

3. MORTALITY FROM CANCER

Cancer is the second leading cause of death after CVD among LAC countries, producing over 670 000 deaths in 2018 in the region (Bray et al., 2018[10]). Cancer occurs when abnormal cells divide without control and are able to invade other tissues. There are more than 100 different types of cancers, with most named after the organ in which they start. Only about 5% to 10% of all cancers are inherited, meaning that modifiable risk factors such as smoking, obesity, exercise, and excess sun exposure, as well as environmental exposures, explain as much as 90-95% of all cancer cases (Whiteman and Wilson, 2016[11]). Prevention, early detection and treatment remain at the forefront of the tools to reduce the burden of cancer.

The regional average cancer mortality rate in LAC32 was 120 per 100 000 population in 2017, less than the average among OECD countries of 125 (Figure 3.14). Cancer deaths were less common in Nicaragua, Mexico, Colombia, Panama and Honduras with rates of less than 90 deaths per 100 000, and the highest in Uruguay, Dominica and Haiti being over 150 deaths per 100 000 population. Cancer mortality has decreased overall in the LAC region by 4.45% since 2000, although well below the reduction of 17% observed in OECD countries. However, ten countries increased its cancer mortality rate between 2000 and 2017, with Dominican Republic and Grenada showing the largest increases with 18% and 13%, respectively. On the other hand, Colombia and Peru experienced the largest decrease in the region of 20%, over the OECD average reduction.

Cancer mortality rate was higher in men than in women in almost all LAC countries, with the exception of Honduras and Nicaragua (Figure 3.15). Dominica and Uruguay are the only LAC countries with a higher male/female ratio of cancer than OECD countries. Men's higher cancer mortality rates can be explained by sex hormones differences and genes on the X chromosome that can affect the function of the immune system; better health literacy or awareness of cancer symptoms by women and greater willingness to uptake screening or seek medical help; and a higher historical exposure to risk factors, such as smoking and alcohol use (Afshar et al., 2018[12]).

Respiratory system (trachea, bronchus and lung), stomach and colorectal cancer were the three most common cancer mortality sites in the LAC region in 2017, accounting for 10.6%, 9.4% and 9.35% of cancer deaths, respectively (Figure 3.16). This is different from OECD countries, where respiratory system, colorectal and breast are three most common cancer death sites with 22.1%, 11.6% and 6.8%, respectively. Respiratory system cancer was responsible for more than 15% of cancer deaths in Cuba, Uruguay, Venezuela and Argentina. Low-income countries tend to show a lower share of respiratory system cancer deaths, below 10%. Stomach cancer deaths have higher shares in Guatemala, Bolivia, Ecuador and Peru (over 15% of all cancer deaths) and the lowest in

Cuba and Trinidad and Tobago (below 5%). Colorectal cancer is more prominent in some higher income countries such as Barbados, Argentina and Uruguay, although variations within the region are not as significant. Breast cancer represents a higher proportion of deaths in Bahamas, Barbados, Trinidad and Tobago, and Antigua y Barbuda, all with more than 10%, and a lower share in Guatemala, Belize, Ecuador, Bolivia, Chile and Peru (below 6%). Finally, cervical cancer is responsible for over 8% of cancer deaths in Nicaragua and Honduras, significantly higher than the LAC32 average of 4.5%. This might be contributing to the overall higher cancer death rates amongst women in both countries. Cervical cancer is attributed a much smaller share of cancer mortality in OECD (1.4%).

As with cardiovascular disease, the ageing of the population will lead to many more cases of cancer in coming decades, taxing underprepared health systems. Since resources needed to treat cancer are large (e.g. skilled health workforce, expensive medicines and technologies), cancer control planning in the LAC region will be more effective and efficient by targeting risk factors such as smoking, physical activity and overweight/obesity. Early diagnosis is also a key to reducing mortality, so access to cancer diagnosis and care needs to be promoted through public health interventions and wider health coverage (OECD, 2013[13]).

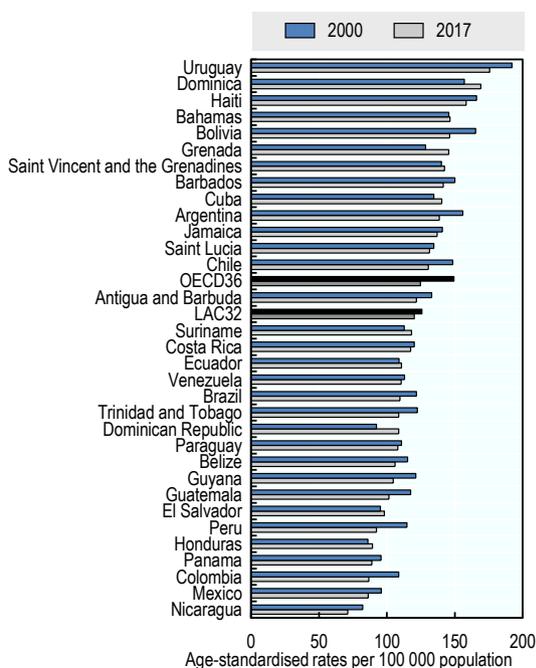
Definition and comparability

See indicator "Mortality from all causes" in Chapter 1 for definition, source and methodology underlying mortality rates.

