

ENCR RECOMMENDATIONS

Method of Detection in Relation to Screening

Members of the Working Group:

Dr Leo Schouten, Maastricht University, Maastricht, the Netherlands (Chairman)

Dr Hannes Botha, Trent Cancer Registry, Sheffield, UK

Dr Eugenio Paci, Tuscany Cancer Registry, Florence, Italy

ENCR recommendations for coding Method of Detection in Relation to Screening

The old codes for 'method of first detection' in 'Cancer Registration: Principles and Methods' (p. 56) are no longer considered relevant due to the difficulty in differentiating between a true 'incidental finding' and 'clinical presentation (with symptoms)', and to the currently low proportion of deaths with autopsy ('incidental finding at autopsy').

With respect to screening, evaluation and monitoring of a programme ideally require that the records of the screening programme, and cancer registries, are linked. This allows, e.g, separation of cancers in non-respondents or non-invited individuals.

1. Where feasible, cancer registries should collect a data item called '**Method of Detection in Relation to Screening**'.

- The item has utility only in the evaluation and monitoring of organised cancer screening programmes. It is not useful to record cancer cases detected by unorganised screening programmes, or by opportunistic screening.
- Each registry should define the sites, the screening tests and the populations concerned.
- An 'organised screening programme' is defined as 'men and/or women in an identified population, invited to participate in a screening programme'.
- Each registry should define 'screening', i.e., early detection of disease by a screening test (e.g. for breast it would be mammography, for cervix pap smear, etc.).
- 'Early detection of disease by a screening test' should be defined as the initiation of the diagnostic process by a positive result in the screening test.

2. Where possible, registries should code the **Method of Detection in Relation to Screening** using the following codes:

- 1) Screen detected
- 2) Interval cancer (according to local definition)*
- 8) Other
- 9) Unknown or not applicable

- Whatever codes are used, they should be exclusive (no overlap).

* The time interval between a negative screen and diagnosis should be recorded.