

# Saskatchewan Cancer Control Report

## *Profiling Cancer in Regional Health Authorities*



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## Foreword

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The mission of the Saskatchewan Cancer Agency is to provide leadership in health promotion, early detection, treatment and research for cancer. With this in mind, one of the key factors towards our work is ensuring that cancer-related data is available to help inform cancer control initiatives throughout the province.

This report, which is the outcome of the Cancer Agency's surveillance activities, profiles cancer in regional health authorities. This data provides a valuable window into the health of people within the province and the influences of age and population size on the burden of cancer.

Our hope is that health professionals, care providers, administrators, government and others will use this information to better understand jurisdictional differences and the needs of specific communities.

Using the data presented, the Cancer Agency, as well as its partners in care, can identify opportunities for short and long-term planning with regard to treatment, follow-up care and primary prevention. This report is a good step in that direction.

I want to thank our Epidemiology and Performance Measurement staff for their expertise and dedication in preparing this report and helping to increase the understanding of the impact of cancer, and Cancer Registry and Public Affairs staff for their assistance.

This report helps draw attention to the opportunities for improved cancer control, and this is valuable if we are to achieve better health for Saskatchewan residents.



Scott Livingstone  
President and Chief Executive Officer



# Table of Contents

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	Page
Key Findings .....	3
Introduction.....	4
Cancer Trends in Saskatchewan .....	5
Regional Variations in Cancer .....	9
Regional Health Authorities	
Sun Country.....	20
Five Hills.....	23
Cypress .....	26
Regina Qu'Appelle .....	29
Sunrise.....	32
Saskatoon.....	35
Heartland.....	38
Kelsey Trail .....	41
Prince Albert Parkland.....	44
Prairie North.....	47
Northern Regions .....	50
(Athabasca, Keewatin Yatthé, Mamawetan Churchill River)	
Glossary of Terms.....	53
Acronyms .....	53
Methods .....	54
References .....	55
Appendix A	
Cancer Incidence Categories and Labels.....	56
Cancer Mortality Categories and Labels .....	57
Appendix B	
2013-2014 Statistical Tables.....	58



# Key Findings

## Saskatchewan

- The number of new invasive cancers in females increased 32 per cent from 1995 to 2014, but the overall age-adjusted incidence rate increased only eight per cent.
- The number of new invasive cancers in males increased 20 per cent from 1995 to 2014, whereas the overall age-adjusted incidence rate increased until 2004 and subsequently declined, with an overall decline of five per cent.
- For the first time the number of new invasive cancers diagnosed among females in 2010 was equal to the number diagnosed among males.
- Cancer is most common in people over age 50. Ninety per cent of all invasive cancers diagnosed in 2014 were in people aged 50 years and over. This age group is growing in Saskatchewan, and continues to comprise an increasing proportion of Saskatchewan's population. This has important implications for planning cancer screening, diagnostic and treatment services.
- In females, age-adjusted incidence rates of breast cancer remained fairly stable from 1995 to 2014, but rates of female lung cancer increased 30 per cent over this time period.
- In males, age-adjusted incidence rates of prostate cancer reached peak incidence in 2004 and then subsequently declined. Rates of lung cancer displayed a slight decrease after 1998.
- The most commonly diagnosed cancer in both sexes was colorectal cancer. The Screening Program for Colorectal Cancer was implemented over the period of 2009 to 2013, and a climb in colorectal cancer incidence rates was observed in more recent years. Such an increase is expected following implementation of a screening program.
- Age-adjusted mortality rates have been declining since 2006 in females and since 2002 in males. In females, the number of deaths increased 14 per cent from 1995 to 2014, however the age-adjusted mortality rates decreased nine per cent. In males, the number of deaths remained fairly stable, and age-adjusted mortality rates decreased by 20 per cent.

- Lung cancer was the most common cause of cancer death for both females and males. Age-adjusted mortality rates for male lung cancer declined 28 per cent from 1995 to 2014, whereas mortality rates for female lung cancer rose 20 per cent between 1995 and 2014. Smoking is the single most important risk factor for lung cancer, and it is estimated that over 85 per cent of lung cancer cases in Canada are related to smoking.
- The five and 10-year crude prevalence rate in Saskatchewan was 14.3 per 1,000 and 23.4 per 1,000, respectively.

## Regional Health Authorities

- For female breast cancer, Heartland, Saskatoon and Cypress had fewer cases than expected.
- For female lung cancer, Saskatoon and Prairie North had fewer cases than expected, whereas the North, Regina Qu'Appelle and Five Hills had more cases than expected.
- For colorectal cancer in females, the North and Sun Country had more cases than expected, whereas Prince Albert Parkland, Heartland and Saskatoon all had fewer cases than expected.
- For prostate cancer, more cases than expected were observed in Regina Qu'Appelle, but Prairie North, Heartland and Saskatoon all had fewer cases than expected.
- For male colorectal cancer, Prairie North, Heartland and Saskatoon all had fewer cases than expected, whereas Sunrise had more cases than expected.
- For male lung cancer, Prairie North, Saskatoon and Cypress all had fewer cases of lung cancer than expected.
- The crude five and 10-year prevalence rates were highest in Sunrise (19.3 and 32.0 per 1,000, respectively) and lowest in the North (7.0 and 11.2 per 1,000, respectively).

*Lung cancer was the most common cause of cancer death for both females and males.*

## Introduction

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The Saskatchewan Cancer Agency is pleased to provide our fifth Saskatchewan Cancer Control Report (SCCR). The objective of these reports is to inform the public, health organizations, government, and other interested parties on the status of cancer in Saskatchewan.

Each report provides information about cancer covering a 20-year period. This report covers the years 1995 to 2014.

The cancer reports include statistics that are repeated in every report to allow for longer trends over time. Each report also has a special topic. Our previous report (2011) included additional information about the stage (extent of disease) of cancer at the time of diagnosis, a critical prognostic factor for cancer patient outcomes.

In 2004 the special topic was cancer in regional health authorities (RHAs), which was very well received by our regional partners.

We decided to use RHAs as our special topic again in this report, given 12 years has elapsed since we last reported on it.

Even as the 12 existing RHAs are consolidated into one Provincial Health Authority over the coming year, regional variation in cancer incidence and mortality by geographic location will still be of interest at the local level to the public, health providers and government.

We trust the information in the SCCR will provide important relevant information to a wide variety of stakeholders.



# Cancer Trends in Saskatchewan

## Incidence and Mortality

Figure 1 shows the annual number of new invasive cancers diagnosed and the age-adjusted incidence rates between 1995 and 2014. In 1995 there were 1,932 cases diagnosed in females and 2,247 in males. By 2014, this had increased to 2,551 and 2,703, respectively.

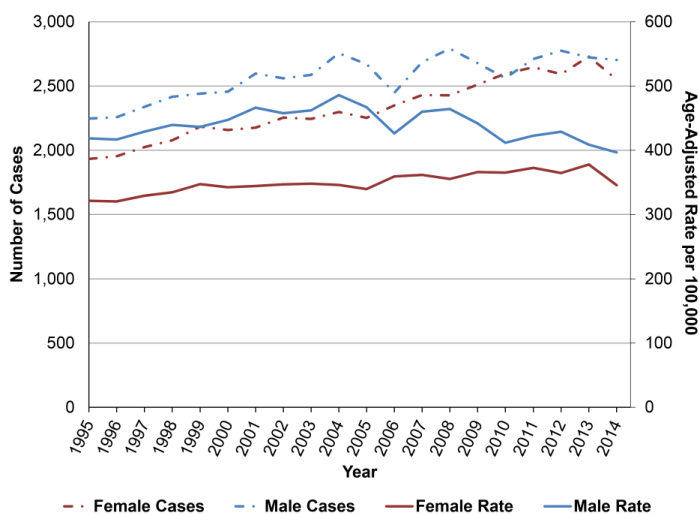
In 2010 the number of female cases reached the level of that in males. Although the number of cases in females climbed 32 per cent over the 20-year period, the change in rates was more modest, increasing only eight per cent. Expressing incidence as an age-adjusted rate accounts for changes in the population's size and age structure over time (see Glossary). Among males the number of cases increased 20 per cent over the 20-year period. The incidence rates increased until 2004, after which they followed a downward trend. The fluctuation in the male incidence rate over the 20-year period reflects the underlying trend in prostate cancer incidence rates (shown later).

Figure 2 shows the number of cancer deaths and the age-adjusted mortality rates for the province by sex. In females, the number of deaths increased 14 per cent, from 907 in 1995 to 1,038 in 2014. However, the age-adjusted mortality rates decreased nine per cent in this period, from 137 per 100,000 in 1995 to 125 per 100,000 in 2014. This can be partly attributed to a decline in breast cancer mortality rates (shown later). The number of deaths among males remained fairly stable over the 20-year period. In 1995, there were 1,197 deaths attributed to cancer in males, and in 2014 there were 1,217. However, age-adjusted mortality rates decreased by 20 per cent during this period. In 1995, the age-adjusted mortality rate for males was 218 per 100,000; by 2014 it was 175 per 100,000. This decrease is largely due to declines in prostate and lung cancer mortality rates (shown later).

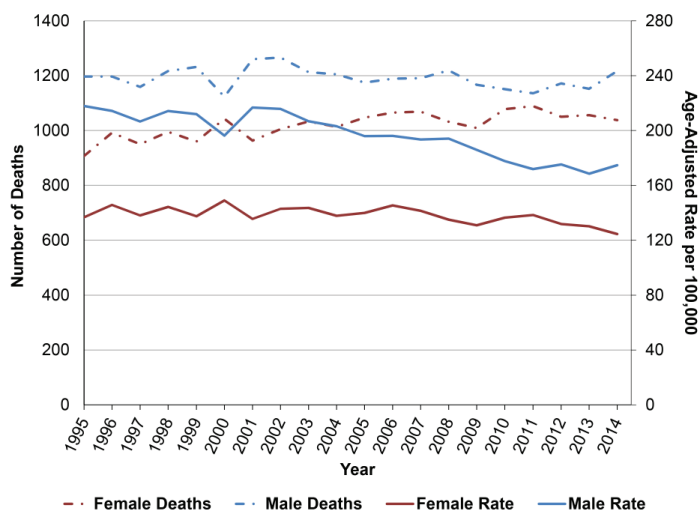
Detailed tables for incidence and mortality counts and crude rates for the years 2013 and 2014, organized by cancer site and age group, are provided in Appendix B. Tables for the years 2008-2012 are available online at [www.saskcancer.ca/sccr](http://www.saskcancer.ca/sccr).

The difference in trends between counts and age-standardized rates for incidence and mortality can largely be explained by the aging of the population over time. Cancer is most common in people over age 50 – for example, 90 per cent of all invasive cancers diagnosed in 2014 were in people aged 50 years and

**Figure 1: Number of Invasive Cancers and Age-Adjusted Incidence Rates, 1995-2014**



**Figure 2: Number of Deaths from Cancer and Age-Adjusted Mortality Rates, 1995-2014**



over – and the number of people in this age group grew between 1995 and 2014. Higher counts in an aging population are therefore expected, and age-standardization accounts for this change in population structure.

*Ninety per cent of all invasive cancers diagnosed in 2014 were in people aged 50 years and over.*

# Cancer Trends in Saskatchewan

Figure 3 shows the population distribution of Saskatchewan in 2014. In the 50-plus age group there were 386,715 people, accounting for 33.7 per cent of the total population (35.0 per cent in females and 32.4 per cent in males). In 1995, there were 275,025 people in that age group and they accounted for 27.0 per cent of the total population (28.6 per cent in females and 25.3 per cent in males). Although the increase in the number of people over age 50 is gradual over time, an increase of only one per cent in this group now represents about 11,500 more people. The current aging trend is expected to continue at least until the year 2036<sup>1</sup>. As the population continues to age and grow in size this will affect the total number of new cancer cases and deaths. This is an important consideration when planning cancer screening, diagnostic and treatment services.

## Incidence Rates of Common Cancers

Figure 4 shows the incidence trend for the three most common cancers among females. Age-adjusted incidence rates of breast cancer remained fairly stable over the 20-year period, fluctuating between 95 and 112 per 100,000. Rates of lung cancer increased about 30 per cent over 20 years, from 35 per 100,000 to 45 per 100,000. Age-adjusted rates of colorectal cancer increased 19 per cent over the 20-year period. Implementation of the Screening Program for Colorectal Cancer over the period of 2009-2013 may be affecting incidence rates in the more recent years.

Figure 5 shows trends in age-adjusted incidence rates for other common cancers in females. Rates of uterine cancer displayed an increasing trend between 1995 and 2014. There are several risk factors associated with uterine cancer, including exposure to unopposed estrogen therapies and being overweight or obese<sup>2</sup>. Rates of non-Hodgkin's lymphoma fluctuated between 11 and 16 per 100,000, and melanoma rates fluctuated between eight and 14 per 100,000.

Skin cancer is highly preventable, with exposure to ultraviolet radiation from the sun being the major environmental risk factor. More information on skin cancer in Saskatchewan can be found at [www.sunsmartsk.ca](http://www.sunsmartsk.ca). Rates of thyroid cancer increased from six per 100,000 in 1995 to 11 per 100,000 in 2014. This increasing trend has been observed in Canada and worldwide<sup>2,3</sup>.

A large proportion of thyroid cancers are likely due to increased surveillance and use of diagnostic technologies, resulting in an increase in the diagnosis of earlier stage, asymptomatic thyroid cancers<sup>2-4</sup>.

