

Colorectal cancer is the most commonly diagnosed form of cancer in Europe, with over 432 000 new cases diagnosed each year. By 2020, annual incidence is expected to rise to 502 000 cases (IARC, 2011). The annual incidence rate varies from 21 new cases per 100 000 population in Greece to 64 new cases in the Czech Republic. There are several factors that place certain individuals at increased risk for the disease, including age, the presence of polyps, ulcerative colitis, a diet high in fat and genetic background. Furthermore, males are at higher risk of developing colorectal cancer than females (IARC, 2011).

The European Council has recommended implementation of population-based primary screening programmes using the faecal occult blood test (FOBT) for men and women aged 50-74 years (EC, 2010d). Organised screening programmes are being introduced or piloted in several countries and data on screening rates have become available for some European countries. Figure 4.9.1 shows colorectal screening rates using the FOBT test. The use of colonoscopy, which is part of several national policy cancer screening programmes for those with elevated risk, is not captured by these data (ECHIM, 2012). Based on survey data, participation is still relatively low across Europe when compared to long-standing screening programmes for cervical and breast cancer (see Indicators 4.7 and 4.8). Germany is a notable exception where screening rates have reached nearly 55% of the target population in 2010. The low rates observed in most countries may not only reflect the relatively recent implementation of many colorectal cancer screening programmes, but also the organisation and objectives of these programmes. The European Cancer Observer has previously noted that there was considerable variation in the way colorectal cancer screening programmes have been implemented across EU member states (von Karsa *et al.*, 2008).

Advances in diagnosis and treatment of colorectal cancer have increased survival over the last decade. There is compelling evidence in support of the clinical benefit of improved surgical techniques, radiation therapy and combined chemotherapy. Figure 4.9.2 shows the five-year relative survival rate following colorectal cancer diagnosis between 1997-2002 and 2004-09. In the 2004-09 period, the

highest survival rate was observed in Belgium, at nearly 65%. The figures indicate that survival rates improved in all eleven countries for which survival data was available for both periods, with countries such as Slovenia, the Czech Republic and Germany witnessing substantial gains in survival rates.

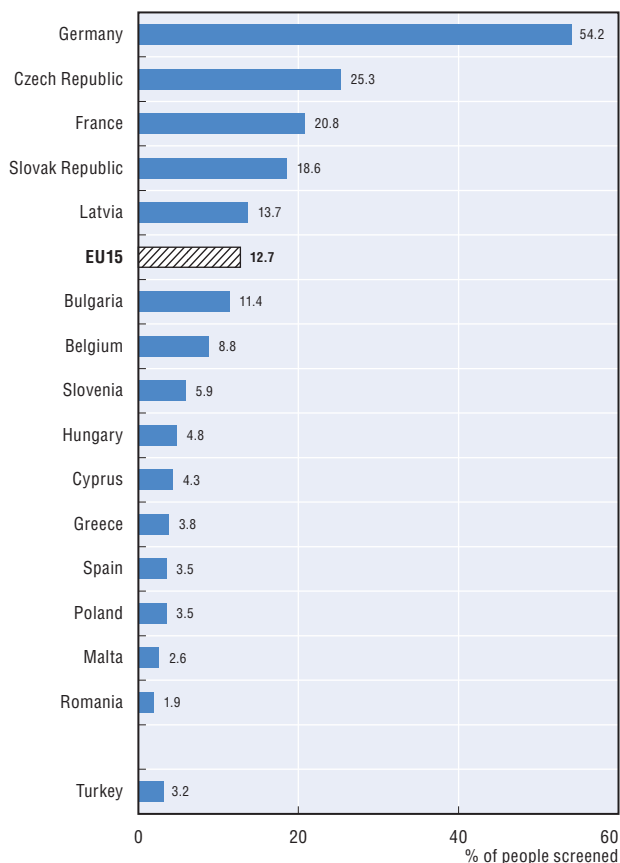
Mortality rates reflect the effect of cancer care, screening and diagnosis as well as changes in incidence (Dickman and Adami, 2006). Between 2000 and 2010, average EU mortality rates fell from 22.2 to 20.5 per 100 000 population, although the trend was not uniform across all countries. Figure 4.9.3 reveals that out of 25 EU member states for which data were available, 15 countries saw a decrease whereas ten countries saw an increase in colorectal cancer mortality. It is noteworthy that the Czech Republic and Germany reported substantial declines in mortality rates and also have the highest screening rates in the European Union. Despite a decrease in their mortality rates for colorectal cancer over the past decade, Hungary continues to have the highest mortality rate for colorectal cancer, followed by the Slovak Republic and the Czech Republic. The number of annual deaths in Europe due to colorectal cancer is expected to rise from 212 000 in 2008 to 248 000 in 2020 (IARC, 2011).

Definitions and comparability

Colorectal screening rates reflect the proportion of persons, aged 50-74, who have undergone a colorectal cancer screening test (faecal occult blood test) in the last two years. Screening rates are based on self-reported responses to the European Health Interview Survey (EHIS) and national health interview surveys.

