



European Network of Cancer Registries

Workshop 4

Best Practices for Implementing Quality Check Software and Reporting Tools: Lessons Learnt from NORDCAN, and future direction

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Pick a data visualization

Incidence/Mortality



Trends



Age-specific



Cohorts



Maps



Bar charts



Tables



EAPC



Population pyramids

Incidence/Mortality

Prevalence

Survival

Predictions

Quality tables

New

Prevalence



Prevalence - Trends



Prevalence - Tables

Predictions



Predictions - Trends



Predictions - Cohorts



Predictions - Age specific

New



Predictions - Bars



Predictions - Tables

Survival



Survival - Trends



Survival Age Specific - Trends

New



Survival - Bar charts



Survival Age Specific - Bars

New



Survival - Tables



Survival improvements

Quality tables



Quality tables (Incidence)

New



Quality tables exclusion (Incidence)

New

Display Options

Display by
 Population

Statistics
 ASR (Nordic)

Measures
 Incidence Mortality Inc./Mortality

Sexes
 Males Females By sex Both sexes

Cancer sites (1) Grouped
 All sites

Populations (7) Grouped
 Denmark Finland Iceland
 Norway Sweden
 Faroe Islands Greenland

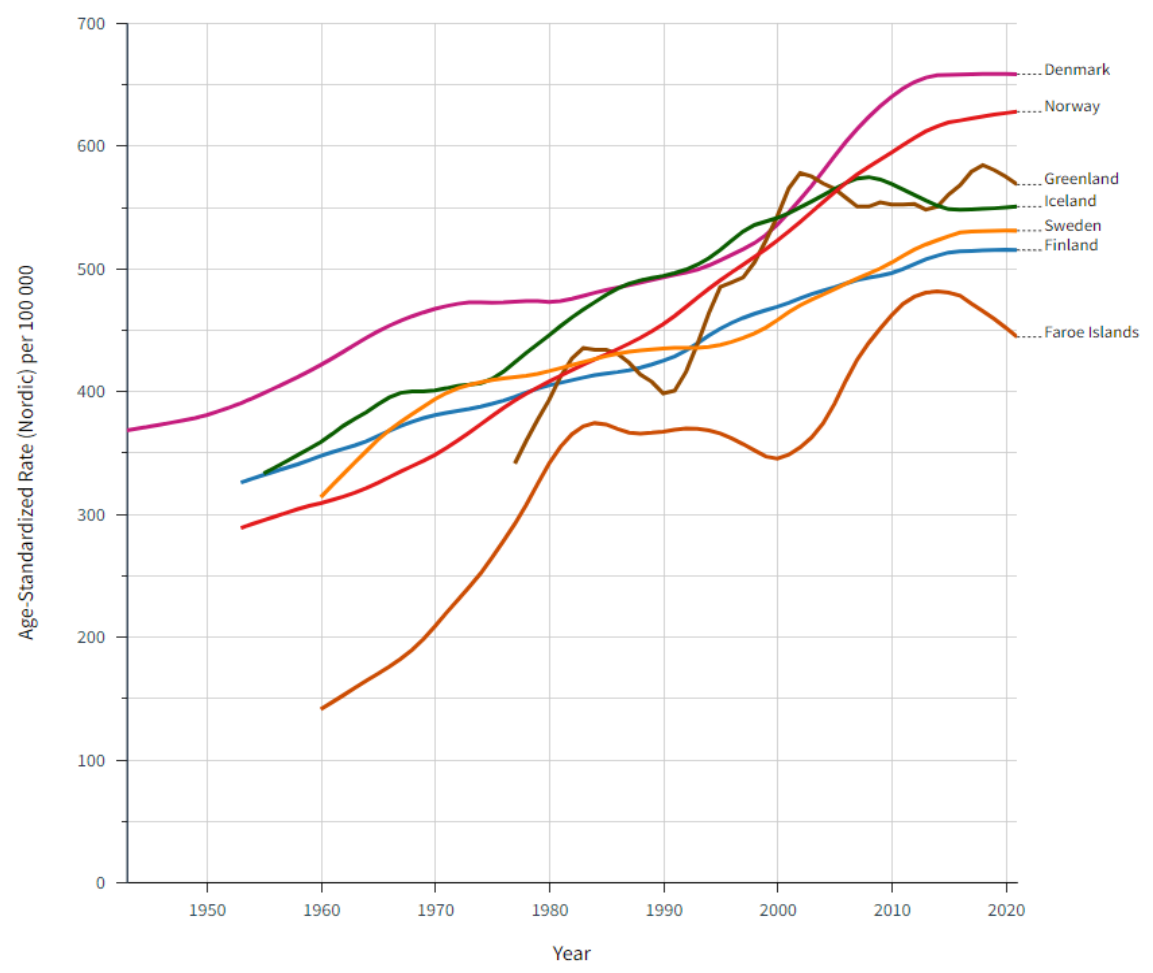
Age groups
 0 85+

Years
 1943 2021

Re-initialize all values

Age-Standardized Rate (Nordic) per 100 000 , Incidence, Both sexes

All sites
 Denmark - Faroe Islands - Finland - Greenland - Iceland - Norway - Sweden



Lines are smoothed by the LOESS regression algorithm (bandwidth: 0.2)
 NORDCAN | IARC - All Rights Reserved 2023 - Data version: 9.3 - 23.06.2023

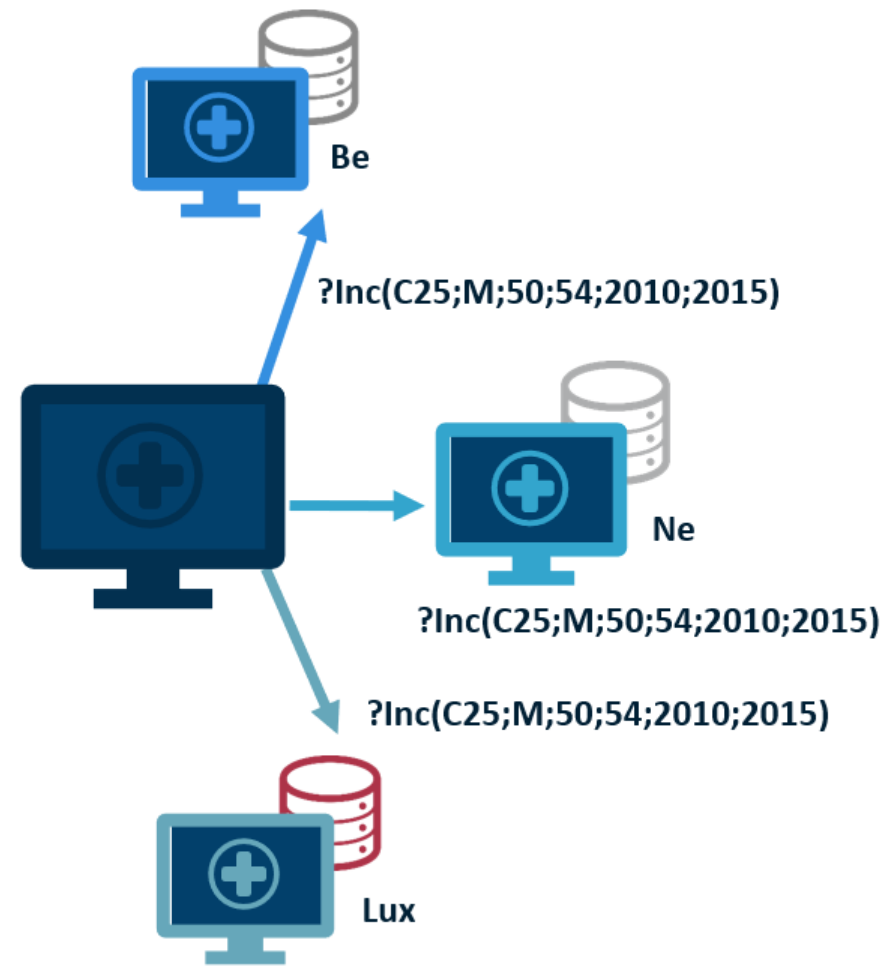
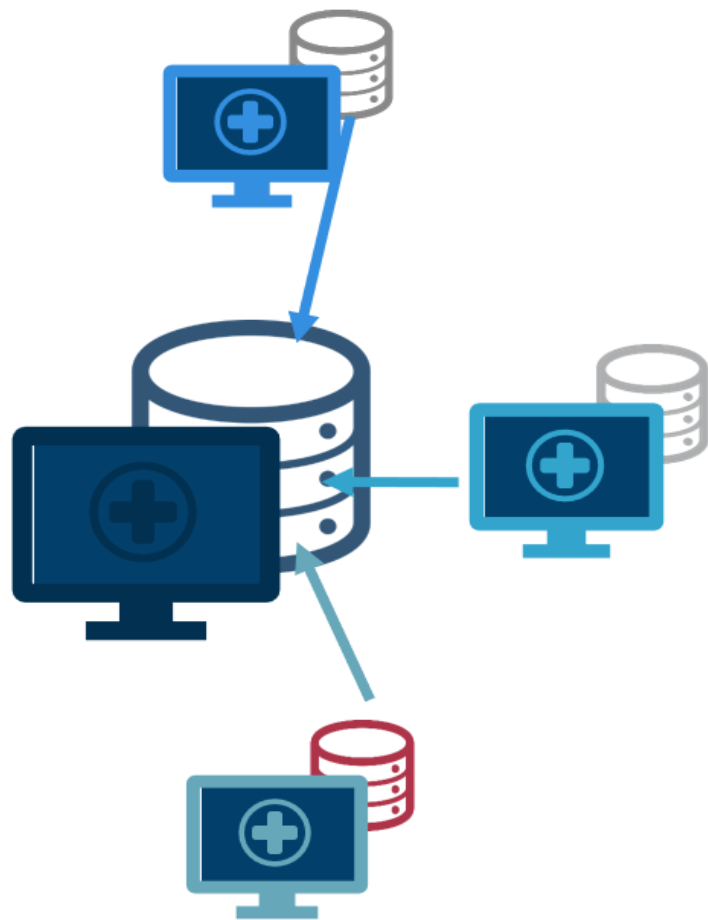


