Trends in net survival from prostate cancer in six European Latin countries: results from the SUDCAN population-based study
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Cancer survival is a key measure of the effectiveness of a health-care system. European Latin countries have some differences in their health system; therefore, it is of interest to compare them in terms of survival from cancer. Prostate cancer data from six countries (Belgium, France, Italy, Portugal, Spain, and Switzerland) were extracted from the EUROCAR-5 database (end of follow-up: 1 January 2009). First, the net survival (NS) was studied over the 2000–2004 period using the Pohar-Perme estimator. For trend analyses, the study period was specific to each country. Trends in NS over the 1989–2004 period and changes in the pattern of cancer excess mortality rate until 5 years after the diagnosis were examined using a multivariate excess mortality rate model. A striking increase in survival from prostate cancer occurred in European Latin countries at all ages studied. In the last period of the study, there was little difference in age-standardized NSs from prostate cancer between the six countries. The trends of the survival followed those of the incidence (except in Spain in the elderly); the increases in incidence were the highest at ages 60–70 years and, in the elderly (around 80 years), the incidence did not increase in Switzerland. The increases in NS can mainly be explained by lead-time and overdiagnosis effects. The epidemiological interpretability of the changes in prostate cancer survival in Latin countries is strongly compromised by the biases inherent to the extensive prostate-specific antigen testing. 

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Introduction
Prostate cancer is the most frequent cancer among men in Europe, representing a major public health problem. Its incidence rates have increased continuously since the beginning of the 1980s. In some Northern and Latin European countries, the incidence rates seem to have stabilized or decreased over the most recent years. In Latin European countries, the number of prostate cancers diagnosed in 2012 was estimated at 153,000 and, in 2012, this disease was deemed responsible for 26,600 deaths (Ferlay \textit{et al.}, 2013). The European mean age-standardized 5-year survival from prostate cancer in the EUROCAR-5 study (2000–2007) was 83.4\% (De Angelis \textit{et al.}, 2014). The increase in incidence can largely be attributed to early detection and to the wide use of prostate-specific antigen (PSA) for case finding or screening. The main weakness of prostate-cancer screening with PSA is a high rate of overdiagnosis and overtreatment (Schröder \textit{et al.}, 2014).

Net survival (NS) from cancer is the survival that would be observed if prostate cancer were the only cause of death. This

Materials and methods
Data collection
The material and the methods have been detailed elsewhere (Croccetti \textit{et al.}, 2016; Uhry \textit{et al.}, 2016). Briefly, incident cases of prostate cancer (ICD-03: C61) were extracted from the EUROCAR-V database for the six countries

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