# CANCER INCIDENCE TRENDS 1993-2013 WITH PROJECTIONS TO 2035 

Monitoring trends in cancer incidence is essential if high quality cancer services are to be maintained and resourced. Trends for all cancers (excluding non-melanoma skin cancer - NMSC) along with the most common cancers are analysed in detail. Additionally projections of cancer incidence up to the year 2035 are presented for the first time in Northern Ireland.

THE FULL REPORT IS AVAILABLE AT WWW.QUB.AC.UK/NICR


#### Abstract

Methods Data on all malignant cancers (excluding non-melanoma skin cancer) diagnosed between 1993 and 2013 was extracted from the NI Cancer Registry. Age-specific rates for all cancers combined and 30 common cancers were determined for both sexes by year of diagnosis. The data was fitted separately for ages 0-49, 50-59, 60-69, 70-79 and $80+$ using a regression model with five-year age group, five-year birth cohort and year of diagnosis used as predictors of the cancer incidence rate. The resulting model was used to predict rates in future years, which were combined with population projections to provide estimates of the future number of cases.


Key Facts


## NUMBER OF CASES

DIAGNOSED EACH YEAR BY SEX AND TYPE: 2009-2013
There were 4,425 male and 4,351 female cases
(excluding NMSC)
diagnosed each year during 2009-2013.

The most common cancers among men were prostate (23.5\%), colorectal (15.4\%) and lung (14.7\%), while among women they were breast (29.1\%), colorectal (12.5\%) and lung (11.1\%).

NUMBER OF CASES DIAGNOSED EACH YEAR BY SEX AND AGE: 2009-2013 Cancer occurs primarily among older people with a median age at diagnosis of 69 for males and 68 for females.

Incidence rates were greatest among both men and women aged 80 and over.


## PAST TRENDS IN INCIDENCE RATES

## Trend in incidence rates by sex:

 1993-2013Cancer incidence rates, adjusted for age and population change, decreased by $1.6 \%$ per year among males during 1993-1999, after which rates increased by $1.4 \%$ per year until 2008 . There was no significant change after 2008.

Among women there was no change in incidence rates during 1993-2001, however after 2001 rates increased by $1.0 \%$ per year.


## ANNUAL CHANGE IN INCIDENCE RATES BY SEX AND TYPE

At the end of 2013 the trend in cancer incidence rates among men was:

- decreasing for prostate cancer, stomach cancer and bladder cancer;
- increasing for liver cancer, malignant melanoma, non-Hodgkin's lymphoma, oral cancer, kidney cancer and colorectal cancer.

At the end of 2013 the trend in cancer incidence rates among women was:

- decreasing for stomach cancer and bladder cancer;
- increasing for oral cancer, uterine cancer, kidney cancer, malignant melanoma, pancreatic cancer, lung cancer, breast cancer and colorectal cancer.

Male


## Female



Percentage change in incidence rates per year

NHL: Non-Hodgkin's lymphoma, NMSC: Non-melanoma skin cancer

## PAST TRENDS IN NUMBER OF CASES DIAGNOSED

## NUMBER OF CASES DIAGNOSED EACH

 YEAR BY SEX AND PERIOD OF DIAGNOSIS In 2009-2013 there were 8,622 cancers ( 4,347 male, 4,275 female) ${ }^{1}$ diagnosed each year compared to 6,273 per year (3,084 male, 3,189 female) in 1993-1997; an increase of $37.4 \%$.On average the number of cases diagnosed increased by $1.8 \%$ per year among men between 2008 and 2013, while among women the number of cases increased between 2001 and 2013
 by $2.4 \%$ per year.

## ANNUAL CHANGE IN NUMBER OF CASES DIAGNOSED BY SEX AND TYPE

Among men cancer incidence was increasing at the end of 2013 for all cancer types, except for prostate and stomach cancer. Among women increases were occurring for all cancer types.

Among men the number of cases diagnosed each year was increasing by more than $4 \%$ per year for liver cancer, non-Hodgkin's lymphoma, malignant melanoma and oral cancer.

