

In 2008, an estimated 2.4 million new cases of cancer (excluding non-melanoma skin cancers) were diagnosed in EU member states (Ferlay *et al.*, 2010), and of these 55% occurred among males and 45% among females. The most commonly diagnosed cancers were prostate, colorectal, breast and lung cancer. The risk of getting cancer before the age of 75 years was 26.5%, or around one in four. However, because the population of Europe is ageing, the rate of new cases of cancer is also expected to increase (EC, 2008b).

Large regional inequalities exist in cancer incidence across European countries. In 2008, the incidence rate for all cancers combined was highest in Northern and Western Europe – Belgium, Denmark, France, Iceland, Ireland and Norway – at over 290 per 100 000 population, but was lower in some Mediterranean countries such as Cyprus, Greece, Malta and Turkey, at less than 220. Rates in Italy were above the EU average of 255 new cases per 100 000 population. Rates in central European countries varied, being highest in the Czech Republic and Hungary (around 290), similar to the EU average in Slovenia and the Slovak Republic (260), and below average in Bulgaria, Poland and Romania and other countries.

Cancer incidence rates are higher for men in all EU member states (Figure 1.13.1). Here too there is great variation between countries; in Spain and Turkey, male incidence rates are 60% higher than female rates, whereas in Cyprus, Denmark and the United Kingdom they are less than 10% higher. In 2008, the average all cancer incidence rate among EU member states was 296 per 100 000 males and 227 per 100 000 females.

In 2008, lung cancer was one of the most common cancers in Europe, being responsible for around 12% of all new cancer diagnoses, 16% for males and 7% for females. Ten of the 15 countries with male rates higher than the EU average were located in central Europe (Figure 1.13.2). Rates in Hungary, Poland, Slovenia were higher than 60 per 100 000 population. Male lung cancer incidence rates in Northern Europe (Finland, Iceland, Norway and Sweden) and some southern European countries (Cyprus, Malta and Portugal) were less than 40 per 100 000 population. Among females, lung cancer incidence was high in Denmark, but also Hungary, Iceland and the Netherlands, at over 25.

Thirty per cent of all new cancer cases among women diagnosed in 2008 were cancers of the breast – the most common form of cancer among women. Incidence rates were high in Denmark and western European countries such as Belgium, France, Ireland and the Netherlands, at over 90 cases per 100 000 population (Figure 1.13.3). Rates in Central and Southern Europe were lower, with Greece, Latvia, Lithuania, Poland, Romania and Turkey all reporting less than 50 new cases per 100 000 population. There has been an increase in measured incidence rates of breast

cancer over the past decade, although death rates have declined or remained stable. Survival rates have also increased, due to earlier diagnosis and/or better treatment (see Indicator 4.8 “Screening, survival and mortality for breast cancer”).

Prostate cancer has become the most commonly diagnosed cancer among males in most OECD countries, particularly among men over 65 years of age. Prostate cancer comprised one quarter (25%) of all new diagnoses in 2008. Rates were highest in Belgium, France and Ireland and northern European countries (Finland, Iceland, Norway and Sweden) (Figure 1.13.4). Rates were lower in a range of central and southern European countries, including Bulgaria, Greece, Romania and Turkey. At least part of the five-fold difference between countries with the highest and lowest incidence rates is due to under-registration of prostate cancer in some countries, as well as the use of sensitive diagnostic tests for early detection in others (Ferlay *et al.*, 2007). The rise in the reported incidence of prostate cancer in many countries since the 1990s is due largely to the greater use of prostate specific antigen (PSA) tests, although the use of these has also fluctuated because of their cost and uncertainty about the long-term benefit to patients.

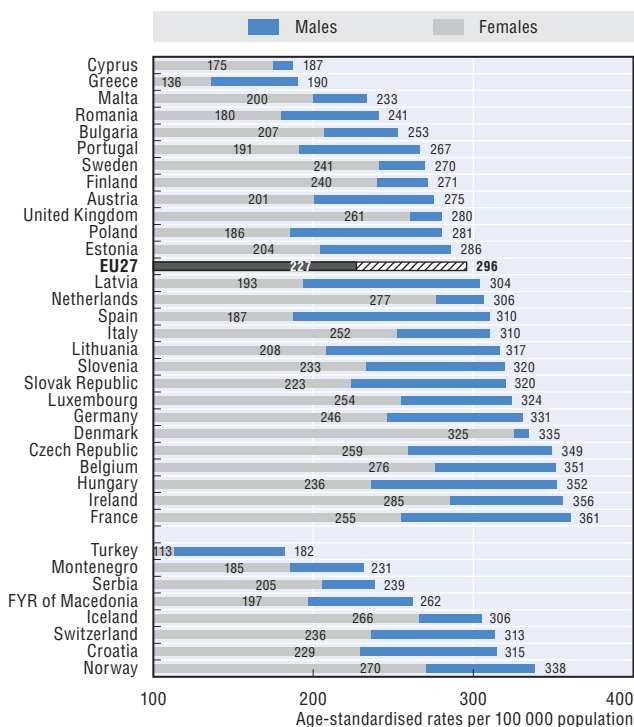
Definition and comparability

Cancer incidence rates are based on numbers of new cases of cancer registered in a country in a year divided by the size of the corresponding population. The rates have been directly age-standardised to Segi's world population to remove variations arising from differences in age structures across countries and over time. The source is GLOBOCAN 2008, at <http://globocan.iarc.fr/>. GLOBOCAN estimates for 2008 may differ to actual incidence for some countries, due to the projection methods used.

