Colorectal cancer is the third most commonly diagnosed form of cancer worldwide, after lung and breast cancers, with 345 000 new cases diagnosed in the European Union in 2012. Incidence rates are significantly higher for males than females (IARC, 2012). There are several factors that place certain individuals at increased risk for the disease, including age, the presence of polyps, ulcerative colitis, a diet high in fat and genetic background. The disease is more common in Europe and the United States, and is rare in Asia. But in countries where people have adopted western diets, such as Japan, the incidence of colorectal cancer is increasing.

The European Council has recommended the implementation of population-based primary screening programmes using the faecal occult blood test (FOBT) for men and women aged 50-74 years (European Commission, 2010). Organised screening programmes are being introduced or piloted in several countries and data on screening rates have become available for some European countries. Figure 4.8.1 shows colorectal screening rates using the FOBT test. The use of colonoscopy, which is part of several national policy cancer screening programmes for those with elevated risk, is not captured by these data (ECHIM, 2012). Based on survey data, participation is still relatively low across Europe when compared to long-standing screening programmes for cervical and breast cancer (see Indicators 4.6 and 4.7). Germany is a notable exception where screening rates for colorectal cancer have reached nearly 55% of the target population in 2008. The low rates observed in most countries may not only reflect the relatively recent implementation of many colorectal cancer screening programmes, but also the organisation and objectives of these programmes which might vary across member states. The International Agency for Research on Cancer has for example previously noted that there was considerable variation in the way colorectal cancer screening programmes have been implemented across EU member states (IARC, 2008).

Advances in diagnosis and treatment of colorectal cancer have increased survival over the last decade. There is compelling evidence in support of the clinical benefit of improved surgical techniques, radiation therapy and combined chemotherapy (OECD, 2013). Figure 4.8.2 shows the five-year relative survival following colorectal cancer diagnosis between 1997-2002 and 2007-12. In the 2007-12 period, the highest survival was observed in Belgium, at nearly 65%. The figures indicate that survival improved in all 11 countries for which survival data was available for both periods, with countries such as Ireland and the Czech Republic witnessing substantial gains in survival.

Mortality rates reflect the effect of cancer care, screening and diagnosis as well as changes in incidence. Between 2000 and 2011, average EU mortality rates fell from 37.9 to 34.4 per 100 000 population, although the trend was not uniform across all countries. Figure 4.8.3 shows that out of 28 EU member states, 17 countries saw a decrease whereas eight countries saw an increase in colorectal cancer mortality. Despite a decrease in their mortality rates for colorectal cancer over the past decade, Hungary continues to have the highest mortality rate for colorectal cancer, followed by the Slovak Republic, Croatia, Slovenia and the Czech Republic.

Definitions and comparability

Colorectal screening rates reflect the proportion of persons, aged 50-74, who have undergone a colorectal cancer screening test (faecal occult blood test) in the last two years. Screening rates are based on self-reported responses to the first wave of the European Health Interview Survey (EHIS) around 2008.

Survival is defined in Indicator 4.6 "Screening, survival and mortality for cervical cancer". See Indicator 1.5 "Mortality from cancer" for definition, source and methodology underlying the cancer mortality rates. Deaths from colorectal cancer are classified to ICD-10 codes C18- C21 (colon, rectosigmoid junction, rectum, and anus).

