Abstract

Aim

Ovarian cancer (OC) has the highest mortality rates among gynecological cancers. Cytoreductive surgery and adjuvant chemotherapy have been the standard of care for more than three decades. The survival of OC in Estonia has been among the lowest in Europe according to EUROCARE studies. The aim of this study was to examine temporal trends in OC survival in Estonia during 1995–2009 in relation to age and stage.

Methods

Estonian Cancer Registry data on all adult cases of OC in Estonia diagnosed during 1995–2008 and followed up for vital status until 2009 were used to estimate relative survival ratios (RSR). Cohort analysis was used for patients diagnosed in 1995–1999 and 2000–2004 and period hybrid analysis for 2005–2009. Analysis was performed by age (age-groups <50; 50–59; 60–69 and 70+) and stage (FIGO (1988) stages I; II; III and IV).

Results

Among 2139 women, the age-adjusted 5-year RSR (%) improved over the study period from 27 (95%CI 24–30) in 1995–1999 to 31 (27–34) in 2000–2004 and 37 (33–40) in 2005–2009. Survival improved for all stages and age groups. From 1995–1999 to 2005–2009, the 5-year RSR increased from 82% to 89% for stage I patients, from 49% to 80% for stage II patients (statistically significant), from 24% to 30% for stage III patients and from 10% to 12% for stage IV patients, respectively. Survival increase of 10% units from 1995–1999 to 2005–2009 was seen for women age 50–59 (5-year RSR 39% and 49%, respectively) as well as women age 60–69 (5-year RSR 31% and 41%, respectively). Among younger and older women, the
respective changes were smaller (from 56% to 60% for women age below 50, and from 15% to 22% for women age 70 and over). In 1995–1999, the difference in survival between the youngest and oldest age groups was 41% units and this decreased only slightly over the study period to 38% units.

Conclusions

Overall OC survival in Estonia has improved. While survival increased in all age and stage groups, the largest improvement was seen among women age 50–69 and among patients with stage II disease. These findings may be associated with better diagnostics before treatment. Advances in surgical technique and chemotherapy may also have contributed. Slow progress among older women is of great concern.

Disclosure

K. Ojamaa: Member of Advisory Board "Future Leaders in Oncology in EURIT region", Pfizer. All other authors have declared no conflicts of interest.