

A BRIEF OF CANCER SITUATION

WITHIN THE FRAMEWORK
OF HEALTH INSURANCE IN
COLOMBIA, 2021

A brief of cancer situation within the framework of health insurance in Colombia, 2021

CUENTA DE ALTO COSTO
Colombian High-Cost Diseases Fund



A brief of cancer situation within the framework of health insurance in Colombia, 2021

Colombian High-Cost Diseases Fund
Cuenta de Alto Costo (CAC)

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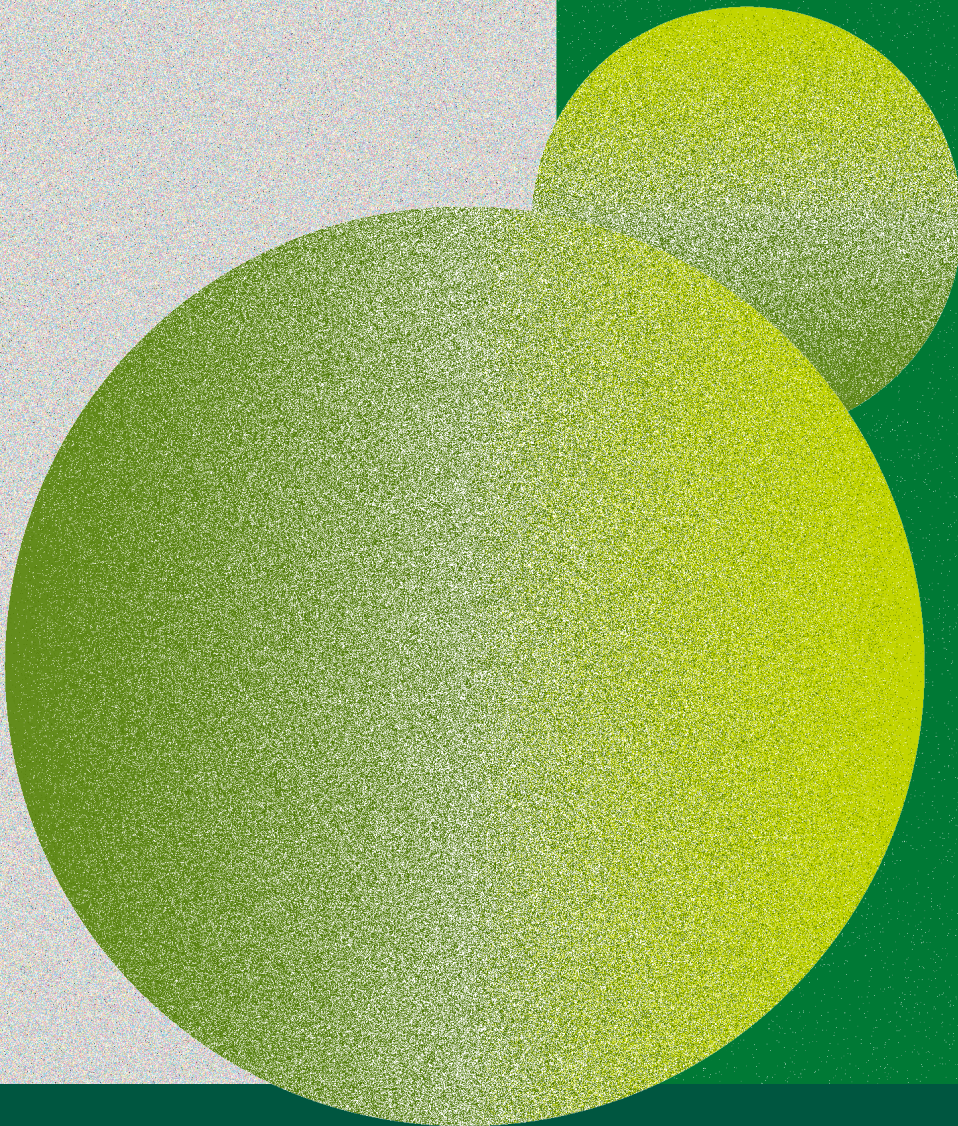
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The full textbook in Spanish of the situation of cancer in Colombia is available [HERE](#)

Abbreviations

- PNCR:** Proportion of new cases reported. For the purpose of this document and a better understanding, it can be interpreted as an equivalent of incidence.
- IQR:** Interquartile range.
- CI:** Confidence interval.
- TNM:** Tumor (T), Nodes (N), and Metastases (M).
- FISH:** Fluorescence *In situ* Hybridation.
- ICD-10:** International Statistical Classification of Diseases and Related Health Problems, 10th revision.
- NHL:** Non-Hodgkin lymphoma.
- HL:** Hodgkin lymphoma.
- ALL:** Acute Lymphoblastic Leukemia.
- AML:** Acute Myeloid Leukemia.

Cancer 1. overview





Period analyzed: January 2nd, 2020 to January 1st, 2021

Abstract

1 Cancer overview



General characterization of cases

416,289 cases of invasive cancer were notified.



95% (n= 37,706) of new cancer cases were invasive.



In people with invasive cancer, 33,600 deaths were notified.

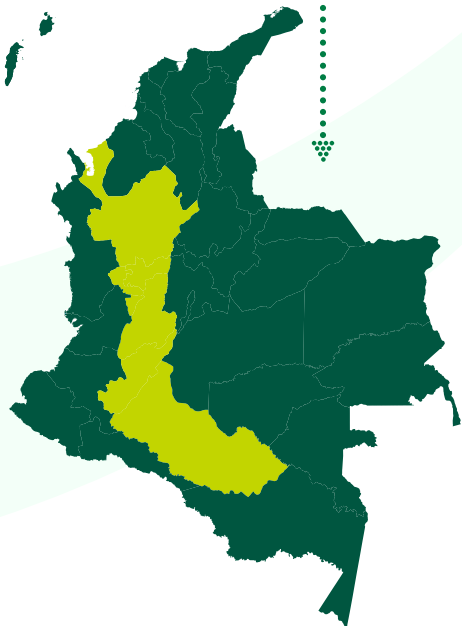
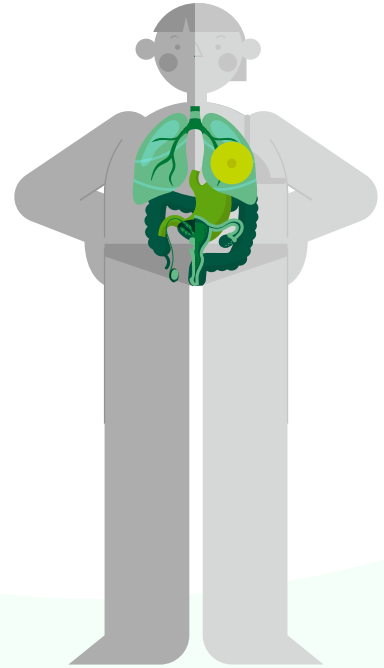
60% of new cancer cases were women.



Median age of new cancer cases was 62 years (IQR: 50 - 72).



66% were insured by the third payer and most of the new cases (32%) lived in the Central region.



Most frequent

types of cancer

among new cases in women were



Breast
(22%)



Cervical
(9%)



Colon and rectum
(9%)

In men:



Prostate
(17%)



Colon and rectum
(10%)



Stomach
(8%)

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Cancer overview

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of invasive cancer



Crude PNCr decreased by 9% compared with 2020.



Age-standardized PNCr was 73 new cases (95% CI: 73 - 74) per 100,000 people.

17% increased crude prevalence compared with 2020



Age-standardized prevalence was 765 cases (95% CI: 763 - 767) per 100,000 people.



Prevalence and PNCr estimations were higher in people under the third payer insurance than those with state insurance. The mortality rate had the opposite trend.



Age-standardized mortality was 65 deaths (95% CI: 64 - 65) per 100,000 people.

The highest age standardized PNCr were observed in

breast, prostate, and colon and rectum cancer

with 23; 10 and 6 new cases per 100,000 people, respectively.

The highest proportion of deaths was observed in men in



Prostate (20%)



Stomach (10%)



Colon and rectum (9%)

In women:



Breast (22%)



Colon and rectum (9%)

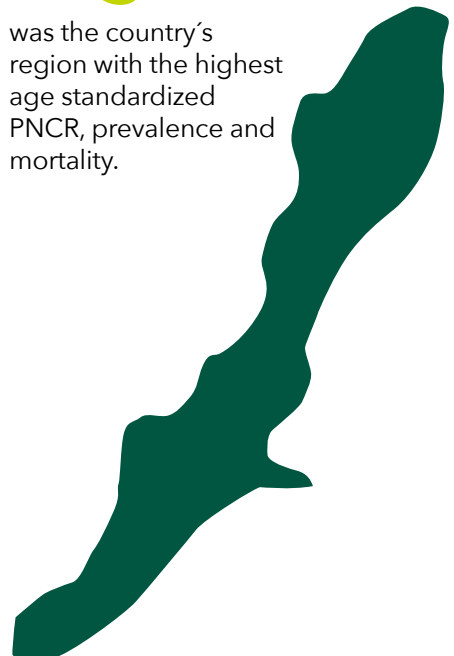


Cervical (9%)

Breast, prostate, and cervical cancer had the highest mortality rates with 15, 13 y 6 deaths per 100,000 people.

Bogotá, D. C.

was the country's region with the highest age standardized PNCr, prevalence and mortality.





Period analyzed: January 2nd, 2020 to January 1st, 2021



Clinical characterization of new cases

91% of new cases were solid tumors
5% were lymphomas and 2% were leukemia.



64% of solid tumors and 65% of lymphomas were correctly staged at diagnosis with the TNM system.



25% of solid tumors staged at diagnosis were at stage II.



68% of lymphomas were diagnosed in advanced stages.



Risk classification was reported in 64% of people with leukemia and 46% of lymphomas.



People with colon and rectum, breast and cervical cancer were mainly diagnosed at advanced stages.



