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Publication title	Journal	Publication year	Lead Author	Summary
Phase 1 (2009-2015)				
Module 1: Benchmark				
Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995–2007 (the International Cancer Benchmarking Partnership): an analysis of population-based cancer registry data	<a href="#">The Lancet</a>	Jan 2011	Michel P Coleman	Data from population-based cancer registries was used to estimate 1-year and 5-year cancer survival for breast, colorectal, lung and ovarian cancer patients diagnosed between 1995 and 2007. Relative survival improved in all ICBP jurisdictions during this time, but survival outcomes varied.
The International Cancer Benchmarking Partnership: an international collaboration to inform cancer policy in Australia, Canada, Denmark, Norway, Sweden and the United Kingdom	<a href="#">Health Policy</a>	Sep 2013	John Butler	Introduces Phase 1 of the International Cancer Benchmarking Partnership as a programme to study international variation in cancer survival, and to inform policy to improve cancer survival. This paper outlines the partnership and research methodologies.
Stage at diagnosis and ovarian cancer survival: Evidence from the International Cancer Benchmarking Partnership	<a href="#">Gynecologic Oncology</a> *	Oct 2012	Camille Maringe	Investigates what role stage at diagnosis bears in differences in ovarian cancer survival between Australia, Canada, Denmark, Norway, and the UK.
Breast cancer survival and stage at diagnosis in Australia, Canada, Denmark, Norway, Sweden and the UK, 2000-2007: a population-based study	<a href="#">British Journal of Cancer</a>	Feb 2013	Sarah Walters	Investigates whether international differences in breast cancer survival can be explained by differences in stage at diagnosis in Australia, Canada, Denmark, Norway, Sweden, and the UK.
Stage at diagnosis and colorectal cancer survival in six high-income countries: A population-based study of patients diagnosed during 2000–2007	<a href="#">Acta Oncologica</a>	April 2013	Camille Maringe	Investigates whether international differences in colorectal cancer survival can be explained by differences in stage at diagnosis in Australia, Canada, Denmark, Norway, Sweden, and the UK.
Lung cancer survival and stage at diagnosis in Australia, Canada, Denmark, Norway, Sweden and the UK: a population-based study, 2004–2007	<a href="#">Thorax</a>	Feb 2013	Sarah Walters	Investigates whether international differences in lung cancer survival can be explained by differences in stage at diagnosis in Australia, Canada, Denmark, Norway, Sweden, and the UK.
Module 2: Awareness, attitudes, and beliefs about cancer				
Recognition of cancer warning signs and anticipated delay in help-seeking in a population sample of adults in the UK	<a href="#">British Journal of Cancer</a>	Oct 2013	Samantha L Quaife	The authors examined how long members of the population would report waiting to visit a doctor if they had specific symptoms, and if they were associated with low awareness of these symptoms as indicative of cancer.

Differences in cancer awareness and beliefs between Australia, Canada, Denmark, Norway, Sweden and the UK (the International Cancer Benchmarking Partnership): do they contribute to differences in cancer survival?	<a href="#">British Journal of Cancer</a>	Jan 2013	Lindsay J L Forbes	Investigated the pattern of differences in cancer awareness and beliefs across Australia, Canada, Denmark, Norway, Sweden, and the UK to identify where these may contribute to the pattern of survival.
An international measure of awareness and beliefs about cancer: development and testing of the ABC	<a href="#">BMJ Open</a>	Dec 2012	Alice E Simon	Aimed to develop an internationally validated measure of cancer awareness and beliefs: the awareness and beliefs about cancer (ABC) measure.
Ovarian cancer symptom awareness and anticipated delayed presentation in a population sample	<a href="#">BMC Cancer</a>	March 2014	Kate E Brain	Explored awareness and recognition of symptoms of ovarian cancer in the general population. Computer-assisted telephone interviews were used to administer measures including ovarian cancer symptom recognition, anticipated time to presentation with ovarian symptoms, health beliefs, and demographic variables.
