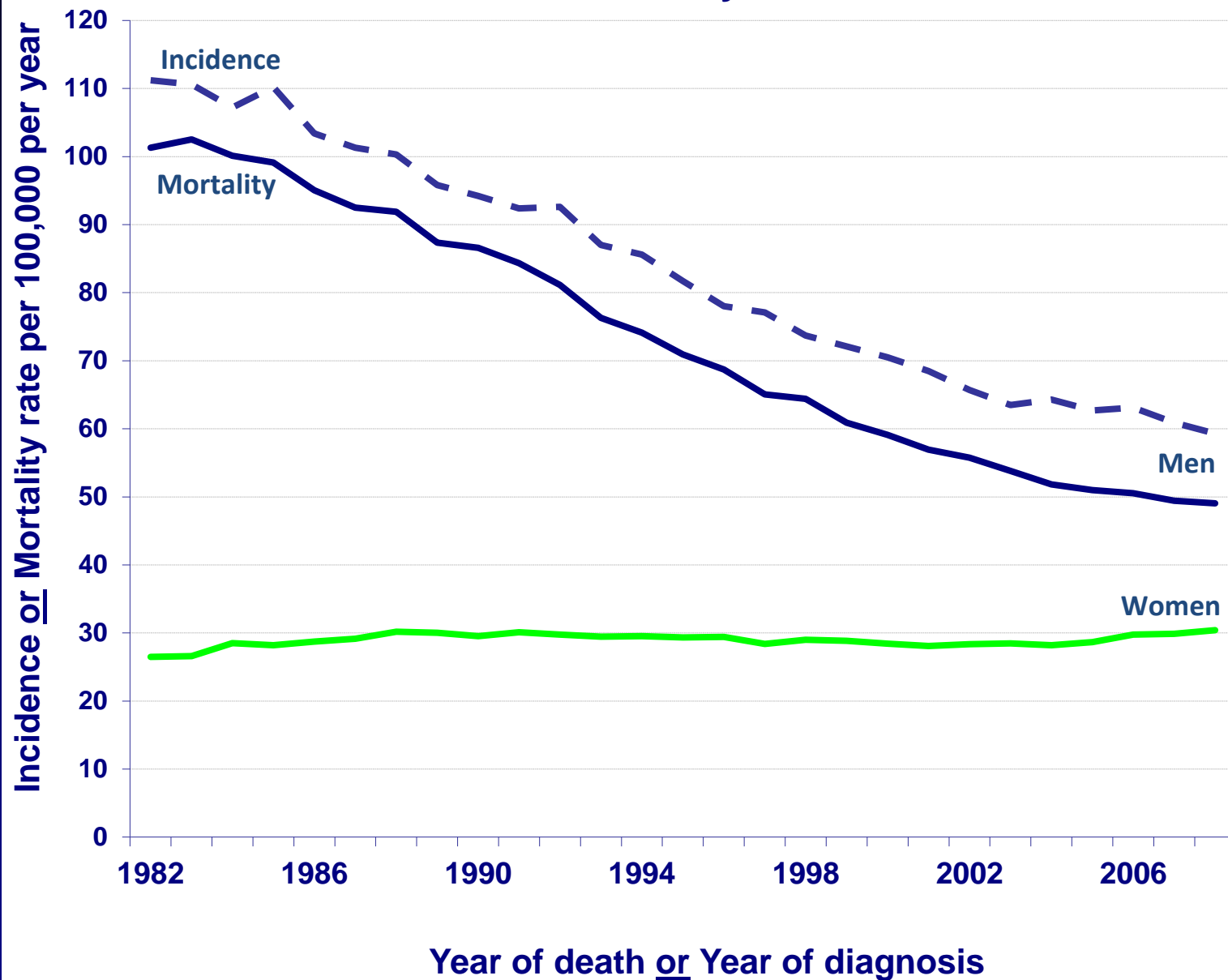
Lung cancer: age-standardised trends, England 1982-2008, by sex



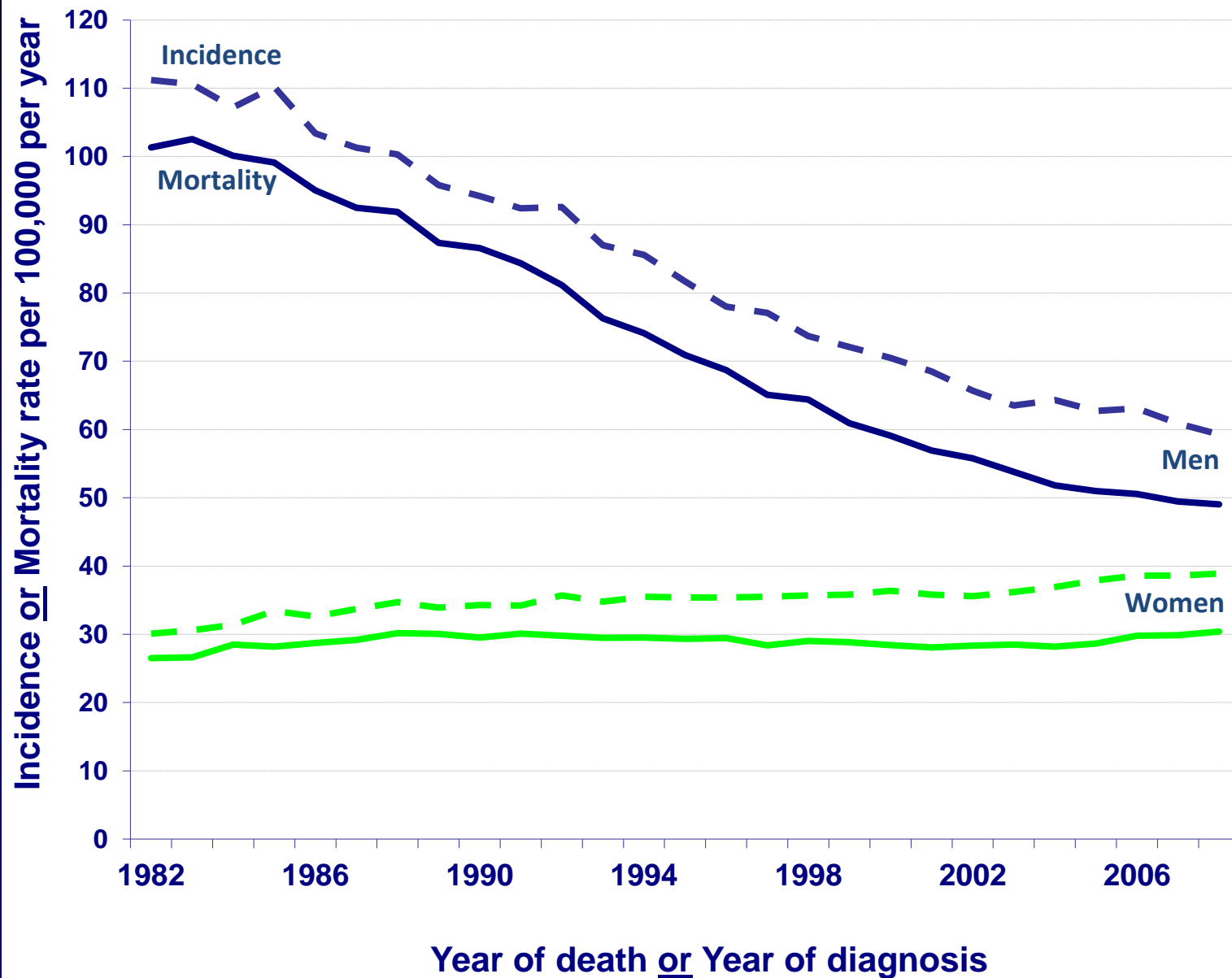
Lung cancer: age-standardised trends, England 1982-2008, by sex



