All cancers (ex NMSC)

1993-2022

(NMSC: Non-melanoma skin cancer)

(ICD10 codes: C00-C43, C45-C97)

Northern Ireland Cancer Registry

Northern Ireland Cancer Registry, 2025

An official statistics publication

ABOUT THIS REPORT

Contents

This report includes information on incidence of all cancers (excluding non-melanoma skin cancer) as recorded by the Northern Ireland Cancer Registry (NICR). Incidence data is available annually from 1993 to 2022, however in order to provide stable and robust figures the majority of information presented in this report is based upon the average number of cases diagnosed in the last five years.

Methodology

The methodology used in producing the statistics presented in this report, including details of data sources, classifications and coding are available in the accompanying methodology report available at: www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics.

Official statistics

The incidence, prevalence and survival statistics in this publication are designated as official statistics signifying that they comply with the Code of Practice for Official Statistics. Further information on this code is available at code.statisticsauthority.gov.uk.

Cancer mortality data

The NI Statistics and Research Agency (NISRA) is the official statistics provider of cancer mortality data in Northern Ireland. However, for completeness, data on cancer mortality is also provided in this report. While analysis is conducted by NICR staff, the original data is provided courtesy of the General Register Office (NI) via the Department of Health.

Reuse of information

The information in this report (and any supplementary material) is available for reuse free of charge and without the need to contact NICR. However, we request that NICR is acknowledged as the source of any reused information. The following reference is recommended:
Northern Ireland Cancer Registry 2025. All cancers (ex NMSC): 1993-2022. Available at: www.qub.ac.uk/research-centres/nicr

Further information

Further information is available at: www.qub.ac.uk/research-centres/nicr

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Acknowledgements

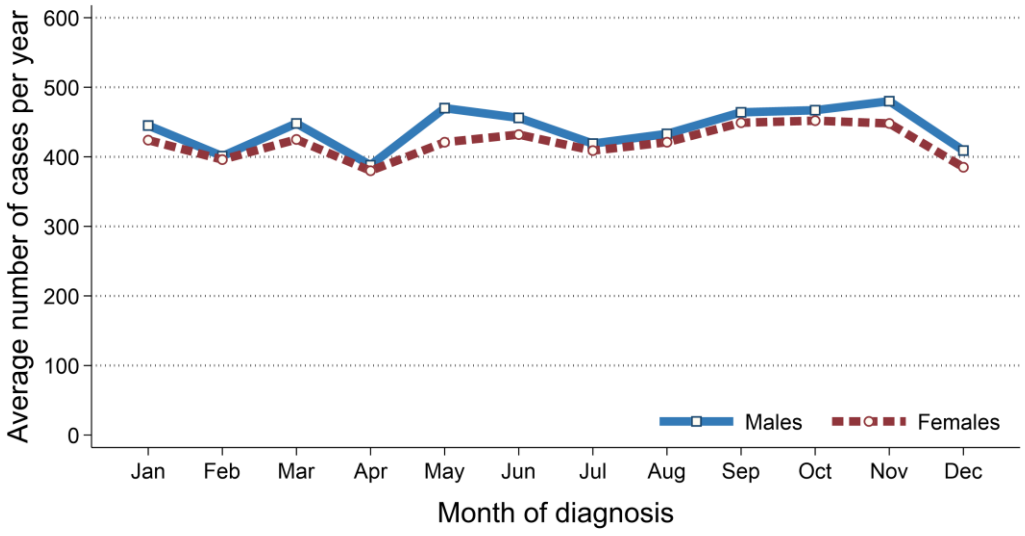
The Northern Ireland Cancer Registry (NICR) uses data provided by patients and collected by the health service as part of their care and support.

NICR is funded by the Public Health Agency and is based in Queen's University, Belfast.

INCIDENCE

- There were 51,596 cases of cancer (excluding non-melanoma skin cancer) diagnosed during 2018-2022 in Northern Ireland. On average this was 10,319 cases per year.
- During this period 48.8% of cancer (ex NMSC) cases were among women (Male cases: 26,392, Female cases: 25,204). On average there were 5,278 male and 5,041 female cases of cancer (ex NMSC) per year.
- The most common diagnosis month during 2018-2022 was November among males with 480 cases per year and October among females with 452 cases per year.

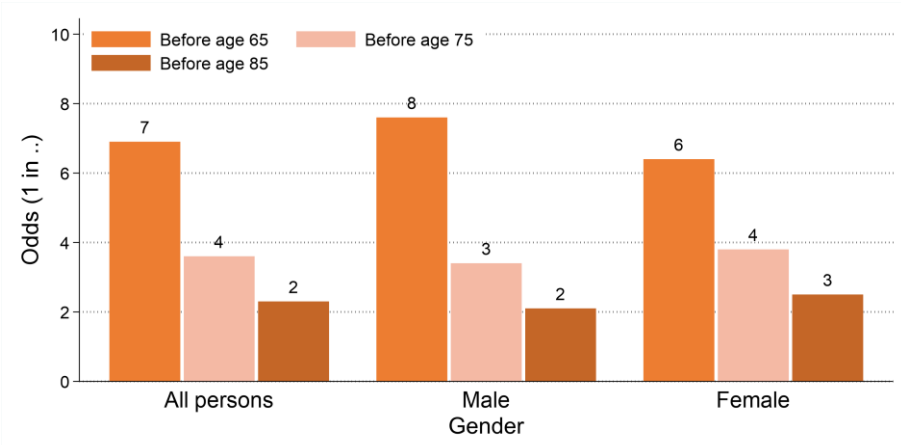
Figure 1: Average number of cases of cancer (ex NMSC) per year in 2018-2022 by month of diagnosis



Month of diagnosis	Average number of cases per year	
	Males	Females
January	445	424
February	401	396
March	448	425
April	388	380
May	470	421
June	456	432
July	419	409
August	433	421
September	464	449
October	467	452
November	480	448
December	409	385

- The cancer (ex NMSC) incidence rates for each gender were 564.8 cases per 100,000 males and 522.1 cases per 100,000 females.
- The odds of developing cancer (ex NMSC) before age 85 was 1 in 2 for men and 1 in 3 for women.

Figure 2: Odds of developing cancer (ex NMSC) in 2018-2022



INCIDENCE BY AGE

- The median age of patients diagnosed with cancer (ex NMSC) during 2018-2022 was 69 years (Males: 71, Females: 68).
- The risk of developing cancer (ex NMSC) varied by age, with 36.1% of men and 33.6% of women diagnosed with cancer (ex NMSC) aged 75 and over at diagnosis.
- In contrast, 16.7% of patients diagnosed with cancer (ex NMSC) were aged 0 to 54 at diagnosis.

Figure 3: Average number of cases of cancer (ex NMSC) diagnosed per year in 2018-2022 by age at diagnosis

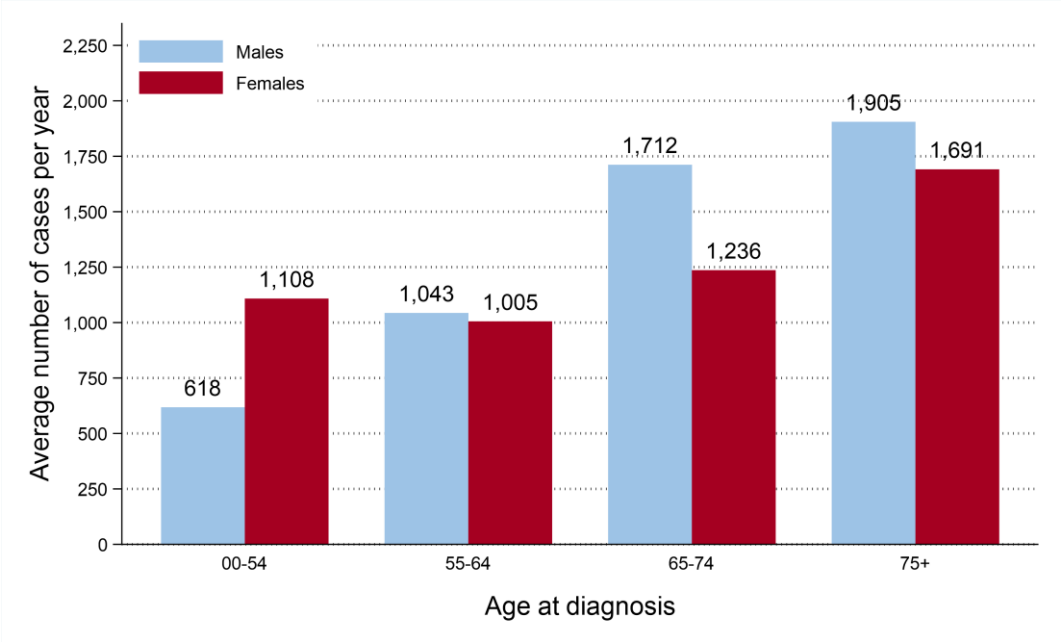
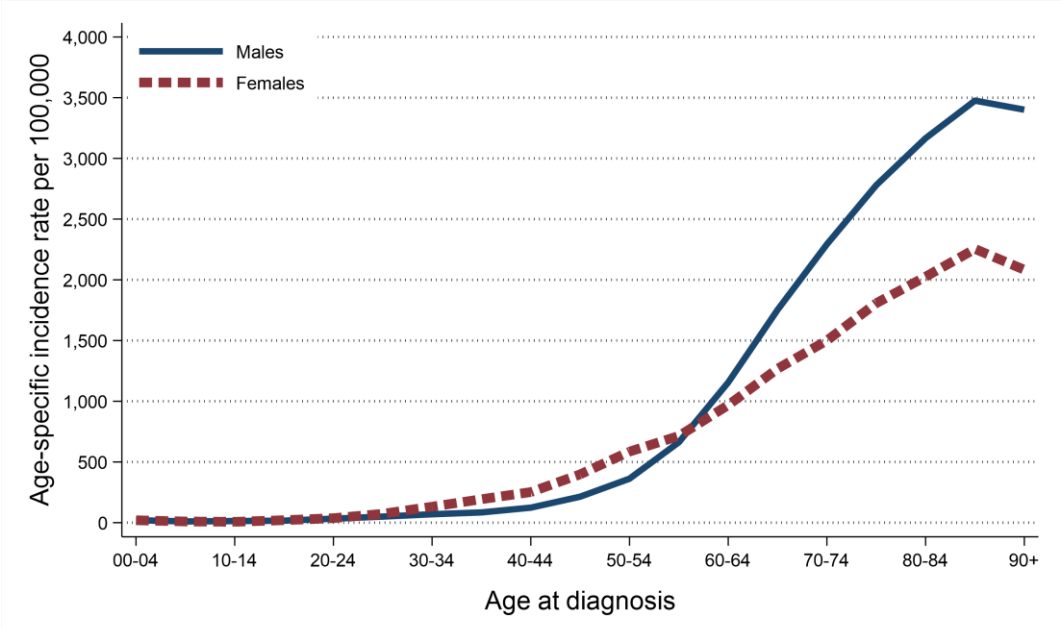


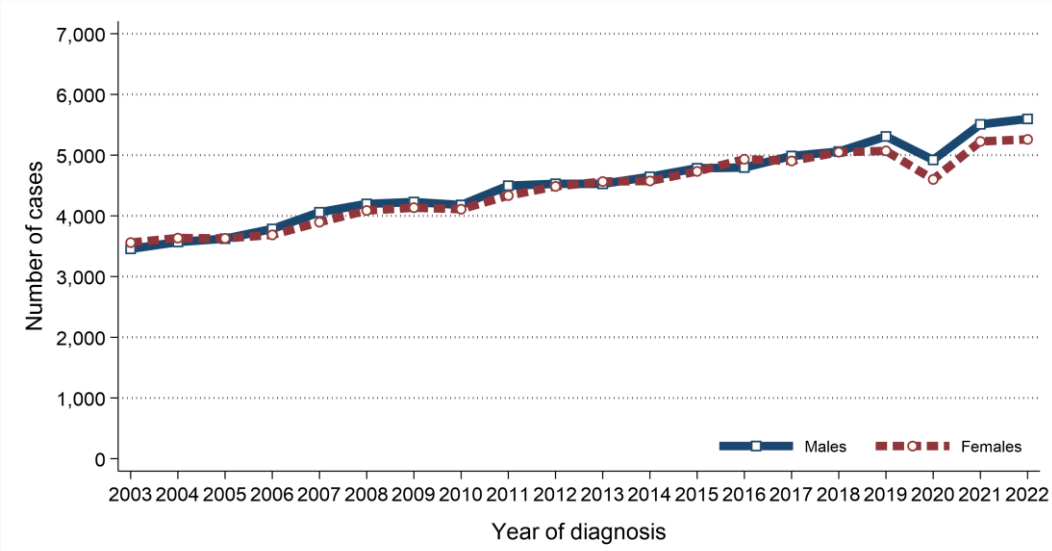
Figure 4: Age-specific incidence rates of cancer (ex NMSC) in 2018-2022



INCIDENCE TRENDS

- The number of cases of cancer (ex NMSC) among males increased between 2013-2017 and 2018-2022 by 11.2% from 23,738 cases (4,748 cases per year) to 26,392 cases (5,278 cases per year).
- The number of cases of cancer (ex NMSC) among females increased between 2013-2017 and 2018-2022 by 6.3% from 23,709 cases (4,742 cases per year) to 25,204 cases (5,041 cases per year).

