Trends in net survival from esophageal cancer in six European Latin countries: results from the SUDCAN population-based study
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Esophageal cancer represents a major clinical challenge because of its poor prognosis. The aim of the SUDCAN collaborative study was to compare the net survival from esophageal cancer between six European Latin countries (Belgium, France, Italy, Portugal, Spain, and Switzerland) and report the trends in net survival and the dynamics of excess mortality rates (EMRs) up to 5 years after diagnosis. The data were extracted from the EUROCARE-5 database. First, net survival was studied over the period 2000–2004 using the Pohar-Perme estimator. For trend analyses, the study period was specific to each country. The results were reported from 1992 to 2004 in France, Italy, Spain, and Switzerland and from 2000 to 2004 in Belgium and Portugal. These trend analyses were carried out using a flexible excess rate modeling strategy. There were some differences between countries in age-standardized net survival (2000–2004). The 5-year net survival ranged between 9% (Spain) and 21% (Belgium). The small increase in net survival from 1992 and 2004 was mostly observed at ages 55 and 65, but was less marked at age 75. There was a slight decrease in EMR between 1992 and 2004 until 24 months after diagnosis. Beyond this period, the decrease in the EMR was moderate and the same in all countries irrespective of the year of diagnosis. Some improvement in the 5-year net survival was observed in all countries limited to the 24 months after diagnosis. However, survival differences between countries persisted. Further improvement is expected from innovative treatments. European Journal of Cancer Prevention 25: S24–S31 Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.

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Introduction
Esophageal cancer is the eighth most frequent cancer and the sixth most common cause of death from cancer worldwide (Ferlay \textit{et al}., 2013). This cancer presents huge incidence variations with a strong male predominance and marked incidence peaks in very limited areas (e.g. of China, Iran, or Japan) usually because of specific local risk factors (Lubin \textit{et al}., 2014). The most important recent epidemiological changes consisted of an increased incidence of the adenocarcinoma of the lowest part of the esophagus (similar to that observed for the adenocarcinoma of the cardia) and a decreased incidence of squamous-cell carcinoma in different geographical areas (Rüschhoff, 2012; Castro \textit{et al}., 2014; Kroep \textit{et al}., 2014). The incidence of esophageal cancer is higher in European Latin countries than in the other West European countries. In 2012, in the European Latin countries studied (Belgium, France, Italy, Portugal, Spain, and Switzerland), the number of new esophageal cancer cases was estimated to be 10 494 and the number of related deaths was 8995. The age-standardized (world) incidence rates ranged from 4.5 to 8.0 in men and from 0.5 to 2.0 per 100 000 person-years in women. The corresponding mortality rates ranged from 2.0 to 5.2 and from 0.4 to 1.4 (Ferlay \textit{et al}., 2013). The European mean age-standardized 5-year relative survival from esophageal cancer in EUROCARE-5 was 12% (De Angelis \textit{et al}., 2014). Despite recent advances in chemotherapy and radiotherapy, the prognosis of esophageal cancer is still one of the poorest because of late diagnoses and multiple comorbidities associated with alcohol and tobacco consumption.

In this context, comparative data of survival of patients with esophageal cancer within European countries are needed. Net survival is the survival that would be observed if the patients could not die from causes other than the cancer studied. It is the only survival indicator that enables comparisons between countries or periods and is unaffected by other mortality causes. Thus, net