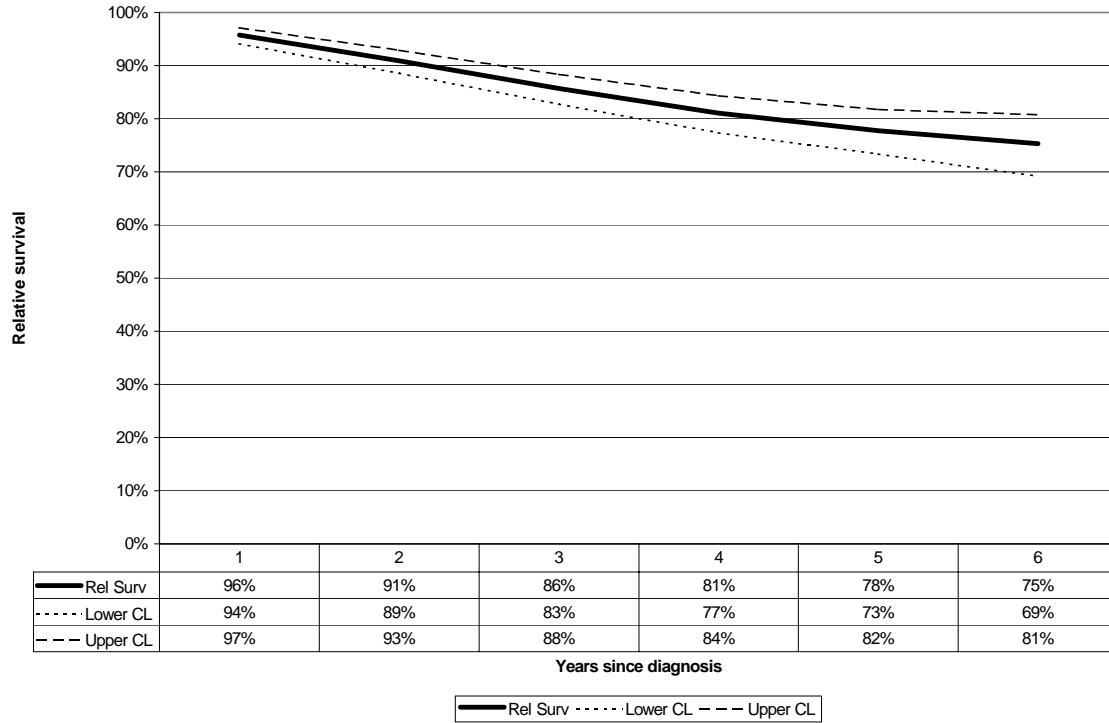
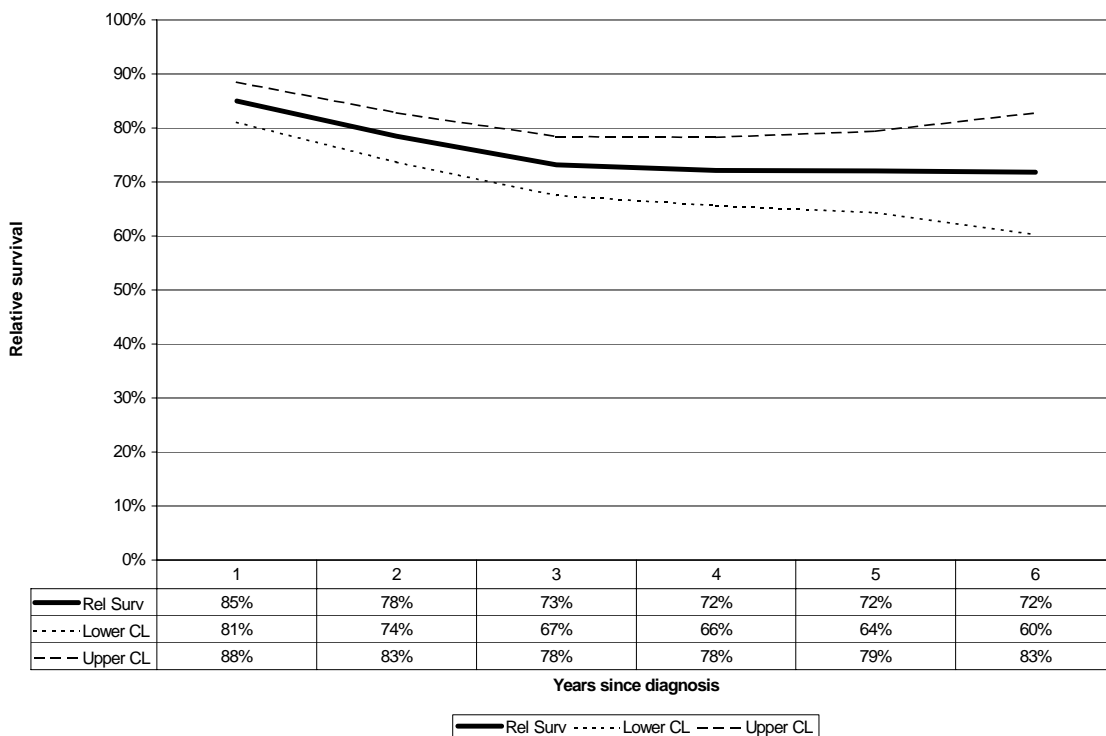