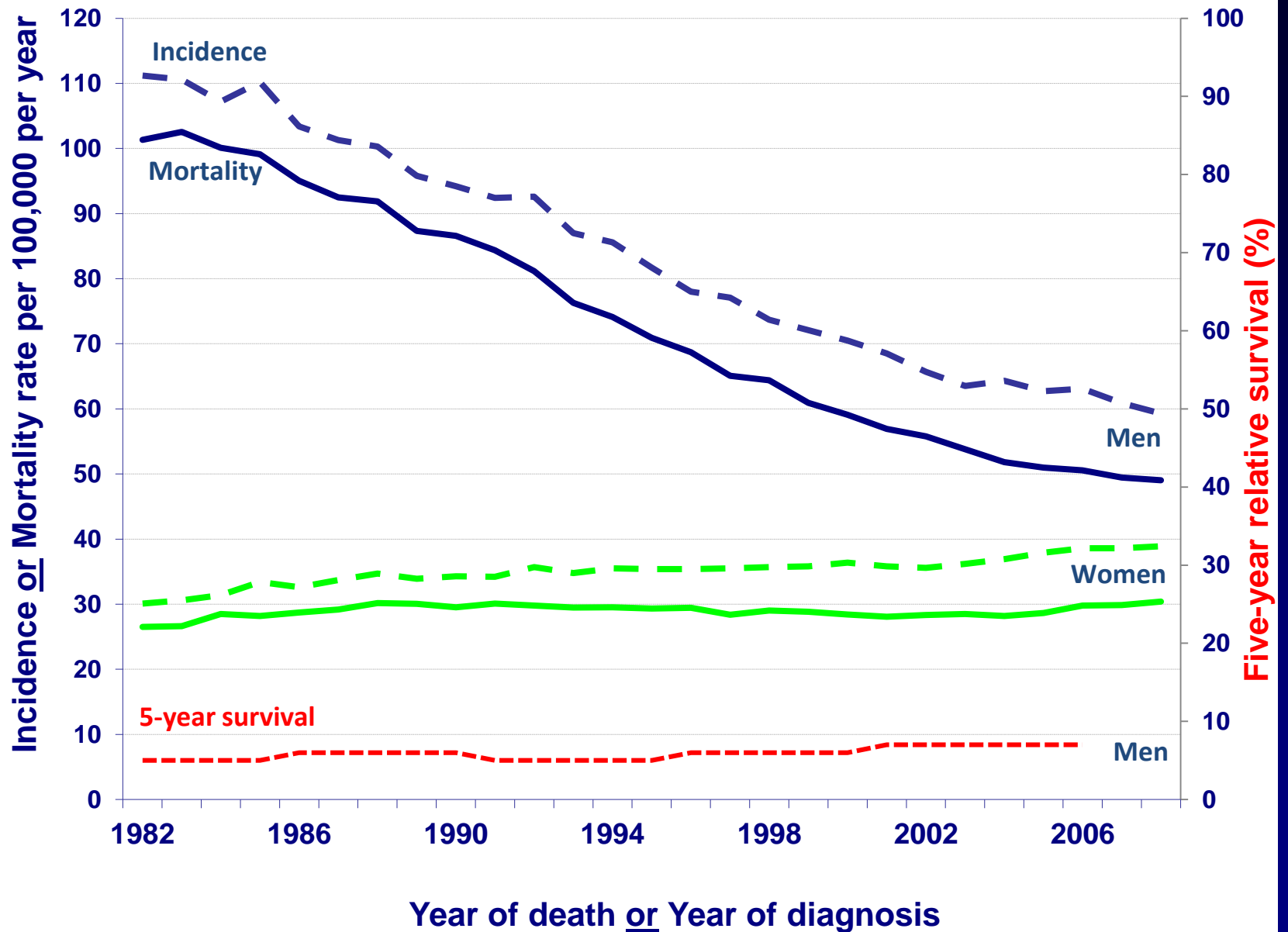
Lung cancer: age-standardised trends, England 1982-2008, by sex



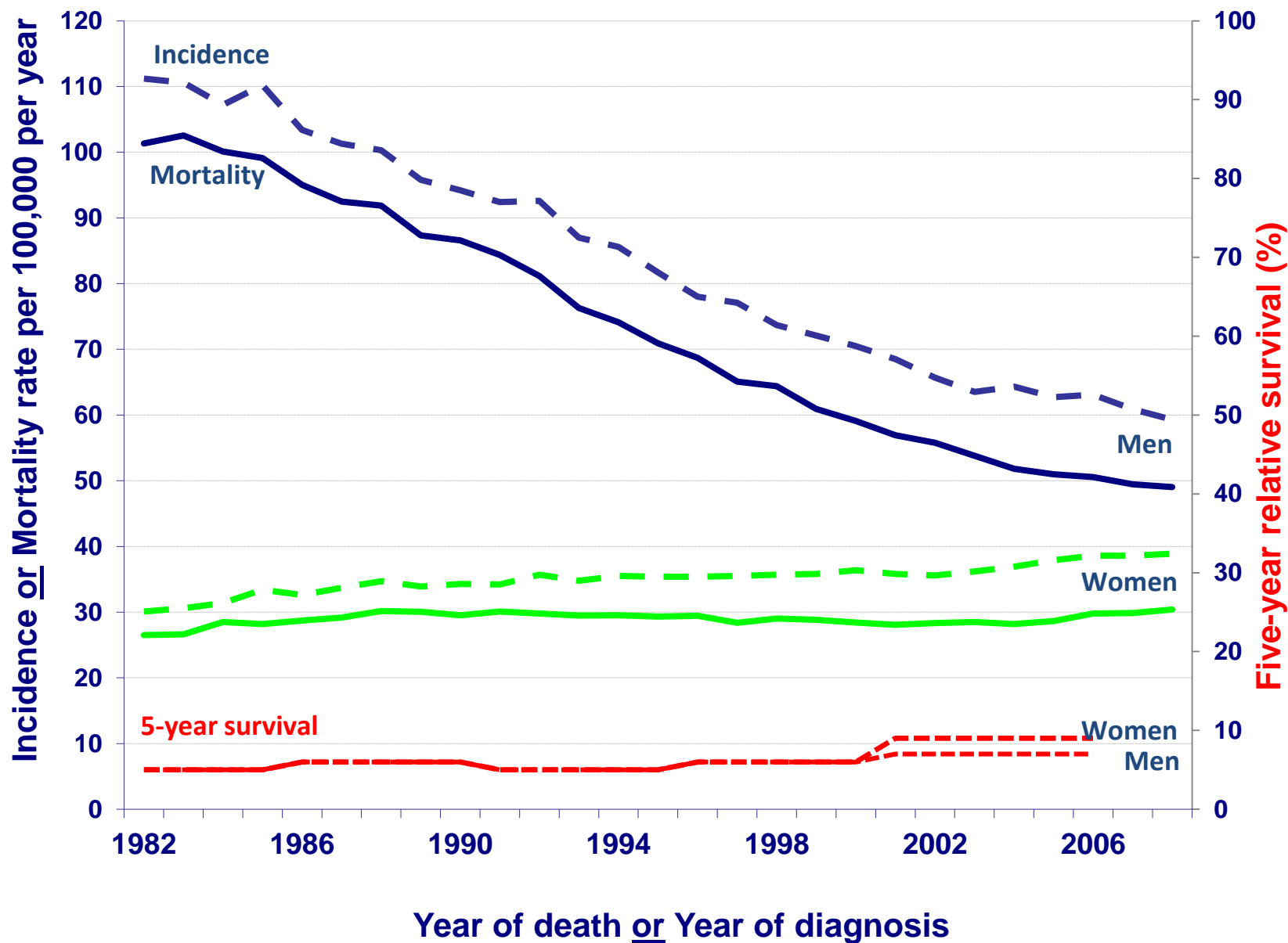
Lung cancer: age-standardised trends, England 1982-2008, by sex



