

5.1. INTRODUCTION AND SUMMARY

Table 5.1. Summary of incidence and mortality statistics: all cancers

	INCIDENT CASES			DEATHS		
	males	females	both sexes	males	females	both sexes
All cancers (invasive, in situ and uncertain) (ICD-O-2 C00-C80)						
1997 cases	10546	10904	21450	4017	3538	7555
<i>Incidence and mortality rates (per 100,000 persons per year)</i>						
crude rate	582.8	593.7	588.3	222.0	192.6	207.2
World age-standardised rate	450.5	422.9		164.6	120.4	
European age-standardised rate	672.3	587.0		254.2	179.0	
cumulative risk (0-74)	40.8%	37.3%		16.9%	12.8%	
mortality/incidence ratio	0.381	0.324	0.352			
Time trends (all cancers)						
1994 cases	9826	10109	19935	3974	3441	7415
1995 cases	9869	9970	19839	4099	3427	7526
1996 cases	10279	10586	20865	3985	3400	7385
1997 cases	10546	10904	21450	3975	3496	7471
1994-1997 average	10130	10392	20522	4008	3441	7449
annual % change 1994-97	+1.6%	+1.9%	+1.8%	-1.0%	-1.0%	-1.1%
95% confidence limits of trend	(0.6%; 2.7%)	(0.0%; 3.9%)	(0.3%; 3.3%)	(-2.5%; 0.5%)	(-2.7%; 0.8%)	(-2.0%; -0.1%)
Invasive cancers only (ICD-10 C00-C96)						
1997 cases	9841	8812	18653	3975	3496	7471
<i>Incidence and mortality rates (per 100,000 persons per year)</i>						
crude rate	543.8	479.8	511.6	219.7	190.4	204.9
World age-standardised rate	420.2	333.9		162.9	119.0	
European age-standardised rate	628.0	475.6		251.7	176.9	
cumulative risk (0-74)	38.6%	31.7%		16.8%	12.7%	
mortality/incidence ratio	0.404	0.397	0.401			

The Registry recorded 21450 cancer cases as incident in 1997 (Table 5.1). 10904 of these (51%) were diagnosed in women and 10546 (49%) in men. The crude incidence rate for women was 5.9 cases per 1000 per year and for men 5.8 per 1000. The overall risk of developing cancer before age 75 was 41% for men and 37% for women.

The total number of cancers registered has increased every year since 1994. When adjusted for increases in the population and changing age structure, the annual increase in rate was just about 1.8% per year.

The mortality/incidence ratio, an approximate measure of the overall death rate from cancer, was 0.38 for men and 0.32 for women. These figures have fallen substantially, from 0.42 and 0.35, respectively, in 1994.

The figures given above include quite a large percentage (36.4%) of non-melanoma skin (NMS) cancers. Because of their large numbers, small variations in the registration efficiency of NMS cancer may have a disproportionate effect on overall cancer incidence rates. For this reason, cancer registrations are conventionally described both with and without the inclusion of NMS cancers.

Table 5.2. Summary of incidence and mortality statistics: all cancers but non-melanoma skin

	INCIDENT CASES			DEATHS		
	males	females	both sexes	males	females	both sexes
All cancers (invasive, in situ and uncertain) (ICD-O-2 C00 to C80, excluding C44)						
1997 cases	6476	7158	13634	3995	3526	7521
% of all cancers	61.4%	65.6%	63.6%	99.5%	99.7%	99.5%
<i>Incidence and mortality rates (per 100,000 persons per year)</i>						
crude rate	357.9	389.7	373.9	220.8	192.0	206.3
World age-standardised rate	278.8	294.8		163.7	120.1	
European age-standardised rate	411.9	395.3		252.9	178.5	
cumulative risk (0-74)	27.5%	27.2%		16.8%	12.8%	
mortality/incidence ratio	0.617	0.493	0.552			
Time trends (all cancers)						
1994 cases	6404	6944	13348	3951	3431	7382
1995 cases	6280	6670	12950	4073	3419	7492
1996 cases	6434	7042	13476	3966	3397	7363
1997 cases	6476	7158	13634	3954	3484	7438
1994-1997 average	6399	6954	13352	3986	3433	7419
annual % change 1994-97	-0.2%	+0.5%	+0.1%	-1.0%	-1.0%	-1.1%
95% confidence limits of trend	(-1.6%; 1.1%)	(-2.0%; 3.1%)	(-1.8%; 2.1%)	(-2.4%; 0.5%)	(-2.6%; 0.7%)	(-1.9%; -0.2%)
Invasive cancers only (ICD-10 C00 to C96, excluding C44)						
1997 cases	6146	5804	11950	3954	3484	7438
% of all invasive cancers	62.5%	65.9%	64.1%	99.5%	99.7%	99.6%
<i>Incidence and mortality rates (per 100,000 persons per year)</i>						
crude rate	339.6	316.0	327.7	218.5	189.7	204.0
World age-standardised rate	264.5	229.8		162.1	118.7	
European age-standardised rate	391.5	320.6		250.4	176.5	
cumulative risk (0-74)	26.4%	23.0%		16.7%	12.6%	
mortality/incidence ratio	0.643	0.600	0.622			

Table 5.2 above presents data on all cancers other than NMS. NMS was defined as all cancers, other than melanoma and lymphoma, with a primary site in skin (see Chapter 9). It includes ICD-10 codes C44 (malignant) or D04 (in situ), and a small number of non-epithelial skin cancers.