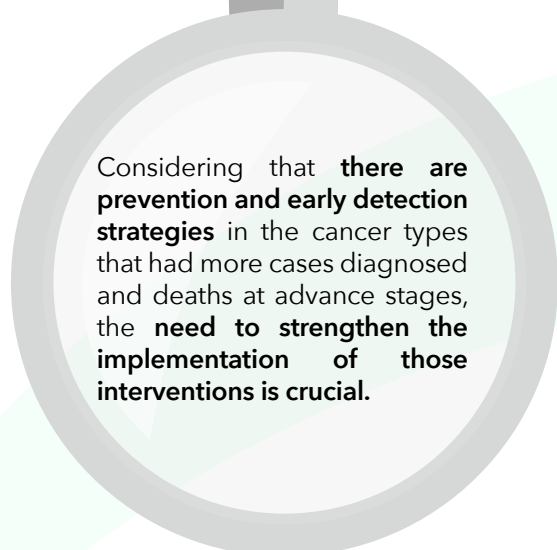
At the national level, median waiting time to diagnosis was 25 days (IQR: 11 - 54) and to the first treatment was 48 days (IQR: 22 - 89).



Systemic therapy was the most frequent treatment (39%), followed by surgery (37%).



Diagnosis and treatment were shortly provided in adults with acute lymphoblastic leukemia with medians of 5 days (IQR: 3 - 11) and 2 days (IQR: 0 - 8), respectively.



Considering that **there are prevention and early detection strategies** in the cancer types that had more cases diagnosed and deaths at advance stages, the **need to strengthen the implementation of those interventions is crucial.**



Prostate cancer had the longest median waiting time to diagnosis with **43 days** (IQR: 23 - 81).



The longest median waiting time to treatment was observed in melanoma with 77 days (IQR: 40 - 112).

Barriers related to cancer risk management from the perspective of actors involved



The compliance to risk management indicator's goals have been a challenge for healthcare providers, identifying administrative, institutional, geographic and knowledge barriers, which directly influence these results.



Certain individual aspects and self-care issues also affect the access to health services and the treatment adherence.

Breast cancer 2.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of breast cancer

6,122 new invasive cases were notified

Age-standardized PNCr was 23 new cases (95% CI: 23 - 24) per 100,000 women.



It was the most frequent among the 11 types of prioritized cancer and continues to be the most common in women (28% of total new cases).

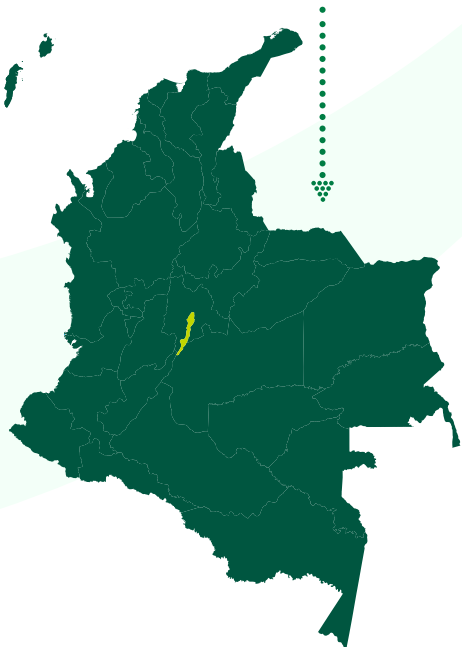


There were 6,593 new cases, 85,112 prevalent cases and 3,966 deaths during the period analyzed.

27% increased the mortality and the PNCr decreased by 8% compared with 2020



The highest morbidity and mortality estimations were observed in Bogotá, D. C. (as a region), and people under the third payer insurance.



From prevalent cases,

80,817 were invasive



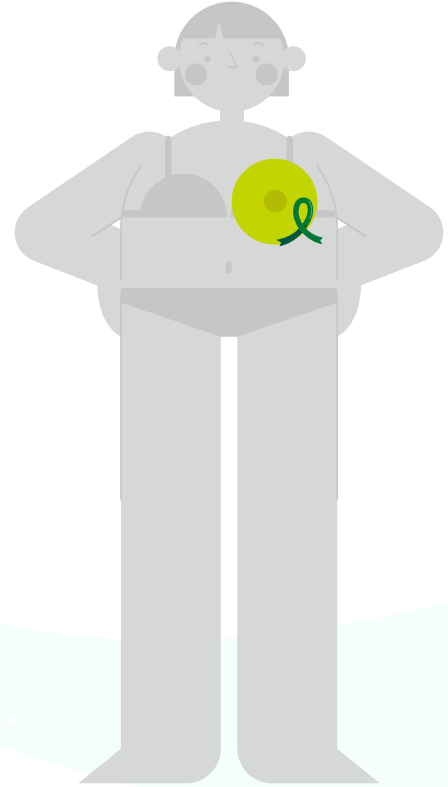
Age-standardized prevalence was 307 cases (95% CI: 304 - 309) per 100,000 women.

There were **3,894** deaths among women with invasive breast cancer

Age-standardized mortality was 15 deaths (95% CI: 14 - 15) per 100,000 women.

Abstract

2 Breast cancer



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Breast cancer

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of breast cancer



Median age was 57 years (IQR: 48-67).

40% of new cases were diagnosed at stage II



93% were invasive and this proportion was higher in women with state insurance (95%).



At the national level, median waiting time to diagnosis was 25 days (IQR: 13-52) and to the first treatment was 53 days (IQR: 32-88).



68% were under the third payer insurance, and most of new cases (29%) lived in the central region.

Systemic therapy was the most frequent treatment,

65% followed by surgery (37%)

The longest median waiting time

to the first treatment was observed in women under state insurance with 70 days, even longer than the national.



Most cases

39% were diagnosed at stage III



in women with state insurance



At the national level, 90% were staged at diagnosis and this proportion was higher in women with special and the third payer insurance.



Most cases (39%) were diagnosed at stage III in women with state insurance.



81% of new cases received HER2 testing, and 71% had a negative result.



From women with equivocal HER2 result, only 35% received FISH test, in compliance with the diagnostic algorithm.



At the national level, median waiting time to diagnosis was 25 days (IQR: 13-52) and to the first treatment was 53 days (IQR: 32-88).



Hormone receptors were tested in 85% of new cases, from which, 65% were positive for both estrogen and progesterone receptors.



Diagnosis and treatment were shortly provided in people with special insurance with medians of 14 days and 36 days, respectively.



Women diagnosed at stage IV were shortly diagnosed and treated compared with those in early stages.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in breast cancer




TNM staging of new cases and early diagnosis were higher in women under the third payer insurance (92% and 50%, respectively) than the state insurance (88% and 32%, respectively), reaching the highest level of compliance.



None of the indicators related with timely access to care reached the proposed goal in either, the third payer, state insurance or at the national level.



Quality measures related with staging and early diagnosis have not achieved the proposed goals at the national level.



On average, waiting time to **access to cancer care** and to the **first treatment** were up to **65 and 32 days**, respectively.

Prostate cancer 3.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of prostate cancer

2,677

new invasive cases notified

Age-adjusted PNCr was 10 new cases (95% CI: 10 - 11) per 100,000 men.



It was the third most frequent among the 11 types of prioritized cancer and continues to be the most common in men (17% of total new cases).

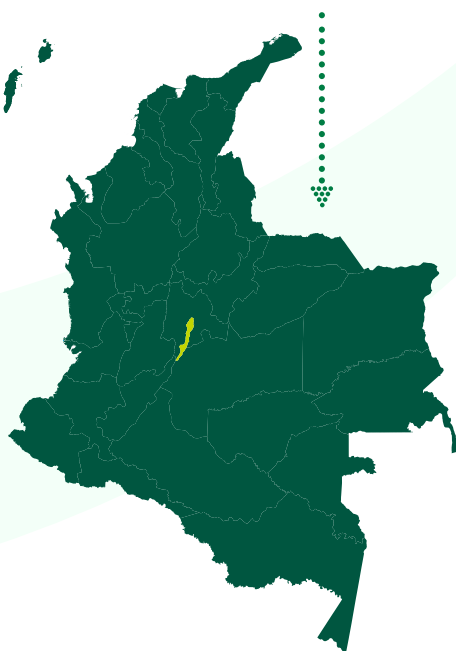


There were 2,691 new cases, 47,588 prevalent cases, and 3,453 deaths during the period analyzed.

53%

increased the mortality compared with 2020 and the PNCr by **29%**, respectively.

All morbidity and mortality estimations were higher in Bogotá, D. C. (as a region), with a tendency that differed among insurance groups.



Of prevalent cases

47,037

were invasive

Age-adjusted prevalence was 179 cases (95% CI: 177 - 180) per 100,000 men.

In men:



there were

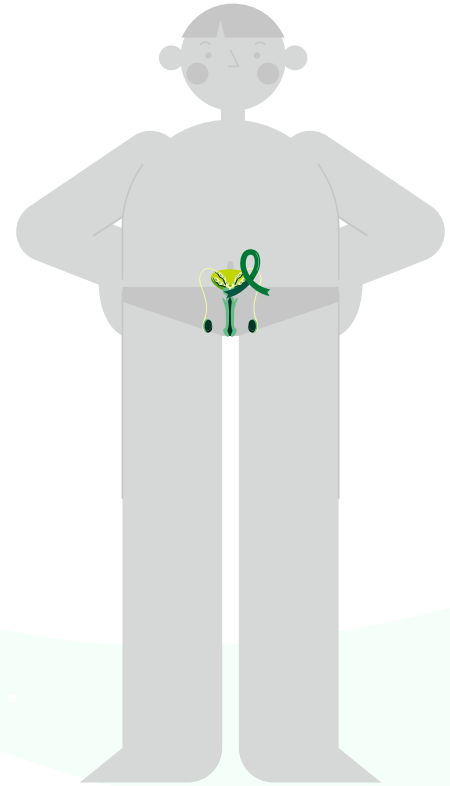
3,391

deaths with  **invasive cancer**

Age-adjusted mortality was 12 deaths (95% CI: 12 - 13) per 100,000 men.