Lung cancer: age-standardised trends, England 1982-2008, by sex



Lung cancer: age-standardised trends, England 1982-2008, by sex



Clinical research and public health

Clinical trials highest *achievable* survival

Public health average survival *achieved*

Translational research to reduce the difference

National policy concerns

Is survival equitable?

Is survival as high as other countries?

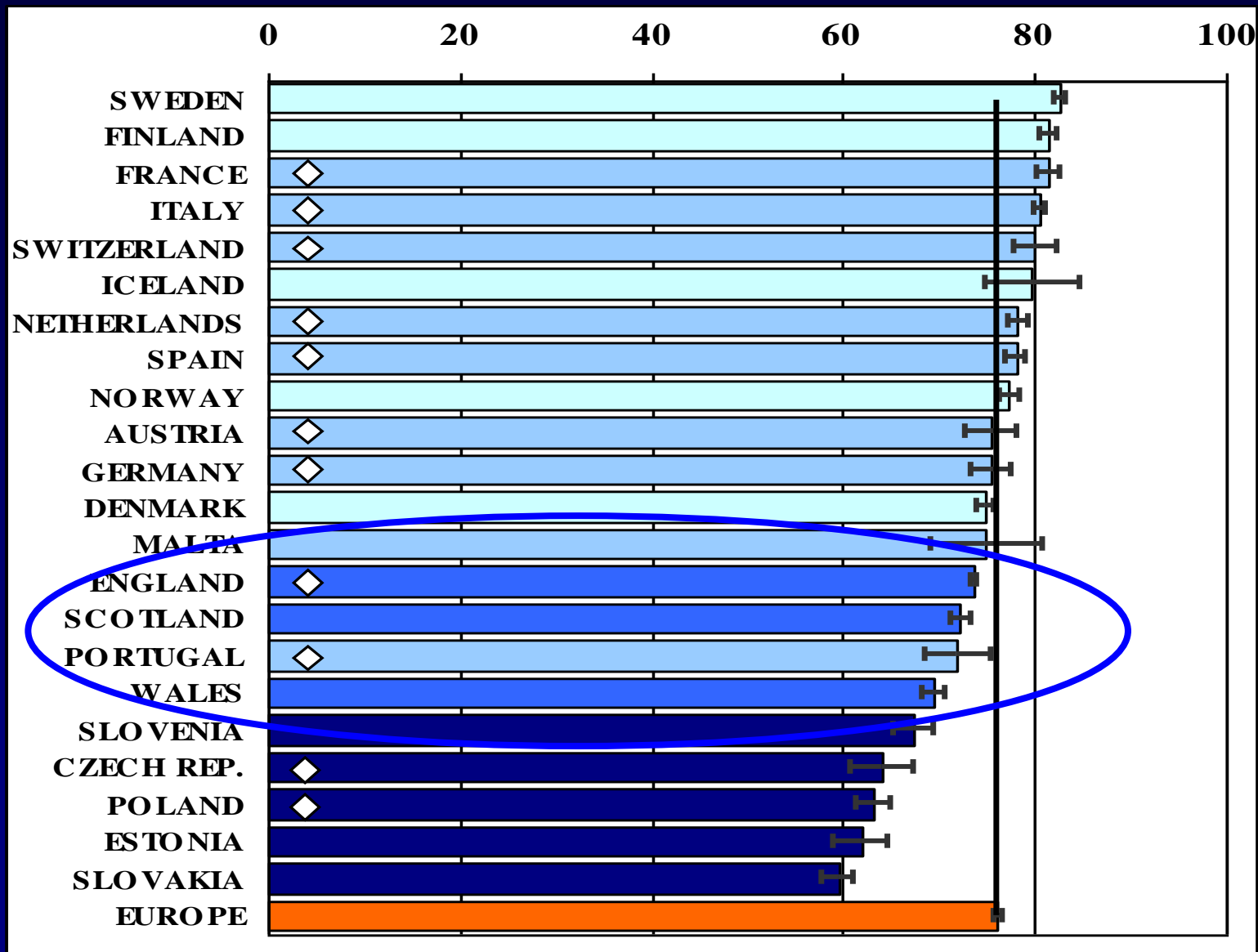
Is national cancer plan effective?

If not:

- Why not?
- How many premature deaths?
- What policy is required?
- Can we see any improvements?

Breast cancer, five-year survival (%)

Women diagnosed 1990-94, followed up to 1999



UK cancer care worst in Europe doctors say

DR KENNETH Calman, the chief medical officer, will con-

by Lois Rogers

UK 'failing in diagnosis of cancer patients'

Losing the cancer war

News

DAILY EXPRESS Wednesday May 17 1995 23

CANCER victims in England and Scotland have less chance of survival than those in the rest of western Europe.

By JAMES DAVIES

Europe. And those suffering from cancer of the breast, ovary and cervix also have a poorer prognosis. The findings, published yester-

at least five years. It found only eight per cent of patients in the UK with stomach cancer live for five years after being diagnosed — half the European average.

Just a third with cancer of the

British victims have lower chance of life

crucial — including breast, large bowel and stomach — there are substantial differences.

Overall, patients in Finland, Switzerland and the

Survival rate below norm in British cancer cases

Breast cancer survival in UK lowest in West

Stiff upper lip that leaves British women more likely to die from cancer

Prime Minister's “cancer summit”

“We don’t match other countries in its prevention, diagnosis and treatment.”

“It’s not good enough.”

“England and Wales lag behind Europe.”

