

Press release: The Board of the Czech Oncological Society strongly protests against the outcomes of the EUROCARE-4 study.

On 22th August 2007, the Czech public was misinformed about the allegedly poor treatment results of the Czech oncology, which had been published in the EUROCARE-4 study in the [Lancet Oncology](#) journal (Richards M. 2007. EUROCARE-4 studies bring new data on cancer survival. *Lancet Oncol* 8(9):752-753.). This study compares data about the five-year survival of patients diagnosed in 1995–1999 and subsequently followed-up until 2003 in selected European countries. A subsequent study brings then updated data about the survival in 2000–2002. And indeed, in a number of cancer diagnoses, a relatively poor survival is reported for the Czech Republic in comparison to the most advanced European countries.

The leadership of the [Czech Oncological Society](#) strongly protests against these outcomes and rejects them. Each published outcome has to be assessed and considered in relation to the original input information. For the purposes of EUROCARE-4 study, totally irrelevant and non-representative data had been reported for the Czech Republic, as will be demonstrated below. The foreign authors, however, are not to be blamed, as they processed officially reported data from the Czech Republic and had no reason to challenge it. The administrator of national cancer data is at fault, i.e. the Institute of Health Information and Statistics of the CR (UZIS), respectively the Czech Ministry of Health, which was officially responsible for the transmission of these data. An UZIS employee, J. Holub, is mentioned as the responsible person in the official publications of the EUROCARE-4 study. As results from the dates, this failure occurred before the parliamentary election in 2006, i.e. under the former leadership of the Czech Ministry of Health. It is rather tragic that this has not happened for the first time: there had been similar problems with Czech data at the time of publication of EUROCARE-3 study in 2003. Despite very strong protests from the Czech Oncological Society, no measures have been apparently adopted to remedy the situation.

Since 1977, the Czech Republic maintains the National Cancer Registry, which ranks among the largest and top-quality European databases. Moreover, it is a representative and comprehensive database, containing data on all patients over the whole monitored period. The maintenance of this database is stipulated by law and is obligatory. The registry contains more than 1.4 million records over the whole monitored period, and more than 270.000 records over the years 1995–1999 (i.e. the period monitored by the EUROCARE-4 study). Nevertheless, only records from Western Bohemia had been transmitted as the official data for the EUROCARE-4 study; and once again, this had apparently been done in a non-representative manner. The international publication cited above mentions 19.423 records provided for this region; nevertheless, the National Cancer Registry contains 24.257 records over the period 1995–1999 for both Plzen Region and Karlovy Vary Region. Similar discrepancies can be found in other data, too, which had been officially provided from the Czech Republic for the purposes of subsequent analysis over the period 2000–2002.

Most countries involved in the EUROCARE-4 study provided comprehensive, thus representative data from the entire national territories, covering 100% of population. As for the Czech Republic, the EUROCARE-4 study mentions only 8% of population. The transmitted data therefore describe only a very small portion of the Czech National Cancer Registry, and generally of the Czech Republic. Under no circumstances can these data be generalized over the whole territory of the Czech Republic. The nationwide data, which are available on a long-term basis, had not been transmitted to the study. The data transmission had neither been consulted with the Czech Oncological Society.

The Czech Oncological Society will now take measures to remedy the situation. The Czech oncologists are monitoring cancer treatment results on a long-term basis, so data describing the entire Czech population are available. These relevant outcomes exceed the European average in a number of diagnoses, justifying the big investments of the Czech government into the cancer treatment. The attached table mentions survival rates for some cancer diagnoses, computed by the same method that has been used in the EUROCARE-4 study. The complete overview of therapy results for all cancer diagnoses has been published in March 2007 in the Czech journal "Klinická onkologie".

Five-year survival of cancer patients in the Czech Republic

(results for selected diagnoses over the period 1995–2003; valid records from all types of health care facilities are involved; age-standardized data).

Selected diagnoses	Five-year survival in the Czech Republic		Five-year relative survival reported for Europe in the EUROCARE-4 study (patients diagnosed in 1995-1999)
	Patients with anti-cancer therapy	All patients *	
C50: Breast (women)	80,3 %	78,8 %	79,5 %
C18-C21: Colon and rectum	57,1 %	49,5 %	53,5 %
C43: Melanoma of skin	84,1 %	83,3 %	85,4 %
C34: Bronchus and lung	13,1 %	9,9 %	10,2 %

** A certain percentage of tumours is diagnosed in very advanced state, which does not allow the application of anti-cancer therapy; in other cases, the anti-cancer therapy is made impossible by the patient's health condition or is even rejected by the patient himself. Therefore, the analysis made on the group of "all patients" provides comprehensive population data, but the actual health care quality in Czech health care facilities is described by therapy results in patients who have undergone anti-cancer treatment.*

The objective of this press release is to stop spreading the misinformation on poor treatment results in cancer patients in the Czech Republic. This is a very serious issue, both from the professional and human point of view. There are hundreds of thousands of cancer patients in the Czech Republic; these people and their relatives must be spared of the psychological harm, caused by spreading such alarming news. We declare that the Czech oncology has been steadily improving its therapy results in the last 15 years; these results are now comparable with other European countries and even exceed slightly the European average in some diagnoses.

Of course, this does not mean that problems do not exist. A high percentage of malignant tumours is still diagnosed in an advanced state, where the expectancy of long-term survival is significantly decreased. These problems, however, are generally encountered in any other European country. The Czech Oncological Society is going to cooperate with the current leadership of the Czech Ministry of Health Care, and all necessary measures will be done in order to provide trustworthy information to the Czech public and to prevent repeating such serious misinterpretation of national cancer data.

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