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additional software to decrypt a PDF file. A comparative investigation into how radioiodine-based small-area cancer reporting systems in the UK and France compare with cancer incidence patterns in their populations. Small-area cancer reporting systems have been shown to improve the accuracy of national and regional cancer statistics. The aims of this study were to compare the small-area cancer reporting systems of two European countries, the UK and France, to ascertain which country produced the better quality of data and to compare cancer incidence patterns with those predicted by area deprivation. The small-area cancer reporting systems of cancer

registry districts in the UK and in France were evaluated using defined indicators for completeness and quality of small-area data, including the completeness of the age-adjusted incidence of various cancer sites. Variation in cancer incidence rates across these districts was compared with deprivation in France and England using the Local Index of Multiple Deprivation (IMD) and Census data. The UK had a better-quality data system than France. There was more variation in the completeness and quality of small-area data in France. The completeness of recording was better in England. However, the quality of cancer data from the UK registries was superior

to that from France. Higher-quality small-area data from UK registries was found to correlate with lower incidence of leukaemia in young adults, and with higher incidence of oesophageal, gall bladder, liver, stomach and non-Hodgkin lymphoma in older people. In France, there was no such correlation between data quality and cancer site. The two countries showed significant differences in the completeness and quality of small-area data. The UK had higher quality data than France and predicted rates were better correlated with deprivation levels than in France. These factors should be considered when evaluating quality of cancer registration data.Q

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