Breast cancer is the most prevalent form of cancer in women across EU countries. One in nine women will develop breast cancer at some point in their life and one in thirty will die from the disease. Risk factors that increase a person's chance of getting this disease include age, family history of breast cancer, genetic predisposition, reproductive factors, oestrogen replacement therapy, and lifestyles-related factors including obesity, physical inactivity, diet, and alcohol consumption.

Breast cancer survival is increased with early detection and most EU countries have adopted breast cancer screening programmes. The periodicity and target groups vary across countries however (OECD, 2013). Due to recent progress in treatment outcomes and concerns about false-positive results, over-diagnosis and overtreatment, breast cancer screening recommendations have been re-evaluated in recent years. Based on recent research findings, WHO recommends organised population-based mammography screening (WHO, 2014).

Figure 6.18 shows breast cancer screening rates for women aged 50-69 in 2004 and 2014. Screening rates range from 23% in the Slovak Republic to over 80% in Portugal, Denmark, Finland and Slovenia in 2014. The screening coverage increased substantially among countries with low rates a decade ago, including Poland, the Czech Republic and Lithuania which have more than doubled their screening rates. Overall rates across the European Union rose from 54% to 63%. A number of countries did report lower rates in 2014 than in 2004 including Greece, Italy, Luxembourg, Austria, the Netherlands and Finland.

Breast cancer survival reflects early diagnosis as well as improved treatments. All EU countries have attained five-year relative breast cancer survival of 80% except Estonia and Poland (Figure 6.19). Poland also shows the lowest relative survival for cervical and colorectal cancers (see indicators "Screening, survival and mortality for cervical cancer" and "Survival and mortality for colorectal cancer"). These low rates are correlated with limited care access and relatively fewer numbers of cancer care centres and radiotherapy facilities (OECD, 2013).

Over the last decade, the five-year relative breast cancer survival has improved across all EU countries and rates have increased from 79% to 84% on average between 2003 and 2013. This increase has been particularly noticeable in Eastern Europe where Estonia, the Czech Republic and Latvia have increased rates by 11, 9 and 8 points respectively. This improvement may be related to strengthening of cancer care governance in these countries. For instance, the Czech Republic intensified its effort to detect breast cancer patients early through the introduction of screening programme in 2002 and implemented a National Cancer Control Programme in 2005 to improve the quality of cancer care and cancer survival. This programme focused notably on increased population coverage and access to specialised services (OECD, 2013; OECD, 2014).

Mortality rates have declined in most EU countries over the past decade, with the EU average falling from 37.3 per 100 000 women in 2003 to 33.2 in 2013 (Figure 6.20). These reductions reflect improvements in breast cancer detection and treatment. Significant improvements were seen in both the Czech Republic and Denmark with declines of over 24% during this period. A small number of countries reported increased rates of mortality in 2013, including Poland, Bulgaria, Latvia and the Slovak Republic.

Definition and comparability

Screening rates and survival are defined in indicator "Screening, survival and mortality for cervical cancer" in Chapter 6. See indicator "Mortality from cancer" in Chapter 3 for definition, source and methodology underlying cancer mortality rates.

Data on breast cancer screening from Turkey are based on women 40 to 69. Data on screening from Luxembourg are based on administrative data.

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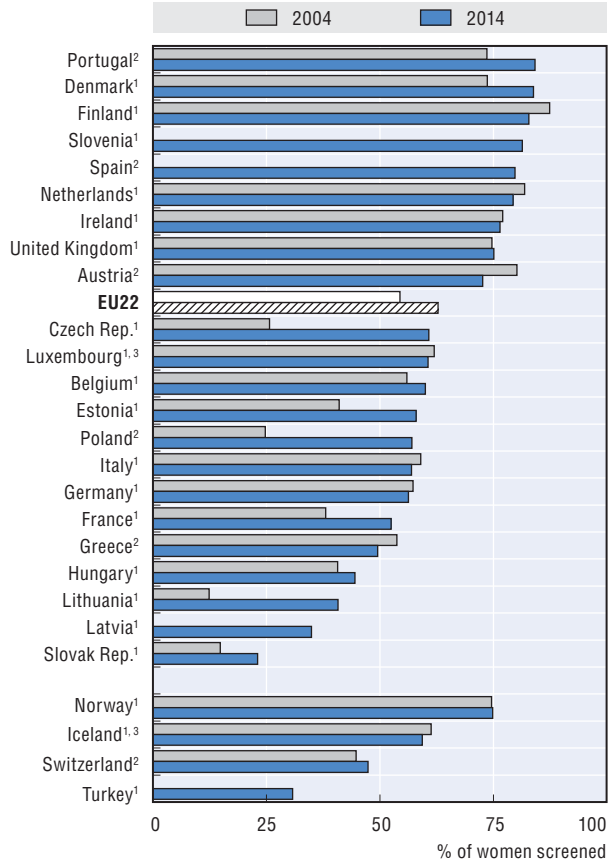
OECD (2013), *Cancer Care: Assuring Quality to Improve Survival*, OECD Publishing, Paris, *http://dx.doi.org/10.1787/9789264181052-en*.

