



# EVALUATING COMPLETENESS OF CANCER REGISTRATION IN SWITZERLAND

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# Common methods to estimate completeness of cancer registration

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- Incidence / mortality ratio
- Capture-recapture
- Re-ascertainment
- Each of these methods suffers from some limitation:
  - Based upon strong assumptions**
  - and/or**
  - Too expensive and time consuming**
  - and/or**
  - Completeness Estimated at a single point in time**

# Method used in the present study: “FLOW” method (Firstly used at Thames Cancer Registry (UK) in 1995\*)

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## ○ **Characteristics and advantages:**

- **It is simple and cheap to be applied (if required information are routinely registered)**
- **It shows how completeness increases with time since diagnosis at different time points**
- **It can be applied either globally or for specific tumour sites, with graphics**
- **Its interpretation does not depend on assumption made on other cancer registries or other data sources**
- **It estimates the percentage of cancer patients who are likely to be never registered (the “lost” group)**

\*J. Bullard, MP. Coleman, D. Robinson, J-M. Lutz, J. Bell, J. Peto.  
*Completeness of cancer registration : a new method for routine use,*  
British J of Cancer, 82 (5), 1111-16, 2000

# “FLOW” method

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- **Basic-concept:**

- registration is an event observed after diagnosis
- similar to any other event (e.g. death)
- It can be analysed following probabilistic approach, such as **survival analysis**.

- It combines the following three time dependent probabilities

- **$s(t_i)$** =probability that a patient diagnosed with cancer is still alive at time  $t_i$  after diagnosis is obtained from the survival distribution
- **$m(t_i)$** =probability that the death certificate of a patient who dies in the interval  $(t_i, t_{i+1})$  includes a mention of cancer is obtained from cancer registrations of deceased patients
- **$u(t_i)$** =probability that a patient surviving until time  $t_i$  after diagnosis is still unregistered, obtained using standard survival methods by treating registration before death as the event and censoring at death