Age-standardised relative survival (%), with 95% confidence intervals, for patients diagnosed between 1998 and 2002 for selected cancer sites (follow-up until end 2003)

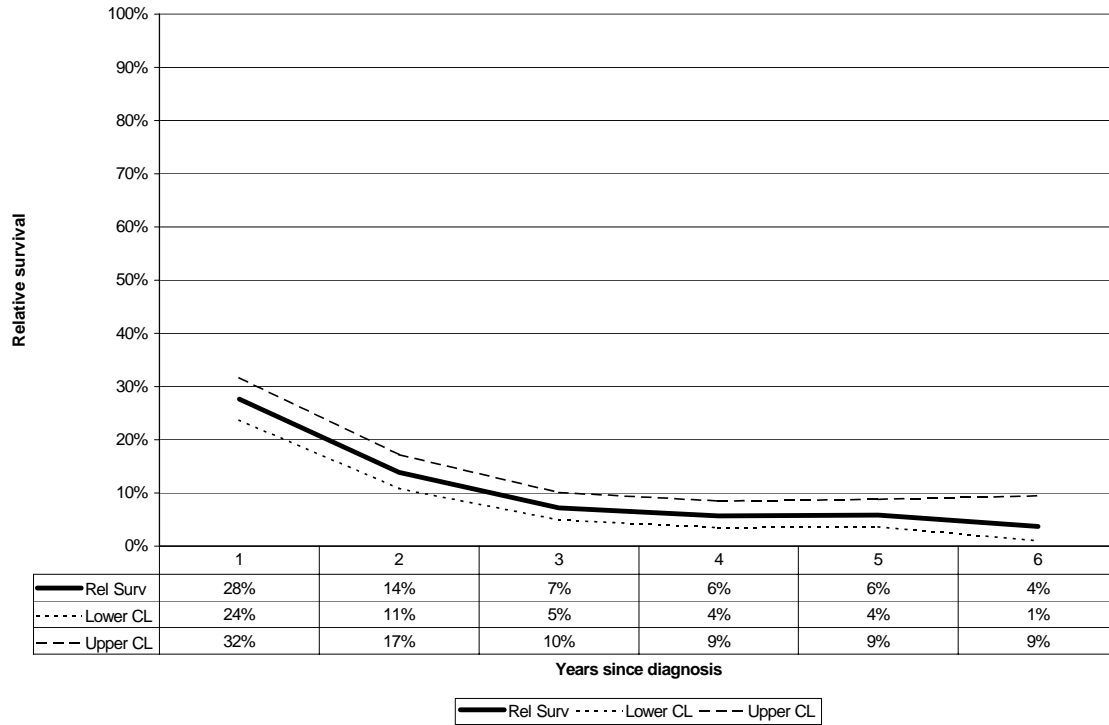
A. Female Breast cancer



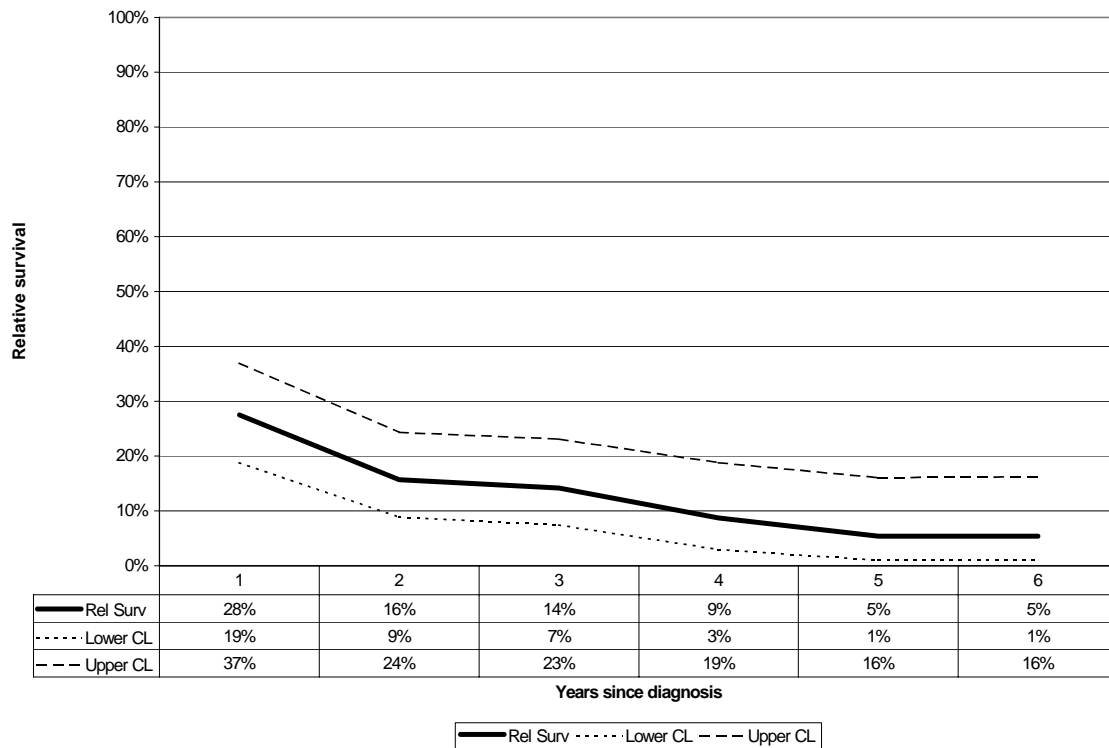
B. Prostate cancer



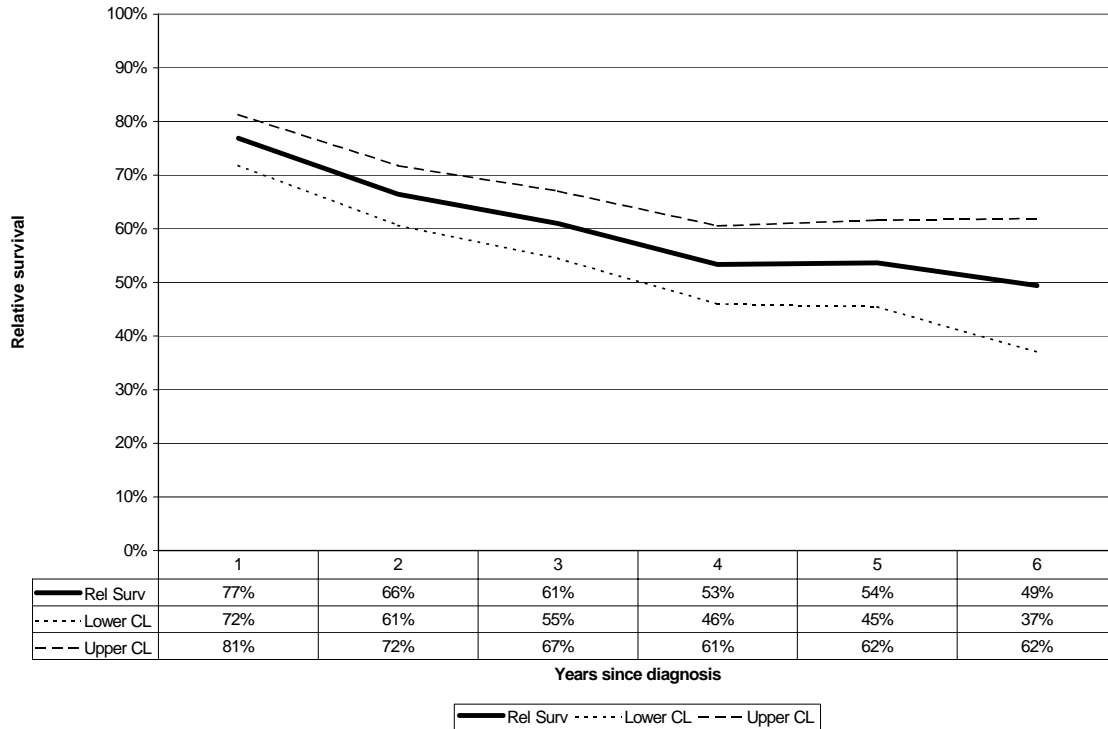
B. Male lung cancer



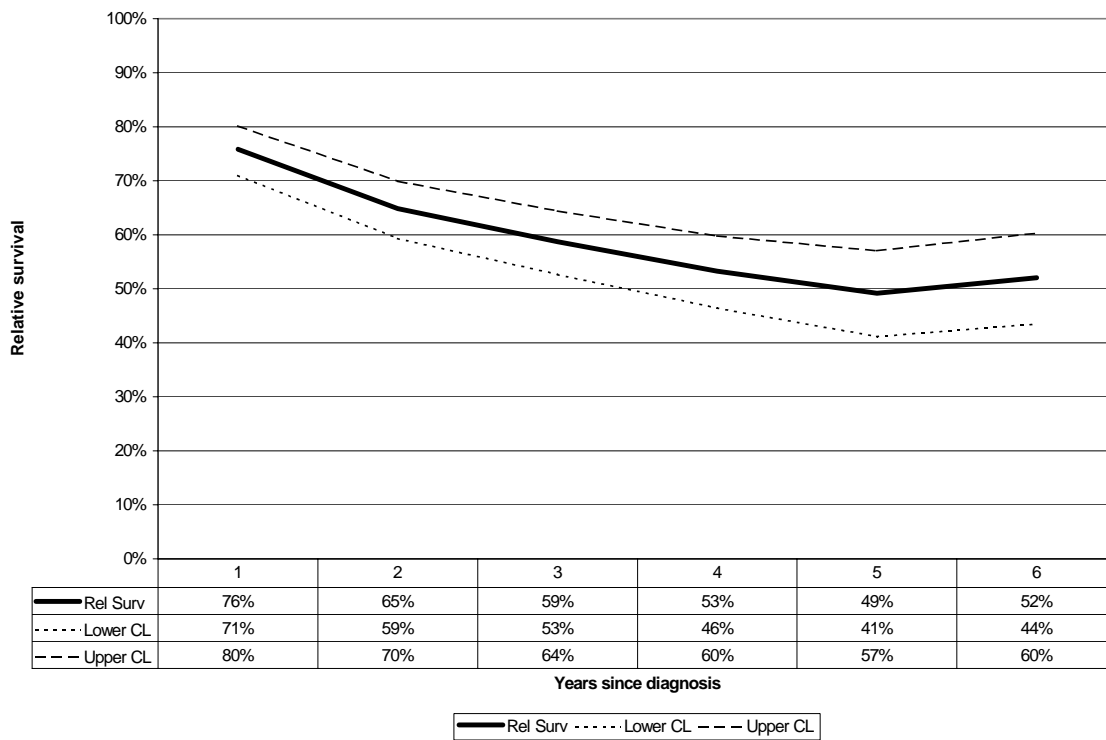
C. Female lung cancer



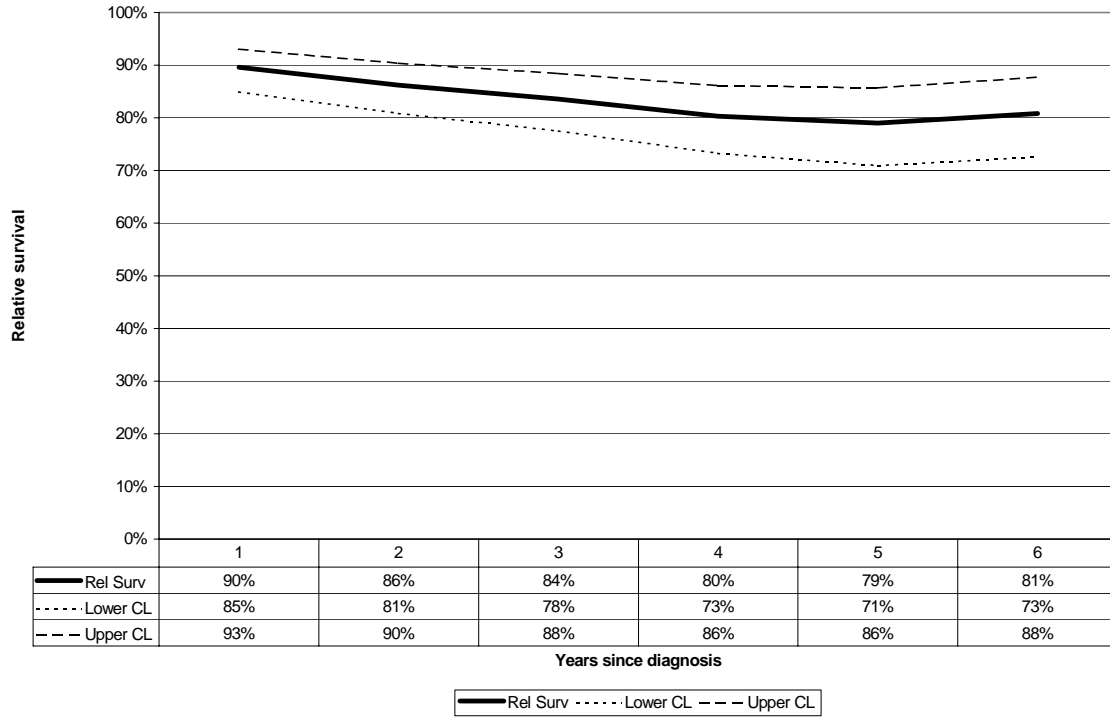
D. Male colorectal cancer



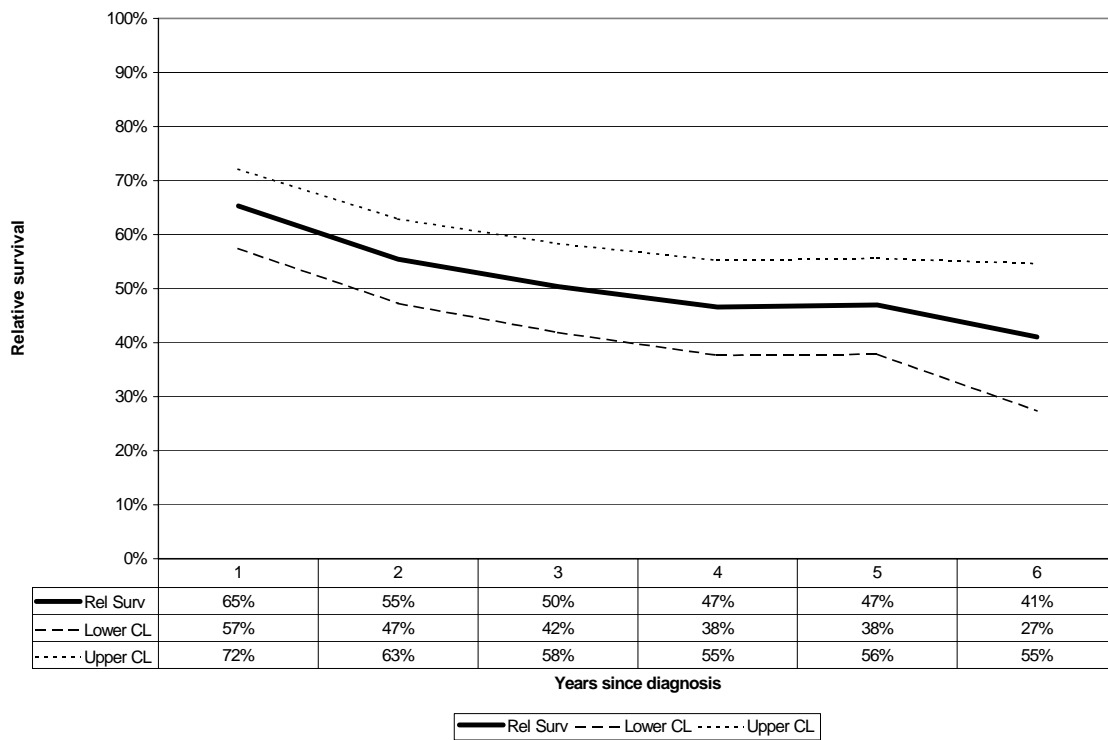
E. Female colorectal cancer



F. Corpus Uteri cancer



G. Ovarian cancer



Commentary

The basic statistical method used in the generation of the above charts was the computation of relative survival, i.e. the ratio of the survival observed