

Mortality: cancer

NICE indicator

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www.nice.org.uk/indicators/ind284

Indicator

Under 75 mortality rate from cancer.

Indicator type

Network / system level indicator. The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

The indicator aims to prevent premature mortality with the aim of lowering numbers to

improve health outcomes. Approximately 23% of cancer deaths thought to be amenable to prevention as a result of health care timeliness and effectiveness.

Source guidance

This indicator is an overarching outcome, supported by a number of NICE guidelines, and national screening programme guidelines:

- [NICE's topic page on cancer](#)
- [NICE's topic page on lifestyle and wellbeing](#)
- [NHS national cancer screening programmes](#)

Specification

Numerator: Number of deaths for which cancer is given as the underlying cause of death, based on the original cause recorded on the death certificate.

Denominator: Mid-year population estimates.

Calculation: Directly age-standardised rate.

Definitions: Cancer uses codes ICD10 C00 to C97. The Office for National Statistics (ONS) publishes the full ICD10 classification available for the [NOMIS explorable dataset](#).

Exclusions: None.

Data source: Primary Care Mortality Database (PCMD) / ONS Mortality data; ONS annual mid-year population estimates.

Expected population size: [ONS \(2024\)'s Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland, mid-2023 edition, MYE1](#), show that for England (2023), 91% (52,380,101 divided by 57,690,323) of people in England were aged under 75: 9,080 per 10,000 patients served by a network. There is no minimum number of patients required for network level indicators. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

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