Figure 3: Population of Saskatchewan by Age and Sex, 2014

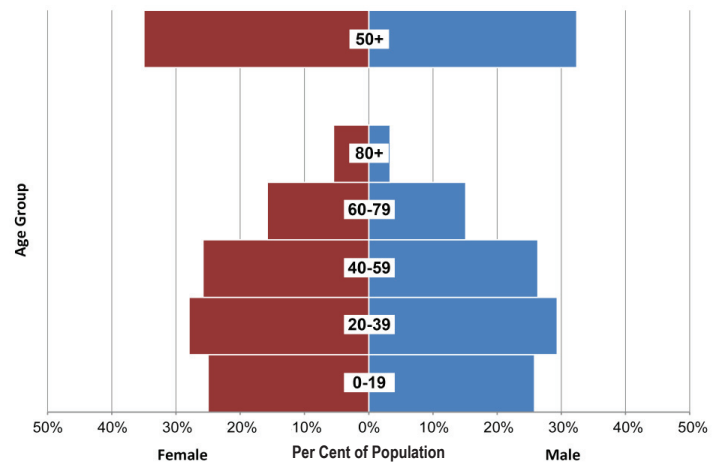


Figure 4: Age-Adjusted Incidence Rates for Common Invasive Cancers in Females, 1995-2014

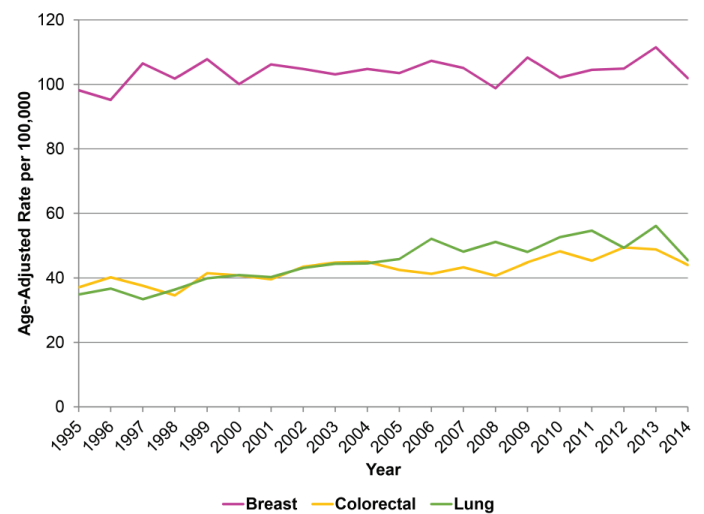
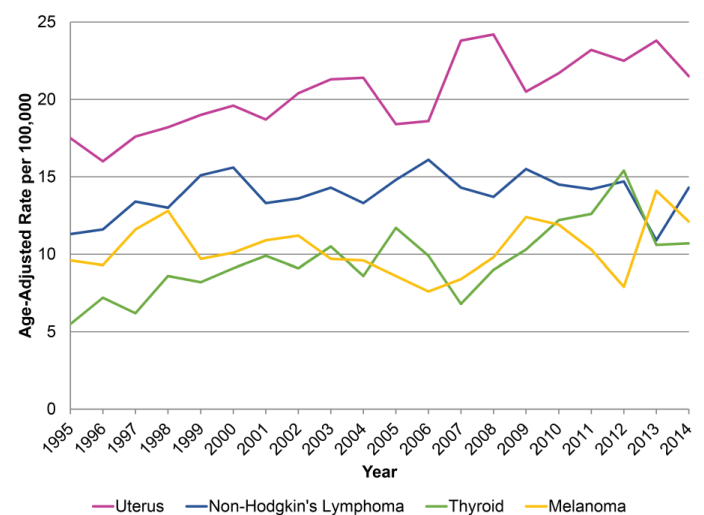


Figure 5: Age-Adjusted Incidence Rates for Selected Invasive Cancers in Females, 1995-2014



# Cancer Trends in Saskatchewan

Figure 6 shows the incidence trend for the three most common cancers among males – prostate, lung and colorectal cancers. Between 1995 and 2014, incidence of prostate cancer, which is the most commonly diagnosed cancer in males, changed dramatically. Starting in 1998, age-adjusted incidence rates began to rise sharply. After reaching peak incidence of 173 per 100,000 in 2004, rates declined to 2014. The lack of stability in the age-adjusted rate may be related to the widespread and changing diagnostic practices around use of prostate-specific antigen (PSA) testing<sup>5</sup>.

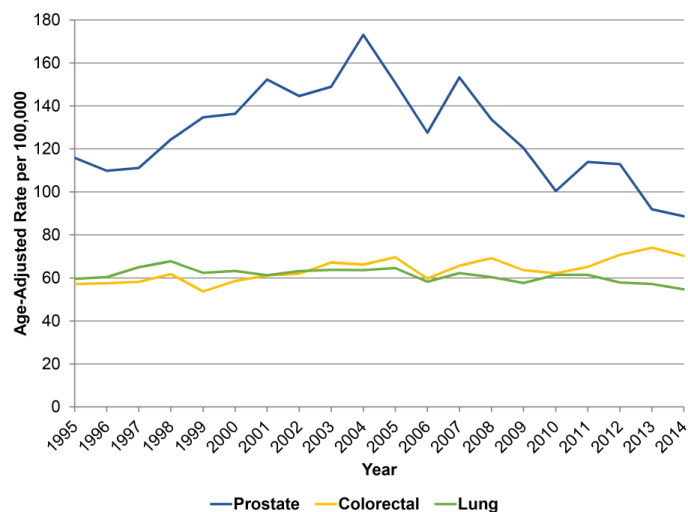
Lung cancer rates in males displayed a slight decrease over time after 1998. Incidence of colorectal cancer presented an increase of 23 per cent, from an age-adjusted rate of 57 per 100,000 in 1995 to 70 per 100,000 in 2014. Implementation of the Screening Program for Colorectal Cancer over the period of 2009-2013 may be affecting incidence rates in the more recent years. The climb in rates after 2010 would be expected after implementation of a screening program.

Figure 7 shows the trend in age-adjusted incidence rates for other common cancers in males. Since 2002, bladder cancer rates have fluctuated between 14 and 19 per 100,000. The drop in rates in 2002 is due to a change in International Classification of Diseases for Oncology (ICD-O) coding, which reduced the number of invasive cases recorded. Rates of non-Hodgkin's lymphoma fluctuated between 14 and 22 per 100,000 between 1995 and 2014. Rates of leukemia fluctuated between 16 and 22 per 100,000. Rates of kidney cancer displayed an increasing trend, from 10 per 100,000 in 1995 to 15 per 100,000 in 2014. Although the relative contribution of each remains unclear, this increase may be explained by improvements in detection as well as changes in modifiable risk factors including obesity, hypertension and tobacco use<sup>6</sup>.

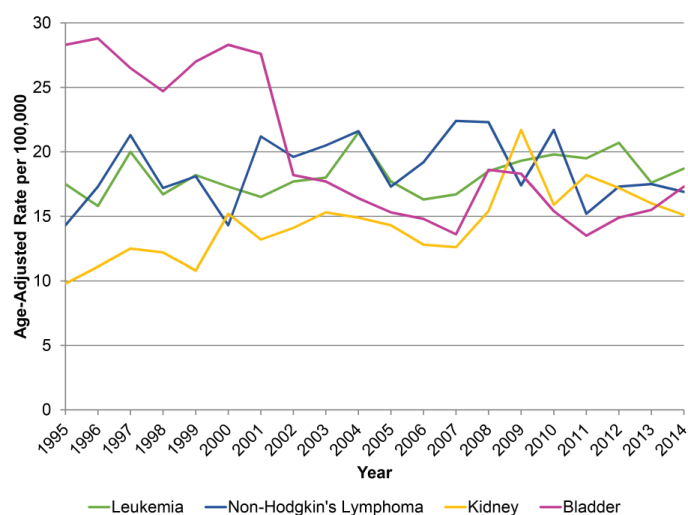
## Mortality Rates of Common Cancers

Figure 8 shows the age-adjusted mortality rates for common cancers in females. Lung cancer death rates rose 20 per cent from 30 per 100,000 in 1995 to 36 per 100,000 in 2014. Breast cancer mortality rates decreased 38 per cent from 27 per 100,000 in 1995 to 17 per 100,000 in 2014. Since 1990, the Saskatchewan Cancer Agency has operated the Screening Program for Breast Cancer. This organized population-based screening program combined with advances in treatment would be contributing factors in the observed decline in mortality rates. Colorectal cancer mortality rates remained fairly stable over the 20-year period at about 13 per 100,000.

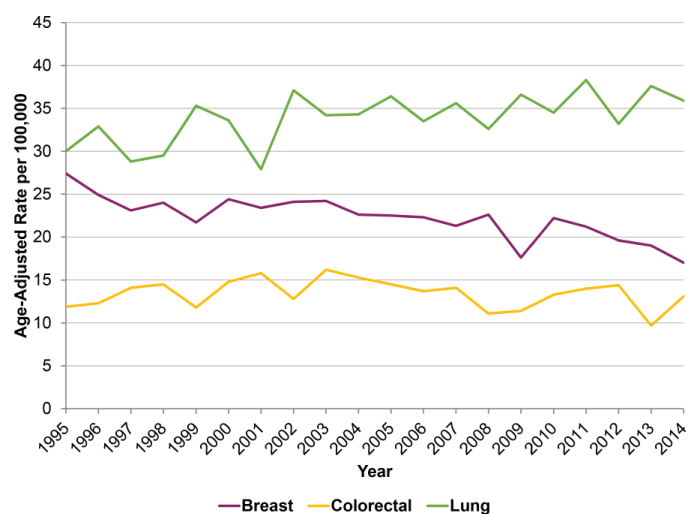
**Figure 6: Age-Adjusted Incidence Rates for Common Invasive Cancers in Males, 1995-2014**



**Figure 7: Age-Adjusted Incidence Rates for Selected Invasive Cancers in Males, 1995-2014**



**Figure 8: Age-Adjusted Mortality Rates for Common Invasive Cancers in Females, 1995-2014**

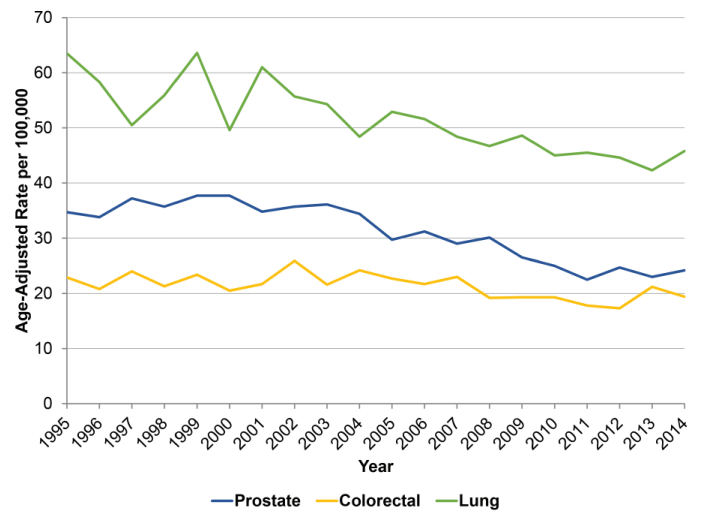




# Cancer Trends in Saskatchewan

Figure 9 shows the age-adjusted mortality rates for common cancers in males. Mortality rates for lung cancer, the most common cause of cancer death, declined 28 per cent over the 20-year period, from 64 per 100,000 in 1995 to 46 per 100,000 in 2014. Rates of prostate cancer mortality decreased 30 per cent over the 20-year period, from 35 per 100,000 to 24 per 100,000. Colorectal cancer mortality rates in males remained fairly stable over the 20-year period.

**Figure 9: Age-Adjusted Mortality Rates for Common Invasive Cancers in Males, 1995-2014**



# Regional Variations in Cancer

In this section, age-adjusted rates are provided by cancer site and sex for each health region for the period 2010-2014. The information provided has been grouped into five-year periods to avoid very small numbers that would result from using only one year of data. The three northernmost health regions/authority (Mamawetan Churchill River, Keewatin Yatthé and Athabasca) were also combined into one region called the North.

Age-adjustment allows for comparisons between health regions that may have different age structures. Rates for each health region can also be compared to the overall age-adjusted rate for the province for both males and females. Age-standardized incidence rate values can be affected by the choice of age groups, cancer site definitions, age standard used as well as apportioning plan files (see Methods). Caution is advised when comparing with values from other reports.

The top cancer sites were mapped to highlight those health regions where the observed number of cancers was more or less than expected, based on a standardized incidence ratio. P-values are shown to indicate those health regions that had a statistically different number of cancers than expected.

## What is a Standardized Incidence Ratio?

The Standardized Incidence Ratio (SIR) compares the observed number of cancer cases to the number that would be expected (see Methods) if each health region had the same age and sex-specific cancer rates (for each cancer site) as the provincial rates. The observed and expected numbers of cases can be non-integers (see Methods). The SIR is reported as a percentage. For example, to calculate the female colorectal cancer SIR for Sun Country, the expected number of cases for that region was calculated based on the provincial age-specific rates of colorectal cancer in females from 2010-2014. These provincial rates were multiplied into the female population of that health region for 2010-2014, which produced the expected number of colorectal cancers for females in the region.

In this example, 100.4 cases of female colorectal cancer would be expected for Sun Country if the health region had the same incidence rates as the province. The observed number of female colorectal cancer cases in Sun Country for the same time period was 123.0. The observed number of cases was divided by the expected number and multiplied by 100 per cent to obtain the SIR as shown:

$$\text{SIR (female colorectal cancer in Sun Country)} = 123.0 / 100.4 \times 100\% = 122.5\%$$

In this example, Sun Country had 22.5 per cent more cases than would be expected if their female colorectal cancer incidence rates were the same as the province overall.

A more detailed description of this calculation is provided in the Methods section.

## What is a P-value?

A p-value is a probability. It represents the chance that an observation as extreme as or more extreme than the one observed would have occurred under the null hypothesis. The null hypothesis is simply an assumption that there is no difference between one variable and another. In the female colorectal cancer example, the p-value represents the chance of observing the 22.5 per cent difference in female colorectal cancer cases in Sun Country, assuming the colorectal cancer incidence rates were the same as the province.

In this case, the p-value was calculated (see Methods) and found to be 0.0120 or 1.2 per cent. This means there was a 1.2 per cent chance (or about one in 83) of having an SIR of 122.5 per cent in that region if the incidence rates were the same for both Sun Country and the province. P-values under 0.05 or 5 per cent (a one in 20 chance) indicates a finding is statistically significant; thus the example suggests there was a real difference in the rates between the province and the region. For this report, p-values under 0.05 are considered statistically significant.

The p-value depends on a number of factors, one of which is size of the groups being compared. Therefore, there may be health regions where the SIRs are high or low but the p-value is not significant. This is usually because, due to small population sizes, the SIR is based on a small number of observed and expected cases.

Colour-coded maps are included to illustrate whether the observed number of cases was statistically less than expected, more than expected, or no different than expected. Maps shown include cases for the five-year period 2010-2014. We selected cancer sites that as of 2014 were the most common in Saskatchewan males and females.



# Regional Variations in Cancer

## Why does a Health Region have More or Fewer Cancer Cases than Expected?

There are three main reasons a health region would have more or fewer observed than expected cases based on the provincial rates:

1. First, a difference could occur if the region had more (or less) exposure to some factor that may increase (or decrease) the risk of cancer. An example would be smoking, where higher or lower lung cancer rates would result if the smoking patterns in the health region populations varied considerably from the overall smoking habits of the provincial population. In this case, the assumption that the health region and province had similar rates would be false.
2. Second, screening and/or early detection practices may vary between health regions. This could affect the incidence in cancer sites where there are procedures for early detection of cancer — specifically breast, prostate and colorectal. For example, if physicians in one region use PSA tests (for prostate cancer detection) more (or less) than the overall PSA test use in the province, then more (or fewer) prostate cancers than expected may be detected in that region. Of note, the Saskatchewan Cancer Agency began implementing the Saskatchewan Screening Program for Colorectal Cancer in 2009. This program has been fully provincial in scope since February 2013. Due to the phased-in approach to implementation, incidence rates have been influenced differently in each region.

3. Finally, differences in cancer rates may occur by chance alone. We have selected a common p-value (0.05) as our cutoff for statistical significance. A p-value lower than 0.05 means that it is more unlikely that the difference between the observed number of cases and the expected number happened by chance alone if the rates in the health region and the province were in fact the same. But chance cannot be entirely ruled out as the reason for a statistically significant finding in the standardized incidence ratios (SIRs).

## Age-Adjusted Incidence Rates in Females

Table 1 shows the age-adjusted incidence rates for the top cancer sites (invasive only) in females for the time period 2010-2014. Rates are shown for each health region and are ranked according to the top sites for the province (Sask column). Breast cancer had the highest age-adjusted incidence rate among females at 105.0 per 100,000. Corresponding rates in the health regions ranged from a low of 90.3 per 100,000 in Heartland to a high of 107.4 per 100,000 in Kelsey Trail. Provincially, lung and colorectal cancers had the second and third highest rates (51.5 and 47.1 per 100,000, respectively), however rates of colorectal cancer were higher than rates of lung cancer in Sun Country, Kelsey Trail and Prairie North. Cancer of the uterus and non-Hodgkin's lymphoma round out the top five cancer sites in females.

