



# Survival in patients with primary liver cancer, gallbladder and extrahepatic biliary tract cancer and pancreatic cancer in Europe 1999–2007: Results of EUROCARE-5



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## KEYWORDS

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**Abstract Background:** The EUROCARE study collects and analyses survival data from population-based cancer registries (CRs) in Europe in order to provide data on between-country differences in survival and time trends in survival.

**Methods:** This study analyses data on liver cancer, gallbladder and extrahepatic biliary tract cancers (“biliary tract cancers”), and pancreatic cancer diagnosed in 2000–2007 from 88 CRs in 29 countries. Relative survival (RS) was estimated overall, by region, sex, age and period of diagnosis using the complete approach. Time trends in 5-year RS over 1999–2007 were also analysed using the period approach.

**Results:** The prognosis of the studied cancers was poor. Age-standardised 5-year RS was 12% for liver cancer, 17% for biliary tract cancers and 7% for pancreatic cancer. There were some between-country differences in survival. In general, RS was low in Eastern Europe and high in

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Central and Southern Europe. For all sites, 5-year RS was similar in men and women and decreased with advancing age. No substantial changes in survival were reported for pancreatic cancer over the period 1999–2007. On average, there was a crude increase in 5-year RS of 3 percentage points between the periods 1999–2001 and 2005–2007 for liver cancer and biliary tract cancers.

**Conclusions:** The major changes in imaging techniques over the study period for the diagnosis of the three studied cancers did not result in an improvement in the prognosis of these cancers. In the near future, new innovative treatments might be the best way to improve the prognosis in these cancers.

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## 1. Introduction

The prognosis in primary liver cancer, gallbladder and extrahepatic biliary tract cancer and pancreatic cancers is known to be extremely poor because these cancers are generally diagnosed at a very advanced stage [1]. Although relatively rare, they represent an important cancer problem for patients and clinicians. Major

advances in diagnostic procedures have occurred over the last decade [2,3]. There have also been improvements in both adjuvant and palliative chemotherapy. Radiotherapy [4–6] and centralized surgery have also been proposed [7,8]. The repercussion of these changes at the population level is not known. Most available data are provided by specialised centres. Population-based studies on survival, which record all

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