NHS Cancer Plan, England, 2000

to save more lives

**to ensure cancer patients get the right
professional treatment, care and support**

to tackle inequalities in health

**to build for the future – workforce,
research, genetics**

**“... so that the NHS never falls behind in
cancer care again.”**

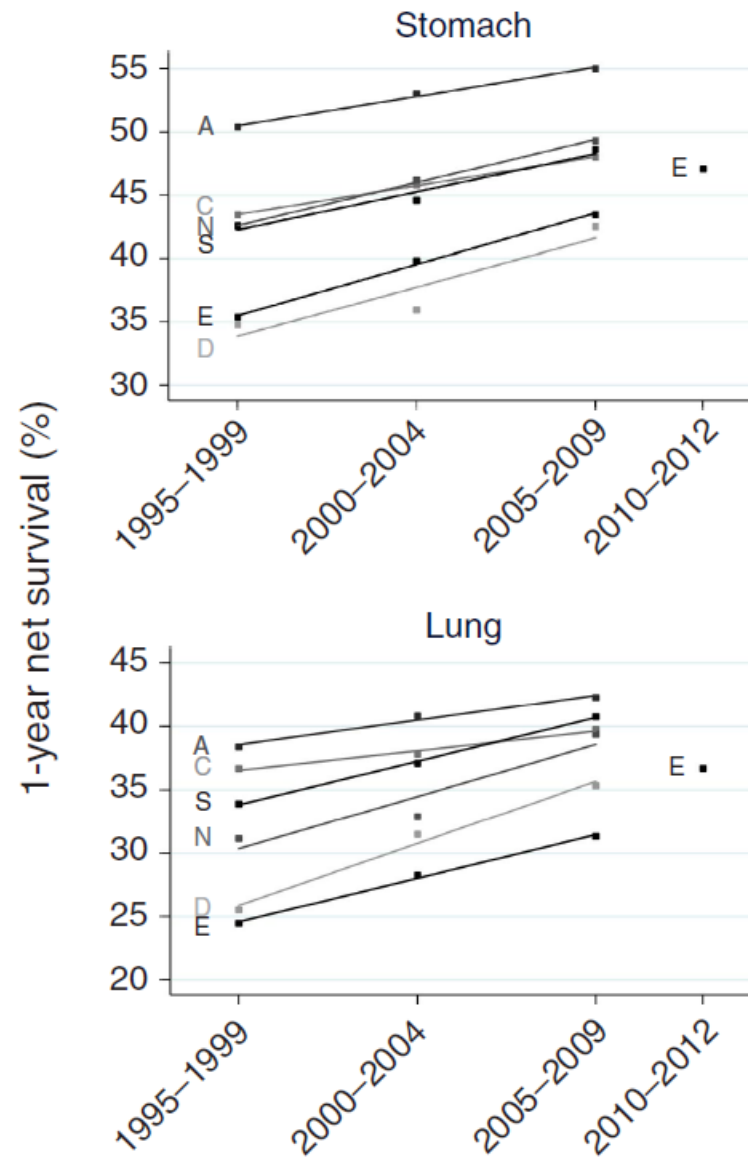
NHS Cancer Plan 2000 - England

- **35% real-terms rise in funding 2000-3**
- **Prevention, screening, treatment**
- **More specialist staff, better training**
- **Earlier diagnosis**
- **Multi-disciplinary teams**
- **Reduction of inequalities**

Health minister responds to EURO CARE

“The NHS Cancer Plan ... will speed up access to high quality services across the country to bring cancer services in line with the rest of Europe”

Is England closing the survival “gap”?



ACHIEVING WORLD-CLASS CANCER OUTCOMES

A STRATEGY FOR ENGLAND
2015-2020



Report of the Independent Cancer Taskforce

Global surveillance of survival (CONCORD-3)

Protocol: Arabic, Chinese, English, French, Italian, Japanese, Portuguese, Russian, Spanish

Diagnosis: 2000-2014 ..., follow-up to 2014...

Data call: 11 May 2016

71 countries and territories

322 registries

989,082,244 total population covered (2014)

Oesophagus

Pancreas

Ovary

Stomach

Lung

Prostate

Colon

Melanoma (skin)

Brain

Rectum

Breast (women)

Lymphoma

Liver

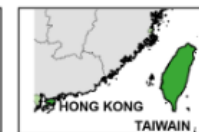
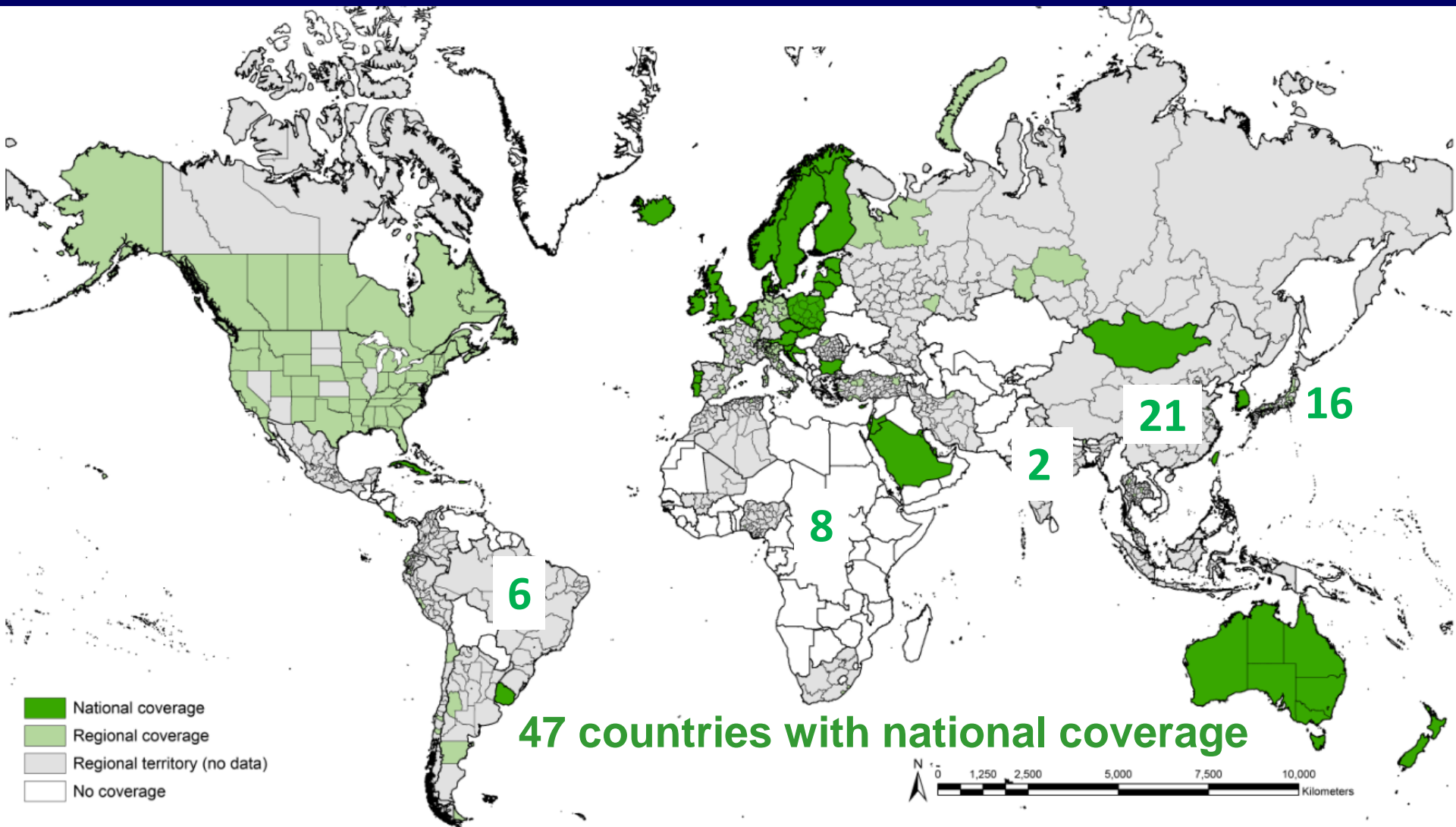
Cervix uteri

