

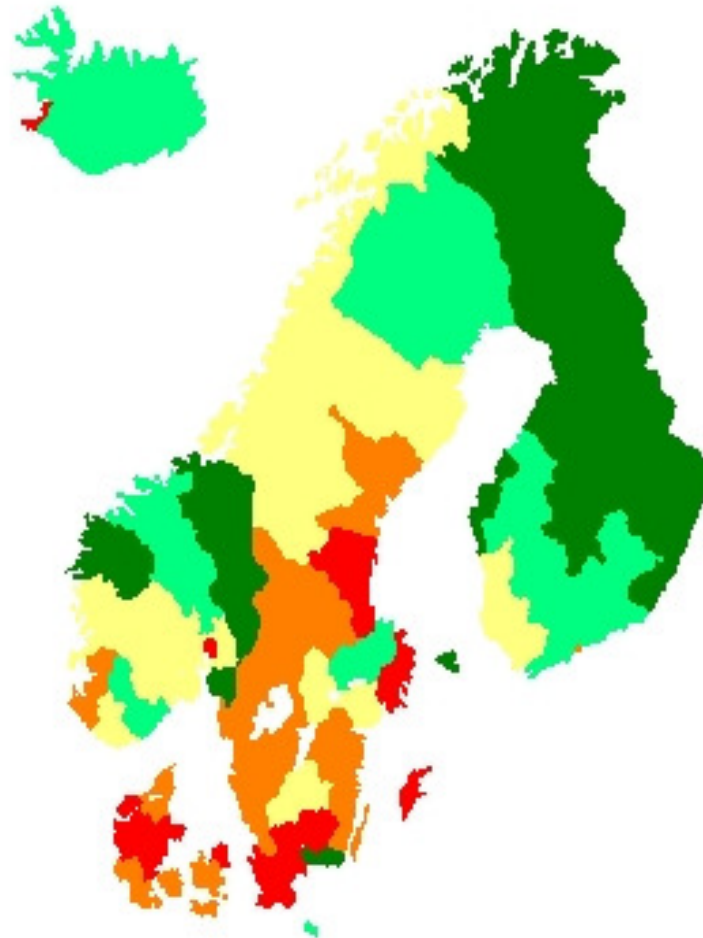


Epidemiology of breast cancer in Denmark, 1977-2007

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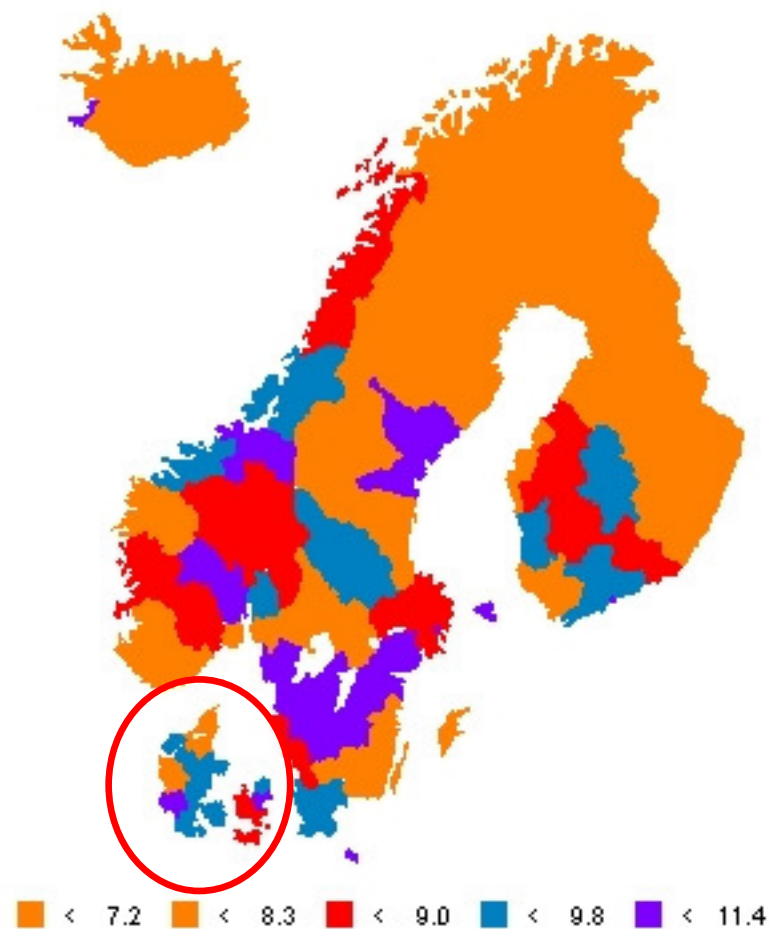


