

EUROCARE data show large variations in survival from blood cancers in Europe

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Comparisons of cancer patients' survival and care in Europe up to 2007 show that although more patients are surviving for at least five years after diagnosis, there are large variations between countries, which are particularly significant in cancers of the blood.

Dr Milena Sant, from the Fondazione IRCCS Istituto Nazionale dei Tumori in Milan, Italy, will tell the 2015 European Cancer Congress [1] today that new analysis of data from the EUROCARE 5 study has provided information on patients diagnosed after 2000 in each European country and reveals that survival is generally low in Eastern Europe and high in Northern and Central Europe, confirming trends highlighted in previous EUROCARE studies.

"In general, five-year relative survival - survival that is adjusted for causes of death other than [cancer](#) - increased steadily over time in Europe, particularly in Eastern Europe, for most cancers. However, the most dramatic geographical variations were observed for cancers of the blood where there have been recent advances in treatment, such as chronic myeloid and lymphocytic leukaemias, non-Hodgkin lymphoma and two of its sub-types (follicular and diffuse large B-cell lymphoma), and multiple myeloma. Hodgkin lymphoma was the exception, with smaller regional variations and a fairly good prognosis in most countries," said Dr Sant.

The average five-year relative survival, standardised for age, for Hodgkin lymphoma was the highest of all the blood cancers at 81%, with

variations ranging from 79.4% for Ireland and the UK, to 85% in Northern European countries and 74.3% in Eastern European countries. By contrast, average five-year survival for chronic myeloid leukaemia was 53% (but this varied enormously according to age), with the geographical variation the greatest of all the [blood cancers](#): 33.4% in Eastern Europe versus 51-58% in the rest of Europe. Significant deviations from the regional average were found in Sweden (69.7%), Scotland (64.6%), France (71.7%), Austria (48.2%), Croatia (37.8%), Estonia (48.9%), Czech Republic (45.2%) and Latvia (22.1%).

EUROCARE 5 has records from 22 million [cancer patients](#) diagnosed between 1978 and 2007 in 30 European countries and has been reporting results since the late 1990s. These latest data are on over 10 million patients diagnosed from 1995 up to 2007 and followed up to 2008, with an unprecedented coverage of 50% of the European population. They are published in 11 papers in the *European Journal of Cancer* simultaneously with presentation at the European Cancer Congress.

For cancers that have a fairly good prognosis, the European average five-year relative survival was 82% for breast (with a variation of 74% in Eastern Europe compared to 85% in Northern Europe), 57% for colon (49% in Eastern Europe, 61% in central Europe), 56% for rectum (45% in Eastern Europe, 60% in central Europe), 83% for melanoma (74% in Eastern Europe, 88% in Northern Europe) and 83% for prostate (72% for Eastern Europe, 88% for central Europe).

Smaller variations were seen in cancers with a poor prognosis; lung cancer had a European average five-year relative survival of 13% (9% in Ireland and the UK, 15% in central Europe), ovarian cancer (average 38%, 31% in Ireland and the UK, 41% in Northern Europe), stomach cancer (average 25%, 17% in Ireland and the UK, 30% in Southern Europe), pancreas (average 7%, 5% in Northern Europe, and Ireland and the UK, 8% in Southern Europe) oesophagus (average 12%, 8% Eastern

Europe, 15% central Europe) and brain (average 20%, 18% in Ireland and the UK, 24% in northern Europe).

"Between 1999-2001 and 2005-2007, the largest increases in five-year relative survival were seen in cancers such as chronic myeloid leukaemia where survival increased from 32% to 54%, prostate cancer, which increased from 73% to 82%, and rectal cancer which increased from 52% to 58%," said Dr Sant.

Another analysis of the data reported in the EJC papers looked at overall survival for all cancers in Europe, taking data from over 7.5 million cancer patients in 29 European countries. This shows that Denmark, the UK and Eastern European countries have lower survival than neighbouring countries. Five-year relative survival, standardised for age, was 59.6% in Northern Europe, 58% in Central Europe, 54.3% for Southern Europe, 50.1% for Ireland and the UK, and 45% for Eastern Europe. In Denmark it was 50.9%. Within Eastern European countries, survival for most cancers was significantly lower than the regional average in Bulgaria, Latvia and Poland: 39%, 42% and 41% respectively. In the Czech Republic survival was significantly higher than the regional average, at 51%.

"Survival correlated with gross domestic product (GDP) and total national expenditure on health (TNEH): countries with recent higher increases in GDP and TNEH had a higher increase in cancer survival. However, this was not the case for countries such as Denmark and the UK, which continue to perform worse than expected for their level of TNEH," said Dr Sant.

She said that variations in survival were due to a number of factors: differences in the biology and behaviour of some cancers and in screening and diagnosis (e.g. for breast, prostate and colorectal cancers), which can result in cancers being detected earlier and, potentially, at a

more treatable stage, as well as the availability of newer and better treatments. "Socioeconomic status, lifestyle and general health differences between populations may also play a role."

She concluded: "Results from EURO CARE can help to identify regions of low survival where action is needed to improve patients' outcomes. Population-based survival information is essential for physicians, policy-makers, administrators, researchers and patient organisations who deal with the needs of cancer patients, as well as with the issue of the growing expenditure on health care. It is vital to close the gap between the world of research and that of patient advocacy groups in order to improve cancer care. In connection with the publication of the EURO CARE 5 results, the European Cancer Patient Coalition calls for a reduction in the fragmentation of care services and the promotion of comprehensive multidisciplinary cancer care centres in order to help reduce survival inequalities across Europe, and it stresses that survival is also affected by the organisation and funding of health care systems."

EURO CARE is possible thanks to a consolidated partnership between two Italian research institutes (the Fondazione IRCCS Istituto Nazionale dei Tumori in Milan and the Istituto Superiore di Sanità in Rome) and the network of over hundred European cancer registries.

Professor Peter Naredi, the ECCO scientific co-chair of the Congress, who was not involved in the research, commented: "EURO CARE 5 once again shows how important it is that we follow the outcome of cancer care in Europe. When we improve diagnostics and treatments of a cancer type it does not take long to improve survival for that patient population as well. But what Dr Sant and co-workers also indicate is that improved survival does not come without a financial incentive from the governments. I hope this will continue to encourage the European community to spend money on [cancer care](#) and research."

More information: [1] The European Cancer Congress is the 18th congress of the European Cancer Organisation (ECCO) and the 40th congress of the European Society for Medical Oncology (ESMO).

[2] Survival of Cancer Patients in Europe, 1999 - 2007: The EURO CARE-5 Study. Eds: P. Minicozzi, R. Otter, M. Primic-Rakelj, S. Francisci, European Journal of Cancer, vol.51, issue 15, October 2015, pp 2099-2266.

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