

Trends in net survival from breast cancer in six European Latin countries: results from the SUDCAN population-based study

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Survival from breast cancer (BC) is influenced by the timeliness of diagnosis and appropriateness of treatment, and may constitute a measure of the global effectiveness of a healthcare system. As the healthcare systems of several European Latin countries have some similarities, the search for differences in cancer survival may provide interesting information on the efficacy of these systems. The SUDCAN study is a collaboration between the Group for Epidemiology and Cancer Registration in Latin language countries (GRELL) and EUROCARE. BC data from six countries (Belgium, France, Italy, Portugal, Spain, and Switzerland) were extracted from the EUROCARE-5 database. First, we focus on 1- and 5-year age-standardized net survival (NS) from BC by country over the 2000–2004 period. Then, trends in NS over the 1989–2004 period and changes in the pattern of cancer excess mortality rate (EMR) up to 5 years after diagnosis were examined using a multivariate EMR model. There were little differences in age-standardized NS from BC. Over the 2000–2004 period, the 5-year survival ranged between 82 (Spain, Belgium, and Portugal) and 86% (France). There was an increase in age-standardized survival between 1989 and 2004 at 1 year as well as at 5 years. This increase was observed at all ages and in all countries. There was a decrease in the cancer

EMR both immediately after diagnosis and by the second and third year of follow-up. There were only minor differences in survival from BC between European Latin countries. The general improvement in NS is presumably because of advances in early cancer diagnosis and improvements in treatment. *European Journal of Cancer Prevention* 25:S85–S91 Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.

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