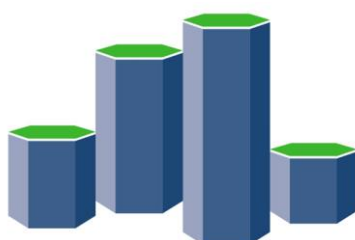

Oral cancer

1993-2022

(ICD10 codes: C00-C14)



Northern Ireland
Cancer Registry

Northern Ireland Cancer Registry, 2025

An official statistics publication

ABOUT THIS REPORT

Contents

This report includes information on incidence of oral 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. Oral cancer: 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.

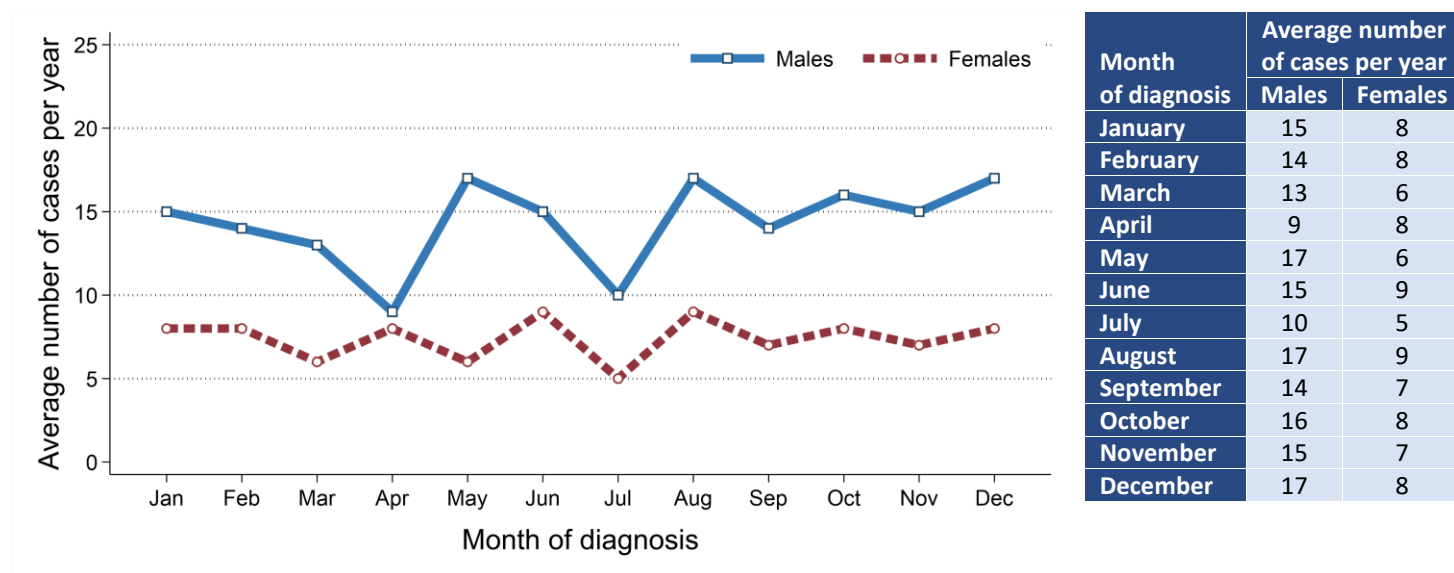
NICR is funded by the Public Health Agency and is based in Queen's University, Belfast.



INCIDENCE

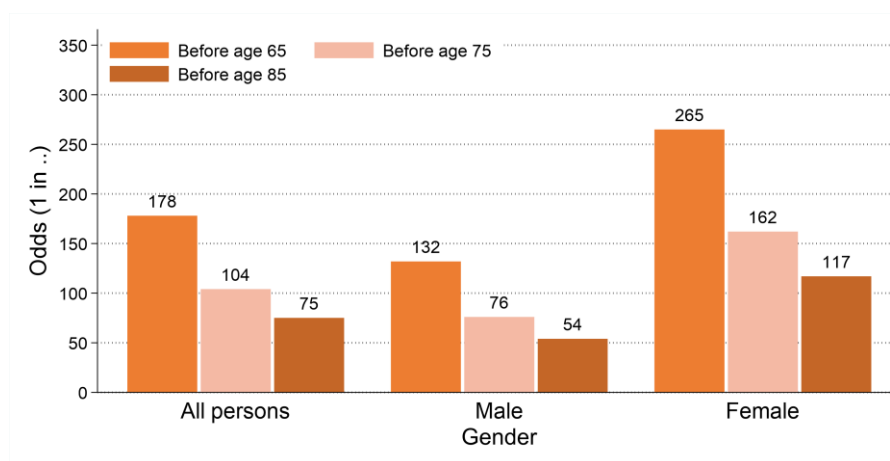
- There were 1,307 cases of oral cancer diagnosed during 2018-2022 in Northern Ireland. On average this was 261 cases per year.
- During this period 34.4% of oral cancer cases were among women (Male cases: 857, Female cases: 450). On average there were 171 male and 90 female cases of oral cancer per year.
- The most common diagnosis month during 2018-2022 was May, August and December among males with 17 cases per year and August and June among females with 9 cases per year.

Figure 1: Average number of cases of oral cancer per year in 2018-2022 by month of diagnosis



- Oral cancer made up 3.2% of all male and 1.8% of all female cancer cases (excluding non-melanoma skin cancer).
- The oral cancer incidence rates for each gender were 18.3 cases per 100,000 males and 9.3 cases per 100,000 females.
- The odds of developing oral cancer before age 85 was 1 in 54 for men and 1 in 117 for women.

Figure 2: Odds of developing oral cancer in 2018-2022



INCIDENCE BY AGE

- The median age of patients diagnosed with oral cancer during 2018-2022 was 64 years (Males: 64, Females: 64).
- The risk of developing oral cancer varied by age, with 18.8% of men and 24.9% of women diagnosed with oral cancer aged 75 and over at diagnosis.
- In contrast, 20.1% of patients diagnosed with oral cancer were aged 0 to 54 at diagnosis.