Survival rates are defined in Indicator 4.7 "Screening, survival and mortality for cervical cancer". See Indicator 1.5 "Mortality from cancer" for definition, source and methodology underlying the cancer mortality rates. Deaths from colorectal cancer are classified to ICD-10 Codes C18-C21.

4.9.1. Colorectal screening, percentage of people screened aged 50-74, 2010 (or nearest year)

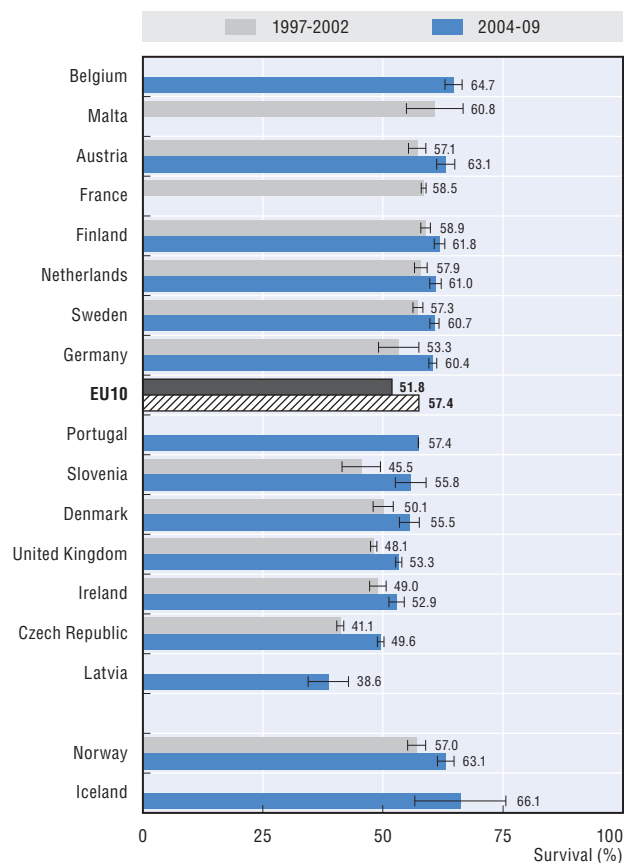


Note: Data based on surveys in all countries.

Source: Eurostat Statistics Database (based on ECHI).

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4.9.2. Colorectal cancer, five-year relative survival rate, 1997-2002 and 2004-09 (or nearest period)

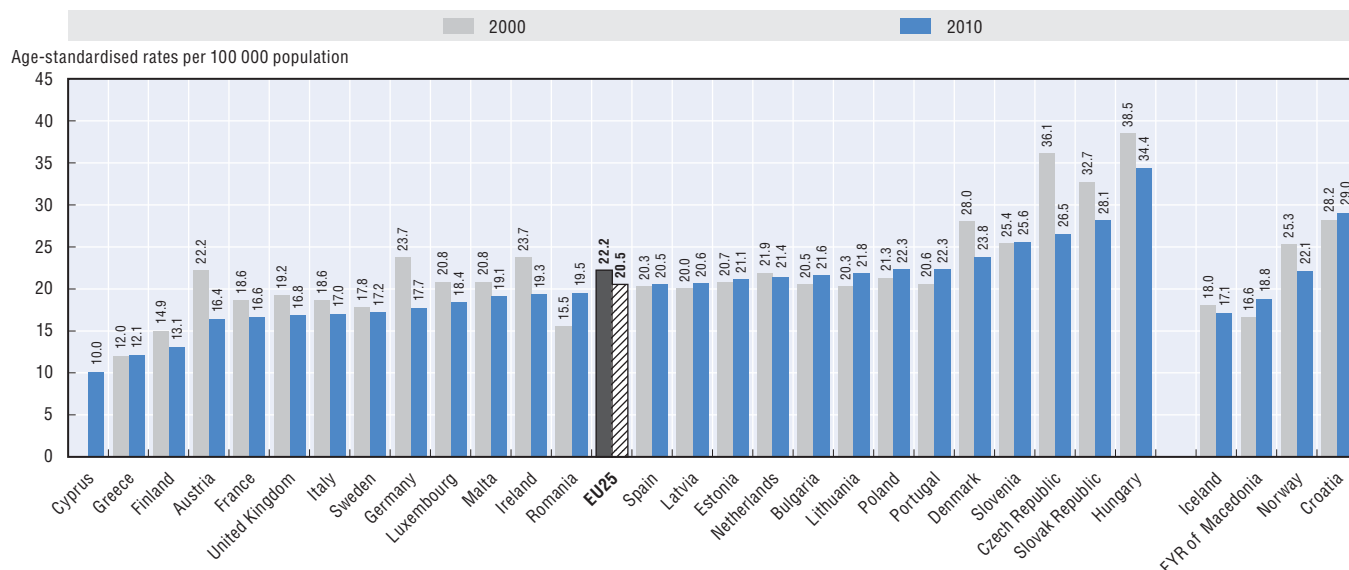


Note: 95% confidence intervals represented by |—|.

Source: OECD Health Data 2012.

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4.9.3. Colorectal cancer mortality, 2000 to 2010 (or nearest year)



Source: Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932705254>