**Table 1: Age-Adjusted Incidence Rates in Females by Cancer Site and Health Region, 2010-2014**

Site	Sask	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Northern Regions
Breast	105.0	98.7	101.3	93.6	100.9	102.8	97.3	90.3	107.4	106.3	97.3	102.7
Lung	51.5	44.7	59.7	45.7	56.1	53.6	44.6	45.7	52.0	56.1	36.0	76.8
Colorectal	47.1	56.0	56.3	45.7	43.3	49.0	43.0	40.7	52.4	37.7	42.2	57.2
Uterus	22.5	20.8	22.6	21.0	20.9	21.9	24.2	26.4	21.1	23.0	14.2	10.0
Non-Hodgkin's Lymphoma	13.6	11.6	9.1	11.1	14.3	13.2	13.7	15.1	10.7	14.1	10.0	15.7
Thyroid	12.3	10.3	12.9	12.8	10.1	17.1	10.7	13.5	16.4	12.6	8.9	6.7
Melanoma	11.3	11.8	8.4	8.2	11.9	9.2	12.4	12.6	13.2	5.8	6.1	3.2
Ovary	10.8	8.7	9.5	9.2	8.4	15.4	12.9	10.0	8.8	9.3	6.9	7.4
Leukemia	10.8	11.7	12.1	8.3	11.2	7.0	10.0	11.6	9.2	9.0	8.6	5.7
Kidney	9.5	11.0	9.2	3.5	9.5	10.3	7.2	12.5	13.0	10.3	11.9	12.8
Cervix	8.1	6.2	7.7	9.0	6.8	7.6	7.3	7.7	12.0	10.3	10.4	8.8
All Other Sites	62.3	55.0	71.4	52.3	64.4	65.8	61.3	48.5	57.5	52.8	49.2	54.6
Overall Age-Adjusted Rate	365.0	346.5	380.3	320.4	357.8	373.1	344.8	334.7	373.6	347.2	301.7	361.7



# Regional Variations in Cancer

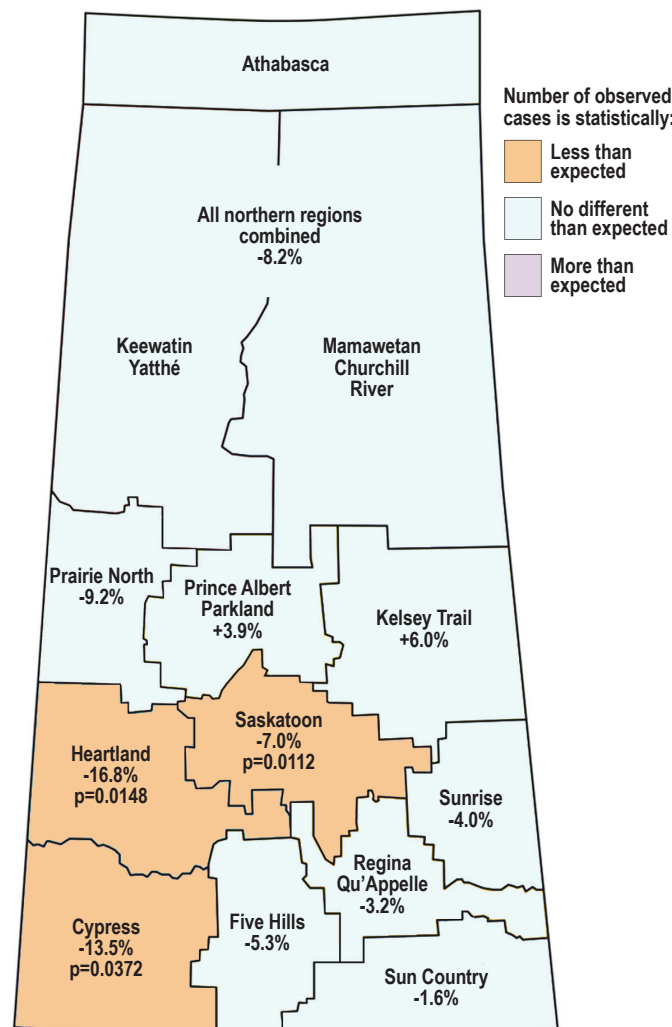
SIRs and p-values are shown in Figures 10-14 for the top five female sites. The maps highlight health regions where the number of cancers observed was higher than expected, lower than expected, or no different than expected.

When assigning cancer cases to a health region for analysis, fractional counts can result because of how the population is assigned to each health region (see Methods).

## Standardized Incidence Ratios in Females

Figure 10 shows the SIRs for breast cancer in females. Saskatoon had 7.0 per cent fewer cases than expected based on 990 observed cases and 1,064.5 expected cases. Heartland had 16.8 per cent fewer cases than expected, with 139.4 observed cases compared to 167.6 expected cases. Cypress had 13.5 per cent fewer cases than expected, with 151 observed cases and

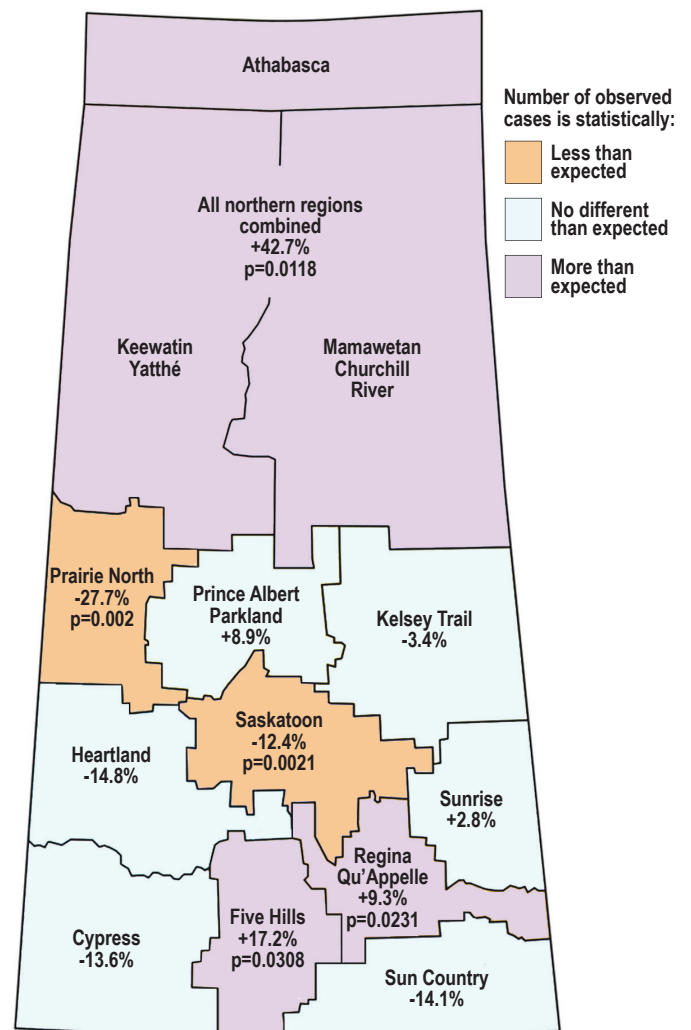
**Figure 10: Standardized Incidence Ratios for Female Breast Cancer, 2010-2014**



174.6 expected cases. For all other health regions, the differences between the observed number of cases and the expected number of cases were not statistically significant.

Figure 11 shows the SIRs for lung cancer in females. Saskatoon had 12.4 per cent fewer cases than expected (469.5 observed versus 535.7 expected), and Prairie North had 27.7 per cent fewer (77.7 observed versus 107.6 expected). The number of observed cases in the North was 42.7 per cent more than expected, with 40.0 expected cases and 28 observed cases. Regina Qu'Appelle had 9.3 per cent more cases than expected (501.6 observed versus 458.8 expected), and Five Hills had 17.2 per cent more (139.3 observed versus 118.9 expected). Differences in SIRs for lung cancer across regions are likely due to differences in smoking patterns in those populations.

**Figure 11: Standardized Incidence Ratios for Female Lung Cancer, 2010-2014**

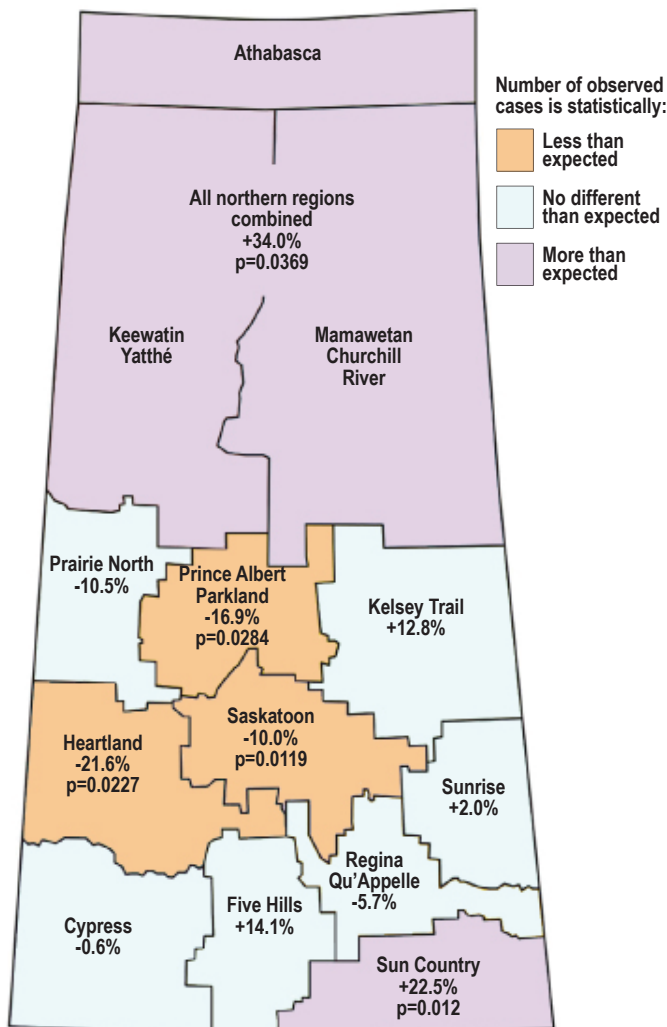


# Regional Variations in Cancer

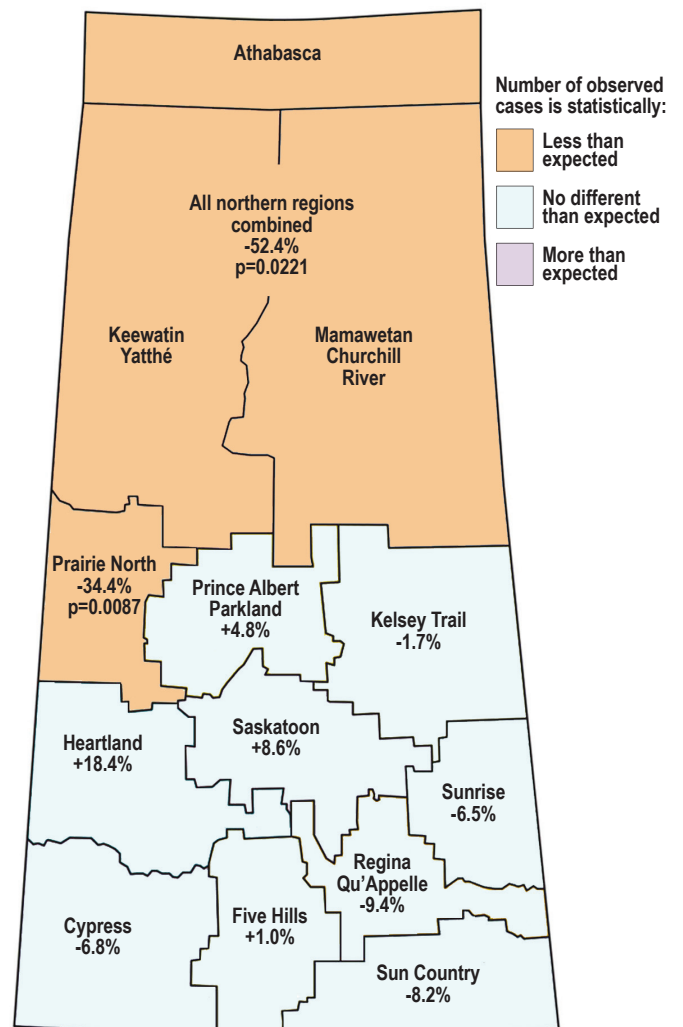
Figure 12 shows the SIRs for colorectal cancer in females. The North presented 34.0 per cent more cases than expected (37 observed versus 27.6 expected). Likewise, Sun Country had 22.5 per cent more cases than expected, with 123 observed cases compared to 100.4 expected. In contrast, Saskatoon had 10.0 per cent fewer cases than expected (461.5 observed versus 512.7 expected), and Heartland had 21.6 per cent fewer cases than expected (67.1 observed versus 85.7 expected). Prince Albert Parkland had 16.9 per cent fewer cases than expected (105.7 observed versus 127.2 expected). All other regions observed numbers of cases that were no different than expected.

Figure 13 shows the SIRs for uterine cancer in females. Prairie North had 34.4 per cent fewer cases than expected, with 31.3 observed cases compared to 47.7 expected. The North had 52.4 per cent fewer cases than expected, with 7 observed cases compared to 14.7 expected. For all other health regions, the differences between the observed number of cases and the expected number of cases of uterine cancer were not statistically significant.

**Figure 12: Standardized Incidence Ratios for Female Colorectal Cancer, 2010-2014**



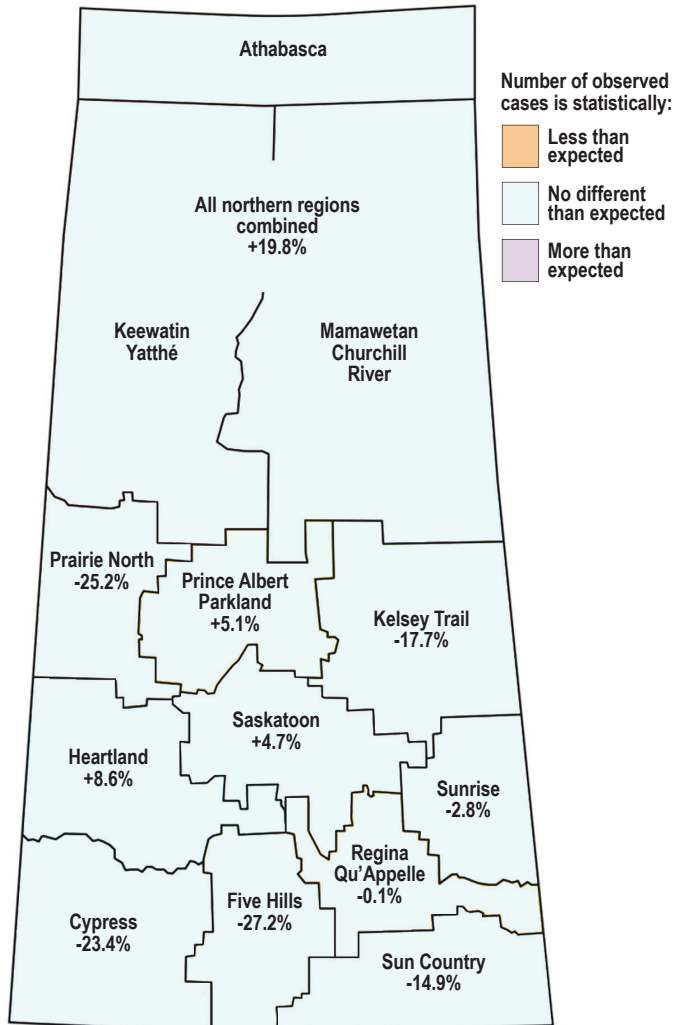
**Figure 13: Standardized Incidence Ratios for Uterine Cancer, 2010-2014**



# Regional Variations in Cancer

Figure 14 shows the SIRs for non-Hodgkin’s lymphoma (NHL) in females. The observed NHL cases for all health regions were statistically no different than expected.

