RESULTS

Overall Cancer Burden

- In a hypothetical cohort of 100,000 persons aged 50–79, 1,078 were estimated to be diagonsed with stage IV cancer at the first year, while 22% fewer cancer deaths would be expected (representing an absolute reduction of 71 deaths) (Table 2).
- The greatest absolute reductions in deaths were estimated for lung, colorectal, and prostate cancers, but comparable reductions were estimated for the other cancer types cumulatively.
- Fewer deaths were estimated to be averted for liver and pancreatic cancer.

Stage Shift IV to III Scenario

- If all stage IV cancers were instead diagnosed at stage III, 22% fewer cancer deaths would be expected (representing an absolute reduction of 71 deaths) (Table 2).
- The greatest absolute reductions in deaths were estimated for lung, colorectal, and prostate cancers, but comparable reductions were estimated for the other cancer types cumulatively.
- Fewer deaths were estimated to be averted for liver and pancreatic cancer.

CONCLUSIONS

- Although single cancers, especially lung and colorectal cancer, represent important contributors to overall cancer mortality, multi-cancer approaches may have greater potential impact to reduce cancer deaths.
- Cancer diagnosed at stage IV represents a major contributor to overall cancer burden (Figure 2).
- Detecting cancer before stage IV even modest shifts to stage III, would offer substantial benefit in terms of reducing cancer deaths.

References


**Includes unknown or stage-specific cancers.

The individual cancer contribution to the overall expected cancer deaths within 5 years are shown for each scheme in Figure 1B.