Breast, Incidence: Cumulative risk-Female age (0-74) 1977

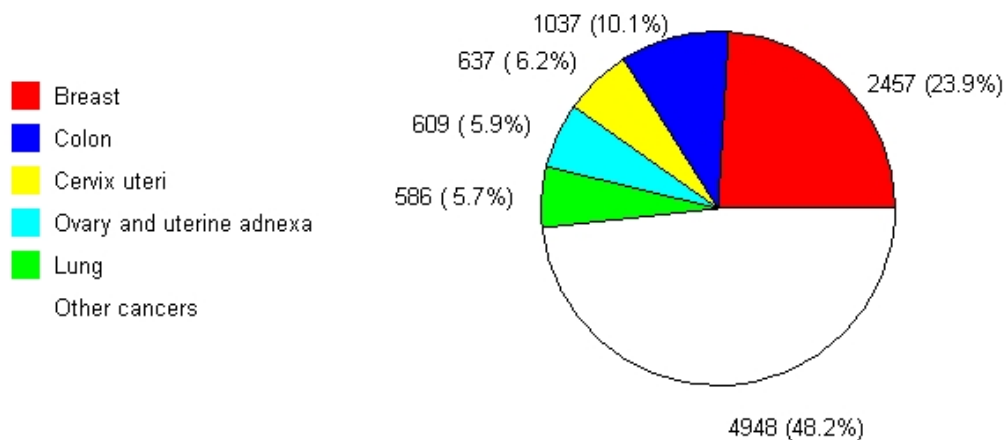


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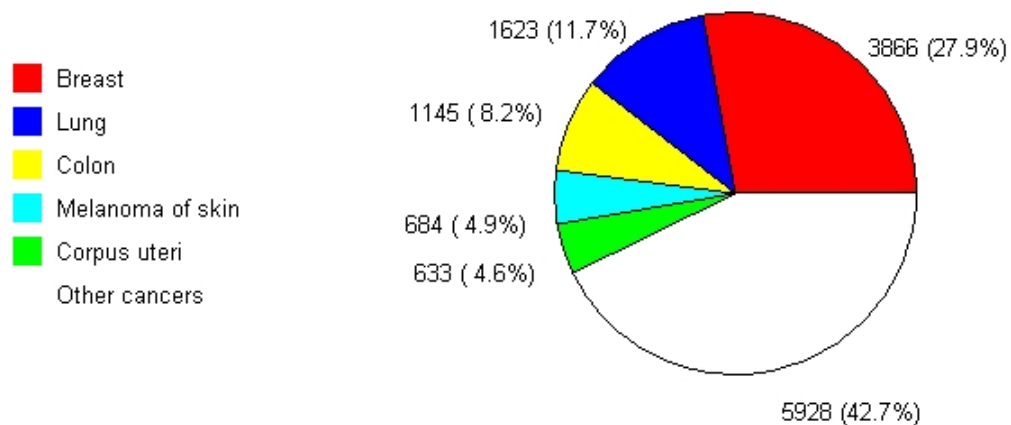
Breast, Incidence: Cumulative risk-Female age (0-74) 2003



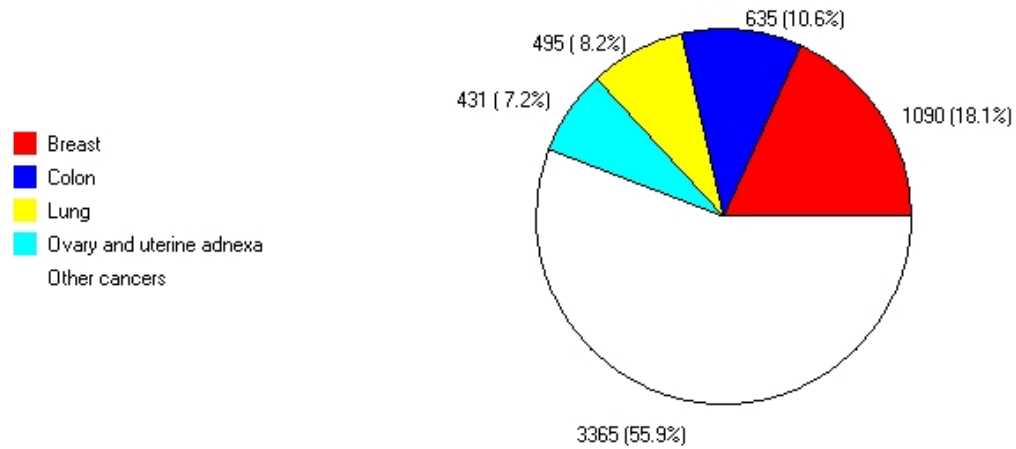
Denmark-Female (All ages) 1977
10274 cases



