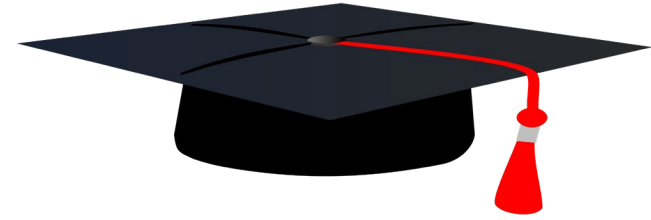


What we have learned today



- Rules have been drafted -
- The levels of recurrence will depend on the ability to detect disease eg frequency and type of imaging.
- There is a costs to registries- extra funding may be required
- Phenomics provide best distinction of difference (stage, age, comorbidity, socioeconomic group) while investment in genomics continues.

The road ahead



- NEED TO
- Agreed rules- will have consultation across Europe over next months
- Dates for events very important
- Training regarding definitions, processes analysis important
- Encouraging use of multiple sources eg claims data (USA) and verification
- International agreement??

Posters including recurrence - Tuesday

- **Poster A-62-13**
- Advancements in the e-KRN+: Insights into Cancer Recurrence, Progression, and Transformation in **Polish** Cancer Registries Tuesday
- **Poster A-61-13** Cumulative incidence of first recurrence after curative treatment of stage I-III colorectal cancer - **Norway**
- **Poster A-52 | 3**
- Filling the information gap: estimating distant cancer recurrence at population-level from administrative data- **Denmark**

Posters continues - Tuesday

- Poster A-6 | 1

- Impact of COVID-19 pandemic conditions on disease progression and prognosis of patients with malignant melanoma Frederik Peters
Hamburg

- Poster A-44 | 2

- Predicting second breast cancer using patient-level data from two population-based Swiss Cancer Registries

Thanks- working group, this workshop's expert speakers and contributions from the audience





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