**Trends in net survival from liver cancer in six European Latin countries: results from the SUDCAN population-based study** Stefano Ferretti<sup>a,b</sup>, Nadine Bossard<sup>e,f,g,h</sup>, Florence Binder-Fouchard<sup>i,j,k</sup>, Jean Faivre<sup>I</sup>, Andrea Bordoni<sup>m</sup>, Patrizia Biavati<sup>c</sup> and Antonio Frassoldati<sup>d</sup>; the GRELL EUROCARE-5 Working Group\*

Liver cancer represents a major clinical challenge. The aim of the SUDCAN collaborative study was to compare the net survival from liver cancer between six European Latin countries (Belgium, France, Italy, Portugal, Spain and Switzerland) and provide trends in net survival and dynamics of excess mortality rates (EMRs) up to 5 years after diagnosis. The data were extracted from the EUROCARE-5 database. First. net survival was studied over the period 2000–2004 using the Pohar-Perme estimator. For trend analyses, the study period was specific to each country. Results are reported from 1992 to 2004 in France, Italy. Spain and Switzerland and from 2000 to 2004 in Belgium and Portugal. These trend analyses were carried out using a flexible excess-rate modeling strategy. There were little differences between the six countries in the 5-year age-standardized net survival (2000–2004): it ranged from 13% (France and Portugal) to 16% (Belgium). An increase in the net age-standardized survival was observed in all countries between 1992 and 2004, both at 1 year and at 5 years (the highest in Spain, the lowest in France). Generally, patients aged 60 years showed the highest increase. There was a progressive decrease in EMR over the 5-year-period following diagnosis. The study confirmed the poor prognosis of liver cancer. Innovative treatments might improve the prognosis as well as preventive screening of cirrhotic patients with good liver function. Efforts are also needed to improve registration practices. *European Journal of Cancer Prevention* 25:S56–S62 Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.

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