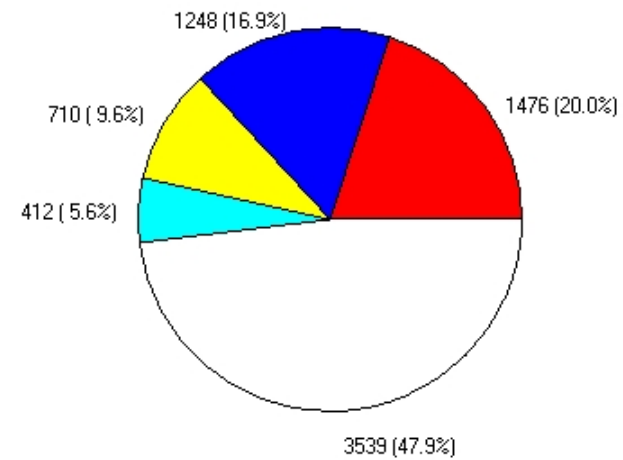
Denmark-Female (All ages) 2003
13879 cases



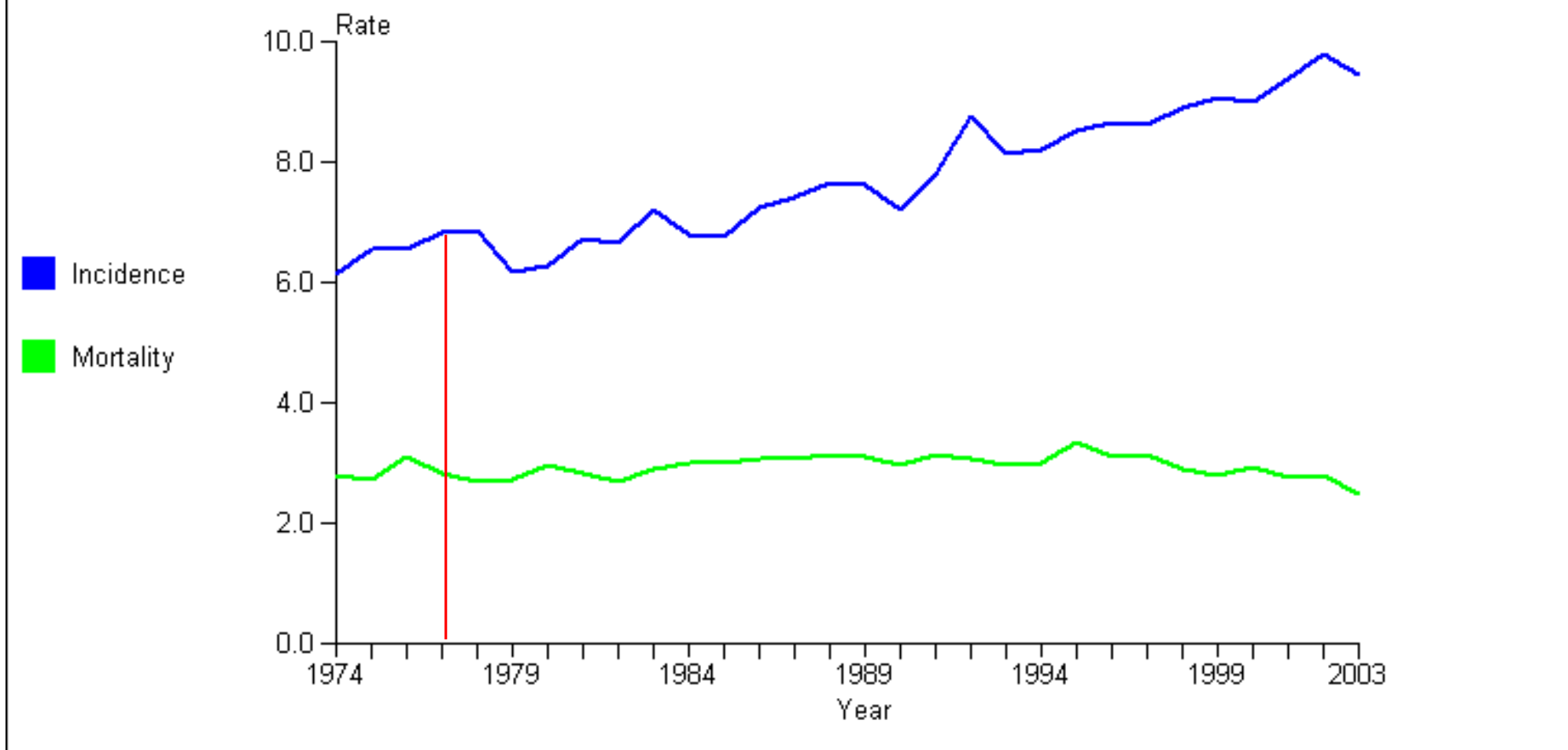
Denmark-Female (All ages) 1977
6016 deaths