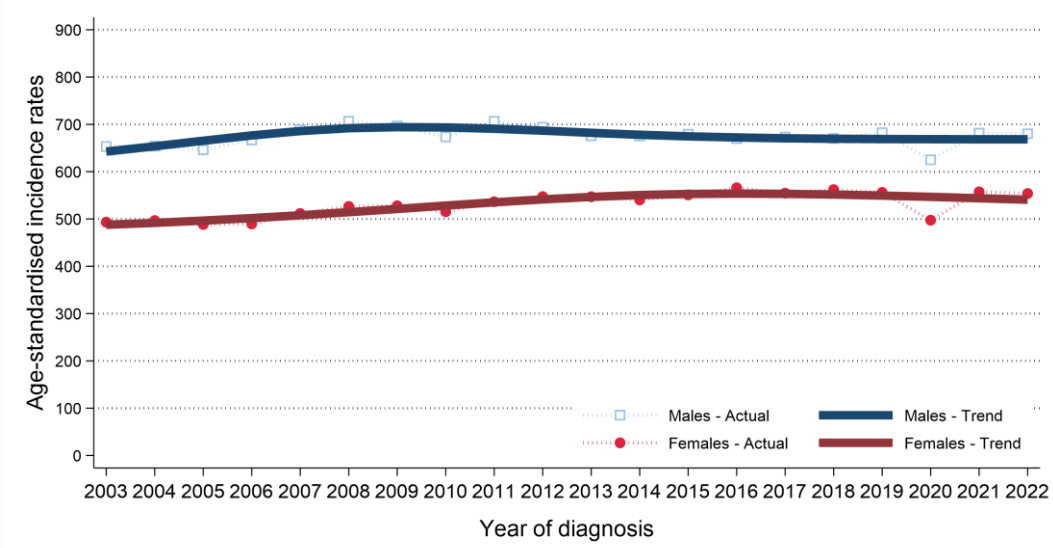
Figure 5: Trends in number of cases of cancer (ex NMSC) diagnosed from 2003 to 2022



Year of diagnosis	Number of cases	
	Males	Females
2013	4,527	4,565
2014	4,644	4,575
2015	4,785	4,732
2016	4,796	4,933
2017	4,986	4,904
2018	5,059	5,049
2019	5,308	5,070
2020	4,921	4,600
2021	5,507	5,226
2022	5,597	5,259

- Male age-standardised cancer (ex NMSC) incidence rates decreased between 2013-2017 and 2018-2022 by 1.0% from 674.7 to 667.8 cases per 100,000 males. This change was not statistically significant.
- Female age-standardised cancer (ex NMSC) incidence rates decreased between 2013-2017 and 2018-2022 by 1.2% from 552.0 to 545.4 cases per 100,000 females. This change was not statistically significant.

Figure 6: Trends in incidence rates of cancer (ex NMSC) from 2003 to 2022



Age-standardised incidence rates illustrate the change in the number of cases within a population of a fixed size and age structure (2013 European Standard).

They thus represent changes other than those caused by population growth and/or ageing.

Trends can also be influenced by changes in how cancer is classified and coded. (e.g. the move from ICD-0-2 to ICD-0-3 in 2019).

INCIDENCE TRENDS BY AGE

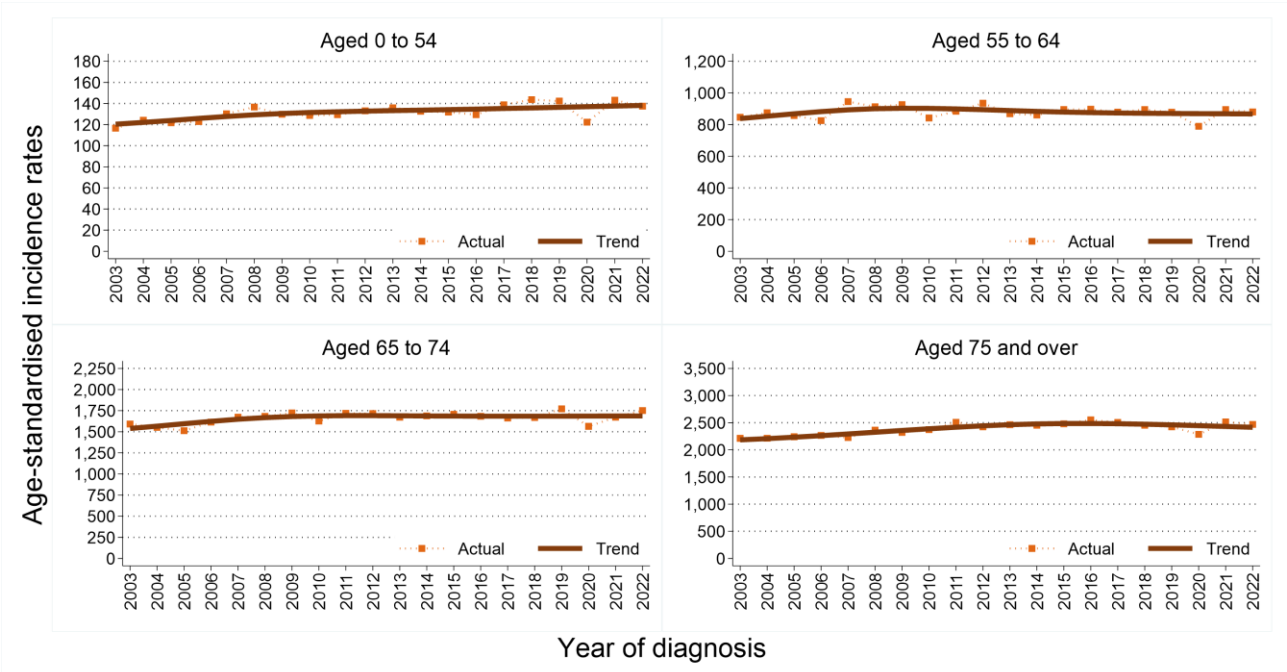
- Between 2013-2017 and 2018-2022 the number of cases of cancer (ex NMSC) among
  - Persons aged 0 to 54 decreased by 1.7% among males and increased by 4.5% among females.
  - Persons aged 55 to 64 increased by 12.9% among males and increased by 10.5% among females.
  - Persons aged 65 to 74 increased by 12.0% among males and increased by 3.1% among females.
  - Persons aged 75 and over increased by 14.3% among males and increased by 7.5% among females.

Table 1: Average number of cases per year of cancer (ex NMSC) by period of diagnosis in 2013-2022

Age at diagnosis	All persons		Male		Female	
	2013-2017	2018-2022	2013-2017	2018-2022	2013-2017	2018-2022
All ages	**9,489**	**10,319**	**4,748**	**5,278**	**4,742**	**5,041**
	.	.	.	.	.	.
0 to 54	1,689	1,727	629	618	1,060	1,108
55 to 64	1,833	2,048	924	1,043	909	1,005
65 to 74	2,729	2,949	1,529	1,712	1,200	1,236
75 and over	3,239	3,596	1,666	1,905	1,573	1,691

- Between 2013-2017 and 2018-2022 age-standardised incidence rates of cancer (ex NMSC) among
  - Persons aged 0 to 54 did not change significantly among males or females.
  - Persons aged 55 to 64 did not change significantly among males or females.
  - Persons aged 65 to 74 did not change significantly among males or females.
  - Persons aged 75 and over did not change significantly among males or females.

Figure 7: Trends in incidence rates of cancer (ex NMSC) from 2003 to 2022 by age group



INCIDENCE BY CANCER TYPE

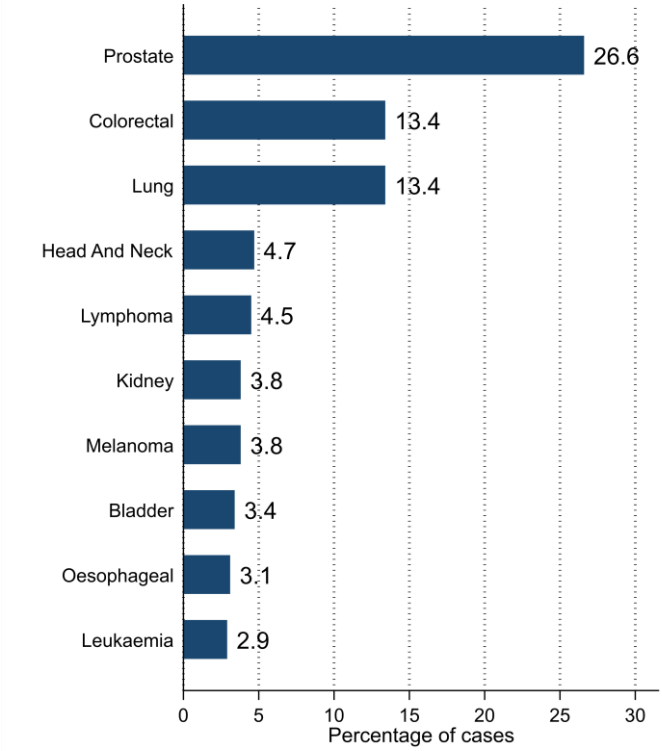
- During 2018-2022 the most common cancer (ex NMSC) types among males were prostate cancer (26.6%), lung cancer (13.4%) and colorectal cancer (13.4%).
- Among females they were breast cancer (30.0%), lung cancer (13.0%) and colorectal cancer (11.1%).