Self-reported participation and beliefs about bowel cancer screening in New South Wales, Australia	<a href="#">Health Promotion Journal of Australia</a> *	July 2014	Megan Varlow	Described self-reported bowel cancer screening participation, beliefs and attitudes in a sample of New South Wales adults and identified beliefs and demographic factors associated with self-reported bowel cancer screening participation.
Cancer awareness and socio-economic position: results from a population-based study in Denmark	<a href="#">BMC Cancer</a>	Aug 2014	Line Hvidberg	Assessed awareness of cancer symptoms, risk factors, and perceived 5-year survival from bowel, breast, ovarian, and lung cancer in a Danish population sample and analysed the association between these factors and socio-economic position indicators.
Barriers to healthcare seeking, beliefs about cancer and the role of socio-economic position. A Danish population-based study	<a href="#">Preventative Medicine</a>	Feb 2015	Line Hvidberg	Aimed to assess anticipated barriers to healthcare seeking and beliefs about cancer in a sample of the Danish population and to assess the association with socio-economic position.
Socioeconomic inequalities in attitudes towards cancer: an International Cancer Benchmarking Partnership study	<a href="#">European Journal of Cancer Prevention</a>	May 2015	Samantha L Quaife	Compares socioeconomic differences in positive and negative attitudes towards cancer in respondents from England, Wales and Northern Ireland.
Smoking is associated with pessimistic and avoidant beliefs about cancer: results from the International Cancer Benchmarking Partnership	<a href="#">British Journal of Cancer</a>	May 2015	Samantha L Quaife	Reports on surveys collected from England, Wales, and Northern Ireland and shows that smokers held more pessimistic beliefs about cancer which could deter early detection behaviour.

Awareness of sunburn in childhood, use of sunbeds and change of moles in Denmark, Northern Ireland, Norway and Sweden	<a href="#">European Journal of Public Health</a>	June 2015	Senada Hajdarevic	Explores the awareness of risk factors and symptoms of malignant melanoma in Denmark, Sweden, Norway, and Northern Ireland.
Awareness of risk factors for cancer: a comparative study of Sweden and Denmark	<a href="#">BMC Public Health</a>	Nov 2015	Magdalena Lagerlund	Aimed to determine and compare awareness of risk factors for cancer between a Danish and a Swedish population sample, and to examine whether there are differences in awareness across age groups.
Awareness of cancer symptoms and anticipated patient interval for healthcare seeking. A comparative study of Denmark and Sweden	<a href="#">Acta Oncologica</a>	Feb 2016	Line Hvidberg	Aimed to compare population awareness of three possible symptoms of cancer (unexplained lump or swelling, unexplained bleeding and persistent cough or hoarseness). Also aimed to compare anticipated patient interval when noticing any breast changes, rectal bleeding and persistent cough, and examine whether potential differences were noticeable in particular age groups or at particular levels of education in a Danish and Swedish population sample.
Measurement properties of the Danish version of the Awareness and Beliefs about Cancer (ABC) measure	<a href="#">BMC Medical Research Methodology</a>	April 2017	Line Hvidberg	Reports the validity testing exercises and analyses carried out to confirm the Danish ABC is accepted and understood by the target Danish population.
Cancer beliefs in cancer survivors, cancer relatives and persons with no cancer experience	<a href="#">Scandinavian Journal of Public Health</a> *	July 2017	Anette Fischer Pedersen	Aimed to examine whether cancer beliefs are associated with cancer experience.
Influences on anticipated time to ovarian cancer symptom presentation in women at increased risk compared to population risk of ovarian cancer	<a href="#">BMC Cancer</a>	Dec 2017	Stephanie Smits	Examines the factors influencing women's anticipated time to presentation with potential ovarian cancer symptoms.
Negative cancer beliefs, recognition of cancer symptoms and anticipated time to help-seeking: an international cancer benchmarking partnership (ICBP) study	<a href="#">BMC Cancer</a>	April 2018	Anette Fischer Pedersen	Examines relationship between negative cancer beliefs, recognition of cancer symptoms, and anticipated patient intervals
<b>Module 3: Role of Primary Care</b>				
Family physician access to and wait times for cancer diagnostic investigations	<a href="#">Canadian Family Physician</a>	Oct 2016	Andriana Barisic	Examines provincial and regional differences in Family Physicians' direct access to cancer diagnostic investigations to explore perceptions about wait times or diagnostic investigations and receipt of results.