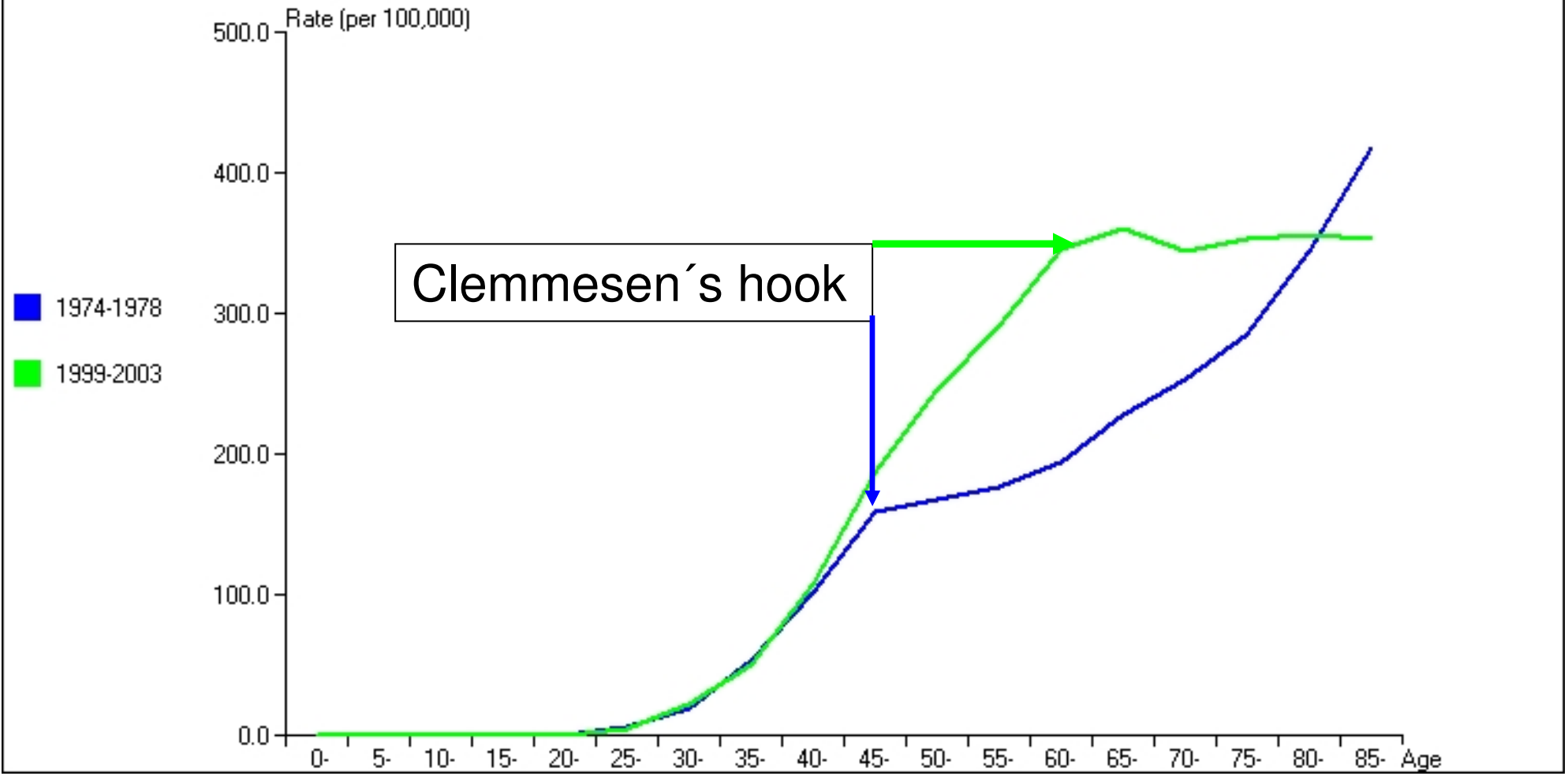
Denmark-Female (All ages) 2003
7385 deaths



Denmark, Breast - Female - Cumulative risk age (0-74)