Table 2: Number of cases of cancer (ex NMSC) diagnosed in 2018-2022 by cancer type

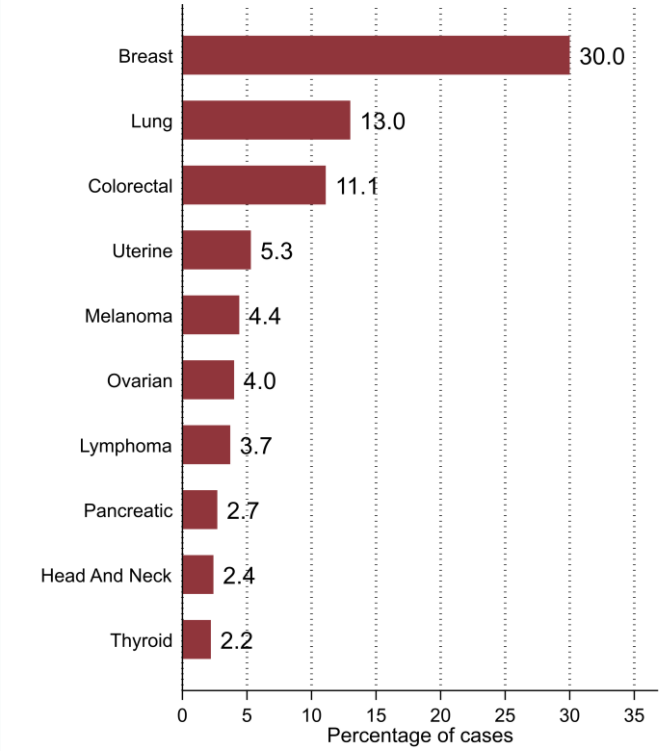
Cancer type	All persons		Male		Female	
	Total cases in period	Average cases per year	Total cases in period	Average cases per year	Total cases in period	Average cases per year
All cancers (ex NMSC)	**51,596**	**10,319**	**26,392**	**5,278**	**25,204**	**5,041**
	.	.	.	.	.	.
Bladder cancer	1,262	252	885	177	377	75
Brain cancer (including central nervous system)	811	162	489	98	322	64
Breast cancer	7,613	1,523	47	9	7,566	1,513
Cervical cancer	422	84	.	.	422	84
Colorectal cancer	6,345	1,269	3,541	708	2,804	561
Gallbladder and other biliary cancer	549	110	218	44	331	66
Head and neck cancer	1,825	365	1,232	246	593	119
Kidney cancer	1,523	305	997	199	526	105
Leukaemia	1,296	259	772	154	524	105
Liver cancer	814	163	566	113	248	50
Lung cancer (including trachea)	6,802	1,360	3,531	706	3,271	654
Lymphoma	2,113	423	1,192	238	921	184
Malignant melanoma	2,120	424	1,015	203	1,105	221
Multiple myeloma (including plasma cell neoplasms)	864	173	520	104	344	69
Oesophageal cancer	1,109	222	808	162	301	60
Ovarian cancer (including fallopian tube)	1,019	204	.	.	1,019	204
Pancreatic cancer	1,455	291	777	155	678	136
Prostate cancer	7,009	1,402	7,009	1,402	.	.
Stomach cancer	942	188	585	117	357	71
Testicular cancer	324	65	324	65	.	.
Thyroid cancer	772	154	219	44	553	111
Unknown primary cancer	907	181	434	87	473	95
Uterine cancer	1,343	269	.	.	1,343	269
Other cancer (ex NMSC)	2,357	471	1,231	246	1,126	225

Figure 8: Proportion of cases of cancer (ex NMSC) in 2018-2022 by cancer type

MALE



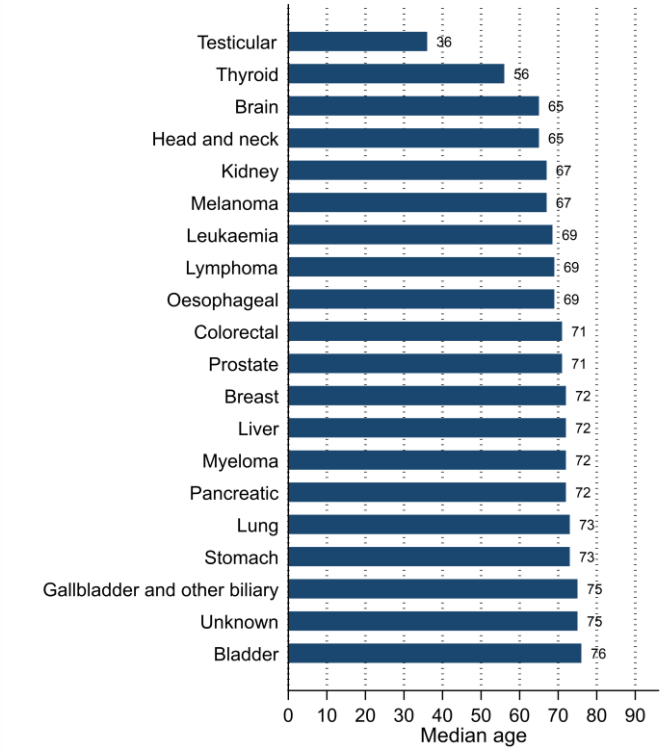
FEMALE



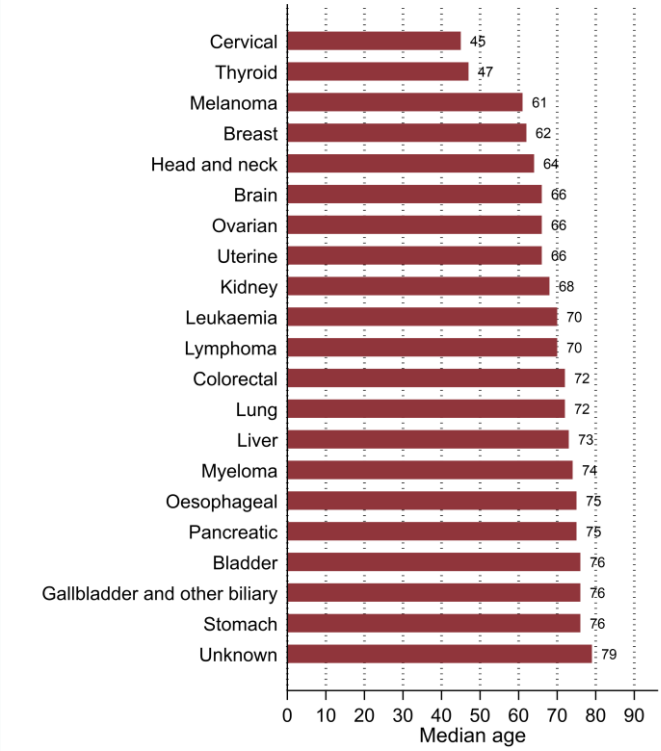
- The median age at diagnosis for most types of cancer (ex NMSC) during 2018-2022 was 60 years or more.
- Exceptions included testicular cancer (36) and thyroid cancer (56) among males and cervical cancer (45) and thyroid cancer (47) among females.

Figure 9: Median age of cancer (ex NMSC) in 2018-2022 by cancer type

MALE



FEMALE



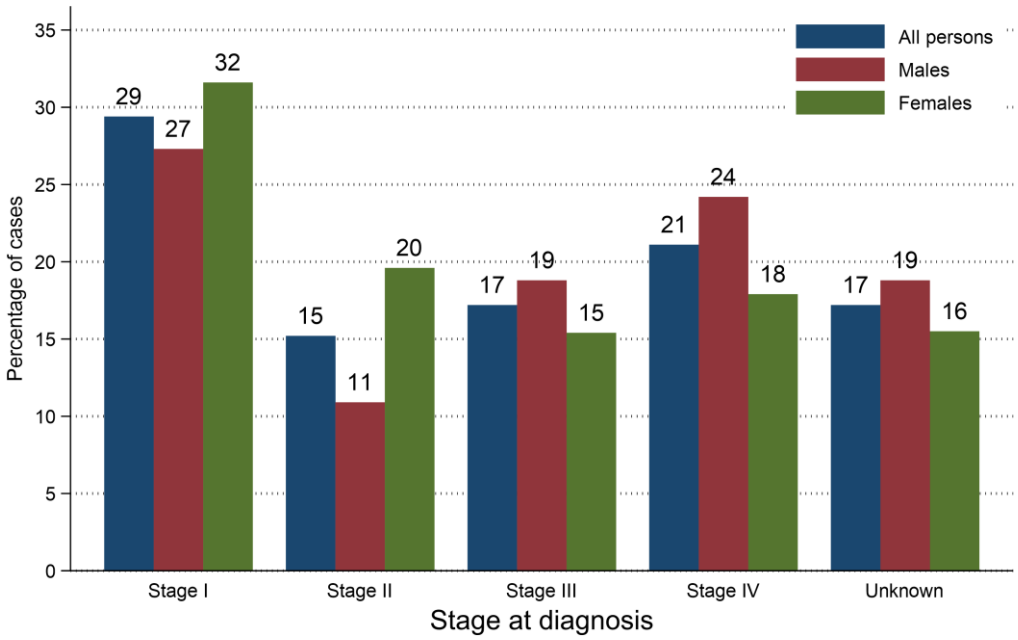
INCIDENCE BY STAGE AT DIAGNOSIS

- During 2018-2022 82.8% of cancer (ex NMSC) cases had a stage assigned.
- 29.4% of cancer (ex NMSC) cases were diagnosed at Stage I. (35.5% of staged cases)
- 21.1% of cancer (ex NMSC) cases were diagnosed at Stage IV. (25.5% of staged cases)

Table 3: Number of cases of cancer (ex NMSC) diagnosed in 2018-2022 by stage at diagnosis

Stage at diagnosis	All persons		Male		Female	
	Total cases in period	Average cases per year	Total cases in period	Average cases per year	Total cases in period	Average cases per year
All stages	**51,596**	**10,319**	**26,392**	**5,278**	**25,204**	**5,041**
	.	.	.	.	.	.
Stage I	15,165	3,033	7,202	1,440	7,963	1,593
Stage II	7,822	1,564	2,879	576	4,943	989
Stage III	8,852	1,770	4,967	993	3,885	777
Stage IV	10,896	2,179	6,393	1,279	4,503	901
Unknown	8,861	1,772	4,951	990	3,910	782

Figure 10: Proportion of cases of cancer (ex NMSC) diagnosed in 2018-2022 by stage at diagnosis



Cancer stage describes the size of a cancer and how far it has grown and spread.

This information is used to help decide what treatments are needed.

The classification used here to stage cancer is the TNM classification (Version 7 prior to 2018, Version 8 from 2018 onwards).

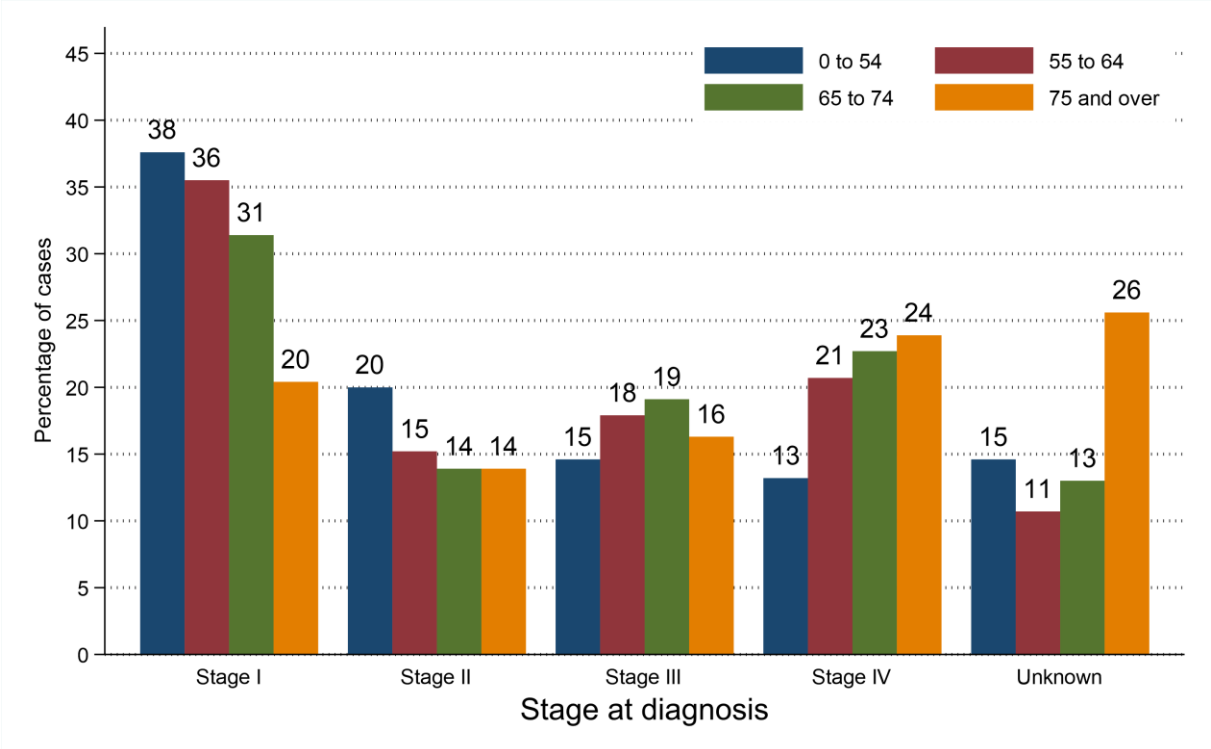
INCIDENCE BY STAGE AND AGE AT DIAGNOSIS

- During 2018-2022 74.4% of cancer (ex NMSC) cases among those aged 75 and over had a stage assigned compared to 85.4% of those aged 0 to 54.
- 20.4% of cancer (ex NMSC) cases among those aged 75 and over were diagnosed at Stage I (27.4% of staged cases) compared to 37.6% of those aged 0 to 54 (44.0% of staged cases).
- 23.9% of cancer (ex NMSC) cases among those aged 75 and over were diagnosed at Stage IV (32.1% of staged cases) compared to 13.2% of those aged 0 to 54 (15.4% of staged cases).

