Screening and survival for colorectal cancer

Colorectal cancer is the third most commonly diagnosed cancer after breast and prostate cancers in OECD countries, and the third most common cause of death from cancer (see indicator "Cancer incidence and mortality" in Chapter 3) (GLOBOCAN, 2018[1]). Several factors increase the risk of developing colorectal cancer, including older age, ulcerative colitis, previous colorectal polyps or a family history of colorectal cancer, as well as lifestyle factors such as a diet high in fat and low in fibre, lack of physical activity, obesity and tobacco and alcohol consumption. Incidence is significantly higher for men than women in most countries. Rectal cancer is often more difficult to treat than colon cancer due to a higher probability of spreading to other tissue, recurrence and post-operative complications.

A growing number of OECD countries have introduced free population-based screening, targeting men and women in their 50s and 60s at either the national or regional levels (OECD, 2013[2]). In most countries that offer the faecal occult blood test, screening is available every two years. The screening/follow-up periodicity schedule is less frequent with colonoscopy and flexible sigmoidoscopy – generally every ten years. These differences complicate international comparisons of screening coverage.

In 2014, an average 40.4% of people aged between 50 and 74 in OECD countries had had a faecal occult blood test at least once in their life (Figure 6.32), and 18.4% of people of all ages had undergone colonoscopy at least once in their life. Population coverage of screening for colorectal cancer is still much lower than for breast and cervical cancer in many OECD countries.

Advances in the diagnosis and treatment of colorectal cancer – including improved surgical techniques, radiation therapy and combined chemotherapy, combined with wider and more timely access to treatments – have contributed to higher survival over the last decade in OECD countries. On average, age-standardised five-year net survival for patients diagnosed during 2010-14 reached 62.1% for colon cancer and 60.6% for rectal cancer (Figure 6.33 and Figure 6.34). Some countries have shown a considerable improvement over the last 10 years, including Denmark, Korea and Lithuania for colon cancer, and the Czech Republic, Denmark, Korea, Ireland, Latvia, Lithuania and Slovenia for rectal cancer.

International variation in age-standardised five-year net survival for cancers of the colon and rectum between OECD countries is very wide. For example, five-year net survival is much higher in Korea than in Chile, for both colon cancer (71.8% versus 43.9%) and rectal cancer (71.1% versus 32.7%). Countries where survival from colon cancer is low also tend to have low survival for rectal cancer, including Chile, the Czech Republic, Latvia, Poland, the Slovak Republic and Turkey. In recent years, some of these countries have made progress in strengthening their systems to reduce the burden of colorectal cancer. For example, in 2013, Chile included treatment for colorectal cancer as part of its guaranteed health care coverage plan (OECD, 2019[4]).

In order to tackle poor outcomes for other cancers (see indicator "Survival for other major cancers"), several OECD countries have taken a more comprehensive approach to strengthening their cancer care systems. In Latvia, cancer care delivery has been centralised and expertise concentrated in specialised institutions to improve both quality and efficiency of care delivery. A national plan was also adopted in 2017 to improve cancer care through prevention, better access to early diagnosis and optimal treatment, as well as rehabilitation and palliative care (OECD/European Observatory on Health Systems and Policies, 2017[6]).

Definition and comparability

Net survival is defined in indicator "Breast cancer outcomes". Survival estimates are based on cancer patient records with ICD-10 codes C18-C19 (International Classification of Diseases for Oncology, third edition) for colon cancer and ICD-10 codes C20-C21 for rectal cancer.

