Trends in net survival from corpus uteri cancer in six European Latin countries: results from the SUDCAN population-based study
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Corpus uteri cancer is the most common gynaecological cancer in women in Europe, but presents a relatively good prognosis. There were two main objectives in this study: estimate differences between countries in age-standardized net survival (NS) at 1 and 5 years in 2000–2004 and evaluate time trends in NS and excess mortality rates in 1992–2004. Data on corpus uteri malignant tumours (International Classification of Diseases for Oncology, third ed.: C54) were extracted from the EUROCARE database for six European Latin countries: Belgium, France, Italy, Portugal, Spain and Switzerland. NS was estimated for each country using the nonparametric estimator proposed by Pohar-Perme. Trends in NS and excess mortality rates up to 5 years after diagnosis were assessed using a multivariable parametric flexible modelling. The study analysed 25,508 cases for the first objective and 43,550 for the second. Age-standardized 1-year NS ranged from 88% (Portugal and Spain) to 93% (Switzerland), whereas 5-year survival ranged between 72% (Portugal) and 79% (Belgium and Switzerland). From 1992 to 2004, the NS increased in all countries with available information on this period (France, Italy, Spain and Switzerland). Also, in Belgium and Portugal, there was an increase in NS between 2000 and 2004. Improvements in survival were more evident for older ages (75 years). There were some differences in NS between the countries studied (maximum of 5% at 1 year and 7% at 5 years). The NS improved in all countries during the period studied and the differences between countries narrowed. European Journal of Cancer Prevention 25:S100–S106 Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.

Introduction
Corpus uteri cancer is the sixth most common cancer in women worldwide, but only the fourteenth most deadly. In 2012, in Belgium, France, Italy, Portugal, Spain and Switzerland, the world-standardized incidence of corpus uteri cancer ranged from 10.7 to 14 per 100,000 person-years and the mortality rate ranged from 1.9 to 2.4 per 100,000 person-years (Ferlay et al., 2013). The European mean age-standardized 5-year survival from corpus uteri cancer in EUROCARE-5 study was 76% (De Angelis et al., 2014).

The mortality rates have been decreasing over the last decades in most European Union states (Weiderpass et al., 2014), whereas the incidence in Southern Europe remained stable or increased (Arnold et al., 2015).

In developed countries, more than 90% of corpus uteri cancer cases are located in the endometrium (World Health Organization Classification of Tumours, 2003). Endometrial cancers have been classified into two types: type I, the most common, includes endometrioid carcinomas, and type II carcinomas with clear cell or papillary serous histology, which represents only 10% of all endometrial cancers. Type II carcinomas have worse prognoses than type I carcinomas (Boruta et al., 2009).

Net survival (NS) from cancer is the survival that would be observed if cancer were the only cause of death. This major epidemiological indicator thus enables comparisons between countries without interference from other causes of death. The mortality rate associated with NS is called the excess mortality rate (EMR); it corresponds to the mortality because of cancer that adds to the expected mortality due to other causes. Thus, it is highly informative to provide, in addition to NS, a detailed description of the dynamics of the EMR over the time elapsed since diagnosis.