Figure 3: Average number of cases of oral cancer diagnosed per year in 2018-2022 by age at diagnosis

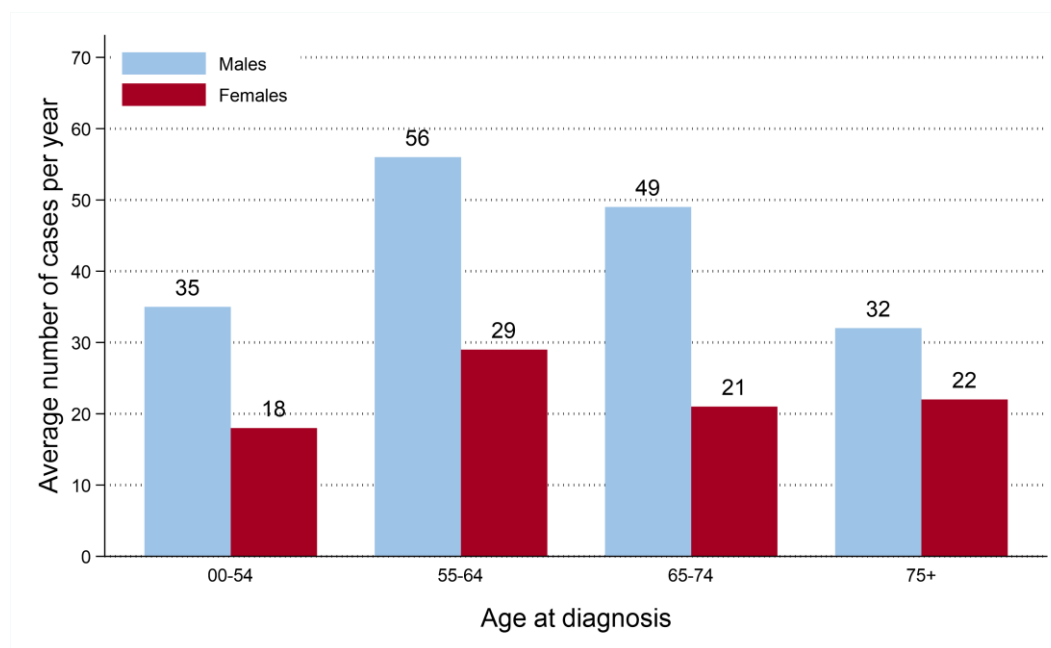
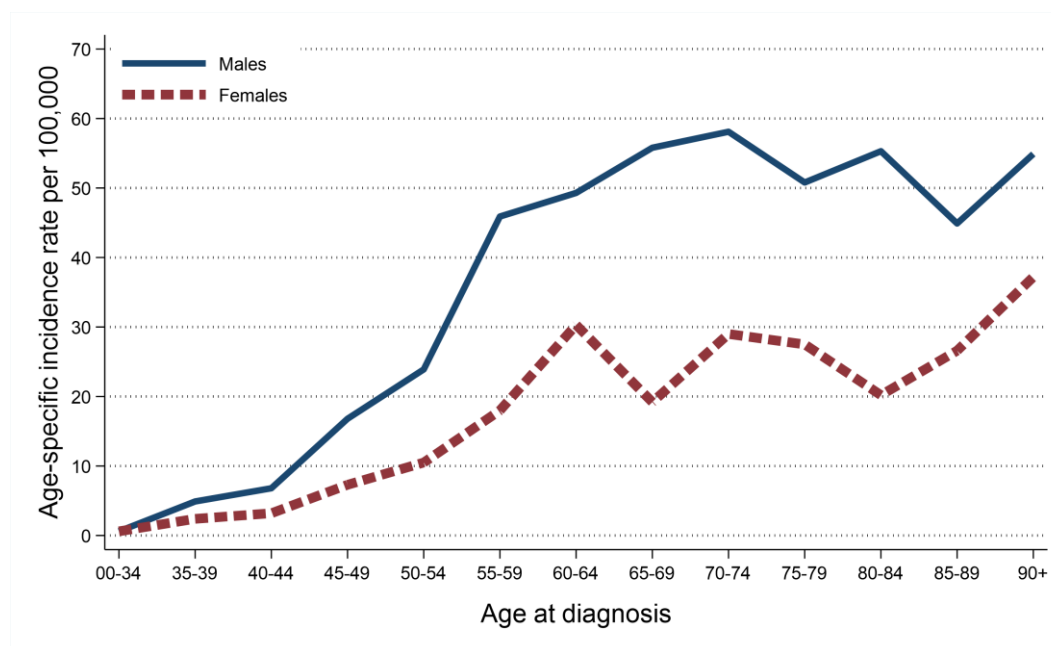


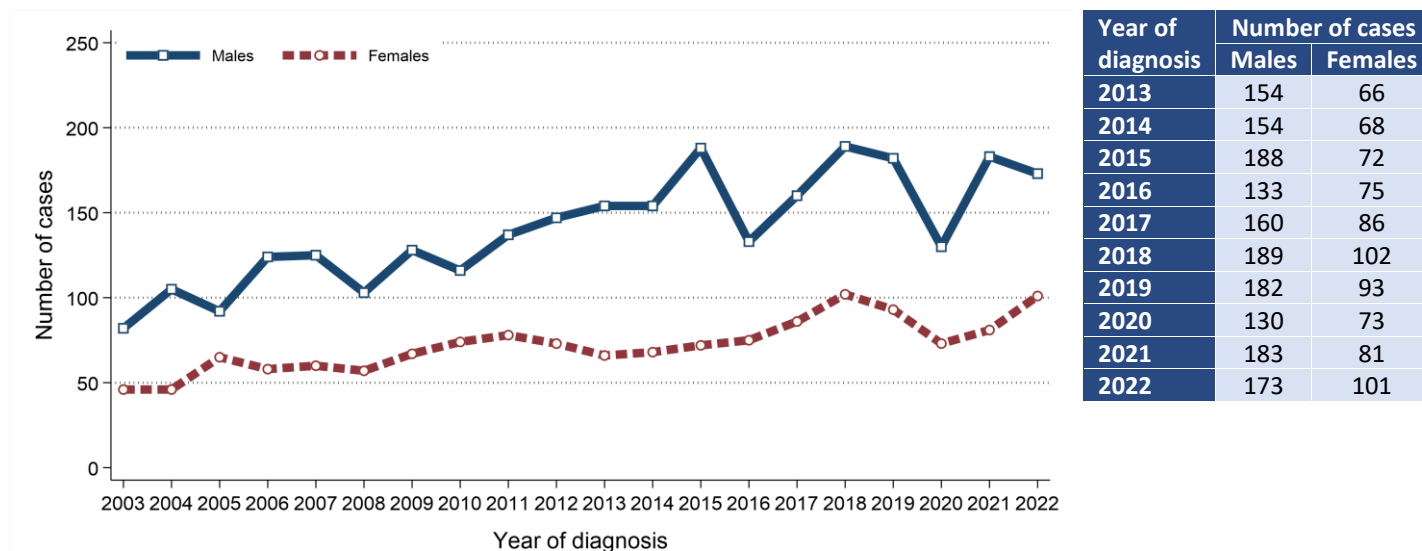
Figure 4: Age-specific incidence rates of oral cancer in 2018-2022



