



**144. SKUPŠČINA SLOVENSKEGA ZDRAVNIŠKEGA DRUŠTVA  
RAKAVE BOLEZNI V SLOVENIJI**

Novo mesto, 19. in 20. oktober 2007

## RAKAVE BOLEZNI V EVROPI CANCER IN EUROPE

*Jill Farrington, WHO Regional Office for Europe, Copenhagen*

### Leading conditions in Europe

Disease	Disease burden (DALYs)	Deaths
Cardiovascular diseases	<b>23 %</b>	<b>52 %</b>
Neuropsychiatric disorders	20 %	3 %
Cancer	<b>11 %</b>	<b>19 %</b>
Digestive diseases	5 %	4 %
Respiratory diseases	4 %	4 %
Diabetes mellitus	1 %	1 %
Musculoskeletal diseases	4 %	0 %
Sense organ disorders	4 %	0 %
Other NCDs	5 %	2 %
<b>Total</b>	<b>77 %</b>	<b>86 %</b>

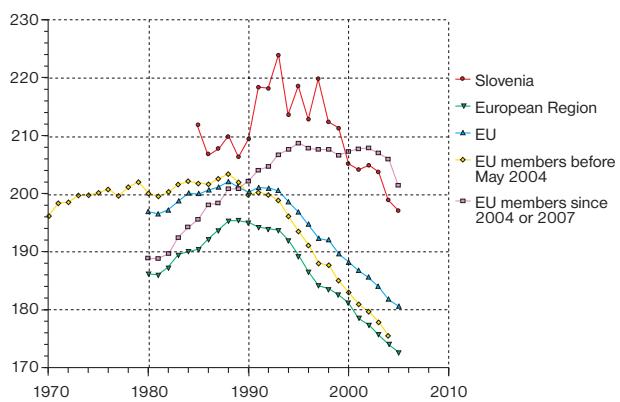
### Cancer in Europe

- In WHO European region in 2005, approximately:
  - 1.8 million deaths from cancer
- Leading cancers in disease burden in Europe
  - Lung cancers
  - Colorectal cancers
  - Breast cancer
- Commonest forms of cancer death
  - Lung cancers
  - Colorectal cancers
  - Stomach cancer
  - Breast cancer

Source: WHO 2006

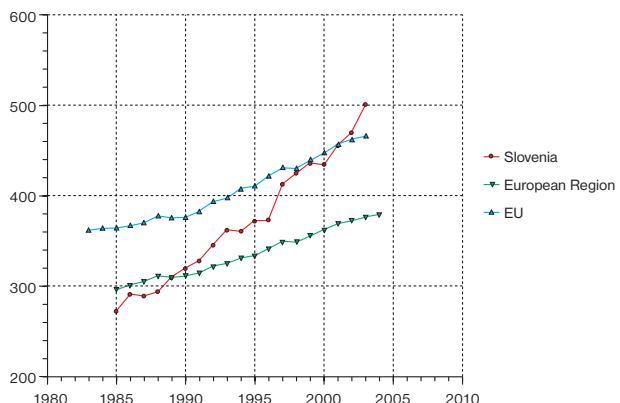
### Comparison Europe/Slovenia

*SDR, malignant neoplasms, all ages per 100,000*



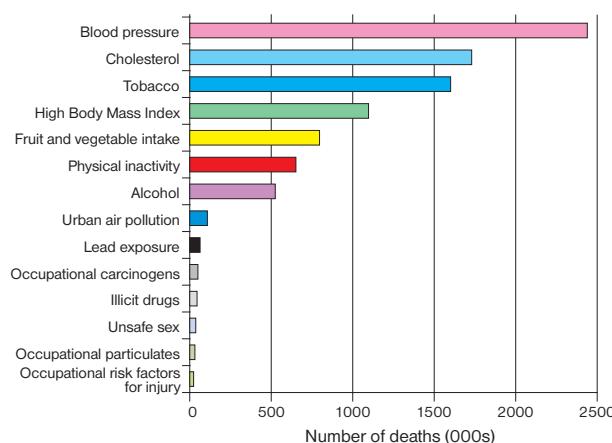
### Trends cancer incidence Europe/Slovenia

*Cancer incidence per 100,000*



## EUROPE

*Deaths in 2000 attributable to selected leading risk factors*



## Leading risk factors for cancer

- Tobacco use
  - 30 % of all cancers in developed countries
- Diet
  - 30 % of all cancers in developed countries; 20 % in developing
- Alcohol
  - Excessive alcohol use accounts for 20–30 % of liver and oesophageal cancer
- Physical activity
- Infection
  - 18 % of all cancers world-wide caused by chronic infection
- Environment
  - 4 % of cancer cases world-wide caused by exposure to carcinogens

## Priority actions/interventions

- Prevention
  - 40 % of cancers are PREVENTABLE
- Early detection
- Treatment
  - 33 % of cancers are CURABLE
- Palliative care
  - All patients can benefit from palliative care

## Effectiveness of different strategies for cancer control

Cause	Primary prevention	Early detection	Curative treatment	Palliative care
Lung cancers	++	-	-	++
Colorectal cancers	+	+	+	++
Stomach cancer	+	±	-	++
Breast cancer	±	++	++	++
Prostate cancer	-	-	±	++
Pancreas cancer	+	-	-	++
Lymphomas, multiple myeloma	-	-	+	++
Liver cancer	++	-	-	++
Bladder cancer	+	-	±	++
Oropharyngeal cancers	++	+	/++	++
Oesophagus cancer	-	-	-	++
Ovary cancer	-	-	±	++
Corpus uteri cancer	-	-	±	++
Cervix uteri cancer	++	++	++	++
Skin cancers*	++	++	++	++
Leukemia	-	-	+	++

\* Including basal cells and squamous carcinoma cells (lips) excluding melanoma

Courtesy of Prof. J. Stjernswärd, & Ref: Cancer control: strategies and priorities. World Health Forum 1985; 6: 160–4.

## Specific national programme

*Range of NCD-relevant programmes in place in European countries*

	% (number)
Tobacco control	66 % (25/38)
Nutrition / diet	53 % (20/38)
Physical activity	45 % (17/38)
Alcohol control	45 % (17/38)
Hypertension	42 % (16/38)
Diabetes	76 % (29/38)
Heart disease	53 % (20/38)
Stroke	37 % (14/38)
<b>Cancer</b>	<b>61 % (23/38)</b>
Chronic respiratory disease	26 % (10/38)
National health policy for prevention/control NCD	74 % (28/38)

WHO survey of NCD-relevant policies & capacities in Europe 2005–06:  
38 of 52 countries responding