

# All Ireland cancer statistics

## Second report

*A collaborative report by the Northern Ireland Cancer Registry and the National Cancer Registry (Ireland)*

*A profile of cancer incidence, mortality and survival for the island of Ireland, 1998-2000*

## Summary

These are highlights from the second collaborative report produced by the Northern Ireland Cancer Registry and the National Cancer Registry (Ireland). Data from both registries have been merged and integrated to profile and assess the cancer incidence and mortality on the island of Ireland. Most information is based on 1998-2000 data; trends are from 1994 to 2000.

### New cancers, 1998–2000 (excluding non-melanoma skin cancer)

figure 1.1  
1998-2000 percent by site, all Ireland  
male cancer incidence  
with average annual cases in ( )'s

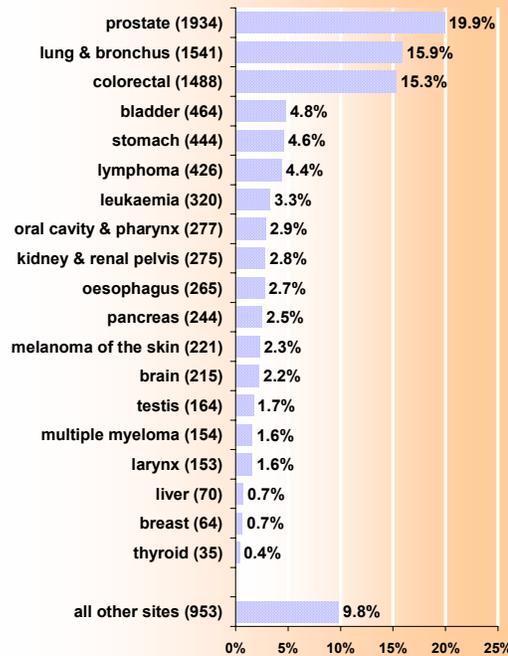
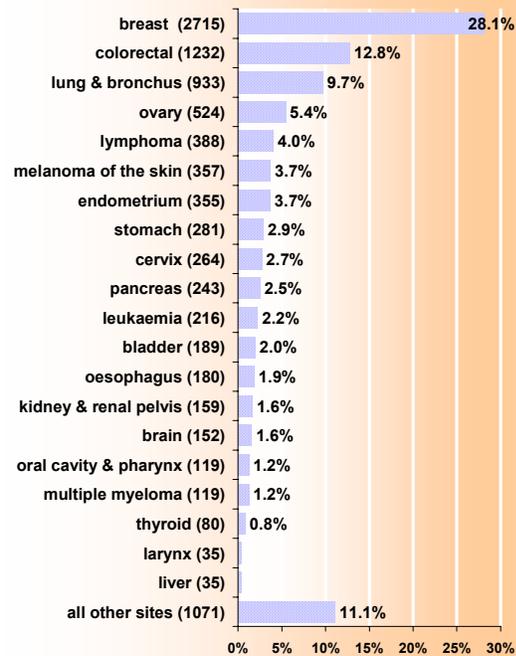


figure 1.2  
1998-2000 percent by site, all Ireland  
female cancer incidence  
with average annual cases in ( )'s

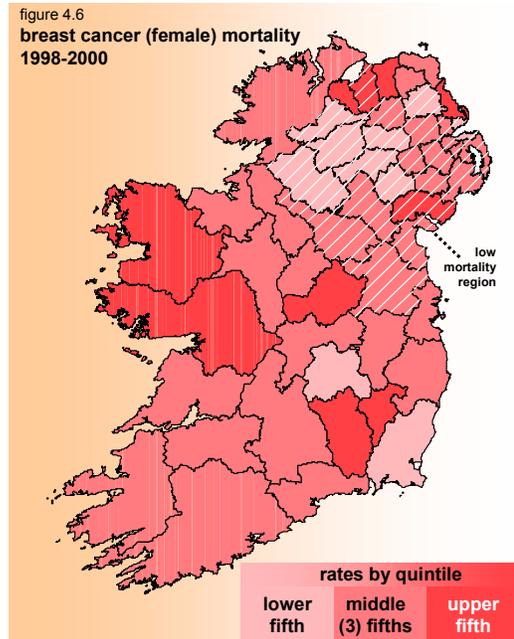


The focus of this report is on cancers that are life-threatening, represent a substantial burden to the general population and can be prevented or cured. These include colorectal, breast, lung, prostate, stomach, and oesophageal cancers, as well as melanoma of the skin. Additionally, all cancer sites combined, all childhood cancers and lymphoma are profiled since these are often a concern to the public, researchers and policy makers.

