

TABLE 2: Cancer registries and organizations contacted to obtain descriptive epidemiologic statistics on B-Cell malignancies by country.

Country	Agency or registry	Contact established?*	Additional statistics provided?
Australia	Australian Paediatric Cancer Registry	Yes	Yes
Australia	Australian Institute of Health and Welfare	Yes	No [†]
Brazil	Instituto Nacional de Cancer	Yes	No [‡]
Canada	Statistics Canada	Yes	No ^{‡§}
Canada	Canadian Childhood Cancer Surveillance and Control Program	Yes	No [‡]
China	Cancer Institute and Hospital of the Chinese Academy of Medical Sciences/Chinese National Center for Cancer Registries	Yes	No [‡]
England	Office of National Statistics	Yes	No [†]
England	Northern and Yorkshire Cancer Registry and Information Service	No	—
France	National Registry of Childhood Haematopoietic Malignancies	No	—
France	Institut de Veille Sanitaire	Yes	No [‡]
Germany	German Centre for Cancer Registry Data at the Robert Koch Institute	Yes	No [‡]
India	National Cancer Registry Programme	Yes	Yes
Republic of Ireland	National Cancer Registry in Ireland	Yes	Yes
Northern Ireland	Northern Ireland Cancer Registry	Yes	Yes
Italy	Italian Association of Cancer Registries	No	—
Japan	National Cancer Center	No	—
Japan	Japan Association of Cancer Registries	No	—
South Korea	Korea Central Cancer Registry	No	—
South Korea	College of Medicine, Korea University	No	—
Spain	Spanish National Childhood Cancer Registry	Yes	Yes
Spain	National Center of Epidemiology, Instituto de Salud Carlos III	Yes	No [‡]
United Kingdom	National Registry of Childhood Tumors	Yes	No [‡]
United Kingdom	Cancer Research UK	Yes	No [‡]
Wales	Welsh Cancer Intelligence Service	Yes	No [†]

* All contacts were identified by reviewing contact information included in pertinent publications and information available online.

[†] Replied that additional statistics only available at a cost.

[‡] Directed to existing material.

[§] Replied that requested statistics not readily available.

Japan), persons proficient in the language searched online data and translated some of the published literature; a translation of non-English language material (including online documentation and published studies) was not performed, however.

The material identified in the PubMed search and online data were compared. The goal was to identify the most recent estimates of the incidence, prevalence, and survival associated with the relevant B-cell malignancies. If relevant data were reported by more than 1 source, the source with the most recent data and/or the most relevant data (e.g., data specific to B-cell ALL versus ALL) was used. Once gaps in the availability of the data of interest were identified, cancer registry personnel and key experts in the field were contacted via e-mail to discuss the availability of missing statistics (these contacts are referred to as “personal communication”). Table 2 describes the cancer registries and organizations that were contacted and the outcome of each respective communication.

We did not collect data from GLOBOCAN or the Cancer Incidence in Five Continents (CI5) [12] series. These

IARC programs provide a valuable resource for modeling estimates on the incidence and mortality of common cancers, including NHL and MM. However, since modeling estimates may not reflect the most recent national-level statistics, we did not rely on these databases for NHL and MM data. There are also standardized efforts in Europe to report descriptive epidemiologic data: EURO CARE [13] and the Automated Childhood Cancer Information System [14]. Similar to CI5; however, these standardized systems are not based on complete ascertainment from registries in the underlying countries, for example, only select regional registries participate in Spain, Italy, and France. As such, we only used data from these European programs in the absence of national-level data.

2.2. Data Extraction and Reporting. The following information was extracted from each data source: source of the data, country or countries, malignancy type, including any available information on *International Classification of Diseases* (ICD) codes, and data relevant to incidence, prevalence, and/or survival. We sought to assess the availability of recent