

15. Cancer of the Ovary

ICD-9 183

KEY FACTS

- On average 164 cases of cancer of the ovary were registered per year.
- 4% of female cancers.
- Half of cases aged over 62 years.
- Lower than expected numbers in Western Board.

On average for the period 1993-95, 164 ovarian cancers were registered each year. It was the fourth most commonly diagnosed cancer in females (excluding NMS). It accounts for almost 4% of all cancers. There were almost twice as many cases registered per year as deaths recorded.

Table 38 Summary Statistics

Year	1993	1994	1995
INCIDENCE			
Incident Cases	160	168	165
Crude Rate (per 100,000)	19.16	20.00	19.56
Cumulative Risk (0-74) (%)	1.54	1.64	1.70
WASR (per 100,000)	14.28	14.59	14.60
EASR (per 100,000)	19.09	19.73	19.61
% of All Cancers	3.62	3.90	3.84
DATA QUALITY			
Mortality : Incidence Ratio	0.58	0.54	0.60
% Death Certificate Only	5.00	1.79	0.61
% Microscopically Verified	76.88	75.00	73.84
MORTALITY			
Number of Deaths	92	90	99
Crude Rate (per 100,000)	11.02	10.71	11.73
Cumulative Risk (0-74) (%)	0.85	0.85	1.02
WASR (per 100,000)	7.18	6.73	8.21
EASR (per 100,000)	10.22	9.68	11.63
% of All Cancer Deaths	5.27	5.12	6.00
WASR = Rates standardised for age to the World standard population			
EASR = Rates standardised for age to the European standard population			

Age Profile

Half of the cases were diagnosed in those over 62 years, 20% over the age of 75 years. Age specific rates characteristically tailed off in the mid/late 70 age group - see Figures 27 and 28.