INCIDENCE TRENDS

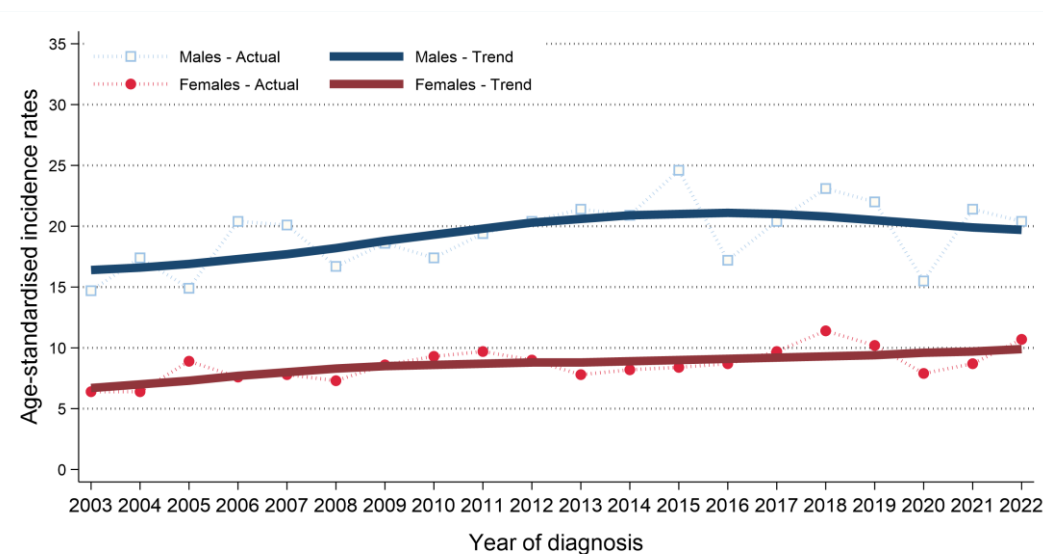
- The number of cases of oral cancer among males increased between 2013-2017 and 2018-2022 by 8.6% from 789 cases (158 cases per year) to 857 cases (171 cases per year).
- The number of cases of oral cancer among females increased between 2013-2017 and 2018-2022 by 22.6% from 367 cases (73 cases per year) to 450 cases (90 cases per year).

Figure 5: Trends in number of cases of oral cancer diagnosed from 2003 to 2022



- Male age-standardised oral cancer incidence rates decreased between 2013-2017 and 2018-2022 by 1.9% from 20.9 to 20.5 cases per 100,000 males. This change was not statistically significant.
- Female age-standardised oral cancer incidence rates increased between 2013-2017 and 2018-2022 by 12.8% from 8.6 to 9.7 cases per 100,000 females. This change was not statistically significant.

Figure 6: Trends in incidence rates of oral cancer 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).

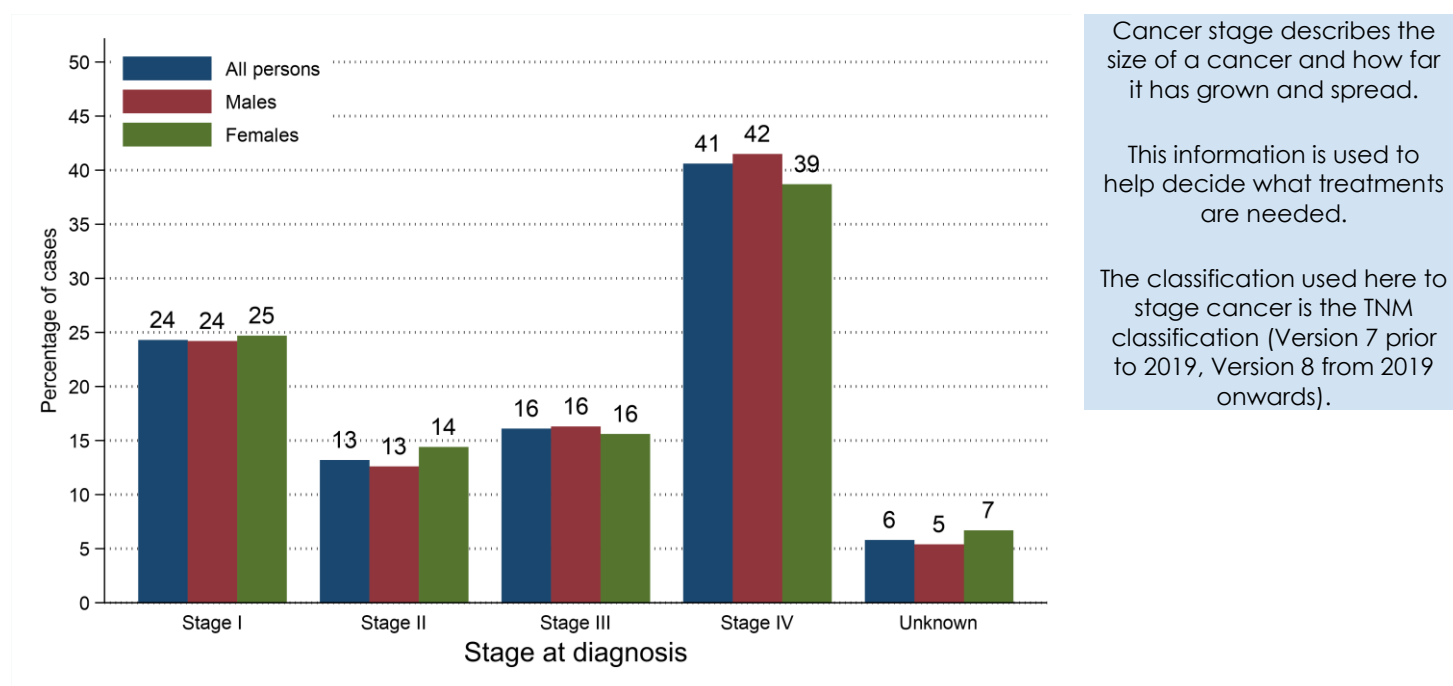
INCIDENCE BY STAGE AT DIAGNOSIS

- During 2018-2022 94.2% of oral cancer cases had a stage assigned.
- 24.3% of oral cancer cases were diagnosed at Stage I. (25.8% of staged cases)
- 40.6% of oral cancer cases were diagnosed at Stage IV. (43.1% of staged cases)

Table 1: Number of cases of oral cancer 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	1,307	261	857	171	450	90
Stage I	318	64	207	41	111	22
Stage II	173	35	108	22	65	13
Stage III	210	42	140	28	70	14
Stage IV	530	106	356	71	174	35
Unknown	76	15	46	9	30	6

Figure 7: Proportion of cases of oral cancer diagnosed in 2018-2022 by stage at diagnosis



