

Age-specific relative survival of testicular cancer in Europe and the USA

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Background

- Survival of testicular cancer is very high, mainly due to cisplatin-based chemotherapy
- Survival of patients aged over 50 seems lower
- Aim: Age-specific survival trends of testicular cancer

Results

Table 1. Trend in 5-year relative model-based age-specific survival of testicular cancer patients from the **EUNICE (European) cancer registries**

Age	1990-1994		2000-2004		P-value trend
	PE	SE	PE	SE	
15-19 years	89	3	96	2	0.04
20-24 years	91	2	96	1	<0.01
25-29 years	95	1	95	<1	0.76
30-34 years	94	1	97	<1	0.01
35-39 years	93	1	97	<1	<0.01
40-44 years	94	2	97	<1	0.05
45-49 years	93	2	91 [‡]	2	0.52
50-54 years	89	3	93 [*]	2	0.39
55-64 years	83	4	89 [†]	3	0.07
65-74 years	69	6	71 [‡]	6	0.20
75-84 years	28	9	69 [‡]	10	0.03
Total	91	<1	94.9	<1	<0.01

PE = point estimate; SE = standard error

, †, ‡ Survival estimate is significantly different from 2000-2004 survival estimate of age group 20-44 years. (=<0.05, †=<0.01, ‡=<0.001)

Methods

- Data: 12 European cancer registries (EUNICE)
9 American cancer registries (SEER 9)
14,321 European and 13,755 American patients included in study
- Calculated 5-year relative survival (period-based)
- According to period and age

Table 2. Trend in 5-year relative model-based age-specific survival of testicular cancer patients from the **SEER 9 (American) cancer registries**

Age	1990-1994		2000-2004		P-value trend
	PE	SE	PE	SE	
15-19 years	92	2	94	2	0.51
20-24 years	92	2	96	1	<0.01
25-29 years	96	<1	98	<1	0.09
30-34 years	96	<1	96	<1	0.76
35-39 years	95	1	96	<1	0.50
40-44 years	95	1	98	<1	0.06
45-49 years	96	2	98	1	0.51
50-54 years	94	3	95	2	0.99
55-64 years	88	4	87 [‡]	4	0.69
65-74 years	82	9	76 [‡]	8	0.41
75-84 years	98	7	81 [†]	11	0.31
Total	95	<1	96	<1	0.02

PE = point estimate; SE = standard error

†, ‡ Survival estimate is significantly different from 2000-2004 survival estimate of age group 20-44 years. (†=<0.01, ‡=<0.001)

Conclusions

- In 2000-2004 5-year survival for ages 15-44 years generally over 95% in both Europe and the USA
- Higher survival in USA for ages 45-54 suggests that further improvement is possible in Europe
- Future research should focus on causes of lower survival of patients aged 55 years and older and possibilities to improve survival in this age-group