Table 4: Average number of cases of cancer (ex NMSC) diagnosed per year in 2018-2022 by stage and age at diagnosis

Stage at diagnosis	Age at diagnosis				
	All ages	0 to 54	55 to 64	65 to 74	75 and over
All stages	**10,319**	**1,727**	**2,048**	**2,949**	**3,596**
	.	.	.	.	.
Stage I	3,033	649	727	924	733
Stage II	1,564	346	311	408	499
Stage III	1,770	253	367	564	586
Stage IV	2,179	228	425	669	858
Unknown	1,772	252	218	382	920

Figure 11: Proportion of cases of cancer (ex NMSC) diagnosed in 2018-2022 by stage and age at diagnosis



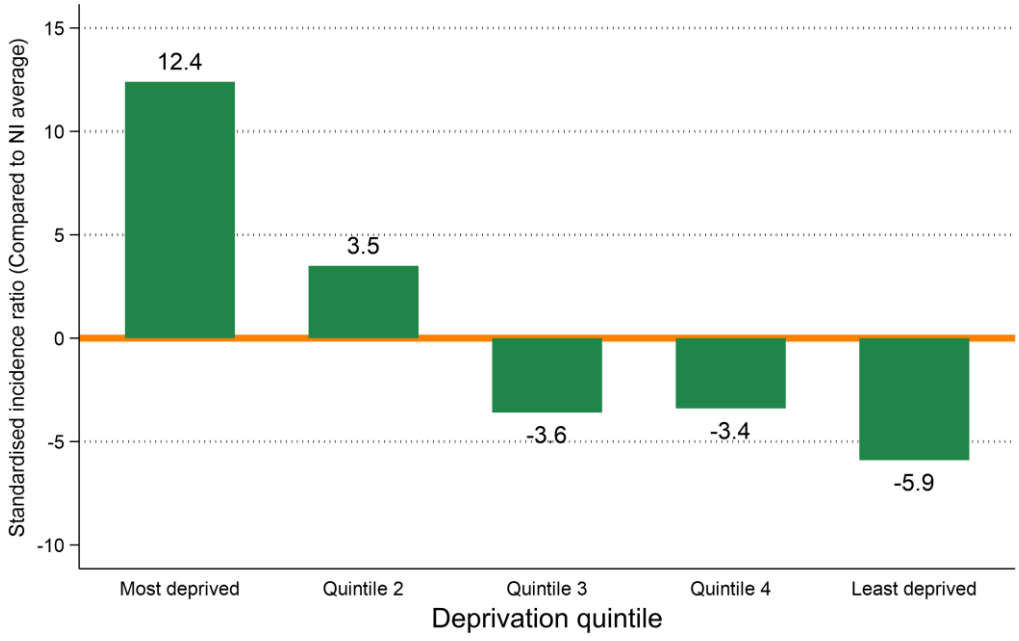
INCIDENCE BY DEPRIVATION

- The number of cases of cancer (ex NMSC) diagnosed during 2018-2022 varied in each deprivation quintile due to variations in population size and age.
- After accounting for these factors, incidence rates:
  - in the most socio-economically deprived areas were 12.4% higher than the NI average.
  - in the least socio-economically deprived areas were 5.9% lower than the NI average.

Table 5: Number of cases of cancer (ex NMSC) diagnosed in 2018-2022 by deprivation quintile

Deprivation quintile	All persons		Male		Female	
	Total cases in period	Average cases per year	Total cases in period	Average cases per year	Total cases in period	Average cases per year
Northern Ireland	**51,596**	**10,319**	**26,392**	**5,278**	**25,204**	**5,041**
	.	.	.	.	.	.
Most deprived	9,514	1,903	4,806	961	4,708	942
Quintile 2	10,661	2,132	5,454	1,091	5,207	1,041
Quintile 3	10,482	2,096	5,386	1,077	5,096	1,019
Quintile 4	10,626	2,125	5,441	1,088	5,185	1,037
Least deprived	10,307	2,061	5,301	1,060	5,006	1,001
Unknown	6	1	4	1	2	0

Figure 12: Standardised incidence ratio comparing deprivation quintile to Northern Ireland for cancer (ex NMSC) diagnosed in 2018-2022



Standardised incidence ratios compare incidence rates in each deprivation quintile with the Northern Ireland incidence rate.

A value above 0 means that incidence rates in that deprivation quintile are greater than the NI average.

This measure takes account of population size and age structure. Differences are thus not a result of these factors.

INCIDENCE BY DEPRIVATION AND CANCER TYPE

- While cancer incidence is higher in the most deprived communities overall, the relationship between cancer and socio-economic deprivation varies by cancer site.
- During 2018-2022 incidence of cervical cancer, head and neck cancer, kidney cancer, liver cancer, lung cancer, oesophageal cancer, stomach cancer and unknown primary cancer was higher in the most deprived areas than the NI average.
- During 2018-2022 incidence of malignant melanoma and prostate cancer was higher in the least deprived areas than the NI average.

Table 6: Incidence and deprivation by cancer type in 2018-2022

Higher in most deprived areas	Higher in least deprived areas	Not higher in either
Cervical cancer	Malignant melanoma	Bladder cancer
Head and neck cancer	Prostate cancer	Brain cancer (including central nervous system)
Kidney cancer		Breast cancer
Liver cancer		Colorectal cancer
Lung cancer (including trachea)		Gallbladder and other biliary cancer
Oesophageal cancer		Leukaemia
Stomach cancer		Lymphoma
Unknown primary cancer		Multiple myeloma (including plasma cell neoplasms)
		Ovarian cancer (including fallopian tube)
		Pancreatic cancer
		Testicular cancer
		Thyroid cancer
		Uterine cancer

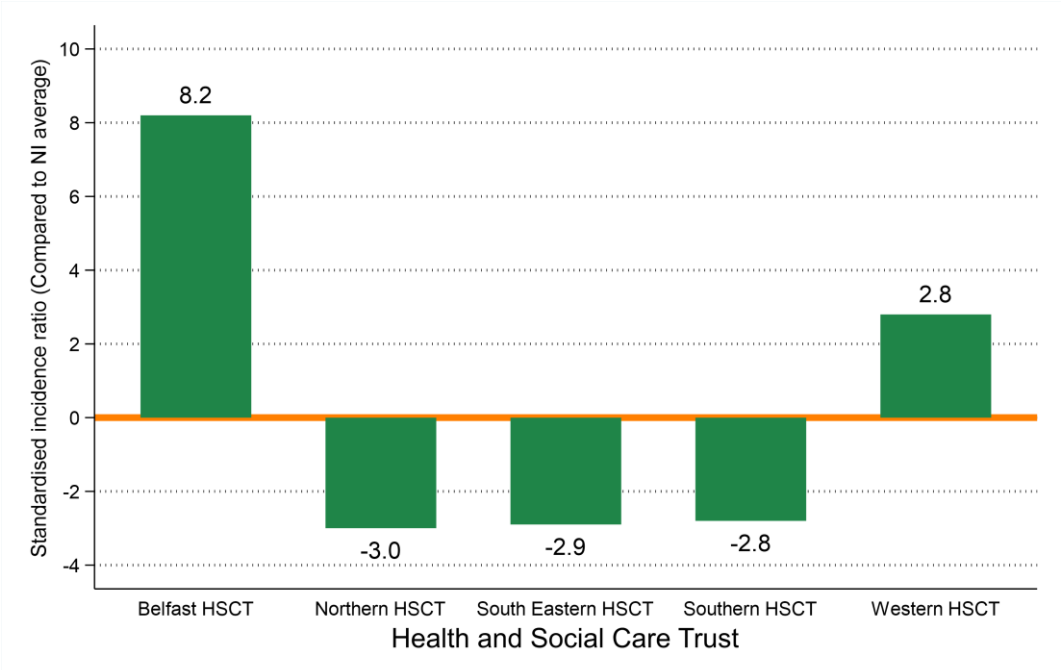
INCIDENCE BY HEALTH AND SOCIAL CARE TRUST

- The number of cases of cancer (ex NMSC) diagnosed during 2018-2022 varied in each Health and Social Care Trust due to variations in population size and age.
- After accounting for these factors, incidence rates:
  - in Belfast HSCT were 8.2% higher than the NI average.
  - in Northern HSCT were 3.0% lower than the NI average.
  - in South Eastern HSCT were 2.9% lower than the NI average.
  - in Southern HSCT were 2.8% lower than the NI average.
  - in Western HSCT were 2.8% higher than the NI average.

Table 7: Number of cases of cancer (ex NMSC) diagnosed in 2018-2022 by Health and Social Care Trust

Health and Social Care Trust	All persons		Male		Female	
	Total cases in period	Average cases per year	Total cases in period	Average cases per year	Total cases in period	Average cases per year
Northern Ireland	**51,596**	**10,319**	**26,392**	**5,278**	**25,204**	**5,041**
	.	.	.	.	.	.
Belfast HSCT	9,979	1,996	4,983	997	4,996	999
Northern HSCT	13,259	2,652	6,876	1,375	6,383	1,277
South Eastern HSCT	10,543	2,109	5,412	1,082	5,131	1,026
Southern HSCT	9,509	1,902	4,775	955	4,734	947
Western HSCT	8,300	1,660	4,342	868	3,958	792
Unknown	6	1	4	1	2	0

Figure 13: Standardised incidence ratio comparing Health and Social Care Trust to Northern Ireland for cancer (ex NMSC) diagnosed in 2018-2022



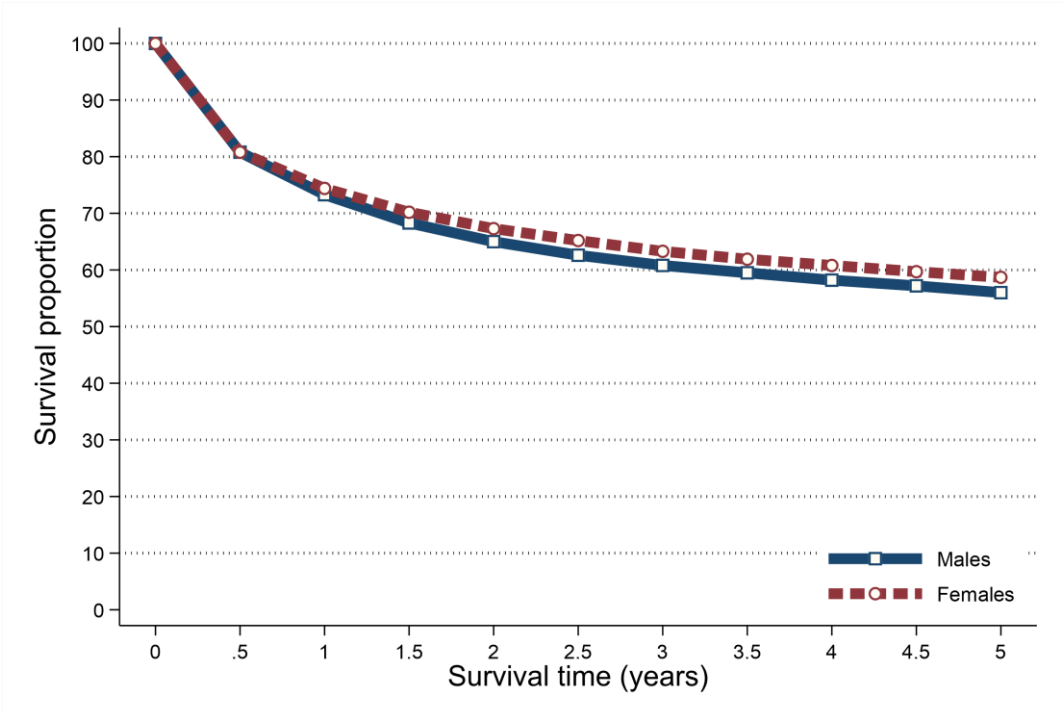
SURVIVAL

- 71.6% of patients were alive one year and 50.6% were alive five years from a cancer (ex NMSC) diagnosis in 2013-2017. (observed survival)
- Age-standardised net survival (ASNS), which removes the effect of deaths from causes unrelated to cancer, was 73.8% one year and 57.4% five years from a cancer (ex NMSC) diagnosis in 2013-2017.
- Five-year survival (ASNS) for cancer (ex NMSC) patients diagnosed in 2013-2017 was 56.0% among men and 58.7% among women.