Abstract

3 Prostate cancer



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Prostate cancer

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of prostate cancer



The median age was 69 years (IQR: 63 - 75).



69% were under the third payer insurance and the most of new cases (28%) lived in the Central region.

99% of new cases were invasive and this proportion was higher in the special and exception insurance groups.



At the national level, 78% were staged at diagnosis and this proportion was higher in men with the third payer or state insurance.



Most of the cases (46%) were diagnosed at stage IV in men with state insurance.



At the national level, 86% of the cases had PSA at diagnosis and 79% had it after treatment.

36% of the cases were diagnosed at **stage II**



31% of all new cases were in Gleason group 1.



At the national level, the median waiting time to diagnosis was 43 days (IQR: 23 - 81) and to the first treatment was 70 days (IQR: 30 - 124).



The exception insurance reported the shortest time to diagnosis (median: 29 days); in contrast the first treatment was shortly provided in men under state insurance (median: 64 days).



Men under exception insurance had the longest time to confirm the diagnosis (median: 62 days), and to have access to the first treatment (median: 76 days).

Systemic therapy was the most frequent treatment,

43% followed by surgery (31%).

Cases diagnosed in stage IV had a shorter time to access diagnosis and treatment compared with initial stages.



90% of the cases had a Gleason score

this proportion was higher in the

93%

exception insurance

and

91%

third payer insurance



Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in prostate cancer




At the national level, the targets for the indicators related to TNM staging of new cases and early diagnosis were not met; however, the expected goal of men with a Gleason score was achieved.



TNM staging and early diagnosis were higher in men under the third payer insurance (81% and 65%, respectively), compared to those under the state insurance (76% and 44%, respectively).



None of the indicators regarding access to diagnosis and treatment reached the proposed goal in the third payer, neither in the state insurance nor at the national level.



Nationally, **waiting times to diagnosis and treatment** were on average, **61 and 90 days**, respectively.

Cervical cancer 4.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of cervical cancer

There were

1,562 new invasive cases notified

Age-adjusted PNCR of six new cases (95% CI: 5 - 6) per 100,000 women.



It was the fifth most frequent among the 11 types of prioritized cancer and the second most common in women



There were 2,050 new cases, 24,689 prevalent cases, and 1,587 deaths during the period analyzed.

The mortality increased by

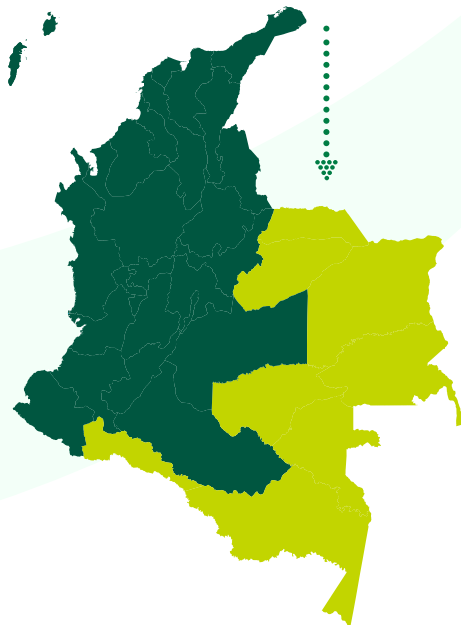
31%

and the PNCR decreased by **22%**.

Compared to 2020.



Prevalence and mortality of invasive cancer cases were higher in the Amazonía-Orinoquía region and in women under state insurance.



Of the total prevalent cases,

18,956 were invasive



The age-adjusted prevalence was 73 cases (95% CI: 71 - 73) per 100,000 women.

There were

1,539 deaths in woman with invasive cancer

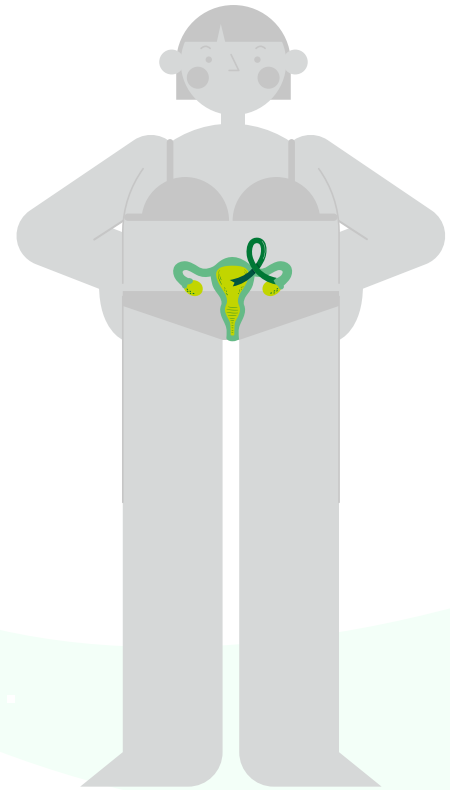
Age-adjusted mortality was six deaths (95% CI: 5 - 6) per 100,000 women.



There were 488 new cases notified as carcinoma *in situ* (by ICD - 10). Age-adjusted PNCR of two new cases (95% CI: 1 - 2) per 100,000 women.

Abstract

4 Cervical cancer



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Cervical cancer

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of cervical cancer



The median age was 46 years (IQR: 37 - 59).



50% of the cases were under the third payer insurance and most of them (24%), were residents of the Central region.

Radiotherapy was the most frequent treatment,

37%

followed by surgery (36%).

According to the ICD - 10,

76% of new cases were invasive

this proportion was higher in women without insurance (93%).



At the national level, 92% were staged at diagnosis; this proportion was higher in people under the exception insurance.



25% were diagnosed with carcinoma *in situ*. Stage III was the most frequent among invasive cases according to the TNM/FIGO staging.

The special insurance reported the shortest time to diagnosis; likewise, the exception insurance delivered the initial treatment shortly.



In women under state insurance

34% were diagnosed at **stage III**



Nationally, the median time to diagnosis was 33 days (IQR: 14 - 70) and to the first treatment was 60 days (IQR: 36 - 101).



Women diagnosed with carcinoma *in situ* and early stage invasive cancer had

shorter waiting times to diagnosis and treatment.

compared to cases at late stages.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in prostate cancer



At the national level, the indicators related to the TNM/FIGO staging of new cases and early diagnosis have not achieved the proposed goals.



Clinical staging of new cases was higher in women under state insurance (86%) compared to those under the third payer insurance (82%), however, the targets were not met.



All country regions did not reached the proposed goals for the indicators measuring access to care; similar results were obtained in women affiliated to the third payer and state insurance, as well as in the national scenario.

Nationally, **time to general cancer care** (from the consultation for symptoms or screening results to the initiation of treatment) **was, on average, 114 days.**

Colon and rectum cancer

5.



Abstract

5 Colon and rectum cancer

Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of colon and rectum cancer

3,222 new cases of invasive cancer were notified

Age-standardized PNCR was six new cases (95% CI: 6 - 7) per 100,000 people.



It was the second most frequent among the 11 types of prioritized cancer.



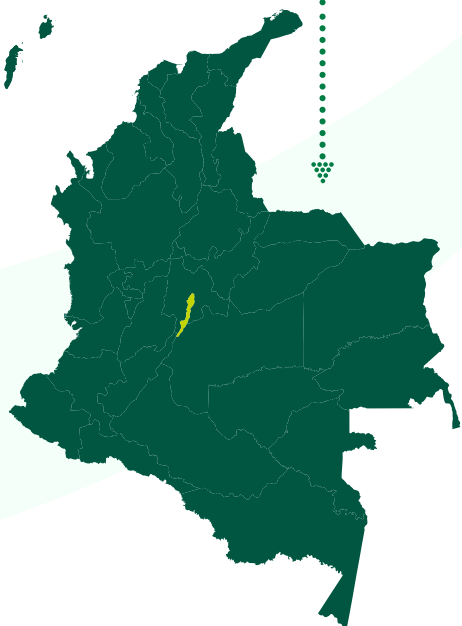
There were 3,267 new cases, 27,109 prevalent cases and 3,081 deaths during the period analyzed.

The mortality ... increased by **27%**

and the PNCR decreased by **6%**.
Compared to 2020.



The highest morbidity and mortality estimations were observed in Bogotá, D. C., and in people under the third payer insurance (except for the general mortality).



Among prevalent cases

26,571 were invasive



Age-standardized prevalence was 51 cases (95% CI: 50 - 52) per 100,000 people.

There were **3,039** deaths among people with invasive cancer

Age-standardized mortality was six deaths (95% CI: 5 - 6) per 100,000 people.



A brief of cancer situation within the framework of health insurance in Colombia, 2021

Colon and rectum cancer

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of colon and rectum cancer



Median age was 64 years (IQR: 55 - 73).



52% were women.

At the national level,

86% of the cases had PSA at diagnosis and **79%** had it after treatment.



99% were invasive and this proportion was higher in people with special and exception insurance.



At the national level, 74% of the cases were staged at diagnosis; this proportion was higher in people under the third payer insurance (77%).



70% had the third payer insurance, and most cases (34%) lived in the central region.

36% of the cases were diagnosed at **stage II**



with a homogeneous distribution among insurance groups.



At the national level, median waiting time to diagnosis was 18 days (IQR: 7 - 35) and to the first treatment was 45 days (IQR: 21 - 78).



The waiting times to diagnosis and initial treatment were shorter in people diagnosed at stage IV compared to those in early stages.

Systemic therapy was the most frequent treatment,

69% followed by surgery (57%).

Diagnosis was shortly accomplished in people with exception insurance (median: 14 days).



The shortest waiting

time to treatment

initiation

was registered in people with

exception

insurance

(median: 33 days).





Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in colon and rectum cancer



Nationally, in terms of early diagnosis the goals established were reached, while the indicator regarding TNM staging of new cases had a lower performance in the last period.