Cancer diagnosed

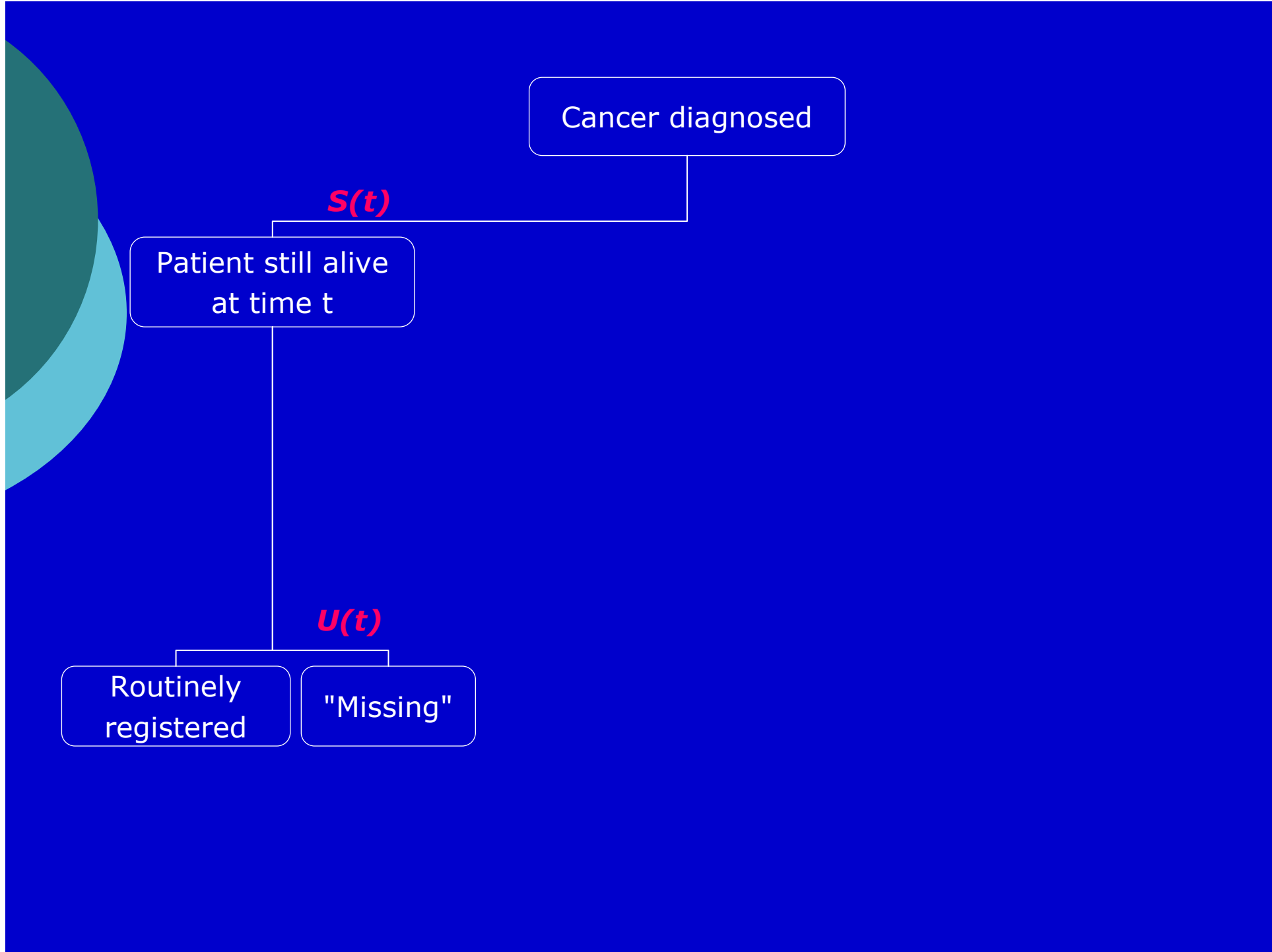
$S(t)$

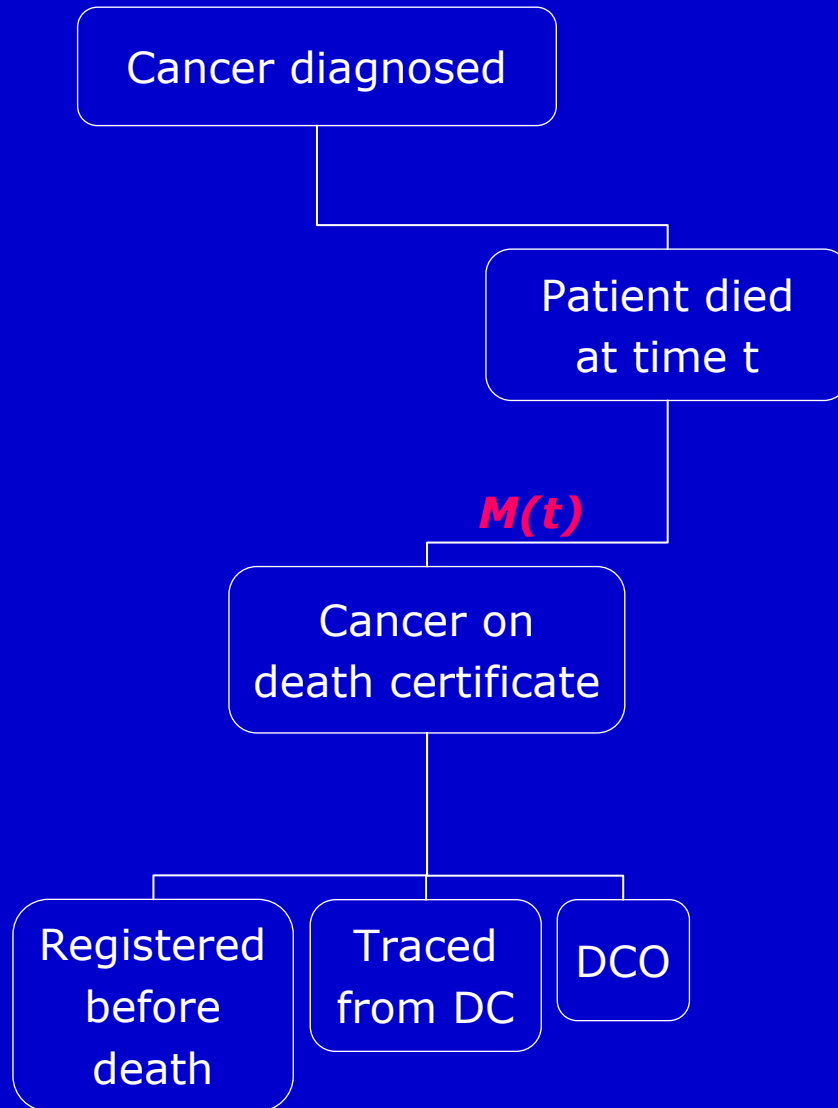
Patient still alive  
at time  $t$

$U(t)$

Routinely  
registered

"Missing"





Cancer diagnosed

Patient died  
at time  $t$

Cancer not  
mentioned on DC

$U(t)$

Routinely  
registered  
before  
death

"lost"



Cancer diagnosed

$S(t)$

Patient still alive  
at time t

Patient died  
at time t

$M(t)$

Cancer on  
death certificate

Cancer not  
mentioned on DC

$U(t)$

Routinely  
registered

"Missing"