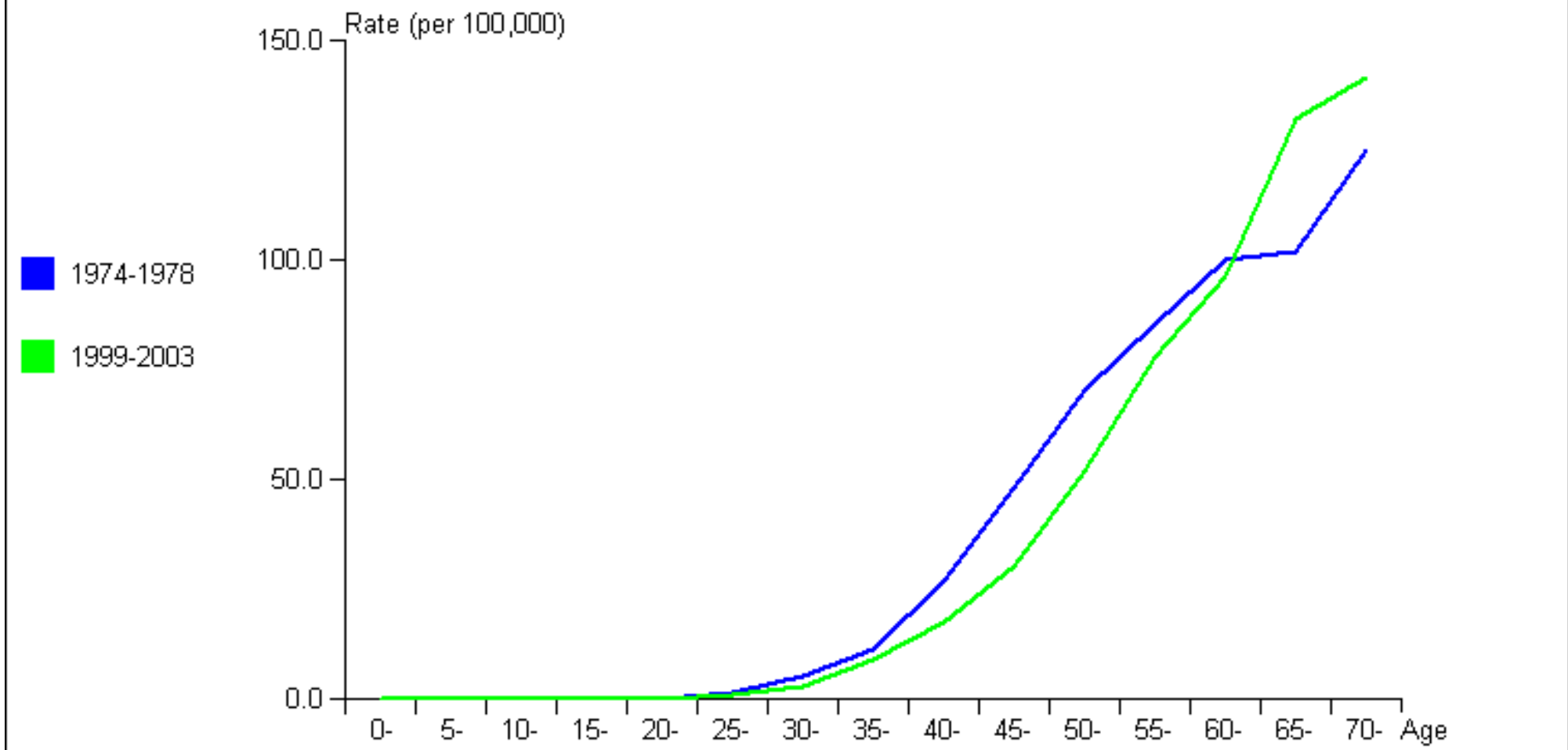
Denmark, Breast: Incidence - Female



Breast cancer incidence in Denmark, 1977-2007

- No national statistics available for 2004-2007
- 1977-2003: an increase in incidence for ages 45-80 years
- Likely explanations:
 - Increase in diagnostic activity, e.g. mammography screening
 - Real increase, i.e. higher incidence of risk factors such as fewer childbirths, later ages at childbirths, later menopause, increasing obesity, hormone treatment of menopausal symptoms

Denmark, Breast: Mortality - Female



OUH
Odense Universitetshospital

Breast cancer mortality in Denmark, 1977-2007

- Mortality has been decreasing for women age < 55 years
 - Likely explanations: earlier diagnosis, better adjuvant treatment (chemo-, endocrine, and radiotherapy)
- Mortality has been increasing for women aged > 55 years
 - Likely explanations: lack of population based mammography screening, reluctance to chemotherapy to older women

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How has DBCG contributed to epidemiology from 1977-2007 ?

