

Survival and mortality for colorectal cancer

Colorectal cancer is the third most commonly diagnosed form of cancer after prostate and lung cancers for men, and the second most common cancer after breast cancer for women, across OECD countries. Colorectal cancer incidence is high in Korea, the Slovak Republic, Hungary, Denmark and the Netherlands at 40 or more cases per 100 000 population while it is low in Mexico, Greece, Chile and Turkey at less than half this rate. Incidence is significantly higher for men than women across countries. There are several factors that place certain individuals at increased risk for the disease, including 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, lack of physical activity, obesity, and tobacco and alcohol consumption.

Following screening for breast and cervical cancers, colorectal cancer screening has become available, and an increasing number of countries have introduced free population-based screening, targeting people in their 50s and 60s (OECD, 2013). Partly because of uncertainties about the cost-effectiveness of screening (Lansdorp-Vogelaar et al., 2010), countries are using different methods (i.e. faecal occult blood test, colonoscopy and flexible sigmoidoscopy). Multiple methods are also available within the screening programme in some countries. In most countries that provide faecal occult blood test, screening is available every two years. The screening periodicity schedule is less frequent with colonoscopy and flexible sigmoidoscopy, generally every ten years, making it difficult to compare screening coverage across countries.

Advances in diagnosis and treatment of colorectal cancer including improved surgical techniques, radiation therapy and combined chemotherapy and their wider and timelier access have contributed to increased survival over the last decade. All OECD countries showed improvement in five-year relative survival for colorectal cancer. On average, five-year colorectal cancer survival improved from 55.8% to 62.2% for people with colorectal cancer during 1998-2003 to 2008-2013 respectively (Figure 8.31). Poland, Estonia and the Czech Republic also had a considerable improvement, but cancer survival in these countries is still the lowest among OECD countries at less than 55%. Korea and Israel had the highest survival at over 70%.

In most OECD countries, colorectal cancer survival is higher for women but in Chile, Korea, Israel, Japan, Portugal, Austria and the Netherlands, men have a slightly higher survival (Figure 8.32). The gender difference is the largest in Estonia with the five-year relative survival of 48.4% for males and

55.9% for females. Slovenia, Latvia and Sweden also have a comparatively large difference.

Most countries experienced a decline in mortality of colorectal cancer in recent years, with the average rate across OECD countries falling from 27.4 to 24.2 deaths per 100 000 population between 2003 and 2013 (Figure 8.33). The decline was particularly large in the Czech Republic, Austria and Australia with a reduction of over 25%. The main exceptions to this general trend were Turkey, Brazil, Chile and Mexico where the mortality rate from colorectal cancer increased by more than 10% over the last decade, although the rate remains much lower than the OECD average. Despite some progress, Central and Eastern European countries, particularly Hungary, the Slovak Republic, Slovenia and the Czech Republic, continue to have higher mortality rates than other OECD countries.

Across countries, colorectal cancer continues to be an important cause of cancer death for both men and women (see indicator “Mortality from cancer” in Chapter 8) and countries will need to make further effort to promote not only early diagnosis and effective treatment but also healthy lifestyles to reduce its risk factors (see Chapter 8 “Non-medical determinants”).

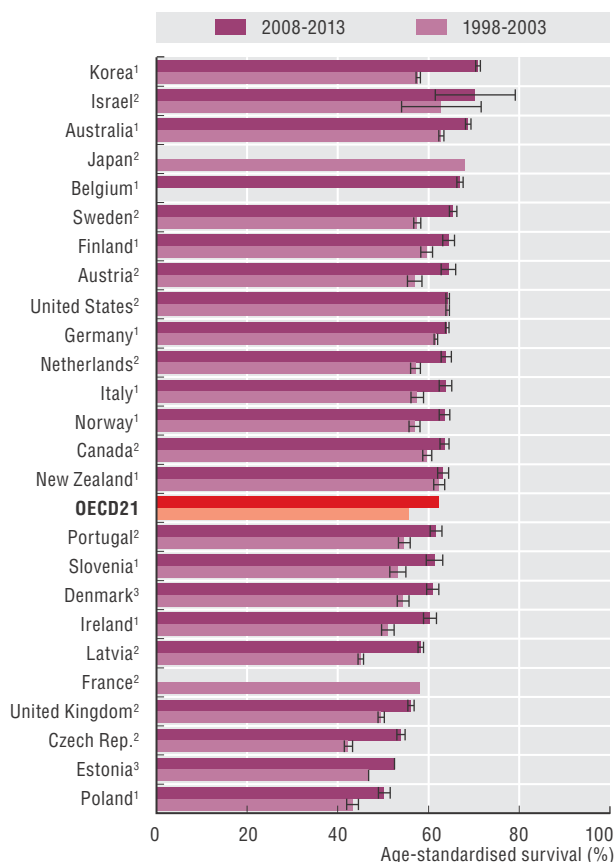
Definition and comparability

Survival and mortality rates are defined in indicator “Screening, survival and mortality for cervical cancer” in Chapter 8. See indicator “Mortality from cancer” in Chapter 3 for definition, source and methodology underlying cancer mortality rates. Survival and mortality rates of colorectal cancer are based on ICD-10 codes C18-C21 (colon, rectosigmoid junction, rectum, and anus).