Registered  
before  
death

Traced  
from DC

DCO

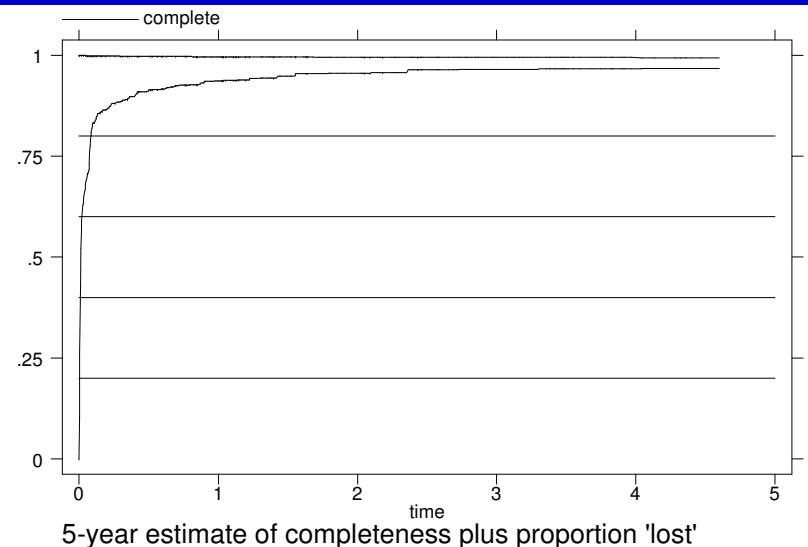
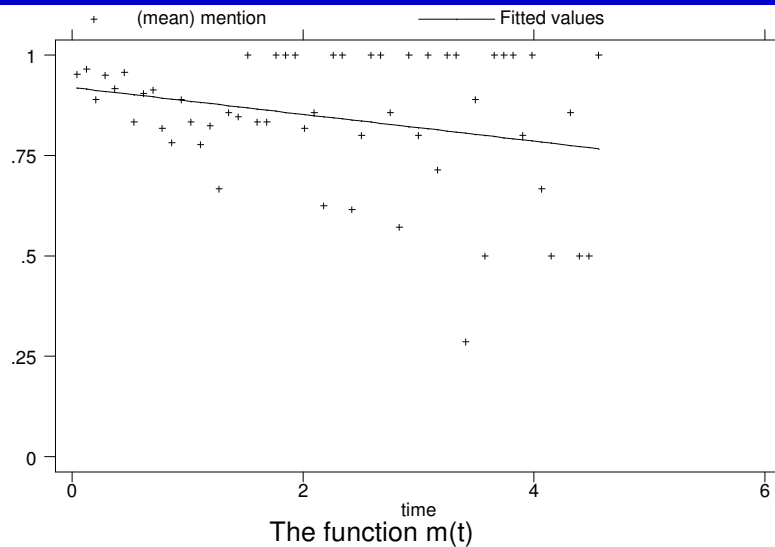
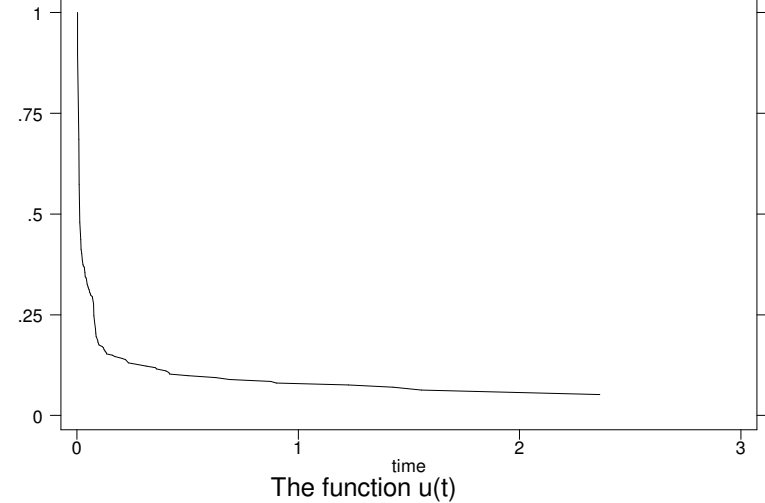
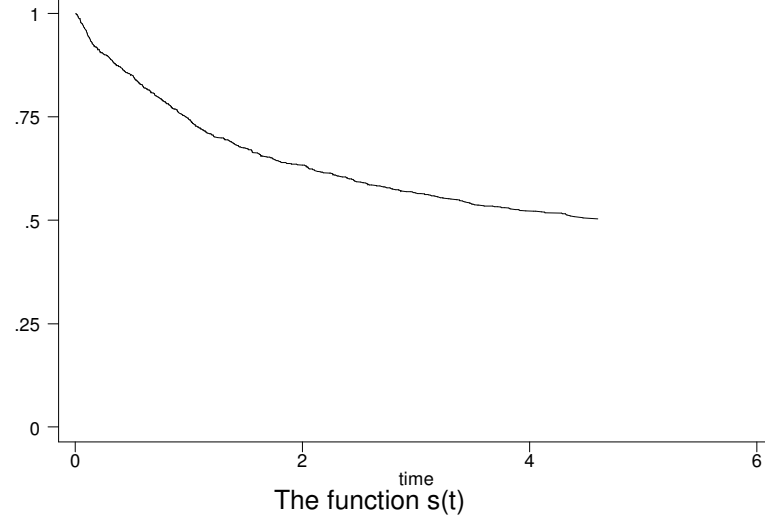
$U(t)$

Routinely  
registered  
before  
death

"lost"



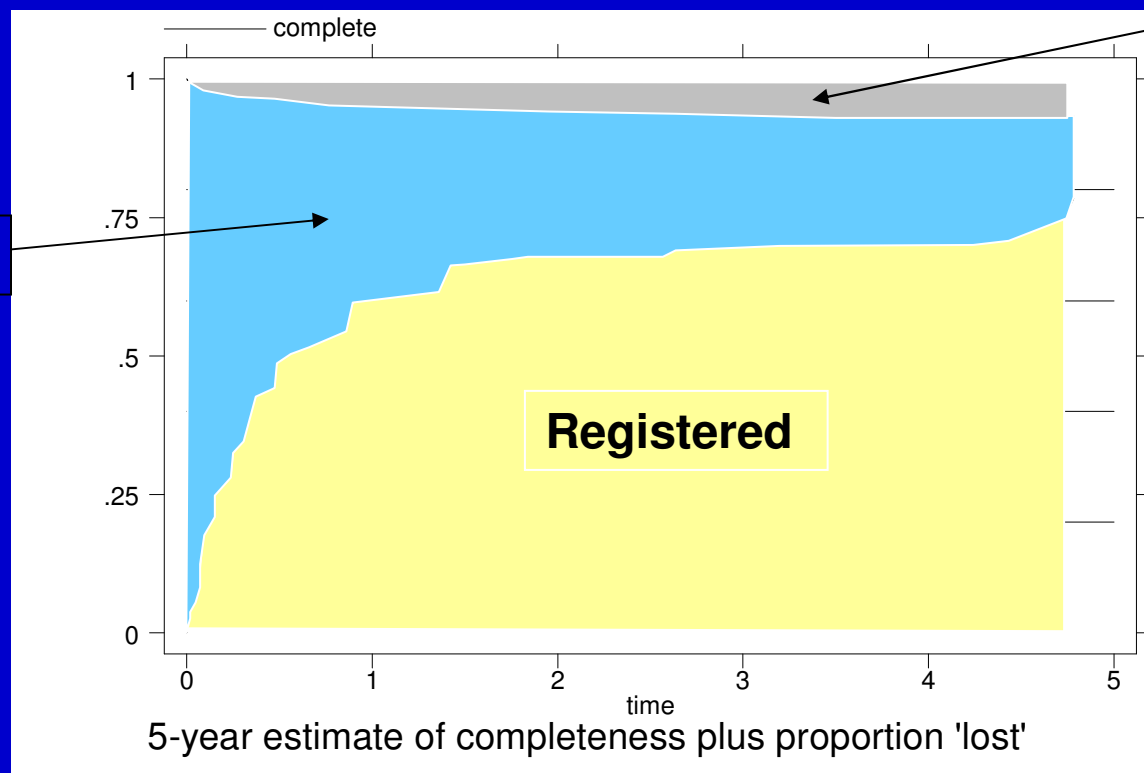
# Set of Graphs provided by completeness programs (Ex.: Ticino, All cancer sites, both sexes)