Table 8: Survival from cancer (ex NMSC) for patients diagnosed in 2013-2017

Time since diagnosis	All persons		Male		Female	
	Observed survival	Age-standardised net survival	Observed survival	Age-standardised net survival	Observed survival	Age-standardised net survival
6 months	79.3%	80.8%	78.6%	80.8%	80.0%	80.8%
One year	71.6%	73.8%	70.1%	73.3%	73.0%	74.4%
Two years	62.6%	66.2%	60.2%	65.0%	65.0%	67.3%
Five years	50.6%	57.4%	47.4%	56.0%	53.8%	58.7%

Figure 14: Age-standardised net survival from cancer (ex NMSC) for patients diagnosed in 2013-2017



Observed survival examines the time between diagnosis and death from any cause, however, due to the inclusion of non-cancer deaths it may not fully reflect how changes in cancer care impact survival from cancer.

Age-standardised net survival provides an estimate of patient survival which has been adjusted to take account of deaths unrelated to cancer. It is more widely used to assess the impact of changes in cancer care on patient survival.

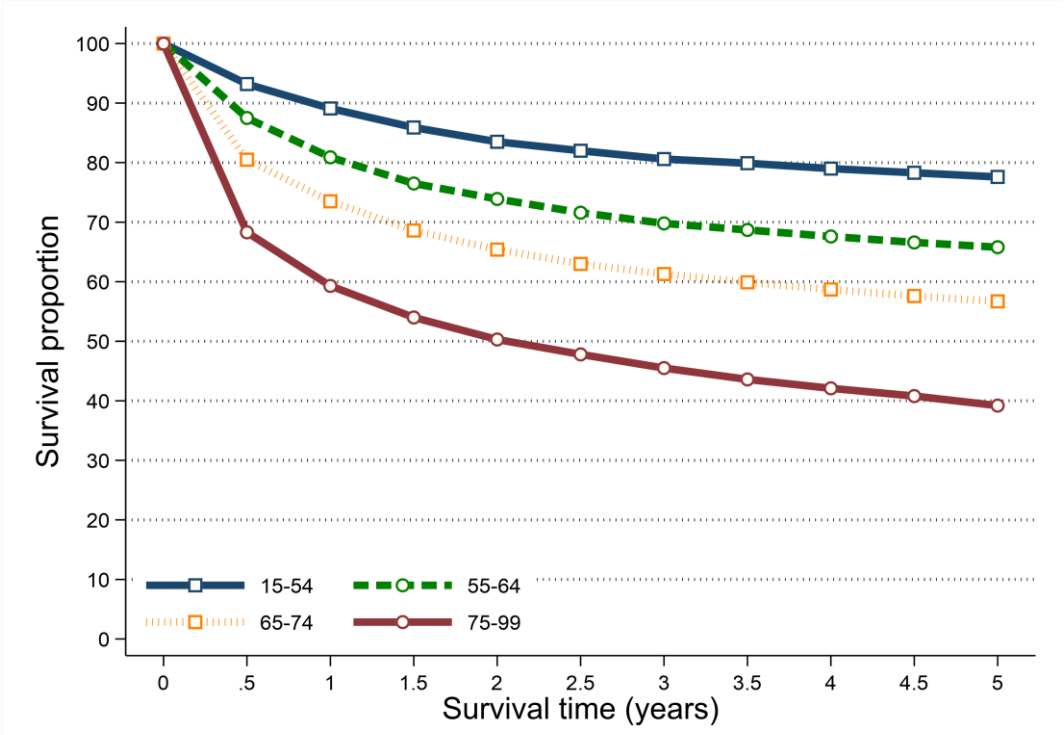
SURVIVAL BY AGE

- Survival from cancer (ex NMSC) among patients diagnosed during 2013-2017 was related to age with better five-year survival among younger age groups.
- Five-year net survival ranged from 77.6% among patients aged 15 to 54 at diagnosis to 39.2% among those aged 75 to 99.
- Five-year net survival for cancer (ex NMSC) patients aged 75 to 99 at diagnosis in 2013-2017 was 40.6% among men compared to 37.7% among women.

Table 9: Net survival from cancer (ex NMSC) for patients diagnosed in 2013-2017 by age at diagnosis

Age group	All persons		Male		Female	
	One-year	Five-years	One-year	Five-years	One-year	Five-years
15 to 54	89.1%	77.6%	83.8%	69.7%	92.3%	82.3%
55 to 64	80.9%	65.8%	78.9%	62.8%	83.0%	68.9%
65 to 74	73.5%	56.7%	73.1%	57.0%	73.9%	56.3%
75 to 99	59.3%	39.2%	62.1%	40.6%	56.4%	37.7%

Figure 15: Net survival from cancer (ex NMSC) for patients diagnosed in 2013-2017 by age at diagnosis

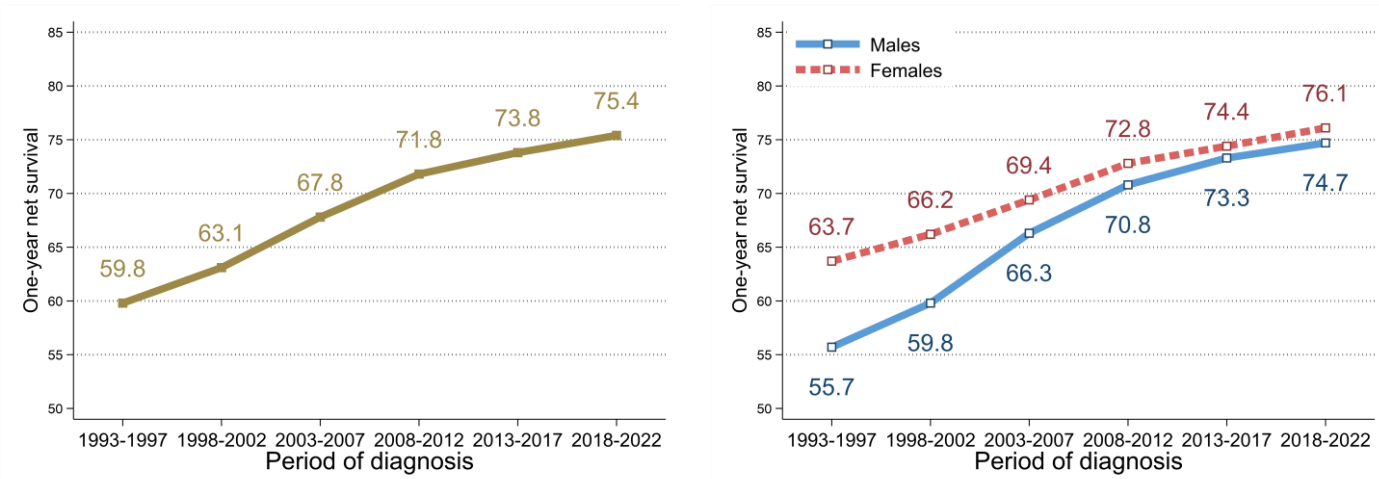


SURVIVAL TRENDS

ONE-YEAR NET SURVIVAL

- Between 2013-2017 and 2018-2022 there was a significant increase from 73.8% to 75.4% in one-year survival (ASNS) from cancer (ex NMSC). This increase was significant for males (73.3% to 74.7%) and females (74.4% to 76.1%).
- Compared to 1993-1997 one-year survival (ASNS) from cancer (ex NMSC) in 2018-2022 increased significantly from 59.8% to 75.4%. This increase was significant for males (55.7% to 74.7%) and females (63.7% to 76.1%).

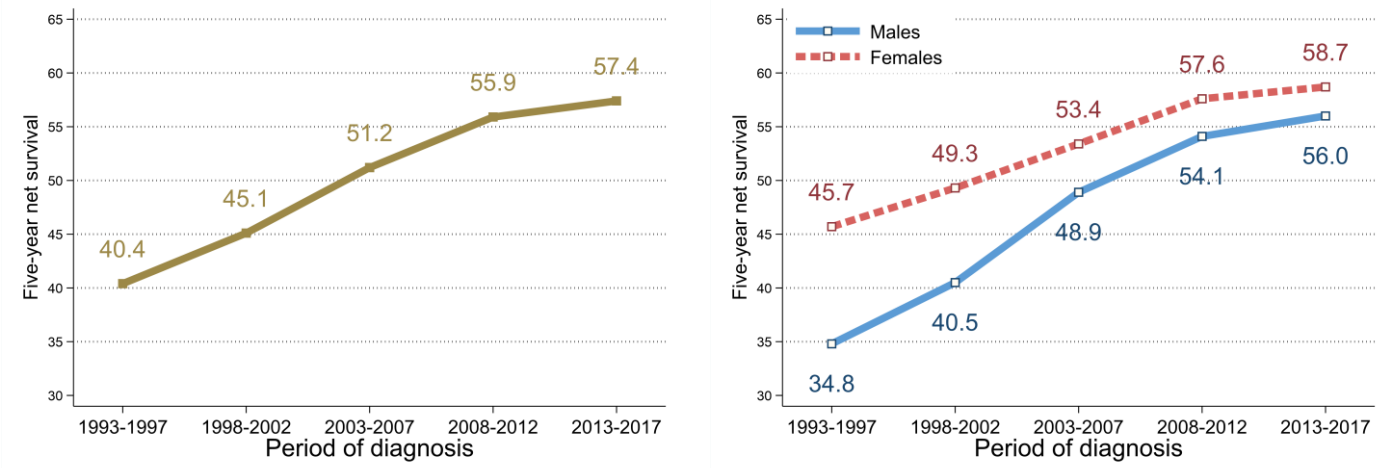
Figure 16: Trends in one-year age-standardised net survival from cancer (ex NMSC) in 1993-2022



FIVE-YEAR NET SURVIVAL

- Between 2008-2012 and 2013-2017 there was a significant increase from 55.9% to 57.4% in five-year survival (ASNS) from cancer (ex NMSC). This increase was significant for males (54.1% to 56.0%) but not females.
- Compared to 1993-1997 five-year survival (ASNS) from cancer (ex NMSC) in 2013-2017 increased significantly from 40.4% to 57.4%. This increase was significant for males (34.8% to 56.0%) and females (45.7% to 58.7%).

