

Gallbladder cancer

Patients diagnosed 1993-2020

(ICD10: C23-C24)

Further information

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

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Acknowledgements

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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.



Incidence

During 2016-2020:

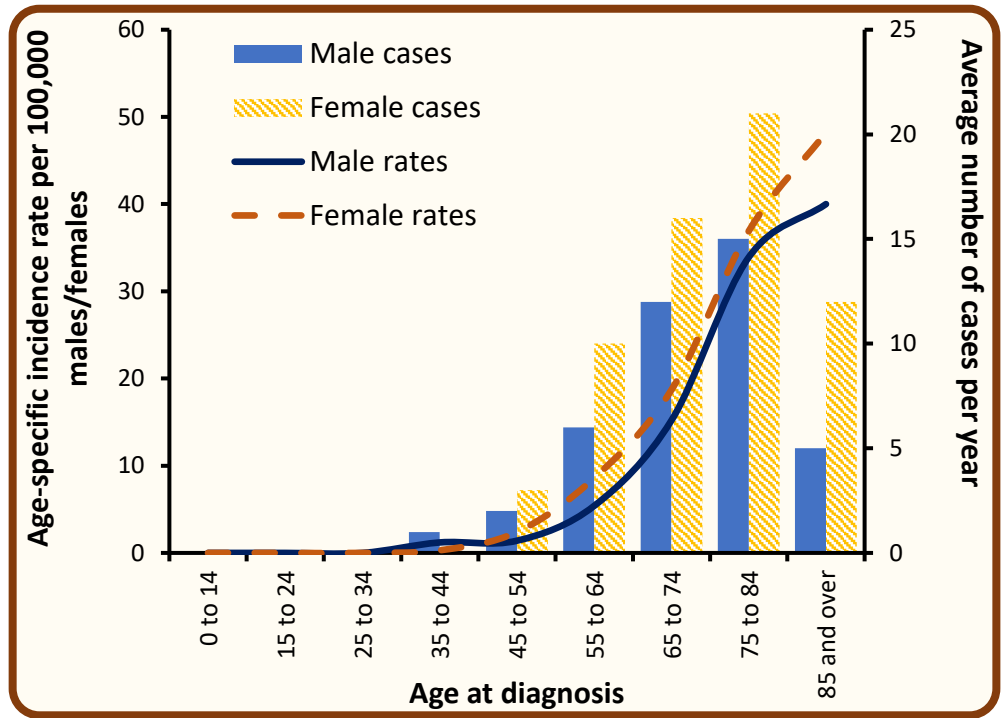
- There were 42 male and 63 female cases of gallbladder cancer diagnosed each year.
- The risk of developing gallbladder cancer before the age of 75 was 1 in 420 for men and 1 in 327 for women, while before the age of 85 the risk was 1 in 170 for men and 1 in 147 for women.

Incidence by age at diagnosis - Gallbladder cancer, Cases in 2016-2020

During 2016-2020:

- The median age at diagnosis was 74 for men and 75 for women.
- Cancer risk increased with age, with 47.6% of men and 52.4% of women aged 75 years or more at diagnosis.
- 6.7% of cases were diagnosed among those aged under 55.

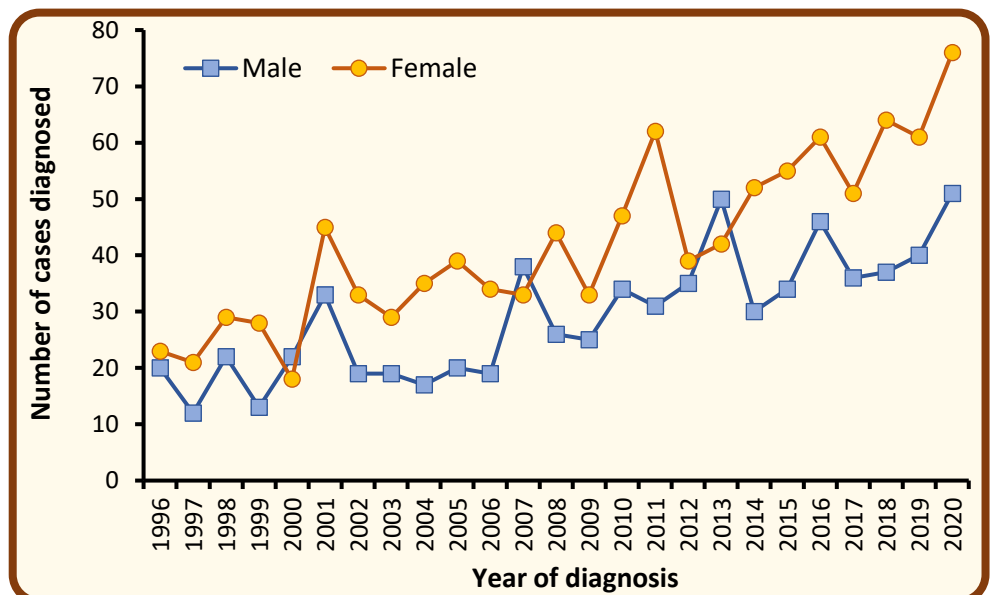
Age at diagnosis	Average cases per year		
	Male	Female	Both sexes
0 - 54	3	3	7
54 - 64	6	10	16
65 - 74	12	16	29
75 +	20	33	53
All ages	42	63	105



Incidence by year of diagnosis - Gallbladder cancer, Cases in 1996-2020

- Among males the number of cases of gallbladder cancer increased by 16.7% from an annual average of 36 cases in 2011-2015 to 42 cases in 2016-2020.
- Among females the number of cases of gallbladder cancer increased by 26.0% from an annual average of 50 cases in 2011-2015 to 63 cases in 2016-2020.