Note: results reported just as an example

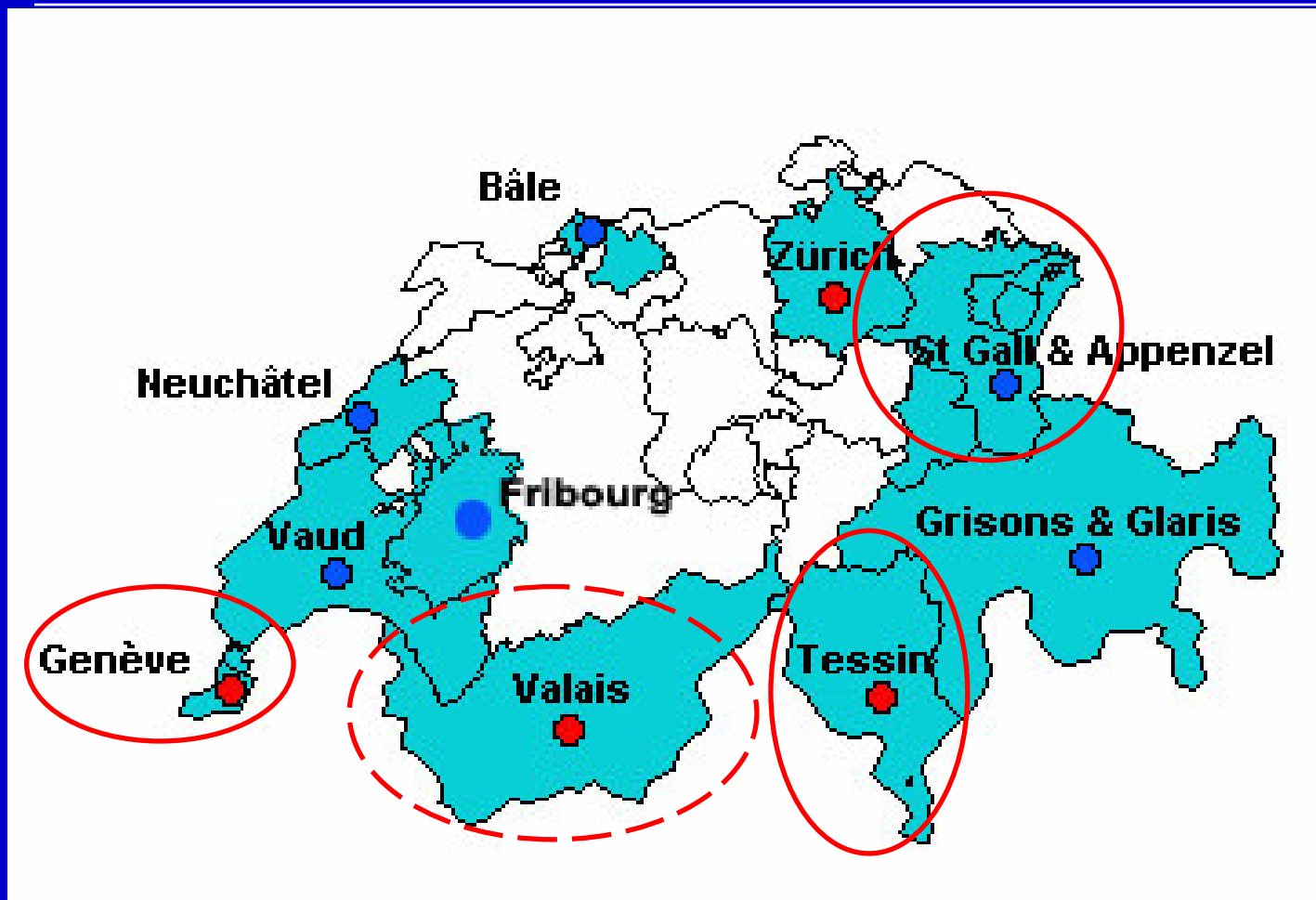
# Completeness of cancer registration (Ex.: Geneva, leukemias, both sexes)

Missing



Note: results reported just as an example

# The Association of Swiss Cancer Registries (ASRT/VSKR)



## Analysed data

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**Completeness analysis was performed using two data files:**

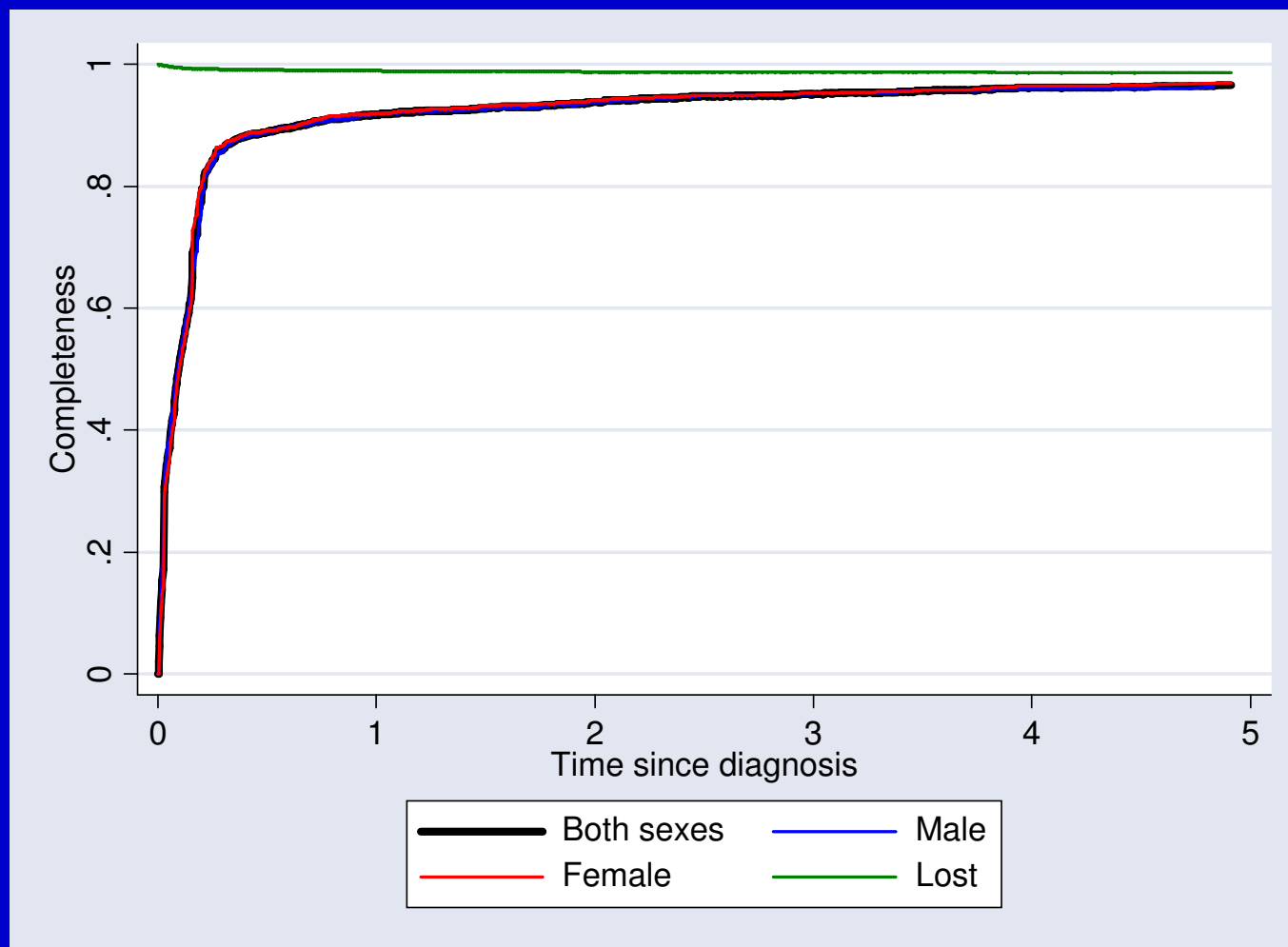
- A file containing all cancer cases diagnosed during **1996-2000** in Ticino and Geneva and during **1996** in St. Gallen (**incidence\_file**)
- A file containing all cases recorded on the Registries' database who died during **2000** (**death\_file**)