TNM staging of new cases and early diagnosis were higher in people under the third payer insurance (83% and 29%, respectively) than in those under the state insurance (74% and 22%, respectively), reaching the highest level of compliance only for early diagnosis.



With the exception of opportunity to diagnosis, in all regions, none of the indicators related with timely access to care reached the proposed goal; the same trend was registered in third payer and state insurance groups.



At the national level, the waiting **time to diagnosis** and **treatment were**, on average, **27 and 58 days, respectively.**

Waiting time to diagnosis and treatment were generally shorter in people affiliated to the third payer insurance.



Stomach cancer

6.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of stomach cancer

2,113 new cases of **invasive cancer**

Age-adjusted PNCR was four new cases (95% CI: 3 - 4) per 100,000 people.



It was the fourth most frequent among the 11 types of prioritized cancers.



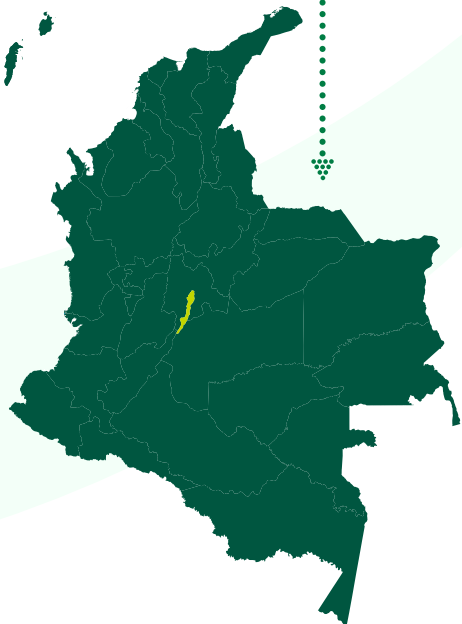
There were 2,137 new cases, 13,340 prevalent cases, and 2,741 deaths during the period analyzed.

The mortality ...
increased by
26%

and the PNCR decreased by **9%**.
Compared to 2020.



The highest morbidity and mortality estimations were observed in Bogotá, D. C., as a region, and in people under the third payer insurance (except for the PNCR).



Among prevalent cases,

13,173 were **invasive**



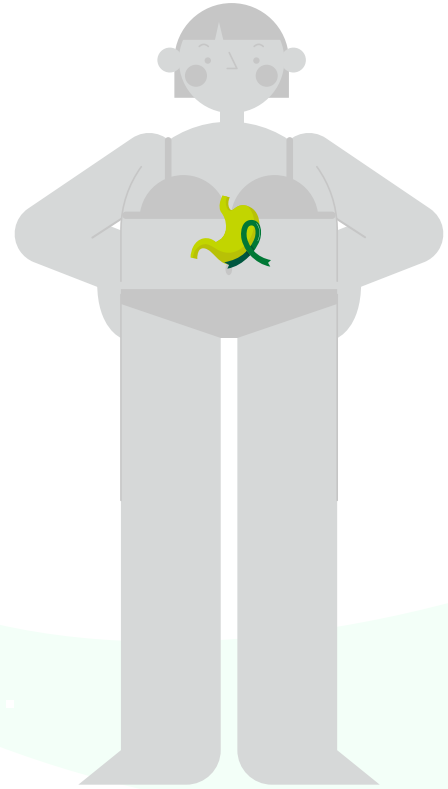
The age-adjusted prevalence was 25 cases (95% CI: 25 - 26) per 100,000 people.

There were **2,718** deaths in those with **invasive breast cancer**

Age-adjusted mortality of five deaths (95% CI: 5 - 6) per 100,000 people.

Abstract

6 Stomach cancer



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Stomach cancer

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of stomach cancer



The median age was 64 years (IQR: 53 - 73).



60% were men.

61% were affiliated to the third payer insurance
most new cases (32%) were residents of the Central region.



99% were invasive with similar proportions registered in all insurance groups.



At the national level, 70% were staged at diagnosis and this proportion was higher in people under the third payer insurance (74%).

50% of new cases were diagnosed at **stage IV**



with a similar distribution among insurance groups.



Nationally, the median waiting time to diagnosis was 15 days (IQR: 6 - 30) and to the initial treatment was 39 days (IQR: 18 - 70).



People diagnosed at stage IV had shorter waiting times to diagnosis and treatment compared to those in early stages.

Systemic therapy was the most frequent treatment,

46%
followed by surgery (34%).

Diagnosis and treatment initiation was shortly provided in people with exception insurance, with a median of 12 and 19 days, respectively.





Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in stomach cancer



The proportion of new cases with TNM staging and diagnosis at early stages was higher among people under the third payer insurance (83% and 21%, respectively) than in the state insurance (69% and 12%, respectively).



Although there were shorter waiting times to diagnosis, the indicator measuring the initiation of treatment did not reach the proposed goal neither in the third payer or the state insurance, nor nationally.



At the national level, the time to diagnosis and treatment were, on average, 22 and 51 days, respectively.

The goal for the **time to access the adjuvant** treatment after surgery **was reached**.

At the national level, **the goal for TNM staging** of new cases **was not achieved**.



Lung cancer

7.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of lung cancer



There were 1,266 new cases, 5,032 prevalent cases and 1,709 deaths during the period analyzed.

1,261 new cases of invasive cancer were notified

Age-standardized PNCR was two new cases (95% CI: 2 - 3) per 100,000 people.

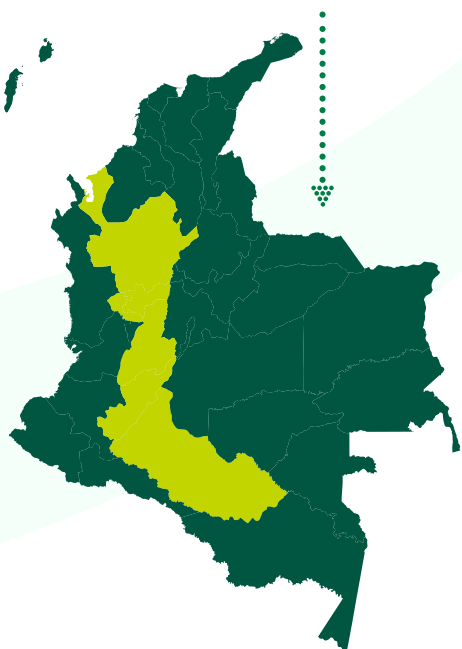


It was the seventh most frequent among the 11 types of prioritized cancer.

15% the mortality increased compared to 2020 and the PNCR decreased by 12%.



The highest morbidity and mortality estimations were observed in the Central region and in the third payer insurance group (except for the general mortality).



Among prevalent cases

4,994 were invasive



Age-standardized prevalence was 10 cases (95% CI: 9 - 10) per 100,000 people.

There were

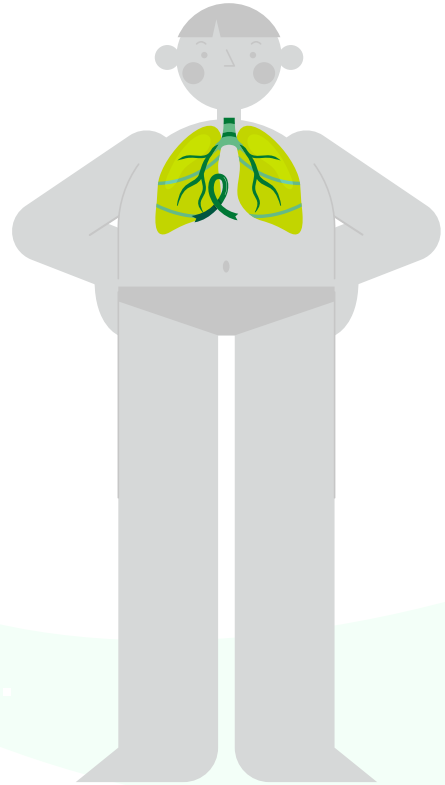


1,702 deaths among people with invasive lung cancer

Age-standardized mortality was three deaths (95% CI: 3 - 4) per 100,000 people.

Abstract

7 Lung cancer



A brief of cancer situation within the framework of health insurance in Colombia, 2021

Lung cancer

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of lung cancer



Median age was 69 years (IQR: 61 - 76).



52% were men.

63% had the third payer insurance and most cases (45%) lived in the Central region.



99% were invasive; this proportion was higher in people with exception (100%) and third payer insurance (99%).



At the national level, 84% were staged at diagnosis and this proportion was higher in people under the third payer and the exception insurance.



76% of new cases were diagnosed at stage IV.

Most people under the exception insurance **80%** were diagnosed at **stage IV**



At the national level, the median waiting time to diagnosis was 23 days (IQR: 10 - 42) and to the first treatment was 36 days (IQR: 15 - 67).

Systemic therapy was the most frequent treatment,

42%

followed by radiotherapy (23%).

Waiting time to diagnosis and treatment initiation were shorter in people diagnosed at stage IV compared to those at early stages.



Despite timely access to diagnosis, **most cases** were diagnosed on **advanced stages**.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in lung cancer



Nationally, the goals for early diagnosis and TNM staging indicators of new cases were not achieved.



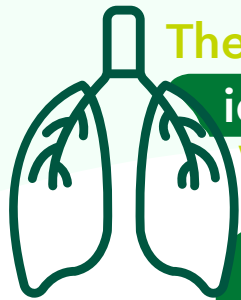
TNM staging of new cases is a particularly critical aspect due to its low performance at the national level (in all regions), as well as in the third payer and state insurance groups.



None of the indicators related to timely access to care reached the proposed goal, neither in the third payer or the state insurance groups, nor at the national level.



Nationally, the waiting time to diagnosis and treatment were, on average, **36 and 48 days**, respectively.



The proportion of new cases identified at early stages... was **higher**

in the third payer insurance (11%), compared to the state insurance (6%), even though the high level of compliance was not reached.

Melanoma



Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of melanoma



There were 530 new cases, 5,906 prevalent cases and 441 deaths during the period analyzed.