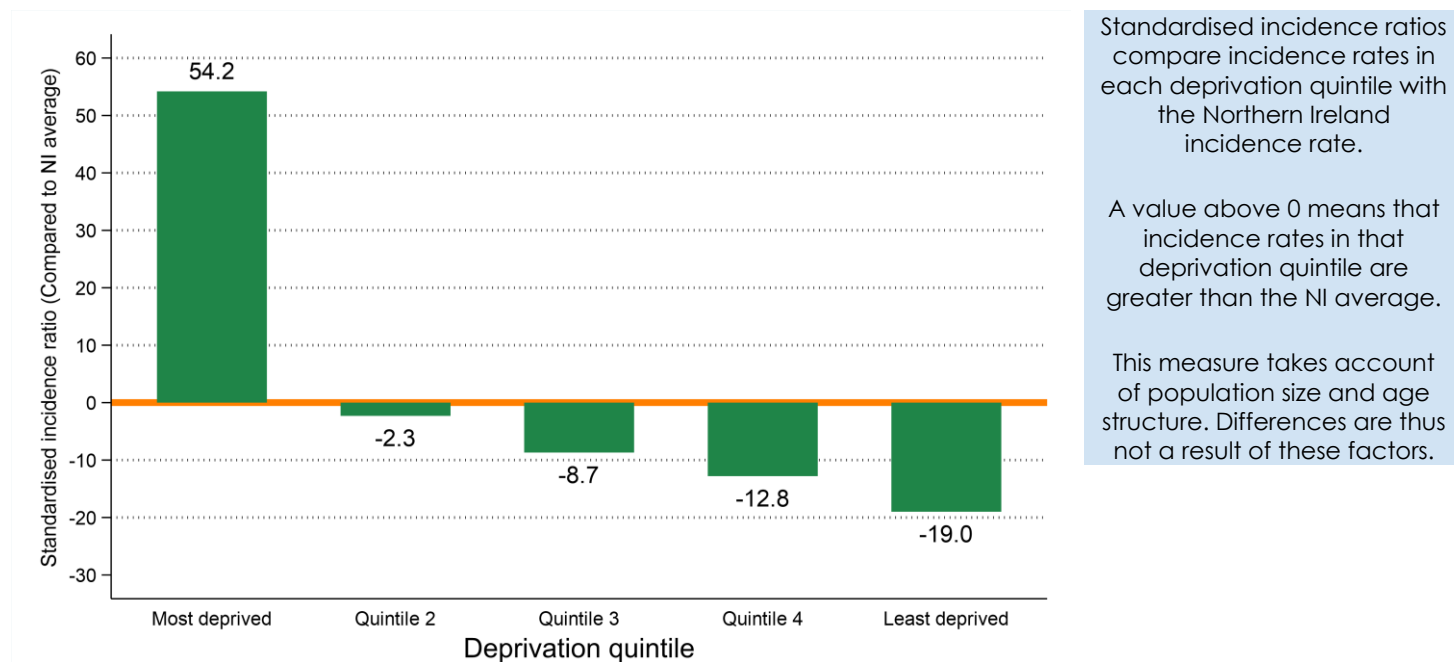
INCIDENCE BY DEPRIVATION

- The number of cases of oral cancer 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 54.2% higher than the NI average.
 - in the least socio-economically deprived areas were 19.0% lower than the NI average.

Table 2: Number of cases of oral cancer 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	1,307	261	857	171	450	90
Most deprived
Quintile 2	335	67	227	45	108	22
Quintile 3	255	51	166	33	89	18
Quintile 4	251	50	155	31	96	19
Least deprived	244	49	161	32	83	17
Unknown	222	44	148	30	74	15
Unknown	0	0	0	0	0	0

Figure 8: Standardised incidence ratio comparing deprivation quintile to Northern Ireland for oral cancer diagnosed in 2018-2022



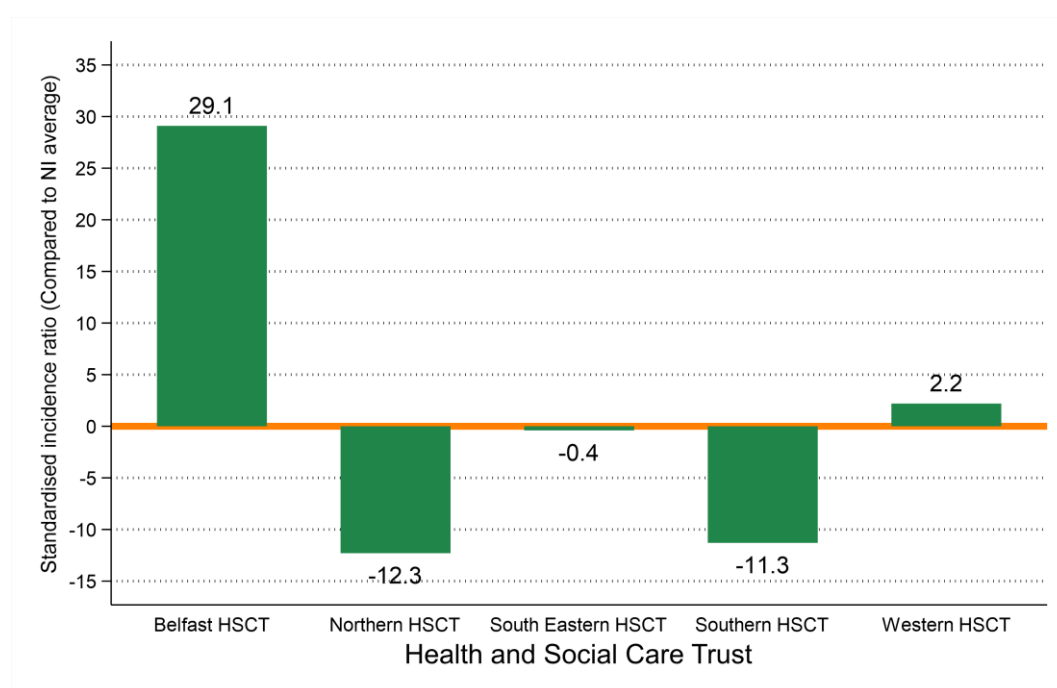
INCIDENCE BY HEALTH AND SOCIAL CARE TRUST

- The number of cases of oral cancer 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 29.1% higher than the NI average.
 - in Northern HSCT were 12.3% lower than the NI average.
 - in South Eastern HSCT did not vary significantly from the NI average.
 - in Southern HSCT did not vary significantly from the NI average.
 - in Western HSCT did not vary significantly from the NI average.

Table 3: Number of cases of oral cancer 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	1,307	261	857	171	450	90
Belfast HSCT	300	60	206	41	94	19
Northern HSCT	302	60	196	39	106	21
South Eastern HSCT	271	54	168	34	103	21
Southern HSCT	222	44	152	30	70	14
Western HSCT	212	42	135	27	77	15
Unknown	0	0	0	0	0	0

Figure 9: Standardised incidence ratio comparing Health and Social Care Trust to Northern Ireland for oral cancer diagnosed in 2018-2022