The cumulative risk of developing cancer (excluding NMS cancer) before age 75 was 27% for both men and women. The crude incidence rate for men was 3.6 per 1000, and for women 3.9 per 1000 per year. Most of the increase in cancer numbers since 1994 was due to non-melanoma skin cancers, and, when these are excluded, the annual rate of increase between 1994 and 1997 (0.1%) is not statistically significant.

The mortality/incidence ratio, after excluding NMS cancers, was considerably higher than for all cancers, at 0.62 for men and 0.49 for women. Overall survival from cancer is therefore 38% for men and 51% for women.

5.2. AGE AND SEX PROFILE

The age and sex distribution of all cases is shown in Table 5.3. The same data, excluding NMS cancers, are shown in Table 5.4.

Table 5.3. Annual average number of cases and age-specific incidence rate for all cancers, 1994 to 1997, by sex

	MALES		FEMALES	
	cases	cases per 100,000	cases	cases per 100,000
0-4	27	21	21	17
5-9	17	11	16	12
10-14	22	13	20	12
15-19	38	22	41	25
20-24	48	32	120	84
25-29	65	50	244	189
30-34	90	70	316	238
35-39	132	105	382	298
40-44	213	179	466	390
45-49	326	291	589	537
50-54	576	618	709	785
55-59	786	1018	789	1045
60-64	1155	1689	919	1328
65-69	1533	2540	1207	1805
70-74	1824	3645	1412	2270
75-79	1584	4489	1317	2698
80-84	1092	5232	1074	3135
>85	607	5834	751	3163
all ages	10130	564	10392	571

Cancers were most frequent in the 70 to 74 year age group for both sexes, but the incidence rate continued to increase up to the oldest age group.

Table 5.4. Annual average number of cases, age-specific incidence rate and relative age-specific rate for all cancers (excluding non-melanoma skin), 1994 to 1997

	MALES			FEMALES		
	cases	cases per 100,000	relative rate	cases	cases per 100,000	relative rate
0-4	27	21	1.6	21	17	1.5
5-9	17	11	1.6	16	12	1.5
10-14	22	13	1.6	19	12	1.5
15-19	37	21	1.5	39	24	1.4
20-24	43	29	1.4	115	80	1.4
25-29	52	40	1.3	233	180	1.4
30-34	70	55	1.2	290	219	1.4
35-39	87	69	1.1	337	262	1.3
40-44	132	111	1.0	389	326	1.3
45-49	204	182	1.0	477	435	1.2
50-54	354	379	1.0	529	585	1.1
55-59	499	646	1.0	556	736	1.1
60-64	716	1047	1.0	608	878	1.0
65-69	1006	1668	1.0	747	1117	0.9
70-74	1150	2298	1.0	849	1366	0.9
75-79	998	2828	1.0	777	1591	0.9
80-84	650	3116	0.9	588	1715	0.8
>85	337	3239	0.9	366	1540	0.7
all ages	6399	356	1.0	6954	382	1.0

A similar pattern could be seen after the exclusion of non-melanoma skin cancers, although the age specific rate was highest in the 80-84 year old age group in women.

The male/female ratio was above one in the under tens, but fell rapidly to its lowest value at age 25-29, due to cervical and breast cancer. The incidence rate for men, relative to women, increased throughout the rest of life as cancers such as lung and prostate became more common, so that, in the oldest men, cancer was twice as common as in women of the same age.