References

- Lansdorp-Vogelaar, I., A.B. Knudsen and H. Brenner (2010), “Cost-effectiveness of Colorectal Cancer Screening – An Overview”, *Best Practice & Research Clinical Gastroenterology*, Vol. 24, pp. 439- 449.
- OECD (2013), *Cancer Care: Assuring Quality to Improve Survival*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264181052-en>.

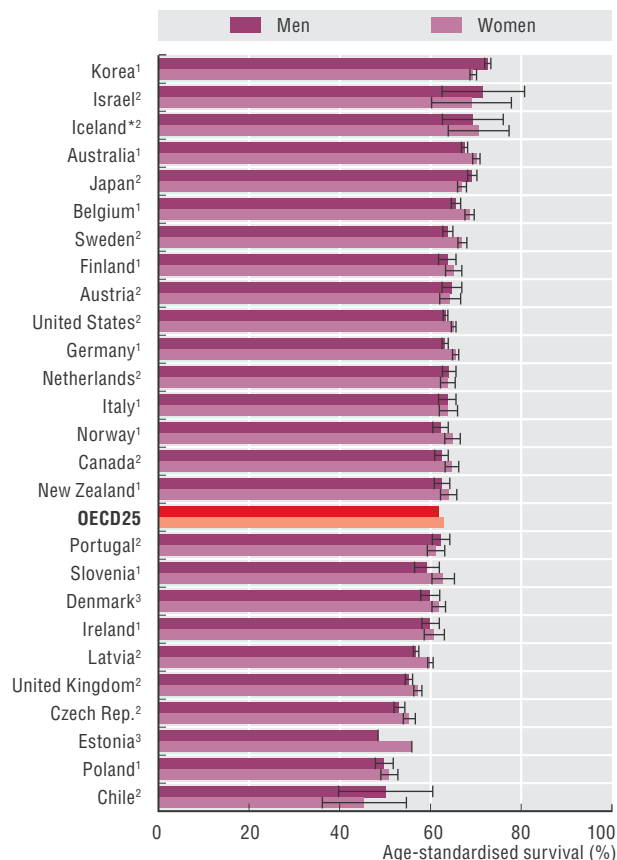
8.31. Colorectal cancer, five-year relative survival, 1998-2003 and 2008-13 (or nearest periods)



1. Period analysis, 2. Cohort analysis. 95% confidence intervals represented by H.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.
StatLink <http://dx.doi.org/10.1787/888933281219>

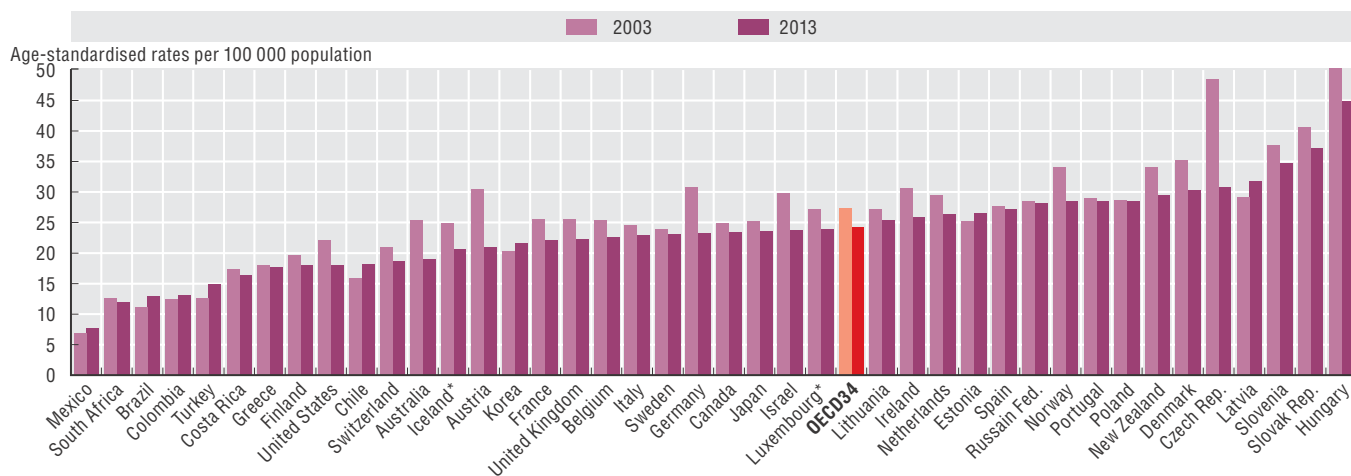
8.32. Colorectal cancer, five-year relative survival by gender, 2008-13 (or nearest periods)



1. Period analysis. 2. Cohort analysis. 3. Different analysis methods used for different years. * Three-period average. 95% confidence intervals represented by H.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.
StatLink <http://dx.doi.org/10.1787/888933281219>

8.33. Colorectal cancer mortality, 2003 to 2013 (or nearest years)



* Three-year average.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

Information on data for Israel: <http://oe.cd/israel-disclaimer>

StatLink <http://dx.doi.org/10.1787/888933281219>



From:
Health at a Glance 2015
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2015-en

Please cite this chapter as:

OECD (2015), "Survival and mortality for colorectal cancer", in *Health at a Glance 2015: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2015-55-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.