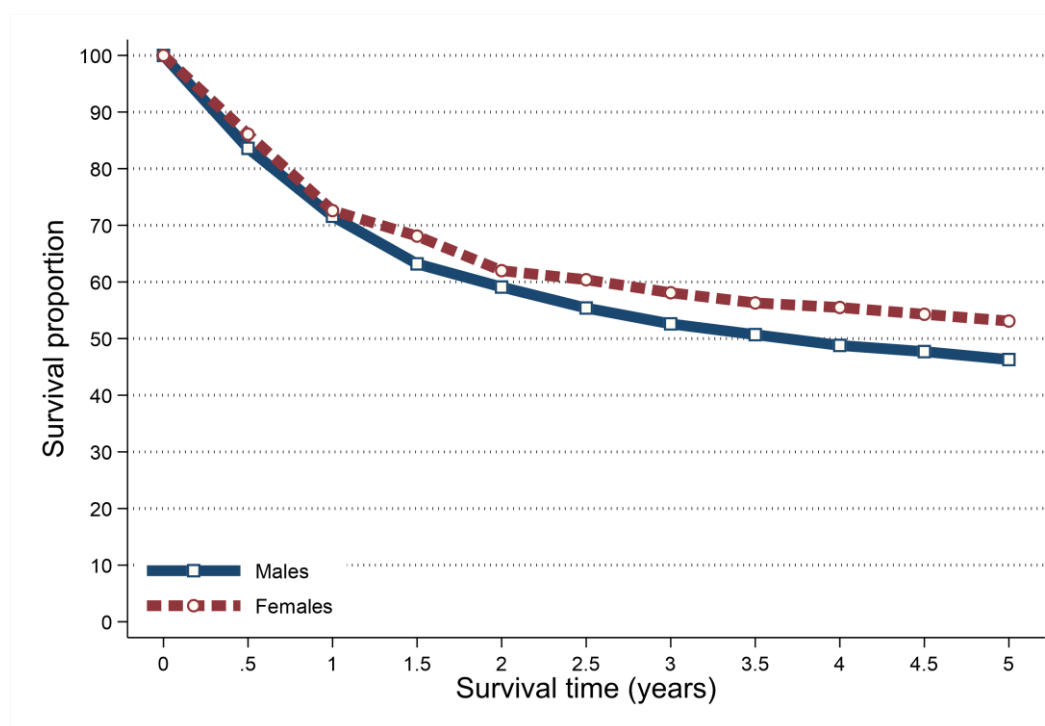
SURVIVAL

- 73.1% of patients were alive one year and 46.9% were alive five years from an oral cancer diagnosis in 2013-2017. (observed survival)
- Age-standardised net survival (ASNS), which removes the effect of deaths from causes unrelated to cancer, was 71.9% one year and 48.4% five years from an oral cancer diagnosis in 2013-2017.
- Five-year survival (ASNS) for oral cancer patients diagnosed in 2013-2017 was 46.3% among men and 53.1% among women.

Table 4: Survival from oral cancer 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	85.3%	84.3%	84.7%	83.6%	86.7%	86.1%
One year	73.1%	71.9%	73.1%	71.6%	73.2%	72.6%
Two years	60.6%	60.0%	59.8%	59.1%	62.3%	62.0%
Five years	46.9%	48.4%	44.8%	46.3%	51.8%	53.1%

Figure 10: Age-standardised net survival from oral cancer 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.

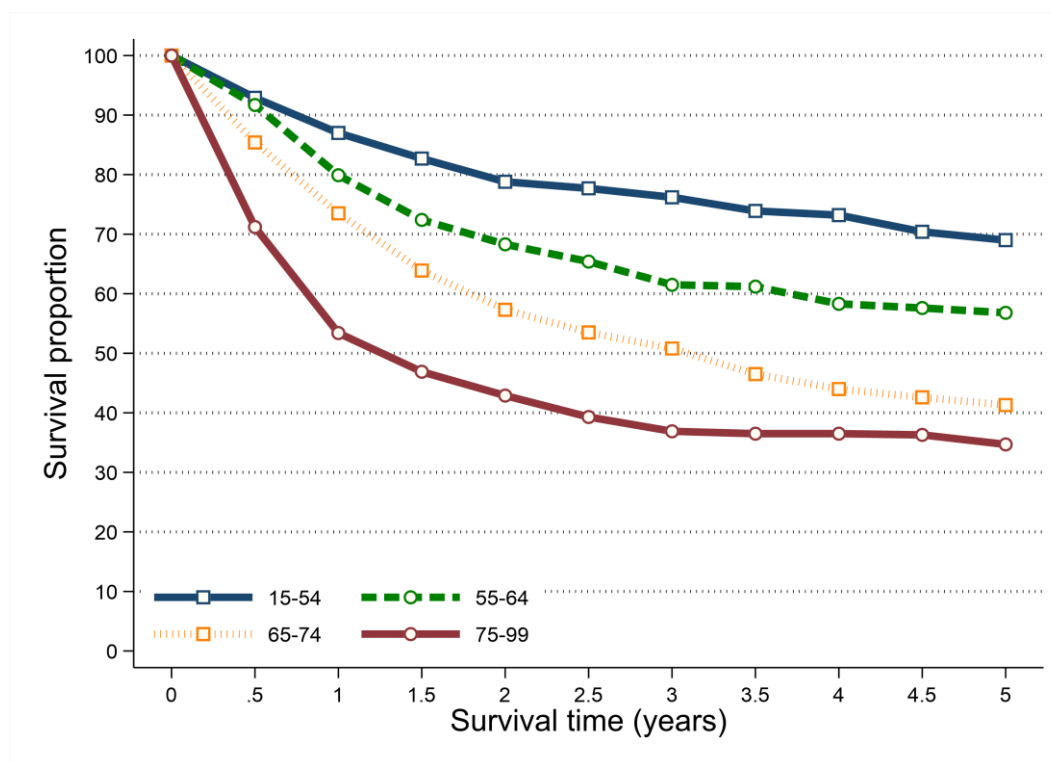
SURVIVAL BY AGE

- Survival from oral cancer 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 69.0% among patients aged 15 to 54 at diagnosis to 34.7% among those aged 75 to 99.

Table 5: Net survival from oral cancer for patients diagnosed in 2013-2017 by age at diagnosis

Age group	All persons	
	One-year	Five-years
15 to 54	87.0%	69.0%
55 to 64	79.9%	56.8%
65 to 74	73.5%	41.3%
75 to 99	53.4%	34.7%

Figure 11: Net survival from oral cancer for patients diagnosed in 2013-2017 by age at diagnosis

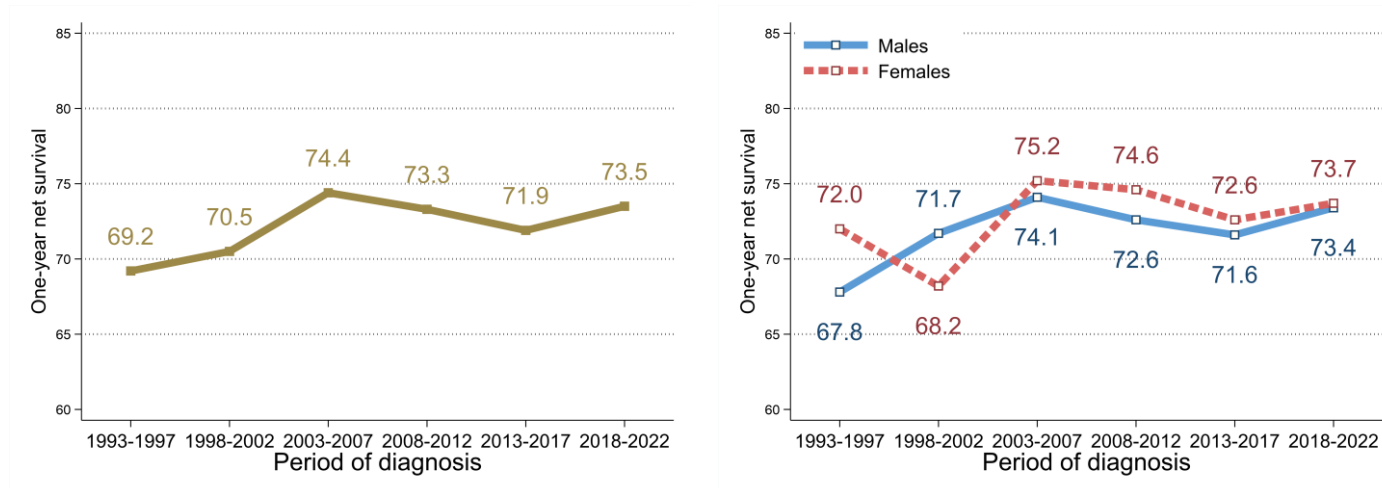


SURVIVAL TRENDS

ONE-YEAR NET SURVIVAL

- Between 2013-2017 and 2018-2022 there was no significant change in one-year survival (ASNS) from oral cancer.
- Compared to 1993-1997 one-year survival (ASNS) from oral cancer in 2018-2022 did not change significantly.

