10. Cancer of the Rectum

ICD-9 154

KEY FACTS

- On average 309 cancers of the rectum were registered per year.
- More common in males than females (1.4:1).
- Half of the cases were over 69 years in males, 73 years in females.
- 4% male, 3% female cancers.
- Older age profile in females.
- Higher than expected number in females from Ards.

On average for the 1993-95 period 309 rectal cancers were registered each year. More cases were registered in males than females (ratio 1.4:1). Rectal cancer accounted for over 4% of male cancers and about 3% of female cancers. There were almost three times as many cases diagnosed as deaths. Rectal cancer was the fourth most commonly diagnosed cancer in males, sixth in females.

Table 17 Summary Statistics

	MALES			FEMALES		
Year	**1993**	**1994**	**1995**	**1993**	**1994**	**1995**
INCIDENCE						
Incident Cases	185	178	167	129	122	145
Crude Rate (per 100,000)	23.22	22.20	20.74	15.45	14.52	17.19
Cumulative Risk (0-74) (%)	2.14	2.07	1.75	0.93	0.83	1.05
WASR (per 100,000)	17.92	16.51	15.57	8.72	7.97	9.80
EASR (per 100,000)	26.20	24.63	23.37	13.03	12.08	14.62
% of All Cancers	4.38	4.15	4.11	2.92	2.83	3.38
DATA QUALITY						
Mortality : Incidence Ratio	0.37	0.34	0.32	0.43	0.47	0.32
% Death Certificate Only	1.08	0.56	0.00	3.10	1.64	0.69
% Microscopically Verified	95.14	92.70	93.41	84.50	88.52	93.10
MORTALITY						
Number of Deaths	68	60	54	55	57	46
Crude Rate (per 100,000)	8.54	7.48	6.71	6.59	6.79	5.45
Cumulative Risk (0-74) (%)	0.75	0.59	0.50	0.47	0.29	0.26
WASR (per 100,000)	6.50	5.69	4.75	3.66	3.17	2.77
EASR (per 100,000)	10.11	8.64	7.51	5.45	5.07	4.35
% of All Cancer Deaths	3.61	3.23	2.93	3.15	3.24	2.79

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

Age Profile

Cases were diagnosed at a younger age in males than in females (median age 69 and 73 years respectively). Similar to the colon, rates were low under the age of 40 years after which they constantly rose into old age and at a faster rate in males. Due to mortality differentials at older ages the sex ratio in older age groups reduced the male bias - see Figures 17 and 18.

