

5. Summary statistics

This chapter presents summary statistics for all cancer sites combined (section 5.1), and in more detail for some of the more important malignant cancers – colorectal, breast, lung, prostate, stomach and bladder cancers, lymphoma, leukaemia and melanoma (sections 5.2 to 5.10). Section 5.11 presents data for childhood cancers similar but less detailed information for all other cancer sites is given in Table A5.1.

In line with international recommendations, the figures exclude “multiple” or “duplicate” primary tumours of the same site or morphology – thus each patient is only counted once for “similar” tumours, but some patients may have several “different” tumours.

5.1. All neoplasms ICD - 10 C00 - C97, D00 - D48

The main emphasis below is on invasive or malignant neoplasms (see section 5.1.2), but the first set of summary data (section 5.1.1) also includes in situ tumours and tumours of uncertain behaviour and benign intracranial tumours. Section 5.1.3 gives figures exclusive of non-melanoma skin cancers, which are rarely fatal and are not routinely registered in most countries.

5.1.1. All registered neoplasms (including benign intracranial and intraspinal)

ICD - 10 C00 - C97, D00 - D09, D32 - D33, D35 (intracranial only), D37 - D48

On average, 19399 neoplasms were registered annually, including benign intracranial tumours. Of the total, 51% were in females, 49% in males. The estimated “lifetime” (before age 75) risk of developing one of these neoplasms was about 1 in 3 for both men and women.

Table 5.1 Summary statistics, 1994 – 98: all registered neoplasms (including benign intracranial and intraspinal)

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	9912	9487	19399	3448	4010	7458
% of total registered neoplasms	100.0	100.0	100.0	100.0	100.0	100.0
cumulative risk (0 – 74 yrs)%	34.9	38.2		12.6	17.1	
crude rate*	542.9	527.0		188.9	222.7	
world age-standardized rate*	390.5 ±3.7	411.3 ±3.8		118.5 ±1.8	167.3 ±2.3	
European age-standardized rate*	540.1 ±4.9	610.5 ±5.5		177.0 ±2.6	258.6 ±3.6	
mortality/incidence ratio	0.35	0.42	0.38			

* Rates (per 100000 persons per year) include 95% confidence intervals for age-standardized rates.

5.1.2. All malignant cancers ICD - 10 C00 - C97

An average of 17095 cases was registered annually; 48% in females, 52% in males. The European age-standardized incidence rate (EASR) was about 30% higher in males than in females (95% confidence interval 28 – 32%). Mortality rates showed a more marked disparity, with the EASR about 46% (43 – 49%) higher in males.

Estimated lifetime risks of developing malignant cancer were about 1 in 3 for both men and women. The risk of dying from malignant cancer before age 75 was about 1 in 8 for women, but about 1 in 6 for men. Just over four cancer deaths were reported for every ten incident cases.

Table 5.2 Summary statistics, 1994 – 98: all malignant cancers

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	8149	8946	17095	3428	3989	7418
% of all registered neoplasms	82.2	94.3	88.1			
% of all malignant cancers	100.0	100.0	100.0	100.0	100.0	100.0
cumulative risk (0 – 74 yrs)%	29.9	36.5		12.5	17.0	
crude rate*	446.3	496.9		187.8	221.6	
world age-standardized rate*	312.2 ±3.3	387.2 ±3.7		117.9 ±1.9	166.4 ±2.4	
European age-standardized rate*	443.5 ±4.4	575.9 ±5.4		176.0 ±2.7	257.3 ±3.6	
mortality/incidence ratio	0.42	0.45	0.43			

* Rates (per 100000 persons per year) ± 95% confidence intervals for age-standardized rates.

Figure 5.1 Invasive cancer cases and deaths, 1994 – 98, by ICD-10 code

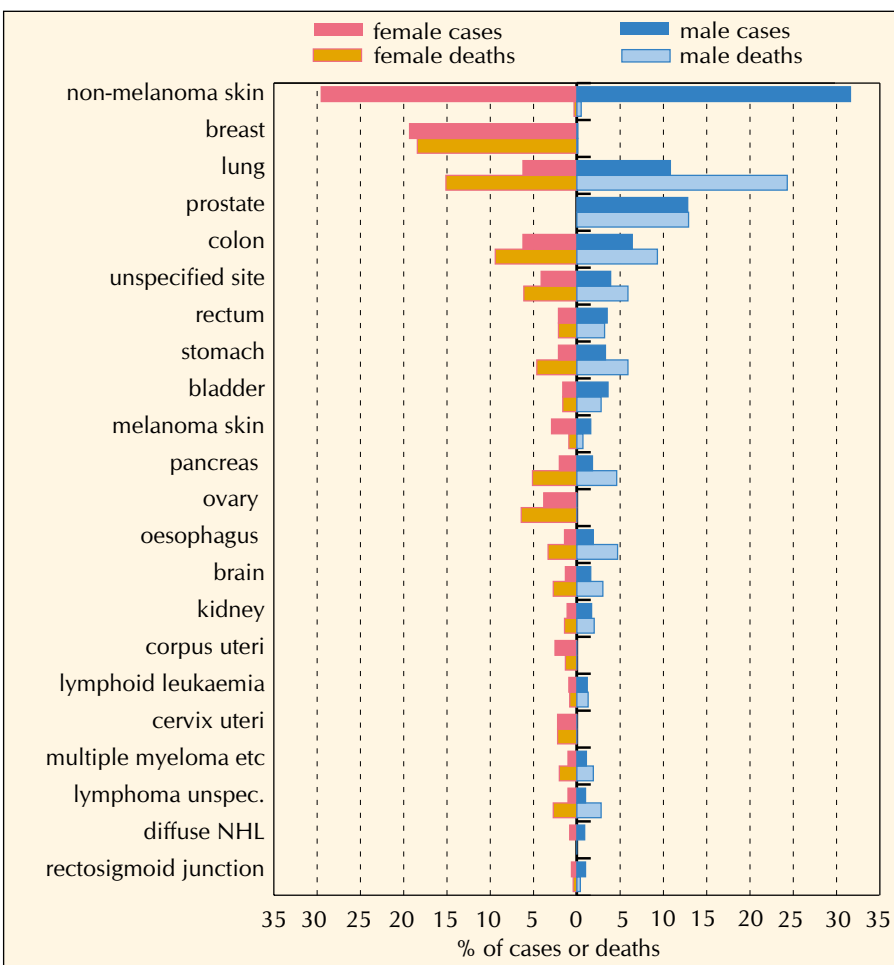


Figure 5.1 presents a summary of the most frequent malignant cancers (cases and deaths). Sites are ranked by proportion of all incident cases of invasive cancer (sexes combined), but proportions are shown separately for each sex. In incidence terms, the five most frequent malignant cancers were those of skin (non-melanoma), breast, lung, prostate and colon. (Note that colorectal cancers, in combination, would rank higher than colon alone.) Cancer deaths most frequently involved lung, colon, breast, prostate and stomach. Other important cancer sites included ovary (cases and deaths), bladder (male cases), pancreas (female deaths) and oesophagus (male deaths).

5.1.3. All malignant cancers, excluding non-melanoma skin cancer ICD - 10: C00 - C43; C45 - C97

An average of 11928 cases was registered annually; 48% in females, 52% in males. The European age-standardized incidence rate (EASR) was about 23% higher in males than in females (95% confidence interval 21 – 25%). As for all malignant cancers, mortality rates showed a more marked disparity, with EASR about 46% (43 – 49%) higher in males.

The estimated lifetime risk of developing one of these cancers was about 1 in 4 for both men and women. The risk of dying from malignant cancer before age 75 was about 1 in 8 for women, higher (about 1 in 6) for men – a finding unaffected by the exclusion of non-melanoma skin (NMS) cancers, which are rarely fatal. On average, about six cancer deaths were reported for every ten incident cases, a higher mortality/incidence ratio than is the case when NMS cancers are included.

Table 5.3 Summary statistics, 1994 – 98: all malignant cancers, excluding non-melanoma skin cancer

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	5776	6153	11928	3419	3968	7387
% of all registered neoplasms	58.3	64.8	61.5			
% of all malignant cancers	70.9	68.8	69.8	99.7	99.5	99.6
cumulative risk (0 – 74 yrs)%	22.9	27.1		12.5	16.9	
crude rate*	316.2	341.8		187.3	220.4	
world age-standardized rate*	229.3 ±2.8	267.6 ±3.1		117.6 ±1.9	165.5 ±2.4	
European age-standardized rate*	320.3 ±3.8	394.6 ±4.4		175.5 ±2.7	255.9 ±3.6	
mortality/incidence ratio	0.59	0.64	0.62			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.2. Colorectal cancer

This combination of sites includes colon (ICD-10 code C18), rectosigmoid junction (C19), rectum (C20), anus and anal canal (C21). These cancer sites are often combined for analysis as mortality statistics for each site separately may not be reliable. Summary data are provided for all sites combined, and separately for colon (C18) and anorectal (C19-21) cancers.

5.2.1. All colorectal cancer ICD - 10: C18 - 21

Colorectal cancer as a whole was second only to non-melanoma skin cancer in terms of numbers of incident cases (both sexes combined). Among cancer deaths, only lung cancer was more frequent.

An average of 1730 cases was registered annually; 43% in females, 57% in males. The European age-standardized incidence rate (EASR) was about 62% higher in males than females (95% confidence interval 55 – 70%), for mortality about 68% (58 – 78%) higher in males.

Estimated lifetime risks of developing colorectal cancer were about 1 in 32 for women, 1 in 20 for men. The risk of dying from colorectal cancer before age 75 was about 1 in 73 for women, 1 in 41 for men. Mortality/incidence ratios were moderately high, representing just over five deaths for every ten incident cases.

Table 5.4 Summary statistics, 1994 – 98: colorectal cancer

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	748	982	1730	410	515	925
% of all malignant cancers	9.2	11.0	10.1	12.0	12.9	12.5
cumulative risk (0 – 74 yrs)%	3.1	5.1		1.4	2.4	
crude rate*	40.9	54.6		22.5	28.6	
world age-standardized rate*	26.4 ±0.9	42.6 ±1.2		12.7 ±0.6	21.5 ±0.9	
European age-standardized rate*	39.3 ±1.3	63.8 ±1.8		19.8 ±0.9	33.3 ±1.3	
mortality/incidence ratio	0.55	0.52	0.53			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.2.2. Malignant cancer of the colon ICD - 10: C18

If this cancer is considered separately from colorectal cancer as a whole, it was the fifth most common cancer overall (third for women, fourth for men). More strikingly, it was the second most common cause of cancer death overall (third most common for each sex individually).

An average of 1083 cases was registered annually; 47% in females, 53% in males. The European age-standardized incidence rate (EASR) was about 38% higher in males (95% confidence interval 30 – 46%) than in females. For mortality, the EASR was 52% (42 – 64%) higher in males.

Estimated lifetime risks of developing colon cancer were about 1 in 48 for women, 1 in 34 for men. The risk of dying from colon cancer before age 75 was about 1 in 94 for women, 1 in 58 for men. The mortality/incidence ratio was just over six deaths for every ten incident cases, higher than for anorectal cancers (below).