Each year there are over 19000 new cancer cases and 11000 cancer deaths in Ireland. This excludes 5800 cases of non-melanoma skin cancer, which are rarely life-threatening.

The four commonest cancers— breast, colorectal, lung and prostate —are of the highest concern and the report includes specific recommended actions for these.

The maps below are coloured to show the 20% of counties/district councils with the lowest or highest rates. No statistical significance is implied. The shaded areas show where the incidence or mortality was significantly different from that in Ireland as a whole.



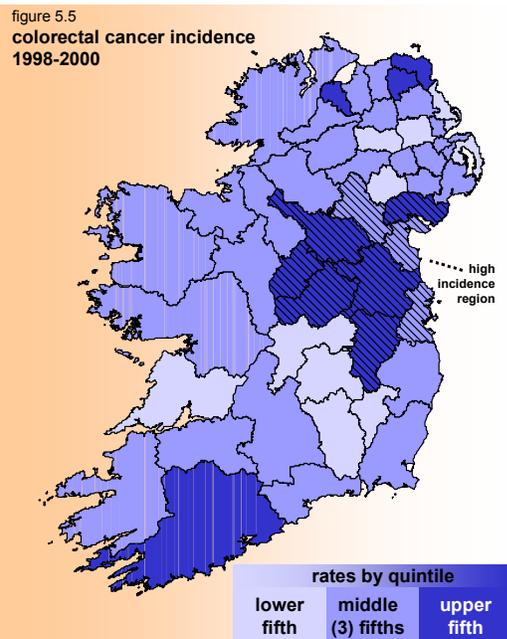
**Breast cancer** – For women, breast cancer is the leading type of cancer and the leading cause of cancer-related death. Mammography screening can prevent deaths from breast cancer. Mortality rates in Northern Ireland, where nationally sponsored screening programmes are well-established, have fallen by more than 20% between 1994 and 2000. In the Republic of Ireland, breast cancer mortality rates are the same in 2000 as they were in 1994.

Although all the differences between Northern Ireland and the Republic may not be attributable to screening, the findings suggest a need for increased mammography screening services in the Republic of Ireland.

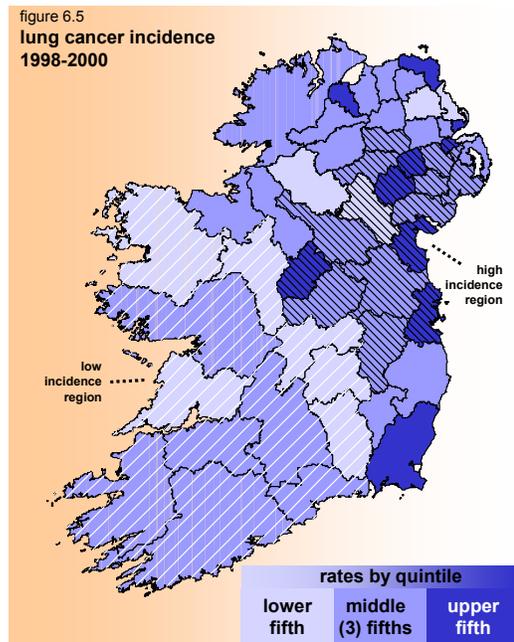
**Colorectal cancer** – For both sexes combined, colorectal cancer is the leading type of cancer in Ireland, and the second leading cause of cancer-related death.

Striking variations by region and by sex exist in Ireland. The eastern seaboard region has significantly more cases than expected. The incidence in men is 1.5 times higher than in women.

Understanding why regional variations exist, and targeting prevention programmes to those regions and populations at highest risk should be a public health priority.



**Lung cancer** – The leading cause of cancer death in Ireland is lung cancer. Cigarette smoking is the principal cause of lung cancer. Prevention is the most effective means of reducing lung cancer deaths.



