

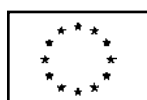


Health statistics

Atlas on mortality in the European Union

Chapter 16 Cancer of the pancreas

Data 1994-96



EUROPEAN
COMMISSION

Inserm

CépiDC — Centre d'épidémiologie
sur les causes médicales de décès



UNIVERSITÉ PARIS X NANTERRE



THEME 3
Population and
social conditions

3

Europe Direct is a service to help you find answers to your questions about the European Union

**New freephone number:
00 800 6 7 8 9 10 11**

A great deal of additional information on the European Union is available on the Internet.
It can be accessed through the Europa server (<http://europa.eu.int>).

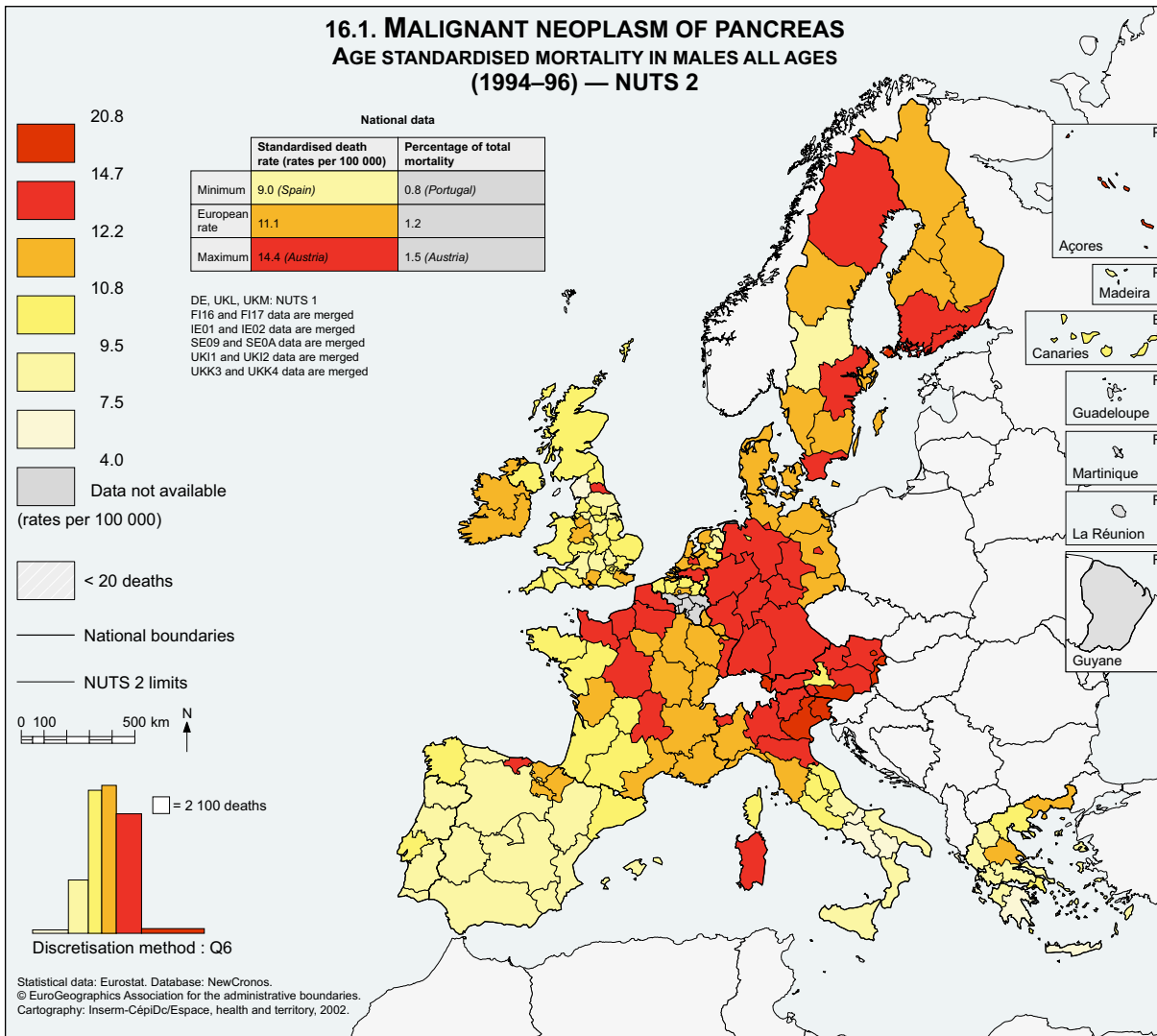
Luxembourg: Office for Official Publications of the European Communities, 2002

ISBN 92-894-3727-8

© European Communities, 2002

ATLAS — Contents

1. Introduction.....	9
2. Methodology.....	11
3. General mortality.....	15
4. 'Premature' mortality.....	23
5. Mortality by age group.....	27
6. Typologies of mortality by age.....	43
7. Typologies of mortality by cause.....	49
8. Cardiovascular diseases.....	53
9. Respiratory diseases.....	59
10. Respiratory cancers.....	65
11. Intestinal cancers (colon, rectum and anus).....	71
12. Stomach cancers.....	75
13. Breast cancers.....	79
14. Cancers of the uterus.....	81
15. Prostate cancer.....	83
16. Cancer of the pancreas.....	85
17. Cancer of the bladder.....	89
18. Malignant melanoma of the skin.....	93
19. Mortality associated with alcoholism.....	97
20. Violent deaths.....	101
21. AIDS.....	111
Annex 1 — Standard European population.....	115
Annex 2 — Causes of death (European shortlist).....	116
Annex 3 — List of NUTS 2 regions.....	118