Table 5.5 Summary statistics, 1994 – 98: colon cancer

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	511	572	1083	323	370	693
% of all malignant cancers	6.3	6.4	6.3	9.4	9.3	9.3
cumulative risk (0 – 74 yrs)%	2.1	2.9		1.1	1.7	
crude rate*	28.0	31.8		17.7	20.5	
world age-standardized rate*	17.8 ±0.8	24.6 ±0.9		10.0 ±0.5	15.4 ±0.7	
European age-standardized rate*	26.6 ±1.1	37.0 ±1.4		15.7 ±0.8	23.9 ±1.1	
mortality/incidence ratio	0.63	0.65	0.64			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.2.3. Rectal, rectosigmoid junction and anal cancer ICD - 10: C19 - C21

Cancer of the rectum (the main site included here) was the 6th most common cancer overall (6th for men, 10th for women) and the 10th most common cause of cancer death (7th for men, 11th for women).

An average of 647 cases was registered annually; 37% in females, 63% in males. The European age-standardized incidence rate (EASR) was about twice as high in males as in females: about 111% higher (95% confidence interval 96 – 127%) for incidence, about 125% (99 – 155%) for mortality. Colon cancer, in comparison, showed a less marked disparity between male and female rates (see above).

Estimated lifetime risks of developing anorectal cancer were about 1 in 97 for women, 1 in 45 for men. The risk of dying from anorectal cancer before age 75 was about 1 in 340 for women, 1 in 140 for men. Mortality/incidence ratios were lower than for colon cancer, and represented three to four deaths for every ten incident cases.

Table 5.6 Summary statistics, 1994 – 98: rectal, rectosigmoid junction and anal cancer

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	237	410	647	87	145	232
% of all malignant cancers	2.9	4.6	3.8	2.5	3.6	3.1
cumulative risk (0 – 74 yrs)%	1.0	2.2		0.3	0.7	
crude rate*	13.0	22.8		4.8	8.1	
world age-standardized rate*	8.6 ±0.5	18.1 ±0.8		2.7 ±0.3	6.1 ±0.5	
European age-standardized rate*	12.7 ±0.8	26.8 ±1.2		4.2 ±0.4	9.4 ±0.7	
mortality/incidence ratio	0.37	0.35	0.36			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.3. Breast cancer ICD - 10: C50

In women, this was the second most common cancer after non-melanoma skin cancer (NMS). Among both sexes combined (and despite the rarity of breast cancer in men), this was also the third most common cancer after NMS. Breast cancer was the single most common cause of cancer death in women, and the third most common cause of cancer death overall.

An average of 1597 cases was registered annually, over 99% in females. Women's estimated lifetime risk of developing malignant breast cancer was about 1 in 13, while their lifetime risk (to age 74) of dying from breast cancer was about 1 in 37. About two deaths from breast cancer were recorded for every five incident cases.

Table 5.7 Summary statistics, 1994 – 98: malignant cancer of the breast

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	1584	13	1597	631	5	637
% of total malignant cancers	19.3	0.1	9.3	18.4	0.1	8.6
cumulative risk (0 – 74 yrs)%	7.5	<0.1		2.7	<0.1	
crude rate*	86.8	0.71		34.6	0.30	
world age-standardized rate*	69.8 ±1.6	0.57 ±0.14		24.7 ±0.9	0.24 ±0.09	
European age-standardized rate*	95.2 ±2.2	0.84 ±0.21		35.5 ±1.3	0.36 ±0.14	
mortality/incidence ratio	0.40	0.42	0.40			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.4. Lung cancer ICD - 10: C34

Lung cancer was the third most common cancer overall (third for men, fourth for women). It was the most common cause of cancer death, both overall and for men (second most common for women, after breast cancer).

An average of 1479 cases was registered annually; 34% in females, 66% in males. The European age-standardized incidence rate (EASR) was more than twice as high in males as in females: about 135% higher (95% confidence interval 124 – 147%) for incidence, and exactly the same for mortality.

Estimated lifetime risks of developing lung cancer were about 1 in 43 for women, 1 in 19 for men. Risks of dying from lung cancer before age 75 were also about 1 in 45 for women, 1 in 20 for men. Mortality/incidence ratios were very high, with as many lung cancer deaths reported as there were new cases. This reflects very poor survival from this cancer (see section 10.3, Crude survival) and also some inaccurate coding of deaths to primary lung cancer (see A2.4, Accuracy of death certificates).

Table 5.8 Summary statistics, 1994 – 98: lung cancer

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	507	972	1479	519	971	1489
% of malignant cancers	6.2	10.8	8.6	15.1	24.3	20.1
cumulative risk (0 – 74 yrs)%	2.3	5.3		2.2	5.0	
crude rate*	27.8	54.0		28.4	53.9	
world age-standardized rate*	18.0 ±0.8	42.0 ±1.2		17.6 ±0.7	40.9 ±1.2	
European age-standardized rate*	26.7 ±1.1	62.8 ±1.8		26.5 ±1.1	62.4 ±1.8	
mortality/incidence ratio	1.02	1.00	1.01			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.5. Prostate cancer ICD - 10: C61

Prostate cancer was the second most common cancer in men, and the fourth most common cancer overall, in both incidence and mortality terms.

An average of 1150 cases was registered annually. Men's estimated lifetime risk of developing prostate cancer was about 1 in 19. Their risk of dying from prostate cancer before age 75 was about 1 in 64. About four or five deaths from prostate cancer were recorded for every ten incident cases.

Table 5.9 Summary statistics, 1994 – 98: malignant cancer of the prostate

	INCIDENT CASES	DEATHS
cases or deaths per year	1150	513
% of all malignant cancers	12.8	12.9
cumulative risk (0 – 74 yrs)%	5.3	1.6
crude rate*	63.9	28.5
world age-standardized rate*	45.7 ±1.2	18.9 ±0.8
European age-standardized rate*	73.0 ±1.9	32.9 ±1.3
mortality/incidence ratio	0.45	

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.6. Stomach cancer ICD - 10: C16

This was the sixth most common cancer overall (seventh for men, ninth for women) and the fifth most common cause of cancer death (fourth for women, sixth for men).

An average of 469 cases was registered annually; 37% in females, 63% in males. The European age-standardized incidence rate (EASR) was about twice as high in males as in females: about 120% higher (95% confidence interval 102 – 140%) for incidence, 106% higher (87 – 126%) for mortality.

Estimated lifetime risks of developing stomach cancer were about 1 in 145 for women, 1 in 68 for men. Comparative risks of dying of stomach cancer were about 1 in 190 for women, 1 in 92 for men. Mortality/incidence ratios were high, representing eight or nine deaths for every ten incident cases. As with lung cancer this is due to a combination of poor survival and over-registration of stomach cancer as a cause of death.

Table 5.10 Summary statistics, 1994 – 98: malignant cancer of the stomach

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	174	295	469	156	234	390
% of total malignant cancers	2.1	3.3	2.7	4.6	5.9	5.3
cumulative risk (0 – 74 yrs)%	0.69	1.5		0.5	1.1	
crude rate*	9.5	16.4		8.5	13.0	
world age-standardized rate*	5.7 ±0.4	12.6 ±0.7		4.7 ±0.4	9.7 ±0.6	
European age-standardized rate*	8.6 ±0.6	19.1 ±1.0		7.4 ±0.5	15.2 ±0.9	
mortality/incidence ratio	0.90	0.79	0.83			

* Rates (per 100 000 persons per year) ±95% confidence intervals for age-standardized rates.

5.7. Lymphoma

Lymphomas are divided into Hodgkin's disease (ICD-10 code C81) and non-Hodgkin's lymphoma (NHL) (C82-C85); the latter is further divided by ICD 10 into follicular [nodular] non-Hodgkin's lymphoma (C82), diffuse NHL (C83), peripheral & cutaneous T-cell lymphomas (C84), and other/unspecified types of NHL (C85). A number of alternative classifications of lymphoma exist, but in this report we will present data on NHL as a single entity.

5.7.1. All lymphoma ICD - 10: C81 - C85

An average of 478 cases was registered annually; 46% in females, 54% in males. The European age-standardized incidence rate (EASR) was about 29% higher (95% confidence interval 19 – 41%) in males than females, mortality rates about 53% (35 – 72%) higher in males. Estimated lifetime risks of developing lymphoma were about 1 in 97 for women, 1 in 78 for men. The risk of dying from lymphoma before age 75 was about 1 in 240 for women, 1 in 160 for men. On average, about five deaths from lymphoma were recorded for every ten incident cases.

Table 5.11 Summary statistics, 1994 – 98: all lymphoma

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	222	256	478	104	129	233
% of total malignant cancers	2.7	2.9	2.8	3.0	3.2	3.1
cumulative risk (0 – 74 yrs)%	1.0	1.3		0.4	0.7	
crude rate*	12.2	14.2		5.7	7.2	
world age-standardized rate*	9.4 ±0.6	12.2 ±0.7		3.6 ±0.3	5.7 ±0.5	
European age-standardized rate*	12.3 ±0.7	16.0 ±0.9		5.4 ±0.5	8.2 ±0.6	
mortality/incidence ratio	0.47	0.50	0.49			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.7.2. Non-Hodgkin's lymphoma ICD - 10: C82 - 85

An average of 396 cases (i.e. excluding 84 cases of Hodgkin's disease annually) was registered annually; 47% in females, 53% in males – little different from lymphomas as a whole. The European age-standardized incidence rate (EASR) was about 30% higher (95% confidence interval 19 – 43%) in males than females, mortality rates about 47% (30 – 67%) higher in males. Estimated lifetime risks of developing NHL were about 1 in 115 for women, 1 in 91 for men. The risk of dying from NHL before age 75 was about 1 in 260 for women, 1 in 180 for men.

Table 5.12 Summary statistics, 1994 – 98: non-Hodgkin's lymphoma

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	185	211	396	95	113	208
% of total malignant cancers	2.3	2.4	2.3	2.8	2.8	2.8
cumulative risk (0 – 74 yrs)%	0.9	1.1		0.4	0.6	
crude rate*	10.1	11.7		5.2	6.3	
world age-standardized rate*	7.5 ±0.5	9.9 ±0.6		3.3 ±0.3	5.0 ±0.4	
European age-standardized rate*	10.3 ±0.7	13.5 ±0.8		4.9 ±0.5	7.2 ±0.6	
mortality/incidence ratio	0.52	0.53	0.53			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.8. Bladder cancer ICD - 10: C67

This was the 8th most common cancer overall (5th for men, 12th for women) and the 13th most common cause of cancer death (9th for men, 15th for women).

An average of 456 cases was registered annually; 28% in females, 72% in males. The European age-standardized incidence rate (EASR) was about three times as high in males as in females: about 218% higher (95% confidence interval 190 – 250%) for incidence, 194% higher (152 – 243%) for mortality.

Estimated lifetime risks of developing bladder cancer were about 1 in 180 for women, 1 in 64 for men. The risk of dying from bladder cancer before age 75 was about 1 in 630 for women, 1 in 270 for men. On average, there were three or four deaths from bladder cancer for every ten incident cases.

Table 5.13 Summary statistics, 1994 – 98: bladder cancer

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	128	328	456	54	112	166
% of all malignant cancers	1.6	3.6	2.7	1.6	2.8	2.2
cumulative risk (0 – 74 yrs)%	0.6	1.6		0.2	0.4	
crude rate*	7.0	18.2		3.0	6.2	
world age-standardized rate*	4.5 ±0.4	13.8 ±0.7		1.5 ±0.2	4.3 ±0.4	
European age-standardized rate*	6.6 ±0.5	21.2 ±1.0		2.4 ±0.3	7.2 ±0.6	
mortality/incidence ratio	0.43	0.34	0.36			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.9. Melanoma of skin ICD - 10: C43

This was the 9th most common cancer overall (6th for women, 12th for men), but relatively less important in mortality terms – about the 20th most common cause of cancer death for both sexes.

