Access to effective early detection and cancer treatment can substantially improve survival for cancer patients and reduce the survival gap worldwide.

Overall improvements in early detection and treatment have greatly improved average survival of cancer patients worldwide over the past several decades; however, prognosis still varies markedly depending on where a patient lives. Survival differences are also marked within regions. Within sub-Saharan Africa, for example, overall observed survival of women diagnosed with breast cancer is about 30% higher in patients residing in high Human Development Index (HDI) countries than in those residing in low HDI countries. This is in part because breast cancer patients in the low-HDI countries are more likely to be diagnosed at a later stage and less likely to receive the appropriate treatment. In addition to variation between countries, within-country differences have also been reported. For example, in the United States, black cancer patients have lower survival than non-Hispanic white patients.

NET SURVIVAL is a measure of the probability of surviving the cancer diagnosis that is comparable to survival in the general population for differences between countries, and it provides the basis for the comparison of survival across cancer registries. NET SURVIVAL is not age-standardized for comparability between countries with different age distributions.

ACCESS CREATES PROGRESS

The number of population-based cancer registries that are able to provide high-quality survival statistics is lacking but has grown over the last decades, providing national and global evidence to improve effectiveness of health care systems.

Improved population awareness about cancer symptoms, better access to diagnostic services, and adequate care are key. Universal Health Coverage is one strategy to achieving this. (see 40, Universal Health Coverage). The implementation of universal health coverage in Thailand in 2002 may at least partly account for the increase in the 1-year breast cancer survival proportion, from 44% for patients diagnosed from 1995 to 1999 to 75% for those diagnosed from 2010 to 2014. Cancer patient survival benchmarking is an important tool for advocacy to ensure equitable cancer care. Global initiatives assessing international cancer survival include EUROCORD, a cross-European project since 1995, the International Cancer Benchmarking Partnership, involving high-income countries with similar health systems, CONCORD, which collects and reports data from all countries worldwide, and SURVCAN, which aims to improve data and capacity for survival estimation in Africa, Asia, and South America, including an initiative with the African Cancer Registry Network to expand population-based survival estimates in sub-Saharan Africa. Unfortunately, high-quality data remains scarce. Figure 4.3 Improving the quality and availability of population-based survival data is essential to ensuring effective monitoring of progress in cancer control.

Five-year net survival (%) in patients diagnosed with breast cancer in the USA in 2009–2015 by race/ethnicity. The number of population-based cancer registries that are able to provide high-quality survival statistics is lacking but has grown over the last decades, providing national and global evidence to improve effectiveness of health care systems.