

## 1. HEALTH STATUS

### 1.5. Mortality from cancer

Cancer is the second leading cause of mortality in OECD countries (after diseases of the circulatory system), accounting for 27% of all deaths on average in 2006. In 2006, cancer mortality rates were the lowest in Mexico, Finland, Switzerland and Japan. They were the highest in central and eastern European countries (Hungary, the Czech and Slovak Republics, Poland) and Denmark (Figure 1.5.1).

Cancer mortality rates are higher for men than for women in all OECD countries (Figure 1.5.1). In 2006, the gender gap in death rates from cancer was particularly wide in Korea, Spain, the Slovak Republic, Japan and France, with mortality rates among men more than twice as high as for women. The gender gap in cancer mortality rates 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 OECD countries (except Mexico and Sweden), while it is also one of the main causes of cancer mortality among women. Tobacco smoking is the most important risk factor for lung cancer. In 2006, death rates from lung cancer among men were the highest in central and eastern European countries (Hungary, Poland, the Slovak and Czech Republics), the Netherlands, Greece and Korea (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 Mexico, and in Sweden, one of the countries with the lowest smoking rate among men (see Indicator 2.5 “Tobacco consumption”).

Breast cancer is the most common form of cancer among women in all OECD countries (IARC, 2004). It accounts for 30% or more of cancer incidence among women, and 15% to 20% of cancer deaths. While there has been an increase in measured 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 5.8 “Screening, survival and mortality for breast cancer”). The lowest mortality rates from breast cancer are in Korea and Japan, while the highest mortality rates are in Denmark, the Netherlands, Ireland and the United Kingdom (Figure 1.5.3).

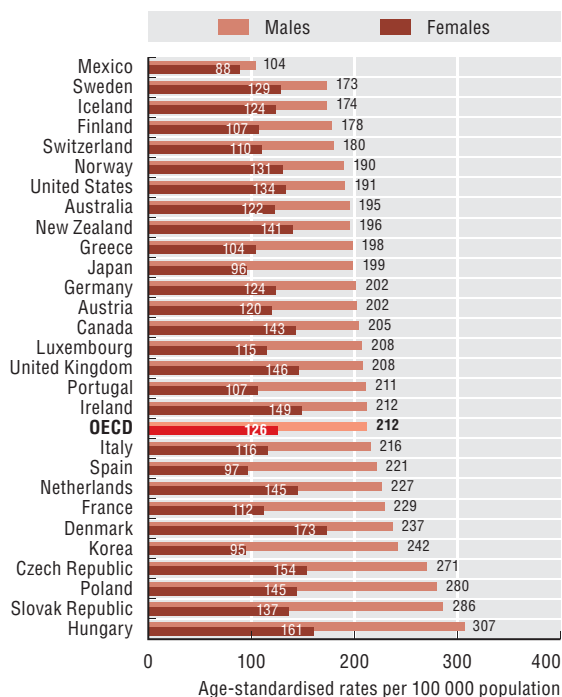
Prostate cancer has become the most commonly occurring cancer among men in many OECD countries, particularly for those aged over 65 years of age, although death rates from prostate cancer remain lower than for lung cancer in all countries except Mexico and Sweden. The rise in the reported incidence of prostate cancer in many countries during the 1990s and 2000s is largely due to the greater use of prostate-specific antigen (PSA) diagnostic tests. Death rates from prostate cancer in 2006 varied from lows of less than 10 per 100 000 males in Korea and Japan, to highs of more than 30 per 100 000 males in Denmark, Sweden and Norway (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 OECD countries since 1985, although the decline has been more modest than for cardio-vascular diseases, explaining why cancer accounts now for a larger share of all deaths. The exceptions to this declining pattern are Greece, Korea, Poland, Portugal, the Slovak Republic and Spain, where cancer mortality has remained static or increased between 1985 and 2006.