Year of diagnosis	Male	Female	Both sexes
2011	31	62	93
2012	35	39	74
2013	50	42	92
2014	30	52	82
2015	34	55	89
2016	46	61	107
2017	36	51	87
2018	37	64	101
2019	40	61	101
2020	51	76	127

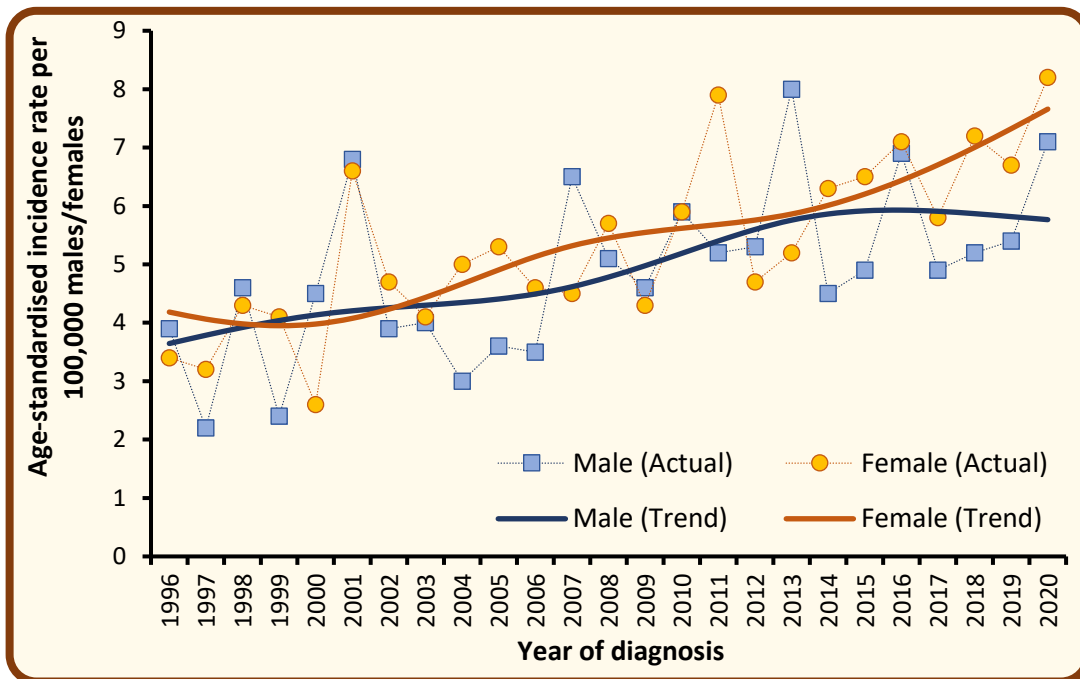


Note: Annual averages have been rounded to the nearest integer. Sums of numbers in table rows or columns may thus differ slightly from the given total.

NMSC: Non-melanoma skin cancer

Trends in age-standardised incidence rates - Gallbladder cancer, Cases in 1996-2020

- Among males age-standardised incidence rates of gallbladder cancer increased by 5.4% from 5.6 per 100,000 person years in 2011-2015 to 5.9 cases per 100,000 persons years in 2016-2020. This difference was not statistically significant.
- Among females age-standardised incidence rates of gallbladder cancer increased by 14.8% from 6.1 per 100,000 person years in 2011-2015 to 7.0 cases per 100,000 persons years in 2016-2020. This difference was not statistically significant.



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 deprivation quintile - Gallbladder cancer, Cases in 2016-2020

