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Plenary Lecture

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Variations in cancer outcome in Europe

F. Berrino. *The EUROCARE Working Group; Lombardi Cancer Registry, Istituto Nazionale Tumori di Milano, Italy*

Purpose: Eurocare is a concerted action between European Cancer Registries with the aim of studying geographical and temporal variations in cancer patients' survival.

Methods: Over two millions cancer cases diagnosed between 1978–89 in 40 populations in 16 countries have been analysed, computing observed and relative survival.

Results: Survival rates are usually much lower in Eastern Countries than in Western Europe. In the West the survival of patients with cancer types amenable to effective treatment, such as testis cancer and Hodgkin's disease, does not show major geographical differences. When the prognosis depends mostly on stage at diagnosis, however, as in the case of stomach, colon, rectum and breast, survival is usually better in Nordic Countries, and in Dutch and Swiss population, intermediate in Central and Southern European populations, and lower in England and Scotland. For most cancer sites and most studied populations survival is increasing over time. In Italy for instance 5-year relative survival for all cancer sites combined increased from 33% for cases diagnosed in the late seventies to 39% for cases diagnosed ten years later. To give a few site specific examples, 5-year relative survival for colon cancer increased from 45 to 50% in Finland, from 36 to 44% in Scotland, from 35 to 38 in Estonia, from 41 to 48 in Saarland (Germany), and from 33 to 45 in Italy; for breast cancer it increased from 73 to 79% in Finland, from 62 to 65% in Scotland, from 58 to 62 in Estonia, from 69 to 70 in Saarland, and from 65 to 75% in Italy.

Conclusions: Increasing survival can be due either to improved treatments or to early diagnosis. Preliminary EUROCARE analyses adjusted for both stage at diagnosis and staging procedures suggest that most survival differences within Western Europe are due to different stage at diagnosis.