**Figure 14: Standardized Incidence Ratios for Female Non-Hodgkin’s Lymphoma, 2010-2014**



# Regional Variations in Cancer

## Age-Adjusted Incidence Rates in Males

Table 2 shows the age-adjusted incidence rates for the top cancer sites (invasive only) in males for the time period 2010-2014. Rates are shown for each health region and are ranked according to the top sites for the province (Sask column). Prostate cancer had the highest age-adjusted incidence rate among males in the province at 101.3 per 100,000. Prostate cancer showed the greatest variability in rates among all sites (male

or female), ranging from a low of 62.0 per 100,000 in Prairie North to a high of 117.7 per 100,000 in Regina Qu'Appelle. Colorectal and lung cancers had the second and third highest rates (68.5 and 58.5 per 100,000, respectively). Rates of lung cancer were higher than rates of colorectal cancer in the North. Provincially, leukemia and non-Hodgkin's lymphoma round out the top five cancer sites in males.

**Table 2: Age-Adjusted Incidence Rates in Males by Cancer Site and Health Region, 2010-2014**

Site	Sask	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Northern Regions
Prostate	101.3	99.3	109.6	103.8	117.7	107.6	79.6	80.2	101.2	109.1	62.0	95.0
Colorectal	68.5	70.1	62.2	62.0	71.3	78.5	60.0	57.0	73.5	74.7	56.6	62.9
Lung	58.5	62.4	59.2	41.4	61.6	57.5	53.1	51.8	64.0	60.5	46.5	75.9
Leukemia	19.3	18.5	13.5	15.6	22.8	16.0	16.5	20.2	23.2	17.8	14.9	8.0
Non-Hodgkin's Lymphoma	17.7	11.5	19.9	17.6	17.5	16.9	16.7	16.7	20.0	13.5	20.5	12.0
Kidney	16.5	17.5	20.8	11.5	18.4	21.7	13.4	13.0	16.4	14.0	11.6	30.6
Bladder	15.3	16.5	16.9	13.3	14.0	17.0	16.3	13.2	16.0	17.6	9.1	8.1
Melanoma	12.5	16.3	15.5	9.7	13.4	11.3	11.6	9.7	9.9	12.6	8.0	3.4
Pancreas	11.2	11.2	7.9	10.2	10.9	16.2	11.7	7.3	10.4	9.5	8.3	7.8
Stomach	9.5	10.1	10.9	7.5	11.0	9.5	8.6	5.8	9.7	6.7	6.6	9.3
All Other Sites	83.3	74.2	81.5	91.0	85.4	96.7	80.0	74.3	66.1	81.8	61.9	52.4
Overall Age-Adjusted Rate	413.5	407.6	417.9	383.5	444.1	448.9	367.6	349.2	410.5	417.9	306.1	365.6



# Regional Variations in Cancer

Figures 15-19 show SIRs and p-values for the top cancer sites in males. The maps highlight health regions where the number of cancers observed was higher than expected, lower than expected, or no different than expected.

When assigning cancer cases to a health region for analysis, fractional counts can result because of how the population is assigned to each health region (see Methods).

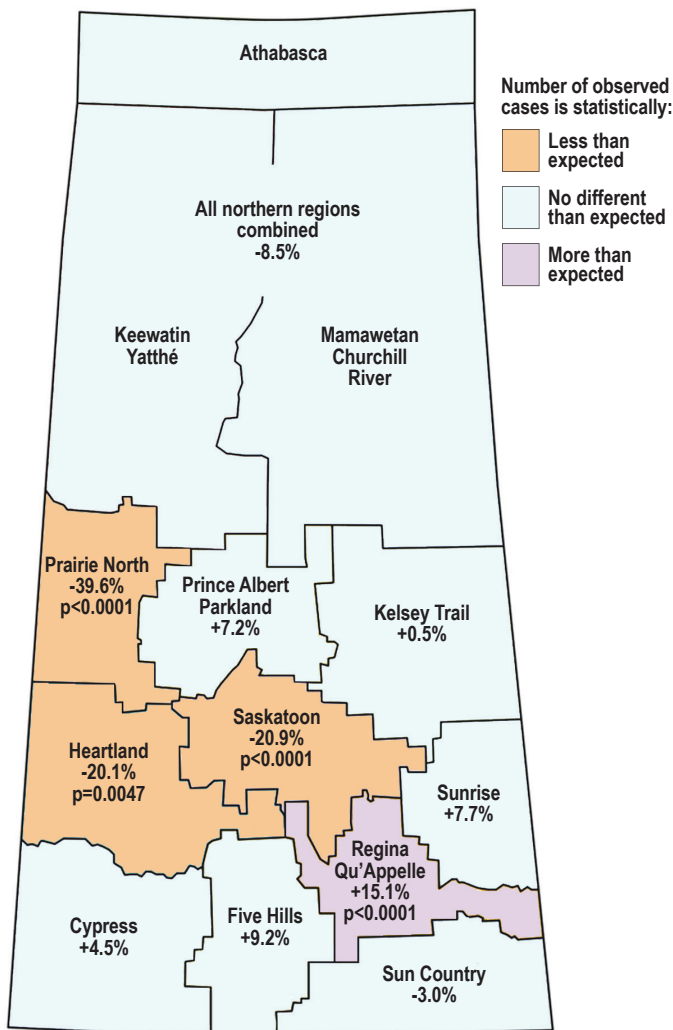
## Standardized Incidence Ratios in Males

Figure 15 shows the SIRs for prostate cancer. Regina Qu'Appelle had 15.1 per cent more cases than expected (897.7 observed versus 779.7 expected). Three health regions had fewer cases than expected. Prairie North had 39.6 per cent fewer (124.5 observed versus 206.1 expected), Saskatoon had 20.9 per cent fewer (720.2

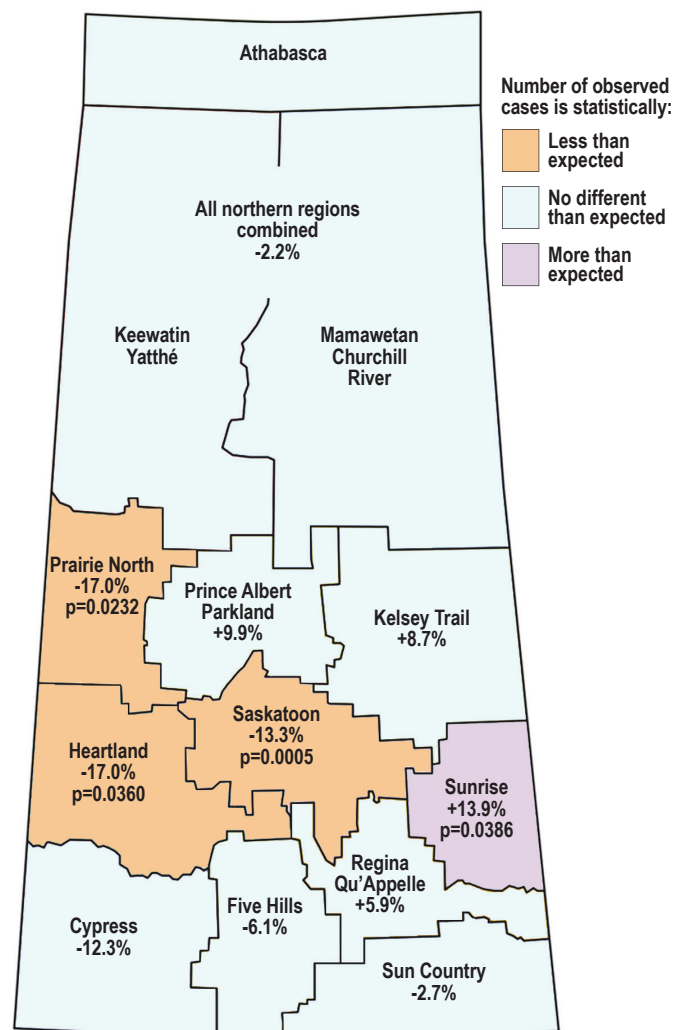
observed versus 910.7 expected), and Heartland had 20.1 per cent fewer (133.2 observed versus 166.8 expected). The remaining health regions had SIRs that were no different than expected.

Figure 16 shows the SIRs for colorectal cancer in males. Three health regions had statistically fewer cases than expected. Prairie North had 17.0 per cent fewer cases than expected, with 114.6 observed and 138.0 expected. Heartland had 17.0 per cent fewer, with 92.9 observed versus 111.9 expected. In Saskatoon there were 13.3 per cent fewer cases than expected (533.5 observed versus 615.6 expected). Conversely, Sunrise had 13.9 per cent more cases than expected (185 observed and 162.4 expected). For all other health regions, the differences between the observed number of cases and the expected number of cases were not statistically significant.

**Figure 15: Standardized Incidence Ratios for Prostate Cancer, 2010-2014**



**Figure 16: Standardized Incidence Ratios for Male Colorectal Cancer, 2010-2014**





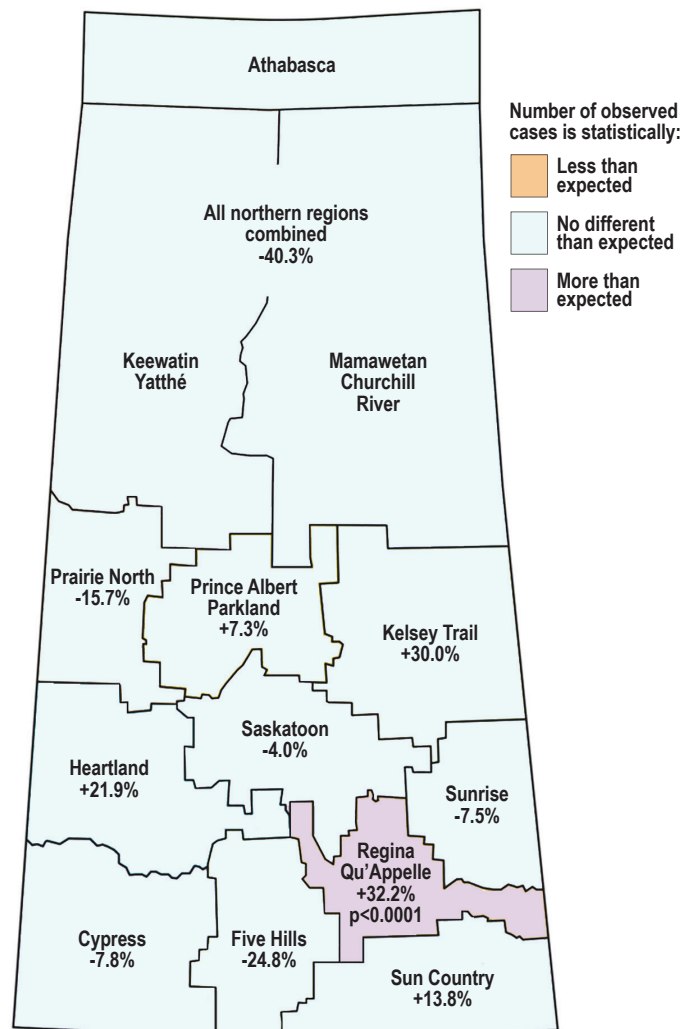
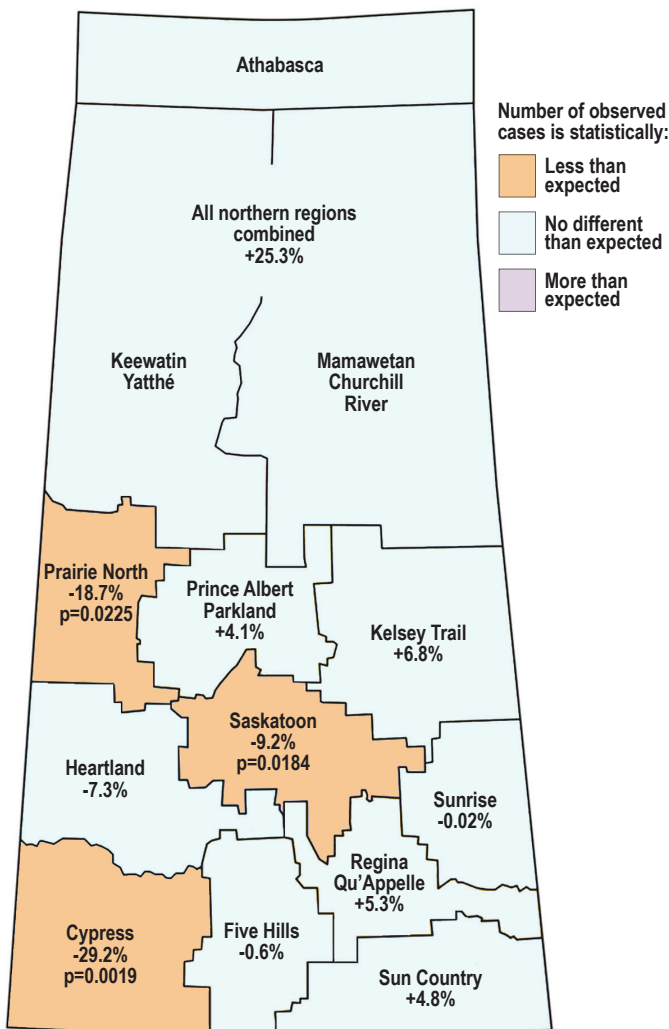
# Regional Variations in Cancer

Figure 17 shows the SIRs for lung cancer in males. Prairie North had 18.7 per cent fewer cases than expected (93.5 observed versus 115.0 expected). Saskatoon had 9.2 per cent fewer cases than expected (463.3 observed versus 510.5 expected), and Cypress had 29.2 per cent fewer cases than expected, with 69.5 observed cases and 98.1 expected cases. For all other health regions, the differences between the observed number of cases and the expected number of cases were not statistically significant.

Figure 18 shows the SIRs for leukemia in males. Regina Qu'Appelle had 32.2 per cent more observed cases than expected, with 171.8 observed cases compared to 130.0 expected. For all other health regions, the differences between the observed number of cases and the expected number of cases were not statistically significant.

**Figure 17: Standardized Incidence Ratios for Male Lung Cancer, 2010-2014**

**Figure 18: Standardized Incidence Ratios for Male Leukemia, 2010-2014**



# Regional Variations in Cancer

Figure 19 shows the SIRs for non-Hodgkin’s lymphoma (NHL) in males. The only health region with statistically different observed cases was Prince Albert Parkland, which had 25.7 per cent fewer cases than expected (31 observed versus 41.7 expected). For all other health regions, the differences between the observed number of cases and the expected number of cases of NHL were not statistically significant.