An average of 375 cases was registered annually; 63% in females, 37% in males. The European age-standardized incidence rate (EASR) for malignant melanoma was significantly higher in females than in males, by about 49% (95% confidence interval 35 – 64%). In contrast, age-standardized mortality rates did not differ significantly between the sexes.

Estimated lifetime risks of developing malignant melanoma were about 1 in 97 for women, 1 in 150 for men. The risk of dying from melanoma of the skin before age 75 was about 1 in 770 for women, 1 in 800 for men. One to two deaths were recorded for every ten incident cases. Note that, in comparison with incidence rates, numbers of deaths were disproportionately high among men, as average survival rates were lower than in women (see section 10.3.1).

Table 5.14 Summary statistics, 1994 – 98: melanoma of skin

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	235	140	375	32	28	60
% of all malignant cancers	2.9	1.6	2.2	0.9	0.7	0.8
cumulative risk (0 – 74 yrs)%	1.0	0.7		0.1	0.1	
crude rate*	12.9	7.8		1.8	1.6	
world age-standardized rate*	10.1 ±0.6	6.5 ±0.5		1.2 ±0.2	1.2 ±0.2	
European age-standardized rate*	13.3 ±0.8	8.9 ±0.7		1.7 ±0.3	1.8 ±0.3	
mortality/incidence ratio	0.14	0.20	0.16			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.10. Leukaemia ICD - 10: C91 - 95

An average of 344 cases was registered annually; 42% in females, 58% in males. The European age-standardized incidence rate (EASR) was about 61% higher (95% confidence interval 46 – 77%) in males than females, mortality rates about 77% (55 – 101%) higher in males.

Estimated lifetime risks of developing leukaemia were about 1 in 170 for women, 1 in 100 for men. The risk of dying from leukaemia before age 75 was about 1 in 320 for women, 1 in 180 for men. Mortality/incidence ratios were moderately high, representing about six deaths for every ten incident cases.

The largest category (50%) of incident cases was that of lymphoid leukaemia, mainly acute lymphoblastic leukaemia in children and chronic lymphocytic leukaemia in older patients.

Table 5.15 Summary statistics, 1994 – 98: leukaemia

	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	145	199	344	89	120	209
% of total malignant cancers	1.8	2.2	2.0	2.6	3.0	2.8
cumulative risk (0 – 74 yrs)%	0.6	1.0		0.3	0.5	
crude rate*	8.0	11.0		4.9	6.7	
world age-standardized rate*	6.2 ±0.5	9.4 ±0.6		3.1 ±0.3	5.2 ±0.4	
European age-standardized rate*	7.7 ±0.6	12.4 ±0.8		4.3 ±0.4	7.7 ±0.6	
mortality/incidence ratio	0.61	0.60	0.61			

* Rates (per 100000 persons per year) ± 95% confidence intervals for age-standardized rates.

Table 5.16 Leukaemia cases, 1994 – 98, by major ICD - 10 code

ICD - 10	LEUKAEMIA TYPE	FEMALE				MALE			
		0 – 14 yrs		all ages		0 – 14 yrs		all ages	
		cases	%	cases	%	cases	%	cases	%
	all leukaemias	82		727		88		994	
C91	lymphoid	65	79.3	361	49.7	72	81.8	532	53.5
C92	myeloid	14	17.1	235	32.3	15	17.0	293	29.5
C93	monocytic	1	1.2	8	1.1	0	0.0	10	1.0
C94	other specified	1	1.2	26	3.6	0	0.0	35	3.5
C95	unspecified	1	1.2	97	13.3	1	1.1	124	12.5

5.11. Childhood cancers

5.11.1. Malignant childhood cancers ICD - 10: C00 - C97

Summary data are presented for children below 15 years of age, by ICD-10 sites/categories (malignant neoplasms only).

An average of 109 malignant cancers was registered annually in children (Table 5.17); 46% in females, 54% in males. Age-standardized incidence rates (EASRs) were about 12% higher (95% confidence interval 8 – 17%) in males than females. Although mortality rates appeared to be higher in males than females, total numbers of deaths were small and the difference was not statistically significant.

Estimated risks of developing malignant cancer before age 15 were about 1 in 550 for females, 1 in 490 for males. The risks of dying from malignant cancer during childhood were about 1 in 3120 for females, 1 in 2160 for males. On average, there were only two deaths from childhood cancer for every ten cases diagnosed. This reflects the generally good prognosis for childhood cancers, related in part to improvements in treatment, compared to malignant cancers as a whole.

Leukaemias (mainly acute lymphoblastic leukaemia) and malignant tumours of the brain, were the most frequent diagnoses in children. Leukaemias averaged 34 cases per year, equivalent to 31% of malignant cancers in children and 30% of ICCC neoplasms. Malignant brain tumours averaged 26 cases per year (24% of all malignant cancers).

Table 5.17 Summary statistics, 1994 – 98: all malignant cancers in children (0 – 14 years).

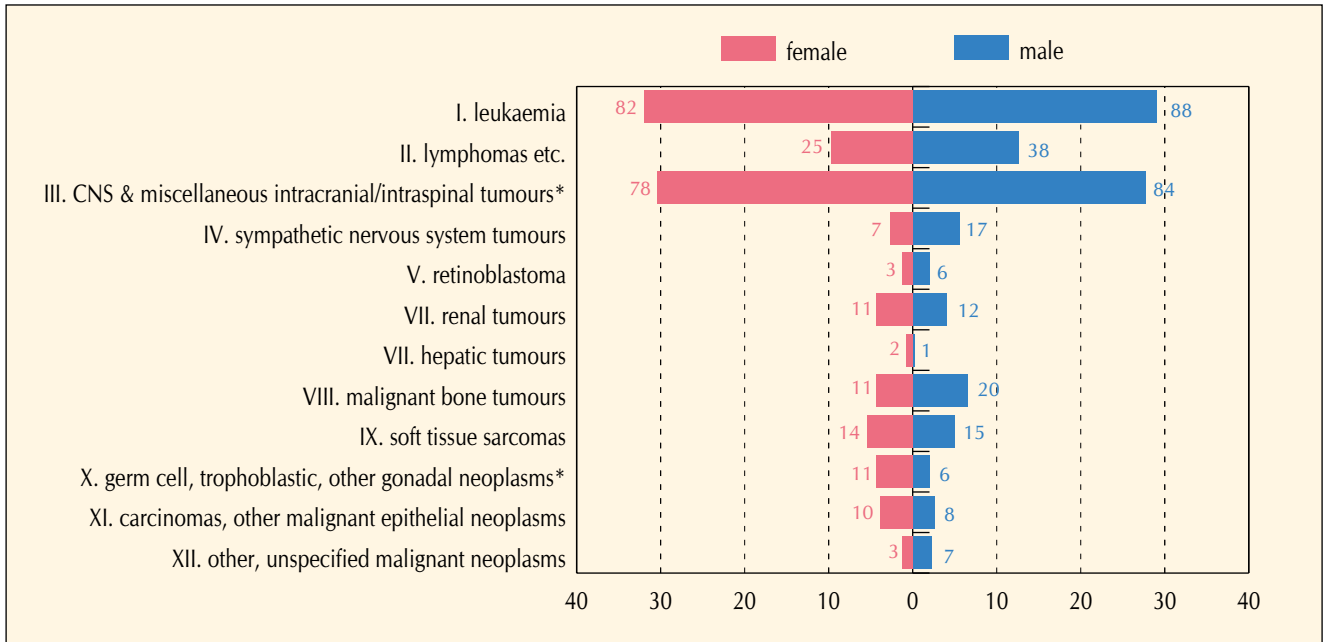
	INCIDENT CASES			DEATHS		
	female	male	total	female	male	total
cases or deaths per year	50	59	109	9	14	22
% of total malignant cancers	0.61	0.66	0.64	0.26	0.34	0.30
cumulative risk (0 – 74 yrs)%	0.18	0.21		0.03	0.05	
crude rate*	12.0	13.5		2.1	3.1	
world age-standardized rate*	12.6 ±1.6	14.1 ±1.6		2.2 ±0.7	3.1 ±0.8	
European age-standardized rate*	12.4 ±1.6	14.0 ±1.6		2.2 ±0.7	3.1 ±0.7	
mortality/incidence ratio	0.18	0.23	0.21			

* Rates (per 100000 persons per year) ±95% confidence intervals for age-standardized rates.

5.11.2. All neoplasms within ICCC classification ICCC: I-XII

In addition to malignant neoplasms, the ICCC classification also includes other intracranial and central nervous system tumours (benign and uncertain behaviour). Including non-invasive intracranial and CNS tumours increases the case total slightly, to 112 per year (ICCC classification, Figure 5.2). Total intracranial and CNS tumours averaged 32 cases per year (29% of ICCC neoplasms).

Figure 5.2 Childhood cancers (0 – 14 years), 1994 – 98: percentages and numbers of cases; by International Classification of Childhood Cancer (ICCC) groups.



*Note: groups III & X include some benign or unspecified intracranial or CNS tumours.

6. Age distribution of cases

6.1. All malignant cancers ICD 10 C00 - C97

Figure 6.1 Age distribution of new cases: all malignant cancers

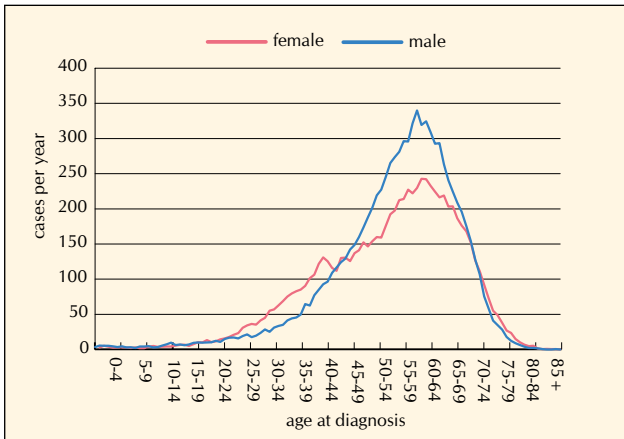
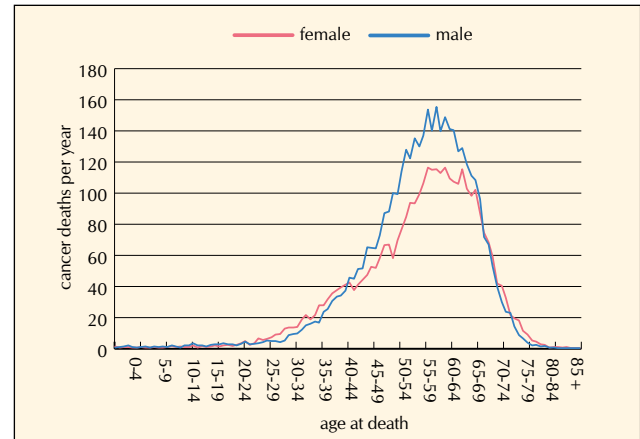


Figure 6.2 Age distribution of deaths: all malignant cancers



Cancer becomes more common with increasing age. Figure 6.1 and Figure 6.2 show the trend of cancer numbers and deaths for each year of age for all malignant cancers (ICD 10 C00-C97). The largest number of cases was in women aged 73 years of age and in men aged 72. The median age of diagnosis for women was 68, and for men, 69. The largest number of deaths was in women aged 72 and in men aged 74. The median age of death for both men and women was 71.

