

Colorectal cancer is the third most commonly diagnosed form of cancer among men after prostate and lung cancers and the second most common form among women (after breast cancer) across EU countries. Incidence varies greatly across the EU region from over 40 cases per 100 000 population in the Slovak Republic, Hungary, Denmark and the Netherlands to less than half this rate in Greece. Several risk factors exist including age, ulcerative colitis, a personal or family history of colorectal cancer or polyps, along with lifestyle factors such as a high-fat, low-fibre diet, lack of physical activity, obesity, tobacco use and alcohol consumption.

Colorectal cancer screening has become increasingly available in recent years and a number of countries have introduced free population-based screening, targeting people in their 50s and 60s (OECD, 2013). Partly due to uncertainties about the cost-effectiveness of screening (Lansdorp-Vogelaar et al., 2010), countries are using different methods (i.e. faecal occult blood test, colonoscopy and flexible sigmoidoscopy). Because screening schedules differ by method, comparing screening coverage across countries can be difficult.

Advances in diagnosis and treatment of colorectal cancer, including improved surgical techniques, radiation therapy and combined chemotherapy along with increased access, have contributed to increased survival over the last decade. All EU countries showed improvement in five-year relative survival for colorectal cancer. On average, five-year colorectal cancer survival improved from 53.0% to 60.3% for people with colorectal cancer during 1998-2003 to 2008-13 respectively (Figure 6.21). The Czech Republic and Latvia showed the highest rate increase, improving by over 10 points, but both remained below the EU average. Germany, Austria, Finland, Sweden and Belgium showed the highest rates of survival at over 64%.

In most EU countries, colorectal cancer survival is higher for women but in Portugal, the Netherlands and Austria men have a slightly higher survival although these differences are not statistically significant (Figure 6.22). The gender difference is the largest in Estonia with a five-year relative survival of 48.4% for males and 55.9% for females. Latvia and Sweden also have a comparatively large difference.

Most countries experienced a decline in mortality of colorectal cancer in recent years, with the average rate across EU countries falling from 35.5 to 31.3 deaths per 100 000 population between 2003 and 2013 (Figure 6.23). The decline was particularly large in the Czech Republic and Austria with a reduction of 30% or more. A few countries did show increased rates including Romania, Bulgaria, Estonia, Croatia and the Slovak Republic. Despite some progress, Central and Eastern European countries, particularly Hungary, the Slovak Republic, Slovenia and the Czech Republic, continue to have higher mortality rates than the EU average.

Across countries, colorectal cancer continues to be an important cause of cancer deaths for both men and women (see indicator “Mortality from cancer” in Chapter 3) and countries will need to make further efforts to promote not only early diagnosis and effective treatment but also healthy lifestyles to reduce its risk factors (see Chapter 4 on “Non-medical determinants”).

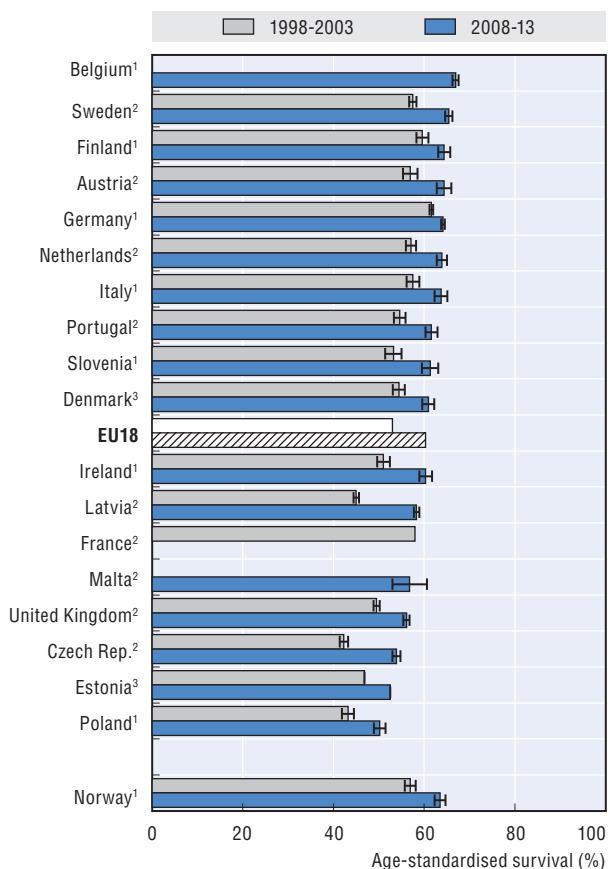
Definition and comparability

Survival and mortality rates 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. Survival and mortality rates of colorectal cancer are based on ICD-10 codes C18-C21 (colon, rectosigmoid junction, rectum, and anus).

