Cancer Incidence Projections to 2035 in Northern Ireland


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Cancer incidence trends 1993-2013 with projections to 2035

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Methods

Data on all cancers (excluding NMSC) diagnosed during 1993-2013 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.

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 20% by 2035 for stomach, bladder and prostate cancers, - increase by more than 20% by 2035 for melanoma, oral, liver and kidney cancers.

Also compared to the 2009-2013 average female incidence rates are projected to: - decrease by more than 20% by 2035 for stomach and cervical cancers; - increase by more than 20% by 2035 for melanoma, oral, uterine, liver, kidney, pancreatic, lung and breast cancer.

PROJECTED NUMBER OF CASES DIAGNOSED BY SEX AND TYPE IN 2020 AND 2035

The number of cases diagnosed each year is projected to increase for all cancer types, except for stomach cancer, and cervical cancer.

By 2035 case volume is expected to more than double for liver, kidney and oral cancers, for female uterine and pancreatic cancers and for male melanoma.

Factors that can influence incidence projections

Changes to risk factor exposure within the general population. 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.

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 cancer classification or revisions to population projections.

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