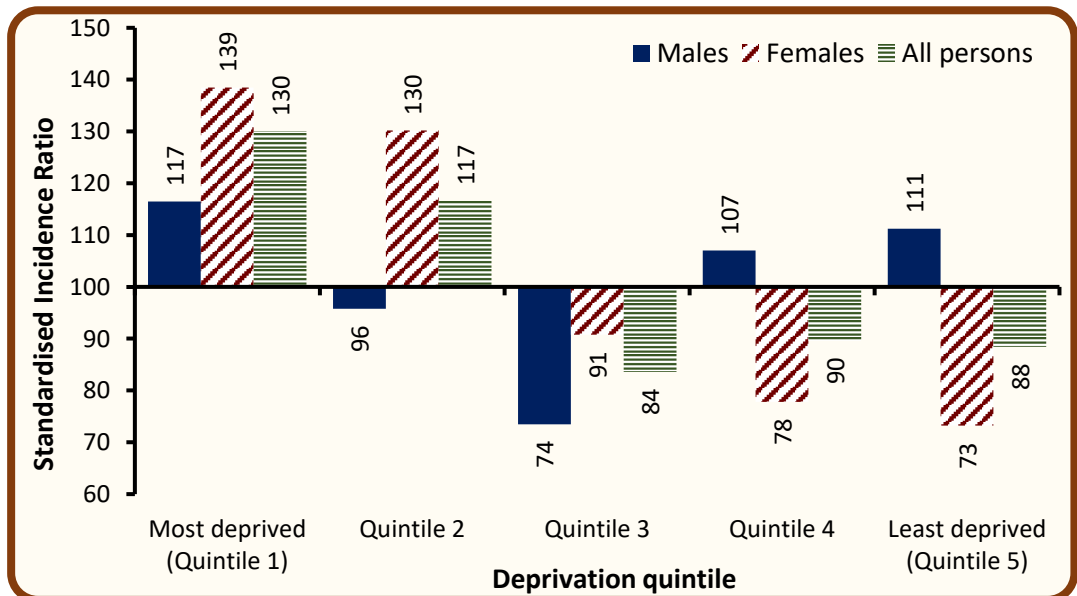
The annual number of cases during 2016-2020 varied in each deprivation quintile due to variations in population size and age.

After accounting for these factors, incidence rates:

- in the least socio-economically deprived areas did not vary significantly from the NI average.
- in the most socio-economically deprived areas were 30.0% higher than the NI average.

Deprivation quintile	Average cases per year		
	Male	Female	Both sexes
Most deprived (Quintile 1)	8	14	22
Quintile 2	8	16	24
Quintile 3	7	12	18
Quintile 4	10	10	20
Least deprived (Quintile 5)	10	10	20
Northern Ireland	42	63	105

Standardised incidence ratios compare incidence rates in each deprivation quintile with the Northern Ireland incidence rate. A value above 100 means that incidence rates in that deprivation quintile are greater than the Northern Ireland average. This measure takes account of population size and age structure. Differences are thus not a result of these factors.



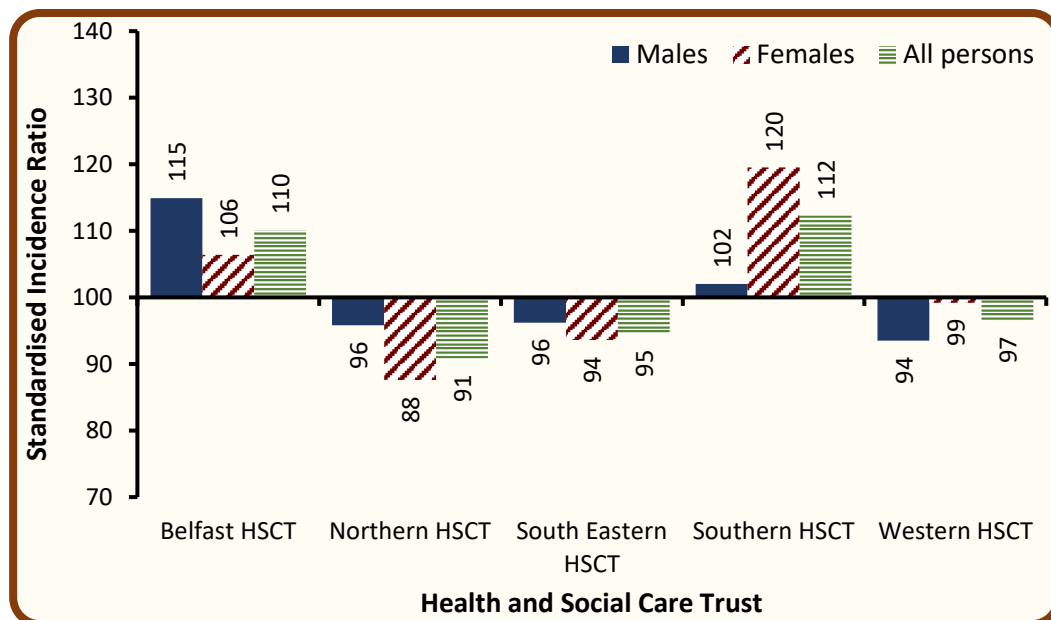
Incidence by Health and Social Care Trust (HSCT) - Gallbladder cancer, Cases in 2016-2020

The annual number of cases during 2016-2020 varied in each HSCT due to variations in population size and age.

After accounting for these factors, incidence rates:

- in Belfast HSCT did not vary significantly from the NI average.
- in Northern HSCT did not vary significantly from 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.

Health and Social Care Trust	Average cases per year		
	Male	Female	Both sexes
Belfast HSCT	8	13	21
Northern HSCT	11	15	25
South Eastern HSCT	9	12	21
Southern HSCT	8	14	22
Western HSCT	6	9	15
Northern Ireland	42	63	105



Standardised incidence ratios compare incidence rates in each HSC Trust with the Northern Ireland incidence rate. A value above 100 means that incidence rates in that HSC Trust 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.