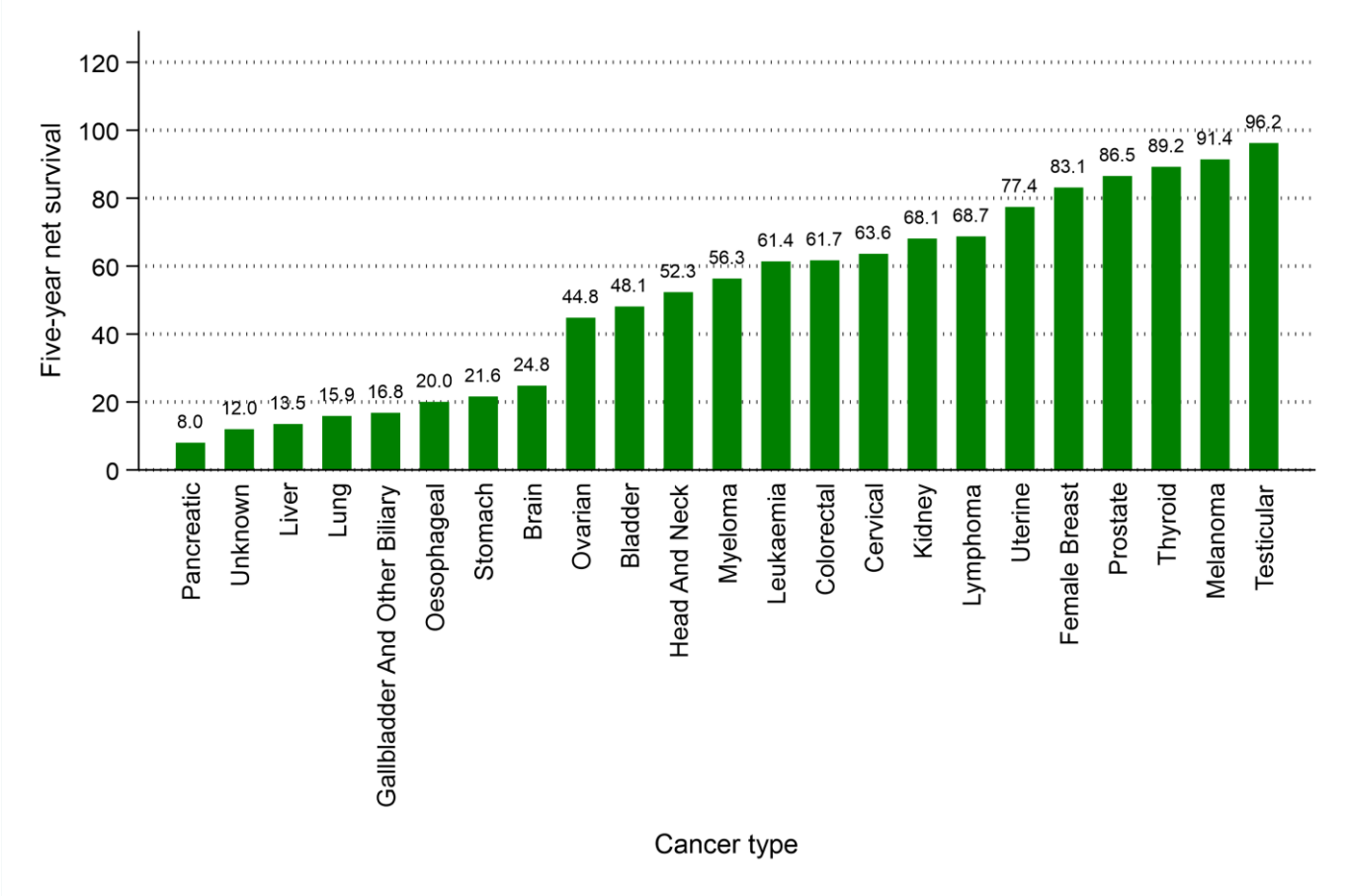
Figure 17: Trends in five-year age-standardised net survival from cancer (ex NMSC) in 1993-2017



SURVIVAL BY CANCER TYPE

- Five-year survival (ASNS) for patients diagnosed in 2013-2017 ranged from 96.2% for testicular cancer to 8.0% for pancreatic cancer.
- In particular five-year survival (ASNS) for the most common cancer types was 83.1% for female breast cancer, 15.9% for lung cancer (including trachea), 86.5% for prostate cancer and 61.7% for colorectal cancer.

Figure 18: Five-year age-standardised net survival from cancer (ex NMSC) for patients diagnosed in 2013-2017 by cancer type



- Five-year survival (ASNS) showed significant improvement between 2008-2012 and 2013-2017 for kidney cancer and lung cancer (including trachea).
- Five-year survival (ASNS) did not decrease significantly for any cancer type between 2008-2012 and 2013-2017.

Table 10: Trends in five-year age-standardised net survival from cancer (ex NMSC) for patients diagnosed in 2008-2017

Cancer type	All persons		Male		Female	
	2008-2012	2013-2017	2008-2012	2013-2017	2008-2012	2013-2017
Bladder cancer	51.4%	48.1%	56.9%	50.8%	38.0%	41.4%
Brain cancer (including central nervous system)	23.9%	24.8%	22.0%	21.6%	26.9%	28.9%
Breast cancer (Female only)					81.8%	83.1%
Cervical cancer					66.3%	63.6%
Colorectal cancer	60.4%	61.7%	60.2%	62.5%	60.7%	60.7%
Gallbladder and other biliary cancer	10.9%	16.8%	10.1%	19.1%	11.5%	15.1%
Head and neck cancer	52.1%	52.3%	51.7%	52.1%	52.8%	52.6%
Kidney cancer	60.5%	68.1%*	59.1%	64.4%	62.3%	74.7%*
Leukaemia	58.6%	61.4%	57.7%	62.7%	59.8%	59.6%
Liver cancer	12.0%	13.5%	10.6%	15.3%	15.3%	10.2%
Lung cancer (including trachea)	11.1%	15.9%*	10.6%	13.9%*	11.8%	18.2%*
Lymphoma	64.9%	68.7%	62.2%	68.3%	67.9%	69.3%
Malignant melanoma	91.3%	91.4%	88.2%	89.7%	93.7%	92.9%
Multiple myeloma (including plasma cell neoplasms)	51.0%	56.3%	53.9%	53.1%	47.2%	60.4%
Oesophageal cancer	19.3%	20.0%	17.4%	20.0%	23.0%	19.8%
Ovarian cancer (including fallopian tube)					42.1%	44.8%
Pancreatic cancer	5.3%	8.0%	4.8%	9.0%	5.8%	6.9%
Prostate cancer			87.0%	86.5%		
Stomach cancer	20.7%	21.6%	20.4%	20.1%	21.2%	24.3%
Testicular cancer			91.4%	96.2%		
Thyroid cancer	81.1%	89.2%	78.9%	86.9%	81.9%	90.1%
Unknown primary cancer	11.2%	12.0%	10.4%	13.0%	11.9%	11.1%
Uterine cancer					78.3%	77.4%

** Significant change between time periods.*

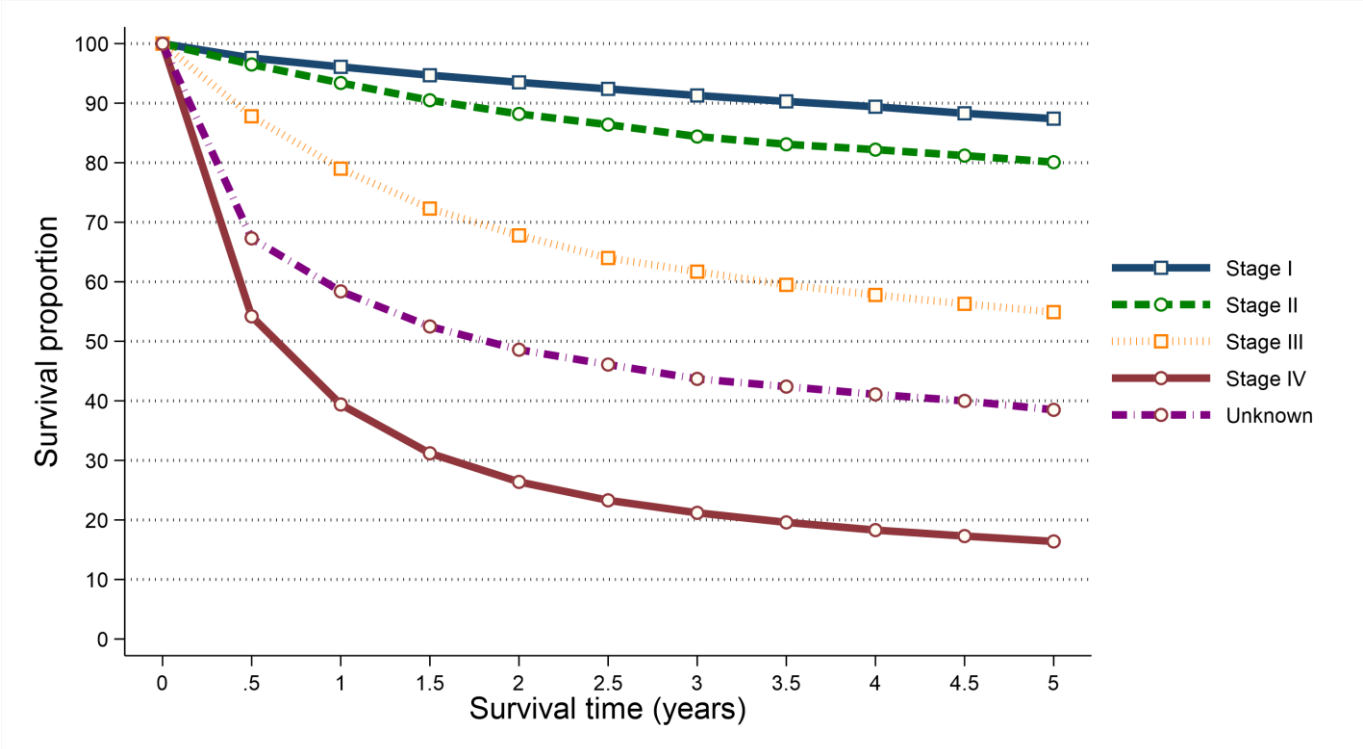
SURVIVAL BY STAGE

- Survival from cancer (ex NMSC) among patients diagnosed during 2013-2017 was strongly related to stage with better five-year survival among those diagnosed at earlier stages.
- Five-year survival (ASNS) ranged from 87.4% among patients diagnosed at Stage I to 16.4% among those diagnosed at Stage IV.
- Five-year survival (ASNS) for cancer (ex NMSC) patients diagnosed at Stage IV in 2013-2017 was 19.2% among men compared to 12.4% among women.

Table 11: Age-standardised net survival from cancer (ex NMSC) for patients diagnosed in 2013-2017 by stage at diagnosis

Stage at diagnosis	All persons		Male		Female	
	One-year	Five-years	One-year	Five-years	One-year	Five-years
Stage I	96.1%	87.4%	96.0%	86.4%	96.2%	88.2%
Stage II	93.4%	80.1%	93.4%	80.6%	93.3%	79.7%
Stage III	79.0%	54.9%	81.3%	60.5%	76.3%	48.5%
Stage IV	39.4%	16.4%	43.3%	19.2%	33.9%	12.4%
Unknown	58.4%	38.5%	58.9%	38.6%	57.9%	38.4%

Figure 19: Age-standardised net survival from cancer (ex NMSC) for patients diagnosed in 2013-2017 by stage at diagnosis



PREVALENCE

- At the end of 2022, there were 73,994 people (Males: 33,425; Females: 40,569) living with cancer (ex NMSC) who had been diagnosed with the disease during 1998-2022.
- Of these 11.5% had been diagnosed in the previous year (one-year prevalence) and 67.3% in the previous 10 years (ten-year prevalence).
- 35.4% of cancer (ex NMSC) survivors were aged 75 and over at the end of 2022.

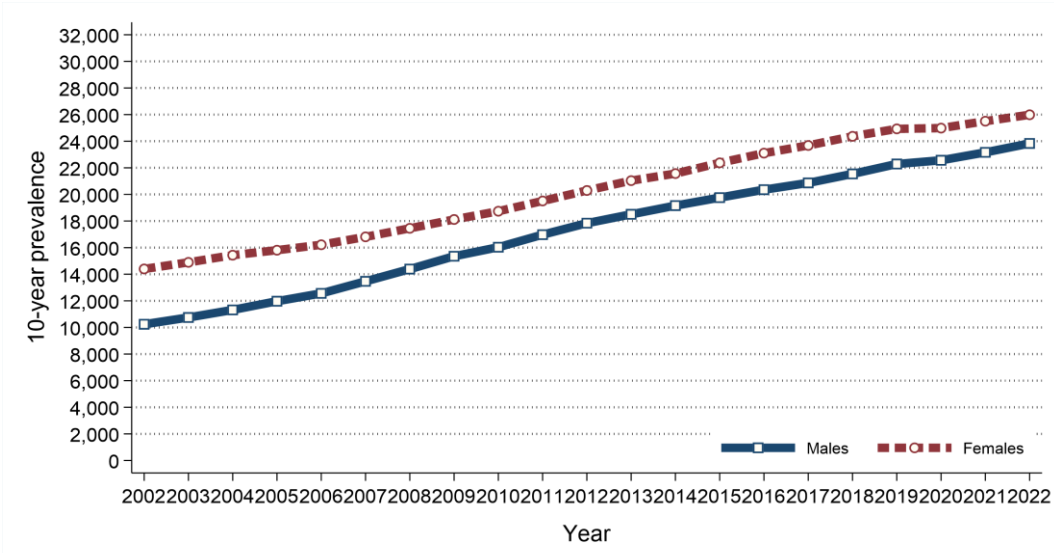
Table 12: 25-year prevalence of cancer (ex NMSC) by age at end of 2022

Gender	Age at end of 2022	25-year prevalence	Time since diagnosis			
			0 to 1 year	1 to 5 years	5 to 10 years	10 to 25 years
All persons	All ages	73,994	8,512	22,543	18,764	24,175
	0 to 74	47,819	5,861	15,582	12,249	14,127
	75 and over	26,175	2,651	6,961	6,515	10,048
Male	All ages	33,425	4,333	10,992	8,505	9,595
	0 to 74	20,083	2,891	7,107	5,113	4,972
	75 and over	13,342	1,442	3,885	3,392	4,623
Female	All ages	40,569	4,179	11,551	10,259	14,580
	0 to 74	27,736	2,970	8,475	7,136	9,155
	75 and over	12,833	1,209	3,076	3,123	5,425

PREVALENCE TRENDS

- 10-year prevalence of cancer (ex NMSC) among males increased between 2017 and 2022 by 14.2% from 20,866 survivors to 23,830 survivors.
- 10-year prevalence of cancer (ex NMSC) among females increased between 2017 and 2022 by 9.7% from 23,681 survivors to 25,989 survivors.