International variation in adherence to referral guidelines for suspected cancer: a secondary analysis of survey data	<a href="#">British Journal of General Practice</a>	Feb 2016	Brian D Nicholson	Aimed to explore whether cancer guidelines, and adherence to them, differ between jurisdictions and impacts on PCPs' propensity to

				take definitive action on cancer-related symptoms.
How might healthcare systems influence speed of cancer diagnosis: A narrative review	<a href="#">Social Science &amp; Medicine</a>	Sep 2014	Sally Brown	Aimed to compare the healthcare systems of 3 countries (Denmark, Norway, Sweden), 3 UK jurisdictions (England, Wales and Northern Ireland), 3 Canadian provinces (British Columbia, Manitoba, Ontario) and 2 Australian states (New South Wales, Victoria) using a framework which assesses the possible contribution of primary care systems to a range of health outcomes, drawing on key characteristics influencing population health.
Development of a survey instrument to investigate the primary care factors related to differences in cancer diagnosis between international jurisdictions	<a href="#">BMC Primary Care</a>	June 2014	Peter W Rose	Presents a survey developed to explore differences in the readiness of primary care physicians (PCPs) to investigate for cancer. The survey asks a set of direct questions about the health system the PCP operates in, as well as five clinical scenarios asking how they would manage the patient.
Investigations and referral for suspected cancer in primary care in New Zealand – A survey linked to the International Cancer Benchmarking Partnership	<a href="#">European Journal of Cancer Care</a> *	Jan 2017	Han Win Htun	A national internet-based survey of New Zealand (NZ) primary care physicians used the survey instrument developed by the ICBP to understand the context in which these doctors work, their access to tests, and how they would respond to patients presenting with symptoms.
Explaining variation in cancer survival between 11 jurisdictions in the International Cancer Benchmarking Partnership: a primary care vignette survey	<a href="#">BMJ Open</a>	May 2015	Peter W Rose	Reports on the survey results of 2,800 primary care physicians (PCPs) to understand how they would manage patients presenting with symptoms (if they would investigate or refer). These responses were then compared to 1- and 5-year survival across jurisdictions and studied ICBP cancer type.
Unconditional and conditional incentives differentially improved general practitioners' participation in an online survey: randomized controlled trial	<a href="#">Journal of Clinical Epidemiology</a> *	June 2015	Jane M Young	Compared the impact of unconditional and conditional financial incentives on response rates among Australian general practitioners invited by mail to participate in an online survey about cancer care and to investigate possible differential response bias between incentive groups.
<b>Module 4: Measuring time interval and pathways from symptoms to diagnosis and treatment</b>				
An investigation of routes to cancer diagnosis in 10 international jurisdictions, as part of the International Cancer Benchmarking Partnership: survey	<a href="#">BMJ Open</a>	July 2016	David Weller	Describes the methods used in the ICBP Module 4 Survey which examines time intervals and routes to cancer diagnosis in 10 jurisdictions. Presents the study design with defining and measuring time intervals,

development and implementation				identifying patients with cancer, questionnaire development, data management and analyses.
Patient perspectives on delays in diagnosis and treatment of cancer: a qualitative analysis of free-text data	<a href="#">British Journal of General Practice</a>	Nov 2016	Rachel K Parsonage	Aimed to use the free-text data provided by patients completing the ICBP4 survey to augment the understanding of patients' perspectives of their diagnostic journey.
Time intervals and routes to diagnosis for lung cancer in 10 jurisdictions: cross-sectional study findings from the International Cancer Benchmarking Partnership (ICBP)	<a href="#">BMJ Open</a>	Nov 2019	Usha Menon	Compares lung cancer patient characteristics and routes to diagnosis via survey of cancer patients, their primary care practitioners, and cancer treatment specialists.
