Mortality from cancer

In 2019, almost 1.2 million people died from cancer in EU countries, accounting for more than one in four (26%) of all deaths. Cancer is the second leading cause of mortality in the EU after cardiovascular diseases. Between 30-50% of cancer cases are preventable, and mortality can also be reduced through earlier diagnosis and the provision of more timely and effective treatments. The Europe's Beating Cancer Plan aims to reduce the burden of cancer and address cancer-related inequalities between and within countries, with actions to support, co-ordinate and complement the efforts of Member States (European Commission, 2022_[1]).

Lung cancer remains by far the most common cause of death from cancer among men and the second most common among women (after breast cancer). Nearly 235 000 people died from lung cancer across EU countries in 2019. The main risk factor for lung cancer is tobacco smoking. Colorectal cancer is the second most common cause of cancer death, with about 138 000 people dying from colorectal cancer in the EU in 2019 (Figure 3.11).

However, breast cancer is the leading cause of cancer death among women, causing nearly 85 000 deaths in 2019 and accounting for 16% of all female cancer deaths. While incidence rates of breast cancer have increased in the decade before the pandemic, death rates have declined or stabilised, reflecting earlier diagnosis and better treatment.

Mortality rates from cancer are lowest in Cyprus, Finland, Sweden, Spain and Malta, with rates at least 10% lower than the EU average. They are highest in Hungary, Croatia, the Slovak Republic, Latvia Slovenia and Poland, with rates more than 15% higher than the EU average (Figure 3.12).

Cancer mortality rate is 75% higher among men than women across EU countries and mortality rates are at least twice higher in Lithuania, Latvia, Estonia, Portugal and Spain. There are also wide socio-economic inequalities in cancer mortality. Among men and women aged 65-89, deaths from cancer accounted for over 25% of the gaps in mortality rates between low and highly educated men and 15% of the gaps among low and highly educated women on average across 14 EU and OECD countries around 2016 (Murtin and Lübker, 2022[2]). A large part of these gender and socio-economic gaps can be narrowed by reducing risk factors such as smoking, obesity and alcohol consumption.

Since 2020, the pandemic has impacted cancer care, disrupting prevention, delaying diagnosis and treatment (see Chapter 2). For example, in Italy a study found that screening tests between January and May 2020 had been over 50% lower than in 2019 for mammography screening and colorectal screening across 20 regions. The estimate of undiagnosed lesions reached over 2 200 for breast cancer and nearly 3 900 for colorectal cancer (advanced colorectal adenomas) (Mantellini et al., 2020_[3]).

Definition and comparability

Mortality from all cancers relate to ICD-10 codes C00-C97 (excluding non-melanoma skin cancer C44). The rates have been age-standardised to the revised European standard population adopted by Eurostat in 2012.

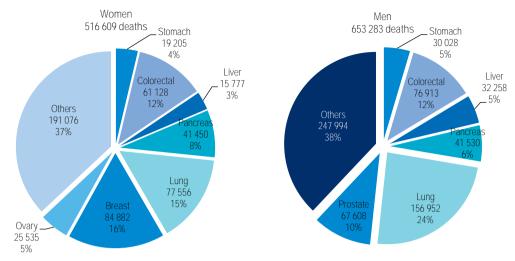
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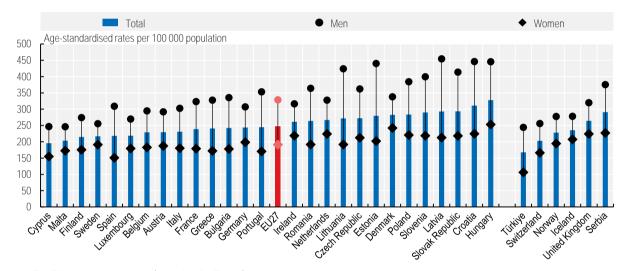
Figure 3.11. Cancer mortality in EU countries, 2019 (or nearest year)



Source: Eurostat Database.

StatLink https://stat.link/zmc7l6

Figure 3.12. Cancer mortality by gender, 2019 (or nearest year)



Note: The EU average is weighted (2017 data for France).

Source: Eurostat Database.

StatLink https://stat.link/fnqw7l



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