5.3. SITES OF CANCERS

Table 5.5. Main sites of occurrence of cancer by ICD-10 site and sex

Description	ICD-10 code	MALES		FEMALES		BOTH SEXES	
		cases	% of total	cases	% of total	cases	% of total
all cancers	C00-D48	10546		10904		21450	
<i>malignant tumours (C00-C96)</i>							
all malignant tumours	C00-C96	9841	93.3%	8812	80.8%	18653	87.0%
non-melanoma skin	C44	3695	35.0%	3008	27.6%	6703	31.2%
colorectal	C18-C21	1009	9.6%	775	7.1%	1784	8.3%
breast	C50	17	0.2%	1620	14.9%	1637	7.6%
lung	C34	908	8.6%	509	4.7%	1417	6.6%
prostate	C61	1130	10.7%	0	0.0%	1130	5.3%
unknown primary site	C80	338	3.2%	344	3.2%	682	3.2%
lymphoma	C81-85	262	2.5%	230	2.1%	492	2.3%
stomach	C16	297	2.8%	173	1.6%	470	2.2%
bladder	C67	332	3.1%	122	1.1%	454	2.1%
melanoma skin	C43	167	1.6%	239	2.2%	406	1.9%
pancreas	C25	173	1.6%	169	1.5%	342	1.6%
leukaemia	C91-95	195	1.8%	144	1.3%	339	1.6%
ovary	C56	0	0.0%	306	2.8%	306	1.4%
oesophagus	C15	195	1.8%	99	0.9%	294	1.4%
kidney	C64	174	1.6%	82	0.8%	256	1.2%
brain	C71	145	1.4%	102	0.9%	247	1.2%
corpus uteri	C54	0	0.0%	218	2.0%	218	1.0%
multiple myeloma	C90	90	0.9%	81	0.7%	171	0.8%
cervix	C53	0	0.0%	159	1.5%	159	0.7%
other sites		714	6.9%	432	3.9%	1146	5.4%
<i>in situ cancers (D00-D09)</i>							
all in situ cancers	D00-D09	504	4.8%	1822	16.7%	2326	11.0%
carcinoma of skin	D04	364	3.5%	743	6.8%	1107	5.2%
cervix	D06	0	0.0%	806	7.4%	806	3.8%
melanoma	D03	65	0.6%	146	1.3%	211	1.0%
breast	D05	0	0.0%	84	0.8%	84	0.4%
other sites		75	0.7%	43	0.4%	118	0.6%
<i>benign cancer (D10-D36)</i>							
all benign cancers	D10-D36	39	0.4%	73	0.7%	112	0.5%
<i>cancers of uncertain and unstated behaviour (D37-D48)</i>							
all cancers of uncertain and unstated behaviour	D37-D48	162	1.6%	197	1.8%	359	1.7%
polycythaemia vera	D45	20	0.2%	15	0.1%	35	0.2%
myelodysplastic syndromes	D46	40	0.4%	34	0.3%	74	0.3%
other sites	D37-D44; D47-D48	102	1.0%	148	1.4%	250	1.2%

The classification used in Table 5.5. above is ICD-10, which has some minor points of difference from ICD-O-2. The main difference is that, under ICD-O-2, cancers of all behaviour types (malignant, benign, in situ and uncertain behaviour) and cell types (carcinoma, sarcoma, lymphoma) occurring at a site are all given the same site code, and included in the figures for the site. For most cancers, this does not make an appreciable difference to the rates, but some sites (cervix and melanoma) have a high proportion of in situ cancers, while many lymphomas have a primary site outside the lymph nodes.

The commonest in situ cancers were carcinoma in situ of skin, (5% of all cancers), and carcinoma in situ of cervix (4% of the total). When in situ cancers are excluded, cervical cancer is quite uncommon (only 1.5% of all cancers in women). Only benign intracranial and intraspinal tumours were registered, and these made up 0.5% of the total.

5.4. GEOGRAPHICAL DISTRIBUTION

INTERNATIONAL

As many registries do not register or record benign tumour or cancers of uncertain or in situ behaviours, the table below, and all subsequent data on European comparisons, is based only on malignant (invasive) cancers. It also excludes non-melanoma skin cancers, for which registries have many different registration practices, and for which international data are not comparable.

The relative position of Ireland was different for male and female cancer (Table 5.6). Male cancer incidence was relatively low, being 15th of the 23 countries shown. Ireland ranked higher in female cancer risk, being 10th of the 23. While a small part of these differences may be due to variation in the efficiency of cancer registration, in general the quality of the data is high and dependable.

Compared to our closest neighbours, cancer incidence was lower than in Northern Ireland, and considerably lower than in Scotland, but higher than in England.