By age group, the largest number of cases for both sexes was in those aged 70 – 74 years (14.3% of the total for females, 17.9% for males) (Table 6.1). However, as the number of persons in each age group decreases with increasing age, a better measure of the risk at each age is given by the age-specific incidence rate (Table 6.2, Figure 6.3). The age-specific incidence rate increased throughout life, with its highest value (2.7 per 1000 in women and 5.0 per 1000 in men) in the oldest age group. The rate of increase in incidence rate was close to exponential from about age 20 onwards, with a doubling of risk for approximately every nine years of life.

Mortality from cancer also rose with age. The largest number of cancer deaths, as with cases, was in those aged 70 to 74 years. However, the age specific mortality rate rose more rapidly than that for incidence in the oldest age groups (Figure 6.4). The difference in age-dependence of incidence and mortality can be seen in Figure 6.5. Incidence rates begin to rise at a younger age than mortality, but the increasing incidence with age seems to plateau at age 80, while that for mortality continues to rise.

Table 6.1 Annual number of cases and deaths 1994 – 1998 (% of total): all malignant cancers

age	CASES			DEATHS		
	female	male	both sexes	female	male	both sexes
0 – 4	20 (0.2%)	24 (0.3%)	44 (0.3%)	3 (0.1%)	5 (0.1%)	8 (0.1%)
5 – 9	14 (0.2%)	16 (0.2%)	30 (0.2%)	2 (0.1%)	4 (0.1%)	6 (0.1%)
10 – 14	16 (0.2%)	19 (0.2%)	35 (0.2%)	3 (0.1%)	5 (0.1%)	9 (0.1%)
15 – 19	24 (0.3%)	36 (0.4%)	60 (0.4%)	5 (0.1%)	9 (0.2%)	13 (0.2%)
20 – 24	39 (0.5%)	42 (0.5%)	81 (0.5%)	6 (0.2%)	10 (0.3%)	16 (0.2%)
25 – 29	65 (0.8%)	58 (0.7%)	123 (0.7%)	10 (0.3%)	12 (0.3%)	22 (0.3%)
30 – 34	127 (1.6%)	90 (1.0%)	217 (1.3%)	21 (0.6%)	16 (0.4%)	38 (0.5%)
35 – 39	213 (2.6%)	114 (1.3%)	327 (1.9%)	43 (1.3%)	23 (0.6%)	66 (0.9%)
40 – 44	343 (4.2%)	185 (2.1%)	528 (3.1%)	80 (2.3%)	53 (1.3%)	134 (1.8%)
45 – 49	466 (5.7%)	299 (3.3%)	765 (4.5%)	126 (3.7%)	97 (2.4%)	223 (3.0%)
50 – 54	606 (7.4%)	500 (5.6%)	1105 (6.5%)	194 (5.6%)	179 (4.5%)	374 (5.0%)
55 – 59	665 (8.2%)	704 (7.9%)	1369 (8.0%)	221 (6.4%)	275 (6.9%)	497 (6.7%)
60 – 64	772 (9.5%)	1009 (11.3%)	1781 (10.4%)	299 (8.7%)	410 (10.2%)	710 (9.5%)
65 – 69	992 (12.2%)	1362 (15.2%)	2354 (13.8%)	416 (12.1%)	597 (14.9%)	1013 (13.6%)
70 – 74	1164 (14.3%)	1601 (17.9%)	2765 (16.2%)	550 (16.0%)	714 (17.8%)	1264 (17.0%)
75 – 79	1096 (13.4%)	1399 (15.6%)	2495 (14.6%)	550 (16.0%)	695 (17.3%)	1244 (16.7%)
80 – 84	886 (10.9%)	958 (10.7%)	1845 (10.8%)	503 (14.6%)	561 (14.0%)	1064 (14.3%)
85+	641 (7.9%)	528 (5.9%)	1169 (6.8%)	409 (11.9%)	344 (8.6%)	753 (10.1%)
all ages	8149 (100.0%)	8946 (100.0%)	17095 (100.0%)	3443 (100.0%)	4010 (100.0%)	7454 (100.0%)

Figure 6.3 Age-specific incidence rate (per 100000 per year): all malignant cancers

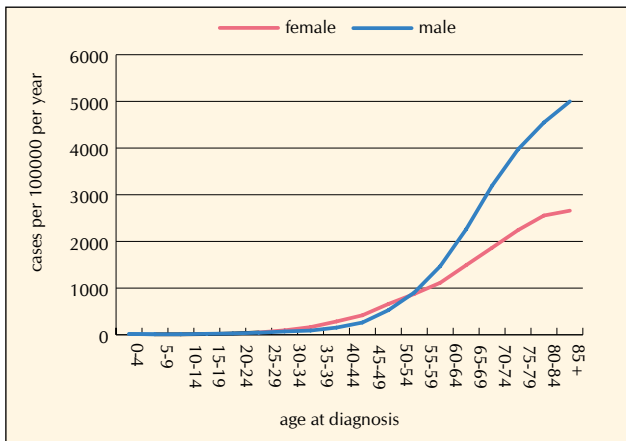


Figure 6.4 Age-specific mortality rate (per 100000 per year): all malignant cancers

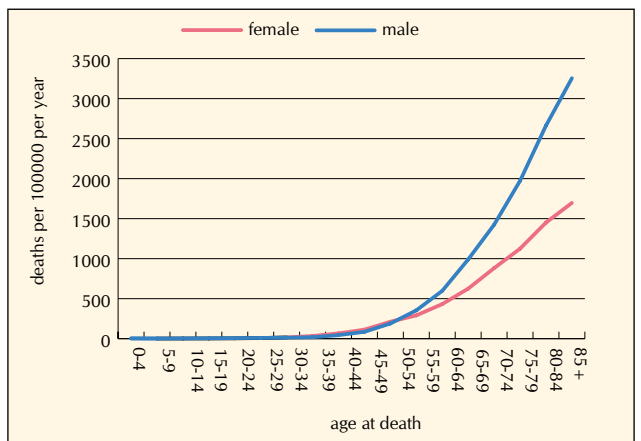
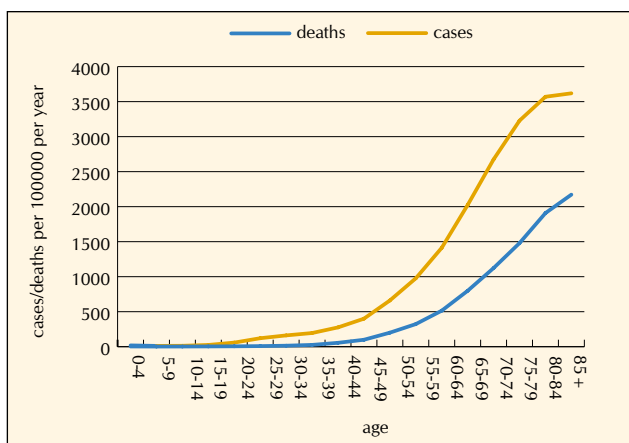


Table 6.2 Age-specific incidence and mortality rates (per 100000 per year): all malignant cancers

age	CASES PER 100000 PER YEAR			DEATHS PER 100000 PER YEAR		
	female	male	both sexes	female	male	both sexes
0 – 4	16.28	18.49	17.41	2.79	3.57	3.19
5 – 9	10.32	11.15	10.74	1.60	2.61	2.12
10 – 14	10.08	11.59	10.86	2.02	3.23	2.64
15 – 19	14.74	20.47	17.67	2.78	5.06	3.95
20 – 24	27.32	28.16	27.75	4.30	6.84	5.59
25 – 29	50.12	44.99	47.56	7.87	9.43	8.65
30 – 34	95.35	70.61	83.24	15.92	12.84	14.41
35 – 39	164.43	90.69	128.05	33.35	18.08	25.81
40 – 44	285.27	154.08	219.76	66.62	44.48	55.56
45 – 49	417.80	262.70	339.49	112.92	85.58	99.11
50 – 54	659.70	526.90	592.24	211.70	189.20	200.27
55 – 59	874.50	905.04	889.95	291.06	353.94	322.87
60 – 64	1114.13	1469.50	1291.08	432.31	597.47	514.55
65 – 69	1491.14	2260.36	1856.65	625.07	990.11	798.52
70 – 74	1864.53	3194.08	2456.68	881.48	1424.07	1123.14
75 – 79	2241.91	3971.27	2966.34	1124.64	1972.29	1479.72
80 – 84	2554.69	4547.78	3307.81	1450.85	2662.05	1908.52
85+	2658.86	4999.05	3372.47	1696.76	3254.49	2171.77
all ages	446.32	496.92	471.44	188.59	222.77	205.56

Figure 6.5 Age-specific incidence and mortality (per 100000 per year) for both sexes combined: all malignant cancers



6.2. Median age

A useful indicator of the distribution of cancer cases with age is the median age – the age before which half of the cancers are diagnosed. Figure 6.5 shows the median age of diagnosis for some common cancers. The median age for all cancers combined was 68 years for women and 69 for men, and a large number of cancers had a median age of around 70 for both men and women. Cancers affecting older patients were prostate (median age 74) and stomach (median age 73 for women and 69 for men), while cancer of the breast (median age 58 for women) and lymphoma (median age 61 for women and 56 for men) affected a younger age group than the majority of cancers.

Median ages at death were generally a few years greater than age at diagnosis, as would be expected (Figure 6.6).

Figure 6.5 Median age at diagnosis: common malignant cancers

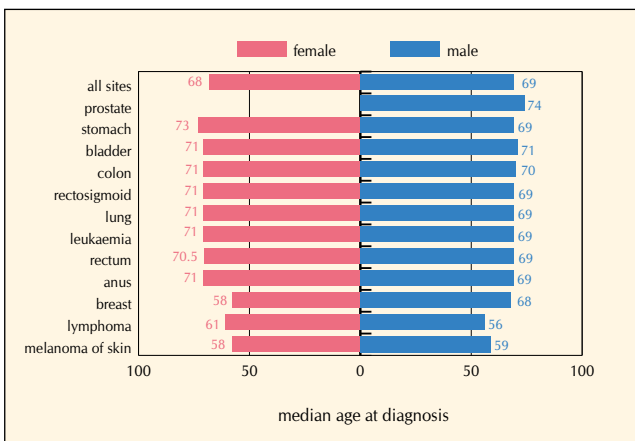
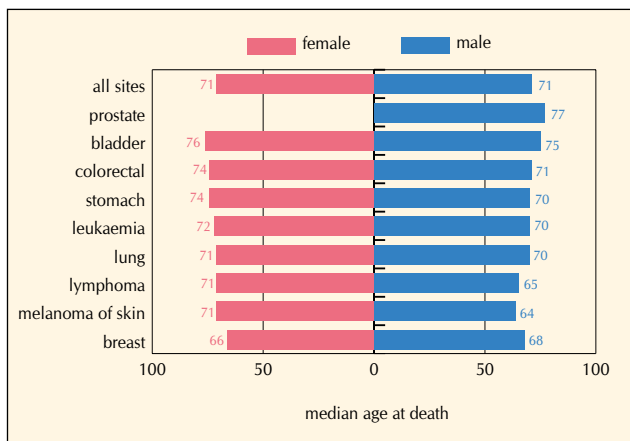


Figure 6.6 Median age at death: common malignant cancers



6.3. Percentage of patients aged under 65

Cancer is the largest single cause of death in the population under 65, and the main target of the National Cancer Strategy has been to reduce this premature cancer mortality by 15%.¹⁵ Overall, 41% of cancers in women and 35% in men were diagnosed before age 65. As already noted, death from cancer affected a somewhat older population; 30% of cancer deaths in women and 27% in men were in those under 65. However, not all cancers affect the population under 65 equally (Figure 6.7).

