Friday, 2 October 1998 **11:45-12:30**

PLENARY LECTURE

Breast cancer in Europe – why outcomes are different

402 INVITED

Breast cancer in Europe – Why outcomes are different?

H. Burns. *Director of Public Health, Glasgow, Scotland, UK*

The EUROCARE Study attempted to establish survival rates for breast cancer in European countries and concluded that relative survival varied significantly across Europe. A number of explanations for this observation are possible.

(1) *Statistical artefact:* Most breast cancer deaths are correctly attributed but unless an effective, population based cancer registry can provide accurate incidence data, mortality rates will be inaccurate. Countrywide cancer registries are uncommon in Europe.

(2) *Patient related:* Survival following treatment for cancer is related to socio-economic status. In Scotland, all cancer patients have equal access to cancer therapy yet women from deprived areas have a poorer survival than affluent women. There are several possible explanations for this.

(3) *Treatment related:* There is clear evidence from the UK and North America that treatment patterns vary between centres. Adequacy of primary surgery, the use of adjuvant therapy and entry into clinical trials are factors which have been suggested as being related to survival. Guidelines, based on scientific evidence, are being used under clinical supervision in centres such as Glasgow to shape cancer therapy.

The extent to which variations in treatment determine variations in survival in Europe will not be known until collaborative audit networks are in place in European centres. Such networks are essential if clinicians are to embark on a prospective programme of quality assurance in breast cancer care. Politicians and those responsible for organising health care must also recognise that population based cancer registries are vital in ensuring accurate denominator data for the calculation of survival data.

Friday, 2 October 1998 **14:00-15:30**

ROUND TABLE

Optimal follow-up after primary treatment

403 INVITED

Optimal follow-up after primary treatment

Stefano Ciatto. *Centro Studio Prevenzione Oncologica, Florence, Italy*

Early detection and treatment of distant metastases detected through periodic follow-up examinations do not necessarily improve prognosis with respect to diagnosis at symptomatic onset, the prolonged survival observed for asymptomatic metastases being possibly ascribed to lead time bias.

Retrospective case-control studies suggest null or minor improvement in survival from primary treatment for asymptomatic detection.

Recently 2 randomized controlled studies confirmed no prognostic benefit of early detection through periodic instrumental follow-up, a procedure which should not be recommended and possibly should be discouraged.