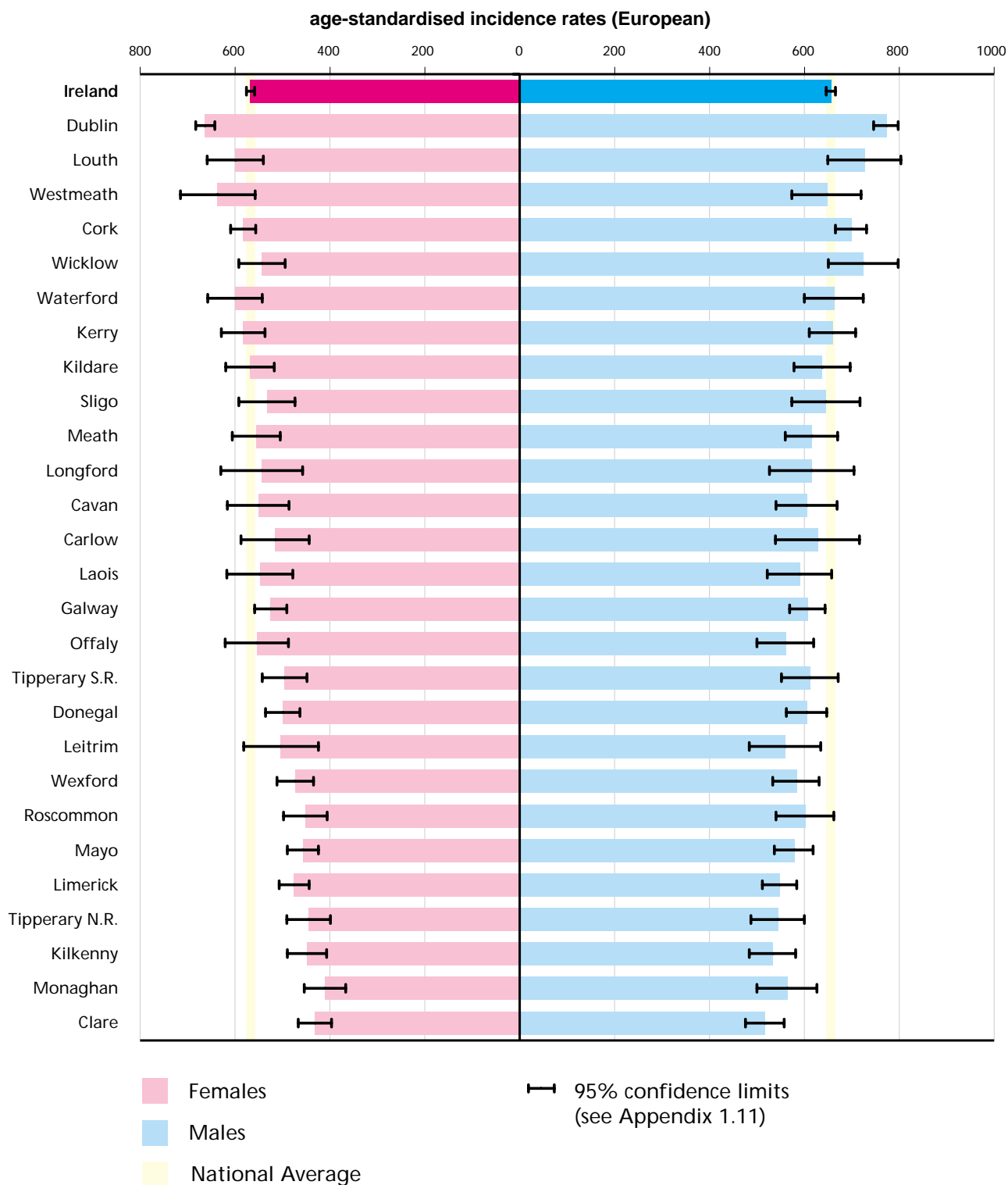
Table 5.6. Age-adjusted annual incidence rate (European standard population) and rank of rates by country, 1995: all cancers excluding non-melanoma skin

	MALES		FEMALES	
	age-standardised rate (per 100,000)	rank	age-standardised rate (per 100,000)	rank
Scotland	464.6	1	374.2	3
Iceland	434.4	7	397.1	1
Czech Republic	462.8	2	326.1	9
Denmark	386.0	18	395.2	2
Italy	449.0	3	331.1	6
Netherlands	444.7	4	331.3	5
N. Ireland	411.1	13	343.8	4
Switzerland	422.9	12	311.6	11
Austria	427.8	8	306.7	12
Germany	424.6	11	300.5	13
Norway	392.9	14	328.2	7
France	438.2	6	274.5	18
Ireland (1994-1997)	393.6	15	318.6	10
Slovakia	439.8	5	272.0	19
Spain	427.6	9	279.3	17
Finland	386.4	17	294.4	16
Estonia	426.6	10	251.1	21
Sweden	346.0	21	327.9	8
Malta	359.9	19	297.1	15
Slovenia	390.6	16	265.2	20
England	329.1	22	300.0	14
Poland	348.3	20	221.6	22
Bulgaria	244.4	23	203.0	23