Diagnostic routes and time intervals for ovarian cancer in nine international jurisdictions; findings from the International Cancer Benchmarking Partnership (ICBP)	<a href="#">British Journal of Cancer</a>	May 2022	Usha Menon	Compares ovarian cancer patient characteristics and routes to diagnosis via survey of cancer patients, their primary care practitioners, and cancer treatment specialists.
Diagnostic routes and time intervals for patients with colorectal cancer in 10 international jurisdictions; findings from a cross-sectional study from the International Cancer Benchmarking Partnership (ICBP)	<a href="#">BMJ Open</a>	Nov 2018	David Weller	Compares colorectal cancer patient characteristics and routes to diagnosis via survey of cancer patients, their primary care practitioners, and cancer treatment specialists.
Diagnostic pathways for breast cancer in ten International Cancer Benchmarking Partnership (ICBP) jurisdictions: An International comparative cohort study based on questionnaire and registry data	<a href="#">BMJ Open</a>	Dec 2022	Peter Vedsted	Compares breast cancer patient characteristics and routes to diagnosis via survey of cancer patients, their primary care practitioners, and cancer treatment specialists.
Rural-urban disparities in time to diagnosis and treatment for colorectal and breast cancer	<a href="#">Cancer Epidemiology, Biomarkers &amp; Prevention</a>	Sep 2018	Rebecca J. Bergin	Investigates time to diagnosis and treatment for rural and urban patients with colorectal or breast cancer in Victoria, Australia
<b>Module 5: Impact of Differences in Cancer Registry Processes</b>				
Impact of variation in cancer registration practice on observed international cancer survival differences between International Cancer Benchmarking Partnership (ICBP) jurisdictions	<a href="#">Cancer Epidemiology</a> *	Feb 2019	Michael Eden	Reports on key informant perspectives of differences in registration practice for capturing incidence date, death certificate case handling, and registration of multiple primary tumours.
Can different definitions of date of cancer incidence explain observed international variation in cancer survival? An ICBP SURVMARK-2 study	<a href="#">Cancer Epidemiology</a>	Aug 2020	Tor Åge Myklebust	Investigates the impact of variations in recorded date of incidence rules on cancer survival estimates in England, Northern Ireland, and Norway,
The impact of excluding or including Death Certificate Initiated (DCI) cases on	<a href="#">Cancer Epidemiology</a> *	April 2021	Therese M.-L. Andersson	Estimates the impact of including Death Certificate

estimated cancer survival: A simulation study				Initiated (DCI) cases on estimated cancer survival.
Exploring the impact of cancer registry completeness on international cancer survival differences: a simulation study	<a href="#">British Journal of Cancer</a>	Dec 2020	Therese M.-L. Andersson	Explores whether differences in cancer registry practices between the ICBP countries play a role in the observed international variation in cancer survival.
Investigation of the international comparability of population-based routine hospital data set derived comorbidity scores for patients with lung cancer	<a href="#">Thorax</a>	Oct 2017	Margreet Lüchtenborg	Investigated whether comparable, robust comorbidity scores can be derived from the different routine population-based cancer data sets available in the ICBP jurisdictions and, if so, use them to quantify international variation in comorbidity and determine its influence on outcome.
A way to explore the existence of "immortals" in cancer registry data - An illustration using data from ICBP SURVMARK-2	<a href="#">Cancer Epidemiology</a>	Feb 2022	Therese M.-L. Andersson	Outlines a methodology to explore the presence of 'immortals' - wrongly assumed long-term survivors on the cancer registry database, whose deaths have been missed, that can be used as part of routine checks of cancer registry data.
Comparability of stage data in cancer registries in six countries: Lessons from the International Cancer Benchmarking Partnership	<a href="#">International Journal of Cancer</a>	May 2012	Sarah Walters	Describes how stage data may be reconciled to optimise comparability in population-based international comparisons of stage-specific cancer outcomes
<b>Phase 2 (2016-2021)</b>				
<b>SURVMARK-2</b>				
Progress in cancer survival, mortality, and incidence in seven high-income countries 1995–2014 (ICBP SURVMARK-2): a population-based study	<a href="#">The Lancet Oncology</a>	Sep 2019	Melina Arnold	This is the flagship study of ICBP Phase 2 research, providing a comprehensive overview of cancer survival across ICBP countries and a comparative assessment of the corresponding incidence and mortality trends between 1995-2014.