384 new invasive cancer cases were notified

Age-standardized PNCR was one new case (95% CI: 0.7 - 0.8) per 100,000 people.

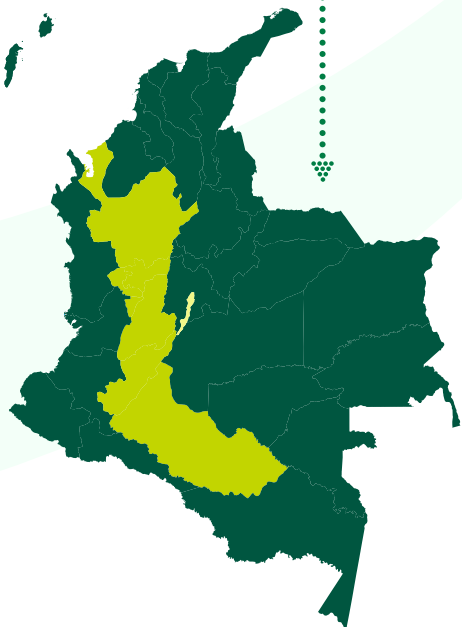


It was the eighth most frequent among the 11 types of prioritized cancer.

30% the mortality increased compared to 2020 and the PNCR decreased by 16%.



The highest PNCR and prevalence estimations were observed in the Central region and in the third payer insurance group, except for the mortality, which was higher among people under the state insurance and that lived in Bogotá, D. C.



Among prevalent cases,



4,471

were invasive



Age-standardized prevalence was nine cases (95% CI: 8 - 9) per 100,000 people.

There were

398



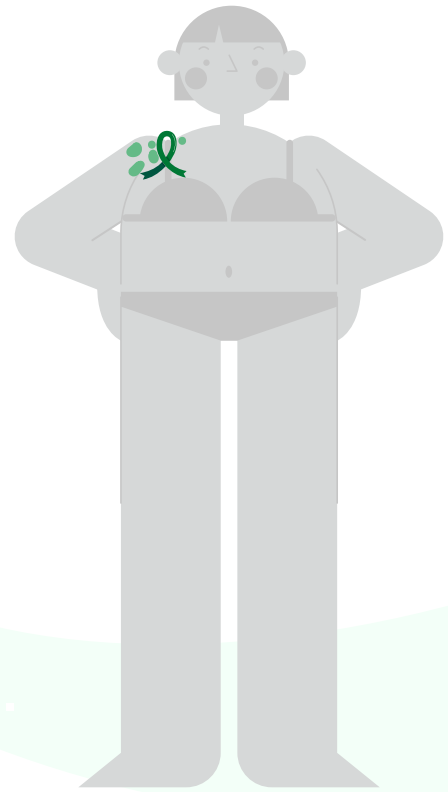
among people with

invasive melanoma

Age-standardized mortality was 0.8 deaths (95% CI: 0.7 - 0.8) per 100,000 people.

Abstract

8 Melanoma



A brief of cancer situation within the framework of health insurance in Colombia, 2021

Melanoma

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of melanoma



Median age was 63 years (IQR: 52 - 72).



52% were women.

74% were affiliated to the third payer insurance and most cases (40%) lived in the Central region.



72% were invasive and this proportion was higher in people under state insurance (87%). At the national level, 71% were staged at diagnosis, with a higher proportion in the third payer (72%) and the state insurance (67%) groups.



Globally, 38% of new cases were diagnosed *in situ*, 45% in the exception and 44% in the third payer insurance groups.

39% of the new cases did not receive Any treatment during the period



At the national level, the median waiting time to diagnosis was 25 days (IQR: 11 - 51) and to the first treatment was 77 days (IQR: 44 - 112), registering a big gap between the two stages of cancer care.

Surgery was the most frequent treatment,



53%

followed by systemic therapy (12%).

The shortest

time to treatment initiation was reported in people under the exception insurance (median: 36 days).



Diagnosis

was shortly provided in people under the third payer insurance (median: 25 days).





Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in melanoma




The proportion of TNM staging of new cases and early diagnosis was higher in the third payer insurance (77% and 57%, respectively) compared to the state insurance (67% and 40%, respectively) group.



Among the indicators regarding timely access to care, only the ones related to remission after a suspicion of cancer, and to the diagnostic confirmation, reached the proposed goal at the national level.



On average, the waiting time to treatment initiation was 80 days in the country. The longest delays were registered in cases that lived in Bogotá, D.C., and that were affiliated to the state insurance (median: 94 and 82 days, respectively).



Nationally, **the goal for TNM staging was not reached**, while the indicator related to diagnosis at *in situ* and early stages achieved the highest level of compliance.

Non-Hodgkin Lymphoma

9.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of NHL



It was the sixth most frequent among the 11 types of prioritized cancers.



There were 1,519 new cases, 15,296 prevalent cases, and 1,500 deaths during the period analyzed.

The age adjusted PNCR was

42 new cases
(95% CI: 3.9 - 4.3)

per 100,000 people aged ≥18 years.



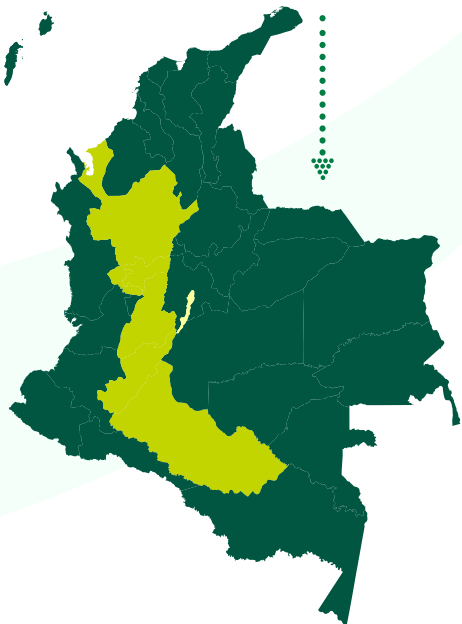
61%

the mortality increased compared to 2020

and the PNCR decreased by 1%.



The highest PNCR and prevalence were observed in Bogotá, D. C., as a region, and in people under the third payer insurance; in the case of mortality, the Central region and the state insurance group registered the highest rates.



The age-adjusted prevalence was

42 cases (95% CI: 41 - 42)



per 100,000 people aged ≥18 years.

The age adjusted mortality was **4** deaths
(95% CI: 3 - 4) per

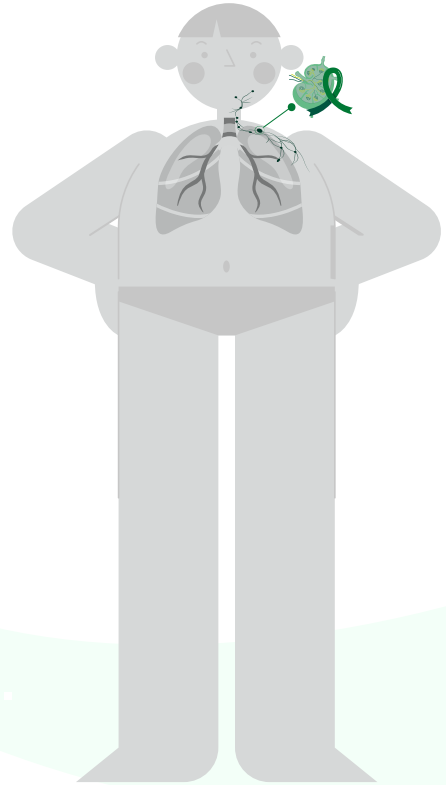
100,000

people aged ≥18 years.



Abstract

9 Non-Hodgkin lymphoma (NHL)



A brief of cancer situation within the framework of health insurance in Colombia, 2021

Adult Non-Hodgkin Lymphoma (NHL)

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of NHL



The median age was 61 years (IQR: 49 - 72).



53% were men.

70% were under the third payer insurance and most cases (31%) lived in the Central region.



In all insurance groups, most cases were diagnosed at stage IV, as well as in the national scenario.



At the national level, 64% had the Lugano staging classification; this proportion was higher in people under third payer (67%) and special insurance (64%).



22% were classified as high risk; this proportion was higher in people under the state (40%) and the third payer insurance (28%).



Globally, risk classification was documented in

47% of the cases.



Nationally, the median waiting time to diagnosis was 23 days (IQR: 11 - 45) and to the first treatment was 23 days (IQR: 8 - 50).



The waiting times to diagnosis and treatment were shorter in cases diagnosed at stage IV compared to those at early stages.

Systemic therapy was the most frequent treatment

71%

The shortest time to diagnosis was observed in people affiliated to the special insurance (median: 14 days).



The treatment initiation was shortly delivered

under third payer insurance (median: 22 days).



Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in NHL



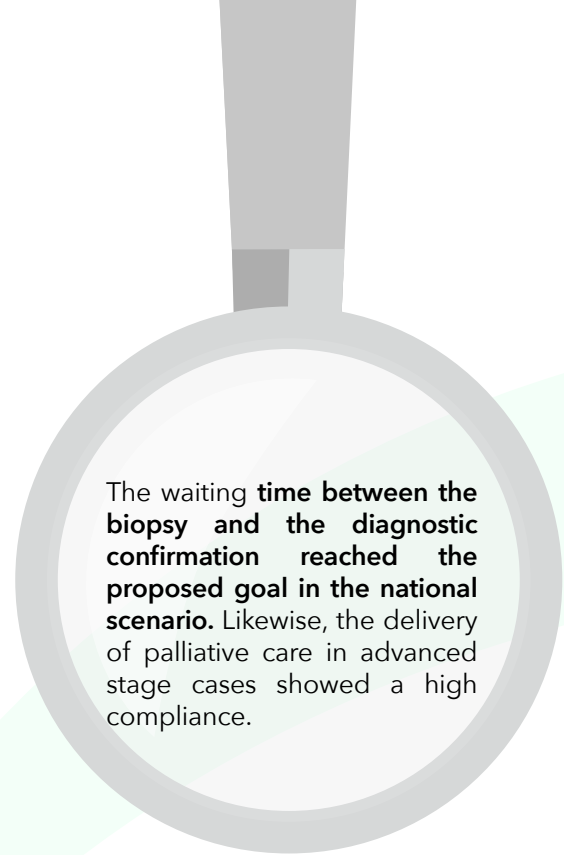
At the national level, the goals for the proportion of cases that had the Ann Arbor staging, with Costwolds or Lugano modifications (64%), and risk classification (47%) were not reached.



