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Survival for eight major cancers and all cancers combined for European adults diagnosed in 1995-99: results of the EURO CARE-4 study.

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BACKGROUND: EURO CARE is the largest population-based cooperative study on survival of patients with cancer. The EURO CARE project aims to regularly monitor, analyse, and explain survival trends and between-country differences in survival. This report (EURO CARE-4) presents survival data for eight selected cancer sites and for all cancers combined, diagnosed in adult (aged ≥ 15 years) Europeans in 1995-99 and followed up until the end of 2003. **METHODS:** We analysed data from 83 cancer registries in 23 European countries on 2 699 086 adult cancer cases that were diagnosed in 1995-99 and followed up to December, 2003. We calculated country-specific and mean-weighted age-adjusted 5-year relative survival for eight major cancers. Additionally, case-mix-adjusted 5-year survival for all cancers combined was calculated by countries ranked by total national expenditure on health (TNEH). Changes to survival were analysed relative to cases diagnosed in 1990-94. **FINDINGS:** Mean age-adjusted 5-year relative survival for colorectal (53.8% [95% CI 53.3-54.1]), lung (12.3% [12.1-12.5]), breast (78.9% [78.6-79.2]), prostate (75.7% [75.2-76.2]), and ovarian (36.3% [35.7-37.0]) cancer was highest in Nordic countries (except Denmark) and central Europe, intermediate in southern Europe, lower in the UK and Ireland, and worst in eastern Europe. Survival for melanoma (81.6% [81.0-82.3]), cancer of the testis (94.2% [93.4-95.0]), and Hodgkin's disease (80.0% [79.0-81.0]) varied little with geography. All-cancer survival correlated with TNEH for most countries. Denmark and UK had lower all-cancer survival than countries with similar TNEH; Finland had high all-cancer survival, but moderate TNEH. Survival increased and intercountry survival differences narrowed between the data for 1990-94 and 1995-99 for, notably, Hodgkin's disease (range 66.1-82.9 [IQR 72.2-78.6] vs 74.0-83.9 [78.6-81.9]), colorectal (29.4-56.7 [45.8-54.1] vs 38.8-59.7 [50.7-57.5]), and breast (61.7-82.7 [72.3-78.3] vs 69.3-87.6 [76.6-82.7]) sites. **INTERPRETATION:** Increases in survival and decreases in geographic differences over time, which are mainly due to improvements in health-care services in countries with poor survival, might indicate better cancer care. Wealthy countries with high TNEH generally had good cancer outcomes, but those with conspicuously worse outcomes than those with similar TNEH might not be allocating health resources efficiently.