Changes in colorectal cancer incidence in seven high-income countries: a population-based study	<a href="#">The Lancet Gastroenterology and Hepatology</a> *	May 2019	Marzieh Araghi	Aimed to examine longitudinal and generational changes in the incidence of colon and rectal cancer in seven high-income countries (Australia, Canada, Denmark, Norway, New Zealand, Ireland, and the UK).
Colon and rectal cancer survival in seven high-income countries 2010–2014: variation by age and stage at diagnosis (the ICBP SURVMARK-2 project)	<a href="#">Gut</a> *	June 2020	Marzieh Araghi	Examines colon and rectal cancer survival by age and stage at diagnosis across seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the UK).
Age disparities in stage-specific colon cancer survival across seven countries: An International Cancer Benchmarking Partnership SURVMARK-2 population-based study	<a href="#">International Journal of Cancer</a>	Oct 2020	Sophie Pilleron	Examines the role of stage at diagnosis in the observed age disparities in colon cancer survival for people aged 50-99 years across seven high-income countries (Australia, Canada, Denmark, Ireland,

				New Zealand, Norway, and the United Kingdom).
Exploring variations in ovarian cancer survival by age and stage (ICBP SurvMark-2): A population-based study	<a href="#">Gynecologic Oncology</a> *	Jan 2020	Citadel J. Cabasag	Explores ovarian cancer survival differences by age and stage at diagnosis across seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom).
International trends in oesophageal cancer survival by histological subtype between 1995 and 2014	<a href="#">Gut</a> *	Jun 2020	Eileen Morgan	Reports trends in oesophageal cancer incidence and survival for the two main histological subtypes (adenocarcinoma and squamous cell carcinoma). It investigates sub-type specific survival differences by period of diagnosis, country, age group and sex from seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom).
Ovarian cancer in Manitoba: trends in incidence and survival, 1992-2011	<a href="#">Current Oncology</a>	April 2017	Paul Lambert	Explores trends in ovarian cancer incidence and survival in Manitoba
Comparison of liver cancer incidence and survival by subtypes across seven high-income countries	<a href="#">International Journal of Cancer</a>	Aug 2021	Mark J. Rutherford	Aims to compare liver cancer survival across seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom) whilst trying to ensure that the estimates are comparable through a range of sensitivity analyses.
International variation in oesophageal and gastric cancer survival 2012-2014: differences by histological subtype and stage at diagnosis (an ICBP SURVMARK-2 population-based study)	<a href="#">Gut</a> *	Nov 2021	Melina Arnold	Provides the first international comparison of oesophageal and gastric cancer survival by stage at diagnosis and histological subtype across seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom).
The impact of reclassifying cancers of unspecified histology on international differences in survival for small cell and non-small cell lung cancer (ICBP SurvMark-2 project)	<a href="#">International Journal of Cancer</a>	May 2021	Eileen Morgan	Explores how variations in small-cell and non-small cell lung cancer may influence international differences in survival across seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom).
International differences in lung cancer survival by sex, histological type and stage at diagnosis: an ICBP SURVMARK-2 Study	<a href="#">Thorax</a> *	July 2021	Marzieh Araghi	Reports on international trends in lung cancer incidence and survival for the two main histological subtypes (non-small cell and small cell) for seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom). It investigates sub-type specific survival differences by country, age group, and sex.

Population-based cancer staging for oesophageal, gastric, and pancreatic cancer 2012-2014: International Cancer Benchmarking Partnership SurvMark-2	<a href="#">International Journal of Cancer</a>	May 2021	Citadel J. Cabasag	Developed stage conversion algorithms for oesophageal, gastric, and pancreatic cancers, as well as examining all stage information available, evaluating stage completeness, applying each stage conversion algorithm, and assessing the magnitude of misclassification using data from six Canadian cancer registries. Also discussed recommendations for registries to improve international cancer survival comparison by stage.