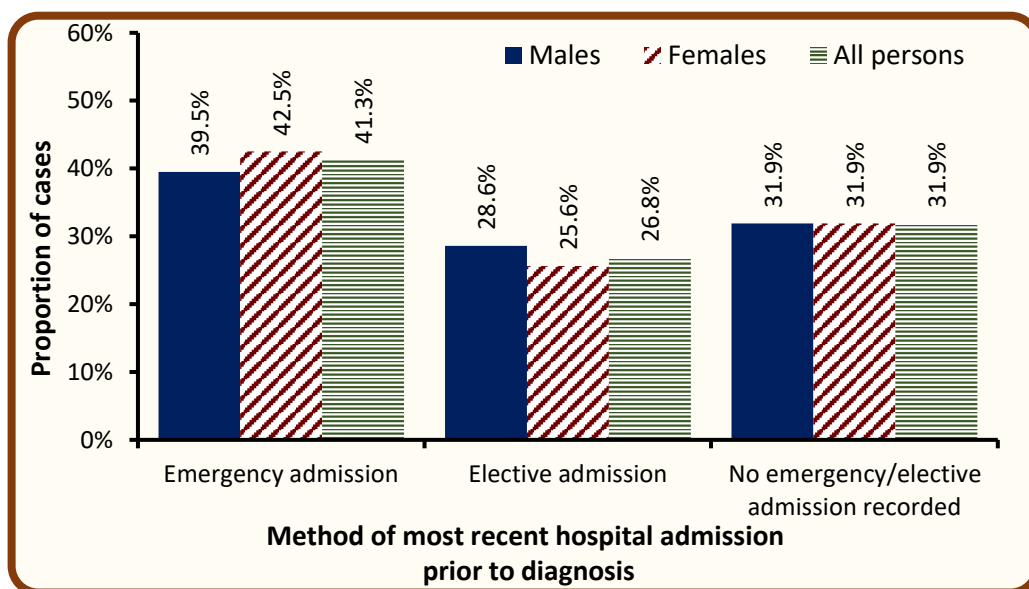
Data for Local Government Districts and Parliamentary Constituencies are available at www.qub.ac.uk/research-centres/nicr

Incidence by method of most recent admission to hospital - Gallbladder cancer, Cases in 2016-2020

During 2016-2020:

- 41.3% of cases had an emergency admission to hospital recorded up to 30 days prior to their cancer diagnosis.
- 39.5% of male cases had an emergency admission up to 30 days prior to diagnosis, compared to 42.5% of female cases.
- In 31.9% of diagnosed cases there was no record of a hospital inpatient admission up to 30 days prior to diagnosis.

Method of admission	Average cases per year		
	Male	Female	Both sexes
Emergency admission	17	27	43
Elective admission	12	16	28
No emergency/elective admission recorded	13	20	33
Total	42	63	105



Admission method refers to the most recent hospital inpatient admission that a patient had prior to cancer diagnosis, regardless of reason for the admission.

Admissions are considered up to a maximum of 30 days prior to diagnosis. Admissions up to two days post diagnosis are also considered to allow for a reasonable margin or error in data recording.

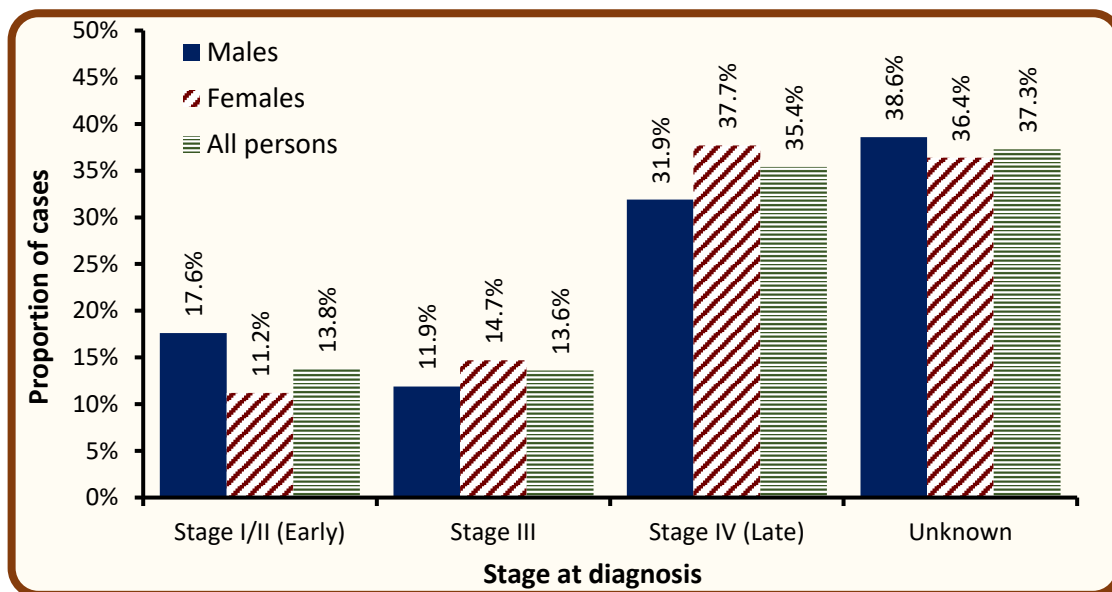
The majority of patients with no inpatient admission recorded prior to diagnosis are likely to have been diagnosed via an outpatient route.