NATIONAL

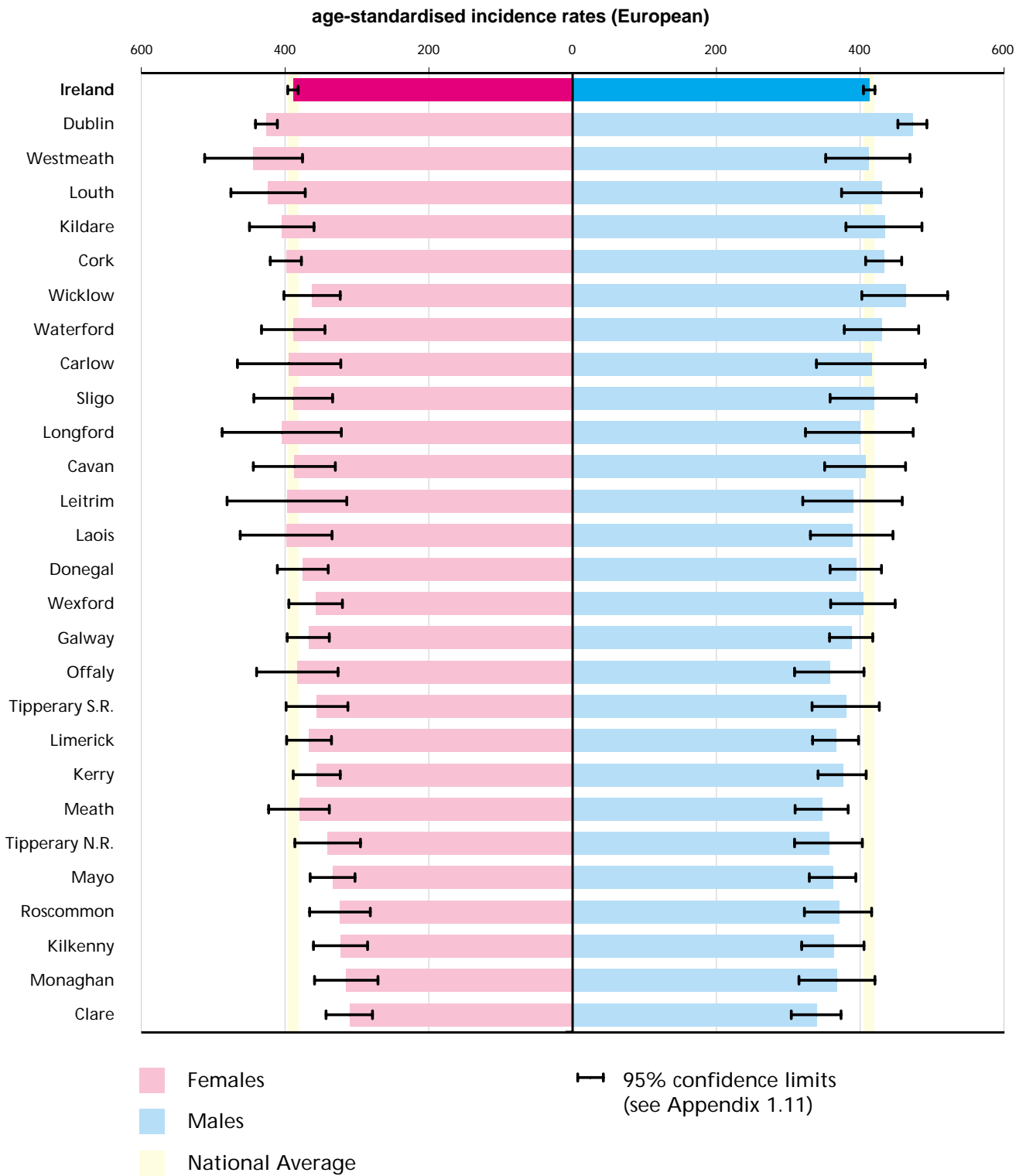
Significantly higher than average cancer rates were observed for both sexes in Dublin and for men only in Cork (Figure 5.1). Although many counties appear to have lower than average rates, this is due to the disproportionate effect of the Dublin figures on the national averages, and is unlikely to be meaningful in itself.

Figure 5.1. Age-adjusted (European population) rates and 95% confidence limits by county, 1994 to 1997: all cancers



Excluding non-melanoma skin cancers gives a more realistic estimate of inter-county variation in cancer risk (Figure 5.2). The rates are again above average for both sexes in Dublin.

Figure 5.2. Age-adjusted (European population) rates and 95% confidence limits by county, 1994 to 1997: all cancers excluding non-melanoma skin



5.5. METHOD OF PRESENTATION

The number of cancers may be increased by greater case-finding, as through screening programmes, and it is important for the Registry to distinguish cancers found in this way from those which are picked up in the normal course of events. In 1997, there was very little screening activity, and the majority of cancers were only detected when they presented clinically (Table 5.7). Only 3.2% of cancers were picked up at screening, and this percentage has hardly changed since 1994.

Table 5.7. Method of presentation: all cancers

	1994		1995		1996		1997	
	cases	% of total	cases	% of total	cases	% of total	cases	% of total
symptoms	18023	90.4%	18344	92.5%	18811	90.2%	19673	91.7%
screening	577	2.9%	463	2.3%	716	3.4%	688	3.2%
incidental	419	2.1%	367	1.8%	440	2.1%	329	1.5%
autopsy	47	0.2%	55	0.3%	51	0.2%	30	0.1%
unknown	871	4.4%	612	3.1%	847	4.1%	730	3.4%
all cases	19937		19841		20865		21450	100.0%

Most of these cancers were in situ cancers of the cervix (Table 5.8).

Table 5.8. Screen-detected cancers, 1997

SITE	CASES	% OF ALL CASES AT THAT SITE
cervix (all)	637	66.0%
(invasive)	24	15.1%
breast	33	1.9%
oesophagus	2	0.7%
prostate	7	0.6%
corpus uteri	1	0.4%
ovary	1	0.3%
colon	3	0.3%
lymphoma	1	0.2%
rectum	1	0.2%
melanoma	1	0.2%
skin	1	0.0%
all cancers	688	

5.6. HISTOLOGICAL DESCRIPTION

MORPHOLOGY

The tumour histology was described by the morphology chapter of ICD-O-2. Table 5.9 shows the 16 most common morphologies registered. The letters "NOS" denote "not otherwise specified", and indicate that no more specific description was possible from the information available.