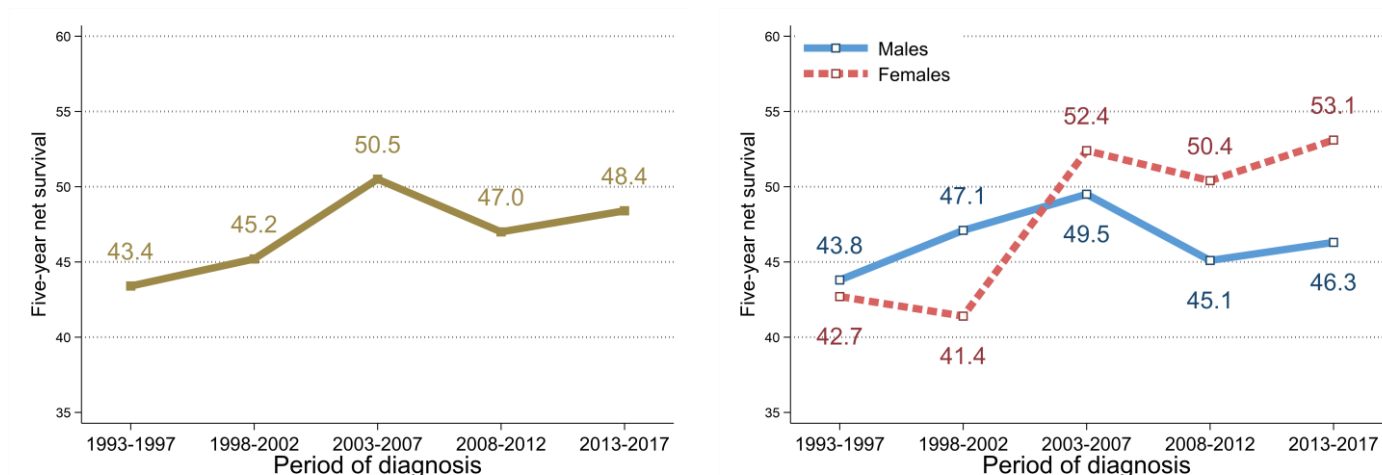
Figure 12: Trends in one-year age-standardised net survival from oral cancer in 1993-2022



FIVE-YEAR NET SURVIVAL

- Between 2008-2012 and 2013-2017 there was no significant change in five-year survival (ASNS) from oral cancer.
- Compared to 1993-1997 five-year survival (ASNS) from oral cancer in 2013-2017 did not change significantly.

Figure 13: Trends in five-year age-standardised net survival from oral cancer in 1993-2017



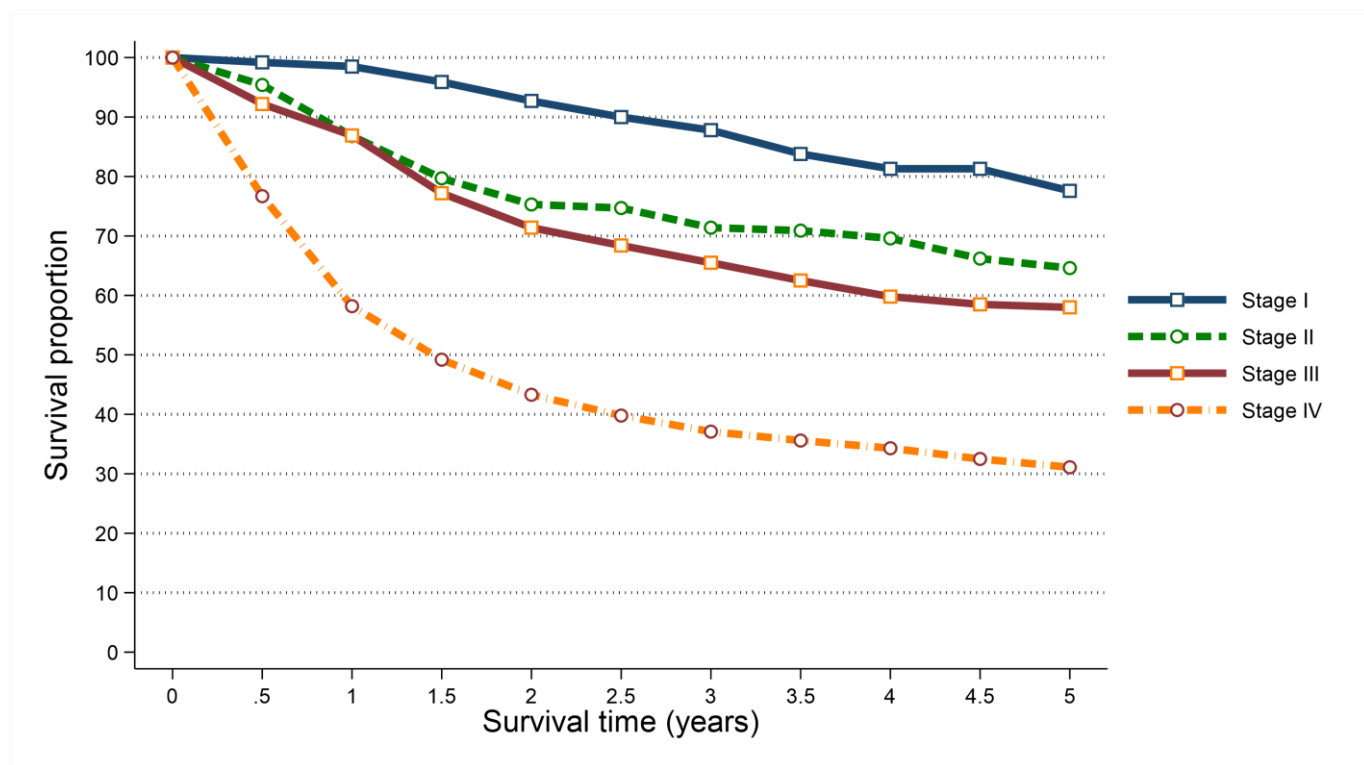
SURVIVAL BY STAGE

- Survival from oral cancer 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 77.6% among patients diagnosed at Stage I to 31.1% among those diagnosed at Stage IV.