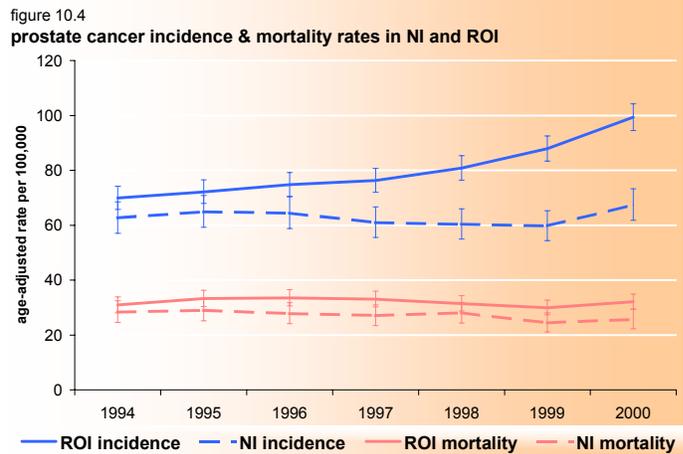
The nationwide effort in the Republic of Ireland to reduce tobacco use, including a ban on smoking in public places, should profoundly lower the rates of lung cancer. Prevention initiatives need to be instituted island-wide, with an emphasis on urban areas, which have the highest incidence.

**Prostate cancer** – The leading type of cancer in men is prostate cancer. The benefits of screening are unclear. Added to this uncertainty is the widespread and growing use of PSA tests. These can detect non-life threatening prostate cancers, but cannot distinguish them from life-threatening ones.

the Republic of Ireland increased by 33% – with a 22% increase between 1998 and 2000 alone. In Northern Ireland, during that same 1994-2000 period, there was no change in the incidence rate. Why? From 1994 to 2000 the mortality rates in Northern Ireland fell by 12%, but in the Republic of Ireland they have remained unchanged. Why?

Between 1994 and 2000, the incidence rates in

Answering these questions has implications for issues as diverse as health care resource utilization, incentives in the health care industry, quality of care, quality of life, and the epidemiology of prostate cancer. They must be explored.



The National Cancer Registry and the Northern Ireland Cancer Registry are the foundations of our understanding of cancer throughout the island. Their collaboration exemplifies the value of partnerships.

A broader coalition of the registries and key medical, advocacy, and public health entities could provide data-driven leadership in reducing cancer incidence, morbidity and mortality through prevention, early detection, treatment, rehabilitation, and palliation. The first steps in building such a coalition have been made through the establishment of the Ireland/Northern Ireland/NCI Cancer Consortium.

The need to develop this coalition may be the highest priority finding of this report.

The full report and this summary are also available on our websites [www.qub.ac.uk/nicr](http://www.qub.ac.uk/nicr) [www.ncri.ie](http://www.ncri.ie)

## Key findings:

# 1

- Colorectal is the leading type of cancer for both sexes combined. For men only, prostate is the leading type. For women only, breast is the leading cancer.
- Lung cancer is the leading cause of cancer-related death for both sexes combined and for men only. For women, breast cancer is the leading cause of cancer-related death.
- Lung, oesophageal and stomach cancer incidence and mortality rates for men are more than twice those for women. For most other major cancers, with the exception of breast and melanoma of the skin, the incidence and mortality rates for men are significantly higher than those for women.
- Breast, colorectal, lung, lymphoma, oesophageal cancer and melanoma of the skin incidence rates for women in Ireland are significantly higher than the rates for women in the EU. Oesophageal cancer rates are also higher among women here than in the US.
- Breast, colorectal, lung, lymphoma and oesophageal cancer mortality rates for women in Ireland are significantly higher than those in the EU. Breast, colorectal and oesophageal cancer mortality rates in women here are also higher than in the US, as are the rates of melanoma of the skin and stomach cancer.
- Colorectal and oesophageal cancer incidence rates for men in Ireland are significantly higher than the rates in either the EU or the US. The incidence rate for prostate cancer in Ireland is also significantly higher than in the EU, and the incidence rate for stomach cancer is higher for men in Ireland than in the US.
- Colorectal, oesophageal, and prostate cancer mortality rates for men in Ireland are significantly higher than for men in either the EU or the US. The mortality rate for lymphoma in men in Ireland is higher than the rate in the EU, and the mortality rate for stomach cancer is higher than in the US.
- The incidence rate for lymphoma, breast and lung cancers in women is increasing. For lymphoma, the mortality rate for women is also increasing.
- The incidence rate for men is increasing for lymphoma and prostate cancer.
- Prostate cancer incidence rates in the Republic of Ireland are significantly higher than in Northern Ireland, and are becoming increasingly so over time.
- Regions in the east of Ireland have significantly more breast, colorectal, lung, prostate and stomach cancer cases than expected.
- Regions in the east of Ireland have significantly more lung, melanoma of the skin, oesophageal and stomach cancers deaths than expected.
- For nearly the entire Republic of Ireland the number of prostate cancer deaths is significantly higher than expected.
- For children, cancer incidence and mortality in Ireland is rare, and is not significantly different from either the EU or the US.
- No county, district council or region has significantly more or fewer childhood cancers than expected.