Cancers described as "malignant neoplasm" (M-8000/3) are generally those for which histology was not performed. In general, the Registry ascribes this code to any clinically or radiologically diagnosed cancers, even when more specific diagnoses are given in the records (e.g. a clinically diagnosed "carcinoma" of prostate is not given the code M-8010/3 for carcinoma, but the code M-8000/3). The main exceptions to this rule are clinically diagnosed skin and radiologically diagnosed CNS lesions. The proportion of these non-specific cancers was lower in 1997 than in previous years.

Table 5.9. The most common morphological types of tumour

Description	ICD-O-2 Code	1997		1994-1997 AVERAGE	
		cases	% of total	cases	% of total
basal cell carcinoma, NOS	8090/3	4004	18.7%	3713	18.1%
adenocarcinoma NOS	8140/3	3380	15.8%	3243	15.8%
squamous cell carcinoma NOS	8070/3	2873	13.4%	2760	13.4%
malignant neoplasm	8000/3	1740	8.1%	1764	8.6%
infiltrating duct carcinoma	8500/3	1084	5.1%	953	4.6%
cervical intraepithelial neoplasia, grade III	8077/2	789	3.7%	732	3.6%
Bowen's disease	8081/2	676	3.2%	613	3.0%
carcinoma NOS	8010/3	411	1.9%	474	2.3%
squamous cell carcinoma in situ, NOS	8070/2	411	1.9%	357	1.7%
squamous cell carcinoma large cell, keratinising	8071/3	331	1.5%	341	1.7%
multicentric basal cell carcinoma	8091/3	376	1.8%	304	1.5%
papillary transitional cell carcinoma	8130/3	249	1.2%	229	1.1%
transitional cell carcinoma NOS	8120/3	177	0.8%	216	1.1%
melanoma malignant, NOS	8720/3	191	0.9%	183	0.9%
multiple myeloma	9732/3	154	0.7%	163	0.8%
mucous adenocarcinoma	8480/3	152	0.7%	158	0.8%
all other types		4452	20.8%	4323	21.1%
all cancers		21450		20523	

BEHAVIOUR

Four types of cancer behaviour are recorded:

- benign
- uncertain whether benign or malignant
- in situ
- malignant.

In general, the pathology report fully describes the behaviour of the tumour. However, if this is ambiguous and cannot be clarified by consultation with the pathologist, the tumour is given the behaviour described as appropriate to that histological type in ICD-O-2. Malignant tumours have remained at around 87% of the total since 1994 (Table 5.10).

Table 5.10. Behaviour of cancers

Behaviour	1997		1994-1997 AVERAGE	
	cases	% of total	cases	% of total
benign	112	0.5%	104	0.5%
uncertain	333	1.6%	314	1.5%
in situ	2326	10.8%	2103	10.2%
invasive	18679	87.1%	18003	87.7%
all cancers	21450		20522	

5.7. METHOD OF DIAGNOSIS

This records the most valid basis of diagnosis of the cancer. In most cases, cancers were diagnosed by histological examination of the primary tumour, or of a secondary site (Table 5.11). For those which were not, the most valid basis of diagnosis was recorded in the following order of validity:

cytology > bone marrow > blood film > post mortem > radiology > clinical.

Blood film is accepted by IARC as a histological method of confirmation of diagnosis, but is classed below as "clinical" as we believe it to be an unsatisfactory method of diagnosis for many haematological malignancies in the absence of bone marrow examination. Tissue diagnosis of disease was provided in 89% of cases.

Table 5.11. Most valid basis of diagnosis of cancer

BASIS OF DIAGNOSIS	CASES	% OF TOTAL
tissue diagnosis	19101	89.0%
histology of primary	17614	82.1%
histology of other site	578	2.7%
cytology	361	1.7%
bone marrow	548	2.6%
clinical diagnosis	2349	11.0%
clinical	980	4.6%
blood film	111	0.5%
radiology	1109	5.2%
post-mortem	33	0.2%
other	8	0.0%
not known	108	0.5%
all cancers	21450	

5.8. CLINICAL AND PATHOLOGICAL STAGE

If TNM or other staging was specifically described by a clinician or pathologist, this was registered. Otherwise, tumours were allocated to a clinical and pathological stage by the TRO based on information entered in the records. Non-melanoma skin cancers were not staged, and there is no staging system for leukaemia, CNS cancer, for cancers of unknown or ill-defined primary site and for a small number of other sites. For just over half of all cancers, TNM staging was applicable (Table 5.12).

Reporting of T stage was high, but N and M stages were not so well recorded. A T stage, either clinical or pathological, could be extracted from the medical record in 77% of cases where staging was applicable. N stage was available in 55% of cases and M stage in 54%.

