

## SURVIVAL AND MORTALITY FOR COLORECTAL CANCER

Colorectal cancer is the second most common cause of cancer deaths after lung cancer among men, and the third most common cause of cancer deaths after breast and lung cancers among women across EU countries (see indicator “Mortality from cancer” in Chapter 3). The main risk factors for colorectal cancer include age, ulcerative colitis, a personal or family history of colorectal cancer or polyps, and lifestyle factors such as a diet high in fat and low in fibre, physical inactivity, obesity, tobacco and alcohol consumption. The incidence of colorectal cancer is significantly higher among men. Generally, rectal cancer is more difficult to treat than colon cancer due to a higher probability of spreading to other tissue, recurrence and postoperative complications.

Following screening programmes for cervical and breast cancers, a growing number of countries have introduced free population-based colorectal cancer screening programmes over the past few years, targeting people in their 50s and 60s (OECD, 2013). In most countries that use the faecal occult blood test, screening is available every two years. The screening schedule is less frequent with colonoscopy and flexible sigmoidoscopy, generally every ten years (IARC, 2017). These differences complicate international comparisons of screening coverage. Based on survey data collected in 2014, less than half of people aged 50 to 74 in EU countries reported having ever been screened for colorectal cancer through a faecal occult blood test (Eurostat, 2017).

Advances in diagnosis and treatment of colorectal cancer, including improved surgical techniques such as mesorectal excision, radiation therapy and combined chemotherapy, and wider and more timely access, have contributed to increased survival over the last decade. On average across EU countries, five-year net survival for colon cancer improved from 54% to 60% between 2000-04 and 2010-14, and from 52% to 58% for rectal cancer over the same period (Figure 6.22 and Figure 6.23). Survival for colon cancer increased particularly rapidly in Denmark, Estonia, Latvia, Lithuania and Slovenia, and the same countries along with Ireland achieved the biggest progress in survival for rectal cancer.

Nonetheless, differences across countries in survival following a diagnosis for colon and rectal cancer is larger than for other types of cancer, such as cervical and breast cancer. This indicates that there is still large room for improvements in early detection and treatment in countries (mainly in Central and Eastern Europe) that are lagging behind.

Looking at overall mortality rates from colorectal cancer, they fell by over 10% on average across EU countries between 2000 and 2015 (Figure 6.24). The decline was particularly large in Austria, Belgium, the Czech Republic and Germany with a reduction of over 30% in age-standardised mortality rates. However, mortality rates from colorectal cancer have increased in some countries, notably in Romania and Croatia, reflecting higher incidence.

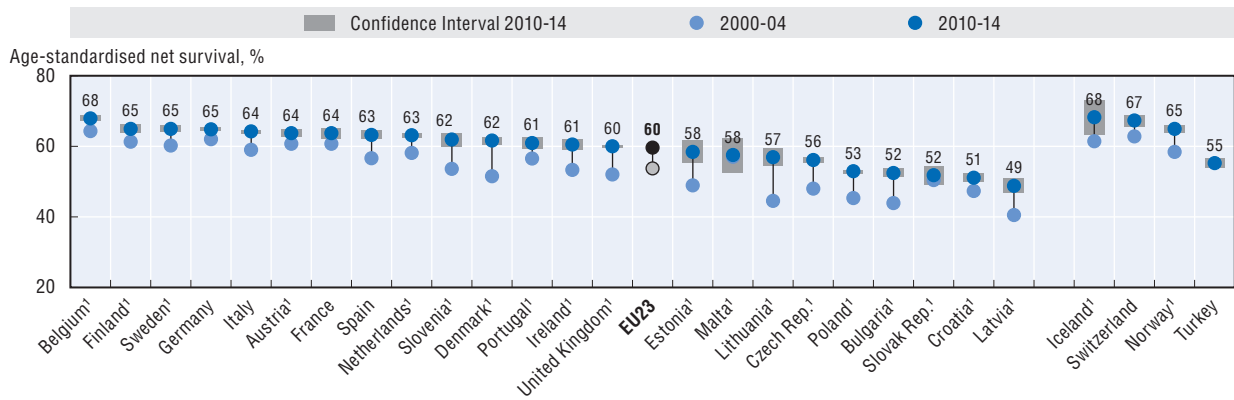
### Definition and comparability

Net survival is defined in the indicator “Screening, survival and mortality for cervical cancer”. See the indicator “Mortality from cancer” in Chapter 3 for the definition of cancer mortality rates. Mortality rates from colorectal cancer are based on ICD-10 codes C18-C21 (colon, rectosigmoid junction, rectum, and anus) while survival estimates are based on C18-C19 for colon cancer and C20-C21 for rectum cancer.

