

6. Cancer of the Head & Neck

ICD-9 140-149

Cancers of the head and neck were analysed for lip and mouth ICD-9 (140-145) and pharynx ICD-9 (146-149) separately.

KEY FACTS

- On average 111 cancers of the lip and mouth were registered per year.
- Mouth cancers were twice as common in males as females.
- On average 48 cancers of the pharynx registered per year.
- Higher than expected numbers of lip and mouth cancers in males from the Western Board area.
- Higher than expected numbers of pharyngeal cancers in males from the Southern Board area.

Cancer of the Lip and Mouth

ICD-9 140-145

On average, 111 cases of cancer of the lip and mouth were registered per year, two thirds of these in males. Cancer of the lip and mouth accounted for about 1% of all registered cancers. There were about four cases notified for each death recorded. Although survival for lip cancer is good, survival for mouth cancer generally is poor. Incidence increased with age with over 80% of cases occurring in people over 50 years of age - see Figures 7 and 8.

Table 8 Summary Statistics Cancer of the Lip and Mouth

Year	MALES			FEMALES		
	1993	1994	1995	1993	1994	1995
INCIDENCE						
Incident Cases	76	80	65	43	34	36
Crude Rate (per 100,000)	9.54	9.98	8.07	5.15	4.05	4.27
Cumulative Risk (0-74) (%)	0.78	0.94	0.77	0.26	0.27	0.37
WASR (per 100,000)	7.46	7.53	6.73	2.83	2.63	3.04
EASR (per 100,000)	11.02	10.89	9.58	4.14	3.58	4.21
% of All Cancers	1.79	1.80	1.61	0.97	0.78	0.84
DATA QUALITY						
Mortality : Incidence Ratio	0.24	0.22	0.22	0.12	0.35	0.33
% Death Certificate Only	2.63	0.00	0.00	0.00	0.00	0.00
% Microscopically Verified	94.74	96.25	96.92	93.02	91.18	86.11
MORTALITY						
Number of Deaths	20	18	14	5	12	12
Crude Rate (per 100,000)	2.26	2.25	1.74	0.60	1.43	1.42
Cumulative Risk (0-74) (%)	0.24	0.23	0.15	0.04	0.07	0.11
WASR (per 100,000)	1.85	1.80	1.40	0.28	0.77	0.79
EASR (per 100,000)	2.68	2.64	2.10	0.42	1.10	1.16
% of All Cancer Deaths	0.96	0.97	0.76	0.29	0.68	0.73

WASR = Rates standardised for age to the World standard population
EASR = Rates standardised for age to the European standard population

