Breast cancer is the most common form of cancer among women in all EU countries, accounting for 31% of cancer incidence, and 17% of cancer deaths among women in 2008 (see Indicator 1.5). Overall spending for breast cancer care typically amounts to about 0.5-0.6% of total health care expenditure (OECD, 2003).

Most countries have adopted screening programmes, although the optimal frequency of screening and the target age-group are still the subject of debate. European Union guidelines (2006) promote a target screening rate of at least 75% of eligible women in European countries. In Finland and the Netherlands, close to 85% of women aged 50-69 years are screened, but rates are below 20% in Turkey, Poland, the Slovak Republic, and Denmark (Figure 3.13.1). In some countries with low screening rates, like Denmark, no national screening programme has been put in place yet; the low rates reflect opportunistic screening or local programmes. Some countries which had low rates in the early 2000s, such as the Czech Republic, showed substantial increases by 2008, whereas some countries with already high rates experienced declines, including Norway, Finland and the United Kingdom.

The combination of public health interventions and improved medical technology has contributed to substantial improvements in survival rates for breast cancer. Greater awareness of the disease and the promotion of self-examination and screening mammography (European Union, 2003; European Commission, 2006) have led to the detection of the disease at earlier stages. In addition, clinical studies have demonstrated that technological improvements, such as the introduction of combined breast conserving surgery with radiation therapy and routine adjuvant chemotherapy treatment, have increased survival as well as the quality of life of survivors (Mauri *et al.*, 2008). Across European countries, relative five-year breast cancer survival rates have improved between 1997-2002 and 2002-07, even though changes are usually not statistically significant (Figure 3.13.2). Data over a longer time period confirm that five-year survival rates for breast cancer have increased particularly in eastern European countries that historically had lower survival rates (Verdecchia *et al.*, 2007).

Many OECD countries have attained survival rates of over 80%, with rates as high as 88% for Iceland (Figure 3.13.2). Finland and the Netherlands, two countries that had among the highest screening rates in 2000, also report high survival rates for women diagnosed in 2002-07. Given that the effect of early detection through screening requires several years before it is manifested, the impact of the decrease in mammography rates over recent years in several countries will remain uncertain until survival rates for future years become available.

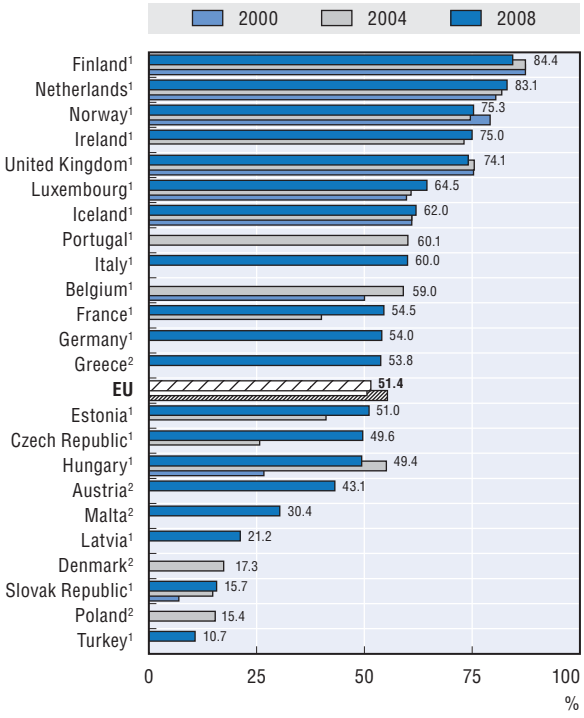
While there has been an increase in incidence rates of breast cancer in many European countries, mortality rates have declined or remained stable over the past decade (Figure 3.13.3), reflecting increased survival due to earlier diagnosis and/or better treatments. Improvements are substantial for countries that had higher mortality levels in the 1990s such as Malta, Denmark and the Netherlands, but other countries including Norway also experienced a large improvement.

Definitions and deviations

Mammography screening rates reflect the proportion of eligible women patients who are actually screened. As policies regarding target age groups and screening periodicity differ across countries, the rates are based on each country's specific policy. Some countries ascertain screening based on surveys and others based on encounter data, and this may influence results. If a country has an organised screening programme, but women receive care outside of the programme, rates may be underreported. Survey-based results may also underestimate rates due to recall bias.

Survival rates and mortality rates are defined in Indicator 3.12.