Leukaemia

Surveillance of cancer survival (CONCORD-3)

	Countries	Registries	Files	Patients
Africa	6	8	113	40,197
America C+S	13	33	413	700,946
America N	2	57	880	14,320,034
Asia	17	66	1,014	5,976,959
Europe	31	149	2,154	14,991,316
Oceania	2	9	144	1,483,573
	71	322	4,718	37,513,025

71 countries – 322 registries



Latin America and the Caribbean

2000-2014 (CONCORD-3)

13 countries

33 cancer registries

700,946 cancer patients



CONCORD-2: 1995-2009



CONCORD-3: 2000-2014



CONCORD-3

Argentina

4 registries

3,973,922 (9%)

64,151 patients

Chile

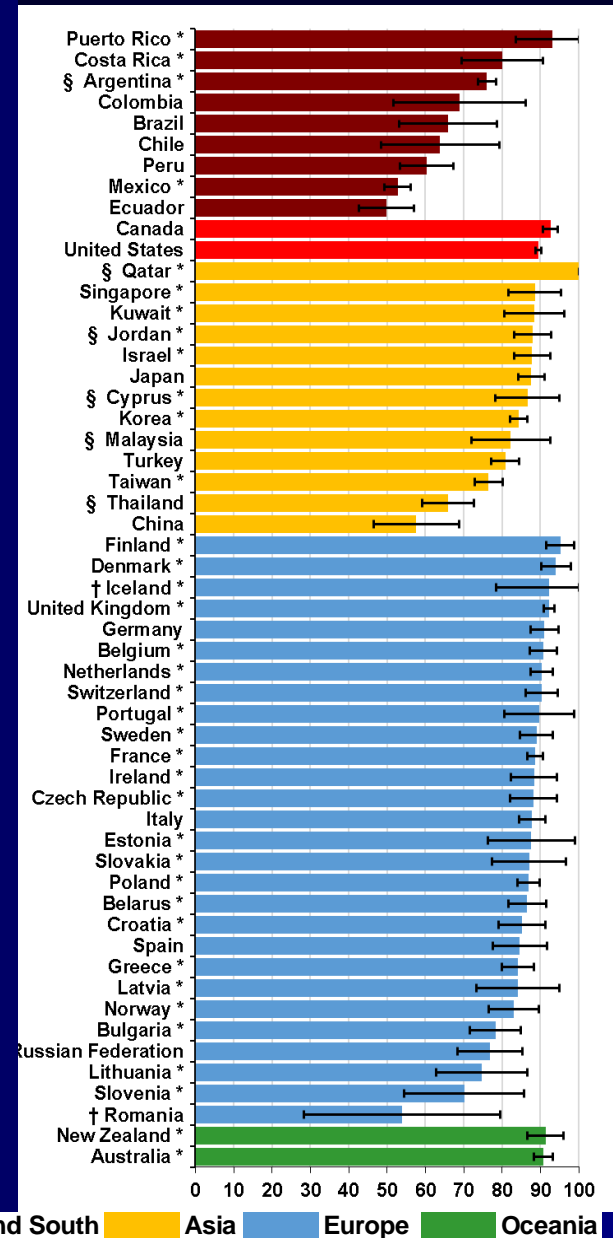
4 registries

2,459,133 (14%)

26,363 patients

Age-standardised 5-year net survival – 2010-2014

men) ALL (children)



