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Death rates from pancreatic cancer are rising while rates for all other cancers, except female lung cancer, continue to fall in Europe

Pancreatic cancer is the only cancer for which deaths are predicted to increase in men and women rather than decrease in 2014 and beyond, according to a comprehensive study published in the leading cancer journal *Annals of Oncology* [1] today (Thursday).

The study by researchers in Italy and Switzerland shows that the proportion of deaths due to any sort of cancer is expected to fall overall in Europe in 2014. There are some variations between sexes and countries, however, pancreatic cancer is the only one where increased death rates are predicted for both men and women this year.

“Our predictions for 2014 confirm that pancreatic death rates are continuing to increase overall,” said Professor Carlo La Vecchia (MD), professor at the Faculty of Medicine, University of Milan (Italy). “This year we predict that 41,300 men and 41,000 women will die from pancreatic cancer – an age standardised rate of 8.0 and 5.6 deaths respectively per 100,000 of the population. This represents a small but steady increase since the beginning of this century; between 2000-2004 death rates from the disease were 7.6 per 100,000 men and 5.0 per 100,000 women.

“The increased death rate is cause for concern, because the prognosis for this tumour is bleak, with less than five percent of pancreatic cancer patients surviving for five years after diagnosis. As so few patients survive, the increase in deaths is very closely related to the increase in incidence of this disease. This makes pancreatic cancer a priority for finding better ways to prevent and control it and better treatments.”

Tobacco, obesity, diabetes, high alcohol intake and a family history of pancreatic cancer are all recognised risk factors for the disease. “To date, we have no promising treatment for pancreatic cancer. Prevention remains, therefore, the only possibility, with smoking cessation first, plus control of overweight and diabetes. However, tobacco accounts for less than a third of all cases of pancreatic cancer, and all the other causes together account for another ten percent. More work needs to be done to discover other possible causes,” said Prof La Vecchia.

The *Annals of Oncology* study predicts that 742,500 men and 581,100 women will die from cancer in 2014 in the 27 countries of the European Union (EU) [2]. Although the actual absolute numbers have increased when compared with 2009 (the year for which there are World Health Organization mortality data for most EU countries) due to the growing numbers of elderly people, the rate (age-standardised per 100,000 of the population) of people who die from the disease has declined from 148.3 male and 89.1 female deaths per 100,000 in 2009 to 138.1 deaths and 84.7 per 100,000 predicted for 2014. Therefore, since 2009 there has been 7% fall among men and 5% fall among women. [3]

“Our predictions for 2014 confirm the overall favourable trends for cancer mortality in the EU. They translate to an overall fall of 26% in men since the peak in cancer deaths in 1988 and a 20% fall in women. When we compare the rates for 2014, when there are more elderly people now than there were in 1988, we have avoided a major rise in mortality rates, with over 250,000 deaths avoided this year,” said Prof La Vecchia.

The study looked at cancer rates in the whole of the EU (27 member states as at 2007) and also in the six largest countries – France, Germany, Italy, Poland, Spain and the UK – for all cancers, and, individually, for stomach, intestines, pancreas, lung, prostate, breast, uterus (including cervix) and leukaemias. This is the fourth consecutive year the researchers have published predicted EU cancer deaths. This year the researchers focused specifically on pancreatic cancer due to its unfavourable trends.

In men, predicted rates for the three major cancers (lung, colorectal and prostate cancer) have fallen by 8%, 4% and 10% respectively since 2009. In women, breast and colorectal cancer death rates will fall by 9% and 7% respectively, but lung cancer death rates will rise by 8%.

“Deaths among men are 63% higher than in women, but they are falling faster, due mainly to the history of different smoking patterns in the two sexes. Lung cancer in men peaked in the late 1980s and has been falling since, while rates of lung cancer continue to rise in women. The generations of women who started smoking in the 1960s and 1970s are now starting to develop lung cancer. Lung cancer will become the first cause of death in European women in the next few years, overtaking breast cancer,” said Prof La Vecchia.

“The fall in colorectal cancer in both men and women is largely due to screening, early diagnosis and removal of adenomas at colonoscopy. Improved treatment has also had a role. For prostate cancer, the key reason for the fall in death rates is improved management and treatment, with a possible role played by screening and early diagnosis. For breast cancer, it is largely due to better management and treatment, but screening and early diagnosis have also had an impact.”

Co-author Professor Fabio Levi (MD), Head of the Cancer Epidemiology Unit at the Institute of Social and Preventive Medicine, Centre Hospitalier Universitaire Vaudois and University of Lausanne, (Switzerland), said: “Besides enforcing tobacco control – essentially by increasing taxation – national governments and EU policy makers must ensure that all EU citizens have access to the best screening, diagnosis and treatment, including those from central and eastern Europe where major delays are still observed and where cancer mortality rates tend to be higher as a result.”

Professor Paolo Boffetta (MD), the *Annals of Oncology* associate editor for epidemiology and Director of the Institute of Translational Epidemiology at the Icahn School of Medicine at Mount Sinai in New York (USA), commented: “These results are extremely important in showing that reducing cancer mortality can be achieved: priority should be given to research in cancers with

unfavourable trends, such as pancreatic cancer, and in reducing cancer mortality disparities, both between countries (Central/Eastern versus Western Europe), and within countries, for example, between socioeconomic groups.”

(ends)

Notes:

[1] “European cancer mortality predictions for the year 2014”, by M. Malvezzi, P. Bertuccio, F. Levi, C. La Vecchia and E. Negri. *Annals of Oncology*. doi:10.1093/annonc/mdu138

[2] Although the EU now has 28 member states, with Croatia joining in 2013, the study focuses on the 27 member states as at 2007 to enable comparisons to be made.

[3] Age-standardised rates per 100,000 of the population reflect the individual probability of dying.

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