Steady progress against cancer has been made on many fronts, but the extent and pace of advances are still hotly debated (1). The issue is not new. Faced with the same controversy a decade ago, the U. S. Senate Appropriations Committee asked NCI to convene an expert committee to evaluate available measures of progress against cancer. An Extramural Committee to Assess Measures of Progress Against Cancer carried out the charge of the Senate, and its findings are still relevant today (2). The report identified both direct and indirect measures of progress. The direct measures are cancer incidence, survival and mortality rates. Secular trends in the decline of cancer mortality rates are considered the major measures of progress.

Improvements in cancer survival rates are also indicators of progress in detection and treatment practices, but these measures are sensitive to lead time bias and length bias. Population-based SEER data show that cancer survival rates have improved steadily in recent decades. Five-year relative survival for all cancers combined (other than carcinoma of the skin) has risen from 35% in 1965–69 to 58% in 1986–93. Relative survival, rather than absolute survival, is assessed in order to adjust for competing causes of death from non-cancerous conditions. However, reliable statistics are scanty beyond five years of follow-up of adult cancer survivors. To generate meaningful results, large numbers of patients need to be followed for extended periods of time.

In this issue, Wingo and her associates at the American Cancer Society and NCI provide new data on long-term survival for four major forms of cancer (3). The findings should be of interest not only to oncologists and epidemiologists, but also to health services researchers, health care planners and payers, legislators, cancer survivors, and cancer information, support and advocacy organizations.

Wingo’s report quantifies the survival of more than 600,000 individuals with breast, prostate, colorectal, and lung cancers enrolled in the SEER Program from 1974 to 1991. Relative survival and conditional relative survival rates are presented for up to 15 years of follow-up observation. The data reveal interesting changes in tumor-specific relative survival rates with duration of follow-up. At five years after diagnosis, relative survival rates are highest for prostate and breast cancers, intermediate for colon cancer and, of course, lowest for lung cancer. Thereafter, conditional relative survival rates are favorable for all four types of cancer. An analysis of age-specific data confirms prior reports of lower survival rates for early-stage breast cancers among women diagnosed before age 45. In contrast, older patients with early-stage lung and prostate cancers have lower relative survival rates than younger patients. These tumor- and age-specific differences in survival might be biologically determined.
over the next five years. Survivorship research will undoubtedly be high on the priority list. Young investigators beginning their careers might wish to explore untapped opportunities in this emerging research area.

References


Long-term survivors of cancer.
F P Li and E L Stovall

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