The highest percentage of cancers diagnosed in the under 65s was for lymphoma (52% for women and 63% for men) and for breast cancer in women (62%), while the lowest percentages of younger patients were found for stomach and lung cancer, and particularly in prostate cancer (only 16% of patients were under 65).

The highest proportion of deaths in the under 65s was for melanoma; more significantly, however, almost half of the deaths from breast cancer, which was the commonest cause of death in women, occurred before 65 (Figure 6.8).

Figure 6.7 Percentage of cancers diagnosed in patients under 65: common malignant cancers

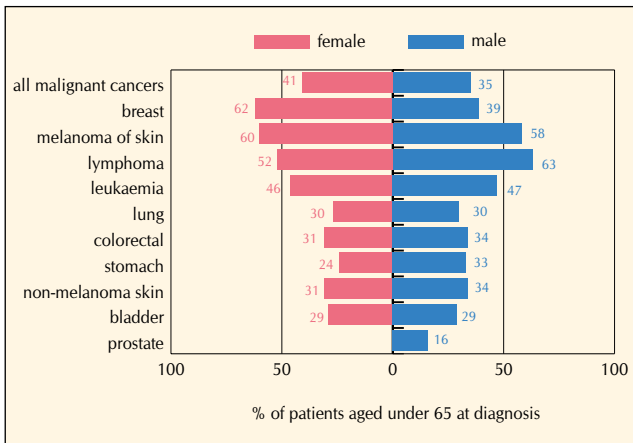
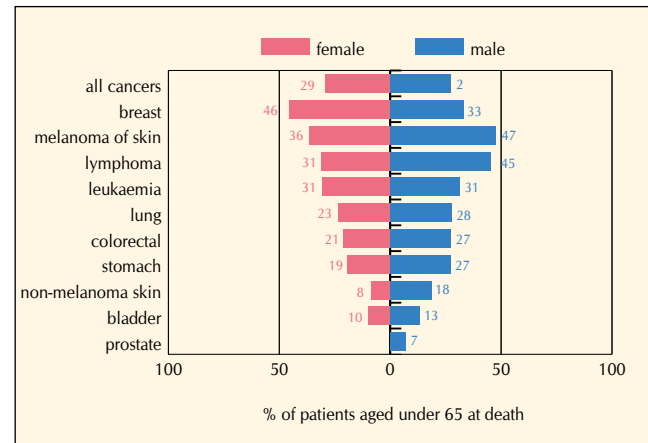


Figure 6.8 Percentage of patients dying before age 65: common malignant cancers



6.4. Colorectal cancer ICD 10 C18 - C21

Colorectal cancers were, after non-melanoma skin, the commonest cancers. The age-specific incidence rate rose smoothly with age for both sexes, with some decrease in older age groups. The largest number of cases for females was in the 75 – 79 year age group, while for males it was in the 70 – 74 year age group (Table 6.3, Figure 6.9, Figure 6.10).

Colorectal cancers made up a small proportion of all cancers up to age 40. In patients over 40 they made up about 10% of all cancers in men and 9% in women, with little change in this proportion with increasing age.

Table 6.3 Age distribution of cases and deaths: colorectal cancer

age	CASES			DEATHS		
	female	male	both sexes	female	male	both sexes
0 – 4	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
5 – 9	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
10 – 14	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
15 – 19	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
20 – 24	0 (0.0%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
25 – 29	1 (0.2%)	2 (0.2%)	3 (0.2%)	0 (0.1%)	1 (0.2%)	1 (0.1%)
30 – 34	5 (0.6%)	5 (0.5%)	10 (0.6%)	2 (0.5%)	2 (0.4%)	4 (0.5%)
35 – 39	7 (0.9%)	7 (0.7%)	14 (0.8%)	2 (0.6%)	2 (0.3%)	4 (0.5%)
40 – 44	17 (2.3%)	16 (1.6%)	33 (1.9%)	7 (1.7%)	5 (1.0%)	12 (1.3%)
45 – 49	27 (3.6%)	37 (3.7%)	64 (3.7%)	8 (2.0%)	11 (2.2%)	20 (2.1%)
50 – 54	40 (5.3%)	55 (5.6%)	95 (5.5%)	16 (4.0%)	24 (4.6%)	40 (4.3%)
55 – 59	65 (8.6%)	87 (8.9%)	152 (8.8%)	21 (5.2%)	38 (7.3%)	59 (6.4%)
60 – 64	70 (9.4%)	127 (12.9%)	197 (11.4%)	29 (7.1%)	58 (11.2%)	87 (9.4%)
65 – 69	102 (13.7%)	168 (17.1%)	270 (15.6%)	43 (10.5%)	80 (15.4%)	123 (13.2%)
70 – 74	123 (16.4%)	177 (18.0%)	300 (17.3%)	66 (16.1%)	95 (18.4%)	162 (17.4%)
75 – 79	125 (16.7%)	156 (15.9%)	281 (16.2%)	68 (16.6%)	88 (17.0%)	156 (16.8%)
80 – 84	99 (13.2%)	97 (9.9%)	196 (11.3%)	77 (18.8%)	72 (13.8%)	149 (16.1%)
85+	67 (9.0%)	49 (5.0%)	116 (6.7%)	69 (16.9%)	41 (8.0%)	111 (11.9%)

Figure 6.9 Age-specific incidence rate (per 100000 per year): colorectal cancer

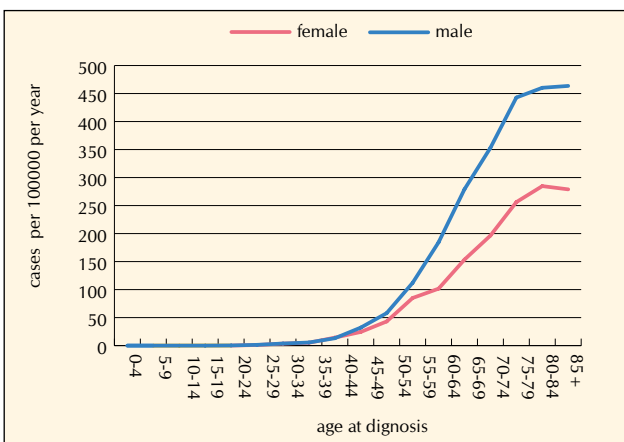
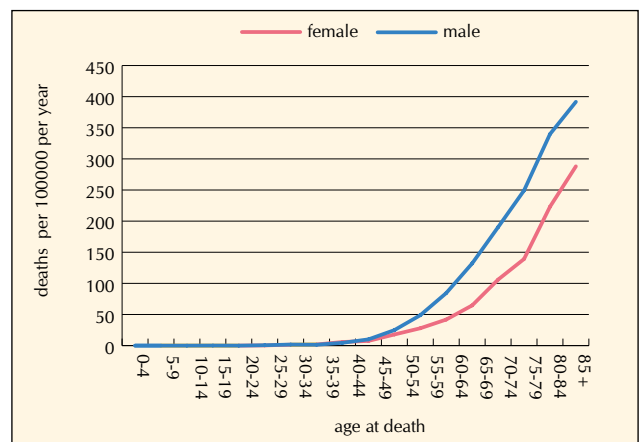


Figure 6.10 Age-specific mortality rate (per 100000 per year): colorectal cancer



6.5. Breast cancer ICD 10 C50

Breast cancers were, after non-melanoma skin, the commonest cancers in women. The largest number of cases for females was in the 50 – 54 year age group, and for males in the 70 – 74 year age group (Table 6.4). Breast cancers made up a high proportion of all cancers in younger women. One third of all cancers in women aged 45 to 49 were in the breast. After that age breast cancer incidence in women declined as a proportion of all cancers.

The age-specific incidence rate in women rose rapidly between age 30 and 59, and remained fairly constant at ages from 60 onwards with some decrease at the older age groups (Figure 6.11).

Breast cancer mortality had an age-dependence similar to that of incidence, with a fairly constant mortality rate between age 50 and 75. However, in contrast to incidence, mortality rose rapidly with age in patients of 75 years and over (Figure 6.12).

Table 6.4 Age distribution of cases and deaths: breast cancer

age	CASES			DEATHS		
	female	male	both sexes	female	male	both sexes
0 – 4	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
5 – 9	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
10 – 14	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
15 – 19	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
20 – 24	1 (0.1%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
25 – 29	8 (0.5%)	0 (0.0%)	8 (0.5%)	1 (0.1%)	0 (0.0%)	1 (0.1%)
30 – 34	27 (1.7%)	0 (0.0%)	27 (1.7%)	4 (0.6%)	0 (0.0%)	4 (0.6%)
35 – 39	71 (4.5%)	0 (1.6%)	71 (4.4%)	13 (2.0%)	0 (0.0%)	13 (2.0%)
40 – 44	134 (8.5%)	1 (6.3%)	135 (8.4%)	24 (3.8%)	0 (3.7%)	25 (3.8%)
45 – 49	179 (11.3%)	0 (3.1%)	179 (11.2%)	49 (7.7%)	0 (3.7%)	49 (7.7%)
50 – 54	201 (12.7%)	1 (6.3%)	202 (12.6%)	63 (10.0%)	0 (7.4%)	64 (10.0%)
55 – 59	188 (11.9%)	1 (10.9%)	190 (11.9%)	67 (10.6%)	0 (3.7%)	67 (10.5%)
60 – 64	169 (10.7%)	1 (10.9%)	171 (10.7%)	68 (10.8%)	1 (14.8%)	69 (10.8%)
65 – 69	168 (10.6%)	2 (15.6%)	170 (10.6%)	70 (11.1%)	1 (18.5%)	71 (11.2%)
70 – 74	155 (9.8%)	3 (21.9%)	158 (9.9%)	74 (11.7%)	1 (22.2%)	75 (11.8%)
75 – 79	133 (8.4%)	1 (10.9%)	135 (8.4%)	75 (11.8%)	0 (3.7%)	75 (11.7%)
80 – 84	90 (5.7%)	1 (6.3%)	91 (5.7%)	63 (10.0%)	1 (11.1%)	64 (10.0%)
85+	59 (3.7%)	1 (6.3%)	60 (3.7%)	62 (9.8%)	1 (11.1%)	63 (9.8%)
all ages	1584	13	1597	634	5	640

Figure 6.11 Age-specific incidence rate (per 100000 per year): breast cancer

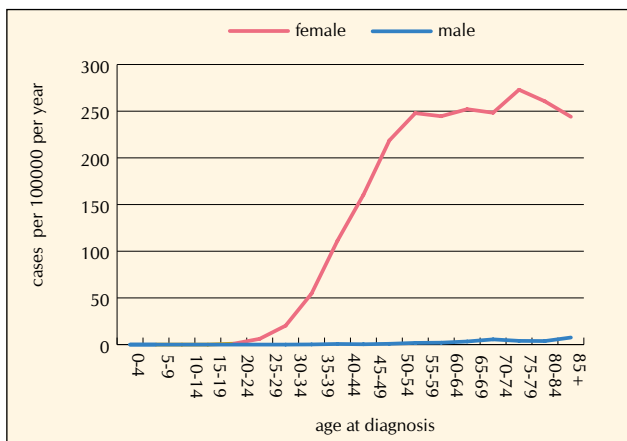
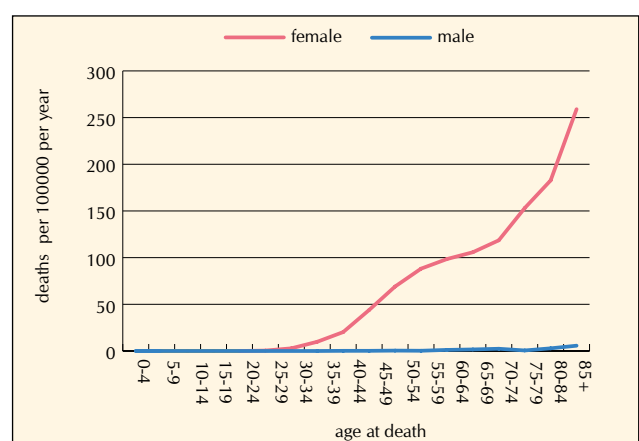


Figure 6.12 Age-specific mortality rate (per 100000 per year): breast cancer



6.6. Lung cancer ICD10 C34

Lung cancers were uncommon before age 40. The largest number of cases and deaths was in patients aged 70 to 74 years. Almost 20% of all lung cancer cases and deaths occurred in this five-year age group (Table 6.5)

The age-specific incidence and mortality rates had quite a narrow range of distribution compared to most other cancers (Figure 6.13, Figure 6.14), with a maximum value at age 75 to 79 (with the exception of death in men). Incidence and mortality in men in this age group was close to 5 per 1000 per year.