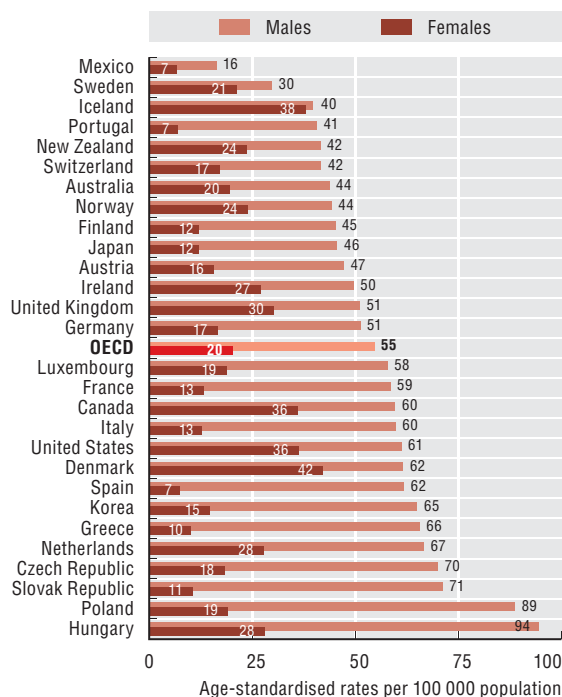
#### **Definition and deviations**

Mortality rates are based on the crude number of deaths according to selected causes in the WHO Mortality Database. Mathers *et al.* (2005) have provided a general assessment of the coverage, completeness and reliability of WHO data on causes of death. 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. Mortality rates have been age-standardised to the 1980 OECD population, to remove variations arising from differences in age structures across countries and over time within each country.

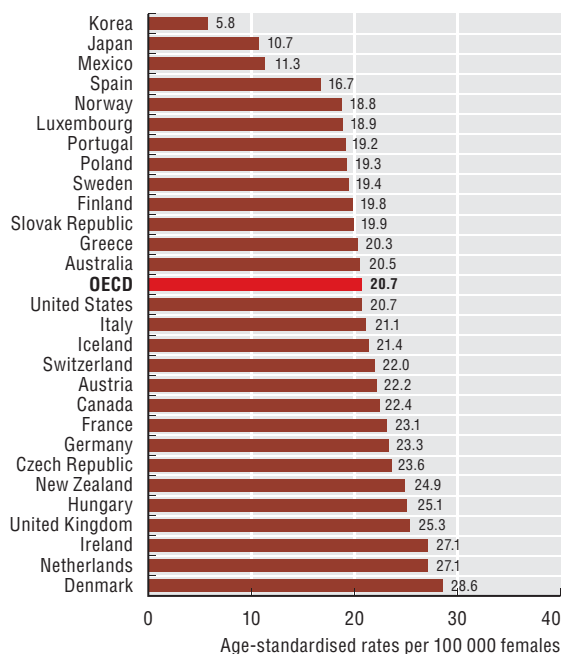
### 1.5.1 All cancers, mortality rates, males and females, 2006 (or latest year available)



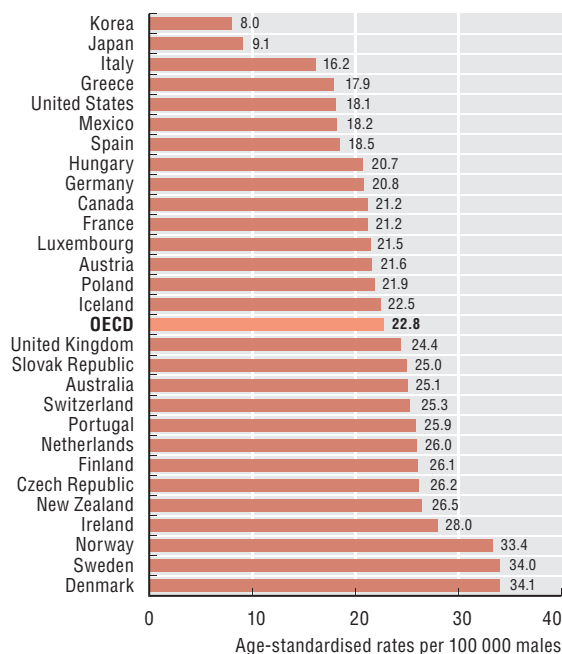
### 1.5.2 Lung cancers, mortality rates, males and females, 2006 (or latest year available)



### 1.5.3 Breast cancers, mortality rates, females, 2006 (or latest year available)



### 1.5.4 Prostate cancers, mortality rates, males, 2006 (or latest year available)



Source: OECD Health Data 2009. The raw mortality data are extracted from the WHO Mortality Database, and age-standardised to the 1980 OECD population.

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