Incidence by stage at diagnosis - Gallbladder cancer, Cases in 2016-2020

During 2016-2020:

- 62.7% of cases diagnosed had a stage assigned.
- 13.8% of cases were diagnosed at an early stage (stage I/II). (22.0% of staged cases)
- 35.4% of cases were diagnosed at a late stage (stage IV). (56.4% of staged cases)
- Among cases which were staged, 51.9% of male cases were diagnosed at stage IV, compared to 59.3% of female cases.

Stage at diagnosis	Average cases per year		
	Male	Female	Both sexes
Stage I/II (Early)	7	7	14
Stage III	5	9	14
Stage IV (Late)	13	24	37
Unknown	16	23	39
All stages	42	63	105



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).

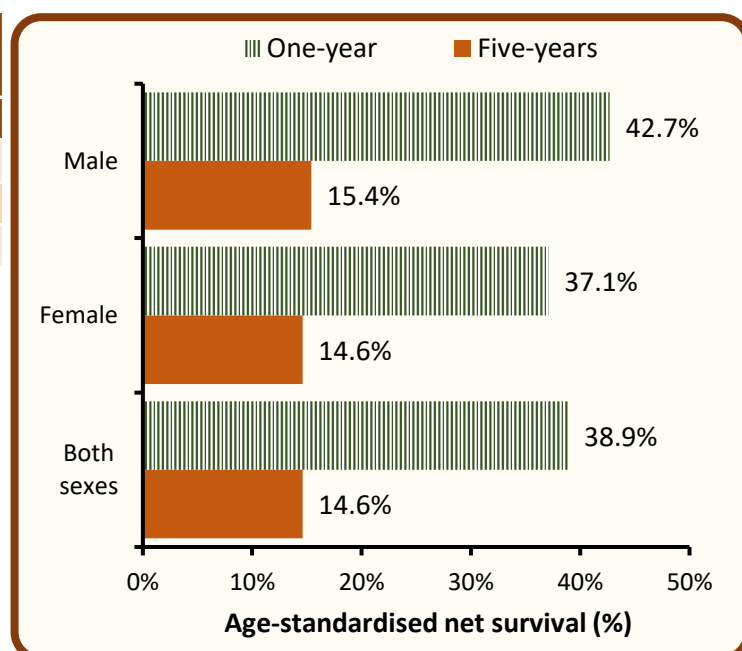
Survival

- 33.4% of patients were alive one year and 10.5% were alive five years from a gallbladder cancer diagnosis in 2011-2015. (observed survival)
- Age-standardised net survival (ASNS), which removes the effect of deaths from causes unrelated to cancer, was 38.9% one year and 14.6% five years from a gallbladder cancer diagnosis in 2011-2015.
- Five-year survival (ASNS) for gallbladder cancer patients diagnosed in 2011-2015 was 15.4% among men and 14.6% among women.

Gender	Observed survival		Age-standardised net survival	
	One-year	Five-years	One-year	Five-years
Male	36.7%	10.6%	42.7%	15.4%
Female	31.0%	10.4%	37.1%	14.6%
Both sexes	33.4%	10.5%	38.9%	14.6%

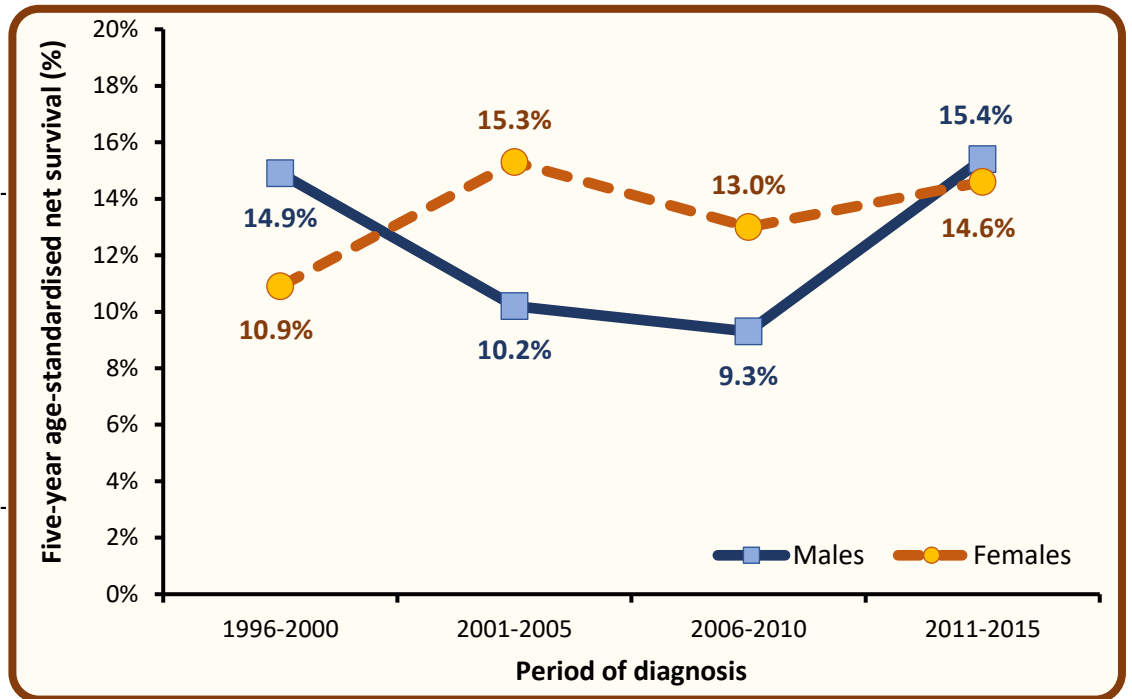
Observed survival is the proportion of patients still alive one/five years after diagnosis. However, in this measure patients may have died from causes unrelated to their cancer.