Table 6: Age-standardised net survival from oral cancer for patients diagnosed in 2013-2017 by stage at diagnosis

Stage at diagnosis	All persons	
	One-year	Five-years
Stage I	98.5%	77.6%
Stage II	86.8%	64.6%
Stage III	86.9%	58.0%
Stage IV	58.2%	31.1%
Unknown	50.5%	47.5%

Figure 14: Age-standardised net survival from oral cancer for patients diagnosed in 2013-2017 by stage at diagnosis



PREVALENCE

- At the end of 2022, there were 1,715 people (Males: 1,089; Females: 626) living with oral cancer who had been diagnosed with the disease during 1998-2022.
- Of these 13.6% had been diagnosed in the previous year (one-year prevalence) and 72.0% in the previous 10 years (ten-year prevalence).
- 23.7% of oral cancer survivors were aged 75 and over at the end of 2022.

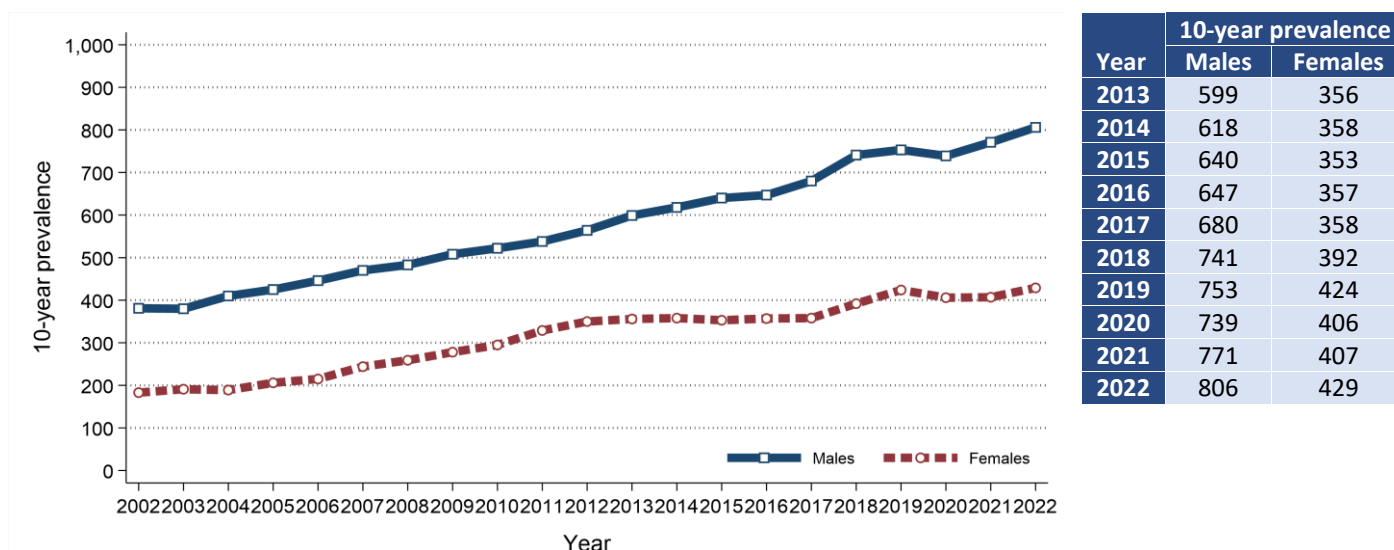
Table 7: 25-year prevalence of oral cancer by age at end of 2022

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	1,715	234	582	419	480
	0 to 74	1,308	182	459	333	334
	75 and over	407	52	123	86	146
Male	All ages	1,089	148	380	278	283
	0 to 74	840	115	305	222	198
	75 and over	249	33	75	56	85
Female	All ages	626	86	202	141	197
	0 to 74	468	67	154	111	136
	75 and over	158	19	48	30	61

PREVALENCE TRENDS

- 10-year prevalence of oral cancer among males increased between 2017 and 2022 by 18.5% from 680 survivors to 806 survivors.
- 10-year prevalence of oral cancer among females increased between 2017 and 2022 by 19.8% from 358 survivors to 429 survivors.

Figure 15: Trends in 10-year prevalence of oral cancer in 2002-2022



MORTALITY

- There were 517 deaths from oral cancer during 2018-2022 in Northern Ireland. On average this was 103 deaths per year.
- During this period 30.8% of oral cancer deaths were among women (Male deaths: 358, Female deaths: 159). On average there were 72 male and 32 female deaths from oral cancer per year.
- Oral cancer deaths made up 3.0% of all male and 1.5% of all female cancer deaths.
- The median age of patients who died from oral cancer during 2018-2022 was 69 years (Males: 69, Females: 70).
- The risk of dying from oral cancer varied by age, with 31.8% of men and 38.4% of women who died from oral cancer aged 75 and over at death.
- In contrast, 10.6% of patients who died from oral cancer were aged 0 to 54 at death.

Figure 16: Average number of deaths from oral cancer per year in 2018-2022 by age at death

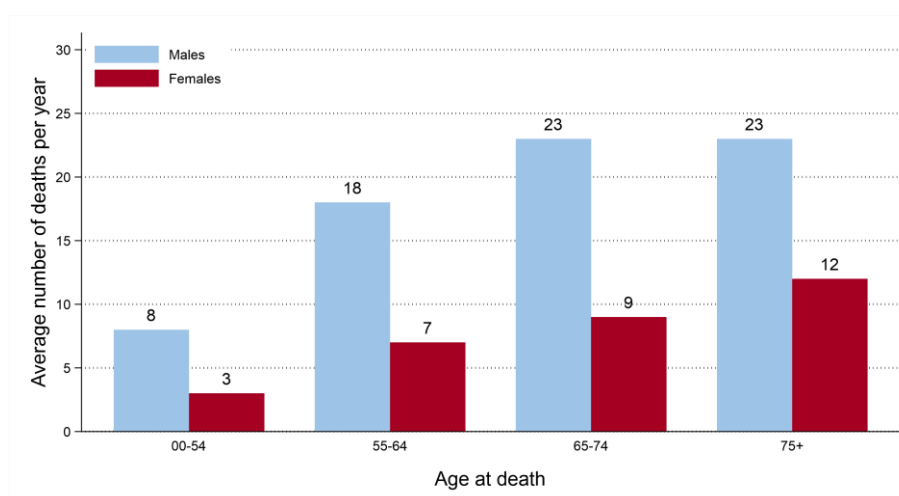
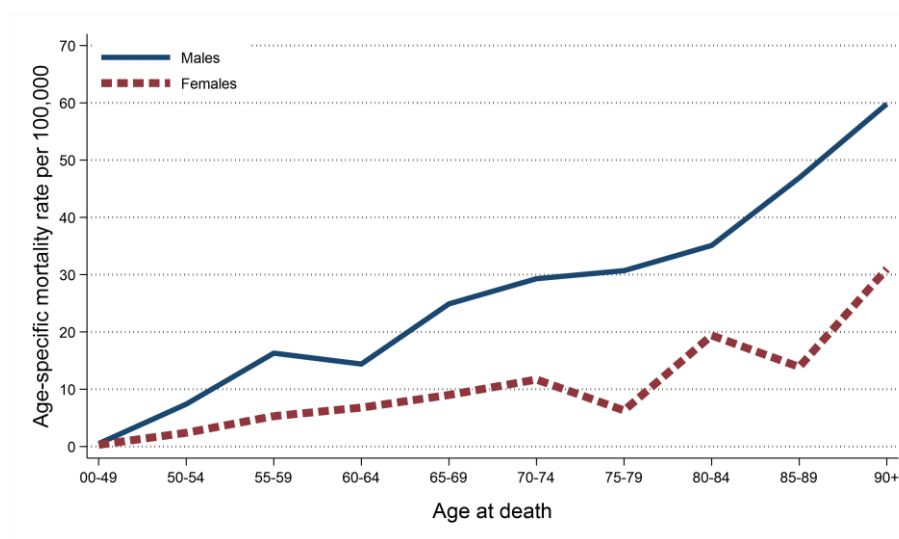