Figure 20: Trends in 10-year prevalence of cancer (ex NMSC) in 2002-2022



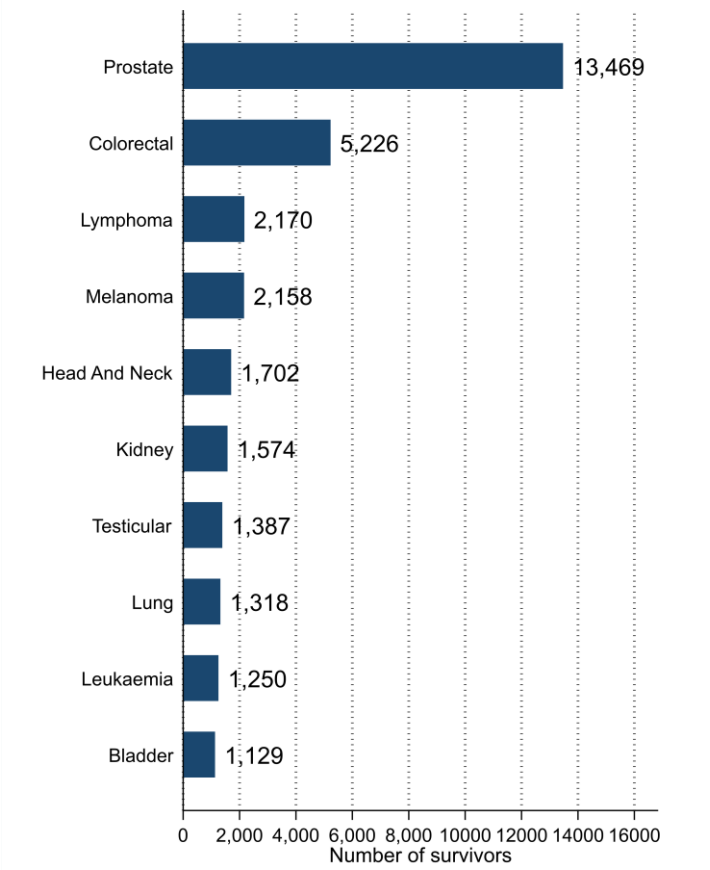
Year	10-year prevalence	
	Males	Females
2013	18,506	21,038
2014	19,159	21,568
2015	19,761	22,374
2016	20,356	23,104
2017	20,866	23,681
2018	21,542	24,367
2019	22,287	24,927
2020	22,567	24,986
2021	23,162	25,505
2022	23,830	25,989

PREVALENCE BY CANCER TYPE

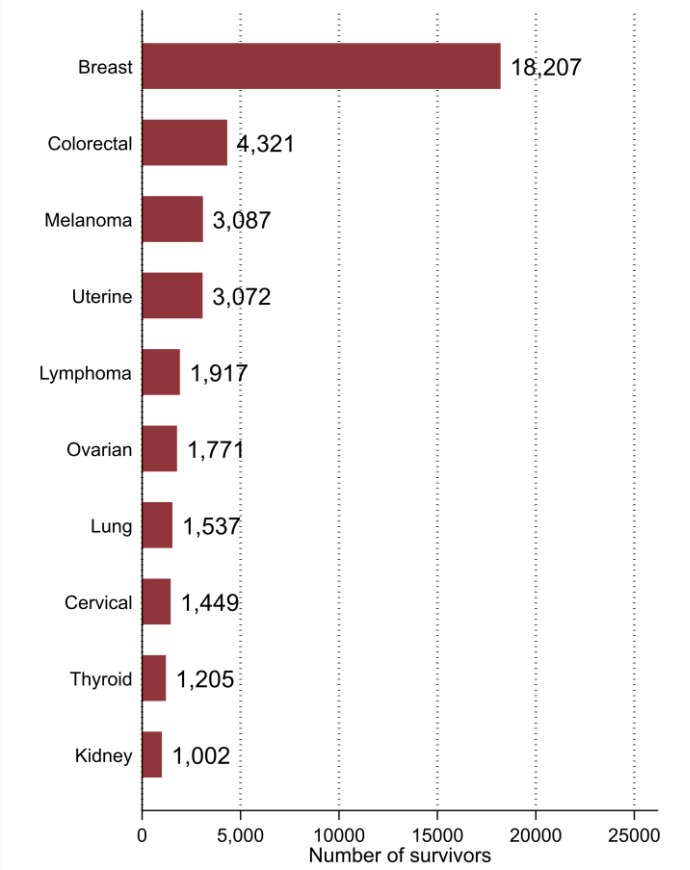
- At the end of 2022 the most prevalent cancer types among males were prostate cancer (13,469), colorectal cancer (5,226) and lymphoma (2,170). Among females they were breast cancer (18,207), colorectal cancer (4,321) and malignant melanoma (3,087).

Figure 21: 25-year prevalence of cancer (ex NMSC) at the end of 2022 by cancer type

MALE



FEMALE



MORTALITY

- There were 22,620 deaths from cancer (excluding non-melanoma skin cancer) during 2018-2022 in Northern Ireland. On average this was 4,524 deaths per year.
- During this period 47.6% of cancer (ex NMSC) deaths were among women (Male deaths: 11,853, Female deaths: 10,767). On average there were 2,371 male and 2,153 female deaths from cancer (ex NMSC) per year.
- The median age of patients who died from cancer (ex NMSC) during 2018-2022 was 75 years (Males: 75, Females: 76).
- The risk of dying from cancer (ex NMSC) varied by age, with 52.4% of men and 53.9% of women who died from cancer (ex NMSC) aged 75 and over at death.
- In contrast, 7.1% of patients who died from cancer (ex NMSC) were aged 0 to 54 at death.

Figure 22: Average number of deaths from cancer (ex NMSC) per year in 2018-2022 by age at death

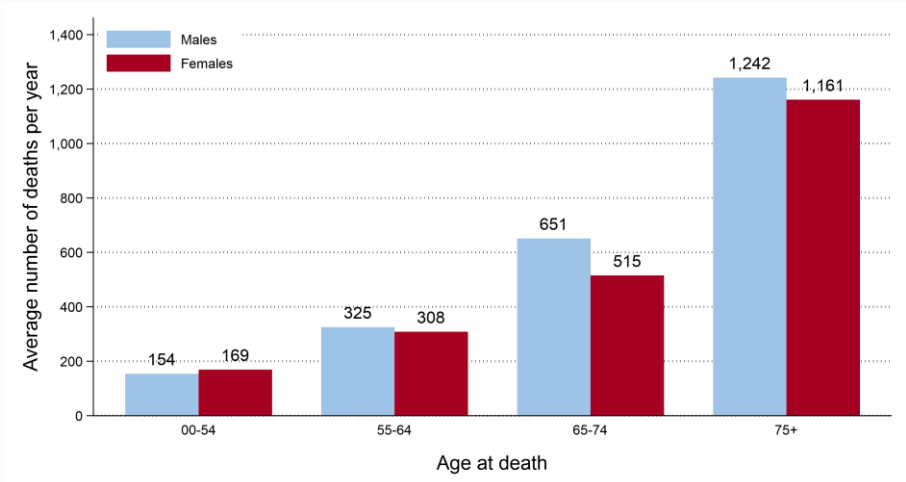
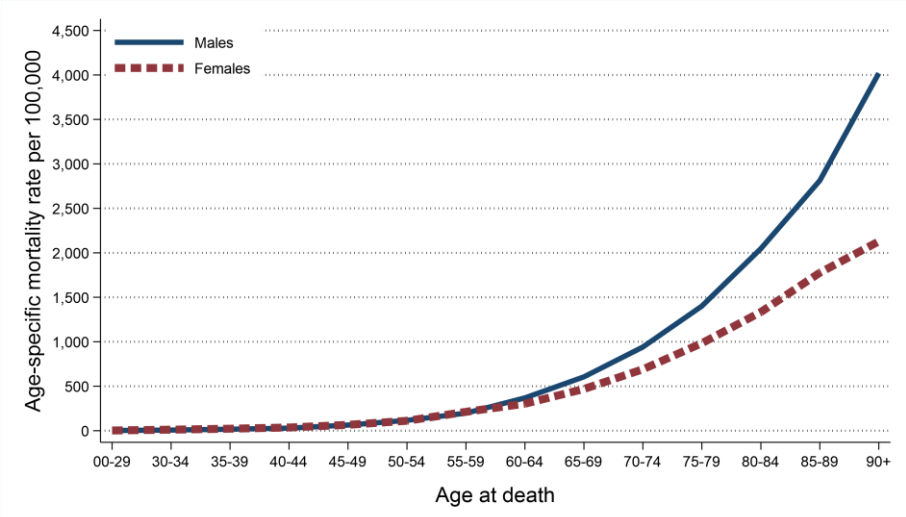


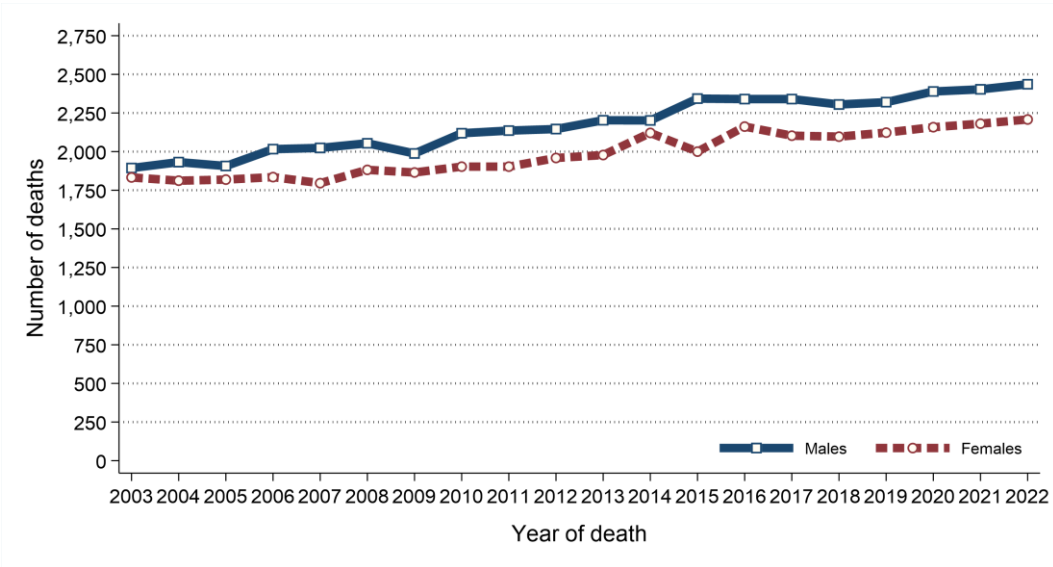
Figure 23: Age-specific mortality rates of cancer (ex NMSC) in 2018-2022



MORTALITY TRENDS

- The number of deaths from cancer (ex NMSC) among males increased between 2013-2017 and 2018-2022 by 3.7% from 11,428 deaths (2,286 deaths per year) to 11,853 deaths (2,371 deaths per year).
- The number of deaths from cancer (ex NMSC) among females increased between 2013-2017 and 2018-2022 by 3.9% from 10,364 deaths (2,073 deaths per year) to 10,767 deaths (2,153 deaths per year).