- 3 doctoral theses (Ewertz, 1993; Kroman, 2001; Wohlfahrt, 2005)
- 2 Ph.D.-theses (Cold, 1998; Ravnsbæk, 2003)
- Peer reviewed papers on epidemiology: 27

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How can we contribute in the future ?

- DBCG Epidemiology Committee: established in 2006
- Members:
 - 4 external experts in epidemiology: E.Lynge, M.Melbye, J.H.Olsen, H.T.Sørensen
 - Representatives from other committees: N.Kroman (surgery), M.Andersson (radiotherapy), Anne-Vibeke Lænkholm (pathology), Dorte Crüger (genetics), M.Ewertz (medical)
 - DBCG Secretariat: the statisticians

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How can we contribute in the future ?

- Evaluation of incoming projects
- Focus area: age related factors in prognosis and co-morbidity

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Sygdom	Score
AMI	1
Hjerteinsufficiens	1
Karsygdomme	1
Cerebrovasculær	1
Demens	1
COLD	1
Bindevævssgd.	1
Ulcussgd.	1
Mild leversgd	1
Ukompl. diabetes	1
Hemiplegi	2
Nyresygdom	2
Kompl. diabetes	2
Cancer, lymfom	2
Mod.,svær lever	3
Mestast. cancer	6
AIDS	6

Co-morbidity: Charlsons index

Score 0 : rask

Score 1-2 : lidt syg

Score 3+ : svært syg

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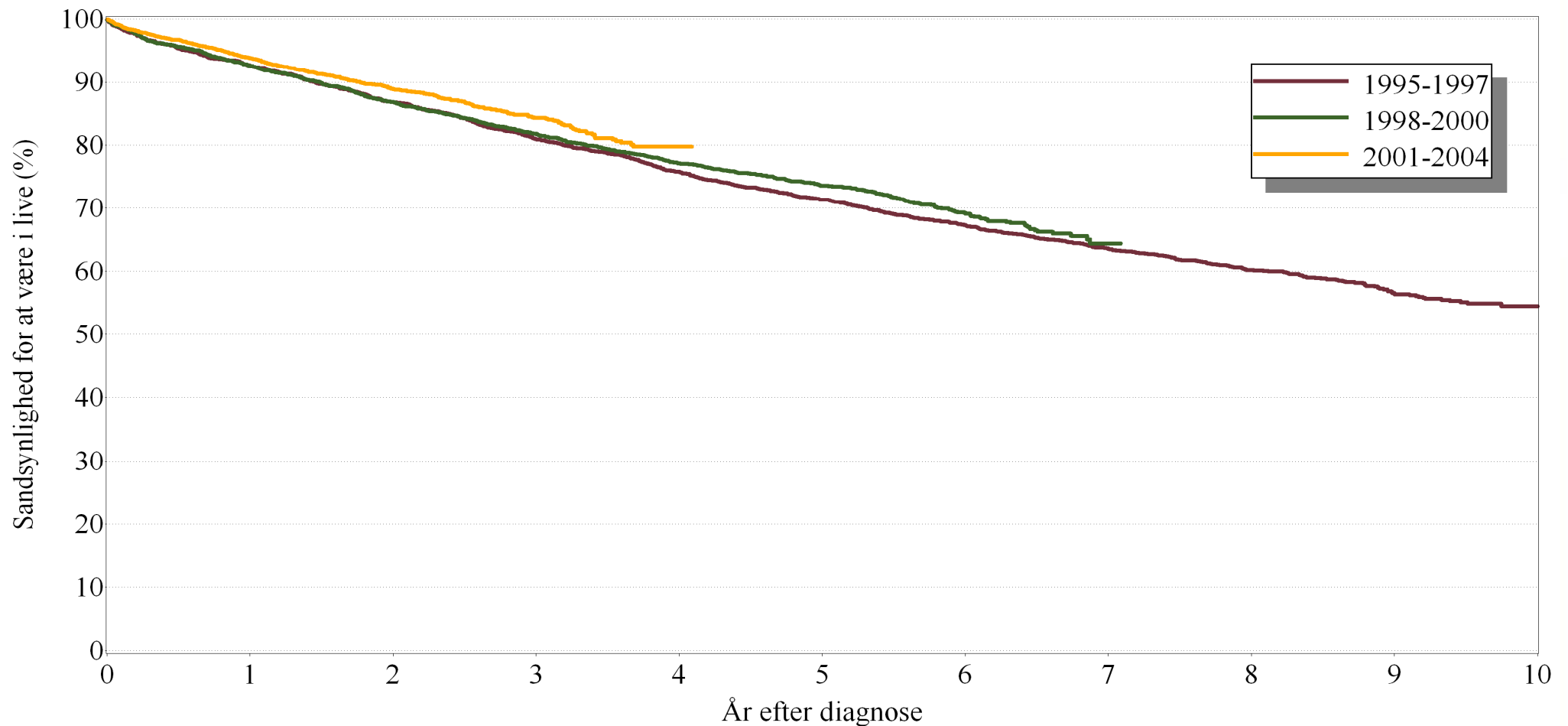
Distribution of Charlson score for 9300 patients in Jutland