WHO (2014), "WHO Position Paper on Mammography Screening", WHO, Geneva.

6.18. Mammography screening in women aged 50-69, 2004 and 2014 (or nearest years)

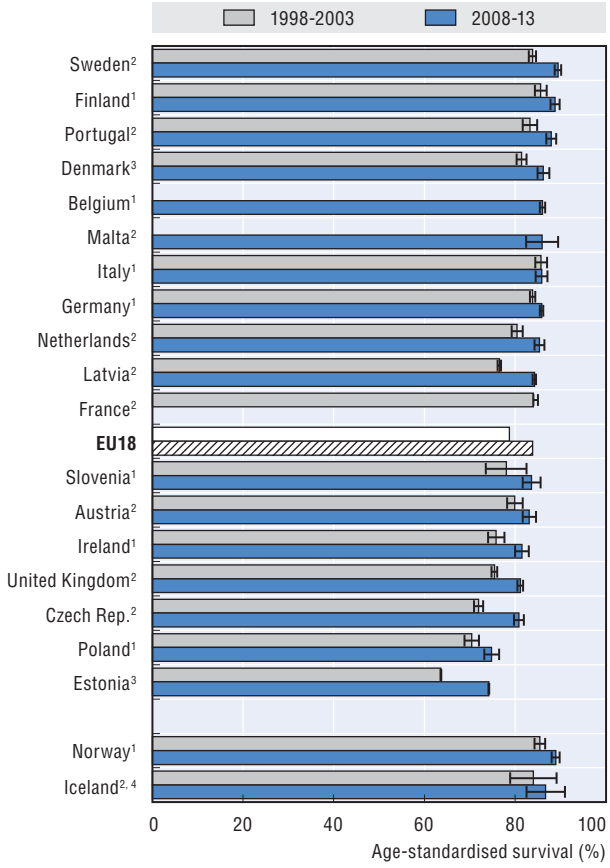


1. Programme.
2. Survey.
3. Three-year average.

Source: OECD Health Statistics 2016.

StatLink http://dx.doi.org/10.1787/888933429530

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



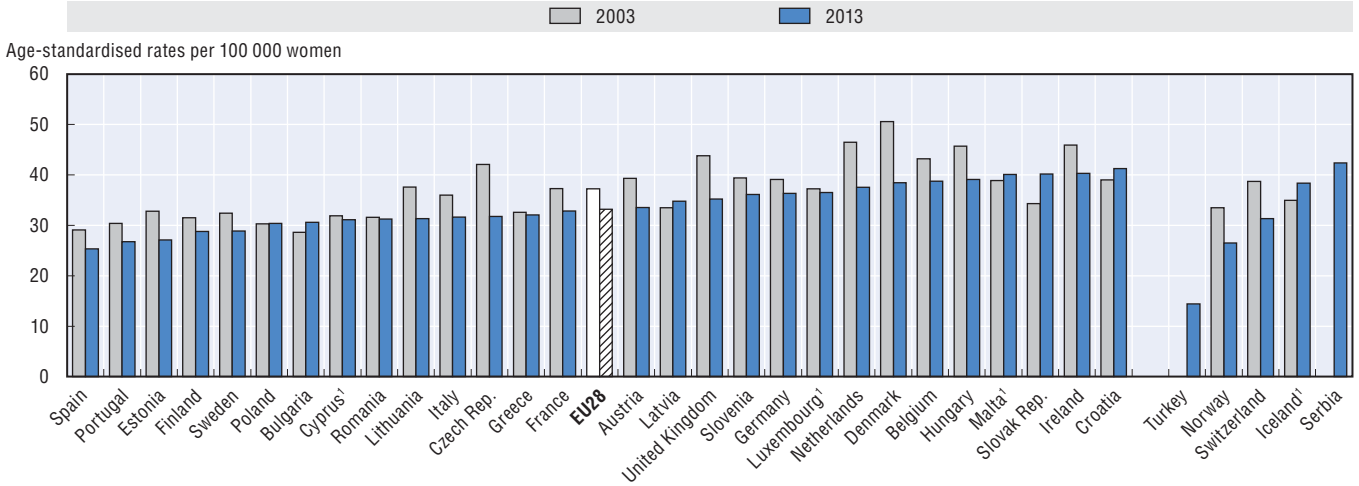
Note: 95% confidence intervals represented by H. EU average unweighted.

1. Period analysis. 2. Cohort analysis.
3. Different analysis methods used for different years.
4. Three-period average.

Source: OECD Health Statistics 2016.

StatLink http://dx.doi.org/10.1787/888933429543

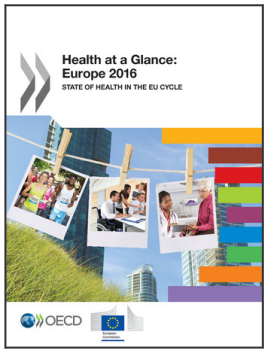
6.20. Breast cancer mortality in women, 2003 and 2013 (or nearest years)



1. Three-year average.

Source: Eurostat Database.

StatLink http://dx.doi.org/10.1787/888933429553



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