Table 6.5 Age distribution of cases and deaths: lung cancer

age	CASES			DEATHS		
	female	male	both sexes	female	male	both sexes
0 – 4	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
5 – 9	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
10 – 14	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
15 – 19	0 (0.1%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
20 – 24	1 (0.1%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
25 – 29	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
30 – 34	1 (0.2%)	1 (0.1%)	2 (0.1%)	1 (0.1%)	1 (0.1%)	1 (0.1%)
35 – 39	2 (0.4%)	4 (0.4%)	6 (0.4%)	2 (0.5%)	2 (0.2%)	5 (0.3%)
40 – 44	9 (1.8%)	10 (1.0%)	19 (1.3%)	8 (1.5%)	8 (0.8%)	15 (1.0%)
45 – 49	10 (2.0%)	20 (2.1%)	30 (2.1%)	11 (2.1%)	17 (1.7%)	28 (1.9%)
50 – 54	25 (4.8%)	58 (5.9%)	82 (5.6%)	23 (4.5%)	47 (4.8%)	70 (4.7%)
55 – 59	33 (6.5%)	79 (8.1%)	112 (7.6%)	29 (5.6%)	76 (7.8%)	105 (7.0%)
60 – 64	55 (10.8%)	124 (12.7%)	178 (12.0%)	48 (9.2%)	118 (12.1%)	166 (11.1%)
65 – 69	85 (16.7%)	194 (19.9%)	278 (18.8%)	82 (15.8%)	183 (18.7%)	265 (17.7%)
70 – 74	107 (21.1%)	199 (20.5%)	306 (20.7%)	108 (20.6%)	188 (19.3%)	296 (19.8%)
75 – 79	98 (19.4%)	157 (16.2%)	255 (17.3%)	103 (19.8%)	174 (17.8%)	277 (18.5%)
80 – 84	57 (11.3%)	91 (9.4%)	148 (10.0%)	71 (13.5%)	116 (11.8%)	186 (12.4%)
85+	24 (4.8%)	36 (3.7%)	60 (4.1%)	35 (6.8%)	47 (4.8%)	82 (5.5%)
All ages	507 (100.0%)	972 (100.0%)	1479 (100.0%)	521	976	1497

Figure 6.13 Age-specific incidence rate (per 100000 per year): lung cancer

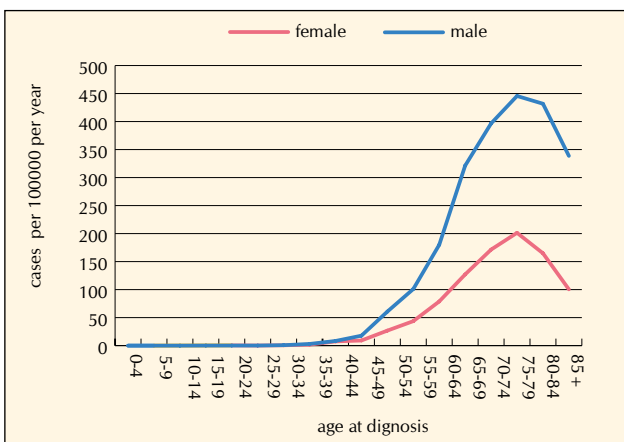
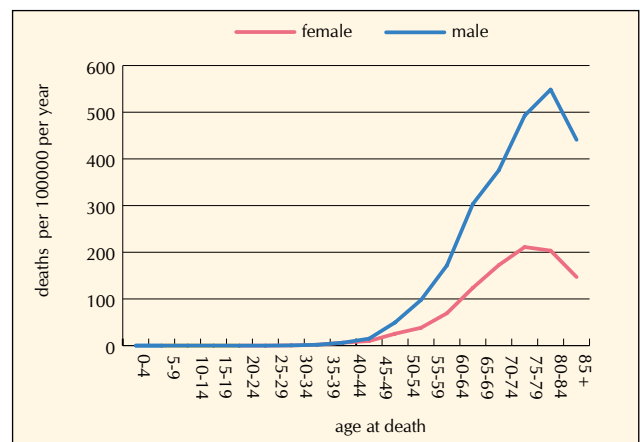


Figure 6.14 Age-specific mortality rate (per 100000 per year): lung cancer



6.7. Prostate cancer ICD 10 C67

Prostate cancer affected mainly older men. Cases were rare before age 50 and deaths rare before 60. The largest number of cases was in men aged 70 to 74 and the largest number of deaths in those aged 80 to 84 (Table 6.6). The difference in age distribution of cases and deaths (by comparison with, for instance lung cancer) suggests that, for the majority of men, there may be a long interval between diagnosis and death.

The age-specific incidence and mortality rates rose consistently and rapidly with age, with the highest rates for both in the oldest age group, where incidence rates were close to one per 100 per year (Figure 6.15, Figure 6.16).

Table 6.6 Age distribution of cases and deaths: prostate cancer

AGE	CASES	DEATHS
0 – 4	0 (0.0%)	0 (0.0%)
5 – 9	0 (0.0%)	0 (0.0%)
10 – 14	0 (0.0%)	0 (0.0%)
15 – 19	0 (0.0%)	0 (0.0%)
20 – 24	0 (0.0%)	0 (0.0%)
25 – 29	0 (0.0%)	0 (0.0%)
30 – 34	0 (0.0%)	0 (0.0%)
35 – 39	0 (0.0%)	0 (0.0%)
40 – 44	1 (0.1%)	0 (0.0%)
45 – 49	5 (0.4%)	2 (0.4%)
50 – 54	23 (2.0%)	2 (0.5%)
55 – 59	46 (4.0%)	7 (1.4%)
60 – 64	108 (9.4%)	25 (4.9%)
65 – 69	186 (16.2%)	45 (8.8%)
70 – 74	266 (23.1%)	95 (18.5%)
75 – 79	245 (21.3%)	116 (22.5%)
80 – 84	175 (15.2%)	124 (24.2%)
85+	96 (8.4%)	96 (18.7%)
All ages	1150 (100.0%)	514

Figure 6.15 Age-specific incidence rate (per 100000 per year): prostate cancer

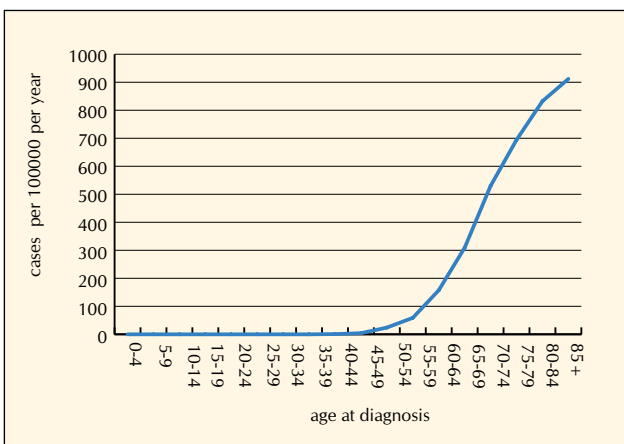
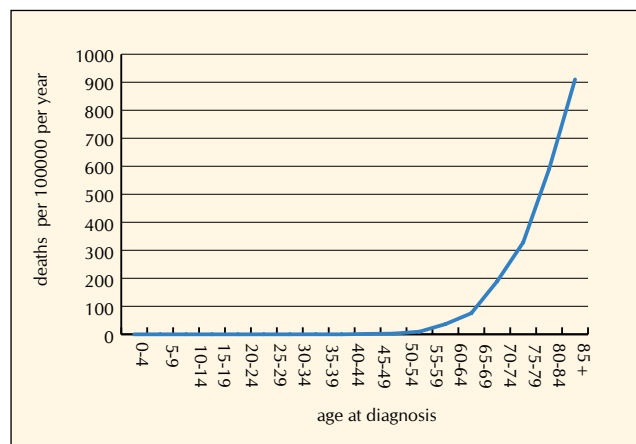


Figure 6.16 Age-specific mortality rate (per 100000 per year): prostate cancer



6.8. Lymphoma ICD 10 C81-C85

The age distribution of lymphoma was strikingly different from that of cancers in general, with some cases occurring at all ages and a gradual increase in risk throughout life, from the earliest age (Table 6.7). The largest number of cases in women was in the age group 70 to 74 and in men aged 65 to 69. However, cases numbers varied very little with age between 45 and 80 years.

The mortality figures were similar, although deaths were very uncommon in the first two decades of life.

The age-specific incidence rate rose with age throughout life, with the most rapid increase around age 45 to 50 (Figure 6.17). A similar increase in mortality can be seen in patients aged 55 to 59 (Figure 6.18).