## Prevalence

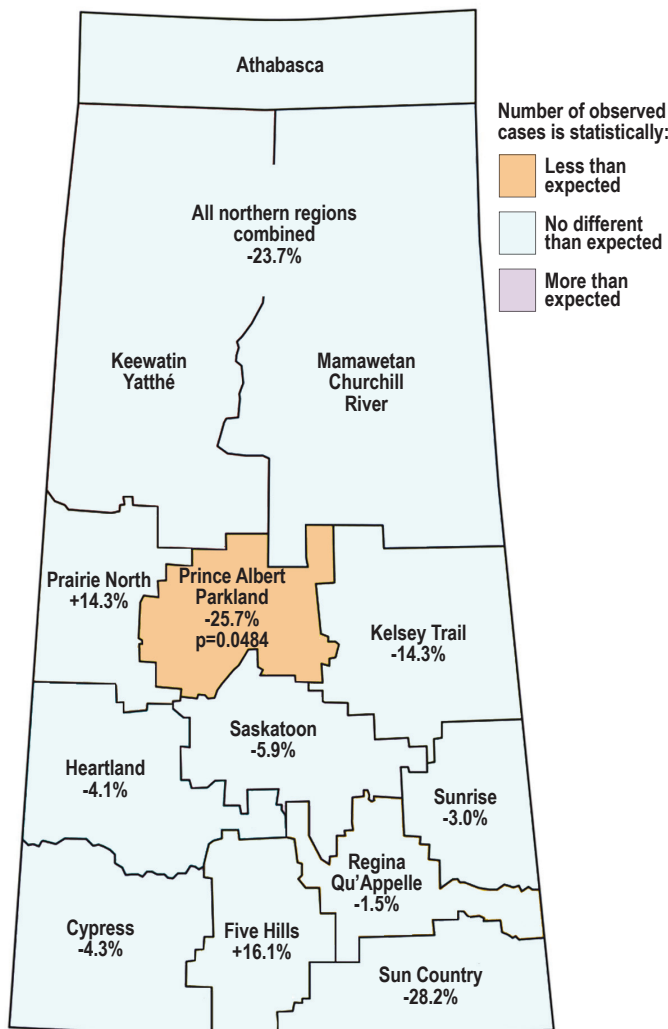
The number of new cancers diagnosed each year (cancer incidence) has been climbing in Saskatchewan and throughout Canada, and this trend is expected to continue. Much of the rise in incidence is due to population growth, particularly in the older age groups, and the fact that people are increasingly less likely to

die of non-cancer conditions such as cardiovascular disease<sup>7</sup>. The length of time that cancer patients survive after being diagnosed with cancer is also increasing, thanks to earlier detection and improved treatment.

This combination of factors has led to an increase in the number of Saskatchewan people who are living after being diagnosed with cancer. Known as cancer prevalence, this is the number or proportion of people in a specified population at a given time who are still alive after being diagnosed with cancer.

During the five years after they are diagnosed, people with cancer have significant healthcare needs. Five-year prevalence includes patients undergoing primary treatment or suffering from its side effects, as well as patients who, because they are at high risk for recurrence, must be followed closely. Other services patients require may include rehabilitation, psychosocial support and palliative care. Ten-year prevalence includes patients in the five-year prevalence group, as well as patients who are generally considered ‘cured’ of their disease and in whom the probability of recurrence is low. Continuing but less intense follow-up is sometimes recommended.<sup>8</sup>

**Figure 19: Standardized Incidence Ratios for Male Non-Hodgkin’s Lymphoma, 2010-2014**



*During the five years after they are diagnosed, people with cancer have significant healthcare needs.*

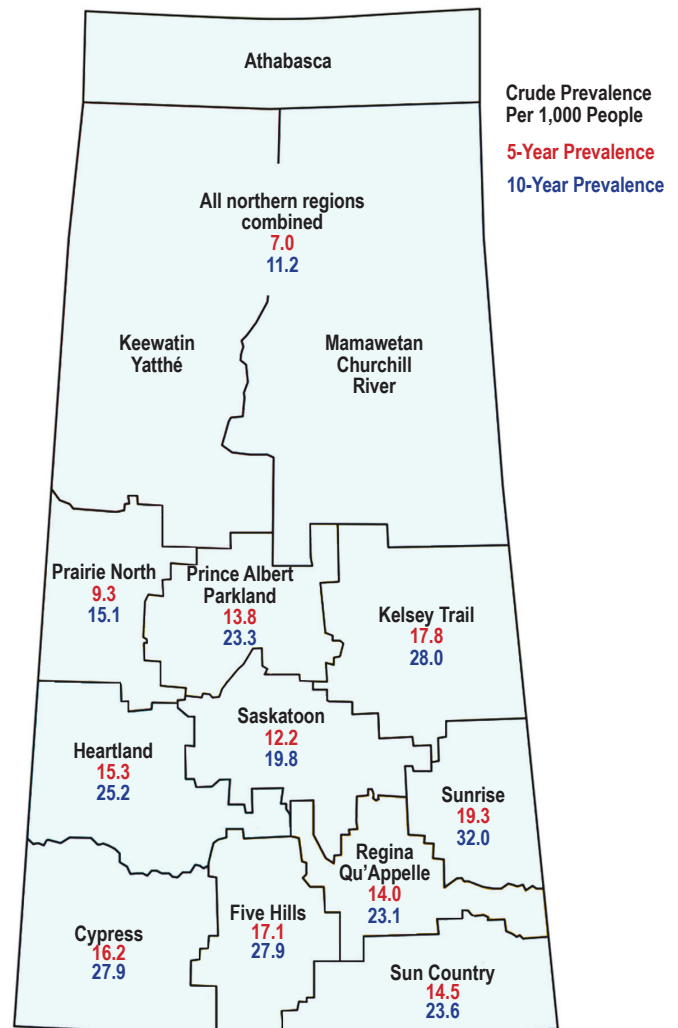
# Regional Variations in Cancer

Figure 20 shows the five (red) and 10-year (blue) prevalence rate of invasive cancer for each health region. The crude prevalence rate is the number of people alive (per 1,000 in the population) as of December 31, 2014 who were diagnosed with an invasive cancer in the previous five or ten years. Generally, health regions with older populations will have higher prevalence and younger regions lower prevalence since cancer is very age-dependent.

The five and 10-year crude prevalence rate for Saskatchewan was 14.3 per 1,000 and 23.4 per 1,000, respectively. The five-year prevalence rate in Sunrise was the highest among health regions at 19.3 per 1,000. Kelsey trail was second, with a prevalence rate of 17.8 per 1,000, while Five Hills was third with a prevalence rate of 17.1 per 1,000. Sunrise also had the highest 10-year prevalence rate at 32.0 per 1,000, compared to the provincial prevalence rate of 23.4 per 1,000. Kelsey Trail had the second highest prevalence rate at 28.0 per 1,000, followed by Five Hills (27.9 per 1,000) and Cypress (27.9 per 1,000). The North had both the lowest five-year prevalence rate (7.0 per 1,000) and 10-year prevalence rate (11.2 per 1,000) in the province.

Cancer prevalence rates were calculated using the limited duration point prevalence method. A description of this approach is discussed in the Methods section. In this calculation, the first cancer case, regardless of the cancer site, was counted as the prevalent case. This would result in people only being counted once even if they had more than one cancer diagnosis in the same period of interest.

**Figure 20: 5 and 10-Year Prevalence Rates of Invasive Cancer by Health Region, 2014**





# Regional Health Authorities

This section provides information about cancer for each health region. The information provided has been grouped into four (for trends) or five-year periods (for case counts) to avoid very small numbers that would result from using only one year of data. Still, some health regions have small populations and some cancers are rare, resulting in small counts. For this reason, the three northern regions were combined into one region called the North.

Trends covering 20 years are shown for the most common cancers and provincial trends are provided for comparison. Two bar charts highlight the top sites for incidence and mortality for each health region. To assist with comparisons between health regions and the province, the top incidence and mortality sites for the province are shown in Figures 21 and 22 for the same five-year period (2010-2014).

Figure 21 shows the top invasive cancer incidence sites for females and males in Saskatchewan for the period 2010-2014. Overall, there were 13,117 invasive cancers in females and 13,473 in males.

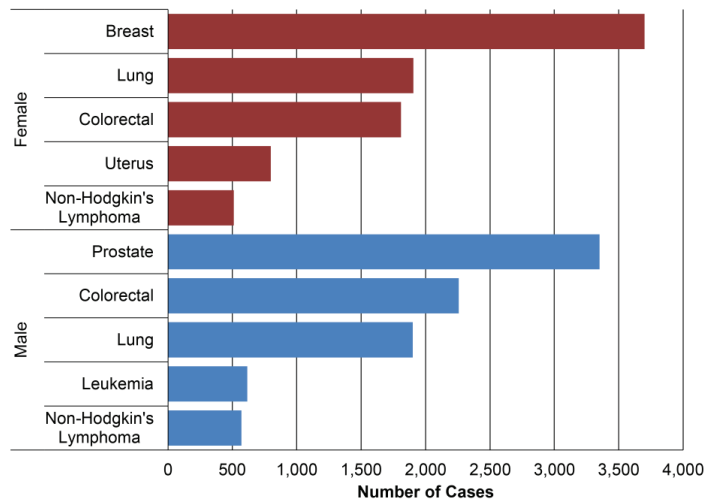
Breast cancer in females was nearly twice as common as lung cancer, which was the second leading cancer among females. Among males, prostate cancer was about one and a half times more common than colorectal cancer, the second leading cancer among males.

Although the top invasive cancer incidence sites were breast cancer in females and prostate cancer in males, the most common cancer incidence site for both sexes combined was colorectal cancer. Lung cancer was the second most common overall, followed by breast cancer and prostate cancer. Together, these four cancers accounted for over half (56 per cent) of all cases diagnosed in 2010-2014.

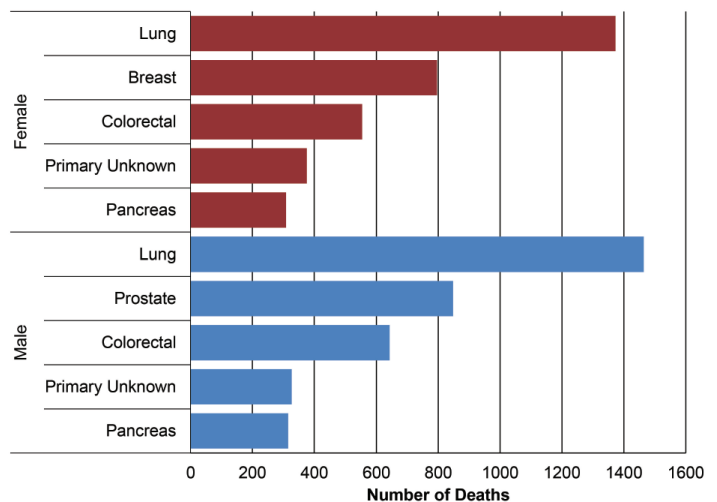
Figure 22 shows the top five cancer causes of death in Saskatchewan among females and males for the period 2010-2014. Overall, there were 5,311 cancer deaths in females and 5,828 deaths in males.

For both females and males, lung cancer was the most common cause of cancer death. Breast cancer in females and prostate cancer in males were the second most common, followed by colorectal cancer and then primary unknown (see Glossary). Cancer of the pancreas was the fifth most common cause of death in both sexes because of its very lethal nature. For both sexes combined, colorectal cancer mortality was second only to lung cancer mortality.

**Figure 21: Top Five Invasive Cancer Sites in Saskatchewan by Sex, 2010-2014**



**Figure 22: Top Five Cancer Causes of Death in Saskatchewan by Sex, 2010-2014**



*The most common cancer incidence site for both sexes combined was colorectal cancer.*

# Sun Country Regional Health Authority

Situated in the southeast corner of the province, the Sun Country Health Region serves communities such as Estevan and Weyburn.

The total population of Sun Country in 2014 was 59,984. The population pyramid in Figure 23 shows the distribution of the population of Sun Country by age group and sex.

In Sun Country, 35.8 per cent of females and 34.1 per cent of males were over age 50 in 2014. Overall, 34.9 per cent of the population was over 50. This is slightly higher than in the province, where 33.7 per cent of the population was over age 50 in 2014 (35.0 per cent in females and 32.4 per cent in males).

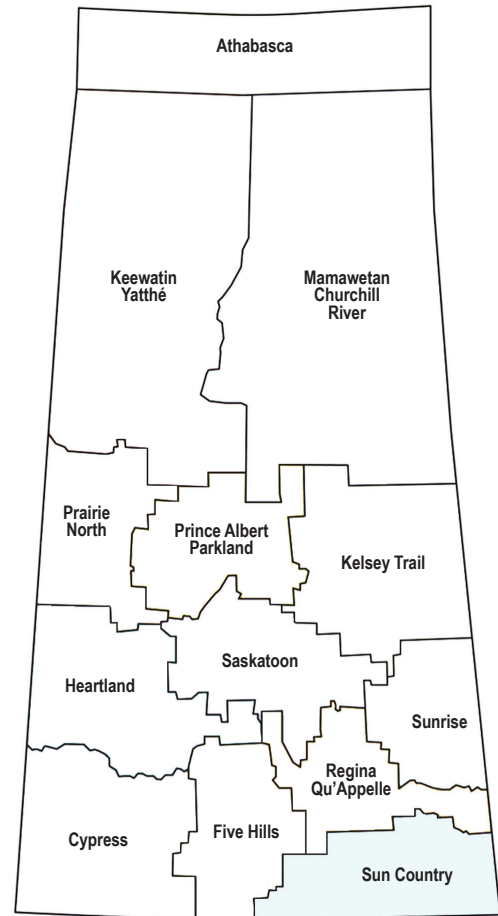
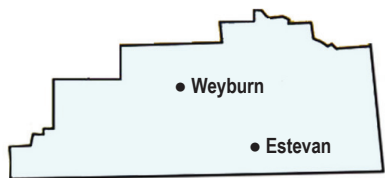
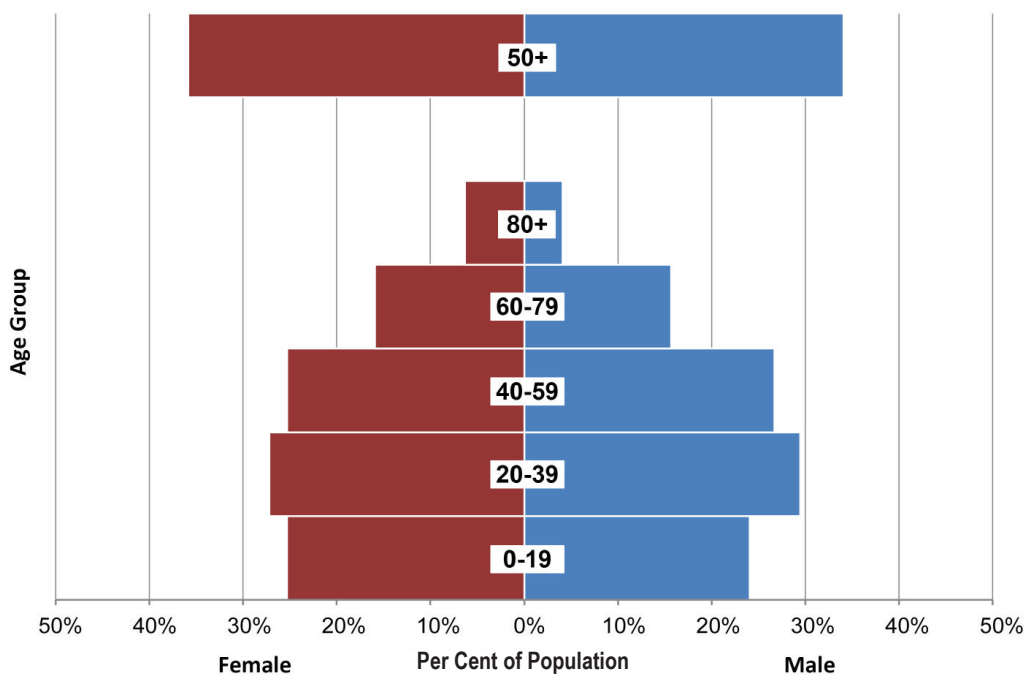


Figure 23: Population of Sun Country by Age and Sex, 2014



## Cancer Incidence

Figure 24 shows the top five invasive cancer sites by sex for Sun Country among females and males for the period 2010-2014. Overall, there were 688 cases in females and 760 cases in males.