Age Profile

Figure 7 Age Distribution of New Cases 1993-95, Cancer of the Lip and Mouth

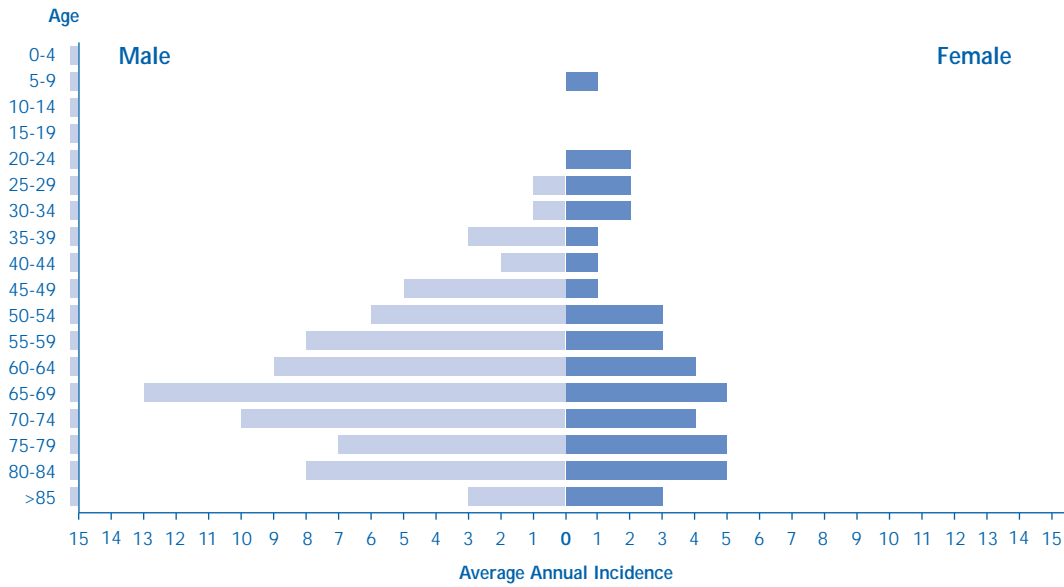
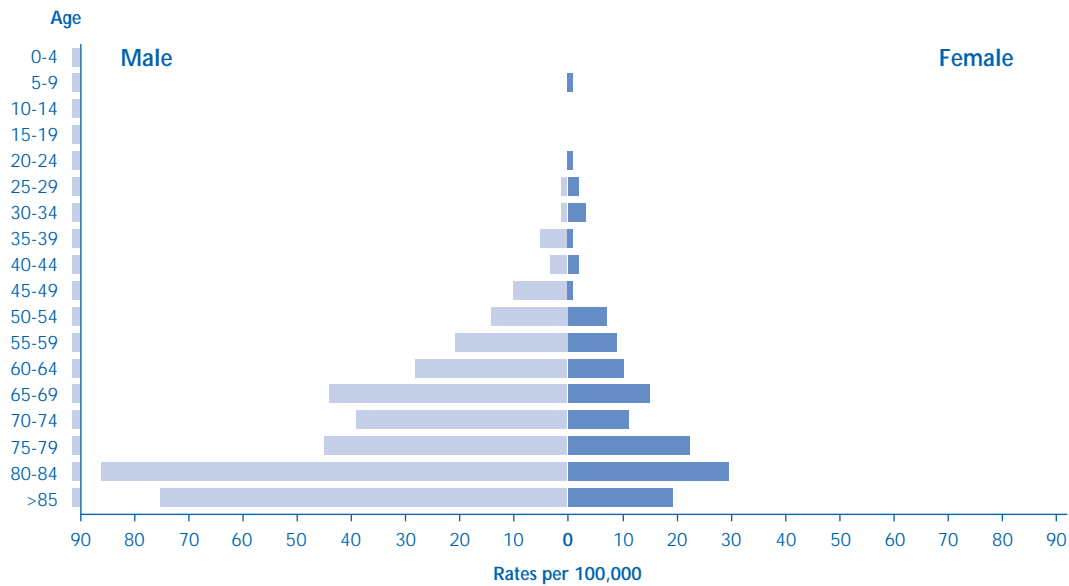


Figure 8 Average Annual Age Specific Rates (per 100,000) 1993-95, Cancer of the Lip and Mouth



Cancer of the Pharynx

ICD-9 146-149

There was an average of 48 cases of pharyngeal cancer registered annually 1993-95. Again, two thirds of these were diagnosed in males. These accounted for less than 1% of all cancers diagnosed. More than 80% of cases occurred in people aged over 50 years. The median age at diagnosis was 65 years for both males and females - see Table 9 and Figures 9 and 10.

Table 9 Summary Statistics Cancer of the Pharynx

Year	MALES			FEMALES		
	1993	1994	1995	1993	1994	1995
INCIDENCE						
Incident Cases	36	29	30	11	14	23
Crude Rate (per 100,000)	4.52	3.62	3.73	1.32	1.67	2.73
Cumulative Risk (0-74) (%)	0.51	0.38	0.38	0.11	0.10	0.26
WASR (per 100,000)	3.81	2.97	3.03	0.86	1.00	2.09
EASR (per 100,000)	5.24	4.29	4.24	1.21	1.39	2.81
% of All Cancers	0.85	0.67	0.73	0.25	0.32	0.53
DATA QUALITY						
Mortality : Incidence Ratio	0.50	0.38	0.50	0.36	0.43	0.22
% Death Certificate Only	2.78	0.00	3.33	0.00	0.00	0.00
% Microscopically Verified	91.67	93.1	83.33	100.00	92.86	91.30
MORTALITY						
Number of Deaths	18	11	15	4	6	5
Crude Rate (per 100,000)	2.26	1.37	1.86	0.48	0.71	0.59
Cumulative Risk (0-74) (%)	0.21	0.13	0.17	0.03	0.04	0.04
WASR (per 100,000)	1.70	1.21	1.45	0.22	0.31	0.34
EASR (per 100,000)	2.46	1.74	2.03	0.33	0.48	0.52
% of All Cancer Deaths	0.95	0.59	0.81	0.23	0.34	0.30

WASR = Rates standardised for age to the World standard population
 EASR = Rates standardised for age to the European standard population