Africa

America North

America Central and South

Asia

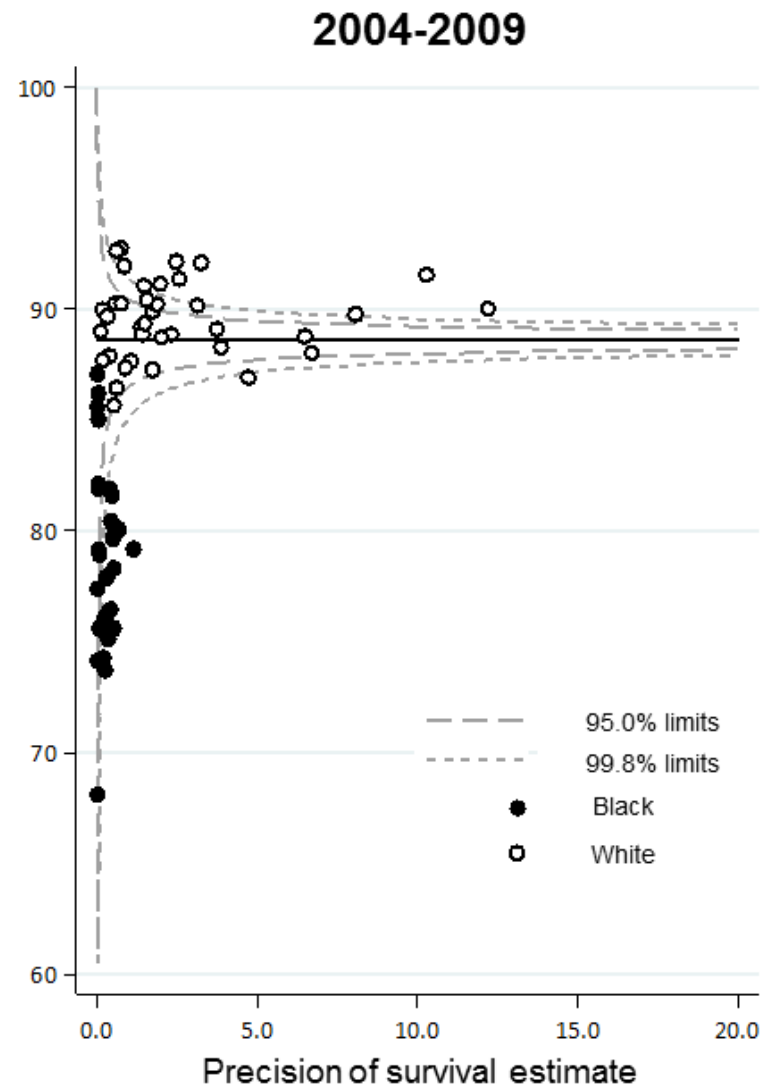
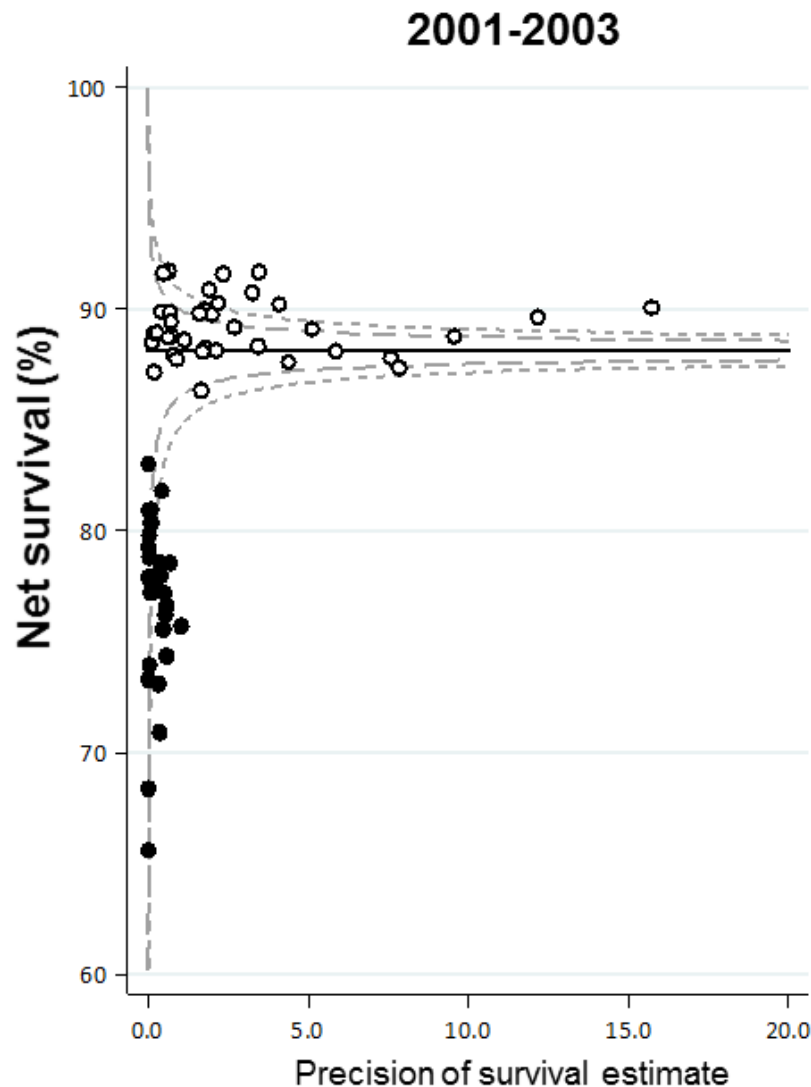
Europe

Oceania

§ = estimate less reliable

Allemani et al., Lancet 2018

Breast cancer: 5-year net survival (%), standardised USA, women (15-99 years), by race and state



What could explain survival differences ?

- **Longer delays, more advanced stage**
- **Availability and uptake of screening**
- **Access to treatment**
- **Differences in co-morbidity**
- **Quality of treatment**
- **Organisation of treatment services**
- **Human and financial resources**

Policy applications of cancer survival

- Effectiveness of health system
- **Impact of treatment guidelines**
- Monitoring change in survival deficits
- **Surveillance of equity – avoidable deaths**
- National cancer plans – impact
- **International differences and trends**

Policy impact of cancer survival (CONCORD)

Algeria – registry network, cervical screening

Canada – survival by SES

England, France, Poland ... – national plans

USA – survival by state, race, stage at diagnosis

European Union – cancer control strategy

OECD – healthcare quality index: 48 countries

IAEA – campaign to reduce global inequalities

World Health Organisation

Global surveillance of cancer survival (CONCORD)...

- Evidence base for health care effectiveness
- High-quality evidence
- Coherent with WHO strategic objectives
- Enables comparison between low-income countries
- Fills a huge gap in knowledge of cancer survival world-wide



Programme of
Action for
Cancer
Therapy
PACT

Cancer survival should not be left to chance.



**Prostate
Cancer**



AUSTRALIA



89%
5 Year Survival Rate



UGANDA



46%
5 Year Survival Rate

**Breast
Cancer**



USA



89%
5 Year Survival Rate



JORDAN



43%
5 Year Survival Rate

**Childhood
Leukemia**



GERMANY



92%
5 Year Survival Rate



MONGOLIA



34%
5 Year Survival Rate

Support expanded ACCESS to cancer care. Everywhere.

#CancerCare4All

Sources: CONCORD-2 (Allemani, C et al. Lancet. 2015; 385: 977-1010); SurvCan (Sankaranarayanan, R et al. IARC. 2011; 162: 243-247).

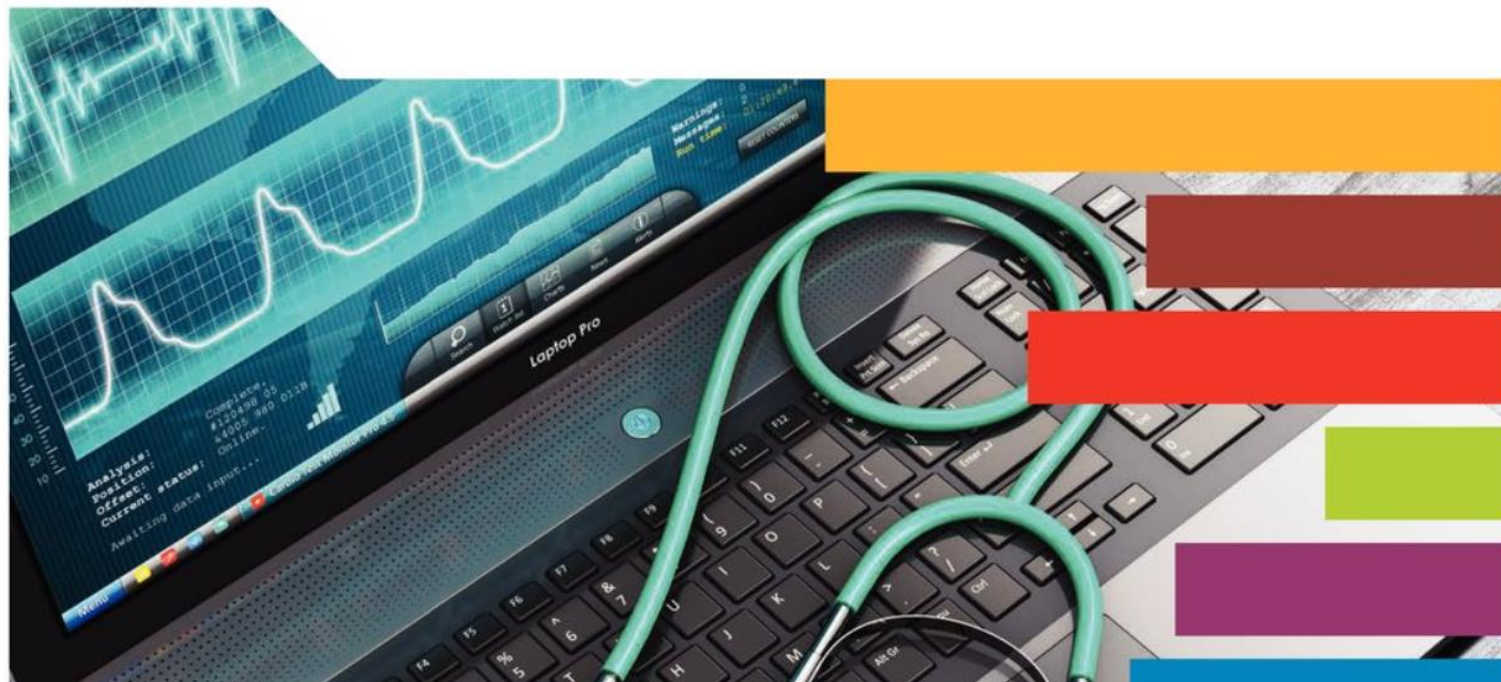
“PACT launches campaign to raise awareness of the persistent inequalities in access to lifesaving cancer services.”