In females, the most common was breast cancer (196 cases), accounting for 28 per cent of cases. Colorectal (123) and lung cancers (91) were next most common, together accounting for 31 per cent of cases. Rounding out the top five were cancer of the uterus (39) and non-Hodgkin's lymphoma (24).

The most common invasive cancer among males was prostate (187 cases), accounting for 25 per cent of cases. Together, colorectal (128) and lung (117) cancers accounted for 32 per cent of cases. These were followed by leukemia with 36 cases, and bladder cancer with 33 cases.

## Incidence Rates

Figure 25 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Sun Country and dashed lines are the provincial rates. Breast cancer rates increased from 90.5 per 100,000 in 1995-1998 to 102.7 per 100,000 in 2011-2014, remaining below provincial rates over the 20-year period. Though slightly lower than the provincial rates, lung cancer incidence rates increased from 24.8 per 100,000 in 1995-1998 to 45.2 per 100,000 in 2011-2014. Colorectal cancer rates increased from 42.6 per 100,000 to 54.2 per 100,000 over the 20-year period, remaining slightly higher than the provincial incidence rates.

Figure 26 shows the age-adjusted incidence rates of the top three invasive cancers for males. The age-adjusted prostate cancer rate fluctuated over the 20-year period, peaking at 170.4 per 100,000 in 2003-2006. In 2011-2014 it declined to 103.5 per 100,000, very similar to the corresponding provincial rate (101.5 per 100,000). Lung cancer rates in Sun Country reached 70.8 per 100,000 in 2003-2006 and subsequently declined to 57.2 per 100,000 in 2011-2014. Colorectal cancer rates followed the provincial trend, increasing from 56.1 per 100,000 in 1995-1998 to 69.7 per 100,000 in 2011-2014.

Figure 24: Top Five Invasive Cancer Sites in Sun Country by Sex, 2010-2014

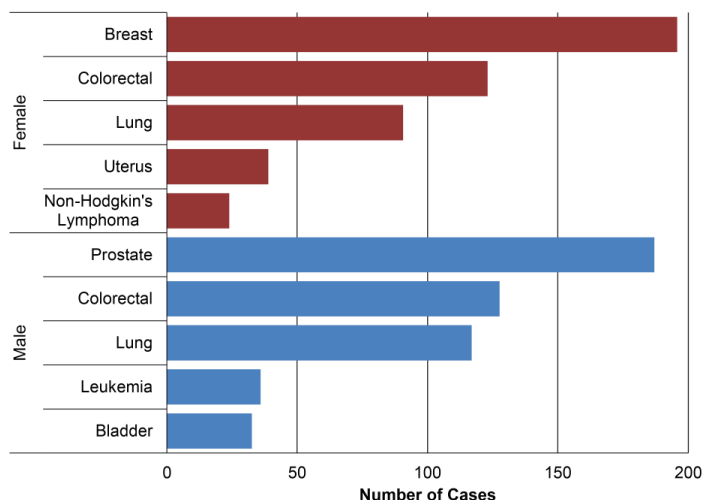


Figure 25: Trends in Incidence Rates for Common Cancer Sites in Females

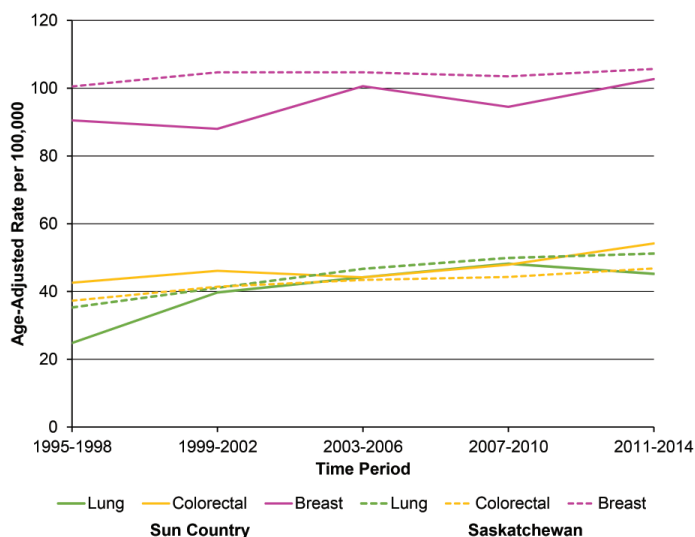
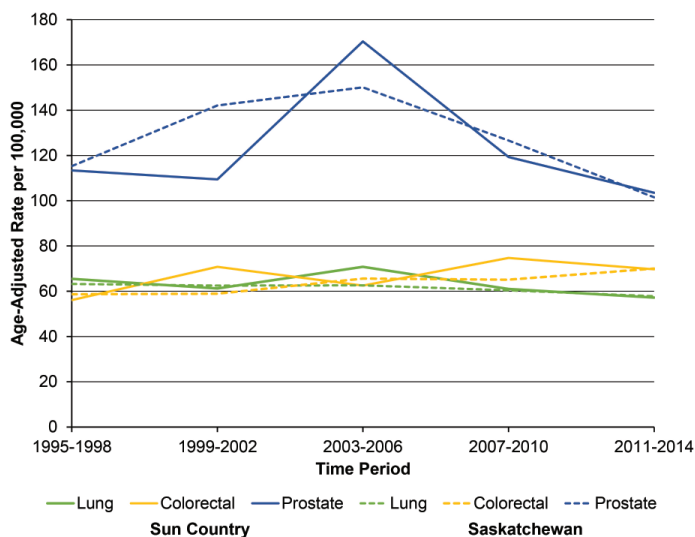


Figure 26: Trends in Incidence Rates for Common Cancer Sites in Males



## Cancer Mortality

Figure 27 shows the top five cancer causes of death in Sun Country among females and males for the period 2010-2014. Overall, there were 274 cancer deaths in females and 344 in males.

The most common cancer death among females was lung cancer (69 deaths), accounting for 25 per cent of all cancer deaths in females. Following this was breast cancer (39), which accounted for 14 per cent of female cancer deaths. Colorectal (33), ovary (22), and primary unknown (19) were the remaining sites in the top five.

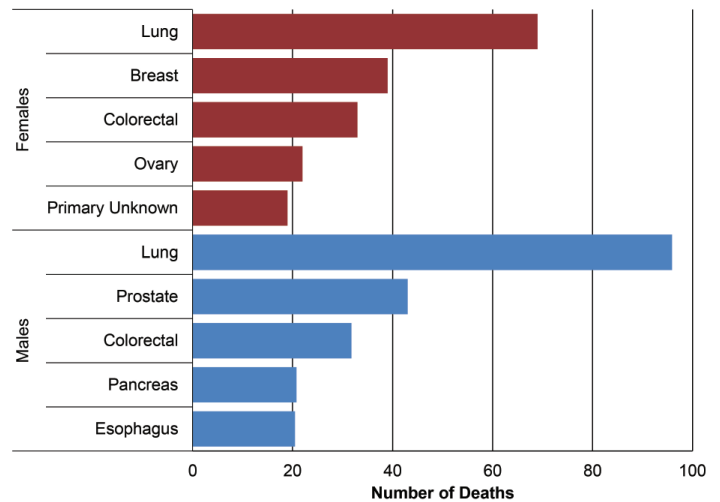
The most common cancer death among males was lung cancer (96 deaths), accounting for 28 per cent of all cancer deaths in males. Prostate cancer (43) accounted for 13 per cent of male cancer deaths. Colorectal (32), pancreas (21), and esophagus (21) round out the remaining sites in the top five cancer causes of death.

## Mortality Rates

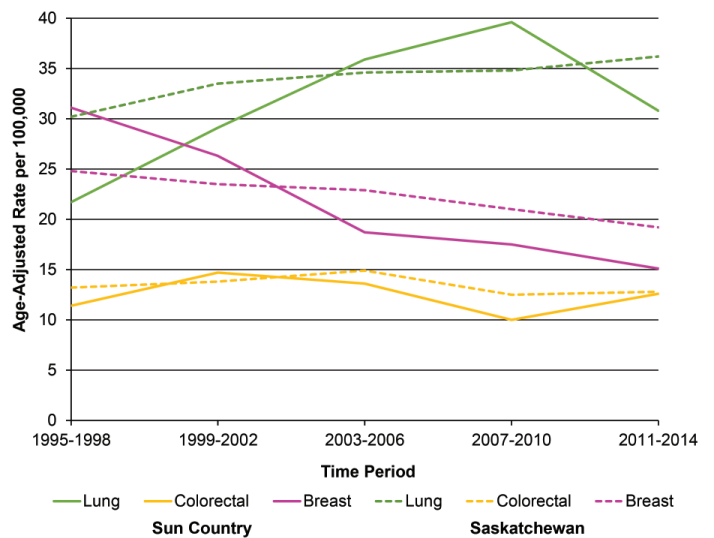
Figure 28 shows the age-adjusted mortality rates of the top three invasive cancers in females over the 20-year period. Solid lines are the mortality rates for Sun Country and dashed lines are the provincial rates. Lung cancer mortality rates climbed to 39.6 per 100,000 in 2007-2010, then declined to 30.8 per 100,000 in 2011-2014. Provincially, lung cancer mortality rates gradually increased. Breast cancer mortality rates in Sun Country showed a more marked decline than the provincial trend, from 31.1 per 100,000 in 1995-1998 to 15.1 per 100,000 in 2011-2014. Similar to the provincial rates, colorectal cancer mortality rates among Sun Country females remained fairly stable over the 20-year period.

Figure 29 shows the age-adjusted mortality rates for males. The age-adjusted mortality rate for lung cancer followed the provincial trend, declining from 58.8 per 100,000 in 1995-1998 to 45.3 per 100,000 in 2011-2014. Prostate cancer mortality rates showed an overall decline over the 20-year period, from 40.6 per 100,000 in 1995-1998 to 20.0 per 100,000 in 2011-2014. Colorectal cancer mortality rates in Sun Country reached 27.4 per 100,000 in 1999-2002 and subsequently declined to 16.8 per 100,000 in 2011-2014. Provincially, colorectal cancer mortality rates remained fairly stable over the 20-year period.

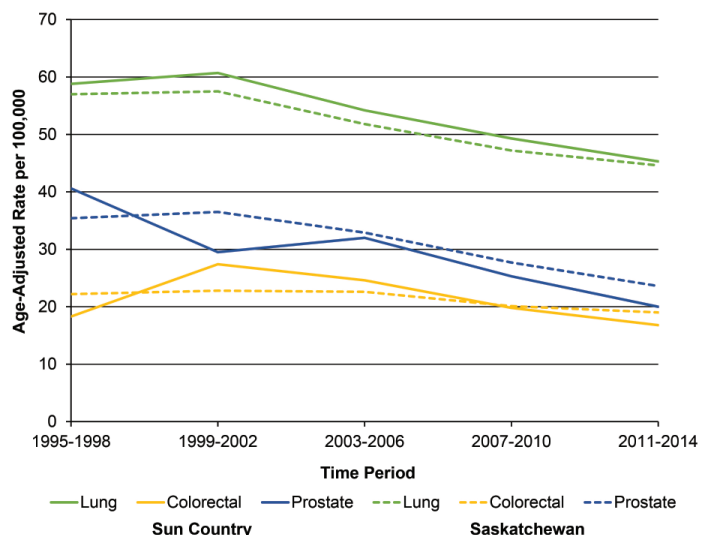
**Figure 27: Top Five Cancer Causes of Death in Sun Country by Sex, 2010-2014**



**Figure 28: Trends in Mortality Rates for Common Cancer Sites in Females**



**Figure 29: Trends in Mortality Rates for Common Cancer Sites in Males**



# Five Hills Regional Health Authority

Situated in the south-central area of the province, the Five Hills Health Region serves communities such as Moose Jaw, Assiniboia and Gravelbourg.

The total population of Five Hills in 2014 was 56,517. The population pyramid in Figure 30 shows the distribution of the population of Five Hills by age group and sex.

In Five Hills, 42.1 per cent of females and 39.3 per cent of males were over age 50 in 2014. Overall, 40.7 per cent of the population was over age 50. This is higher than in the province, where 33.7 per cent of the population was over age 50 in 2014 (35.0 per cent in females and 32.4 per cent in males).

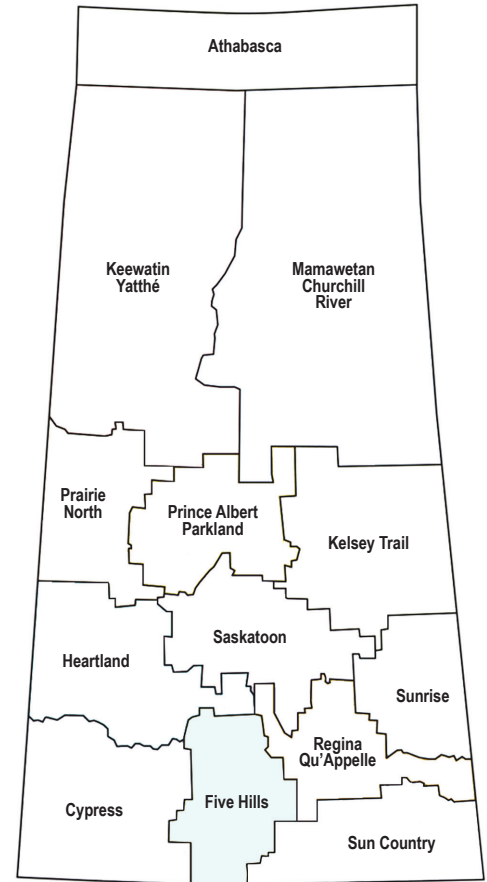
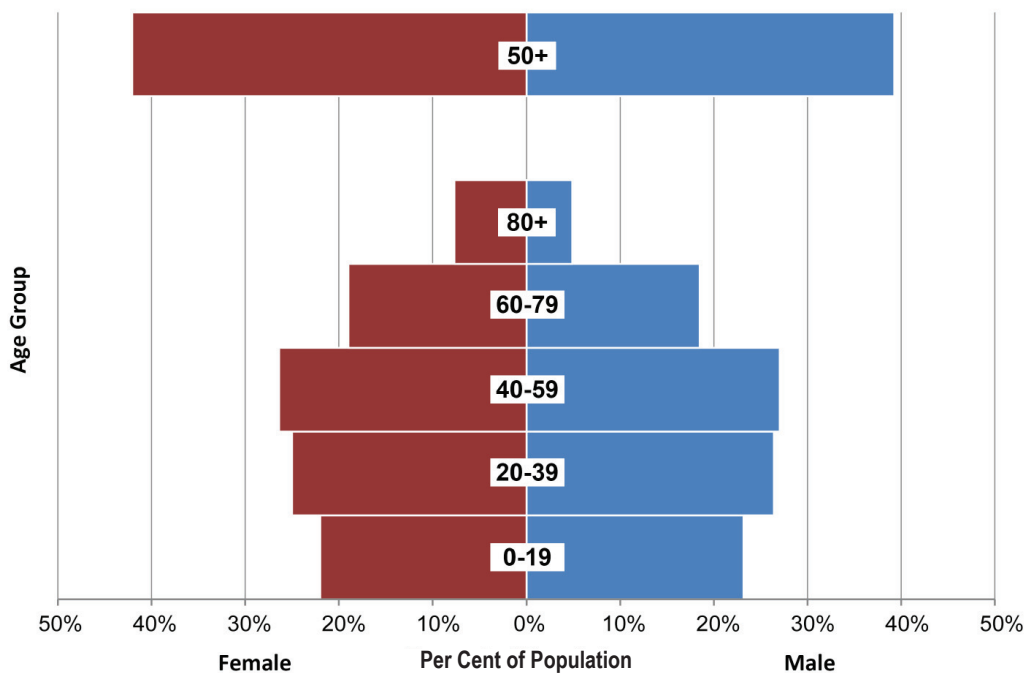


Figure 30: Population of Five Hills by Age and Sex, 2014



## Cancer Incidence

Figure 31 shows the top five invasive cancer sites by sex for Five Hills among females and males for the period 2010-2014. Overall, there were 832 cases in females and 841 cases in males.