3.13.1. Mammography screening, percentage of women aged 50-69 screened, 2000 to 2008 (or nearest year)

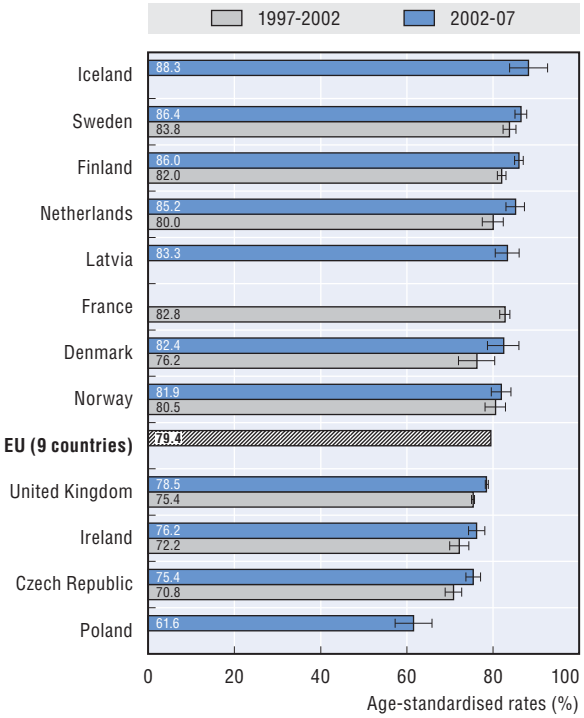


1. Programme.
2. Survey.

Source: *OECD Health Data 2010.*

StatLink http://dx.doi.org/10.1787/888932337262

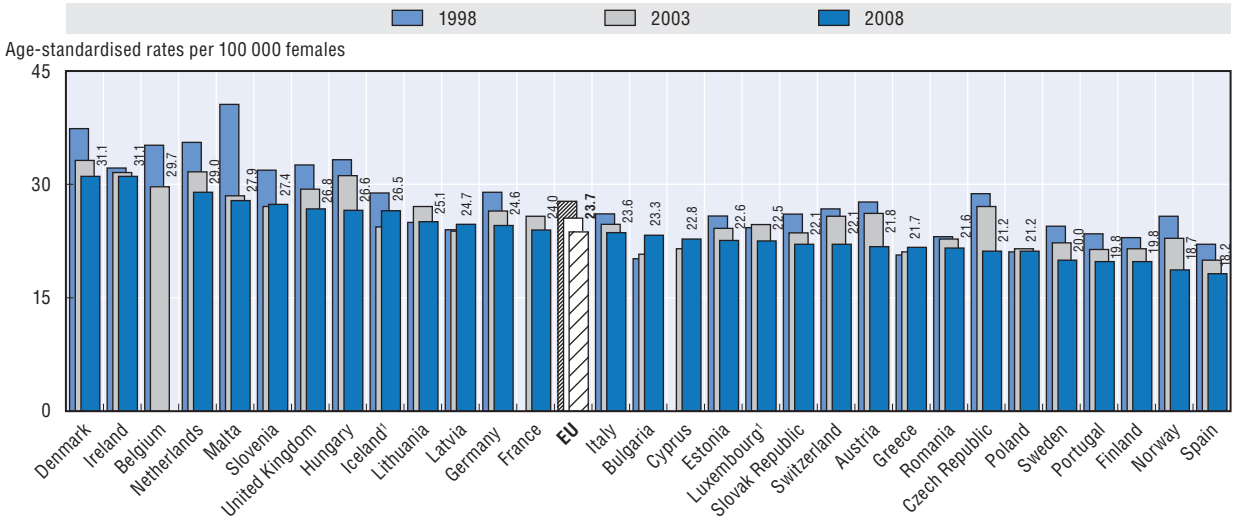
3.13.2. Breast cancer five-year relative survival rate, 1997-2002 and 2002-07 (or nearest period)



Source: OECD Health Care Quality Indicators Data 2009 (survival rates are age-standardised to the International Cancer Survival Standards population and 95% confidence intervals are represented by ⊢).

StatLink http://dx.doi.org/10.1787/888932337281

3.13.3. Breast cancer mortality, females, 1998 to 2008 (or nearest year available)



1. Rates for Iceland and Luxembourg are based on a three-year average to reduce year-to-year variation due to small numbers.

Source: *Eurostat Statistics Database* (mortality data are age-standardised to the WHO European standard population).

StatLink http://dx.doi.org/10.1787/888932337300