

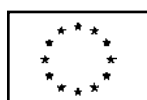


Health statistics

Atlas on mortality in the European Union

Chapter 11 Intestinal cancers (colon, rectum and anus)

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THEME 3
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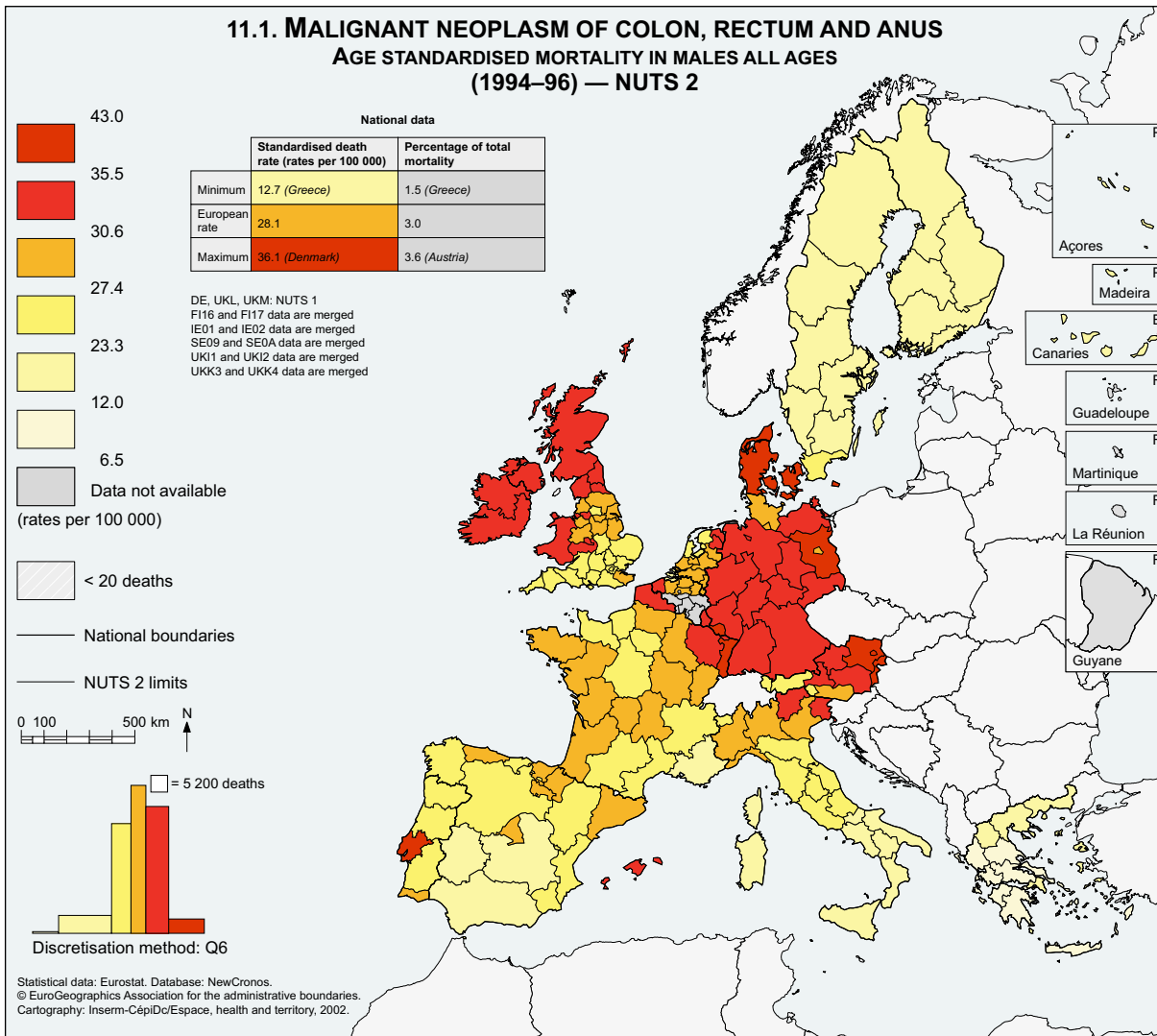
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11. Intestinal cancers (colon, rectum and anus)

Intestinal cancers are the most common cancers of the digestive tract, and those affecting the upper aero-digestive tracts are dealt with in the chapter on alcoholism-related pathologies.

These cancers account for 3 % of male and female deaths in the EU and mainly affect older people: seven out of 10 deaths occur after 65 years.

The survival rate for such cancers is only 35 %. Their incidence could be reduced by preventive measures to encourage healthy eating, since excessive consumption of fat, protein, meat and alcohol are contributive factors, while fibres, vitamins and calcium are recognised as having a protective effect.