Age-standardised net survival is the proportion of patients who would survive if the patient could not die from causes unrelated to their cancer. This measure is more typically used in studies of cancer survival.



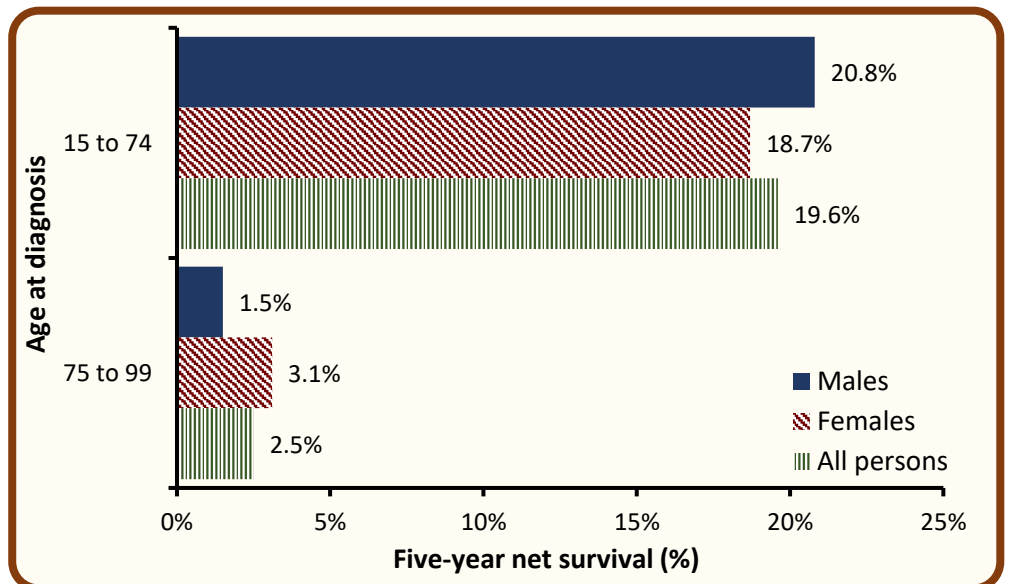
Trends in survival - Gallbladder cancer, Patients diagnosed in 1996-2015

- Among men five-year survival (ASNS) from gallbladder cancer increased from 9.3% in 2006-2010 to 15.4% in 2011-2015. This difference was not statistically significant.
- Among women five-year survival (ASNS) from gallbladder cancer increased from 13.0% in 2006-2010 to 14.6% in 2011-2015. This difference was not statistically significant.



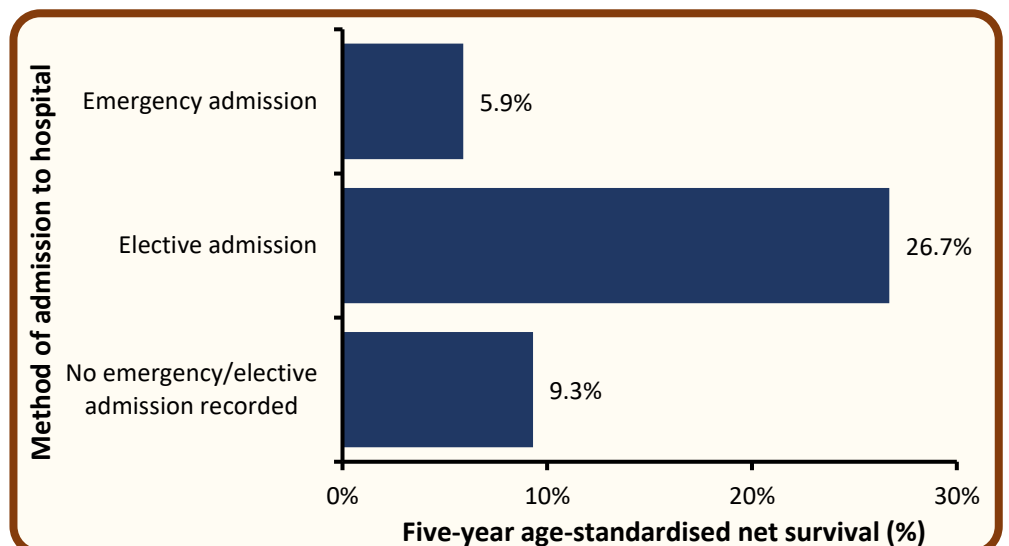
Survival by age at diagnosis - Gallbladder cancer, Patients diagnosed in 2011-2015

- Survival from gallbladder cancer among patients diagnosed in 2011-2015 was related to patient age with five-year survival higher among younger age groups. In particular:
 - Five-year net survival ranged from 19.6% among patients aged 15 to 74 at diagnosis to 2.5% among those aged 75 and over.
 - Five-year net survival among patients aged 75 and over was 1.5% for men and 3.1% for women.