in cancer patients to the survival that would be expected in the general population of the same age and gender. Relative survival can be interpreted as an estimate of the proportion of patients who survive, after correction for background mortality.

The survival rates reflect the outcome up to 6 years after diagnosis for cancer patients who were diagnosed during the period 1998-2002 and received their principal treatment then or shortly thereafter, and who have been followed up for ≥ 6 years, to the end of 2003.

Breast cancer, cancers of the body of the uterus and prostate are representative of cancers with a moderately high 5-year relative survival in the range of 60-79%. Malignancies with a moderate prognosis (average 5-year survival 40-50%) are represented by colorectal and ovarian cancers, whilst malignancies with a very poor prognosis (average 5-year survival $< 20\%$) are represented by lung cancer.

In Europe survival from female breast cancer is highest in the Nordic countries ($> 80\%$ at 5 years) and lowest in the Eastern European countries ($< 60\%$ at 5 years)^a. Key factors affecting survival differences are the stage of the tumours at the time of diagnosis and the treatments provided. With the advent of organised screening programmes in many European countries this differences resulting from stage at diagnosis are bound to enlarge.

The European range in 5-year survival rates for men diagnosed with prostate cancer in the EURO CARE-3 study – from $< 40\%$ to $> 80\%$ - is wider than for any other cancer^a. The wide European range