Foreword

Since more than a century, the systematic description of mortality by cause of death and place of living has been, and still is, a major public health issue and an important tool for epidemiological and biomedical research. In the area of cancer, the development of incidence registration provides additional information allowing a more accurate description of cancer distribution and a comparison between incidence and mortality data.

This "Supplement" presents incidence and mortality data from 45 registries and in 26 European countries. Graphical representations (histograms) are used in the text while extensive tabulation of ranks, sex ratios and highest/lowest area ratios is presented in the appendices. The substantial variations still observed in incidence and mortality for most cancer sites reflect the heterogeneity in risk factor exposure within Europe in the past and provide therefore important and, in several aspects, unique hints for epidemiological research. Thus, the volume is aimed at becoming a basic and standard reference for cancer epidemiologists, health statisticians, researchers in environmental carcinogenesis and health care organization.

The Journal *"Sozial- und Präventivmedizin"* is glad to present this publication and to acknowledge the outstanding importance of these data for epidemiological research. As a journal jointly edited by the German and Swiss Societies for social and preventive medicine, we are glad to present a concrete example of European perspective in biomedical research.

Our hope is that such perspective will be extended, from descriptive to analytical epidemiology, and to the whole field of social and preventive medicine, since the potentialities of European research are strongly linked to cooperation and definition of unified objectives. As an European journal our perspective is to pursue a deeper integration into such process, in order to maintain and strengthen our role of instrument for communication and debate in a wider scientific community.

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(Editor)

It gives me great pleasure to welcome this publication, which represents an important advance in the accountancy of medicine. Never before has it been possible – or even conceivable – to obtain a comprehensive picture for a whole continent of the impact of a major disease at the stage of its first recognition rather than at death. And when that continent is so diverse in its structure, history and subcultures, in its climate, diet and wealth, it provides a rich variety of potential correlates to compare with the variations in site incidence when searching for possible aetiological factors. I hope it will be forerunner of a regular series, appearing at quinquennial intervals, to provide thereby for the study of trends over time.

One of the outstanding pioneers in this field was the late Professor Mitsui Segi. To him originally we owe the concept of the "World Standard Population" as a base for the comparison of mortality rates between countries with populations of very different structure by age. He chose an intermediate between the relativelly very young people of the developing countries – a broad-based triangle when represented in the usual "pyramid" form – and the much older patterns found in the developed countries, often of European origin. Now of course that same standard population has been used for comparisons of morbidity also, and in this publication both incidence and mortality rates are standardised to the "World Population". Segi also pioneered in a series of publications the graphical comparison of mortality rates for cancers by site for a number of countries throughout the world, using ranked histograms. Placing the male and the female histograms alongside, he made their comparison, both by site and by country, simple and immediate to the eye. I am glad to see the same method used here for incidence, and for mortality rates, and within a site, to the same scales. Furthermore, in this volume, for each site the sex ratios for incidence by registry, and for mortality rate by country are given in rank order, but in a table rather than again using a histogram. Among a series of Appendices can be found the ratios of highest to lowest incidence (and mortality) by site, together with the ratios of the second highest to second lowest–an important corrective when one extreme may be exceptional.

Ultimately the proper study of aetiological factors requires data collected from individual patients rather than in this essentially grouped form. But nonetheless many hypotheses for more detailed epidemiological study can be generated by the use of this publication. I am sure its value will be quickly appreciated, and I congratulate the authors on their great achievement.

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