The most common among females was breast (209 cases), accounting for 25 per cent of cases. Lung (139) and colorectal (129) cancers were next most common, together accounting for 32 per cent of cases. These were followed by cancers of the uterus (48) and pancreas (31).

The most common invasive cancer among males was prostate (226 cases), accounting for 27 per cent of cases. Together, colorectal (131) and lung cancers (119) accounted for 30 per cent of cases. These were followed by kidney cancer and non-Hodgkin's lymphoma, with 42 and 40 cases, respectively.

## Incidence Rates

Figure 32 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Five Hills and dashed lines are the provincial rates. Breast cancer rates in Five Hills displayed slight variation over the 20-year period. Provincially, rates remained stable. Lung cancer rates increased from 43.9 per 100,000 in 1995-1998 to 57.7 per 100,000 in 2011-2014, remaining higher than provincial rates during the 20-year period. Colorectal cancer rates showed a greater increase over the 20-year period than the provincial trend, climbing from 32.1 per 100,000 in 1995-1998 to 60.5 per 100,000 in 2011-2014.

Figure 33 shows the age-adjusted incidence rates of the top three invasive cancers for males. The age-adjusted prostate cancer rate in Five Hills fluctuated over the 20-year period, from a high of 191.3 per 100,000 in 1999-2002 to a low of 100.7 in 2011-2014. Similar to provincial rates, lung cancer rates remained fairly stable over the 20-year period. Colorectal cancer rates displayed variability, compared to a gradual increase provincially.

Figure 31: Top Five Invasive Cancer Sites in Five Hills by Sex, 2010-2014

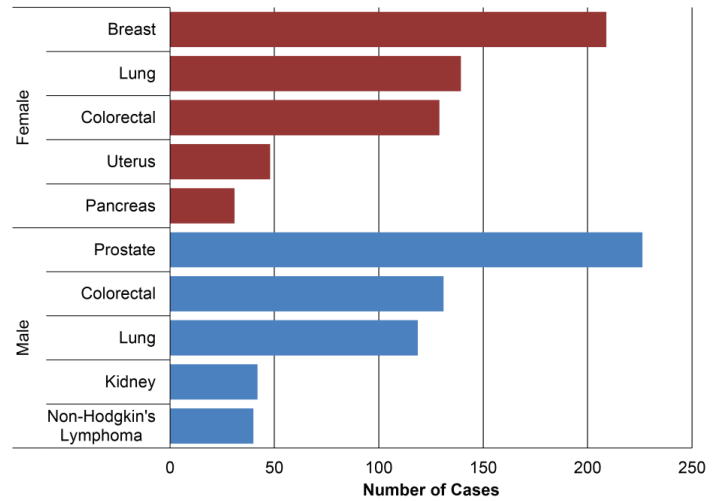


Figure 32: Trends in Incidence Rates for Common Cancer Sites in Females

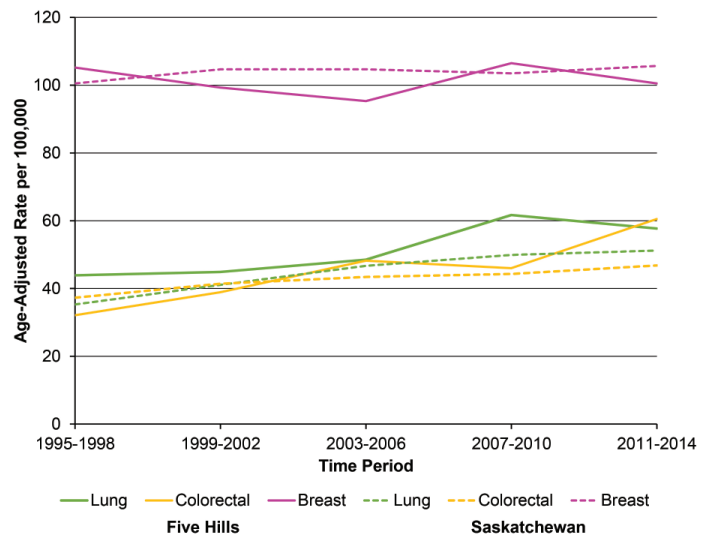
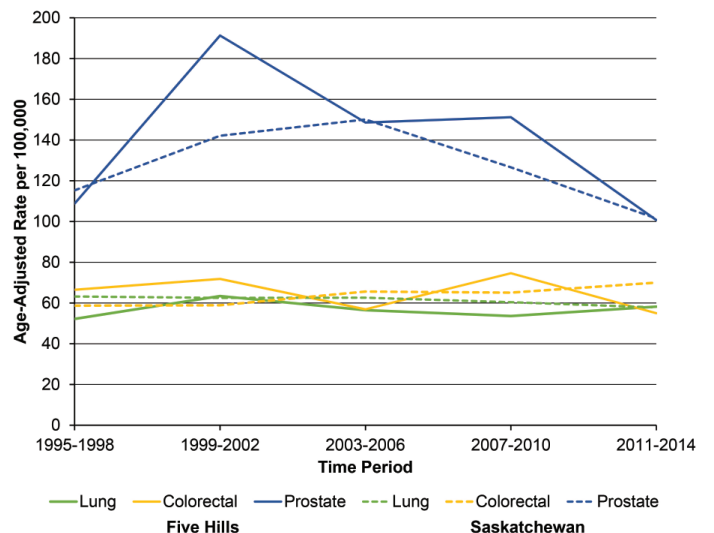


Figure 33: Trends in Incidence Rates for Common Cancer Sites in Males





## Cancer Mortality

Figure 34 shows the top five cancer causes of death in Five Hills among females and males for the period 2010-2014. Overall, there were 376 cancer deaths in females and 386 cancer deaths in males.

The most common cancer death among females was lung cancer (109 deaths), accounting for 29 per cent of all cancer deaths in females. Following this was breast cancer (50), which accounted for 13 per cent of female cancer deaths. Colorectal (41), pancreas (24), and primary unknown (23) were the remaining sites in the top five.

The most common cancer death among males was lung cancer (93 deaths), accounting for 24 per cent of all cancer deaths in males. Colorectal cancer (56) accounted for 15 per cent of male cancer deaths, while prostate cancer (52) accounted for 13 per cent. Bladder (21) and primary unknown (20) round out the top five cancer causes of death.

## Mortality Rates

Figure 35 shows the age-adjusted mortality rates of the top three invasive cancers in females. Solid lines are the mortality rates for Five Hills and dashed lines are the provincial rates. Lung cancer mortality rates in Five Hills remained above provincial rates over the 20-year period, reaching 43.7 per 100,000 in 2011-2014. The provincial trend saw lung cancer mortality rates increase over the same time period. Breast cancer mortality rates peaked at 31.1 per 100,000 in 2003-2006. Provincial mortality rates showed a decreasing trend over time. Colorectal cancer mortality rates among Five Hills females showed some variability but no overall increase over the 20-year period, whereas provincial rates remained fairly stable.

Figure 36 shows the age-adjusted mortality rates for males. The age-adjusted mortality rate for lung cancer displayed variability over the 20-year period, from a peak of 60.2 per 100,000 in 1999-2002 to a low of 40.2 per 100,000 in 2007-2010. The provincial trend showed a decline in lung cancer mortality rates. Prostate cancer mortality rates showed an overall decrease over the 20-year period from 29.0 per 100,000 to 17.4 per 100,000. This decrease was similar to the provincial trend over time. Colorectal cancer mortality rates among Five Hills males declined to 17.8 per 100,000 in 2003-2006 and subsequently increased to 26.6 per 100,000 in 2011-2014. Provincial colorectal cancer mortality rates remained stable.

Figure 34: Top Five Cancer Causes of Death in Five Hills by Sex, 2010-2014

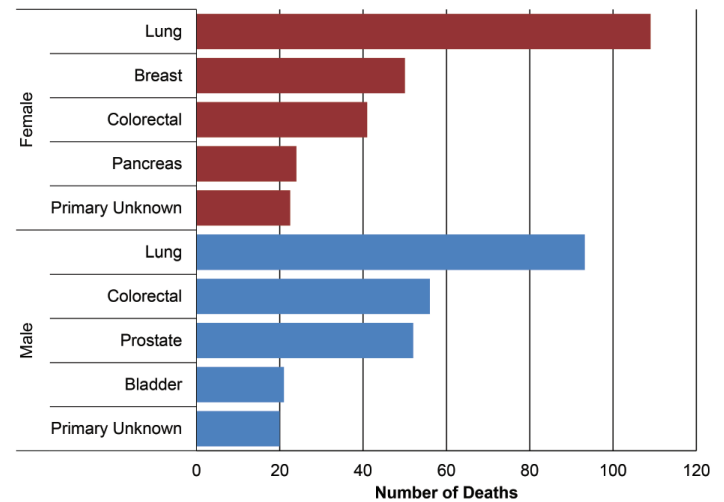


Figure 35: Trends in Mortality Rates for Common Cancer Sites in Females

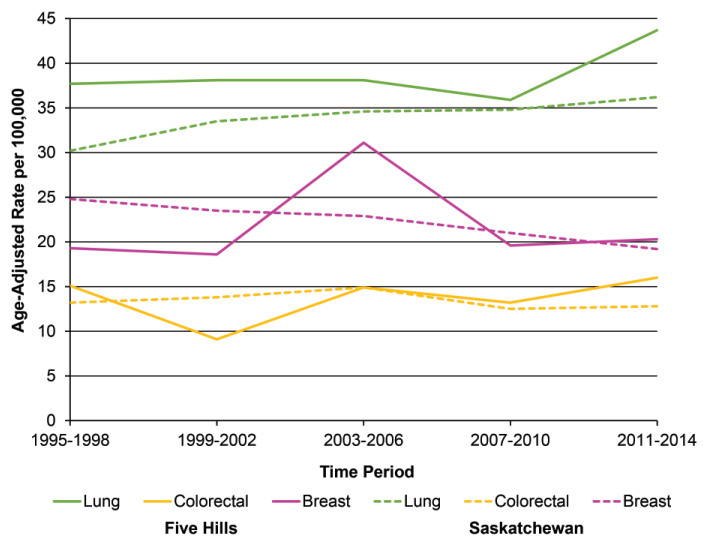
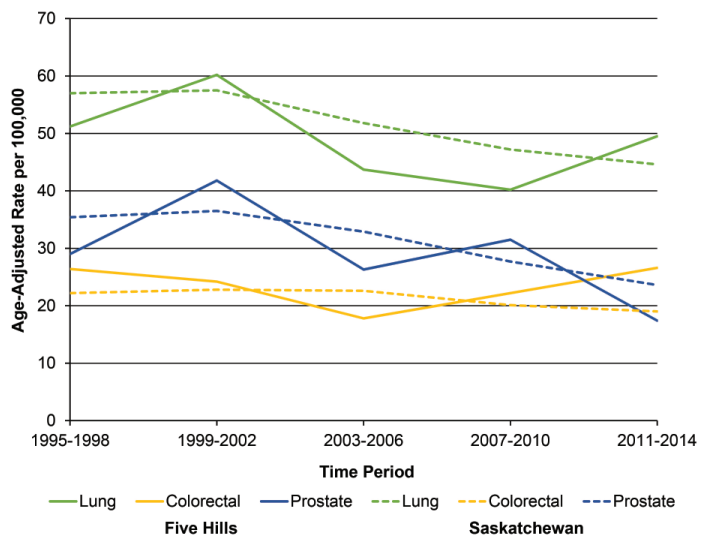


Figure 36: Trends in Mortality Rates for Common Cancer Sites in Males



# Cypress Regional Health Authority

Situated in the southwest corner of the province, the Cypress Health Region serves communities such as Swift Current, Maple Creek and Shaunavon.

The total population of Cypress in 2014 was 45,394. The population pyramid in Figure 37 shows the distribution of the population of Cypress by age group and sex.

In Cypress, 41.8 per cent of females and 39.9 per cent of males were over age 50 in 2014. Overall, 40.8 per cent of the population was over age 50. This is higher than in the province, where 33.7 per cent of the population was over age 50 in 2014 (35.0 per cent in females and 32.4 per cent in males).