CanStaging+: an electronic staging tool for population-based cancer registries	<a href="#">The Lancet Oncology</a> *	Aug 2021	Isabelle Soerjomataram	Describes the first internationally validated, open-source cancer staging tool. Based on ICBP data, CanStaging+ addresses unmet needs in staging accuracy, completeness, and comparability. The tool can be visited at <a href="https://canstaging.org/tool">https://canstaging.org/tool</a>
Pancreatic cancer survival by stage and age in seven high-income countries (ICBP SURVMARK-2): a population-based study	<a href="#">British Journal of Cancer</a>	March 2022	Citadel J. Cabasag	Compares the stage- and age-specific pancreatic cancer net survival for seven high income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom) for patients diagnosed with pancreatic cancer between 2012-2014.
Five ways to improve international comparisons of cancer survival: lessons learned from ICBP SURVMARK-2	<a href="#">British Journal of Cancer</a>	Jan 2022	Therese M.-L. Andersson	Outlines five recommendations based on experiences in the ICBP SURVMARK-2 to improve the completeness and accuracy of cancer registry data.
Shifting incidence and survival of epithelial ovarian cancer (1995-2014): a SurvMark-2 study has been published in the International Journal of Cancer	<a href="#">International Journal of Cancer</a> *	Dec 2022	Citadel J. Cabasag	Provides a comprehensive assessment of incidence and survival trends of epithelial ovarian cancer (EOC) by histological subtype across seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom).

#### Module 6: Access to diagnostics

A comparative analysis: international variation in PET-CT service provision in oncology—an International Cancer Benchmarking Partnership study	<a href="#">International Journal for Quality in Health Care</a>	Dec 2020	Charlotte Lynch	Explores differences in the provision of PET-CT services across seven high income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom), to gain an insight into the variation of a key diagnostic and staging tool.
Variation in suspected cancer referral pathways across the International Cancer Benchmarking Partnership: a comparative analysis	<a href="#">British Journal of General Practice</a>	Sep 2022	Charlotte Lynch	Explores variation in primary care referral pathways for the management of suspected cancer across ten ICBP jurisdictions (Australia, British Columbia in Canada, Denmark, England, Ireland, New Zealand,

				Northern Ireland, Norway, Scotland, and Wales).
<b>Module 7: Access to treatments</b>				
Exploring international differences in ovarian cancer treatment: a comparison of clinical practice guidelines and patterns of care	<a href="#">International Journal of Gynecological Cancer</a>	Aug 2020	Charles Norell	Compares clinical practice guidelines and patterns of care relating to the treatment of ovarian cancer in seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom) to provide understanding of what may be driving the international differences seen in survival, particularly in women aged 65-74 years.
An international consensus on actions to improve lung cancer survival: a modified Delphi method among clinical experts in the International Cancer Benchmarking Partnership (ICBP)	<a href="#">Cancer Control</a>	Oct 2022	Charlotte Lynch	Developed five Calls to Action and thirteen Good Practice Points applicable to high income, comparable countries to improve lung cancer survival based on semi-structured, key-informant interviews from across the ICBP partnership.
<b>Module 8: Structure of health systems</b>				
"There's Not Enough Bodies to Do the Demand:" An Exploration of Key Stakeholder Views on the Role of Health Service Capacity in Shaping Cancer Outcomes in 7 International Cancer Benchmarking Partnership Countries	<a href="#">International Journal of Health Policy and Management</a>	July 2022	Maureen Seguin	Explored key stakeholder perceptions of the role of health system capacity necessary for cancer care, that may be influencing cancer survival across seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom).
Understanding the link between health systems and cancer survival: A novel methodological approach using a system-level conceptual model	<a href="#">Journal of Cancer Policy</a> *	Sep 2020	Melanie Morris	Presents a conceptual logic model that visualises the pathways across the entire patient journey through cancer care services, identifying key factors that might be amenable to system-level interventions to enhance cancer outcomes.