Charlson score

	0	1-2	3+	Total
	n (%)	n (%)	n (%)	
1995-1997	2423 (86)	360 (13)	36 (1)	2819 (100)
1998-2000	2518 (84)	431 (14)	54 (2)	3003 (100)
2001-2004	2829 (81)	565 (16)	84 (2)	3478 (100)
Total	7770	1356	174	9300

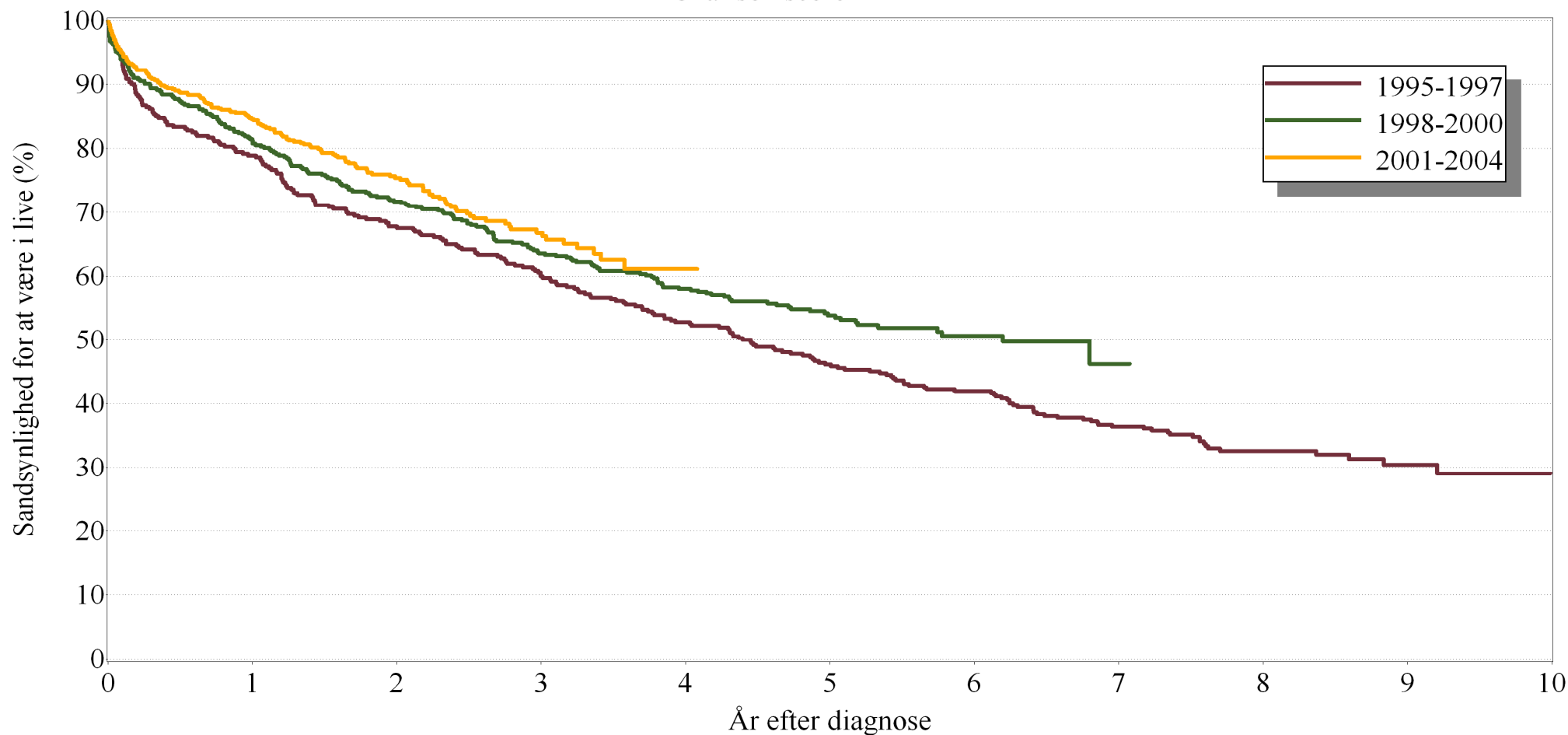
Survival of patients with Charlson score = 0

