

# New figures on cancer in Europe show a steady decline in mortality but big variations

November 30 2009

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New figures on deaths from cancer in Europe show a steady decline in mortality between the periods 1990-1994 and 2000-2004. Deaths from all cancers in the European Union (EU) between these two periods fell by nine percent in men and eight percent in women, with a large drop among the middle-aged population.

In a study published online in the [cancer](#) journal, *Annals of Oncology* today (Monday 30 November), researchers found that there was an average 185.2 deaths per 100,000 of the population per year in men between 1990-1994 in 27 member states of the EU, but this fell to 168 deaths per 100,000 between 2000-2004. For women, the number of deaths fell from 104.8 to 96.9 per 100,000.

The researchers, led by Professor Carlo La Vecchia (MD), head of the Department of Epidemiology at the Mario Negri Institute and associate professor at the Faculty of Medicine, University of Milan (Italy), and Professor Fabio Levi (MD), Head of the Cancer Epidemiology Unit at the Institute of Social and Preventive Medicine, Centre Hospitalier Universitaire Vaudois and University of Lausanne, (Switzerland), say that the persistent downward trend is driven largely by changes in tobacco consumption, with large falls in lung and other tobacco-related cancers in men. A steady decline in gastric cancers and, recently, declines in colorectal cancer have also contributed to the overall drop in mortality rates. However, the picture is variable across Europe and between sexes. For instance, where alcohol or [tobacco consumption](#), or a combination of the two, has increased (particularly in women), there has

been a rise in deaths from cancers known to have these as risk factors, such as lung, mouth, pharynx and oesophagus.

Dr Cristina Bosetti (ScD), head of the Unit of Cancer Epidemiology at the Mario Negri Department of Epidemiology, said: "The key message of our paper is that the favourable trends in [cancer mortality](#) in Europe have continued over the most recent years. This is due mainly to the falls in lung and other tobacco-related cancers in men, the persistent decline in [gastric cancer](#), but also appreciable falls in colorectal cancer. Screening and early diagnosis have contributed to the decline in cervical and breast cancer, although the fall in breast cancer mortality is mainly due to improved treatment. Therapeutic advancements have also played a role in the reduced mortality from testicular cancer, Hodgkin lymphoma and leukaemias, although the declines have been delayed and are smaller in eastern Europe."

In their paper the authors say: "These advancements notwithstanding, in the early 2000s, there remains an approximately twofold difference in cancer mortality - as in incidence - across European countries. For men, the highest mortality rates in 2000-2004 were in Hungary (255.2/100,000), the Czech Republic (215.9/100,000) and Poland (209.8/100,000), and the lowest ones in Sweden (125.8/100,000), Finland (130.9/100,000) and Switzerland (136.9/100,000). For women, the highest mortality rates were in Denmark (141/100,000), Hungary (131.5/100,000) and Scotland (123.1/100,000), and the lowest ones in Spain (78.9/100,000), Greece (79.7/100,000) and Portugal (80.9/100,000) again reflecting the different spread of cigarette smoking among men and women across various European countries in the past. Thus, further reduction of tobacco smoking remains the key priority for cancer control in Europe. Interventions in alcohol drinking, aspects of nutrition, including overweight and obesity, and more widespread adoption of screening, early diagnosis and therapeutic advancements for treatable cancers would contribute to further reduce European cancer

burden in the near future."

Their report contains mortality rates by country and by cancer. Below are some examples.

## **Mouth and pharynx**

While overall male mortality declined by about 10%, mortality rates increased in women. Tobacco smoking and alcohol (alone or combined) are the major risk factors for these cancers, accounting for more than 80% of cases.

"Countries like France and Italy, which had the highest alcohol consumption up to the early 1980s, but where alcohol drinking has substantially declined over the last few decades, showed favourable trends in oral cancer mortality since the mid/late 1980s, whereas male trends were less favourable in most countries from northern Europe, where alcohol drinking has increased," the authors report. A recent, dramatic epidemic of oral cancer emerged in central/eastern European countries, mainly Hungary and Slovakia. This is related to tobacco, but also to the consumption of alcohol (often made from fruit).

## **Oesophagus**

Also strongly related to tobacco and alcohol (and their interaction), oesophageal cancer mortality has decreased moderately in men, but remained stable in women overall, while rising in middle-aged women. Deaths fell substantially in France, Italy and Spain for the same reasons as for oral cancers, while they have increased in most of northern, central and eastern Europe, with particularly high rises in Denmark, Scotland and the Baltic countries. In 2000-2004, the highest mortality rates in men were in Scotland (10.9/100,000), England and Wales (8.5/100,000) and Hungary (8.2/100,000); in women the highest rates

were in Scotland (4/100,000), England and Wales (3/100,000) and Ireland (2.8/100,000). The lowest male rates (less than 3/100,000) were in Greece, Bulgaria, Italy and Finland; the lowest female rates were in Belarus, Greece, and Ukraine (less than 0.4/100,000).

## **Trachea, bronchus and lung**

Deaths from lung cancer in EU men have declined overall. They fell by 17% in men from 1995 to 2004; however, over the same period they rose by 27% in women. Between 2000-2004, the highest male lung cancer mortality rates were in Hungary (78.9/100,000), followed by Poland, Croatia, the Czech Republic, Russia and the Baltic countries. For women in the same period, the highest rates were in Scotland (28.8/100,000) and Hungary (22.1/100,000).

## **Skin, including melanoma**

Mortality rates are still rising in the EU for both men and women with overall rates in 2000-2004 of 2.4/100,000 in men and 1.5/100,000 in women. However, the authors say the rates in middle age have been stable in the past decade, and are levelling off in the younger generations. "A possible explanation could be that the health messages about the dangers of sun exposure are beginning to reach the younger generations," said Dr Bosetti.

## **Breast**

From 1990-1994 and 2000-2004 breast cancer mortality has declined by 13% at all ages, by 17% between the ages of 35-64, by 25% between the ages of 35-44, but only by 6% for [women](#) aged 65 and over.

"In the UK and most other western European countries, mortality rates have been substantially declining over the last two decades, whereas they

have been stable or upwards in Russia and most eastern European countries," the authors report. The key factor behind the favourable trends in breast cancer is improved treatment, together with diagnostic advancements.

## **Cervix**

Deaths from cancers of the cervix have fallen by 19% overall between 1990-1994 and 2000-2004, but rates remain high in Russian and eastern European countries. In western and northern Europe the decline is due to the wider adoption of cervical cancer screening programmes, while the authors say the higher rates in eastern Europe call for an "urgent adoption of organised cervical screening programmes".

## **Prostate**

In the EU as a whole there were modest declines in prostate cancer deaths of about four percent from 1990-1994 and 2000-2004. There were falls in France, Germany and the UK in the last decade, which could be attributed to better therapy and management of prostate cancer deaths in recent years. Mortality rates, however, were still increasing in Russia, the Baltic countries, Poland and other eastern European countries.

[More information:](#) Cancer mortality in Europe, 2000-2004, and an overview of trends since 1975. *Annals of Oncology*. [doi:10.1093/annonc/mdp530](https://doi.org/10.1093/annonc/mdp530)

Source: European Society for Medical Oncology

Citation: New figures on cancer in Europe show a steady decline in mortality but big variations

(2009, November 30) retrieved 14 February 2023 from  
<https://medicalxpress.com/news/2009-11-figures-cancer-europe-steady-decline.html>

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