

ORIGINAL ARTICLE

Survival for Ovarian Cancer in Europe: The across-country variation did not shrink in the past decadeWILLI OBERAIGNER^{1,2}, PAMELA MINICOZZI³, MAGDALENA BIELSKA-LASOTA⁴, CLAUDIA ALLEMANI³, ROBERTA DE ANGELIS⁵, LUCIA MANGONE⁶, MILENA SANT³ & EUROCARE WORKING GROUP⁷

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(Received 8 March 2011; accepted 22 December 2011)

ISSN 0284-186X print/ISSN 1651-226X online © 2012 Informa Healthcare
DOI: 10.3109/0284186X.2011.653437

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Abstract

Background. Survival for ovarian cancer is the poorest of all gynaecological cancer sites. Our aim was to present the most up-to-date survival estimate for ovarian cancer by age and morphology and to answer the question whether survival for ovarian cancer improved in Europe during the 1990s. **Material and methods.** This analysis was performed with data from the EURO CARE database. We considered all adult women diagnosed with ovarian cancer between 1995 and 2002 and life status followed up until the end of 2003. A total of 97 691 cases were contributed by 72 European cancer registries in 24 countries. We estimated the most up-to-date relative survival for a mean of 23 661 patients followed up in 2000–2003 using the period hybrid approach and described the relative survival trends from the beginning of 1990s. **Results and conclusion.** Overall, the European age-standardised one-year, five-year and five-year conditional on surviving one-year relative survival were 67.2% (95% CI 66.6–67.8), 36.1% (95% CI 35.4–36.8) and 53.7% (95% CI 52.8–54.7), respectively. Five-year relative survival was 58.6% (95% CI 57.4–59.8), 37.1% (95% CI 36.1–38.1) and 20.5% (95% CI 19.1–21.9) in women aged 15–54, 55–74 and 75–99 years, respectively. The age-standardised five-year relative survival was 38.1% (95% CI 36.9–39.3) for serous tumours and 51.9% (95% CI 49.0–54.9) for mucinous cancers and the crude five-year relative survival was 85.6% (95% CI 81.2–90.0) for germ cell cancers. Overall, the age-standardised five-year relative survival increased from 32.4% (95% CI 31.7–33.2) in 1991–1993 to 36.3% (95% CI 35.5–37.0) in 2000–2003. There is a need to better understand the reasons for the wide variation in survival of ovarian cancer in Europe. Actions aiming to harmonise the protocols for therapy should contribute to narrowing the wide gap in survival and research on screening and early detection of ovarian cancer should be enforced.