Survival by method of most recent admission to hospital - Gallbladder cancer, Patients diagnosed in 2011-2015

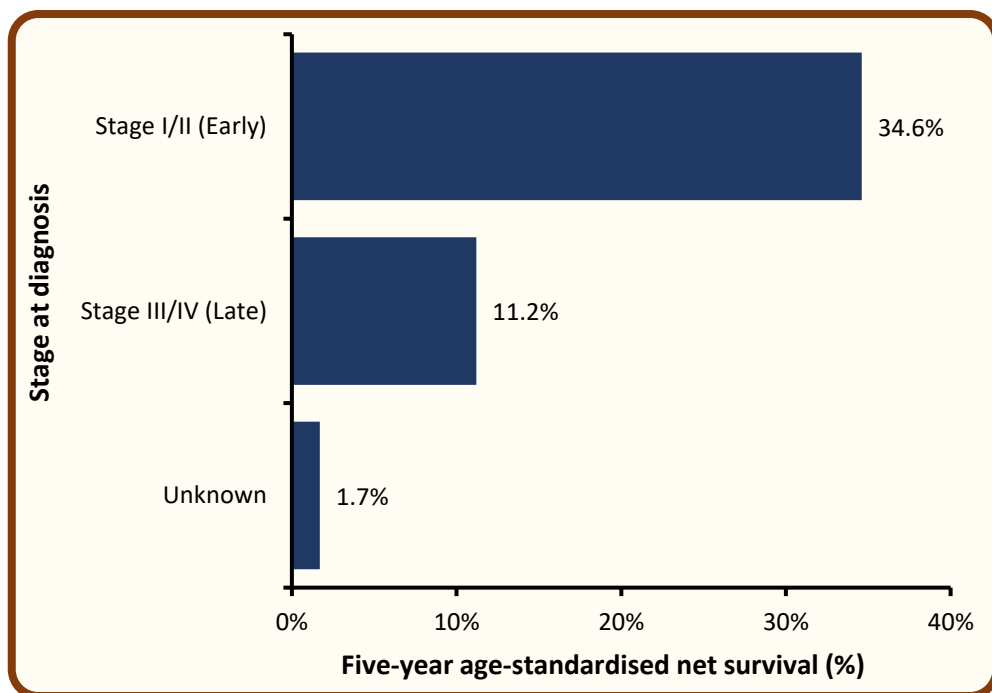
- Five-year survival (ASNS) among gallbladder cancer patients who had an emergency admission to hospital up to 30 days prior to their cancer diagnosis was 5.9% compared to 26.7% among those with elective admissions and 9.3% among those who had no hospital admissions recorded up to 30 days prior to diagnosis.



Survival by stage at diagnosis - Gallbladder cancer, Patients diagnosed in 2012-2015

- Stage at diagnosis is one of the most important factors in gallbladder cancer survival with five-year survival decreasing as stage increases.
- Five-year survival (ASNS) ranged from 34.6% for early stage (stage I/II) disease to 11.2% for late stage (stage III/IV) disease.
- Five-year survival (ASNS) for unstaged cancer was 1.7%.

Note: Staging information for gallbladder cancer is only available from 2012 onwards



Prevalence

- At the end of 2020, there were 185 people (Males: 84; Females: 101) living with gallbladder cancer who had been diagnosed with the disease during 1996-2020.
- Of these, 45.4% were male, 40.5% were aged 75 and over, and 30.8% had been diagnosed in the previous year.

25-year prevalence refers to the number of cancer survivors who were alive at the end of 2020, and had been diagnosed with their cancer in the previous 25 years (i.e. 1996-2020).

Time since diagnosis	25-year prevalence								
	Aged 0-74			Aged 75+			All ages		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
0-1 year	15	16	31	11	15	26	26	31	57
1-5 years	22	22	44	9	14	23	31	36	67
5-25 years	19	16	35	8	18	26	27	34	61
0-25 years	56	54	110	28	47	75	84	101	185

Trends in 10-year prevalence - Gallbladder cancer, Patients alive at end of each year from 2011-2020

- Among males the number of survivors from gallbladder cancer who had been diagnosed within the previous ten years increased by 33.3% from 54 survivors in 2015 to 72 survivors in 2020.
- Among females the number of survivors from gallbladder cancer who had been diagnosed within the previous ten years increased by 24.3% from 70 survivors in 2015 to 87 survivors in 2020.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Male	37	46	64	51	54	59	52	58	67	72
Female	78	58	56	63	70	80	77	82	84	87
Both sexes	115	104	120	114	124	139	129	140	151	159

Mortality

- During 2016-2020 there were 10 male and 22 female deaths from gallbladder cancer each year.
- Gallbladder cancer made up 0.4% of all male, and 1.0% of all female cancer deaths (ex NMSC).