Table 5.12. Staging information recorded

T stage	cases	% of total
Tis/Ta	1221	5.7%
T1	1964	9.2%
T2	2448	11.4%
T3	2187	10.2%
T4	1058	4.9%
not staged	2724	12.7%
N stage	cases	% of total
N0	4020	18.7%
N1	1614	7.5%
N2	578	2.7%
N3	148	0.7%
not staged	5242	24.4%
M Stage	cases	% of total
M0	4485	20.9%
M1	1812	8.4%
not staged	5305	24.7%
staging not applicable	9848	45.9%
all stages	21450	

As full TNM staging is not always possible, a summary "extent of disease" measure can indicate if the cancer is confined to the organ of origin (local), has spread to regional lymph nodes (regional) or has metastasised beyond this (distant). This information could be retrieved for 75% of all cases and for 54% of those to which staging was applicable (Table 5.13). Local disease was most frequent (46% of those staged), followed by distant (29%).

Table 5.13. Extent of disease

EXTENT OF DISEASE	CASES	% OF TOTAL
local	2886	13.5%
regional	1599	7.5%
distant	1812	8.4%
not applicable	9848	45.9%
not known	5305	24.7%
all cancers	21450	

The most frequent TNM combination was Tis N0 M0 (Table 5.14). The next most frequent were T2 N0 M0 and T1 N0 M0.

Table 5.14. TNM staging

T stage	N stage	M0		M1		NOT STAGED	
		cases	% of total	cases	% of total	cases	% of total
Tis/Ta	N0	1221	5.7%	0	0.0%	0	0.0%
T1	N0	545	2.5%	15	0.1%	280	1.3%
	N1	106	0.5%	34	0.2%	97	0.5%
	N2	9	0.0%	4	0.0%	11	0.1%
	N3	4	0.0%	0	0.0%	5	0.0%
	not staged	148	0.7%	84	0.4%	622	2.9%
T2	N0	584	2.7%	50	0.2%	321	1.5%
	N1	225	1.0%	42	0.2%	213	1.0%
	N2	31	0.1%	21	0.1%	66	0.3%
	N3	18	0.1%	9	0.0%	15	0.1%
	not staged	192	0.9%	149	0.7%	512	2.4%
T3	N0	397	1.9%	75	0.3%	261	1.2%
	N1	219	1.0%	108	0.5%	218	1.0%
	N2	90	0.4%	70	0.3%	76	0.4%
	N3	8	0.0%	16	0.1%	10	0.0%
	not staged	112	0.5%	179	0.8%	348	1.6%
T4	N0	76	0.4%	25	0.1%	61	0.3%
	N1	78	0.4%	83	0.4%	101	0.5%
	N2	22	0.1%	53	0.2%	62	0.3%
	N3	6	0.0%	23	0.1%	17	0.1%
	not staged	72	0.3%	137	0.6%	242	1.1%
not staged	N0	63	0.3%	18	0.1%	28	0.1%
	N1	16	0.1%	34	0.2%	40	0.2%
	N2	10	0.0%	33	0.2%	20	0.1%
	N3	0	0.0%	5	0.0%	12	0.1%
	not staged	233	1.1%	545	2.5%	1667	7.8%
All T	All N	4485	20.9%	1812	8.4%	5305	24.7%
not applicable		9848	45.9%				
all cancers		21450					