Staging and risk classification were higher in people under the third payer (67% and 49% respectively) than those under the state insurance (57% and 40% respectively), however, in both cases there was a low performance.



The waiting times for the three care stages were shorter in the third payer insurance than in the state insurance group.



The waiting **time between the biopsy and the diagnostic confirmation reached the proposed goal in the national scenario.** Likewise, the delivery of palliative care in advanced stage cases showed a high compliance.

On average, the waiting times

were 25 days for the
biopsy,
12 days for the
diagnostic confirmation
and 40 days for the treatment initiation.

Hodgkin Lymphoma

10.





Abstract

10 Hodgkin lymphoma (HL)

Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of HL



There were 334 new cases, 3,907 prevalent cases, and 154 deaths during the period analyzed.



It was the tenth most frequent among the 11 types of prioritized cancers.

Compared to 2020, the PNCR and the mortality increased

21% **34%**
respectively.

The age adjusted PNCR was

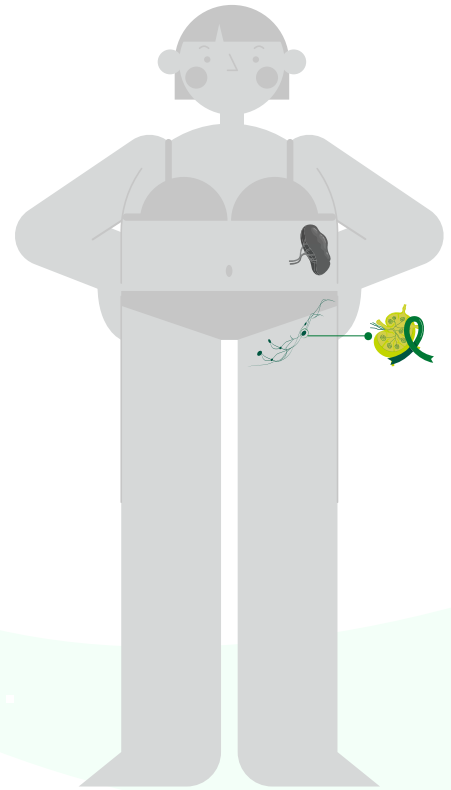
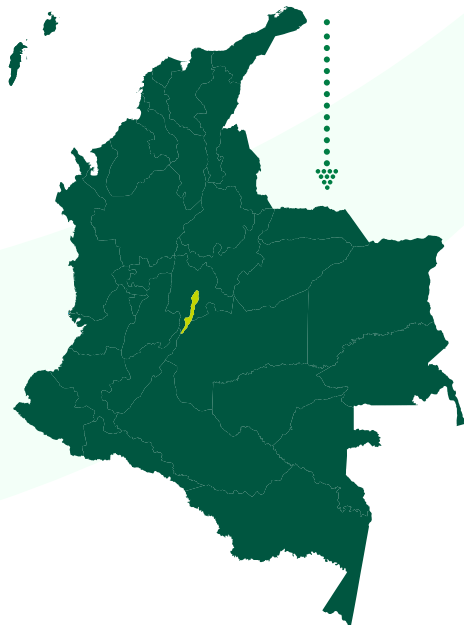
One new case

(95% CI: 0.8 - 1.0)

per 100,000 people aged ≥ 18 years.



The highest morbidity and mortality estimations were observed in Bogotá, D. C. as a region, and in people under the third payer insurance.



The age-adjusted prevalence was



11 cases (95% CI: 10 - 11)



per 100,000 people aged ≥ 18 years.

The age-adjusted mortality was **0.4** deaths
(95% CI: 0.4 - 0.5) per



100,000
people aged ≥ 18 years.

A brief of cancer situation within the framework of health insurance in Colombia, 2021

Adult Hodgkin lymphoma (HL)

WWW.CUENTADEALTOCOSTO.ORG

Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of HL



The median age was 39 years (IQR: 28 - 58).



54% were men.

68% were affiliated to the **third payer insurance** and most of cases (29%) lived in the Central region.



At the national level, 68% had the Lugano staging classification; this proportion was higher in people under the exception insurance (82%).

Nationally and in the third payer insurance group, most cases were diagnosed at

stage IV

In people under the state insurance, the distribution was homogeneous between stages II to IV.



Risk classification was documented in 36% of the cases national wise.



At the national level, the median waiting time to diagnosis was 25 days (IQR: 11 - 45) and to the first treatment was 28 days (IQR: 11 - 63).



The waiting time for diagnosis was shorter in cases at stage II, while those at stage IV had the shortest time to the initial treatment.

Systemic therapy was the most frequent treatment

80%

The shortest

times to diagnosis and treatment were registered in people under the third payer insurance (median: 25 and 26 days, respectively).



29% were classified as **high-risk cases**

this proportion was higher in people under the state (36%) and the third payer insurance (27%).



Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in HL



The goal for the proportion of cases with the Ann Arbor staging, with Costwolds or Lugano modification (68%), and the risk classification (37%), were not reached.



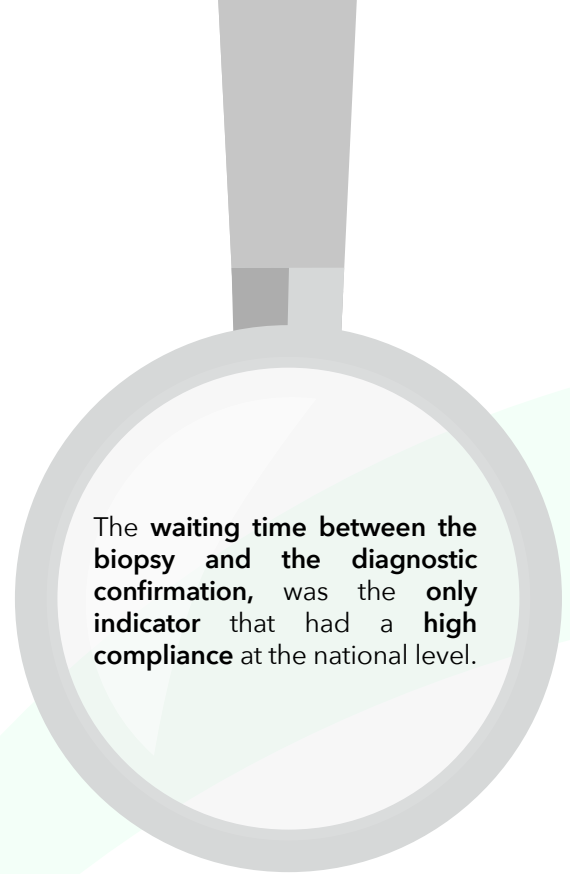
Staging and risk classification were higher among the third payer group (70% and 38%, respectively) than in the state insurance (61% and 34% respectively); however, in both cases the goals were not accomplished.



On average, the waiting times were 32 days for the biopsy, 10 days to the diagnostic confirmation and 44 days for the treatment initiation.

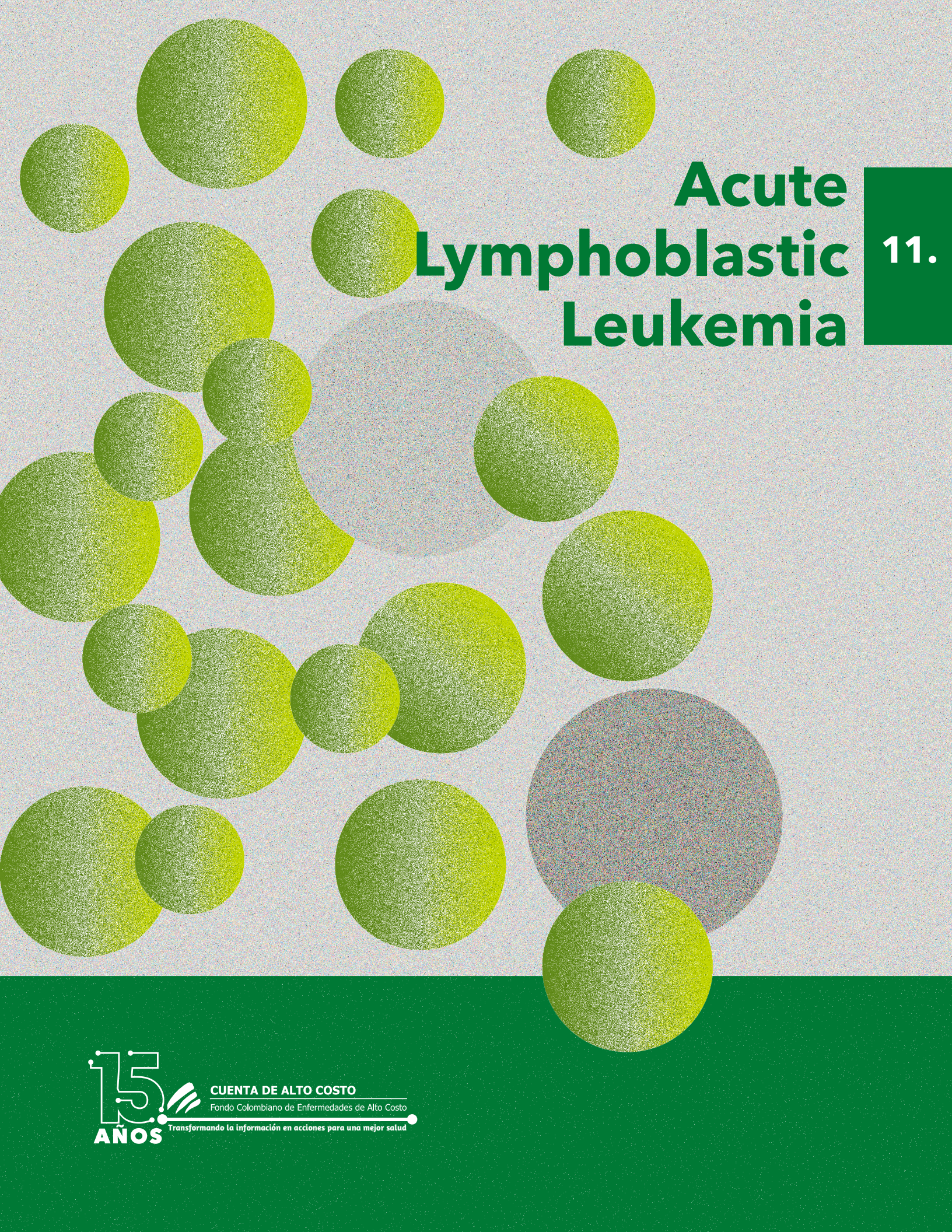


The waiting time for the biopsy was shorter in people under the third payer insurance compared to those with state insurance.



