



Cancer in Ireland, 1997

INCIDENCE AND  
MORTALITY

Report of the National Cancer Registry

Cork: National Cancer Registry Board, September 2000



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## 1.1 FOREWORD

The effect of cancer on the health status of the Irish population is striking. One in three of the population develops cancer during their lifetime and cancer causes one in four deaths in Ireland each year. As a result cancer presents a formidable physical, psychological and socio-economic burden on patients, their families and on health care providers.

The impact of cancer on our population will be minimised by increasing our understanding of its aetiology, improving cancer prevention programmes and by earlier diagnosis, optimal therapy and appropriate palliative care. To achieve this the National Cancer Strategy has set the framework for the development and organisation of cancer services throughout the country. A crucial component of the strategy is the availability of epidemiological information on cancer.

The National Cancer Registry has made tremendous progress since its establishment in 1991 in providing data that is reliable, valid, comprehensive and of a standard that is on a par with the highest internationally.

The quality of data is central to its utility and the completeness of cancer registration requires constant vigilance. Total population coverage is also vital if the Registry is to provide data which enables us to monitor the incidence and patterns of the disease; examine treatment outcomes; analyse survival, plan appropriate services and facilitate research. Issues of consent and confidentiality that might impact on data quality must be addressed and resolved without compromising either.

It is encouraging and commendable that an active research programme is now in place in the Cancer Registry. This encompasses both epidemiological research and collaboration with those involved in various aspects of cancer research both nationally and internationally.

The National Cancer Registry also has developed close bilateral relationships with many other European cancer registries. It has a particularly close working relationship with the Northern Ireland Cancer Registry which has generated important cross-border epidemiological research.

The excellence of this report is testimony to the hard work and dedication of the Director and staff of the Cancer Registry. The report would not have been possible without the co-operation of all of those individuals in hospitals and agencies who assist the Registry in the collection and collation of data on a continuous basis. Their support and enthusiasm is appreciated and acknowledged. This 1997 report builds on previous reports and proves beyond doubt the great benefits to be gained from investing in the collection of high quality cancer data. This is vital if we are to control this disease and lessen its impact on our population.

**Dr. Elizabeth Keane,  
Chair,  
National Cancer Registry**

## 1.2. THE NATIONAL CANCER REGISTRY BOARD

The National Cancer Registry Board was established by the Minister for Health in 1991, by Statutory Instrument. Its functions were laid down in its Establishment Order as follows:

1. to identify, collect, classify, record, store and analyse information relating to the incidence and prevalence of cancer and related tumours in Ireland;
2. to collect, classify, record and store information in relation to each newly diagnosed individual cancer patient and in relation to each tumour which occurs;
3. to promote and facilitate the use of the data thus collected in approved research and in the planning and management of services;
4. to publish an annual report based on the activities of the Registry;
5. to furnish advice, information and assistance in relation to any aspect of such service to the Minister.

The second National Cancer Registry Board was appointed by the Minister for Health in October 1996, to hold office until October 2001. The membership of the current Board is:

- Dr. Elizabeth Keane (Chairperson), Director of Public Health, Southern Health Board, Sarsfield House, Sarsfield Road, Cork; nominated by the Minister for Health
- Professor Alun Evans, Department of Epidemiology and Public Health, The Queen's University of Belfast, Mulhouse Building, Institute of Clinical Sciences, Grosvenor Road, Belfast, BT12 6BJ; nominated by the Faculty of Public Health Medicine of Ireland
- Professor James J. Fennelly, Consultant Oncologist, St. Vincent's Private Hospital, Herbert Avenue, Dublin 4; nominated by the Royal College of Physicians of Ireland
- Professor Bernadette Herity, Department of Epidemiology and Public Health, University College, Dublin, Belfield, Dublin 4; nominated by the Irish Cancer Society
- Professor Aine Hyland, Department of Education, University College, Cork; nominated by University College, Cork
- Mr. Kevin McCarthy, Assistant Principal Officer, Department of Health, Hawkins House, Hawkins St., Dublin 2; appointed by the Minister for Health (replacing Mr. Fergal Lynch)
- Professor Niall O'Higgins, Department of Surgery, St. Vincent's Hospital, Elm Park, Dublin 4; nominated by the Royal College of Surgeons in Ireland
- Dr. Martin Rouse, Medical Centre, Emmet House, Clonmel, Co. Tipperary; nominated by the Irish College of General Practitioners
- Dr. Kieran Sheahan, Consultant Pathologist, St. Vincent's Hospital, Elm Park, Dublin 4; nominated by the Faculty of Pathology of the Royal College of Physicians of Ireland
- Dr. Niall Tierney, Former Chief Medical Officer, Department of Health, Hawkins House, Hawkins St., Dublin 2; appointed by the Minister for Health.

### 1.3. ACKNOWLEDGEMENTS

As in previous years, production of our annual report has been a team effort. The quality and comprehensiveness of the data are due to the work of our tumour registration officers around the country. Collection, checking and analysis of the information is made possible by the IT systems developed at the Registry by our IT team, while the quality of the data is assiduously checked by a team at the Registry. Writing the report, and responsibility for any errors, is largely my responsibility, but with indispensable checking and proof-reading assistance from the Registry staff.

We are conscious of our indebtedness to many outside the Registry – pathology, medical records and HIPE staff, who identify cases and provide medical records to us; hospital management who in many cases provide the offices and facilities which allow us to operate; and most importantly, the Department of Health and Children, which provides the funding essential for our activities.

Harry Comber, Director

## 1.4. SOURCES OF DATA FOR THIS REPORT

Cancer incidence and mortality information for 1997 is based on data collected by the Registry from January 1st, 1997 to March 31st, 1999. Death information has been extracted by the Registry from copies of death certificates made available to us by the Central Statistics Office (CSO). Census data for 1996 were also provided by the CSO. Cancer incidence data for Europe were extracted from the EUROCIM database of the European Network of Cancer Registries. The names of registries contributing to this data are given in the report for 1996. Other data used are acknowledged as appropriate in the text.

## 1.5. AVAILABILITY OF REGISTRY DATA

The Registry wishes to make its data as widely available as possible, within the restraints imposed by maintaining confidentiality. The material published here may be reproduced freely, but the Registry must be cited as the source, and any alterations, omissions and interpretations of the data must be identified as having been made by the author. A summary of this report, many of the data tables and the basic dataset from which the report has been written, are available on the Registry website at: [www.ncrirl.org](http://www.ncrirl.org)

Subsets, or further analyses, of the data may be obtained by any interested person by applying in writing to the Registry. Data from the Southern Tumour Registry (Cork and Kerry) for the period 1977 to 1993 are available on the same basis. The data may be provided either as cross-tabulations or as individual data records, as appropriate. No information, which could identify an individual patient, institution or health care worker, will be released without their consent. This service is free to individuals or institutions who contribute data to the Registry; a charge will be payable by others for the time taken in producing the information. We would be particularly interested in hearing from individuals or institutions within the healthcare system who might wish to use Registry data routinely for performance review.