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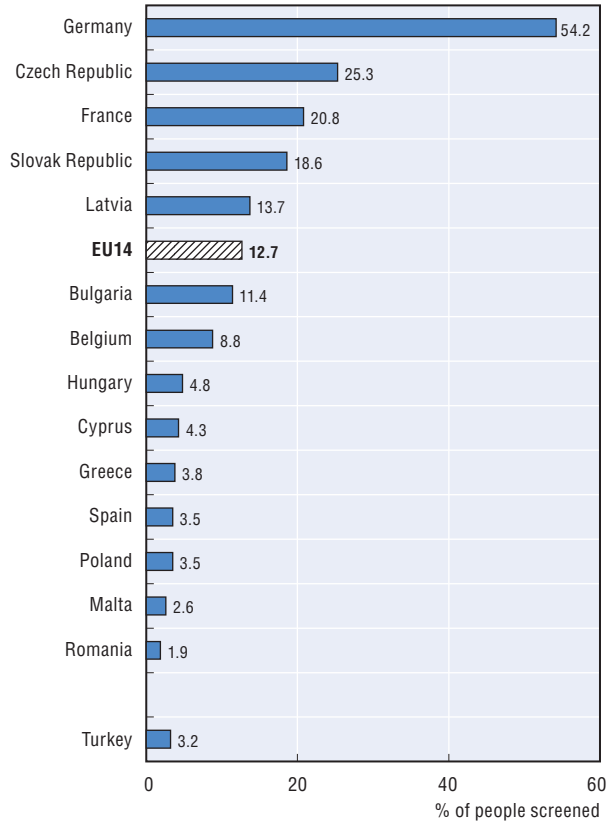
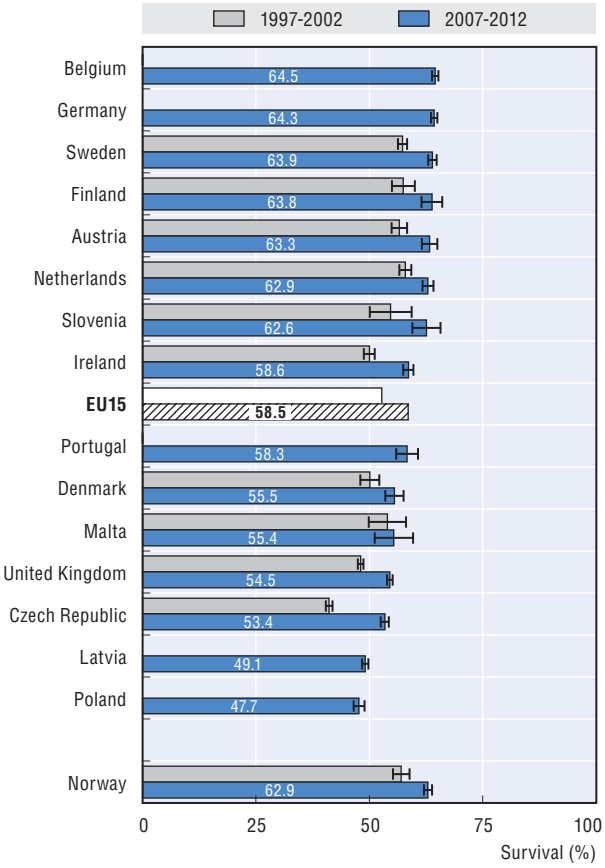
4.8.1. Colorectal cancer screening in people aged 50-74, 2008 (or nearest year)



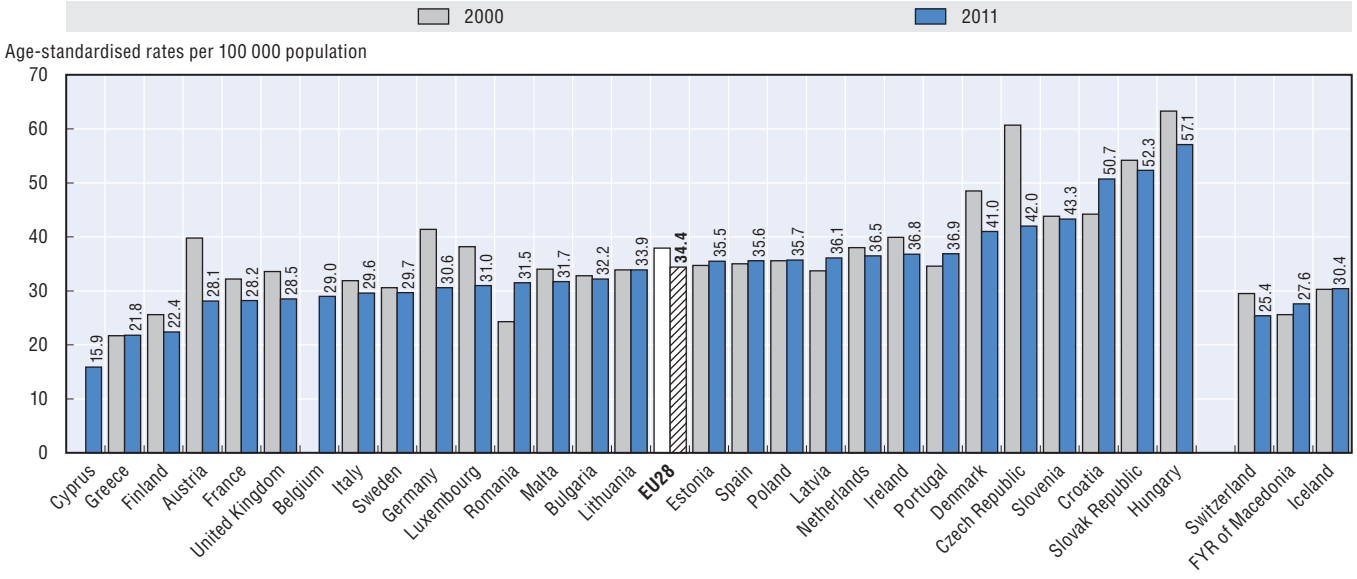
Note: Data based on surveys in all countries.
Source: *Eurostat Statistics Database* (based on EHIS).

4.8.2. Colorectal cancer, five-year relative survival, 1997-2002 and 2007-12 (or nearest period)



Note: The 95% confidence intervals are represented by H.
Source: *OECD Health Statistics 2014*, *http://dx.doi.org/10.1787/health-data-en*.

4.8.3. Colorectal cancer mortality 2000 to 2011



Source: *Eurostat Statistics Database*.

StatLink http://dx.doi.org/10.1787/888933155732