in survival is largely attributable to differences in the intensity of diagnostic and screening activity, with fine needle aspiration and PSA testing.

Lung cancer is the most lethal of the common cancers. Lung cancer survival varies by more than two-fold across Europe, but the highest 5-year survival rate for male patients published in the EURO CARE-3 study was still $< 15\%$ ^a. The patterns for women are similar. Most patients are still diagnosed with metastatic disease and treatment with curative intent is rarely possible.

The European average for 5-year survival from colorectal cancers^a is about 50% but even in the countries with the highest survival rates, 5-year survival is still $< 60\%$ ^a. Studies have shown that the stage at diagnosis is the most important factor responsible for the survival differences between populations^b.

The all-cancers survival is higher in women than in men. This is mainly attributable to two reasons. Firstly, women have higher survival than men for most individual types of cancer. Secondly, the most common cancers in women have moderate to good survival (e.g. breast and uterus), whilst the most common cancers in men have very poor survival (e.g. lung and stomach).

- a. Berrino F. et al., (2003) Survival of Cancer Patients in Europe: the EURO CARE-3 Study: *Annals of Oncology*; Volume 14: Supplement 5
- b. Engeland A. et al., (1998) Relative survival of cancer patients: a comparison between Denmark and other Nordic countries: *Acta Oncologica*; 37: 49-59.

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