## Completeness of Cancer Registration in Switzerland (1996-2000)

All sites but C44						
	Sex confused		Males		Females	
Time	Completeness	95% CI	Completeness	95% CI	Completeness	95% CI
1 year	0.9181	0.9027 to 0.9322	0.9184	0.8948 to 0.9393	0.9191	0.8935 to 0.9415
2 years	0.9385	0.9248 to 0.9509	0.9377	0.9183 to 0.9547	0.9409	0.9198 to 0.9591
3 years	0.9513	0.9400 to 0.9615	0.9512	0.9354 to 0.9649	0.9529	0.9350 to 0.9680
4 years	0.9618	0.9513 to 0.9710	0.9603	0.9456 to 0.9728	0.9643	0.9500 to 0.9763
5 years	0.9660	0.9535 to 0.9766	0.9637	0.9379 to 0.9828	0.9696	0.9522 to 0.9833

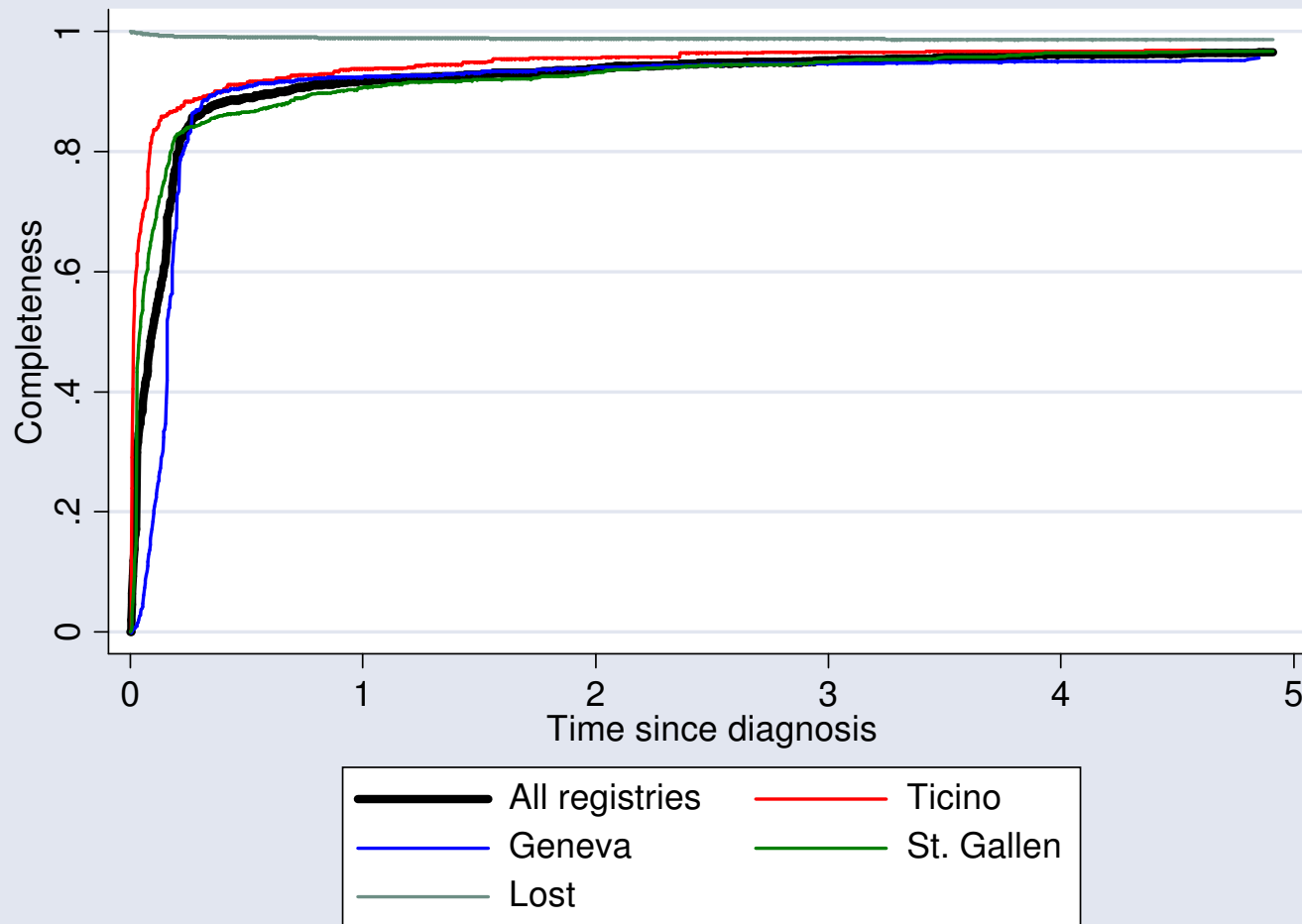
# 5-year completeness estimate

## All cancer sites (but C44) by sex – All registries combined



# 5-year completeness estimate

## All cancer sites (but C44) – By registry



## Percentiles of time (days) lagging between diagnosis and registration (1996-2000)

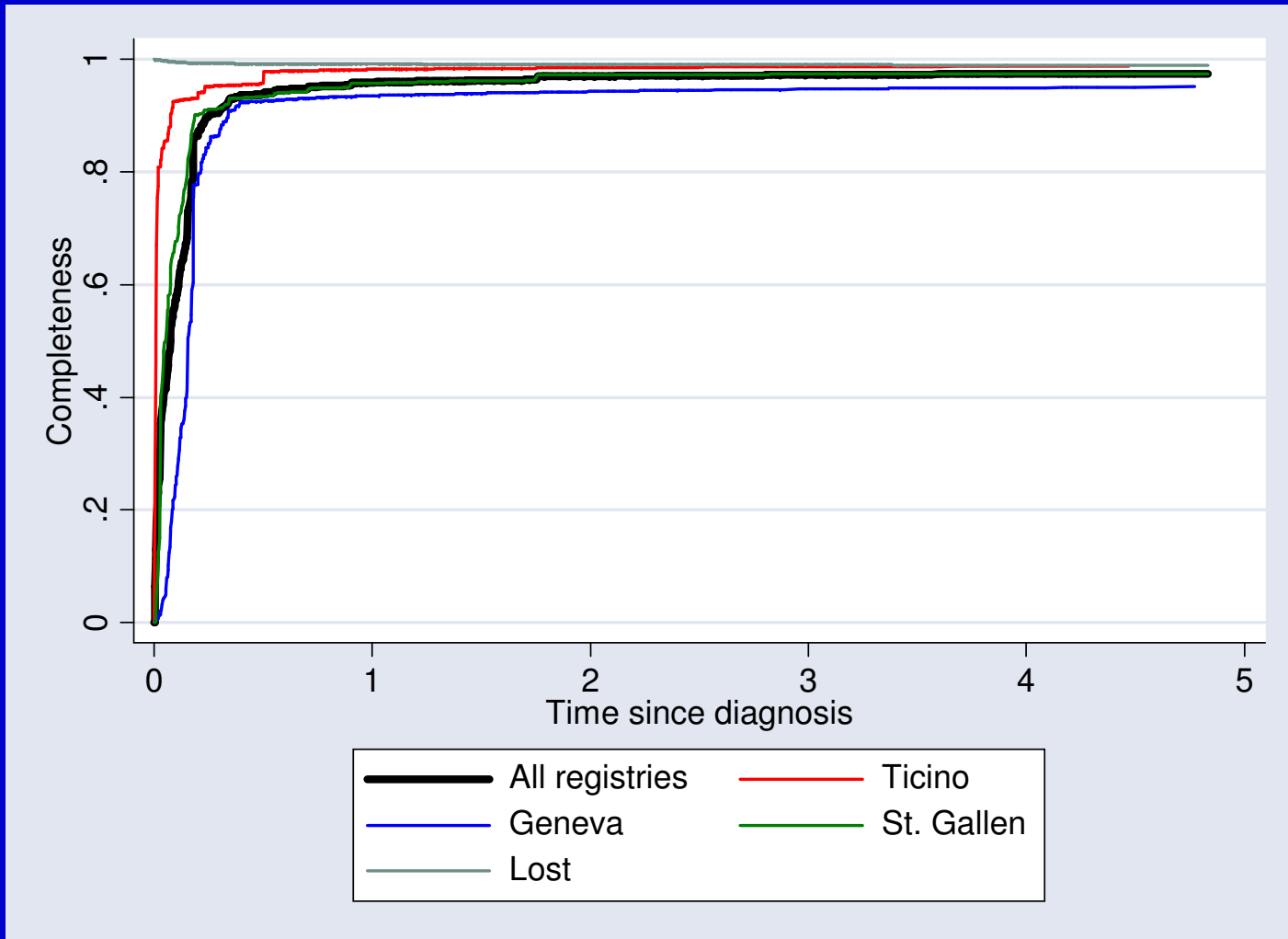
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Percentiles	TI+GE+SG	TI	GE	SG
10%	4	2	27	5
25%	11	4	39	7
50%	39	9	63	13
75%	93	35	104	60
90%	418	1136	192	854