Deaths by age at death - Gallbladder cancer, Deaths in 2016-2020

- The median age at death during 2016-2020 was 77 for men and 76 for women.
- Risk of death from gallbladder cancer was strongly related to patient age, with 60.0% of men and 59.1% of women aged 75 years or more at time of death.
- 3.1% of gallbladder cancer deaths occurred among those aged under 55.

Age at death	Average deaths per year		
	Male	Female	Both sexes
0 - 54	1	0	1
55 - 64	1	3	4
65 - 74	2	6	8
75 +	6	13	19
All ages	10	22	32

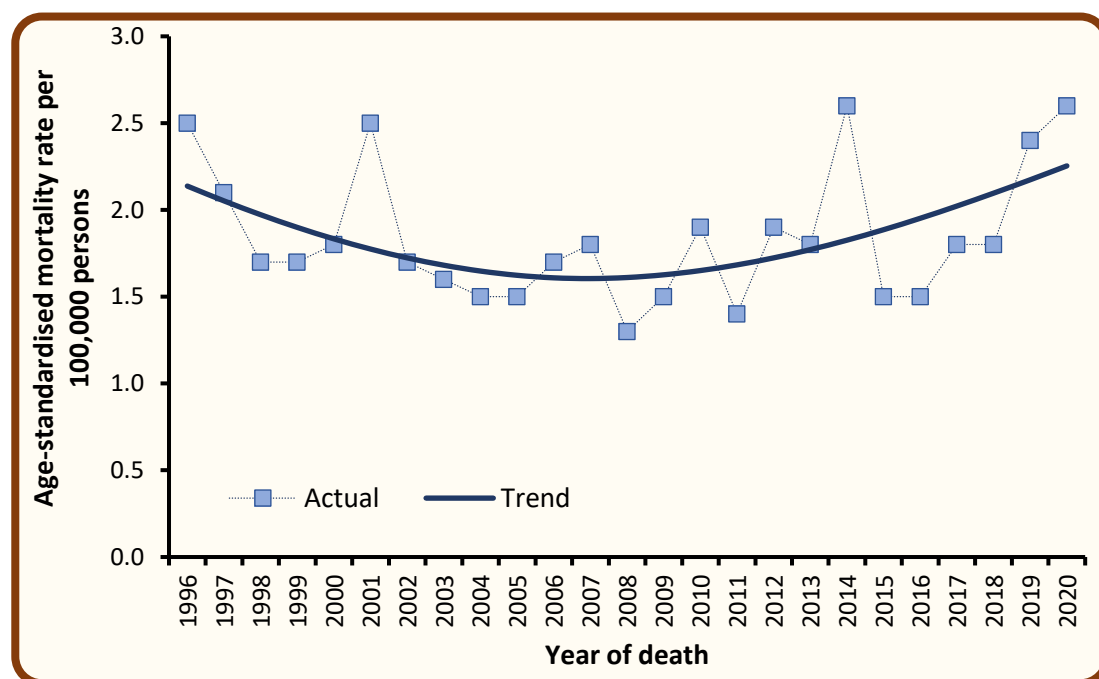
Deaths by year of death - Gallbladder cancer, Deaths in 2011-2020

- The number of deaths from gallbladder cancer increased by 18.5% from an annual average of 27 deaths in 2011-2015 to 32 deaths in 2016-2020.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Both sexes	19	26	27	39	22	22	28	29	40	43

Trends in age-standardised mortality rates - Gallbladder cancer, Deaths in 1996-2020

- Age-standardised mortality rates from gallbladder cancer increased by 11.1% between 2011-2015 and 2016-2020 from 1.8 to 2.0 deaths per 100,000 persons years. This difference was not statistically significant.



Mortality data are provided by the Northern Ireland General Registrar Office via the Department of Health.

Counts of the number of deaths are based upon the year that death occurred, and upon the primary cause of death only.

Age-standardised mortality rates remove changes over time caused by population growth and/or ageing.

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 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 are assigned based on a patient's postcode of usual residence at diagnosis using the Jan 2021 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).

A **crude incidence/mortality rate** is 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.

An **age-standardised incidence/mortality rate** per 100,000 person years is an estimate 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.

A **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 are a measure of the precision of a statistic (e.g. colorectal 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. cervical 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 2020 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.

Observed survival refers to the proportion of patients who survive a specified amount of time from their date of diagnosis. Observed survival considers death from any cause and is not adjusted for the age of the patient. Cause of death may be unrelated to the cancer the patient has been diagnosed with.

Net Survival is an estimate of survival where the effect on survival of background population mortality rates has been removed. It represents the [theoretical] survival of cancer patients if they could only die from cancer-related causes. Age-standardised net survival estimates are the estimates that would occur if that population of cancer patients had a standard population age structure. The age groups and weights used here are those used by international studies such as EUROCARE, an international study group that compares cancer survival among European countries. However, due to the small number of patients in NI, the first two age categories in the standard population are combined.

Mortality: Information relating to cancer mortality is sourced from the General Registrar Office (GRONI) via the Department of Health (NI). Results are based upon the date on which death occurs, and may thus differ slightly than those produced by the Northern Ireland Statistics and Research Agency (NISRA), which produces deaths data based upon the date on which the death is registered with GRONI.