Among women the number of cases diagnosed each year was increasing by more than $4 \%$ per year for liver cancer, oral cancer, uterine cancer, kidney cancer and malignant melanoma.

Male


Female


Percentage change in number of cases per year

NHL: Non-Hodgkin's lymphoma, NMSC: Non-melanoma skin cancer

## PROJECTED INCIDENCE RATES

## Projected incidence rates from 2015 тO 2035

Incidence rates of cancer among men are projected to remain fairly steady in forthcoming years with no change by 2020 compared to rates in 2009-2013, while by 2035 a slight drop of $1 \%$ is expected.

Among women incidence rates are projected to continue to increase, with a $7 \%$ rise by 2020 and a $13 \%$ rise by 2035 expected.


## Projected change in incidence rates by sex and type

Compared to the 2009-2013 average male incidence rates are projected to:

- decrease by more than $10 \%$ by 2020 and by more than $20 \%$ by 2035 for stomach, bladder and prostate cancers,
- increase by more than $10 \%$ by 2020 and by more than $20 \%$ by 2035 for malignant melanoma, oral, liver and kidney cancers.

Also compared to the 2009-2013 average female incidence rates are projected to:

- decrease by more than $10 \%$ by 2020 and by more than $20 \%$ by 2035 for stomach and cervical cancers;
- increase by more than $10 \%$ by 2020 and by more than $20 \%$ by 2035 for malignant melanoma, oral, uterine, liver, kidney, pancreatic, lung and breast cancer.

Male


Female


NHL: Non-Hodgkin's lymphoma, NMSC: Non-melanoma skin cancer

## Projected number of cases diagnosed

## Projected number of cases

 DIAGNOSED FROM 2015 TO 2035 In 2009-2013 there were 4,347 male and 4,275 female cases of cancer (ex. NMSC) diagnosed each year ${ }^{1}$.By 2020 this is expected to rise by $25 \%$ for men and by $24 \%$ for women to 5,443 and 5,285 cases per year respectively.

By 2035 the number of cases per year is projected to be 7,181 male and 6,967 females cases, a $65 \%$ rise among men and a $63 \%$ rise among women.


Projected number of cases diagnosed by sex and type in 2020 and 2035
By 2035 the most common cancers are expected to remain breast, colorectal, lung and prostate cancer, with the number of breast cancers expected to reach 2,000 cases per year and the number of male lung and colorectal cancers expected to exceed 1,000 cases per year.

