14 December 2022

BREAST, COLORECTAL, OESOPHAGEAL, STOMACH AND HEAD & NECK CANCER INCIDENCE AND SURVIVAL STATISTICS FOR NORTHERN IRELAND: 1993-2020

Official Statistics on breast, colorectal, oesophageal, stomach and head & neck cancers diagnosed in Northern Ireland during 1993-2020 were published on 14th December 2022 at 9:30am. This release provides details of the number of cancer cases diagnosed each year along with incidence rates over time and estimates of patient survival.

Key facts and figures are presented below.

Cancer diagnosis

- During 2016-2020 there was an average of 1,457 female breast, 1,166 colorectal, 213 oesophageal, 197 stomach and 346 head and neck cancer cases diagnosed each year.

- Cancer risk varied by age with 23% of female breast cancer cases and 42% of colorectal cancer cases occurring among people aged 75 years and over.

- The odds of developing breast cancer by the age of 85 among women during 2016-2020 was 1 in 8. For colorectal cancer the odds were 1 in 12 for men and 1 in 19 for women.

- Head and neck cancer incidence rates were 56% higher in the most deprived areas than the Northern Ireland average, with oesophageal and stomach cancer rates also higher in deprived areas. There was no difference for female breast cancer or colorectal cancer.

- During 2016-2020 the proportion of cancer patients diagnosed with late stage disease (stage IV) was: 5% for female breast cancer, 21% for colorectal cancer, 36% for oesophageal cancer, 44% for stomach cancer and 43% for head and neck cancer.

- Over the last five years the average number of cases diagnosed per year has increased by 9% for female breast cancer, 3% for oesophageal cancer and 7% for head and neck cancer. There was a 3% decrease for colorectal cancer and a 10% decrease for stomach cancer.

Cancer survival

- Among cancer patients diagnosed during 2011-2015, five-year survival was 84% among female breast cancer patients, 62% among colorectal cancer patients, 19% among oesophageal cancer patients, 21% among stomach cancer patients and 50% among head and neck cancer patients.

- Colorectal cancer survival improved among men between 2006-2010 and 2011-2015 with five-year survival increasing from 56% to 62%. There was no significant change in five-year survival among female colorectal cancer patients or among patients with breast, oesophageal, stomach or head & neck cancer.

- Cancer survival varies considerably depending upon age at diagnosis. Five-year survival for patients diagnosed in 2011-2015 was as follows:
  - Breast cancer: 90% for 15-54 year olds, and 71% for 75+ year olds,
  - Colorectal cancer: 66% for 15-54 year olds, and 50% for 75+ year olds,
  - Oesophageal cancer: 22% for 15-54 year olds, and 9% for 75+ year olds,
  - Stomach cancer: 23% for 15-54 year olds, and 15% for 75+ year olds and
  - Head & neck cancer: 65% for 15-54 year olds, and 39% for 75+ year olds.

- However, stage at diagnosis remains the biggest factor in cancer survival. The contrast in five-year survival between early and late stage disease for patients diagnosed in 2011-2015 was as follows:
  - 20% for late stage breast cancer, compared to 99% for early stage,
  - 8% for late stage colorectal cancer, compared to 95% for early stage,
  - 2% for late stage oesophageal cancer, compared to 65% for early stage,
  - 1% for late stage stomach cancer, compared to 79% for early stage and
  - 25% for late stage head & neck cancer, compared to 81% for early stage.

IMPACT OF COVID-19 ON CANCER INCIDENCE AND SURVIVAL

- Due to the Covid-19 pandemic, which began in 2020, a further report has been compiled detailing how incidence and survival from cancer has changed between April-December 2018-2019 and 2020 thereby providing an overview of the impact of the pandemic on cancer patients and cancer services in general.

- Comparing the April-December 2020 period when Covid-19 was present to the equivalent April-December period in 2018-2019, there was:
  - a 11.0% decrease in female breast cancer cases (from 1,118 to 995),
  - a 12.0% decrease in colorectal cancer cases (from 906 to 797),

- a 21.2% decrease in oesophageal cancer cases (from 165 to 130),
- a 3.6% decrease in stomach cancer cases (from 138 to 133) and
- a 22.8% decrease in head & neck cancer cases (from 298 to 230).

- The proportion of cancers that were diagnosed at a later stage (stage III/IV) increased from:
  - 15.8% to 18.7% among female breast cancer patients,
  - 49.5% to 53.0% among colorectal cancer patients and
  - 61.8% to 70.0% among oesophageal cancer patients.

- The proportion of female breast cancer patients receiving treatment within six months of diagnosis decreased from 97.5% among those diagnosed in Apr-Dec 2018-2019 to 96.3% among those diagnosed in Apr-Dec 2020, while the proportion receiving treatment for head & neck cancer decreased from 87.9% to 80.9%.

- There were no significant changes in the proportion of colorectal, oesophageal or stomach cancer patients receiving treatment within six months of diagnosis.

- For patients diagnosed in Apr-Dec 2020, three-month survival after diagnosis for each cancer type was as follows:
  - Female breast cancer: 97.7%, compared to 98.7% in 2018-2019,
  - Colorectal cancer: 87.1%, compared to 88.3% in 2018-2019,
  - Oesophageal cancer: 73.8%, compared to 81.8% in 2018-2019,
  - Stomach cancer: 71.5%, compared to 75.4% in 2018-2019,
  - Head & neck cancer: 90.6%, compared to 94.4% in 2018-2019.

  This represented a slight reduction in survival for all five cancer types compared to survival for patients diagnosed in Apr-Dec of 2018-2019. However, reductions were not large enough to conclusively indicate poorer survival prospects for patients diagnosed in 2020, but warrant further follow up of patients to determine their longer term outcomes.

NOTES TO EDITORS:

1. All the statistics in this release are available at http://www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics/

2. Legislation designating the Northern Ireland Cancer Registry (NICR) as an official producer of statistics came into place on 1st April 2012. Today's release of data adheres to the code of practice referenced in this legislation.

3. About the data:
   a. New cases of cancer are registered from pathology reports, hospital administration records, and death certificates. GP or hospital charts may also be accessed if the above sources do not yield a reliable registration.
   b. Registrations are validated and quality-checked according to internationally recognised standards.
   c. Released statistics are not patient identifiable.

4. Incidence refers to the number of new cases of cancer diagnosed in a particular period of time and population.

5. Five-year survival refers to the proportion of people diagnosed with a cancer who are still alive five years later. Age-standardised net survival used here is a survival statistic that has been adjusted for background mortality and age profile between periods. Net survival is the theoretical survival of patients if they could die only from the cancer in question.

6. The data in this release was produced by:
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