The **waiting time between the biopsy and the diagnostic confirmation**, was the **only indicator** that had a **high compliance** at the national level.

The shortest average time to diagnosis and treatment was registered in people under the third payer insurance.



Acute Lymphoblastic Leukemia

11.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of ALL



There were 181 new cases, 1622 prevalent cases and 232 deaths during the period analyzed.



It was the ninth most frequent among the 11 types of prioritized cancer.

Age-standardized PNCR was

0.5 new cases

(95% CI: 0.4 - 0.6)

per 100,000 people aged ≥18 years.



Compared to 2020,
the mortality

2%

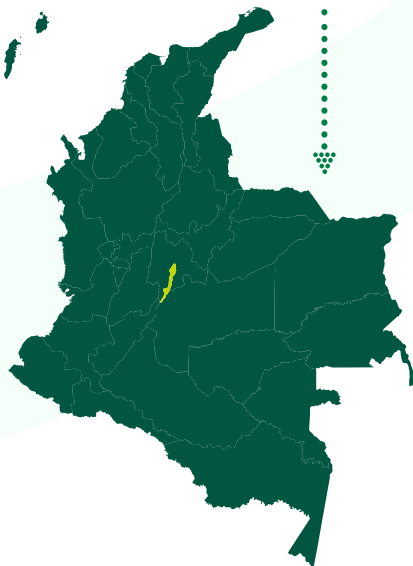
and the PCNR increased

23%

respectively.



The highest morbidity and mortality estimations were observed in Bogotá, D. C., as a region; also, these estimations were higher in the third payer insurance, except for the mortality.



Age-standardized prevalence was



4.5 cases (95% CI: 4.2 - 4.7)



per 100,000 people aged ≥18 years.

Age-standardized mortality was **0.6** deaths
(95% CI: 0.6 - 0.7) per

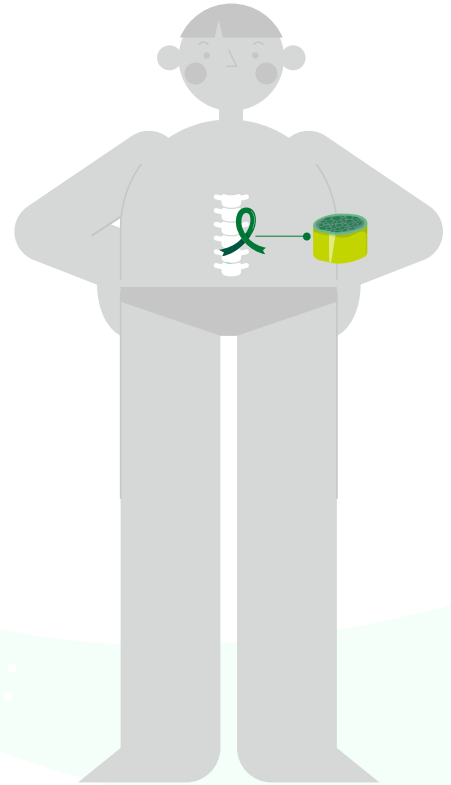


100,000

people aged ≥18 years.

Abstract

11 Acute lymphoblastic leukemia (ALL)



A brief of cancer situation within the framework of health insurance in Colombia, 2021

Adult acute lymphoblastic leukemia (ALL)

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of ALL



Median age was 38 years (IQR: 25 - 56).



57% were men.

64% were affiliated to the third payer insurance and most cases (29%) lived in the Central region.



At the national level, the median waiting time to diagnosis was 6 days (IQR: 3 - 13) and to the first treatment was 3 days (IQR: 0 - 13).



At the national level, 60% had risk stratification at diagnosis; this proportion was higher in people under the third payer insurance (66%).

68% of new cases were classified with high or unfavorable risk, being higher in the state insurance (70%) than in the third payer (66%).



Diagnosis and treatment were shortly provided in people under the third payer insurance with medians of 5 and 2 days, respectively.

Systemic therapy was the most frequent treatment,



85%

followed by hematopoietic stem cell transplantation (4%) and radiotherapy (6%).

The waiting

times for accessing cancer care were higher in people with standard, low risk.





Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in ALL



At the national level, the goal for risk classification of new cases was not reached, with similar results registered in all regions and insurance groups.



Regarding access to stem cell transplantation, there is a gap in terms of reporting the corresponding cases for the evaluation of this indicator.



There was a low performance of risk management indicators in all insurance groups.

None

of the indicators

related to **timely access to cancer care reached the proposed goal**, nationally and in most regions.

Acute myeloid leukemia

12.



Period analyzed: January 2nd, 2020 to January 1st, 2021



Morbidity and mortality of AML



It was the eleventh most frequent among the 11 types of prioritized cancer.



There were 260 new cases, 1,402 prevalent cases and 267 deaths during the period analyzed.

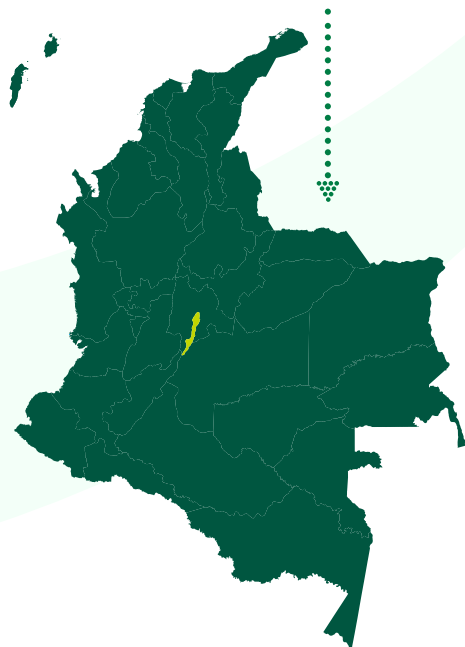
Compared to 2020, the mortality **24%** and the PCNR increased **14%** respectively.

Age-standardized PNCR was

0.7 new cases (95% CI: 0.6 - 0.8) per 100,000 people aged ≥18 years.



The highest morbidity and mortality estimations were observed in Bogotá, D. C., as a region, and people under the third payer insurance.



Age-standardized prevalence was

3.9 cases (95% CI: 3.7 - 4.1)



per 100,000 people aged ≥18 years.

Age-standardized mortality was **0.7** deaths (95% CI: 0.6 - 0.8) per

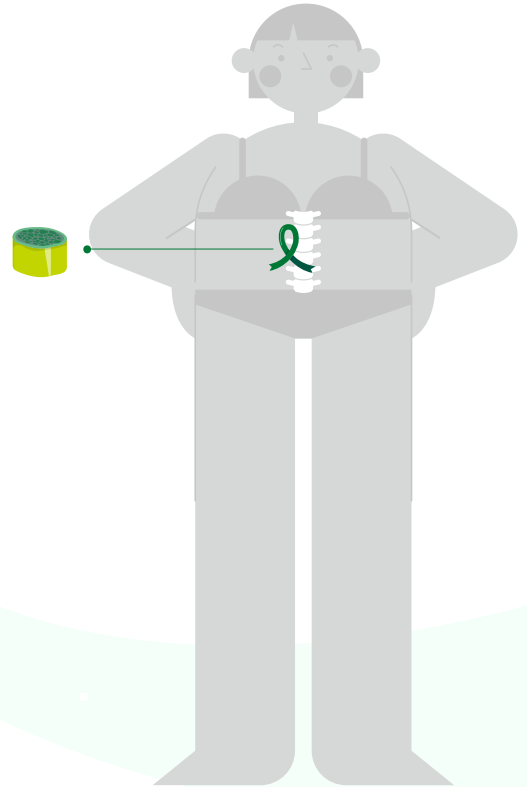
100,000

people aged ≥18 years.



Abstract

12 Acute myeloid leukemia (AML)



A brief of cancer situation within the framework of health insurance in Colombia, 2021

Adult acute myeloid leukemia

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Characterization of new cases of AML



The median age was 58 years (IQR: 38 - 72).



51% were men.

74% were under the third payer insurance and most of cases (29%) lived in the Central region.



At the national level, 51% had risk stratification at diagnosis; this proportion was higher in people under the state insurance (56%).

51% of new cases were classified at high or unfavorable risk, with a similar distribution among the state and the third payer insurance groups.



Nationally, median waiting times to diagnosis was 6 days (IQR: 3 - 17), and to the first treatment was 4 days (IQR: 1 - 14).



Diagnosis was shortly provided in people under the exception insurance (median: 4 days); the shortest treatment initiation waiting time were registered in the third payer and the exception insurance (median: 4 days).



Diagnosis and treatment were shortly provided in people under the third payer insurance with medians of 5 and 2 days, respectively.

Systemic therapy was the most frequent treatment,

85%

followed by hematopoietic stem cell transplantation (3%) and radiotherapy (2%).