Table 6.7 Age distribution of cases and deaths: lymphoma

age	CASES			DEATHS		
	female	male	both sexes	female	male	both sexes
0 – 4	1 (0.4%)	1 (0.4%)	2 (0.4%)	0 (0.0%)	0 (0.2%)	0 (0.1%)
5 – 9	1 (0.5%)	2 (0.9%)	3 (0.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
10 – 14	3 (1.2%)	4 (1.7%)	7 (1.5%)	0 (0.4%)	1 (0.5%)	1 (0.4%)
15 – 19	5 (2.3%)	9 (3.4%)	14 (2.9%)	0 (0.4%)	1 (1.1%)	2 (0.8%)
20 – 24	7 (3.0%)	7 (2.6%)	13 (2.8%)	0 (0.0%)	2 (1.7%)	2 (0.9%)
25 – 29	7 (3.1%)	7 (2.7%)	14 (2.9%)	1 (1.1%)	2 (1.2%)	3 (1.2%)
30 – 34	10 (4.3%)	12 (4.7%)	22 (4.5%)	2 (1.7%)	3 (2.2%)	5 (2.0%)
35 – 39	9 (3.9%)	13 (5.2%)	22 (4.6%)	1 (1.0%)	3 (2.3%)	4 (1.7%)
40 – 44	8 (3.5%)	15 (5.7%)	22 (4.7%)	3 (2.5%)	5 (4.0%)	8 (3.3%)
45 – 49	11 (5.0%)	19 (7.4%)	30 (6.3%)	3 (3.1%)	7 (5.4%)	10 (4.4%)
50 – 54	17 (7.6%)	23 (9.2%)	40 (8.5%)	7 (6.7%)	9 (7.0%)	16 (6.8%)
55 – 59	18 (8.1%)	24 (9.3%)	42 (8.7%)	7 (6.5%)	12 (9.6%)	19 (8.2%)
60 – 64	20 (9.2%)	24 (9.5%)	45 (9.3%)	8 (7.6%)	13 (10.4%)	21 (9.2%)
65 – 69	27 (12.0%)	31 (12.1%)	58 (12.1%)	13 (12.2%)	17 (13.3%)	30 (12.8%)
70 – 74	30 (13.7%)	24 (9.4%)	54 (11.4%)	18 (17.6%)	19 (14.7%)	37 (16.0%)
75 – 79	22 (10.0%)	22 (8.7%)	44 (9.3%)	17 (16.6%)	18 (13.6%)	35 (15.0%)
80 – 84	17 (7.7%)	14 (5.3%)	31 (6.4%)	14 (13.4%)	11 (8.8%)	25 (10.9%)
85+	10 (4.5%)	5 (2.0%)	15 (3.1%)	10 (9.2%)	5 (4.0%)	15 (6.3%)
All ages	222 (100.0%)	256 (100.0%)	478 (100.0%)	105 (100.0%)	129 (100.0%)	234 (100.0%)

Figure 6.17 Age-specific incidence rate (per 100000 per year): lymphoma

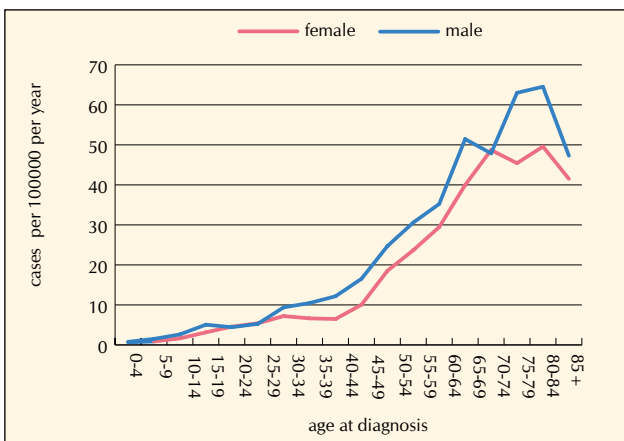
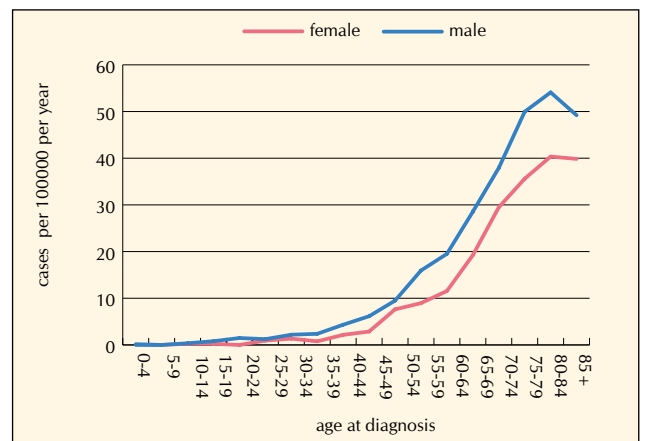


Figure 6.18 Age-specific mortality rate (per 100000 per year): lymphoma



6.9. Stomach cancer ICD 10 C16

Stomach cancer was predominantly a disease of the older patient, with the largest number of cases and deaths in the 70 to 74 year age group (Table 6.8).

The age-specific incidence rate was similar for men and women, rising rapidly after age 50, with some evidence of a flattening in the rate of increase in the oldest age groups (Figure 6.19). The pattern of mortality was similar, but with a continuing increase in age up to the oldest age group (Figure 6.20).

Table 6.8 Age distribution of cases and deaths: stomach cancer

age	CASES			DEATHS		
	female	male	both sexes	female	male	both sexes
0 – 4	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
5 – 9	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
10 – 14	0 (0.0%)	0 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
15 – 19	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
20 – 24	0 (0.1%)	0 (0.1%)	0 (0.1%)	0 (0.1%)	0 (0.1%)	0 (0.1%)
25 – 29	0 (0.1%)	0 (0.1%)	0 (0.1%)	0 (0.0%)	0 (0.1%)	0 (0.1%)
30 – 34	1 (0.3%)	2 (0.7%)	3 (0.6%)	1 (0.5%)	1 (0.3%)	2 (0.4%)
35 – 39	3 (1.5%)	3 (0.9%)	5 (1.2%)	1 (0.9%)	2 (0.8%)	3 (0.9%)
40 – 44	4 (2.1%)	6 (1.9%)	9 (2.0%)	3 (1.8%)	3 (1.1%)	5 (1.4%)
45 – 49	5 (3.1%)	11 (3.6%)	16 (3.4%)	3 (1.9%)	5 (2.3%)	8 (2.1%)
50 – 54	6 (3.6%)	15 (5.2%)	22 (4.6%)	5 (3.1%)	10 (4.2%)	15 (3.7%)
55 – 59	8 (4.4%)	27 (9.1%)	34 (7.3%)	6 (4.1%)	19 (8.1%)	25 (6.5%)
60 – 64	15 (8.7%)	33 (11.1%)	48 (10.2%)	11 (7.0%)	25 (10.5%)	36 (9.1%)
65 – 69	23 (13.2%)	51 (17.3%)	74 (15.8%)	14 (9.2%)	38 (16.1%)	52 (13.3%)
70 – 74	34 (19.4%)	48 (16.3%)	82 (17.4%)	29 (18.5%)	39 (16.7%)	68 (17.4%)
75 – 79	24 (14.0%)	48 (16.4%)	73 (15.5%)	23 (14.9%)	39 (16.4%)	62 (15.8%)
80 – 84	30 (17.1%)	34 (11.5%)	64 (13.6%)	33 (21.1%)	35 (14.7%)	68 (17.3%)
85+	22 (12.4%)	17 (5.8%)	39 (8.3%)	27 (16.9%)	21 (8.8%)	47 (12.0%)
All ages	174 (100.0%)	295 (100.0%)	469 (100.0%)	157 (100.0%)	235 (100.0%)	392 (100.0%)

Figure 6.19 Age-specific incidence rate (per 100000 per year): stomach cancer

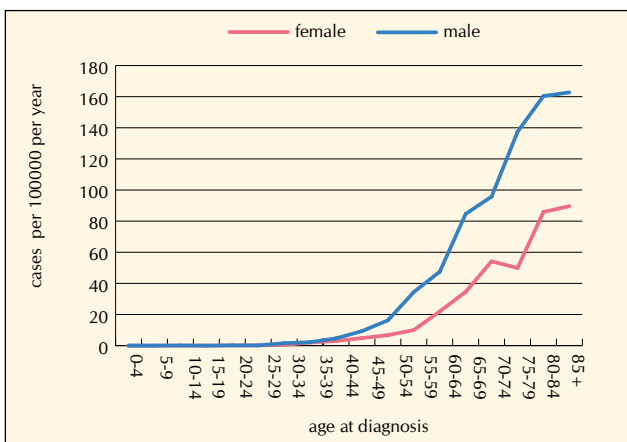
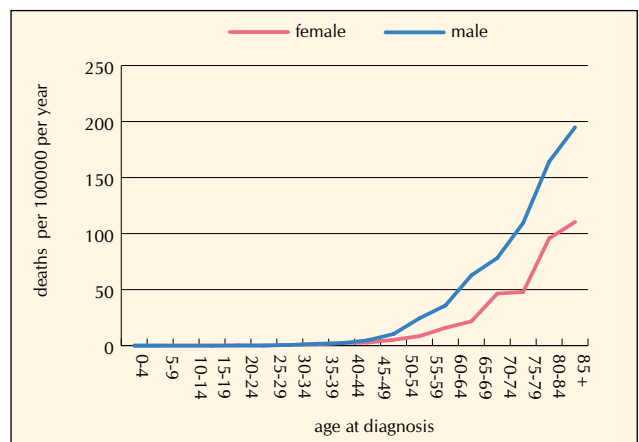


Figure 6.20 Age-specific mortality rate (per 100000 per year): stomach cancer



6.10. Bladder cancer ICD10 C61

The largest number of cases of bladder cancer was in patients aged 70 to 74, both male and female (Table 6.9). The largest number of deaths occurred in the next oldest age group (75 to 79).

The age-specific incidence and mortality patterns were similar in men and women, although at a lower rate for women, with a rapid increase in rate from age 50 up to the oldest age group (Figure 6.21, Figure 6.22).

Table 6.9 Age distribution of cases and deaths: bladder cancer

age	CASES			DEATHS		
	female	male	both sexes	female	male	both sexes
0 – 4	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
5 – 9	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
10 – 14	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
15 – 19	0 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
20 – 24	0 (0.0%)	1 (0.2%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
25 – 29	0 (0.0%)	1 (0.3%)	1 (0.2%)	0 (0.0%)	0 (0.4%)	0 (0.2%)
30 – 34	0 (0.2%)	2 (0.5%)	2 (0.4%)	0 (0.4%)	0 (0.0%)	0 (0.1%)
35 – 39	2 (1.6%)	4 (1.1%)	6 (1.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
40 – 44	4 (2.8%)	3 (1.0%)	7 (1.5%)	1 (1.1%)	1 (0.7%)	1 (0.8%)
45 – 49	6 (4.4%)	9 (2.8%)	15 (3.2%)	1 (1.1%)	1 (1.1%)	2 (1.1%)
50 – 54	4 (3.1%)	19 (5.7%)	23 (5.0%)	0 (0.4%)	2 (2.0%)	2 (1.4%)
55 – 59	8 (6.6%)	27 (8.1%)	35 (7.7%)	2 (2.9%)	4 (3.4%)	5 (3.2%)
60 – 64	13 (10.0%)	31 (9.4%)	44 (9.6%)	2 (4.0%)	7 (6.0%)	9 (5.4%)
65 – 69	18 (14.1%)	48 (14.6%)	66 (14.4%)	6 (11.4%)	12 (11.0%)	19 (11.1%)
70 – 74	25 (19.5%)	61 (18.7%)	86 (19.0%)	10 (18.7%)	18 (16.1%)	28 (17.0%)
75 – 79	19 (14.8%)	61 (18.7%)	80 (17.6%)	11 (19.4%)	27 (24.1%)	38 (22.6%)
80 – 84	16 (12.8%)	37 (11.3%)	53 (11.7%)	11 (20.9%)	23 (20.2%)	34 (20.4%)
85 +	13 (10.0%)	25 (7.6%)	38 (8.2%)	11 (19.8%)	17 (15.1%)	28 (16.6%)
All ages	128 (100.0%)	328 (100.0%)	456 (100.0%)	55 (100.0%)	113 (100.0%)	167 (100.0%)