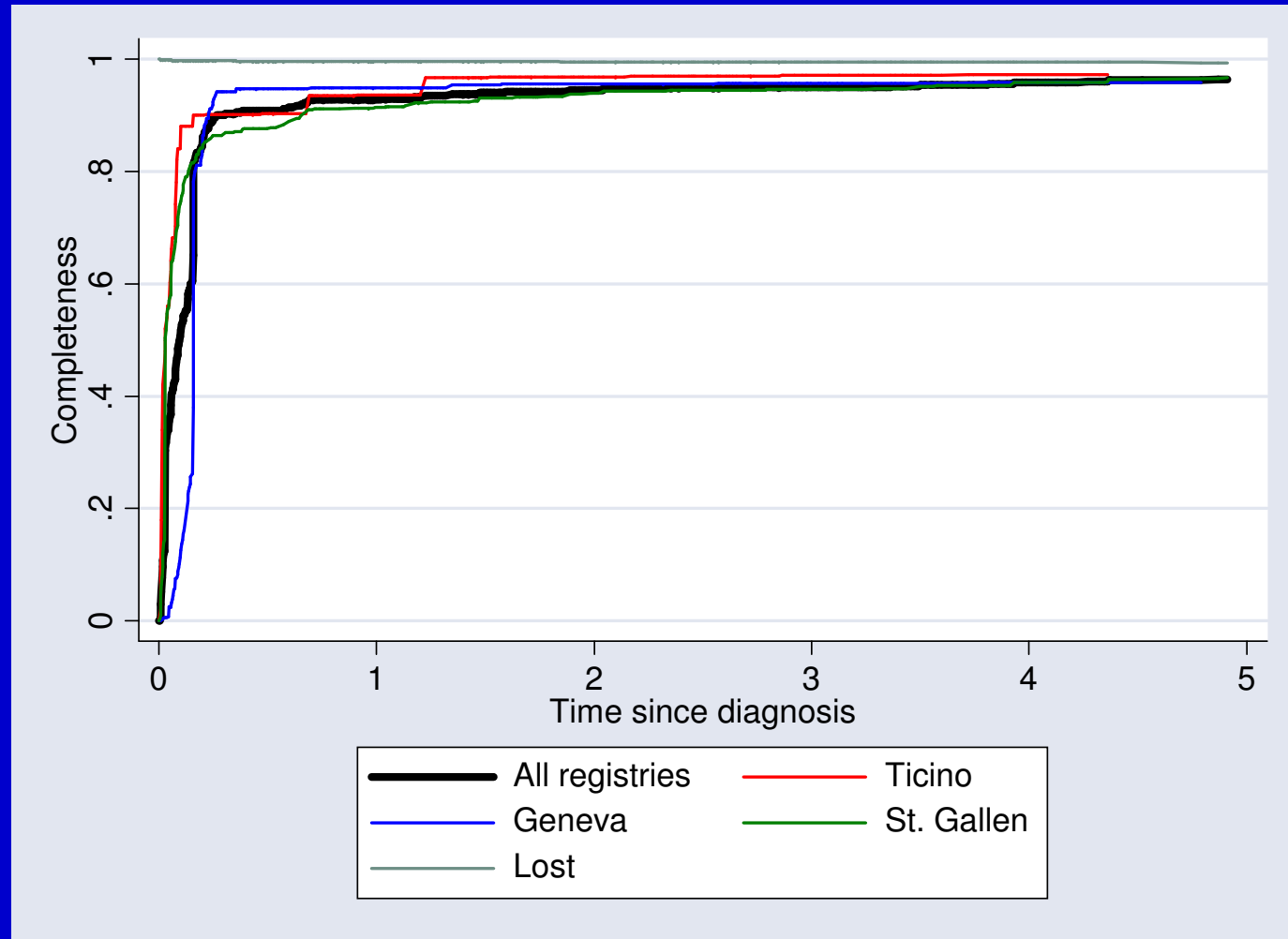


# 5-year completeness estimate

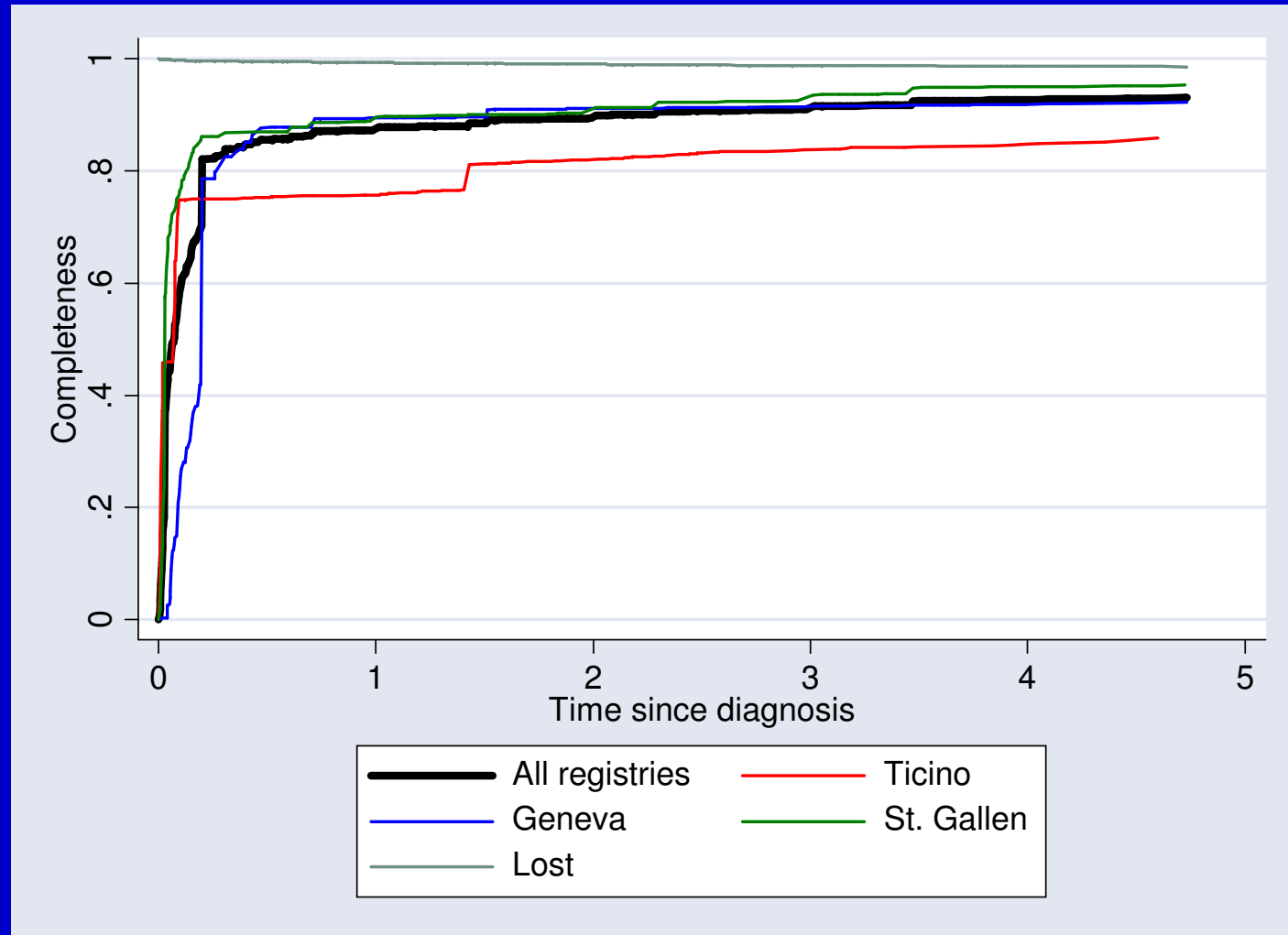
## Respiratory system tumours (C30-C39) – By registry



