

Cancer is the second leading cause of mortality in EU countries (after diseases of the circulatory system), accounting for 26% of all deaths in 2008. Cancer mortality rates for the total population were the lowest in Cyprus, Finland, Switzerland and Sweden, at under 150 deaths per 100 000 population. They were the highest in central and eastern European countries (Hungary, Poland, the Czech and Slovak Republics, Slovenia) and Denmark, above 200 deaths per 100 000 population.

Cancer mortality rates are higher for men than for women in all EU countries (Figure 1.5.1). In 2008, the gender gap in death rates from cancer was particularly wide in Latvia, Spain, Estonia, France, Lithuania and Portugal, with mortality rates among men more than twice as high as for women. This gap can be explained partly by the greater prevalence of risk factors among men, as well as the lesser availability or use of screening programmes for different types of cancers affecting men, leading to lower survival rates after diagnosis.

Lung cancer still accounts for the greatest number of cancer deaths among men in all EU countries, except in Sweden. Lung cancer is also one of the main causes of cancer mortality among women. Tobacco smoking is the most important risk factor for lung cancer. In 2008, death rates from lung cancer among men were the highest in central and eastern European countries (Hungary, Poland, Estonia, Latvia, Lithuania and others) (Figure 1.5.2). These are all countries where smoking rates among men are relatively high. Death rates from lung cancer among men are low in Nordic countries (Sweden, Iceland, Finland and Norway) as well as in Cyprus, countries with low smoking rates among men (see Indicator 2.6). Denmark and Iceland, however, have high rates of lung cancer mortality among women.

Breast cancer is the most common form of cancer among women in all EU countries (Ferlay *et al.*, 2010). It accounted for 31% of cancer incidence among women, and 17% of cancer deaths in 2008. While there has been an increase in incidence rates of breast cancer over the past decade, death rates have declined or remained stable, indicating increases in survival rates due to earlier diagnosis and/or better treatments (see Indicator 3.13). The lowest mortality rates from breast cancer are in Spain, Norway, Finland and Portugal (below 20 deaths per 100 000 females), while the highest mortality rates are in Ireland and Denmark (above 30) (Figure 1.5.3).

Prostate cancer has become the most commonly occurring cancer among men in many EU countries, particularly for those aged over 65 years of age, although death rates from prostate cancer remain lower than for lung cancer in all countries except Sweden. The rise in the reported incidence of prostate cancer in many countries during the 1990s and 2000s was largely due to the greater use of prostate-specific antigen (PSA) diagnostic tests. Death rates from prostate cancer in 2008 varied from lows of less than 15 per 100 000 males in Malta and Romania, to highs of more than 30 per 100 000 males in a range of central and eastern European and Nordic countries (Figure 1.5.4). The causes of prostate cancer are not well-understood. Some evidence suggests that environmental and dietary factors might influence the risk of prostate cancer (Institute of Cancer Research, 2009).

Death rates from all types of cancer for males and females have declined at least slightly in most EU countries since 1994, although the decline has been more modest than for cardiovascular diseases, explaining why cancer accounts now for a larger share of all deaths. The exceptions to this declining pattern are among central and eastern European countries (Bulgaria, Romania, Latvia, Lithuania, Poland) and Greece, where cancer mortality has remained static or increased between 1994 and 2008.

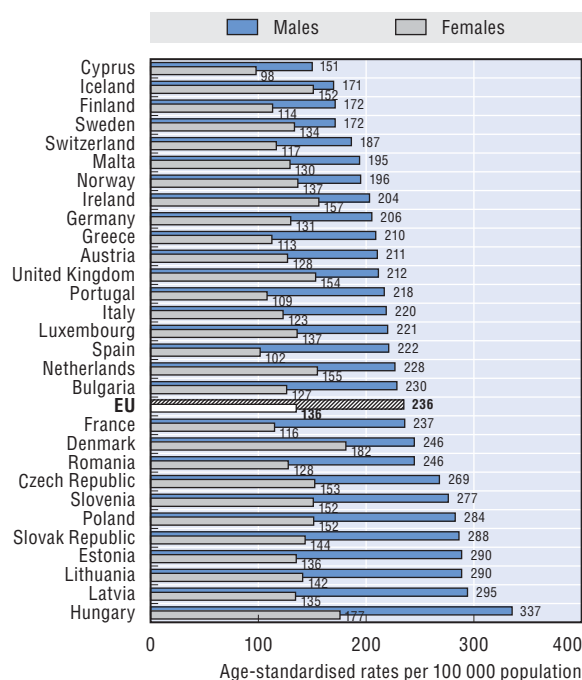
Definition and deviations

Mortality rates are based on numbers of deaths registered in a country in a year divided by the size of the corresponding population. The rates have been directly age-standardised to the WHO European standard population to remove variations arising from differences in age structures across countries and over time. The source is the *Eurostat Statistics Database*.