GDPR and legal issues

- In effect since 2018
- Strengthened standards for sharing personal data
- Country-specific legislation/regulations
 - Data minimization
 - Broad purposes
- We could now only share anonymous data with IARC
- We had to rethink our data flow!

Centralized approach

Federated approach



The basics

- Common data model
- Harmonized standards (and practices)
- Nordcan.R: R-scripts + Stata + IARCcrgTools
- Definition of the output
- Means for quality control

```
#####  
## NORDCAN data processing starts ...  
#####  
  
## The processing includes 5 sections:  
## (1) Manually specify the paths of 'IARCcrgTools', 'STATA',  
##     raw data (cancer record, etc.), and set up NORDCAN global settings  
## (2) Import raw data into R, and pre-process the cancer record (with IARCcrgTools)  
##     & cancer death count data.  
## (3) Generate the NORDCAN statistics tables. This section is time consuming.  
## (4) Compare the new-calculated statistics tables with an older version.  
## (5) Save result for archive and sending.  
  
## To run survival analysis, the disk where STATA is installed should has 2GB  
## free space at the minimum!  
  
#####  
## (1) Manually specify the paths & NORDCAN global settings  
  
path_IARC <- "C:\\Program Files (x86)\\IARCcrgTools\\IARCcrgTools.EXE"  
path_STATA <- "S:\\Prog64\\Stata\\Stata18MP\\StataMP-64.exe"  
  
## paths of raw dataset  
file_incidence <- "P:\\Dataflyt\\nordcan\\data\\2021\\incidence_2021.csv"  
file_lifetable <- "P:\\Dataflyt\\nordcan\\data\\2021\\national_population_life_table_2021.csv"  
file_population <- "P:\\Dataflyt\\nordcan\\data\\2021\\population_2021.csv"  
file_mortality <- "P:\\Dataflyt\\nordcan\\data\\2021\\mortality_2021.csv"  
  
## path of population projection data  
## (if there is no such file, just leave it as it is).  
file_pop_proj <- "P:\\Dataflyt\\nordcan\\data\\2021\\population_projection_2021.csv"  
  
## directory for saving the output of NORDCAN processing.  
dir_result <- "P:\\Dataflyt\\nordcan\\user\\ansk\\nordcan_9.3.1.3\\results"  
  
## directory for holding the archived (.zip) result.  
dir_archive <- "P:\\Dataflyt\\nordcan\\user\\ansk\\nordcan_9.3.1.3\\archive"  
  
## path of previous archived statistics result (.zip) to compared with.  
stats_archived <- "P:\\Dataflyt\\nordcan\\archive\\nordcan_9.2_statistics_tables.zip"  
  
## Set up global settings.  
## Remember to modify the 'participant_name' and 'last_year...'  
nordcancore::set_global_nordcan_settings(  
  work_dir = dir_result,  
  participant_name = "Norway", # need to be modified  
  first_year_incidence = 1953L,  
  first_year_mortality = 1953L,  
  first_year_region = 1953L,  
  last_year_incidence = 2021L,  
  last_year_mortality = 2021L,  
  last_year_survival = 2021L  
)
```