The shortest waiting time

to diagnosis was observed in people with intermediate risk; opposite to the longest times registered for the first treatment in this group.





Period analyzed: January 2nd, 2020 to January 1st, 2021



Quality measures in AML



The risk classification indicator did not reach the goal proposed, either in new or prevalent cases.



The proportion of risk classification in new cases was higher in people that lived in the Caribbean region (85%) compared to the other residential groups; however, the goal proposed was not reached.



The waiting times to diagnosis and treatment initiation were shorter in people under the third payer insurance; the exception insurance group was the only one that had a high performance.

None

of the indicators

regarding **timely access to cancer care reached the proposed goal** at the national level, similar to the results registered among regions.

Other types of cancer 13.



Period analyzed: January 2nd, 2020 to January 1st, 2021



General characterization of cases

There were

180,970 non-prioritized cancer cases

18,249 were new cases and 15,702 died.



Median age of the new cases was 63 years (IQR: 51 - 74).



67% were affiliated under the third payer insurance.

The types of cancer with the highest number of new cases were, in descending order,



1. Skin tumors (non-melanoma)



2. Thyroid and endocrine gland tumors



3. Female genital organs neoplasms



4. Other hematologic neoplasms



5. Urinary tract neoplasms

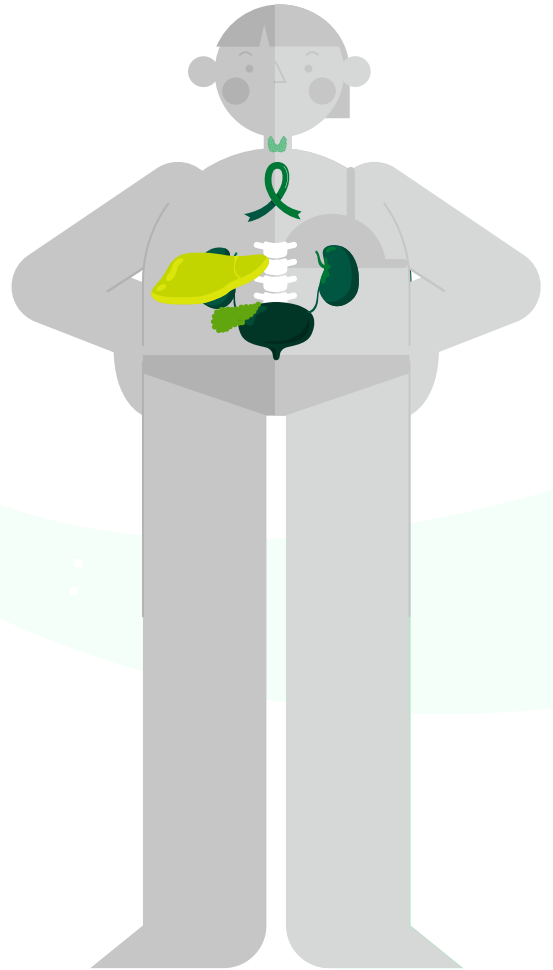


6. Other digestive organs neoplasms

56% of the new cases were female

Abstract

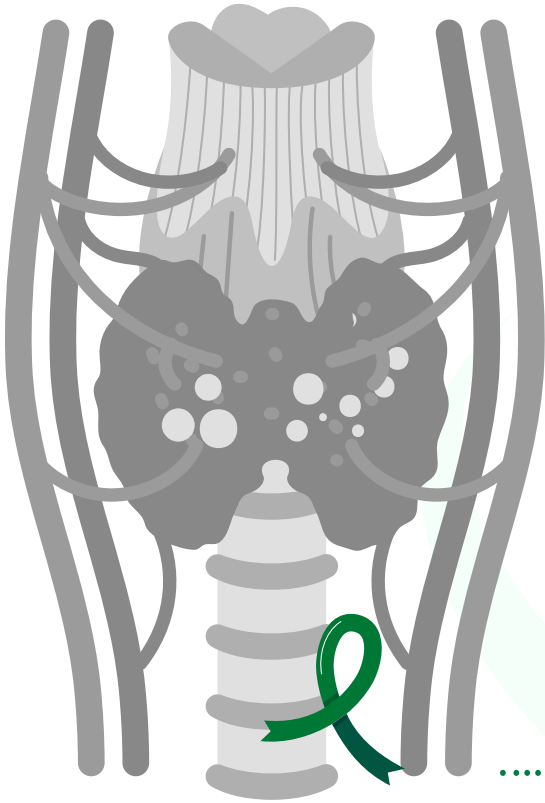
13 Other types of cancer



A brief of cancer situation within the framework of health insurance in Colombia, 2021

Other types of cancer

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Period analyzed: January 2nd, 2020 to January 1st, 2021



Clinical characterization of new cases

Skin cancer (non-melanoma):



Histology report was notified in 92% of new cases and this proportion was higher in people under the special and third payer insurance.



Basal cell carcinoma was the most frequent (70%), with similar results observed among insurance groups.

Tumors of the thyroid and endocrine glands:



The subgroup with the highest representation was the thyroid gland tumor, including carcinoma *in situ*.



In 42% of new cases, the staging was notified; this proportion was higher in the people under the state insurance, followed by the third payer.

Tumors of the kidney and other urinary organs:



59% of new cases were staged; this proportion was higher in the third payer insurance.



20% of cases were classified as stage I, with a consistent trend in all insurance groups.



Malignant kidney and urinary bladder tumors were the most frequent subgroups.

30% of new cases were classified in stages **I and II**; similar results were obtained among insurance groups.

Tumors of other female genital organs:



68% of new cases were staged, being higher in people affiliate to the third payer insurance.




Most cases were diagnosed at stage I, nationally and in all insurance groups, followed by stage III.


45% and **42%** of new cases were diagnosed with **malignant ovarian and body of the uterus tumors**, respectively.




Period analyzed: January 2nd, 2020 to January 1st, 2021


Tumors of other digestive organs:


 Malignant tumors of the pancreas were the most common subgroup (32%), followed by liver tumors including *in situ* cases (19%).

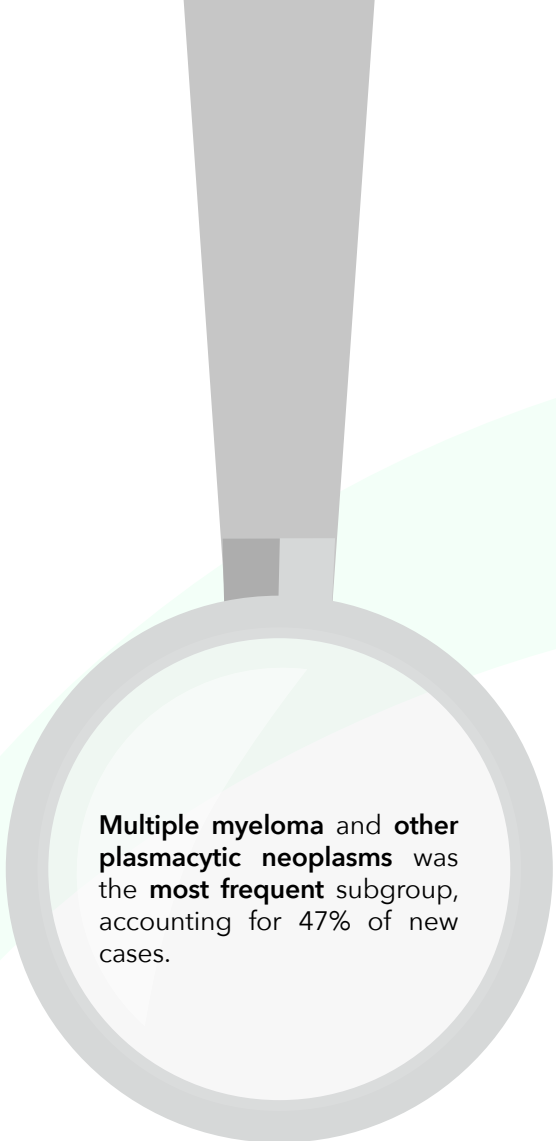
 59% of cases had staging information reported; 32% were diagnosed at stage IV, being the most frequent group in all insurance groups.

Other hematologic malignancies:

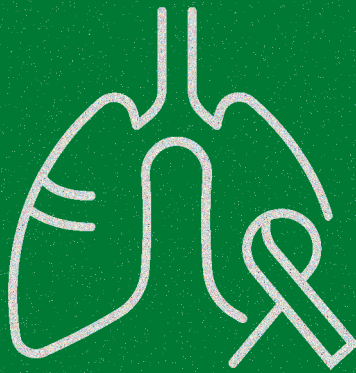
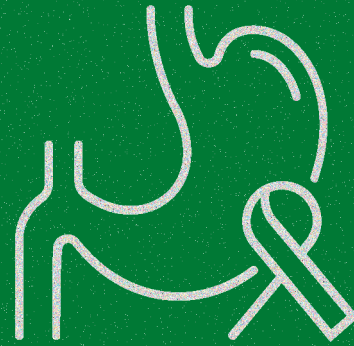
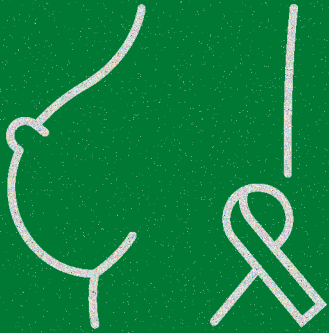
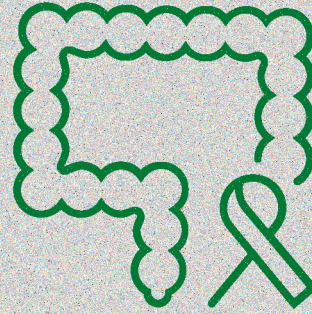
 The median age was 64 years (IQR: 54 - 73).

 56% of the cases were male.

 20% of the cases had risk classification.



Multiple myeloma and **other plasmacytic neoplasms** was the **most frequent** subgroup, accounting for 47% of new cases.



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