References

- Lansdorp-Vogelaar, I. et al. (2010), “Cost-effectiveness of Colorectal Cancer Screening: An Overview”, *Best Practice and Research Clinical Gastroenterology*, Vol. 24, pp. 439-449.
- OECD (2013), *Cancer Care: Assuring Quality to Improve Survival*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264181052-en>.

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



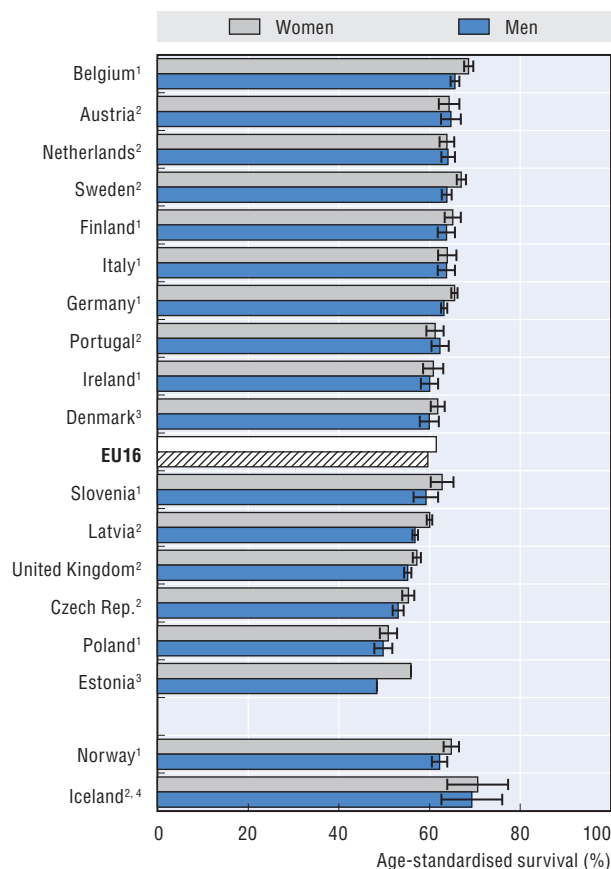
Note: 95% confidence intervals represented by H. EU average unweighted.

1. Period analysis.
2. Cohort analysis.
3. Different analysis methods used for different years.

Source: OECD Health Statistics 2016.

StatLink <http://dx.doi.org/10.1787/888933429563>

6.22. Colorectal cancer, five-year relative survival by gender, 2008-13 (or nearest period)



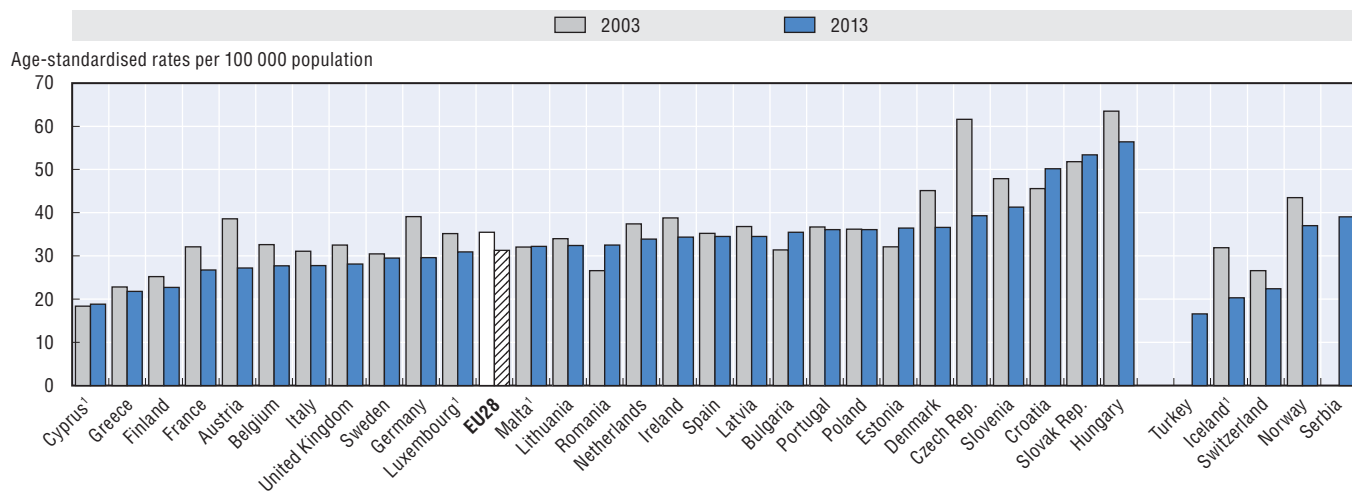
Note: 95% confidence intervals represented by H. EU average unweighted.

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/10.1787/888933429571>

6.23. Colorectal cancer mortality, 2003 and 2013 (or nearest years)



1. Three-year average.

Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933429583>



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