Age Profile

Figure 9 Age Distribution of New Cases 1993-95, Cancer of the Pharynx

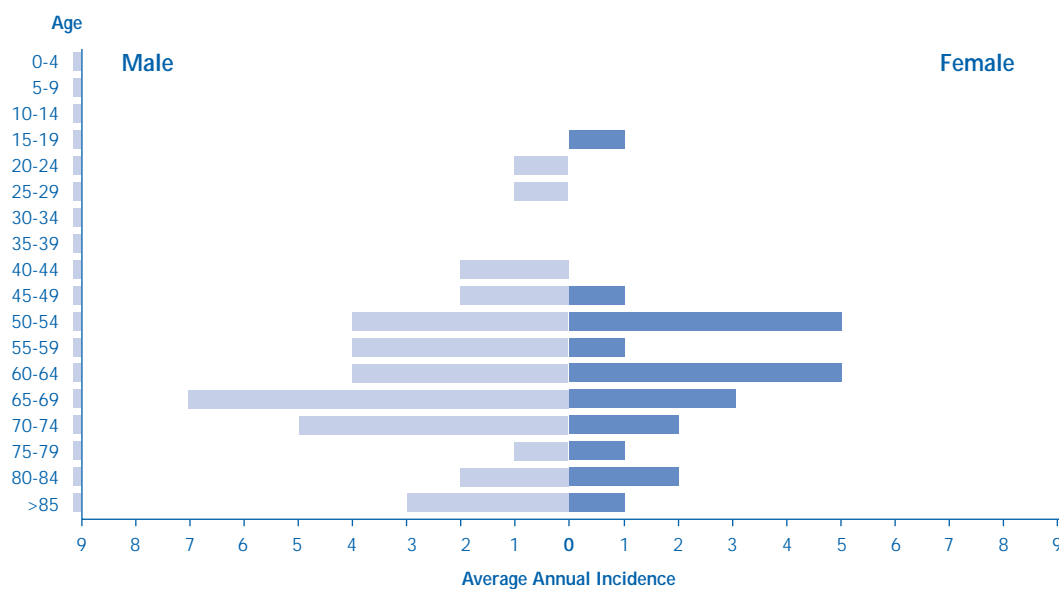
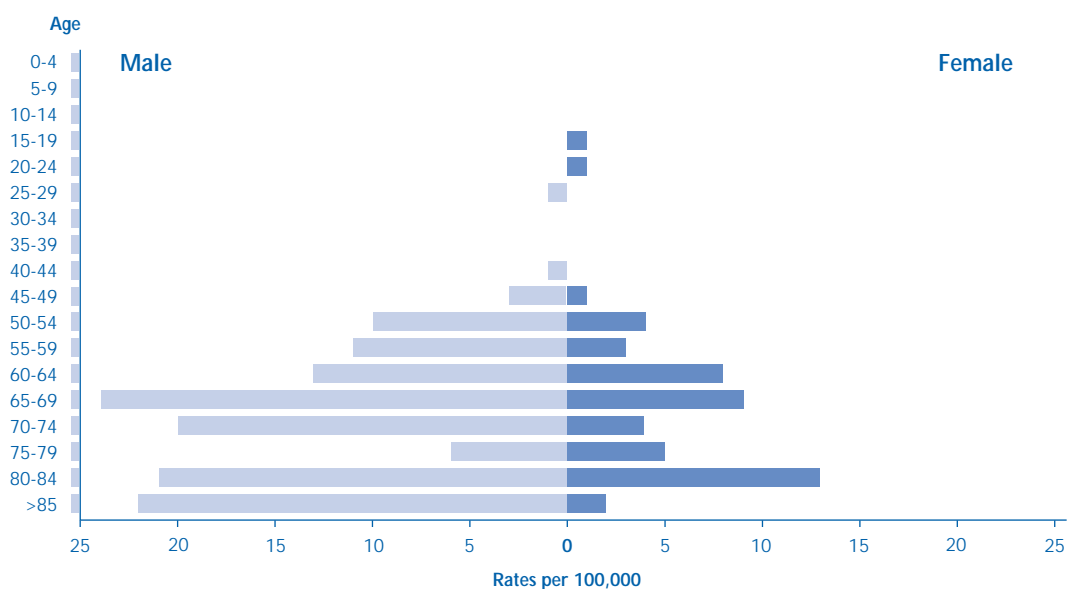


Figure 10 Average Annual Age Specific Rates (per 100,000) 1993-95, Cancer of the Pharynx



Morphology

Two thirds (66.5%) of cancers of the head and neck were squamous cell carcinoma.

Geographical Distribution

There was no significant variation by Health Board in females for either lip and mouth or pharyngeal cancer. Males in the Southern Board had higher than expected numbers for cancer of the pharynx while the Western Board had higher than expected numbers for cancer of the lip and mouth. Caution should however be exercised as these were based on 26 and 51 cases respectively.

Data Quality

Data quality was good - there was a high level of Microscopic Verification (over 90%) and the level of Death Certificate Only (DCO) cases was very low.