5.9. TREATMENTS

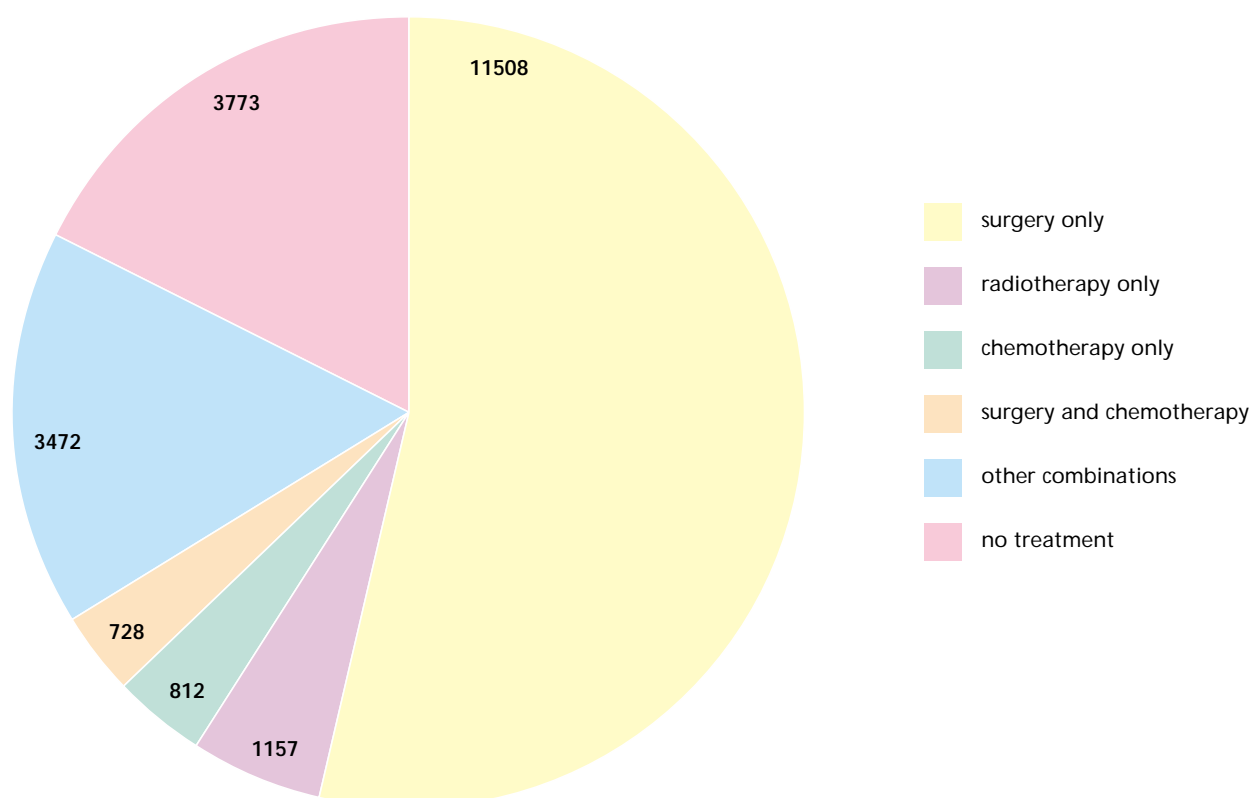
The majority of patients (82%) received some cancer-directed treatment (Table 5.15), most commonly surgery (66%). This proportion has increased steadily from 61% in 1994. Hormone treatment or chemotherapy was administered to 17% of patients. This figure has also increased since 1994. Hormone therapy was not registered separately from chemotherapy in 1994. The percentage having radiotherapy (12%) has gone down by 1% since 1996. Registrations of "other" treatments have declined very much, and this is due to the improvement in the quality of this item of data, as many treatments were originally included under this heading which probably should not have been. The commonest treatment modality was surgery alone (54% of patients), while the commonest combined treatment was surgery and chemotherapy (3.4%) (Figure 5.3).

Table 5.15. Treatment summary

TREATMENT	NUMBER OF 1997 CASES TREATED	TRENDS IN % OF CASES TREATED			
		1997	1996	1995	1994
surgery	14251	66.4%	65.2%	62.7%	60.7%
chemotherapy	2254	10.5%	10.3%	16.0%	15.1%
hormone	1367	6.4%	6.4%		
radiotherapy	2526	11.8%	12.8%	11.8%	12.7%
other treatment	1281	6.0%	7.6%	6.0%	21.6%
all cases treated	17677	82.4%	82.2%	82.4%	85.1%
no treatment	3773	17.6%	17.8%	17.6%	14.9%
all cases	21450	21450	20865	19839	19935

Figure 5.3. Frequent treatment combinations

Note: numbers indicated refer to the number of cases treated



5.10. SURVIVAL

Table 5.16. Relative survival (\pm 95% confidence limits) for all cancers 1994 to 1997 (except non-melanoma skin)

sex	stage	cases	YEARS SINCE DIAGNOSIS					
			1		3		5	
			survival	95% confidence limits (\pm)	survival	95% confidence limits (\pm)	survival	95% confidence limits (\pm)
males	0	468	0.97	0.02	0.98	0.04	1.01	0.07
	I	1317	0.87	0.02	0.82	0.03	0.77	0.05
	II	1408	0.86	0.02	0.74	0.03	0.71	0.04
	III	1131	0.67	0.03	0.46	0.03	0.41	0.04
	IV	4029	0.35	0.02	0.19	0.01	0.16	0.02
	unknown	15886	0.61	0.01	0.51	0.01	0.50	0.01
	all	24239	0.60	0.01	0.49	0.01	0.46	0.01
females	0	3820	1.00	0.00	1.00	0.00	1.00	0.01
	I	1863	0.96	0.01	0.91	0.02	0.91	0.03
	II	2541	0.94	0.01	0.84	0.02	0.79	0.03
	III	1162	0.79	0.02	0.60	0.03	0.53	0.04
	IV	2810	0.34	0.02	0.20	0.02	0.16	0.02
	unknown	14523	0.66	0.01	0.58	0.01	0.57	0.01
	all	26719	0.69	0.01	0.59	0.01	0.57	0.01

Relative survival is given in Table 5.16. for all cancers diagnosed from 1994 to 1997. Patients with only non-melanoma skin cancer are excluded from these figures. Patients with more than one primary cancer, other than a non-melanoma skin cancer, are also excluded. The latter exclusion removed 2450 cancers (4.6% of the total). Survival at five years for all male cases was 46% \pm 1% and for all females 57% \pm 1%. Survival was strongly stage-dependent – for males survival of stage I cases was almost five times better than for stage IV, and for women it was almost six times better (Figure 5.4). As noted in previous reports, the survival of unstaged cases was close to average.

Figure 5.4. Relative survival by stage for cases diagnosed from 1994 to 1997