### References

- Eurostat (2017), *Cancer statistics – specific cancers*, Statistics Explained, September 2017.
- IARC (2017), *Cancer Screening in the European Union – Report on the implementation of the Council Recommendation on cancer screening*, European Commission, Brussels, [https://ec.europa.eu/health/sites/health/files/major\\_chronic\\_diseases/docs/2017\\_cancerscreening\\_2ndreport\\_implementation\\_en.pdf](https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/2017_cancerscreening_2ndreport_implementation_en.pdf).
- OECD (2013), *Cancer Care: Assuring Quality to Improve Survival*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264181052-en>.

### 6.22. Colon cancer five-year net survival, 2000-04 and 2010-14



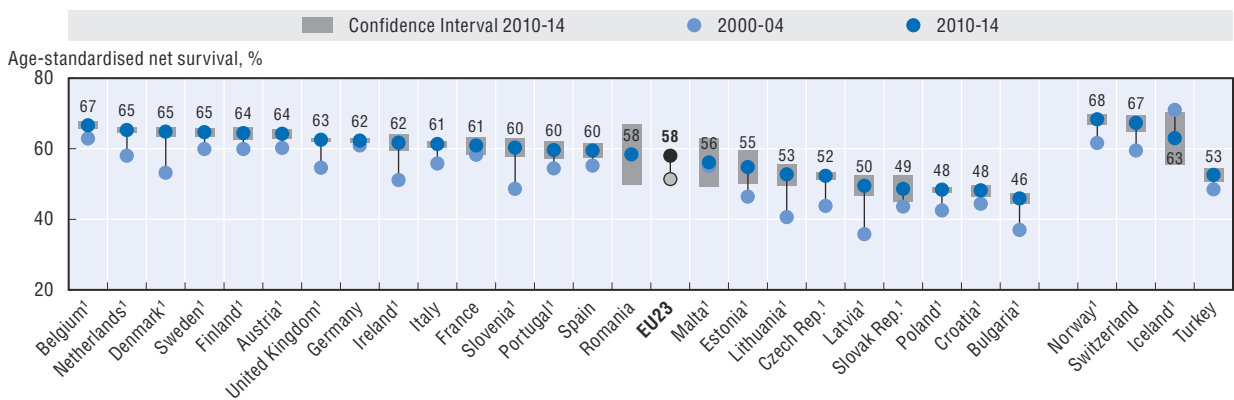
1. Data with 100% coverage of the national population.

Note: 95% confidence intervals have been calculated for all countries, represented by grey areas. The EU average is unweighted.

Source: CONCORD programme, London School of Hygiene and Tropical Medicine.

StatLink <http://dx.doi.org/10.1787/888933836029>

### 6.23. Rectal cancer five-year net survival, 2000-04 and 2010-14



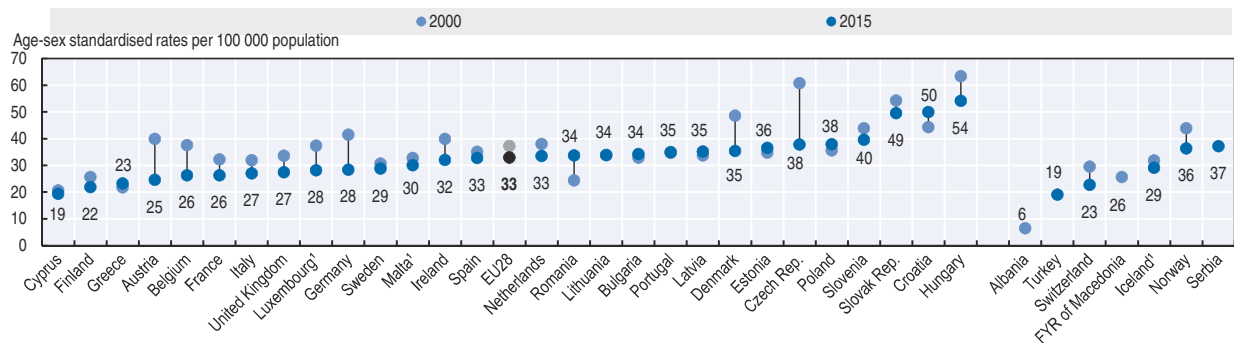
1. Data with 100% coverage of the national population.

Note: 95% confidence intervals have been calculated for all countries, represented by grey areas. The EU average is unweighted.

Source: CONCORD programme, London School of Hygiene and Tropical Medicine.

StatLink <http://dx.doi.org/10.1787/888933836048>

### 6.24. Colorectal cancer mortality, 2000 and 2015



1. Three-year average.

Note: EU average for 2000 has been calculated by the OECD.

Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836067>



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