11 September 2015



Health at a Glance 2017

**Includes CONCORD-3 survival estimates
for 5 cancers in 48 countries**



CONCORD-3 collaborators in Argentina and Chile

Registros Poblacionales de Cáncer de Chile

Antofagasta – J C Galaz

Biobio y **Concepción** – M Aparicio Aravena, J Sanhueza Monsalve

Los Rios – D A Herrmann, S Vargas

Registros Provinciales de Tumores de Argentina

Chubut – G H Calabrano, S B Espinola

Córdoba – B Carballo Quintero, R Fita

Mendoza – M C Diumenjo, W D Laspada

Tierra del Fuego – S G Ibañez

National Childhood Cancer Registry – I Kumcher, F Moreno

Global surveillance of trends in cancer survival 2000-14 (CONCORD-3): analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries.

Allemani C, Matsuda T, Di Carlo V, Harewood R, Matz M, Nikšić M, Bonaventure A, Valkov M, Johnson CJ, Estève J, Ogundimu OJ, Azevedo E Silva G, Chen WQ, Eser S, Engholm G, Stiller CA, Monnereau A, Woods RR, Visser O, Lim GH, Aitken J, Weir HK, Coleman MP; CONCORD Working Group.

Collaborators (572)

Bouzbis S, Hamdi-Chérif M, Zaidi Z, Mequenni K, Regagba D, Bayo S, Cheick Bouqadari T, Manraj SS, Bendahhou K, Fabowale A, Bradshaw D, Somdvala NIM, Kumcher I, Moreno F, Calabrano GH, Espinola SB, Carballo Quintero B, Fita R, Diumenjo MC, Laspada WD, Ibañez SG, Lima CA, De Souza RCF, Del Rio K, Laspada C, Curado MD, de Oliveira JC, Veneziano CL, Veneziano DB, Latorre MRDO, Tanaka LF, Rebelo MS, Santos MQ, Galaz JC, Aparicio Aravena M, Sanhueza Monsalve J, Herrmann DA, Vargas S, Herrera VM, Uribe CJ, Bravo LE, Garcia LS, Arias-Ortiz NE, Montenegro S, Jarade BM, Yépez Shamone MS, Delgado C, Ramirez M, Solimón, Arez YH, Torres P, Martínez-Reyes F, Jaramillo L, Quinto R, Castillo J, Mendoza M, Cueva P, Yépez JG, Bhakkan B, Deloumeaux J, Joachim C, Macni J, Carrillo R, Shalkow Klinecstein J, Rivera Gomez R, Poquioma E, Tortolero-Luna G, Zavala D, Alonso R, Barrios E, Eckstrand A, Nikiforuk C, Noonan G, Turner D, Kumar E, Zhang B, McCrate FR, Ryan S, MacIntyre M, Saint-Jacques N, Nishri DE, McClure CA, Vriends KA, Kozie S, Stuart-Panko H, Freeman T, George JT, Brockhouse JT, O'Brien DK, Holt A, Almon L, Kwong S, Morris C, Rycroft R, Mueller L, Phillips CE, Brown H, Cromatie B, Schwartz AG, Vigneau F, Levin GM, Wohler B, Bayakly R, Ward KC, Gomez SL, McKinley M, Cress R, Green MD, Miyagi K, Ruppert LP, Lynch CF, Huang B, Tucker TC, Deapen D, Liu L, Hsieh MC, Wu XC, Schwenn M, Gershman ST, Knowlton RC, Alverson G, Copeland GE, Bushhouse S, Rogers DB, Jackson-Thompson J, Lemons D, Zimmerman HJ, Hood M, Roberts-Johnson J, Rees JR, Riddle B, Pawlish KS, Stroup A, Key C, Wiggins C, Kahn AR, Schymura MJ, Radhakrishnan S, Rao C, Giljahn LK, Slocumb RM, Espinoza RE, Khan F, Aird KG, Beran T, Rubertone JJ, Slack SJ, Garcia L, Rousseau DL, Janes TA, Schwartz SM, Bolick SW, Hurley DM, Whiteside MA, Miller-Gianturco P, Williams MA, Herget K, Sweeney C, Johnson AT, Keitheri Cheteri MB, Migliore Santiago P, Blankenship SE, Farley S, Borchers R, Malicki R, Espinoza JR, Grandpre J, Wilson 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All 572
co-authors
are
indexed in
PubMed



US National Library of Medicine
National Institutes of Health

www.ncbi.nlm.nih.
gov/pubmed/
29395269

The time to deliver is now

There is no excuse for inaction, [because] we have evidence-based solutions (WHO)

- ✓ **Good technology, communications**
- ✓ **Medical, health and academic skills**
- ✓ **Public health expertise**
- ✓ **Low costs – base for clinical trials**
- ✓ **Population-based registries**

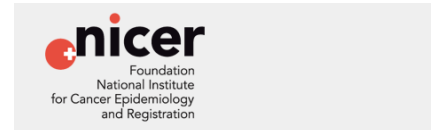


krebsforschung schweiz
recherche suisse contre le cancer
ricerca svizzera contro il cancro
swiss cancer research



Kræftens Bekæmpelse

European Institute of Women's Health
Setting the Agenda in Women's Health



Time to deliver

**There is no excuse for inaction, [because]
we have evidence-based solutions.**

Parliament should explain to the public why...