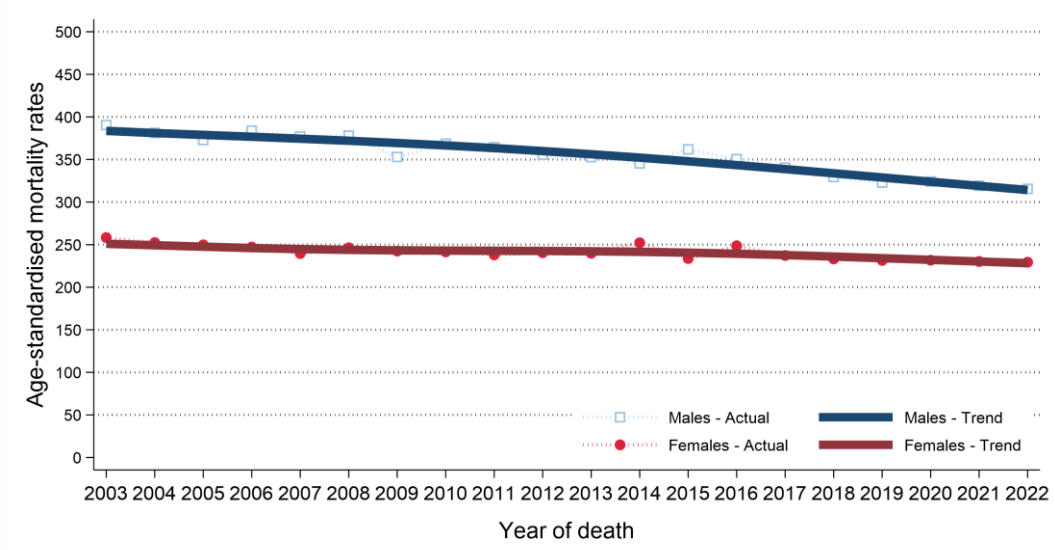
Figure 24: Trends in the number of deaths from cancer (ex NMSC) from 2003 to 2022



Year of death	Number of deaths	
	Males	Females
2013	2,203	1,978
2014	2,202	2,121
2015	2,343	2,000
2016	2,340	2,162
2017	2,340	2,103
2018	2,305	2,097
2019	2,320	2,123
2020	2,389	2,158
2021	2,403	2,181
2022	2,436	2,208

- Male age-standardised cancer (ex NMSC) mortality rates decreased between 2013-2017 and 2018-2022 by 8.0% from 350.2 to 322.1 deaths per 100,000 males. This change was statistically significant.
- Female age-standardised cancer (ex NMSC) mortality rates decreased between 2013-2017 and 2018-2022 by 4.7% from 242.4 to 231.1 deaths per 100,000 females. This change was statistically significant.

Figure 25: Trends in mortality rates of cancer (ex NMSC) from 2003 to 2022



Age-standardised mortality rates illustrate the change in the number of deaths within a population of a fixed size and age structure (2013 European Standard).

They thus represent changes other than those caused by population growth and/or ageing.

Trends can also be influenced by changes in how cancer is classified and coded.

MORTALITY BY CANCER TYPE

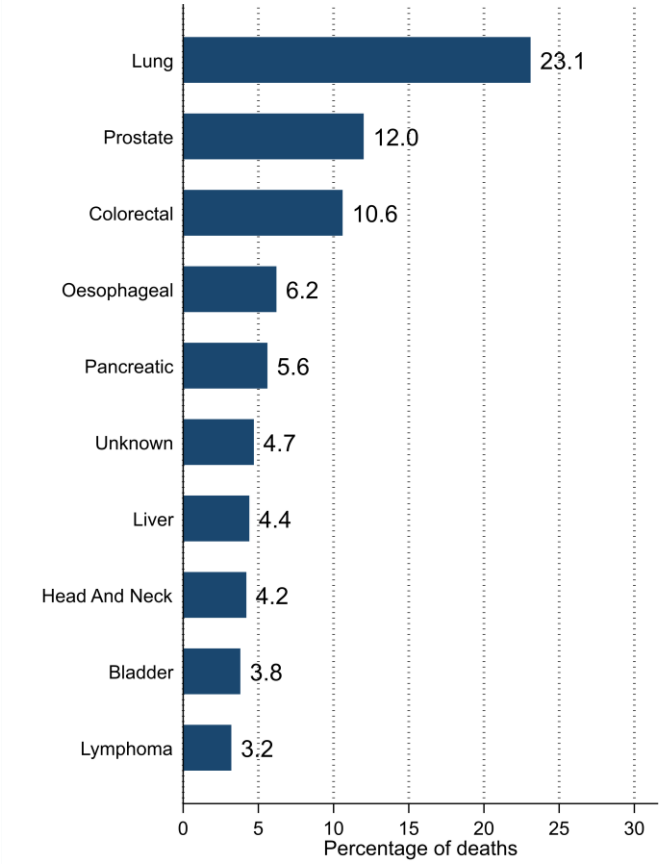
- During 2018-2022 the most common causes of cancer (ex NMSC) death among males were lung cancer (including trachea) (23.1%), prostate cancer (12.0%) and colorectal cancer (10.6%).
- Among females they were lung cancer (including trachea) (22.5%), breast cancer (14.4%) and colorectal cancer (9.6%).

Table 13: Number of deaths from cancer (ex NMSC) in 2018-2022 by cancer type

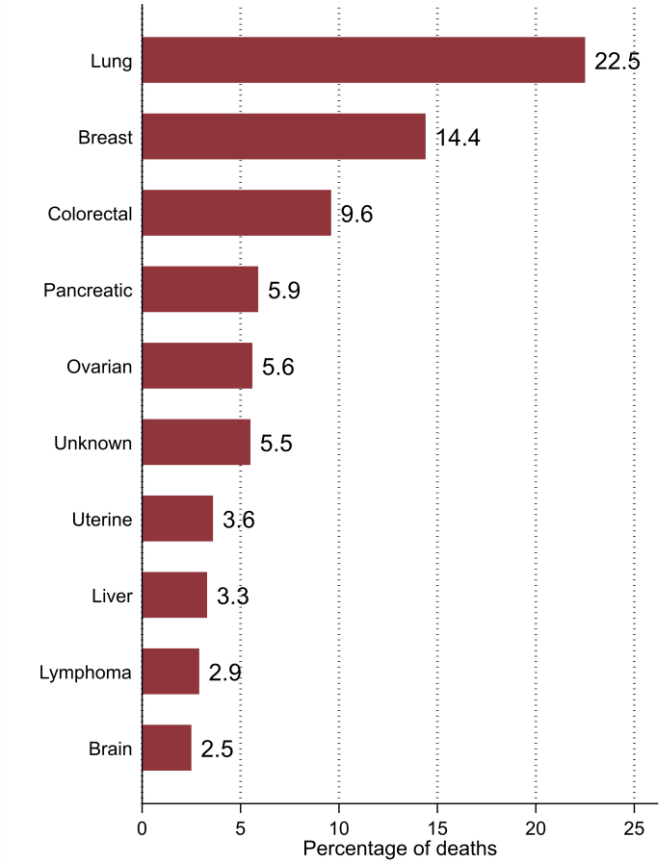
Cancer type	All persons		Male		Female	
	Total deaths in period	Average deaths per year	Total deaths in period	Average deaths per year	Total deaths in period	Average deaths per year
All cancers (ex NMSC)	**22,620**	**4,524**	**11,853**	**2,371**	**10,767**	**2,153**
	.	.	.	.	.	.
Bladder cancer	687	137	455	91	232	46
Brain cancer (including central nervous system)	656	131	385	77	271	54
Breast cancer	1,566	313	16	3	1,550	310
Cervical cancer	103	21	.	.	103	21
Colorectal cancer	2,297	459	1,260	252	1,037	207
Gallbladder and other biliary cancer	191	38	60	12	131	26
Head and neck cancer	697	139	500	100	197	39
Kidney cancer	567	113	366	73	201	40
Leukaemia	546	109	306	61	240	48
Liver cancer	875	175	520	104	355	71
Lung cancer (including trachea)	5,158	1,032	2,738	548	2,420	484
Lymphoma	686	137	376	75	310	62
Malignant melanoma	294	59	169	34	125	25
Multiple myeloma (including plasma cell neoplasms)	430	86	238	48	192	38
Oesophageal cancer	993	199	736	147	257	51
Ovarian cancer (including fallopian tube)	602	120	.	.	602	120
Pancreatic cancer	1,292	258	662	132	630	126
Prostate cancer	1,425	285	1,425	285	.	.
Stomach cancer	581	116	345	69	236	47
Thyroid cancer	57	11	25	5	32	6
Unknown primary cancer	1,149	230	562	112	587	117
Uterine cancer	388	78	.	.	388	78
Other cancer (ex NMSC)	1,380	276	709	142	671	134

Figure 26: Proportion of deaths from cancer (ex NMSC) in 2018-2022 by cancer type

MALE



FEMALE



BACKGROUND NOTES

Cancer classification: Classification of tumour sites is carried out using ICD10 codes. For a listing and explanation of ICD10 codes see: World Health Organisation at http://apps.who.int/classifications/icd10/browse/2010/en#/II

Population data: Population data for Northern Ireland, and smaller geographic areas, are extracted from the NI mid-year population estimates available from the NI Statistics and Research Agency (available at www.nisra.gov.uk).

Geographic areas: Geographic areas are assigned based on a patient's postcode of usual residence at diagnosis using the Jul 2024 Central Postcode Directory (CPD) produced by the NI Statistics and Research Agency (available at www.nisra.gov.uk).

Deprivation quintiles: Super output areas (SOA) are assigned to each patient based on their postcode of usual residence at diagnosis. Using the SOA each patient is assigned a socio-economic deprivation quintile based on the 2017 Multiple Deprivation Measure. The 2017 Multiple Deprivation Measure is available from the NI Statistics and Research Agency (available at www.nisra.gov.uk).

Crude incidence/mortality rate: The number of cases/deaths per 100,000 person years in the population. Person years are the sum of the population over the number of years included.

Age-standardised incidence/mortality rates per 100,000 person years are estimates of the incidence/mortality rate if that population had a standard age structure. Throughout this report the 2013 European Standard Population has been used. Standardising to a common Standard Population allows comparisons of incidence/mortality rates to be made between different time periods and geographic areas while removing the effects of population change and ageing.

Standardised Incidence/Mortality Ratio (SIR/SMR) is the ratio of the number of cases/deaths observed in a population to the expected number of cases/deaths, based upon the age-specific rates in a reference population. This statistic is often used to compare incidence/mortality rates for geographic areas (e.g. Trusts) to the national incidence/mortality rates (i.e. Northern Ireland). An SIR/SMR of 100 indicates there is no difference between the geographic area and the national average.

Confidence intervals measure the precision of a statistic (e.g. cancer (ex NMSC) incidence rate). Typically, when numbers are low, precision is poorer and confidence intervals will be wider. As a general rule, when comparing statistics (e.g. cancer (ex NMSC) incidence rate in year 2012 vs year 2013), if the confidence interval around one statistic overlaps with the interval around another, it is unlikely that there is any real difference between the two. If there is no overlap, the difference is considered to be statistically significant.

Lifetime risk is estimated as the cumulative risk of getting cancer up to age 75/85, calculated directly from the age-specific incidence rates. The odds of developing the disease before age 75/85 is the inverse of the cumulative risk.

Prevalence is the number of cancer patients who are alive in the population on a specific date (31st December 2022 in this report). Since data from the NI Cancer Registry are only available since 1993, prevalence only refers to a fixed term (10 and 25 years in this report). There may be members of the population living with a diagnosis of cancer for more than 25 years.

Patient survival is evaluated using two measures. Observed survival examines the time between diagnosis and death from any cause. It thus represents what cancer patients experience, however, due to the inclusion of non-cancer deaths (e.g. heart disease), it may not reflect how changes in cancer care impact survival from cancer. Thus age-standardised net survival is also examined. This measure provides an estimate of patient survival which has been adjusted to take account of deaths unrelated to cancer. It also assumes a standard age distribution thereby removing the impact of changes in the age distribution of cancer patients on changes in survival over time. While this measure is hypothetical, as it assumes patients can only die from cancer related factors, it is a better indicator of the impact of changes in cancer care on patient survival.