Exploring the Role of Leadership in Facilitating Change to Improve Cancer Survival: An Analysis of Experiences in Seven High Income Countries in the International Cancer Benchmarking Partnership (ICBP)	<a href="#">International Journal of Health Policy and Management</a>	Sep 2022	Melanie Morris	Explores how international cancer survival might be influenced by the role of leadership in systems providing cancer care across seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom).
Exploring the link between cancer policies and cancer survival: a comparison of International Cancer Benchmarking Partnership countries	<a href="#">The Lancet Oncology</a> *	Nov 2022	Ellen Nolte	Reviews cancer policies across 20 ICBP jurisdictions in seven high-income countries (Australia, Canada, Denmark, Ireland, New Zealand, Norway, and the United Kingdom) and did exploratory analyses linking an index of cancer policy consistency over time, with monitoring and implementation mechanisms, to survival from seven cancers in a subset of ten jurisdictions from 1995 to 2014.

Module 9: Cancer Patient Pathways				
Risk factors and prognostic implications of diagnosis of cancer within 30 days after an emergency hospital admission (emergency presentation): an International Cancer Benchmarking Partnership (ICBP) population-based study	<a href="#">The Lancet Oncology</a>	April 2022	Sean McPhail	Compares emergency presentations across six high-income countries (Australia, Canada, Denmark, New Zealand, Norway, and the UK) using linked cancer registry and hospital admission data and shows that international variation in the proportion of emergency presentations is a possible contributor to international variation in oesophageal, stomach, colon, rectal, liver, pancreatic, lung, or ovarian cancer survival. Comparisons between jurisdictions are limited to those within the same definition bracket. Please follow this <a href="#">link</a> to hear from Georgios Lyratzopoulos, lead co-author, at a Lancet Oncology podcast.
Use of chemotherapy in patients with oesophageal, stomach, colon, rectal, liver, pancreatic, lung, and ovarian cancer: an International Cancer Benchmarking Partnership (ICBP) population-based study	<a href="#">The Lancet Oncology</a>	March 2024	Sean McPhail	Compares chemotherapy use and time-to-first treatment across four high-income countries (Australia, Canada, Norway, and the UK) for patients aged 15-99 diagnosed with cancer in eight different sites (oesophageal, stomach, colon, rectal, liver, pancreatic, lung, or ovarian cancer). Uses cancer registry records linked to clinical or patient management system data or hospital administration data.
Use of radiotherapy in patients with oesophageal, stomach, colon, rectal, liver, pancreatic, lung, and ovarian cancer: an International Cancer Benchmarking Partnership (ICBP) population-based study	<a href="#">The Lancet Oncology</a>	March 2024	Sean McPhail	Compares radiotherapy use and time-to-first treatment across four high-income countries (Australia, Canada, Norway, and the UK) for patients aged 15-99 diagnosed with cancer in eight different sites (oesophageal, stomach, colon, rectal, liver, pancreatic, lung, or ovarian cancer). Uses cancer registry records linked to clinical or patient management system data or hospital administration data.
Chemotherapy and radiotherapy use in patients with lung cancer in Australia, Canada, the UK and Norway 2012–2017: an ICBP population-based study.	<a href="#">BMJ Oncology</a>	February 2025	Matthew E. Barclay	Compares chemotherapy and radiotherapy use in lung cancer patients across Australia, Canada, Norway, and the UK (2012–2017), revealing significant international variation in treatment rates and timing, especially among older patients and those with advanced disease.
Chemotherapy use in ovarian cancer patients diagnosed 2012-2017 in Australia, Canada, Norway and the UK: An	<a href="#">PubMed</a>	August 2025	Matthew E. Barclay	Assesses chemotherapy use in ovarian cancer patients across Australia, Canada, Norway, and the UK (2012–2017), revealing notable international differences

International Cancer Benchmarking Partnership (ICBP) population-based study.				in treatment rates, especially among older women and those with advanced disease.
<b>COVID-19 Impact</b>				
New approaches to cancer care in a COVID-19 world	<a href="#">The Lancet Oncology</a>	July 2020	John Butler	Presents key recommendations developed alongside cancer surgeons for cancer surgery, specifically, to reduce the impacts of COVID-19.