Figure 27 Age Distribution of New Cases 1993-95, Cancer of the Ovary

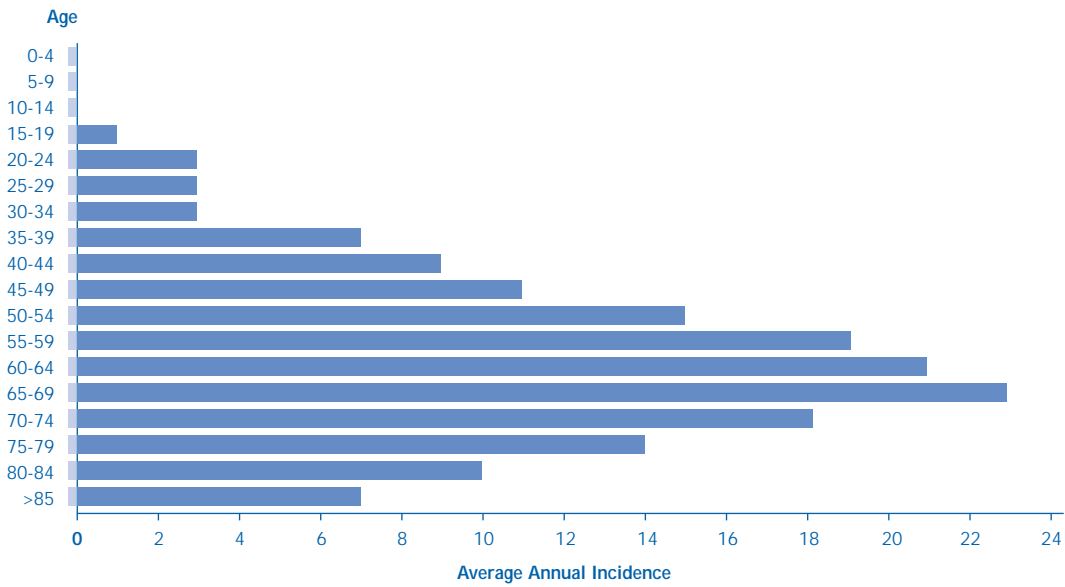
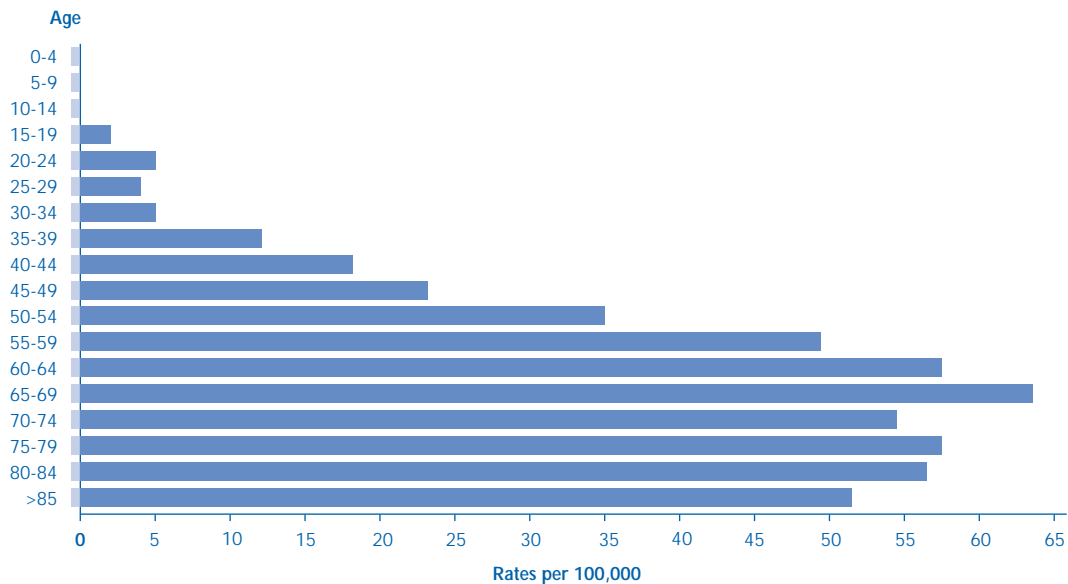


Figure 28 Average Annual Age Specific Rates (per 100,000) 1993-95, Cancer of the Ovary



Morphology

On average, during the period 1993-95, 86% of tumours of the ovary had Microscopic Verification. Papillary mucinous cystadenocarcinoma, endometrioid carcinoma, serous cystadenocarcinoma, adenocarcinoma and low malignancy tumour each made up about 10% of the total tumours. Borderline tumours of the ovary are considered, by IARC rules, to be fully malignant and appear as such in the figures.