There are considerable differences in Europe in deaths from intestinal cancer. The rates vary at a ra-

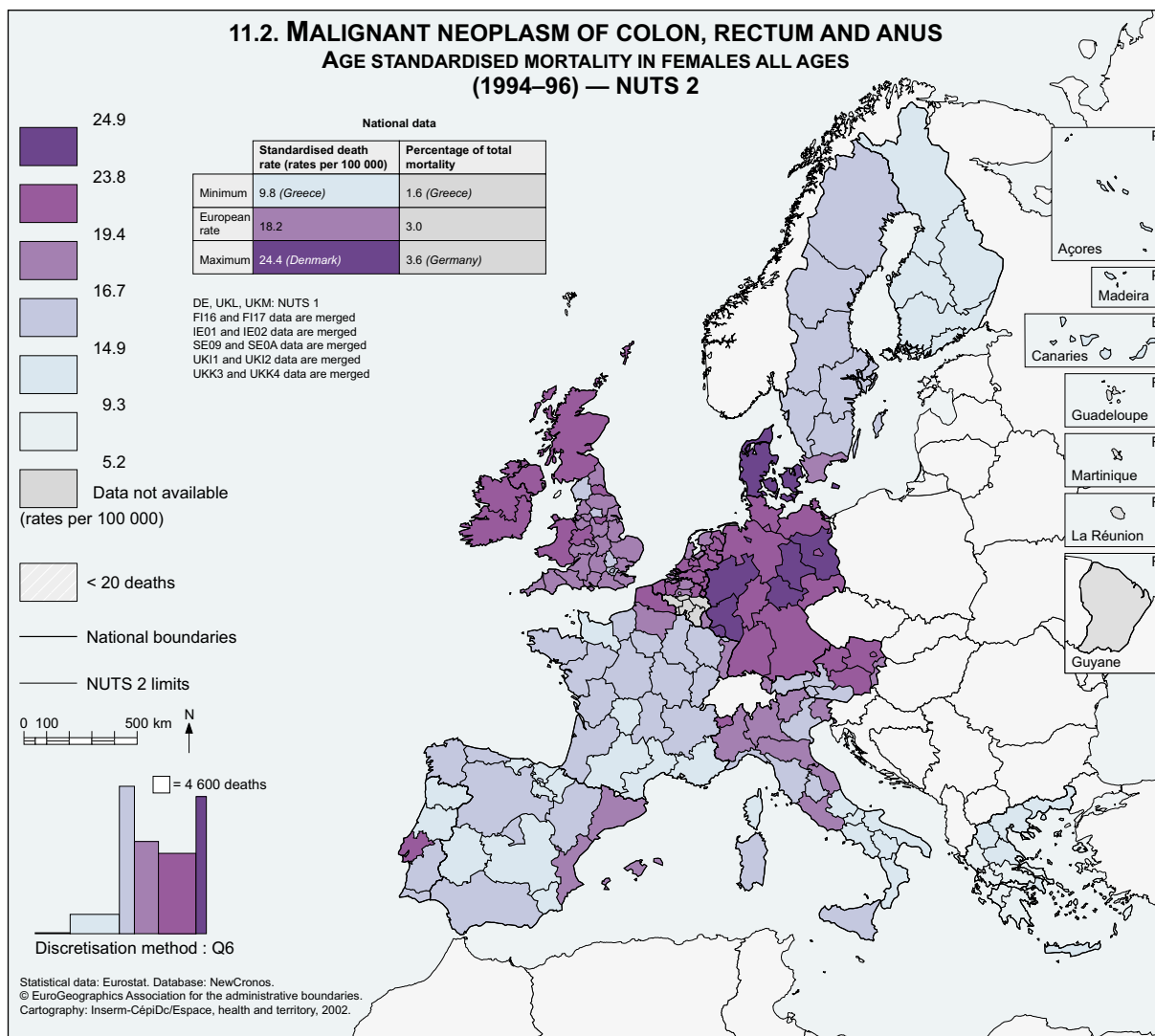
tio of 1 to 76 for men and 1 to 5 for women. The geographical distribution of the female and male rates is similar in many respects.

Most of the regions with excess mortality are to be found in a diagonal belt reaching from the UK to Austria. Within this group, Denmark and Germany have high rates, particularly eastern Germany and the former industrial *Länder* in the west (Saarland and Nordrhein-Westfalen).

In the United Kingdom, there is a north/south gradient in favour of southern England. In Austria, there is a contrast between the Alpine *Länder* (low rates) and the Danubian *Länder* (high rates).

Outside this area of excess mortality, Sweden and Finland have a lower incidence of intestinal cancer.

The northern and eastern regions of France are more similar to their Belgian and German



neighbours than to the southern regions, which have below-average mortality.

The situation of the Mediterranean countries is more uniform, and there are cross-border continuities. In Italy, there is also a significant north/south gradient (higher rates in the north).

These sub-national contrasts are probably due to regional eating habits. The cross-border similarities might be explained by similar eating habits. The favourable rates in southern Italy are close to those in Greece, which has the lowest rates in Europe for both men and women. The impact of intestinal cancer in the male population is also similar in the Atlantic regions of France and Spain.

Within the various areas mentioned above, the major regions, which include the capitals, have similar characteristics. The only exception is Vale do Tejo, which includes Lisbon and has marked excess mortality, compared with the other Portuguese provinces.

Men are more frequently affected than women are. However, excess male mortality from cancer is less marked for other causes of death. In certain regions, the ratios of excess male mortality are low, particularly in Greece, north-west Germany, Sweden and northern Finland. The male/female ratios are, on the other hand, twice as high in France (except Corsica), Portugal, north-west Spain, Danubian Austria, and northern Italy.