Steps of the script



Install packages, set basic settings

Read files, set country-specific and on-prem settings

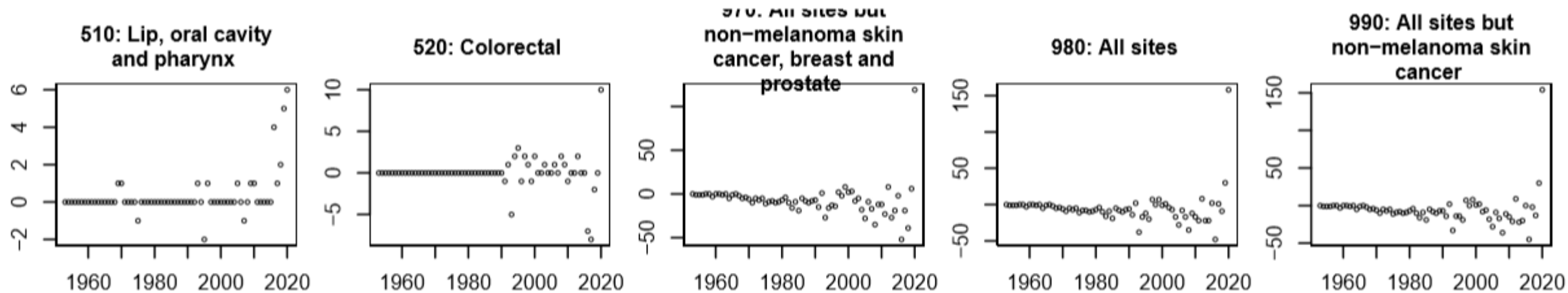
Quality assure and enrich
(through IARCcrgTools and other functions)

Run analysis

Compare to archived file

Export zip-file with output

Example of quality control tools



Pros and cons

Advantages

- Sharing only anonymous data with IARC
- GDPR compliant: no individual data leaves the CRs
- User can immediately check results and quality assure and, if necessary, make new, corrected input data
- Data managers who know their data well
- Building on core CR variables with long history of use and standardisation

Disadvantages

- Not a «real» federated setup
- No pooling of data
- Mainly suited for less complex datasets
 - Establishing a common ground for many variables is difficult
- Strict rule of anonymity in output

Building the foundation

Nordcan.R is a pragmatic first step

Foundation for further development

- Federated analysis
- Federated learning
- Synthetic data

The Nordic countries have:

- population of above 27 million people (2021)
- 70-year history of quite harmonized cancer registration.



Building the future



European collaboration in FLORENCE project Using AI to improve treatment of patients with colorectal cancer



Intelligent ecosystem to improve the governance, the sharing, and the re-use of health data for rare cancers





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Nordcan.R: a new tool for federated analysis and quality assurance of cancer registry data

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Aim of the article: We present our new GDPR-compliant federated analysis programme (nordcan.R), how it is used to compute statistics for the Nordic cancer statistics web platform NORDCAN, and demonstrate that it works also with non-Nordic data.

Materials and methods: We chose R and Stata programming languages for writing nordcan.R. Additionally, the internationally used CRG Tools programme by International Agency for Research on Cancer (IARC/WHO) was employed. A formal assessment of (GDPR-compliant) anonymity of all nordcan.R outputs was performed. In order to demonstrate that nordcan.R also works with non-Nordic data, we used data from the Netherlands Cancer Registry.

Results: nordcan.R, publicly available on Github, takes as input cancer and general population data and produces tables of statistics. Each NORDCAN participant runs nordcan.R locally and delivers its results to IARC for publication. According to our anonymity assessment the data can be shared with international organizations, including IARC. nordcan.R incidence results on Norwegian and Dutch data are highly similar to those produced by two other independent methods.

Conclusion: nordcan.R produces accurate cancer statistics where all personal and sensitive data are kept within each cancer registry. In the age of strict data

<https://www.frontiersin.org/journals/oncology/articles/10.3389/fonc.2023.1098342/full>



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