

Cancer survival in Estonia 2010–2014

Estonian Cancer Registry data on all cases of malignant tumours diagnosed in adults (age ≥ 15 years) in Estonia were included in the analysis (death certificate only and autopsy cases excluded). Relative survival ratios were calculated as the ratio of the observed survival of cancer patients and the expected survival of the underlying general population (1). The latter was calculated according to the Ederer II method (2) using national life tables for Estonian population stratified by gender, age and calendar year. Period analysis was used to estimate relative survival for 2010–2014 (3,4).

One-year and five-year relative survival in Estonia, 2010–2014

Cancer site	ICD-10	Relative survival ratio (%)					
		Total		Men		Women	
		1-year	5-year	1-year	5-year	1-year	5-year
All sites	C00–96	75	61	72	58	78	64
	C00–96, excl.						
All sites, excl. other skin	C44	71	54	69	53	73	56
Mouth and pharynx	C00–14	63	38	59	32	76	55
Oesophagus	C15	32	9	34	11	27	6
Stomach	C16	45	26	45	25	47	29
Colon	C18	74	56	74	54	74	57
Rectum	C19–21	77	54	76	52	77	57
Liver	C22	19	5	22	4	14	5
Gallbladder, bile ducts	C23–24	40	16	46	24	36	11
Pancreas	C25	20	5	21	5	20	5
Larynx	C32	80	64	80	63	75	66
Lung and trachea	C33–34	36	14	34	13	40	17
Skin melanoma	C43	91	79	88	74	94	83
Other skin	C44	101	103	102	105	101	101
Soft tissues	C48–49	70	51	71	49	70	52
Breast	C50	94	79	96	86	94	79
Cervix uteri	C53					84	67
Corpus uteri	C54					91	78
Ovary	C56					79	45
Prostate	C61			97	91		
Testis	C62			97	95		
Kidney	C64	79	66	78	65	80	67
Bladder and urinary tract	C65–68	78	61	78	60	77	64
Brain and central nervous system	C70–72	42	19	46	19	38	18
Thyroid	C73	92	89	89	78	93	91
Hodgkin lymphoma	C81	88	83	88	79	87	87
Non-Hodgkin lymphoma	C82–85/96	74	57	75	60	72	54
Multiple myeloma	C90	61	34	63	39	60	30
Leukaemia	C91–95	69	49	75	50	62	48

1. Dickman PW, Adami HO. Interpreting trends in cancer patient survival. *J Intern Med* 2006;260:103–17.
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3. Brenner H, Gefeller O, Hakulinen T. Period analysis for 'up-to-date' cancer survival data: theory, empirical evaluation, computational realisation and applications. *Eur J Cancer* 2004;40:326–35.
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