



## **New European cancer figures – World Cancer Agency says major efforts needed toward prevention in Europe**

Since 2004, when IARC published the [last update](#) of the [cancer estimates](#) for Europe, the cancer burden has not dwindled: the number of new cases diagnosed each year in Europe has increased by 300,000 according to new estimates published by IARC in *Annals of Oncology* on Wednesday 7 February, 2007 [1].

The World Health Organization's Cancer Research Agency scientists estimate that in 2006, there were 3.2 million new cases of cancer (up from 2.9 million in 2004) and 1.7 million deaths from the disease in the whole of Europe. The 25 EU countries accounted for nearly 2.3 million of the new cases and over one million cancer deaths [2].

Dr Peter Boyle, Director of the International Agency for Research on Cancer (IARC) in Lyon, France, who co-authored the report with IARC colleagues, warned that despite better prevention and treatments, Europe faced a major increase in the cancer burden, chiefly because of the ageing population. Said Boyle: "urgent action is particularly vital now to take preventive action against cancer, especially in Central and Eastern Europe, with strong and effective measures to curb the tobacco epidemic and more widespread screening programs for breast, cervix and colorectal cancers." "Diet and physical exercise", he added, "are just as important in helping the European populations reduce soaring levels of obesity and risks for major killers, such as colorectal cancer, but also cardiovascular disease, among others."

While it can be considered that longer life expectancy is a major advance that was made over the last century, due to undeniable advances in many areas including sanitation, control of infection and technology, and a clear decrease in communicable diseases in Europe, inter alia, this is to be tempered by a heavy burden of diseases traditionally associated with ageing, among which cancer is an important component. The authors warn that the ageing of the European population means that, even if incidence and mortality rates for specific age groups remain constant, the cancer figures will continue to rise.

In addition, lifestyle cancer risk factors, such as lack of physical exercise, imbalanced diet and particularly tobacco smoking put a strong additional pressure on the already high background levels of certain malignancies.

### **3.2 million new cases of cancer per year**

The IARC scientists estimated that there were 3,191,600 new cases diagnosed in 2006 (excluding non-melanoma skin cancer) and 1,703,000 deaths from cancer. Of the new cases, 53% were among men and 47% in women, and of the cancer deaths, 56% were in men and 44% in women.

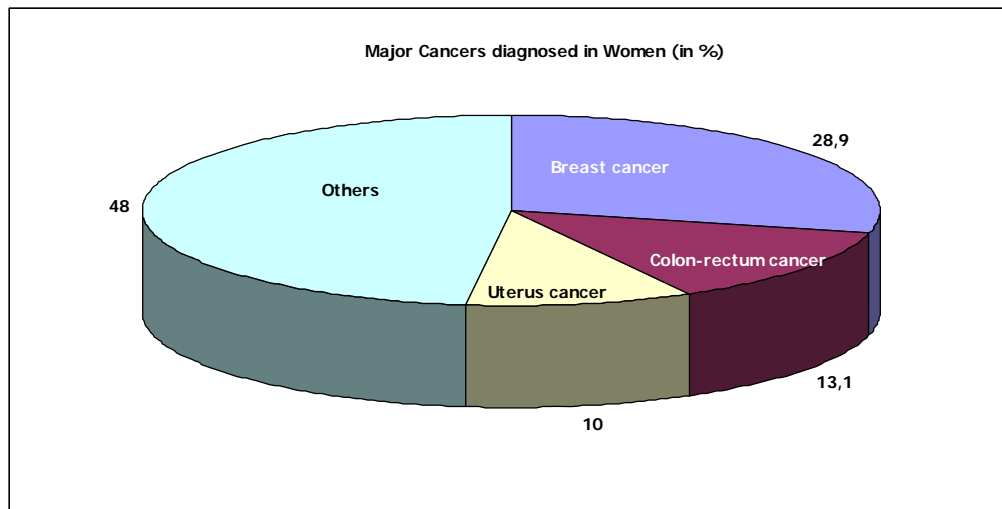
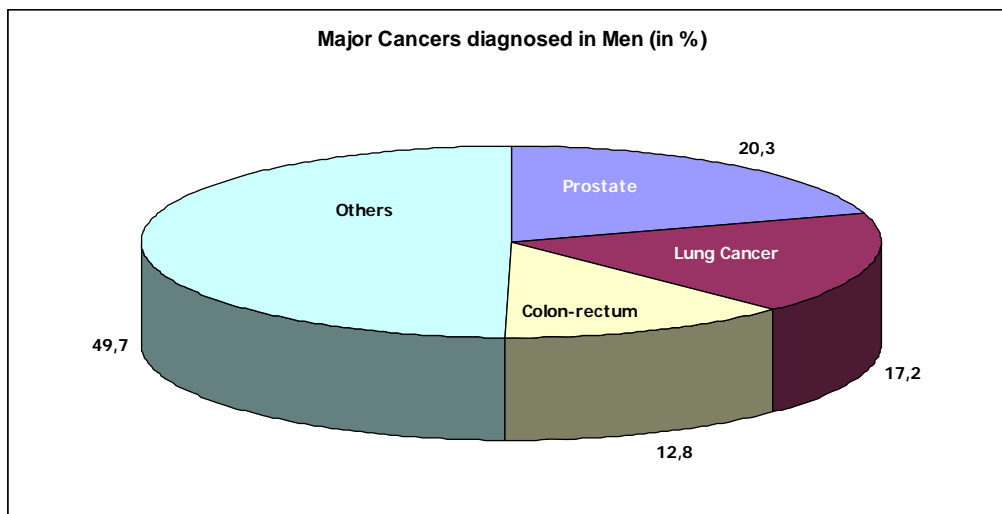
### **Breast, colorectal and lung cancers most common**

Since the previous estimates for 2004, breast cancer has now become the commonest cancer diagnosed overall, with 429,900 new cases in 2006 (13.5% of all cancer cases), before lung cancer.