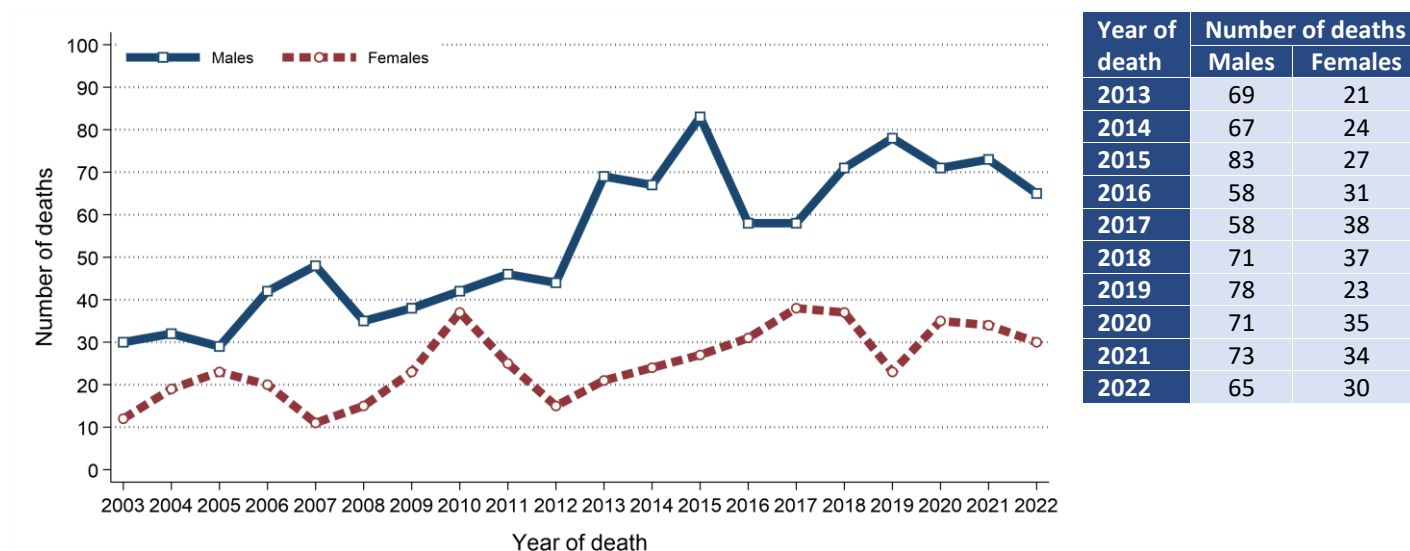
Figure 17: Age-specific mortality rates of oral cancer in 2018-2022



MORTALITY TRENDS

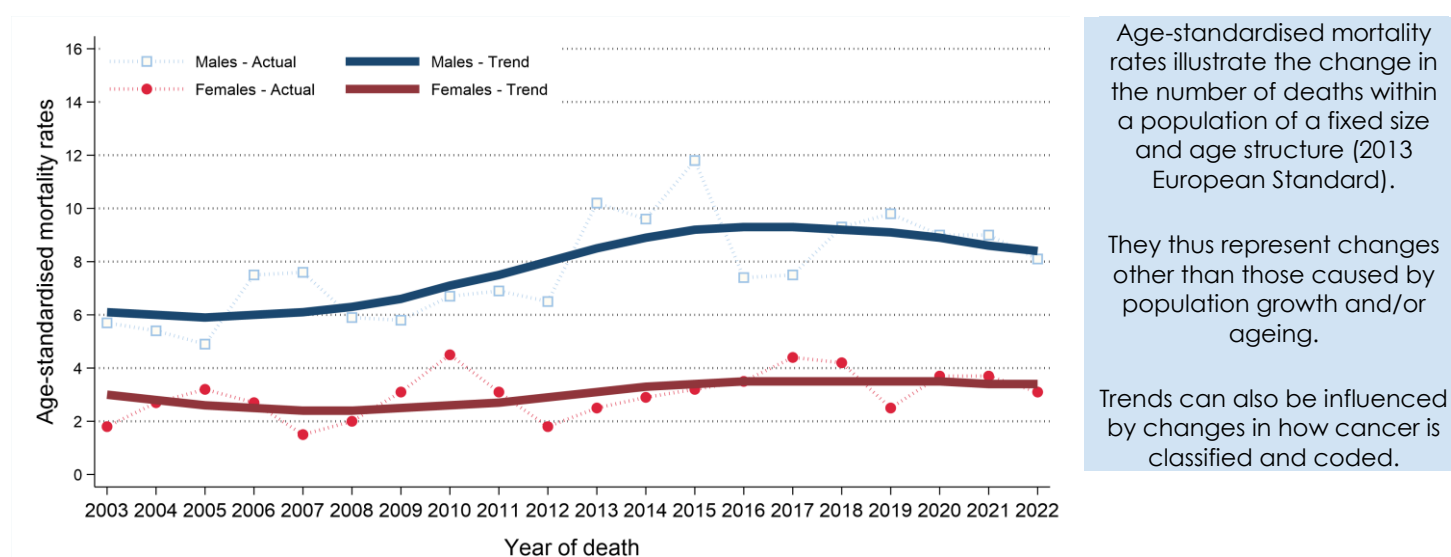
- The number of deaths from oral cancer among males increased between 2013-2017 and 2018-2022 by 6.9% from 335 deaths (67 deaths per year) to 358 deaths (72 deaths per year).
- The number of deaths from oral cancer among females increased between 2013-2017 and 2018-2022 by 12.8% from 141 deaths (28 deaths per year) to 159 deaths (32 deaths per year).

Figure 18: Trends in the number of deaths from oral cancer from 2003 to 2022



- Male age-standardised oral cancer mortality rates decreased between 2013-2017 and 2018-2022 by 3.2% from 9.3 to 9.0 deaths per 100,000 males. This change was not statistically significant.
- Female age-standardised oral cancer mortality rates increased between 2013-2017 and 2018-2022 by 3.0% from 3.3 to 3.4 deaths per 100,000 females. This change was not statistically significant.

Figure 19: Trends in mortality rates of oral cancer from 2003 to 2022



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. oral cancer 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. oral cancer 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.