References

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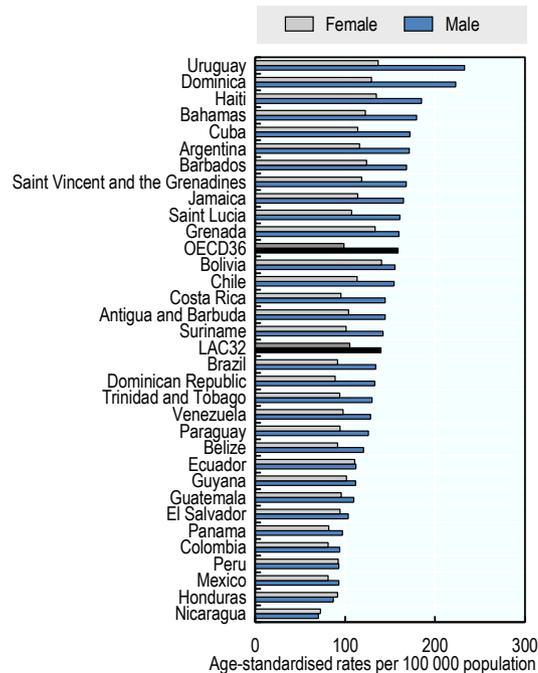
Figure 3.14. All cancers, estimated mortality rates, 2000 and 2017 (or nearest year)



Source: Global Burden of Disease (2019), IHME.

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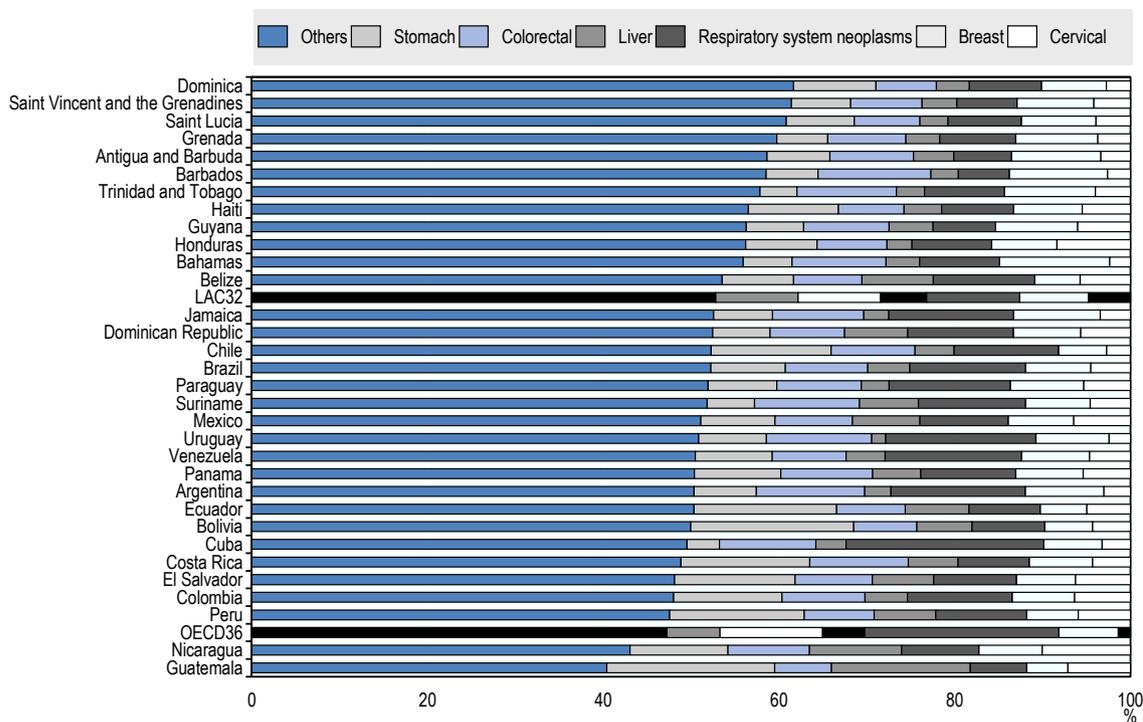
Figure 3.15. All cancers, estimated mortality rates, by sex, 2017 (or nearest year)



Source: Global Burden of Disease (2019), IHME.

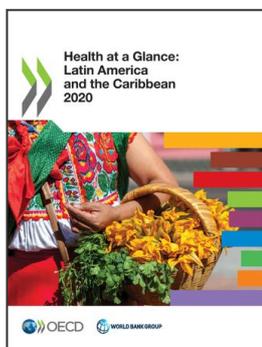
StatLink <https://stat.link/fm02jb>

Figure 3.16. Proportions of cancer deaths, 2017 (or nearest year)



Source: Global Burden of Disease (2019), IHME.

StatLink <https://stat.link/z20dkn>



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