

# Outline for the Recurrence Workshop

- Examples of registry work in this area
- Results of a European Registries survey
- For guidance- Definitions
- Algorithms for solid and haematological malignancies
- Advice re-recording of date , basis and location - local/regional/distant
- List of data items for collection Tiered – essential/recommended
- Opportunities for discussion

# To date- How was the guidance created?

ENCR and JRC held 10 virtual meetings with cancer registry experts (15+ registries) with an interest in recurrence/progression and transformation to create guidance and understand more what is happening in this field across Europe:



# WHY - To improve knowledge and outcomes for patients as cancer survival improves.

- To establish levels for service planning and facilitate new treatments
- To Improve patient pathway structures post diagnosis and provide best care for patients.
- To facilitate research and discovery

# Opportunities for Discovery

- Effects of various treatments on Rates of Recurrence
- Do different Genetic Profiles have different recurrence rates-link with biobanks
- Effects of lifestyle eg tobacco, exercise, diet on recurrence
- Identification for clinical trials and application to the population
- Prevention of adverse outcomes by identifying subgroups at risk

# Guidance Aim

- to provide guidance to **population-based Cancer Registries** on recording of Cancer Recurrences, disease progression and transformations
- Has been considered in the past but without any guidelines

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# From a European/ USA workshop in 2019

- Recurrence information important for patients and clinicians
- As technology advances, how recurrence will be defined will change eg tumour DNA, detection of tumour cells
- The levels of recurrence will depend on the ability to detect disease eg frequency and type of imaging.
- Lots of funding for genomics but phenomics provide best distinction of difference (stage, age, comorbidity, socioeconomic group)
- Imaging more important than Pathology but Negative biopsies also very important
- UTAH working on Recurrence/Progression breast, colorectal, ovarian and late stage melanomas also Netherlands, Belgium, England and Australia