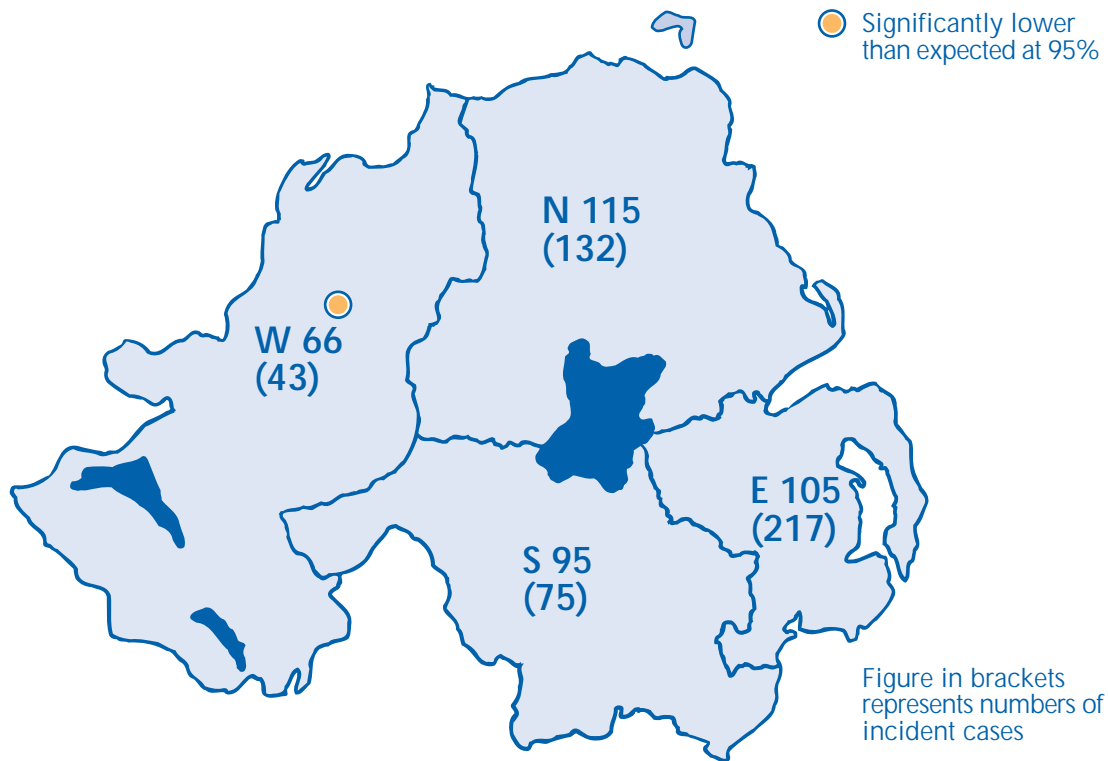
Geographical Distribution of Disease

Variation across Health Boards/District Councils in the observed number of cases due to differences in the age structure of the underlying population has been accounted for by using Standardised Incidence Ratios (SIRs) - see Appendix ii. Values above or below 100 indicate an excess/deficit over

what would be expected if that area experienced the same level of incidence as Northern Ireland as a whole.

Numbers were lower than expected in the Western Health Board area in older females only - see Map 9.

Map 9. All Age Standardised Incidence Ratios (SIRs) by Health Board 1993-95, Cancer of the Ovary



Data Quality

This improved with a falling level of Death Certificate Only cases (DCOs) to less than 1% and Microscopically Verified cases constituting 74% of the total.

Comparison with other Countries

Table 39 provides comparative figures for the numbers of cases and European Age Standardised Rates for the year 1995.

Table 39 Comparative Numbers and Rates for Britain and Ireland 1995, Cancer of the Ovary

Country	Cases	EASR (per 100,000)
Scotland	508	15.80
England & Wales	5300	16.80
Republic of Ireland	332	19.8
Northern Ireland	165	19.60

Rates for ovarian cancer were similar to the Republic of Ireland but higher than rates for Scotland and England & Wales.

Comment

Ovarian cancer occurs most frequently in white affluent countries, especially North America and North West Europe. There is a reduced risk among Japanese females. In most European countries the incidence and mortality was either increasing or stable between 1975 and 1988, though the mortality rates for both Scotland and England & Wales showed a modest decline of 0.2% and 1.3% respectively.

The cause of ovarian cancer is poorly understood. A slight familial risk has been shown but environmental factors are thought to be more important. Two protective factors have been consistently demonstrated: the number of pregnancies and use of the combined oral contraceptive. Pregnancy, especially two or more children, has been shown to be protective against ovarian cancer. Oral contraceptive use, for as long as five years, may reduce the risk of ovarian cancer by approximately half.

Because ovarian cancer is often asymptomatic in its early stages, most patients have widespread disease at the time of diagnosis, consequently prognosis is generally poor.

Research is ongoing to identify markers for this tumour and to develop a screening test.

For Health Gain

- Ensure symptoms are investigated as early as possible.
- Participation in clinical trials, which can advise on the best outcomes, should be enhanced.
- The organisation of services should be such as to ensure that those with the disease have as good an outcome as possible.
- The full range of palliative care services should be available for those with established disease.