It was followed by colorectal cancer (412,900 cases, or 12.9%) and lung cancer (386,300 cases, or 12.1%).

"The increase in incidence of breast cancer, said Dr Boyle, is due mainly to a better case detection, and at an earlier stage". "The rapid consequence of such programs is a sharp increase in the incidence figures, which have surged by 16% since 2004." "But, and this is matter for concern", Dr Boyle added, " breast cancer deaths continue their progression and, in spite of the screening programs, deaths from breast cancer are continuing to increase (up 1,900 deaths, from 130,000 in 2004) due to the ageing of the population.



### Lung, colon/rectum cancers biggest killers

#### Lung cancer

Lung cancer remains the biggest killer, with an estimated 334,800 deaths in 2006 (19.7% of the total number of deaths from cancer), followed by colorectal cancer (207,400 deaths), breast cancer



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(131,900 deaths) and stomach cancer (118,200 deaths). Dr Boyle continued: "As we all now know, the overwhelming majority of lung cancers is caused by tobacco smoking, and tobacco control is clearly a number one priority in the European Union, not only aimed at men, particularly the male populations of Central and Eastern Europe, but increasingly targeted towards women, especially in Northern Europe."

### **Colorectal cancer**

The second most common cause of cancer death in both men and women was indeed colorectal cancer. Dr Boyle said: "Progress in reducing colorectal cancer has been very slow; the number of deaths has increased by 1.8% since our previous 2004 estimates. We therefore need to push for two lines of actions. One, the need for more research information regarding the role of healthier lifestyles, including a balanced diet, increased physical activity and avoidance of obesity. Secondly, since screening for colorectal cancer has been shown to be effective, we need organized colorectal cancer screening programs throughout Europe."

### **Stomach cancer rates still going down, but unevenly**

Stomach cancer mortality continued decreasing in both men and women throughout Europe, mostly thanks to better food preservation, better nutrition and better control of infection from the bacterium *helicobacter pylori*. It accounts for 5.6% of all new cases of cancer (5.9% in 2004) and 7.4% of all cancer deaths (8.1% in 2004). "This situation is however different in the Eastern European countries, which probably reflects a lower level of affluence, a diet lower in fresh fruits and vegetables and higher rates of *helicobacter pylori* infection," Dr Boyle said.

### **Screening effort needed**

"The need for effective, population-based screening programs is essential, if we want to make a difference in tackling cancer", said Dr Boyle.

### **Prostate**

In men, the widespread use of the PSA (Prostate Specific Antigen) tests was having a similar effect on the numbers of prostate cancers detected, as did mammograms for breast cancer in women; prostate cancer was the most frequent cancer diagnosed in men (345,900, or 20.3% of the total in men), followed by lung cancer (292,200, or 17.2% in men) and colorectal cancer (217,400, or 12.8% in men). Dr Boyle commented: "Despite this widespread use of PSA testing in many European countries, the number of deaths from prostate cancer has increased by around 16% since 1995 due to a large extent to the rapid increase in the numbers of men reaching older ages. It is essential to have a scientific evaluation of the efficacy of PSA testing as a screening test." Further efforts are therefore needed.

### **Colorectal cancer**

"Screening for colorectal cancer has been shown to be effective, so organized colorectal cancer screening programs should be implemented throughout the continent," he added.



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### **Cervix cancer**

In the 25 member countries of the European Union, an estimated 23,600 women died from cancer of the uterus in 2006, but 46,600 died in the whole of Europe. "The number of years of life lost could be reduced in women living in Central and Eastern European countries if efficient national cervical cancer screening programmes were in place," said Dr Boyle.

He concluded: "Until Europe is covered by a network of national cancer registries, it is only possible to provide estimates of the European cancer burden. But the increased burden of cancer incidence in Europe between 2004 and 2006, which has risen by 300,000 to 3.2 million, demonstrates the impact of the ageing of the European population and underlines the necessity of taking urgent action on cancer control in Europe."

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The International Agency for Research on Cancer (IARC) is part of the World Health Organization. Its mission is to coordinate and conduct research on the causes of human cancer, the mechanisms of carcinogenesis, and to develop scientific strategies for cancer control. The mandate of the world cancer research agency is to coordinate international research to take advantage of synergies and disseminate scientific information through publications, meetings, courses, and fellowships.

[1] *Annals of Oncology* (<http://www.annonc.oupjournals.org>) is the monthly journal of the European Society for Medical Oncology (<http://www.esmo.org/>). Please acknowledge Annals of Oncology as a source in any reports. Annals of Oncology is the monthly journal of the European Society for Medical Oncology. Annals of Oncology website: <http://annonc.oxfordjournals.org/>

From 7 February 2007, the paper can be found on the Annals website at: <http://annonc.oxfordjournals.org/cgi/content/full/mdl498v1>

A .PDF version of the research paper is available immediately on request from Emma Mason on: [http://www.oxfordjournals.org/our\\_journals/annonc/press\\_releases/freepdf/mdl498.pdf](http://www.oxfordjournals.org/our_journals/annonc/press_releases/freepdf/mdl498.pdf).

[2] The *European Union* in 2006 comprised Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, The Netherlands and United Kingdom. *Europe* comprised the 25 EU countries plus Albania, Belarus, Bosnia Herzegovina, Bulgaria, Croatia, Iceland, Macedonia, Moldova, Norway, Romania, Russian Federation, Serbia and Montenegro, Switzerland, Ukraine.

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