**... despite the underlying principle of
consent for data collection,**

**identifiable data on some diseases must be
collected without consent,**

**for public health research that harms no-
one and benefits everyone.**

Using identifiable data in the public interest

Potential risk to individuals

- Some loss of autonomy**

- Low risk of breach of confidentiality, and harm**

Proven benefit to individuals and society

- Information on causes of disease – prevention**

- Public health surveillance – protection**

- Understanding outcomes – recurrence, survival**

Use of identifiable information is unavoidable

- **Quality assurance (validity)**
- **Elimination of duplicate records (inflation)**
- **Clinical data not routinely captured (scope)**
- **Linkage of events (cause, relapse, outcome)**
- **Assessment of survival (event-to-death link)**
- **Small area analyses (clusters)**
- **Assessment of genetic risks**
- **Surveillance, audit and research**

Informed consent will not work – 1

Unquantifiable loss of information

- **Most patients would consent, some would not**
- **Many patients would not be asked**
- **Complete, unbiased coverage would be lost**
- **True disease burden would be unknown**
- **Comparisons would become unreliable:**
 - **time, geographic area, population sub-group**
- **Projections of future burden unreliable**
- **Health inequalities no longer reliably measured**

Informed consent will not work - 2

No effective cancer registry with informed consent

- **West Germany – informed consent, 1990-**
 - Unacceptable loss of completeness (under 70%)
 - Hamburg and Saarland registries closed for 2 years
 - Dropped from international compendia
 - Minimal research output
- **East Germany – informed consent, 1990-**
 - Disruption of largest European cancer registry (1953-)
- **Hungary – Personal Data Protection Act 1992**
 - Cancer registration stopped until 1999
- **Nordic countries – statutory, no consent**
 - Efficient, complete, productive cancer registries

Mortality-incidence ratio

- **Not a case-fatality ratio**
- **Independent data streams – time-lag**
- **Depends on accuracy of cause of death**
- **No hazard by time since diagnosis**
- **Not a direct index of effectiveness (I, S)**

Stage migration, or the "Will Rogers phenomenon"

"Good" stage

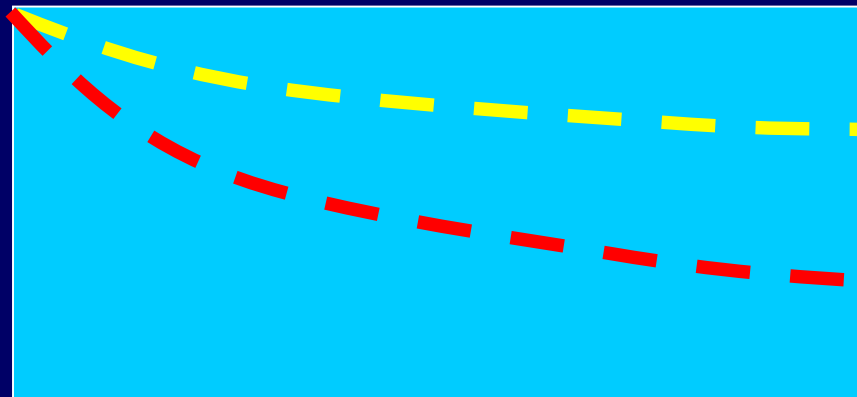
"Poor" stage

Initial diagnostic
procedure

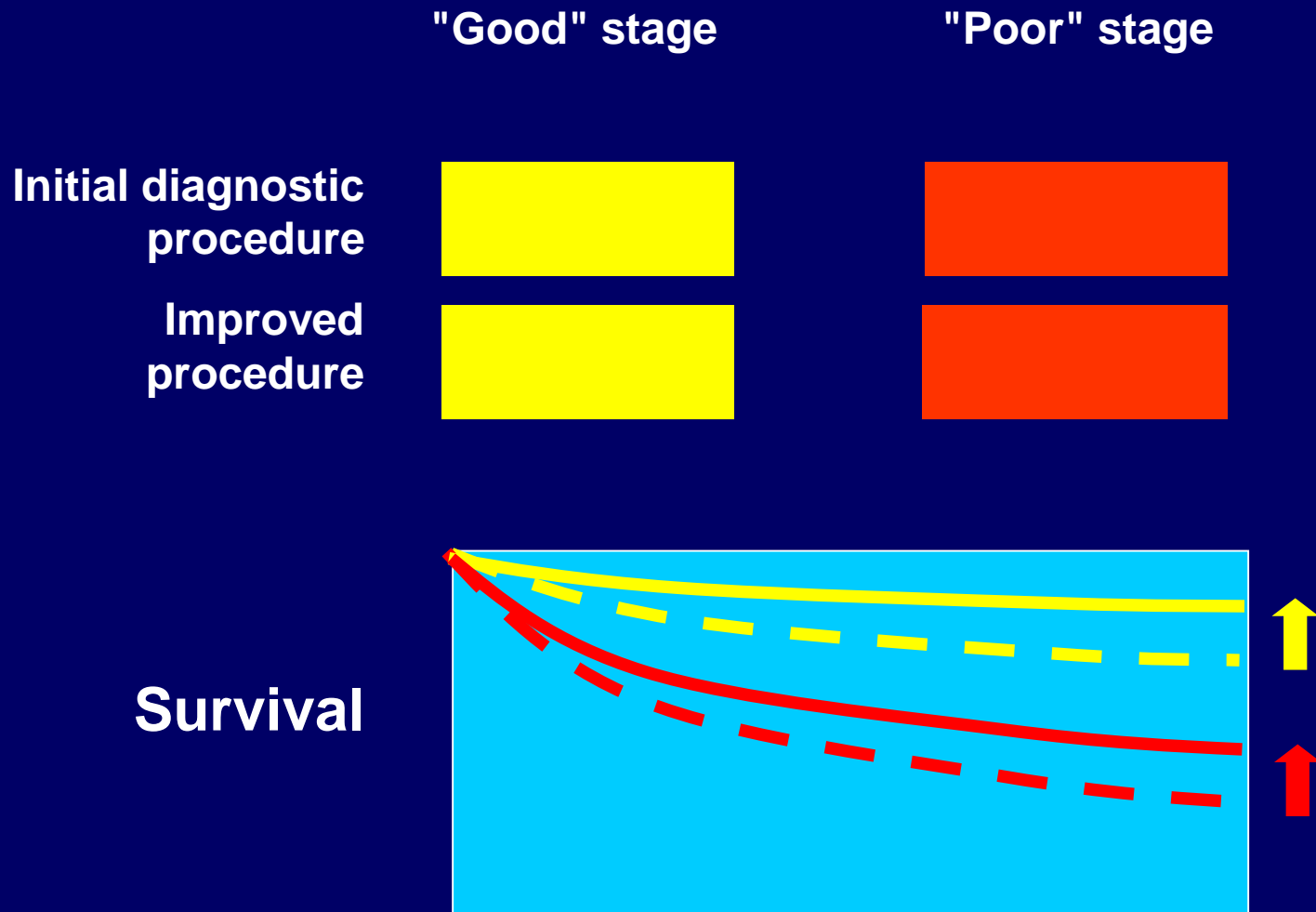


A cohort is classified into early and advanced stage

Survival



Stage migration, or the "Will Rogers phenomenon"



Effect of stage migration

	Initial diagnostic procedure		Improved procedure	
Stage	Cases	Survival	Cases	Survival
Localised	170	53.3	122	55.9
Regional	307	40.6	250	42.6
Metastatic	250	33.2	355	34.8
All stages	727	41.0	727	41.0