Rectal cancer is a common and serious disease. The aim of the SUDCAN collaborative study was to compare the net survival from rectal cancer between six European Latin countries (Belgium, France, Italy, Portugal, Spain, and Switzerland) and provide trends in net survival and dynamics of excess mortality rates 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 are reported from 1992 to 2004 in France, Italy, Spain, and Switzerland and from 2000 to 2004 in Belgium and Portugal. These analyses were carried out using a flexible excess rate modeling strategy. There were some differences between countries in age-standardized net survivals (2000–2004). The 5-year survival ranged from 55% (Portugal) to 62% (Belgium). There was an increase in age-standardized survival rates between 1992 and 2004 as observed at 1 and 5 years. This increase was observed in the 60 and 70-year age groups, but was less marked in the 80-year age group. This was related to a decrease in the excess mortality rates between 1992 and 2004, until ~24 months after diagnosis in France and Switzerland, whereas it was continuous over the entire study period in Italy and Spain. Considerable improvements in survival from rectal cancer have been achieved. Further improvements are expected through better adherence to the guidelines and the implementation of mass screening. European Journal of Cancer Prevention 25:S48–S55 Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.


Keywords: cancer registries, Europe, excess mortality rates, net survival, rectal cancer, trends analysis

Introduction
Rectal cancer represents a serious public health problem. In 2012, Belgium, France, Italy, Portugal, Spain, and Switzerland registered altogether 141,861 cases of colorectal cancer and this disease was responsible for 60,213 deaths (Ferlay et al., 2013). In these countries, in 2012, the age-standardized (world) incidence of this cancer ranged from 29.4 to 36.7 and the mortality rate ranged from 9.3 to 13.6 per 100,000 person-years (Ferlay et al., 2013). Rectal cancers account for about one-third of colorectal cancers. The mean age-standardized 5-year relative survival from rectal cancer in the EUROCARE-5 study was 56% (De Angelis et al., 2014). Improvements in the management of this cancer occurred, but their impacts at the population level are still unknown.

Within this context, recent developments have occurred in cancer survival analysis. Actually, for meaningful survival comparisons between countries or time periods, a reliable indicator is needed. Net survival from cancer is the survival that would be observed if cancer was the only cause of death. This major epidemiological indicator thus allows cancer survival comparison without interference from other causes. Thus, it is very interesting to provide, in addition to the net survival, a detailed description of the dynamics of the EMR over the time elapsed since diagnosis.

The present study was carried out upon an initiative from GRELL (a network for cancer registration and epidemiology in European Latin countries) (http://www.grell-network.org) and in collaboration with the EUROCARE network (De Angelis et al., 2014) (http://www.eurocare.it). One objective is to provide a brief overview of the net survival from rectal cancer over the period 2000–2004 in each participating country. However, the main objective

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