Figure 6.21 Age-specific incidence rate (per 100000 per year): bladder cancer

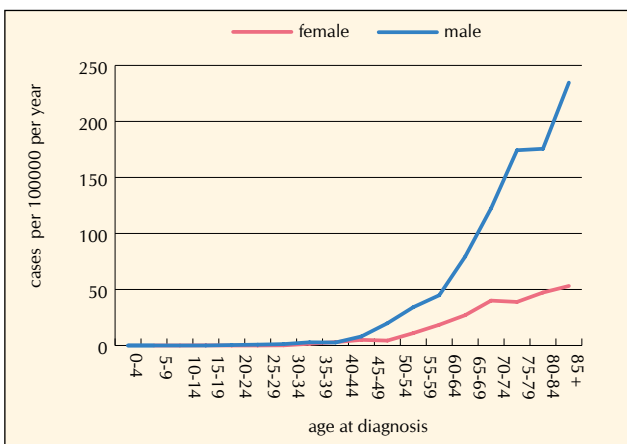
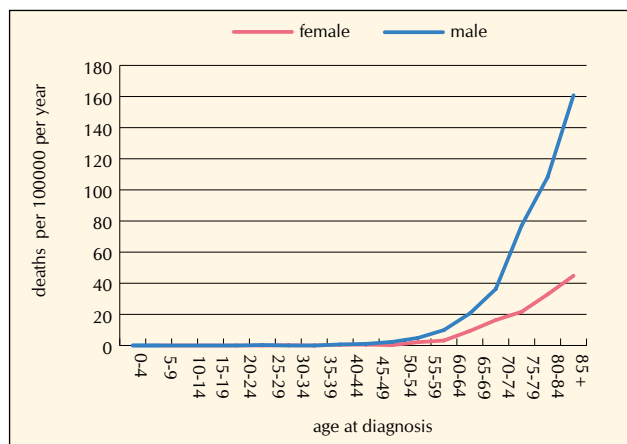


Figure 6.22 Age-specific mortality rate (per 100000 per year): bladder cancer



6.11. Leukaemia ICD 10 C91 - C95

The age distribution of leukaemia cases was unique (Table 6.10). There were a small number of cases in children, mainly in those aged under 5, and between 5 and 10 cases per year in each age group up to about age 54. The largest number of cases in women was in those aged 75 to 79 and for men in those aged 70 to 74. The age distribution of deaths was similar, but with proportionately fewer deaths in children.

The age-specific incidence (Figure 6.23) rates showed the same U-shaped curve, with higher incidence at the extreme of life. The mortality rates (Figure 6.24), on the other hand, showed a fairly typical exponential rise with age.

Table 6.10 Age distribution of cases and deaths: leukaemia

age	CASES			DEATHS		
	female	male	both sexes	female	male	both sexes
0 – 4	8 (5.6%)	10 (4.8%)	18 (5.2%)	1 (0.9%)	2 (1.3%)	2 (1.1%)
5 – 9	4 (3.0%)	4 (2.1%)	9 (2.5%)	0 (0.4%)	1 (1.0%)	2 (0.8%)
10 – 14	4 (2.6%)	4 (1.9%)	8 (2.2%)	1 (1.3%)	1 (1.0%)	2 (1.1%)
15 – 19	3 (2.3%)	5 (2.3%)	8 (2.3%)	2 (1.8%)	2 (1.5%)	3 (1.6%)
20 – 24	3 (2.2%)	3 (1.6%)	6 (1.9%)	2 (2.7%)	2 (1.8%)	5 (2.2%)
25 – 29	2 (1.5%)	3 (1.5%)	5 (1.5%)	1 (1.1%)	2 (1.8%)	3 (1.5%)
30 – 34	3 (1.8%)	4 (2.1%)	7 (2.0%)	2 (1.8%)	2 (1.5%)	3 (1.6%)
35 – 39	3 (2.3%)	4 (2.2%)	8 (2.3%)	2 (1.8%)	2 (1.5%)	3 (1.6%)
40 – 44	5 (3.3%)	7 (3.6%)	12 (3.5%)	2 (2.5%)	2 (1.3%)	4 (1.8%)
45 – 49	5 (3.7%)	6 (3.1%)	12 (3.4%)	3 (3.4%)	3 (2.3%)	6 (2.8%)
50 – 54	9 (6.1%)	9 (4.6%)	18 (5.2%)	4 (4.0%)	4 (3.2%)	7 (3.5%)
55 – 59	9 (6.1%)	11 (5.5%)	20 (5.8%)	3 (3.6%)	5 (4.3%)	8 (4.0%)
60 – 64	8 (5.6%)	23 (11.4%)	31 (8.9%)	5 (5.4%)	11 (8.8%)	15 (7.4%)
65 – 69	17 (11.4%)	23 (11.6%)	40 (11.5%)	9 (9.9%)	16 (13.3%)	25 (11.8%)
70 – 74	18 (12.7%)	31 (15.5%)	49 (14.3%)	14 (15.3%)	21 (17.8%)	35 (16.7%)
75 – 79	20 (13.5%)	22 (10.9%)	41 (12.0%)	14 (15.7%)	18 (14.6%)	32 (15.1%)
80–84	16 (10.7%)	20 (10.3%)	36 (10.5%)	14 (15.5%)	15 (12.3%)	29 (13.7%)
85 +	8 (5.5%)	10 (4.9%)	18 (5.2%)	11 (12.8%)	13 (10.6%)	24 (11.6%)
All ages	145 (100.0%)	199 (100.0%)	344 (100.0%)	89 (100.0%)	120 (100.0%)	209 (100.0%)

Figure 6.23 Age-specific incidence rate (per 100000 per year): leukaemia

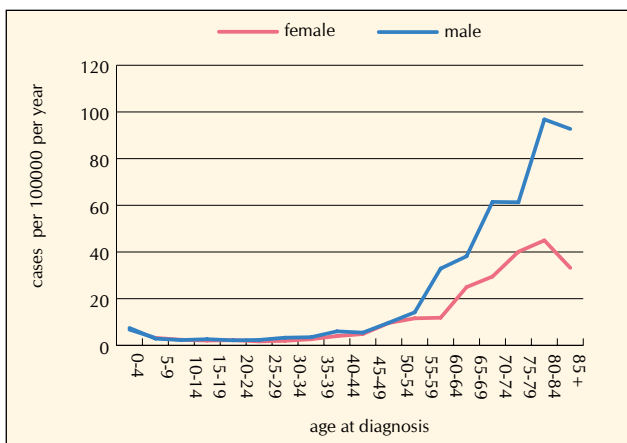
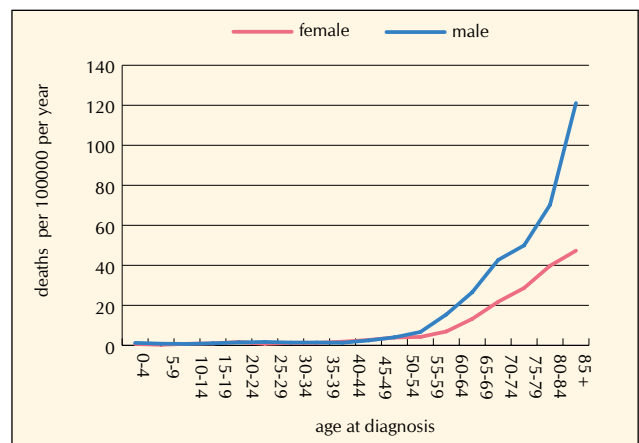


Figure 6.24 Age-specific mortality rate (per 100000 per year): leukaemia



6.12. Melanoma of skin ICD10 C43

Melanoma was rare in children but from early adulthood there were a significant number of cases in every age group, with only a slight increase in case numbers with increasing age (Table 6.11). Deaths were much less common and tended to be confined to the older age groups.

The age-specific incidence rate showed a gradual but steady increase from age 10 in girls and 15 in boys, with the rate in women remaining higher than that in men up to age 70 (Figure 6.25). Mortality was very low up to age 40, but unlike incidence, the rates for men and women were almost identical at all ages (Figure 6.26).

Table 6.11 Age distribution of cases and deaths: melanoma of skin

age	CASES			DEATHS		
	female	male	both sexes	female	male	both sexes
0 – 4	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
5 – 9	0 (0.1%)	0 (0.0%)	0 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
10 – 14	1 (0.3%)	0 (0.3%)	1 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
15 – 19	3 (1.3%)	1 (0.9%)	4 (1.1%)	0 (0.0%)	0 (0.7%)	0 (0.3%)
20 – 24	7 (2.9%)	3 (2.3%)	10 (2.7%)	0 (0.0%)	0 (0.7%)	0 (0.3%)
25 – 29	11 (4.7%)	5 (3.9%)	16 (4.4%)	1 (1.9%)	1 (2.8%)	1 (2.3%)
30 – 34	12 (4.9%)	9 (6.3%)	20 (5.4%)	0 (0.6%)	1 (2.1%)	1 (1.3%)
35 – 39	14 (5.9%)	6 (4.0%)	19 (5.2%)	1 (3.1%)	1 (2.1%)	2 (2.6%)
40 – 44	16 (6.8%)	9 (6.3%)	25 (6.6%)	2 (4.9%)	2 (6.4%)	3 (5.6%)
45 – 49	17 (7.4%)	10 (7.3%)	28 (7.4%)	2 (5.6%)	2 (5.7%)	3 (5.6%)
50 – 54	22 (9.4%)	13 (9.0%)	35 (9.2%)	2 (6.8%)	3 (9.2%)	5 (7.9%)
55 – 59	17 (7.3%)	10 (7.4%)	28 (7.4%)	3 (8.0%)	3 (10.6%)	6 (9.2%)
60 – 64	22 (9.5%)	15 (10.7%)	37 (9.9%)	2 (5.6%)	2 (7.1%)	4 (6.3%)
65 – 69	20 (8.7%)	12 (8.4%)	32 (8.6%)	4 (11.1%)	4 (12.8%)	7 (11.9%)
70 – 74	21 (8.9%)	15 (10.8%)	36 (9.7%)	5 (15.4%)	3 (9.2%)	8 (12.5%)
75 – 79	23 (10.0%)	17 (11.8%)	40 (10.7%)	5 (16.0%)	4 (12.8%)	9 (14.5%)
80 – 84	17 (7.2%)	8 (5.7%)	25 (6.6%)	3 (9.9%)	3 (11.3%)	6 (10.6%)
85+	11 (4.9%)	7 (5.0%)	18 (4.9%)	4 (11.1%)	2 (6.4%)	5 (8.9%)
All ages	235 (100.0%)	140 (100.0%)	375 (100.0%)	32 (100.0%)	28 (100.0%)	61 (100.0%)

Figure 6.25 Age-specific incidence rate (per 100000 per year): melanoma of skin

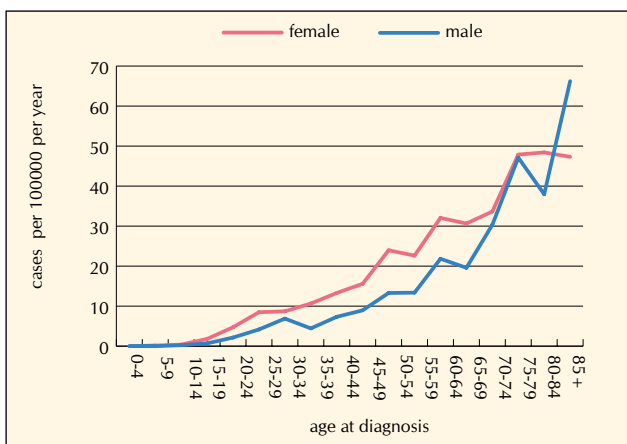


Figure 6.26 Age-specific mortality rate (per 100000 per year): melanoma of skin