# 5-year completeness estimate Female tumours (C50-C58) – By registry

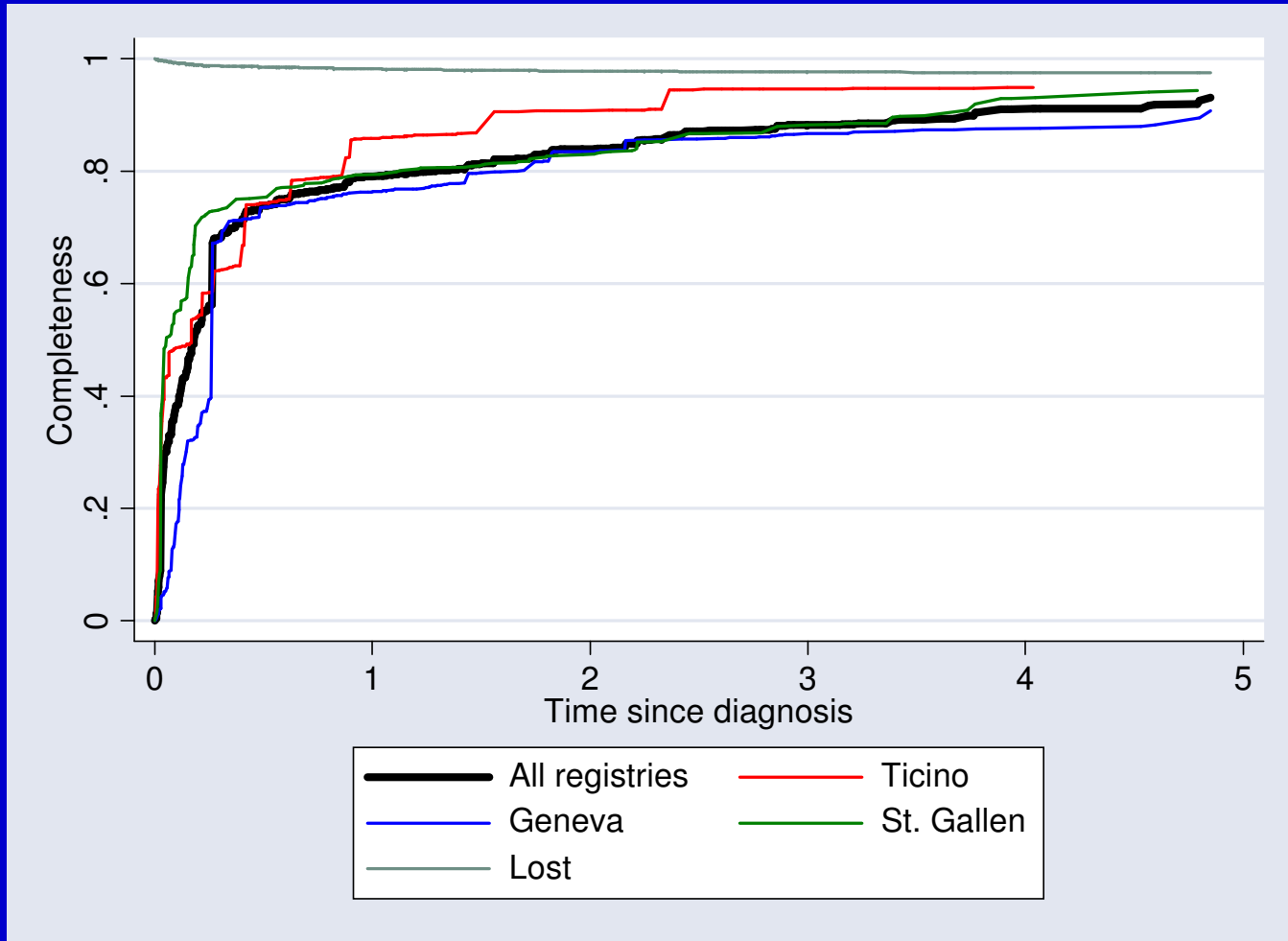


# 5-year completeness estimate Male tumours (C60-C63) – By registry



# 5-year completeness estimate

## Haematolymphopoietic system (C81-C96) – By registry



## Discussion about method: main requirements

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- The date when each cancer is first registered must be systematically recorded (and never changed)
- **Death certificate** (mortality data from OFS), mentioning cancer or not, must be received
- **Follow-up** must be completed at the index date, including causes of death (*problem with Valais*)
- Knowledge of whether each case is a **DCI**, aimed to estimate the survival time for **DCOs** (*optional*: DCOs can be excluded from analysis)

# Discussion about results

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- Globally, no difference between Swiss registries, with early completeness
- Differences among registries and by site should be investigated
- Delay in recording of some cancer sites in some registry could be “physiological” and not improvable

# Conclusion

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- Flow method came out as a good tool to evaluate the completeness of cancer registration (at least in Switzerland).
- Main advantage of the method: it allows to show the relationship between TIME and completeness
- Other facilities:
  - Evaluation of the quality of registration activity and identification of lacks or not expected delays
  - Estimation of readiness and reliability with which CR data could be disseminated (ex. in Switzerland, 90% of cases was registered not later than 1 year after diagnosis)