Brystkræft
Charlson score=0

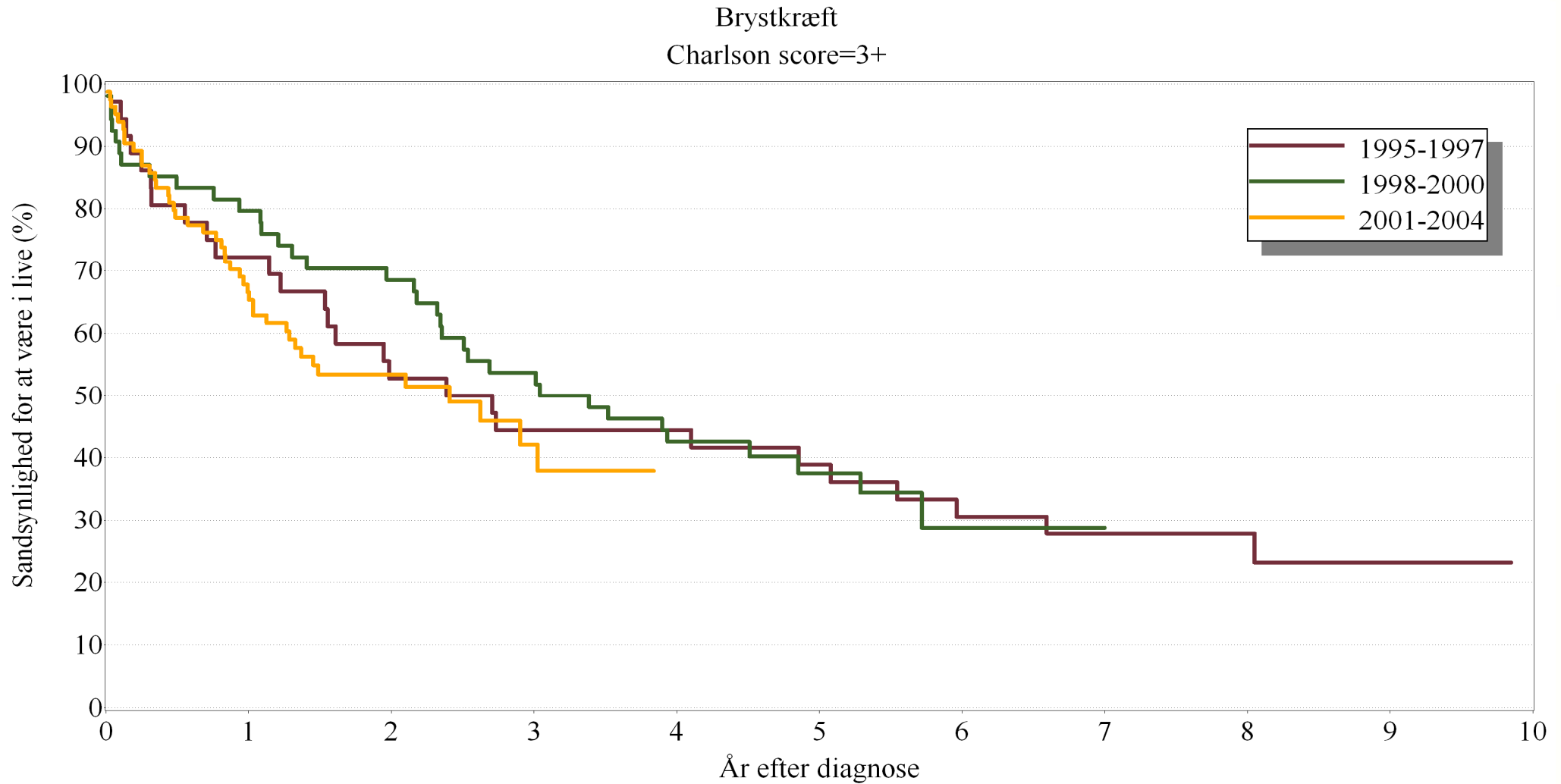


Survival of patients with Charlson score = 1-2

Brystkræft
Charlson score=1-2



Survival of patients with Charlson score = 3 +



Conclusion: Co-morbidity

- Over the past 10 years prognosis has improved for otherwise healthy (Charlson score = 0) women with breast cancer
- More elderly women with severe co-morbidity (Charlson 3+) are diagnosed with breast cancer and their prognosis has become worse over the past 10 years.
- The Epidemiology Committee shall focus future activities on evaluating age and co-morbidity on a national scale.

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