Cancer registration is well established in a majority of EU member states, although the quality and completeness of cancer registry data may vary. In some countries, cancer registries only cover subnational areas. The international comparability of cancer incidence data can also be affected by differences in medical training and practice.

The incidence of all cancers is classified to ICD-10 Codes C00-C97 (excluding non-melanoma skin cancer C44), lung cancer to C33-C34, breast cancer to C50 and prostate cancer to C61.

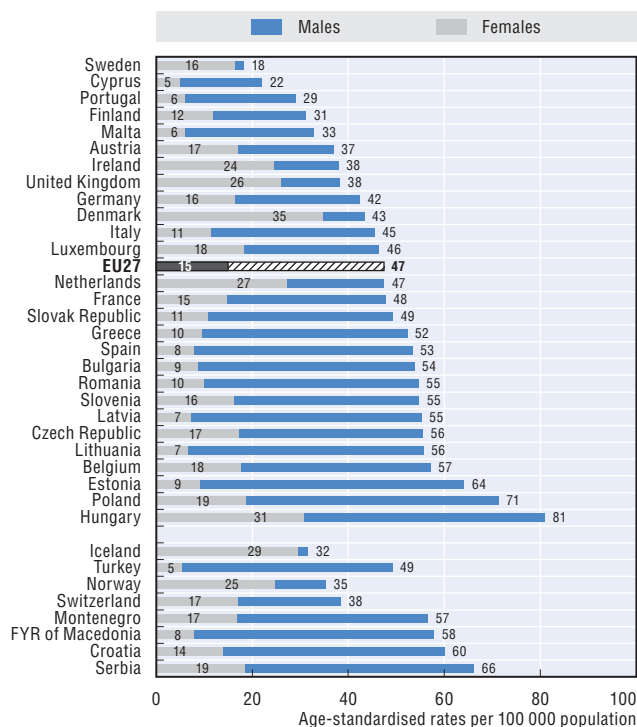
1.13.1. All cancers incidence rates, males and females, 2008



Source: Ferlay et al. (2010).

StatLink <http://dx.doi.org/10.1787/888932703544>

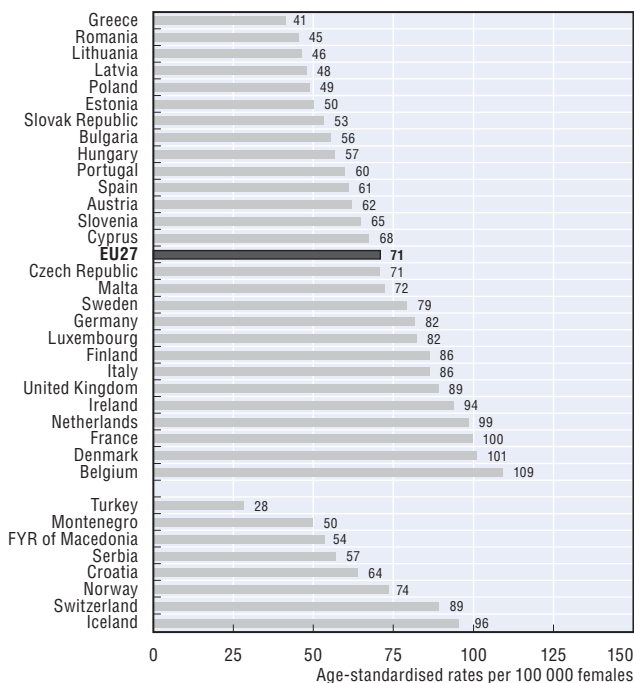
1.13.2. Lung cancer incidence rates, males and females, 2008



Source: Ferlay et al. (2010).

StatLink <http://dx.doi.org/10.1787/888932703563>

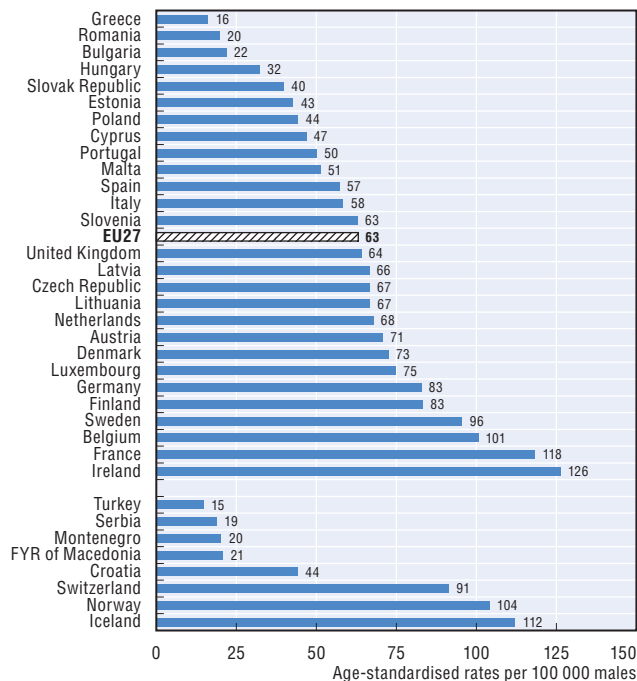
1.13.3. Breast cancer incidence rates, females, 2008



Source: Ferlay et al. (2010).

StatLink <http://dx.doi.org/10.1787/888932703582>

1.13.4. Prostate cancer incidence rates, males, 2008



Source: Ferlay et al. (2010).

StatLink <http://dx.doi.org/10.1787/888932703601>