The international comparability of cancer mortality data can be affected by differences in medical training and practices as well as in death certification procedures across countries. Mathers *et al.* (2005) have provided a general assessment of the coverage, completeness and reliability of data on causes of death.

Deaths from all cancers are classified to ICD-10 codes C00-C97, lung cancer to C32-C34, breast cancer to C50 and prostate cancer to C61.

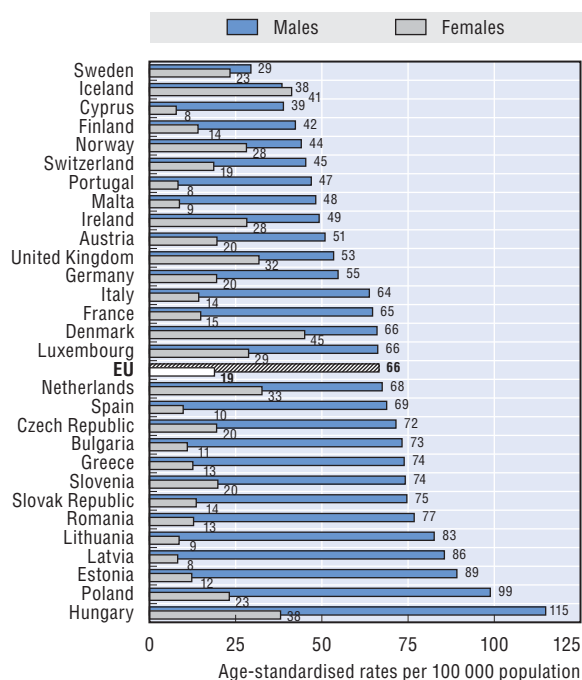
1.5.1. All cancers mortality rates, males and females, 2008 (or nearest year available)



Source: Eurostat Statistics Database. Data are age-standardised to the WHO European standard population.

StatLink <http://dx.doi.org/10.1787/888932335628>

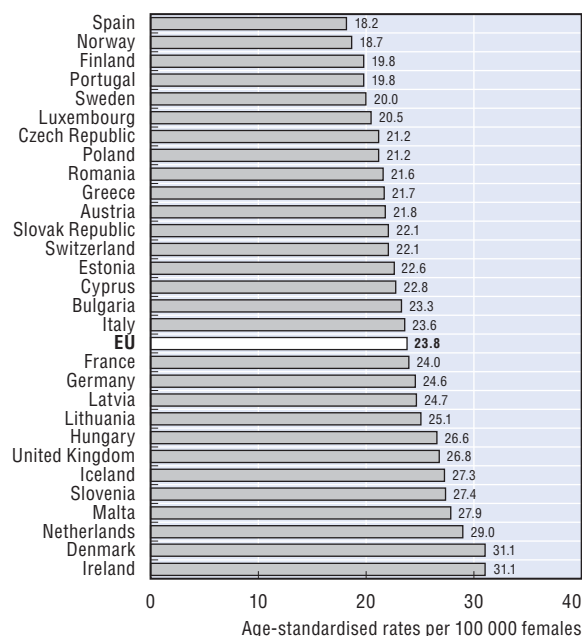
1.5.2. Lung cancer mortality rates, males and females, 2008 (or nearest year available)



Source: Eurostat Statistics Database. Data are age-standardised to the WHO European standard population.

StatLink <http://dx.doi.org/10.1787/888932335647>

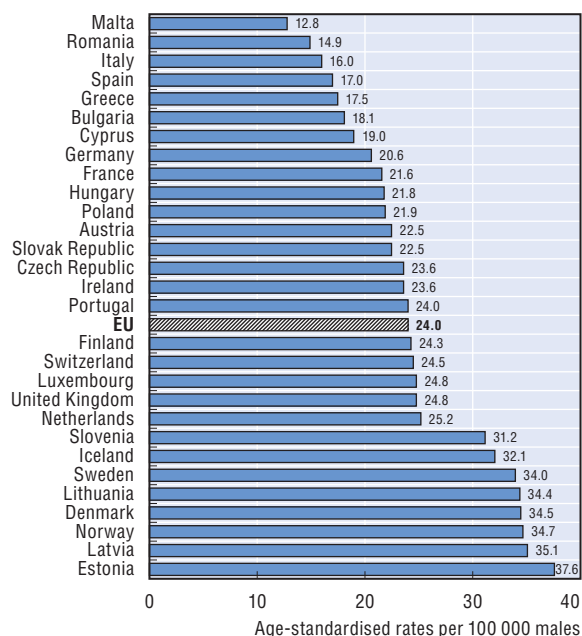
1.5.3. Breast cancer mortality rates, females, 2008 (or nearest year available)



Source: Eurostat Statistics Database. Data are age-standardised to the WHO European standard population.

StatLink <http://dx.doi.org/10.1787/888932335666>

1.5.4. Prostate cancer mortality rates, males, 2008 (or nearest year available)



Source: Eurostat Statistics Database. Data are age-standardised to the WHO European standard population.

StatLink <http://dx.doi.org/10.1787/888932335685>



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