Figure 17 Age Distribution of New Cases 1993-95, Cancer of the Rectum

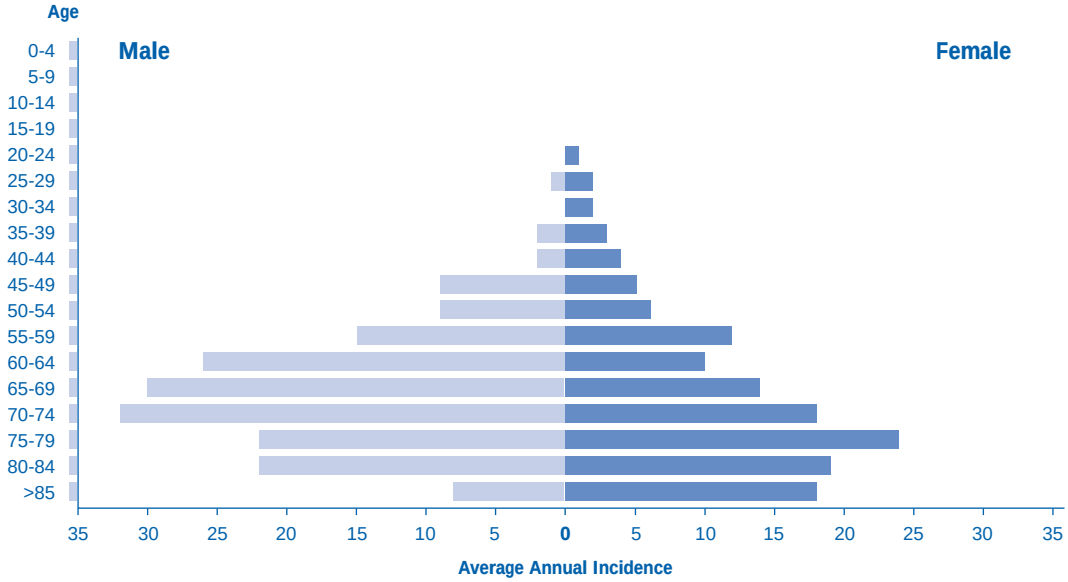
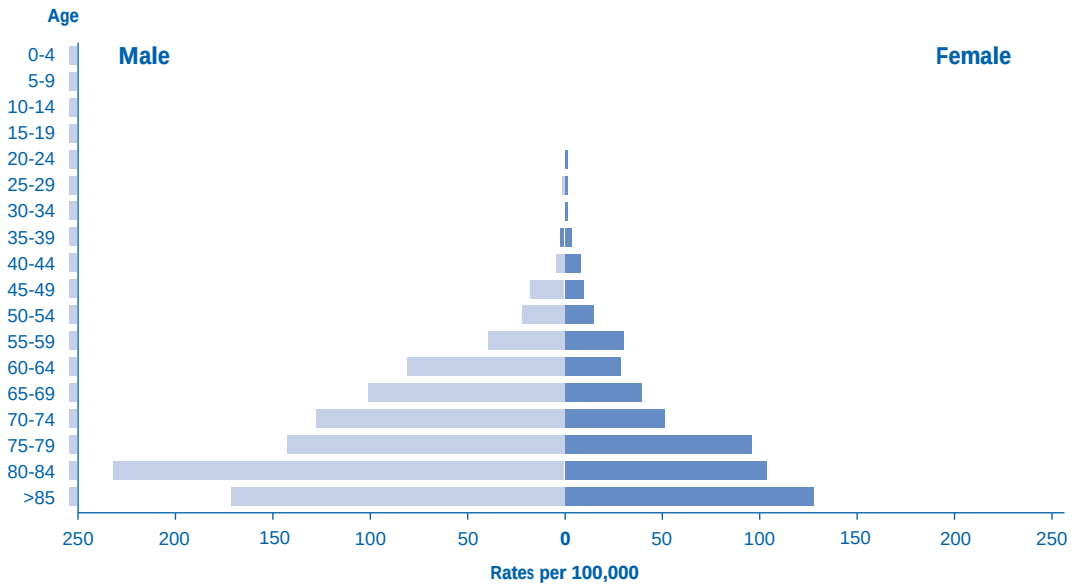


Figure 18 Average Annual Age Specific Rates (per 100,000), Cancer of the Rectum



Morphology

Eleven percent of tumours in females and 6% in males did not have Microscopic Verification. The majority (76%) of tumours of the rectum were adenocarcinomas. All the squamous cell tumours (approximately 2% of total) were in the anus.

Geographical Distribution of Disease

No Health Board area had a higher or lower than expected number of rectal cancers in males or females. Only Ards District Council area recorded a higher than expected number of cases in females under (65 years only). Caution needs to be exercised as this was based on only 24 cases for the period 1993-95.

Data Quality

The quality of data was very good with less than 1% Death Certificate Only (DCO) and 93% with Microscopic Verification.

Comparison with other Countries

Table 18 provides comparative figures for the number of cases and European Age Standardised Rates for the year 1995.

Table 18 Comparative Numbers and Rates for Britain and Ireland 1995, Cancer of the Rectum

	Males		Females	
Country	Cases	EASR (per 100,000)	Cases	EASR (per 100,000)
Scotland	590	22.40	443	11.80
England & Wales	5600	20.10	4110	10.40
Republic of Ireland	303	20.16	190	10.54
Northern Ireland	167	23.37	145	14.62

The rate for rectal cancer in males and females was higher in Northern Ireland than Scotland, England & Wales and the Republic of Ireland. This mirrors the pattern for colon cancer incidence, suggesting that the high rates of colorectal cancers in the Province are not simply artefactual and may share common risk factors.

Comment

The cause of rectal cancer is thought to be very similar to that for colon cancer. Lower rates in females may reflect better dietary habits, although the relatively high rate compared to the rest of the British Isles should be a cause for concern and would indicate that there remains substantial room for improvement in the Northern Ireland diet.

For Health Gain

- The population should eat a high fibre, low fat diet consuming at least five portions of fruit or vegetables per day.
- There should be increased awareness that changes in bowel habit, weight loss or passing blood require urgent investigations.
- Participation in clinical trials, which can advise on the best treatment 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.

Recommendation

Further research into the aetiology of rectal (and colon) cancers and the role of diet should be conducted in Northern Ireland.