| Cancer type | Male |  |  |  |  | Female |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\begin{gathered} 2009-13 \\ \text { cases } \\ \text { per year } \end{gathered}$ |  | 2020 |  | 2035 | $\begin{gathered} \text { 2009-13 } \\ \text { cases } \\ \text { per year } \end{gathered}$ |  | 2020 |  | 2035 |
|  |  | Cases per year (prediction interval) |  | Cases per year (prediction interval) |  |  | Cases per year (prediction interval) |  | Cases per year (prediction interval) |  |
| All (ex. NMSC) ${ }^{1}$ | 4,425 | 5,443 | $(5,140,5,746)$ | 7,181 | $(6,675,7,687)$ | 4,351 | 5,285 | $(5,050,5,520)$ | 6,967 | $(6,590,7,344)$ |
| Bladder | 150 | 169 | $(128,210)$ | 205 | $(162,248)$ | 61 | 67 | $(47,87)$ | 83 | $(62,104)$ |
| Brain | 81 | 94 | $(67,121)$ | 110 | $(76,144)$ | 55 | 63 | $(42,84)$ | 75 | $(49,101)$ |
| Breast |  |  |  |  |  | 1,268 | 1,589 | $(1,464,1,714)$ | 2,077 | $(1,888,2,266)$ |
| Cervix |  |  |  |  |  | 103 | 93 | $(56,130)$ | 74 | $(26,122)$ |
| Colorectal | 680 | 909 | (807, 1,011) | 1,292 | (1,143, 1,441) | 545 | 688 | $(605,771)$ | 946 | $(818,1,074)$ |
| Kidney | 173 | 244 | $(195,293)$ | 368 | $(294,442)$ | 115 | 161 | $(124,198)$ | 246 | $(189,303)$ |
| Leukaemia | 116 | 137 | $(101,173)$ | 170 | $(128,212)$ | 80 | 91 | $(66,116)$ | 116 | $(88,144)$ |
| Liver | 72 | 110 | $(77,143)$ | 179 | $(125,233)$ | 31 | 43 | $(24,62)$ | 67 | $(33,101)$ |
| Lung | 649 | 816 | $(717,915)$ | 1,128 | $(991,1,265)$ | 484 | 641 | $(570,712)$ | 923 | $(821,1,025)$ |
| Melanoma | 138 | 215 | $(168,262)$ | 370 | $(288,452)$ | 181 | 239 | $(193,285)$ | 317 | $(244,390)$ |
| Myeloma | 66 | 82 | $(54,110)$ | 104 | $(70,138)$ | 50 | 57 | $(38,76)$ | 74 | $(54,94)$ |
| NHL | 175 | 226 | $(182,270)$ | 316 | $(257,375)$ | 150 | 180 | $(146,214)$ | 232 | $(191,273)$ |
| Oesophagus | 127 | 163 | $(124,202)$ | 215 | $(165,265)$ | 65 | 72 | $(52,92)$ | 86 | $(63,109)$ |
| Oral | 140 | 204 | $(157,251)$ | 288 | $(204,372)$ | 73 | 103 | $(73,133)$ | 146 | $(96,196)$ |
| Ovary ${ }^{2}$ |  |  |  |  |  | 158 | 178 | $(143,213)$ | 223 | $(183,263)$ |
| Pancreas | 105 | 135 | $(98,172)$ | 185 | $(139,231)$ | 116 | 156 | $(125,187)$ | 241 | $(198,284)$ |
| Prostate | 1,039 | 1,183 | $(1,040,1,326)$ | 1,294 | $(1,082,1,506)$ |  |  |  |  |  |
| Stomach | 141 | 143 | $(107,179)$ | 140 | $(106,174)$ | 81 | 78 | $(56,100)$ | 76 | $(56,96)$ |
| Uterus |  |  |  |  |  | 238 | 343 | $(286,400)$ | 506 | $(411,601)$ |
| NHL: Non-Hodgkin's lymphoma, NMSC: Non-melanoma skin cancer |  |  |  |  |  |  |  |  |  |  |
| ${ }^{1}$ Excludes myelodysplastic syndromes and myeloproliferative disorders to maintain consistency in trends over time. Totals thus differ slightly from those on page I. <br> ${ }^{2}$ Excludes borderline ovarian tumours to maintain consistency in trends over time. |  |  |  |  |  |  |  |  |  |  |

## PROJECTED ANNUAL CHANGE IN NUMBER OF CASES DIAGNOSED BY SEX AND TYPE

By 2035 the number of cases diagnosed each year among men is projected to increase for all cancer types compared to 2009-2013, except for stomach cancer, while among women increases are expected for all cancer types except cervical and stomach cancer.

The number of cases diagnosed each year is expected to increase among males by more than $100 \%$ for malignant melanoma, liver, kidney and oral cancers, and among females by more than $100 \%$ for liver, kidney, uterine, pancreatic and oral cancers.

Male


Female


NHL: Non-Hodgkin's lymphoma, NMSC: Non-melanoma skin cancer

## FACTORS THAT CAN INFLUENCE CANCER INCIDENCE PROJECTIONS (SEE SECTION 24 FOR FURTHER DISCUSSION)

- Changes to risk factor exposure within the general population.

The risk factors likely to have the greatest impact on future projections are:

- Tobacco use;
- Excessive alcohol consumption;
- Obesity, lack of physical activity and/or lack of a balanced diet;
- Ultraviolet radiation from sunshine or sun beds.

The potential exists to alter cancer incidence projections through control of these risk factors.

- Introduction of health service initiatives that aim to either prevent or diagnose cancer early. These include vaccinations (e.g. the HPV vaccination), screening (e.g. the breast, cervical and colorectal screening programmes) and diagnostic tests (e.g. PSA testing for prostate cancer).
- Changes to the way in which cancer is classified and/or revisions to population projections.