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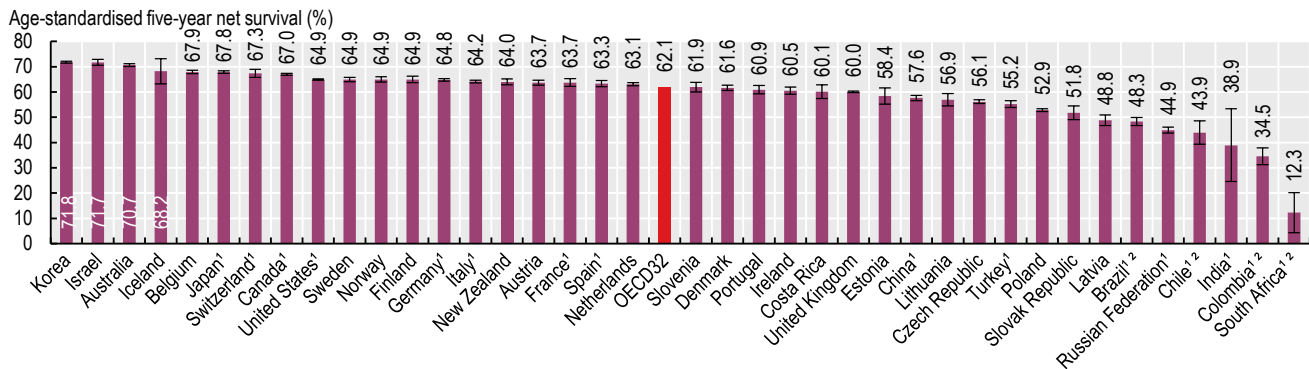
Figure 6.32. **People aged 50-74 years who have had faecal occult blood test at least once in their life, 2014**
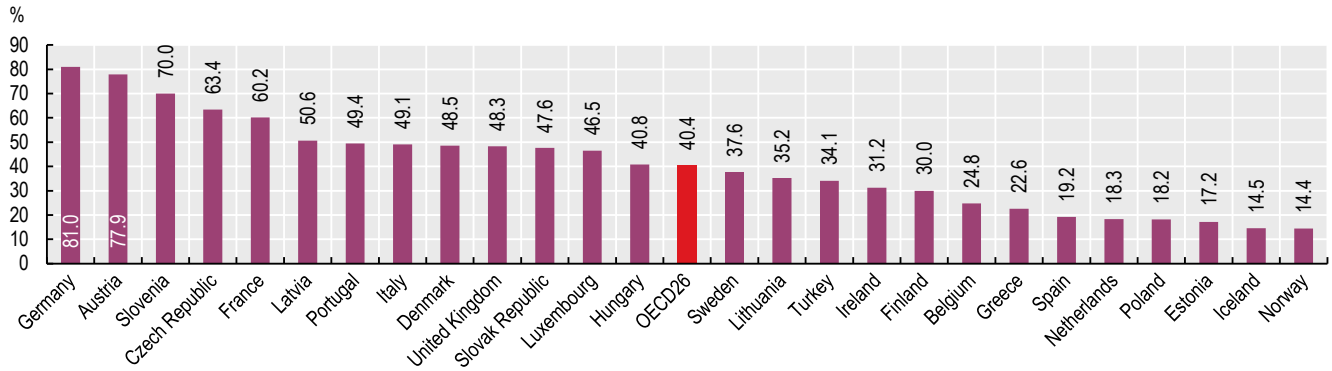
Source: European Health Interview Survey 2014.

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Figure 6.33. **Colon cancer five-year net survival, 2010-14**

Note: H line shows 95% confidence intervals. 1. Data represent coverage of less than 100% of the national population. 2. Survival estimates are considered less reliable: see Allemani et al. (2018) for more information.
Source: CONCORD programme, London School of Hygiene and Tropical Medicine.

StatLink https://doi.org/10.1787/888934016569

Figure 6.34. **Rectal cancer five-year net survival, 2010-14**
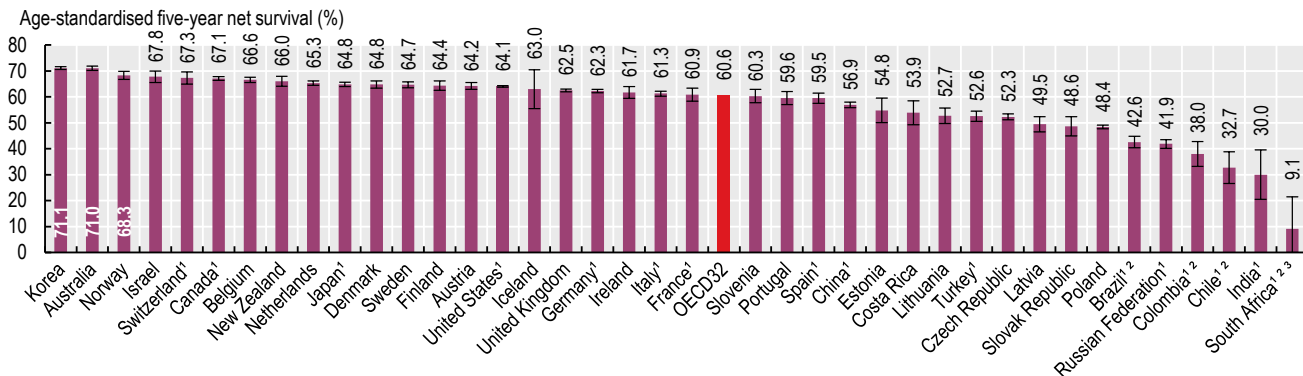
Note: H line shows 95% confidence intervals. 1. Data represent coverage of less than 100% of the national population. 2. Survival estimates are considered less reliable. 3. Survival estimates are not age-standardised.
Source: CONCORD programme, London School of Hygiene and Tropical Medicine.

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