16. Cancer of the pancreas

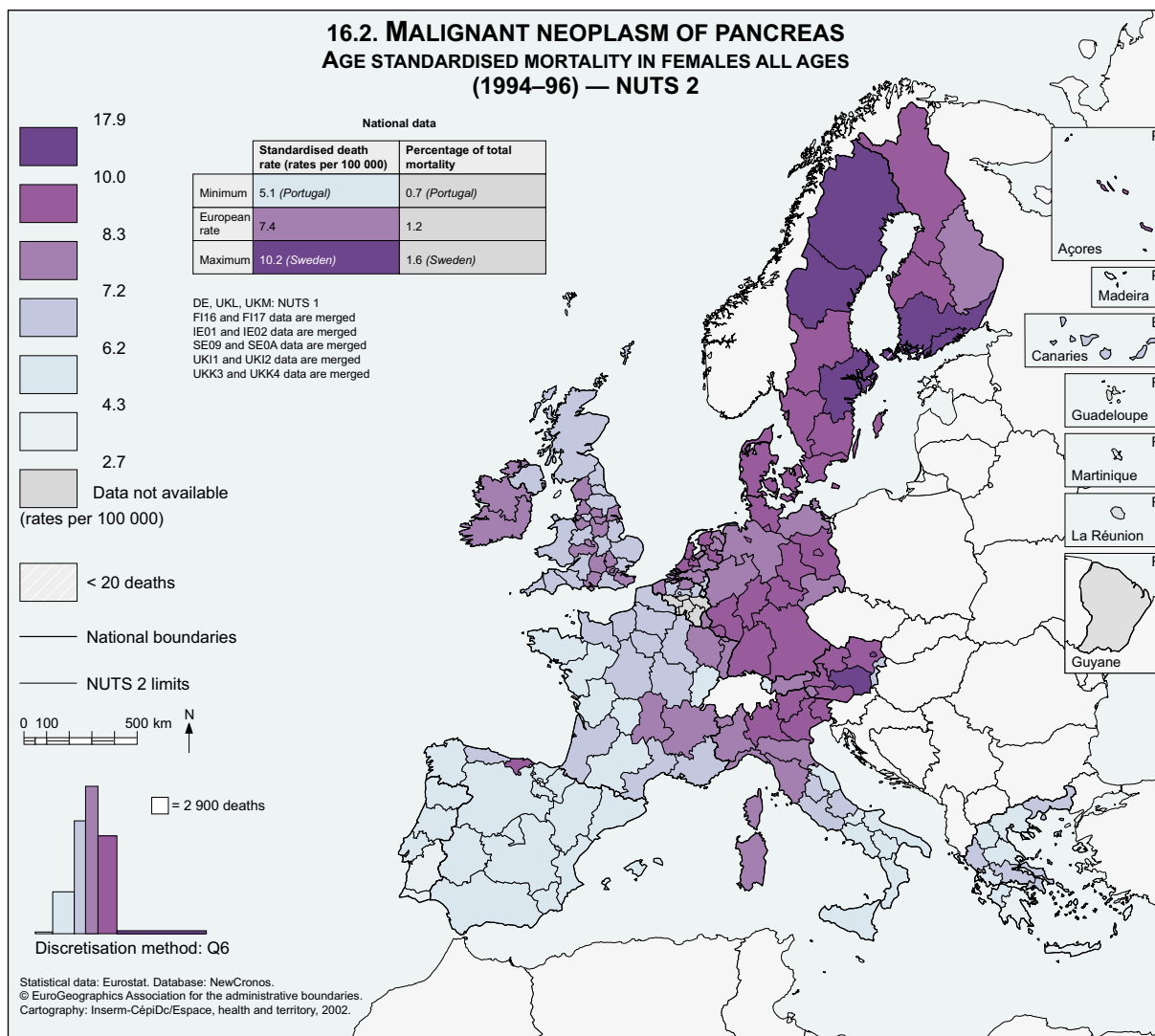
Cancer of the pancreas has a very negative prognosis and is difficult to detect, but its overall impact on general mortality is limited. It accounts for only 1 % of female and male deaths and mostly occurs after 65 years.

However, the maps portraying the incidence of this tumour show major contrasts in the EU. There is a broad range of regional rates, varying at a maximum ratio of 1 to 5 for men and 1 to 7 for women.

The overall rates for women and men are high in Germany, northern Italy, the Netherlands, Austria and the Scandinavian countries. The most affected regions are in Italy and Austria for men and Sweden for women. However, within this group of Member States with excess mortality, some regions stand out with below-average male deaths: Norra Mellansverige, Bremen and Salzburg.

Most of the lowest rates for both men and women are concentrated in the south of the EU: in Portugal, Spain, southern Italy and Greece, in all of which a few isolated regions are badly affected: Açores, Cantabria and Sardegna. In France, the northern regions, Centre and Auvergne, have high male rates, which contrast with the more favourable situation in the western regions. Female mortality in France shows less marked regional contrasts.

Excess male mortality from cancer of the pancreas is, as for the other causes of death, widespread throughout the EU (except for the central regions of Sweden, where more women are affected). The ratio of excess male mortality is not very high but varies from one Member State to another. For the EU as a whole, the highest ratios are in the Mediterranean countries. France is the European country where the contrasts between male and female mortality are the most marked.



The uneven pattern of deaths from cancer of the pancreas in Europe is difficult to interpret. Epidemiological studies have shown that the risk of developing this type of cancer is greater among smokers. However, there are no similarities between the geograph-

ical pattern of cancers associated with tobacco in the EU and that of cancers of the pancreas. Nutritional habits involving the consumption of high-cholesterol foods is also thought to considerably increase the risk of developing this type of cancer.