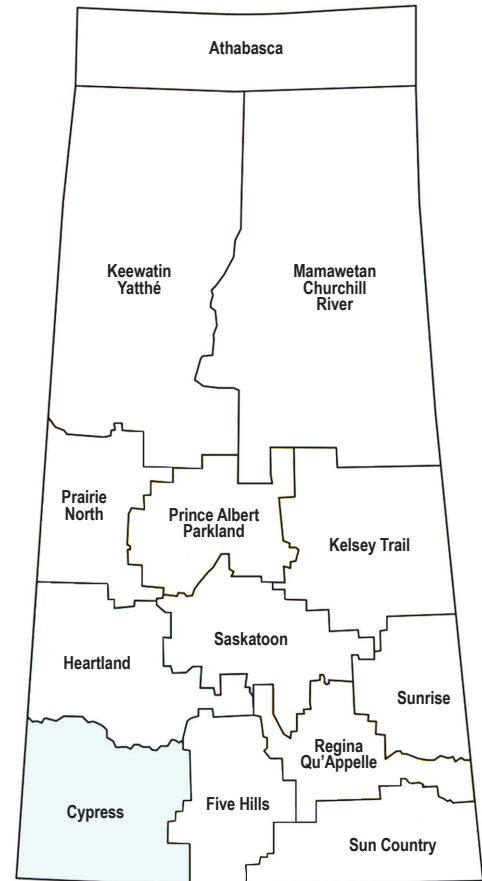
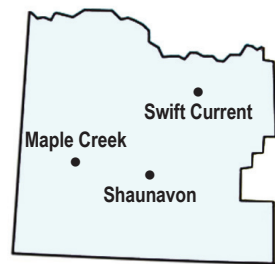
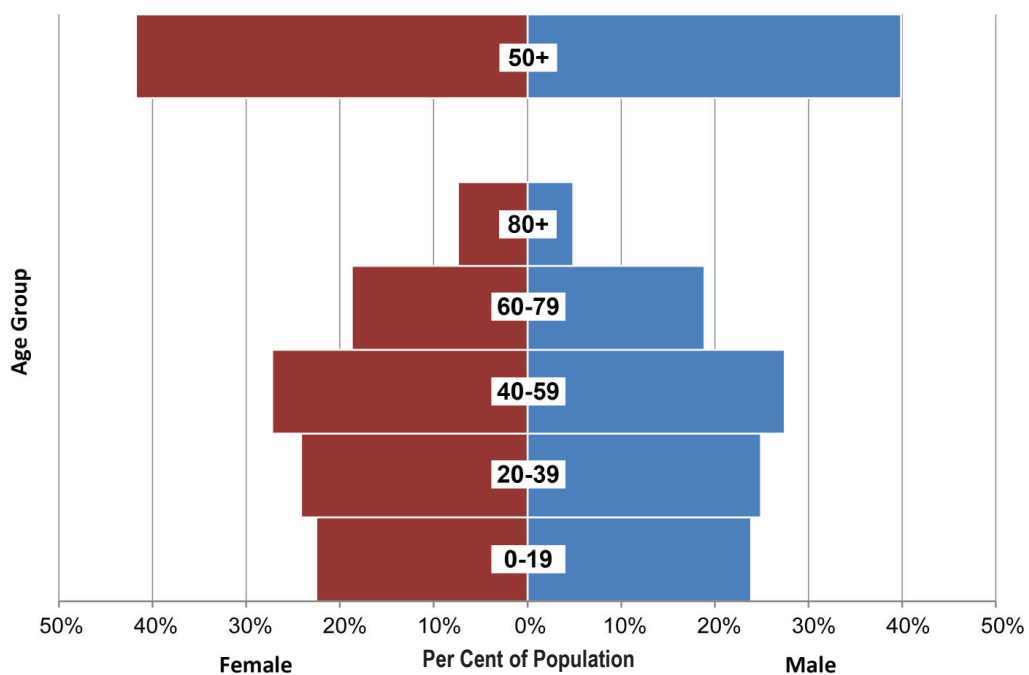


Figure 37: Population of Cypress Health Region by Age and Sex, 2014





## Cancer Incidence

Figure 38 shows the top five invasive cancer sites by sex for Cypress among females and males for the period 2010-2014. Overall, there were 549 cases in females and 623 cases in males.

The most common among females was breast (151 cases), accounting for 28 per cent of cases. Colorectal (89) and lung (81) cancers were next most common, together accounting for 31 per cent of cases. These were followed by cancer of the uterus (35) and non-Hodgkin's lymphoma (19).

The most common invasive cancer among males was prostate (177 cases), accounting for 28 per cent of cases. Together, colorectal (100) and lung (70) cancers accounted for 27 per cent of cases. These were followed by non-Hodgkin's lymphoma and leukemia, with 27 and 25 cases, respectively.

## Incidence Rates

Figure 39 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Cypress and dashed lines are the provincial rates. Breast cancer rates in Cypress remained lower than the provincial rates over the 20-year period. Lung cancer rates nearly doubled among females during the 20-year time period, from 23.1 per 100,000 to 43.7 per 100,000, but remained below provincial rates except for 1999-2002. Colorectal cancer rates also increased over the 20-year period in Cypress, from 30.4 per 100,000 in 1995-1998 to 42.7 per 100,000 in 2011-2014.

Figure 40 shows the age-adjusted incidence rates of the top three invasive cancers for males. Prostate cancer incidence rates peaked at 178.4 per 100,000 in 1999-2002 and subsequently declined. Lung cancer rates declined over the 20-year period, and colorectal cancer rates increased from 48.4 per 100,000 in 1995-1998 to 66.6 per 100,000 in 2011-2014. Both lung cancer and colorectal cancer rates were consistently lower than provincial rates over the 20-year period.

Figure 38: Top Five Invasive Cancer Sites in Cypress by Sex, 2010-2014

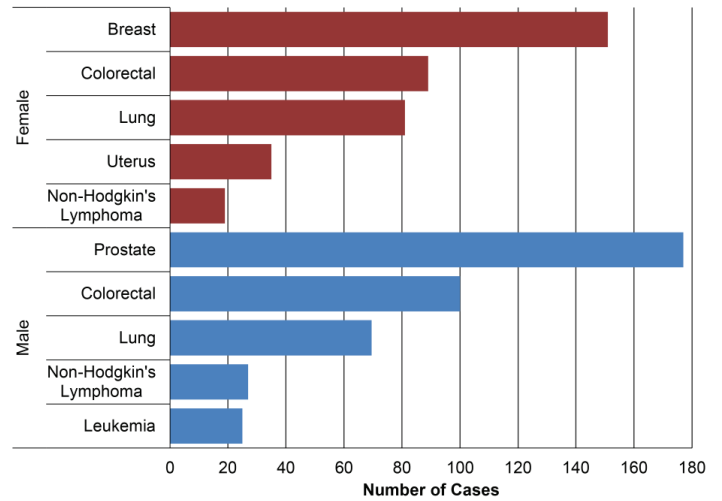


Figure 39: Trends in Incidence Rates for Common Cancer Sites in Females

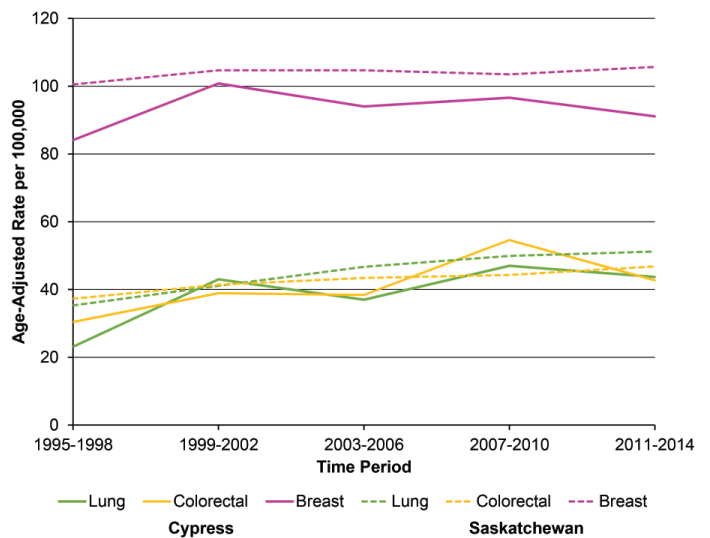
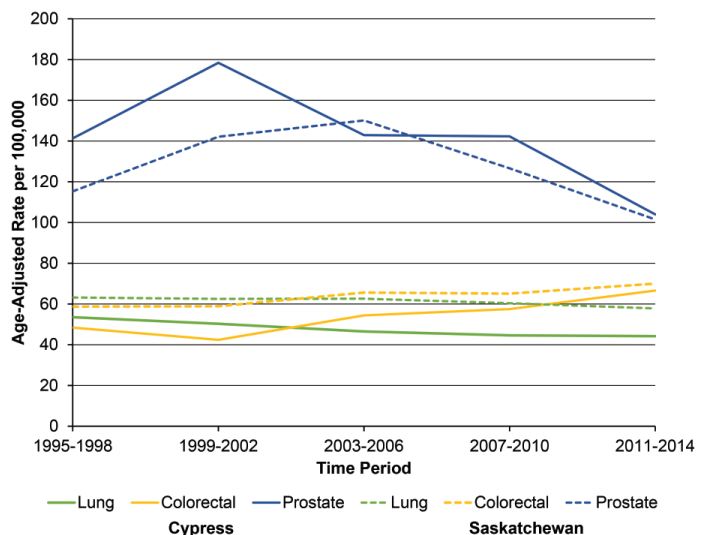


Figure 40: Trends in Incidence Rates for Common Cancer Sites in Males



## Cancer Mortality

Figure 41 shows the top five cancer causes of death in Cypress among females and males for the period 2010-2014. Overall, there were 245 cancer deaths in females and 247 cancer deaths in males.

The most common cancer death among females was lung cancer (56 deaths), accounting for 23 per cent of all cancer deaths in females. Following this was colorectal cancer (36), which accounted for 15 per cent of female cancer deaths. Breast cancer (30), primary unknown (23), and pancreas (15) were the remaining sites in the top five.

Among males, lung cancer (45 deaths) was the most common cancer death, accounting for 18 per cent of all cancer deaths in males. Prostate cancer (40) accounted for 16 per cent of male cancer deaths, while colorectal cancer (22) accounted for 9 per cent. Bladder cancer (17) was fourth most common, while primary unknown, pancreas, and leukemia tied for fifth, with 14 deaths each.

## Mortality Rates

Figure 42 shows the age-adjusted mortality rates of the top three invasive cancers in females. Solid lines are the mortality rates for Cypress and dashed lines are the provincial rates. Lung cancer mortality rates in Cypress displayed variability, with an overall increase during the 20-year period. Provincially, mortality rates displayed an increase. Breast cancer mortality rates declined in Cypress, from 28.0 per 100,000 to 12.8 per 100,000 over the 20-year period. This decrease is more pronounced than the trend provincially. Colorectal cancer mortality rates in Cypress females increased from 9.4 per 100,000 in 1995-1998 to 15.9 per 100,000 in 2011-2014. The provincial trend remained stable.

Figure 43 shows the age-adjusted mortality rates for males. The age-adjusted mortality rate for lung cancer dropped from 50.9 per 100,000 in 1995-1998 to 24.6 per 100,000 in 2011-2014, remaining lower than provincial rates over the entire time period. Prostate cancer mortality rates followed the provincial trend over time, decreasing from 35.7 per 100,000 to 19.2 per 100,000 over the 20-year period. Colorectal cancer mortality rates in Cypress declined from 26.8 per 100,000 in 1995-1998 to 14.1 per 100,000 in 2011-2014, compared to a stable trend in provincial rates over the same time period.

Figure 41: Top Five Cancer Causes of Death in Cypress by Sex, 2010-2014

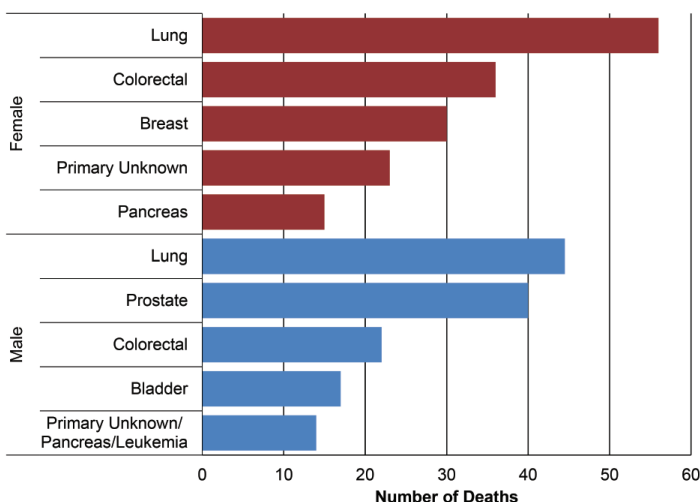


Figure 42: Trends in Mortality Rates for Common Cancer Sites in Females

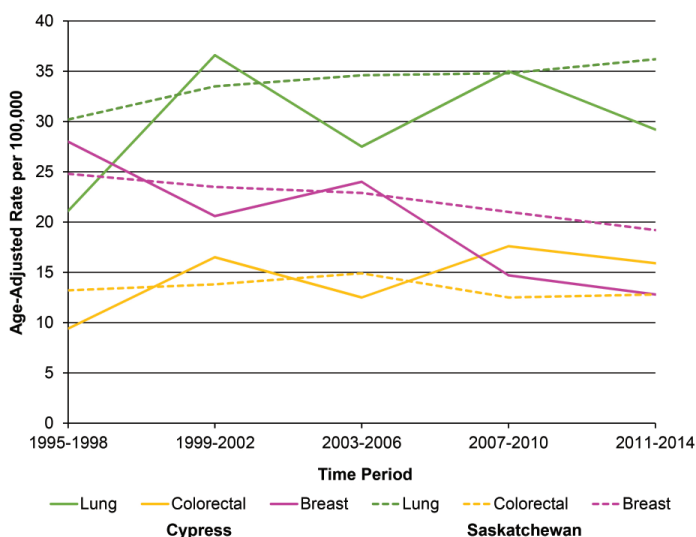
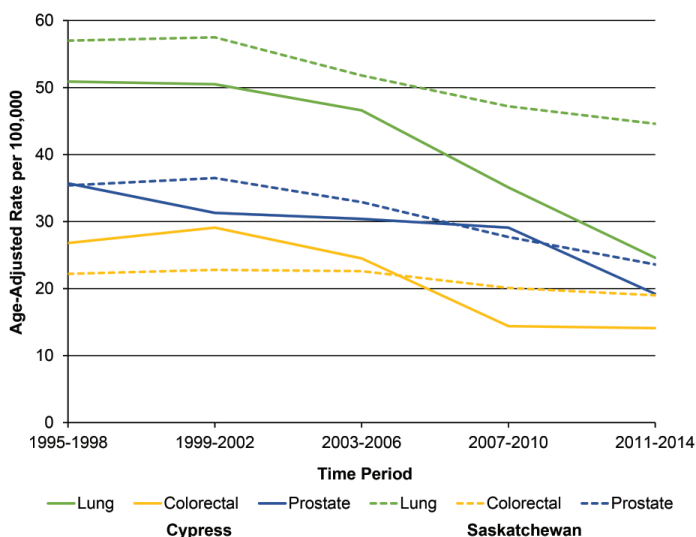


Figure 43: Trends in Mortality Rates for Common Cancer Sites in Males



# Regina Qu'Appelle Regional Health Authority

The Regina Qu'Appelle Health Region serves the provincial capital of Regina and communities such as Moosomin and Fort Qu'Appelle.

The total population of Regina Qu'Appelle in 2014 was 287,499. The population pyramid in Figure 44 shows the distribution of the population of Regina Qu'Appelle by age group and sex.

In Regina Qu'Appelle, 34.3 per cent of females and 30.9 per cent of males were over age 50 in 2014. Overall, 32.6 per cent of the population was over age 50, compared to 33.7 per cent for the province (35.0 per cent in females and 32.4 per cent in males).

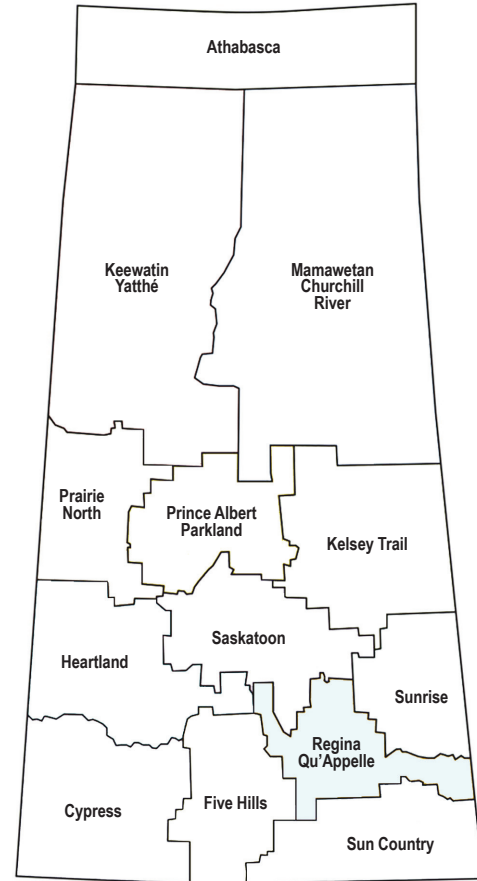
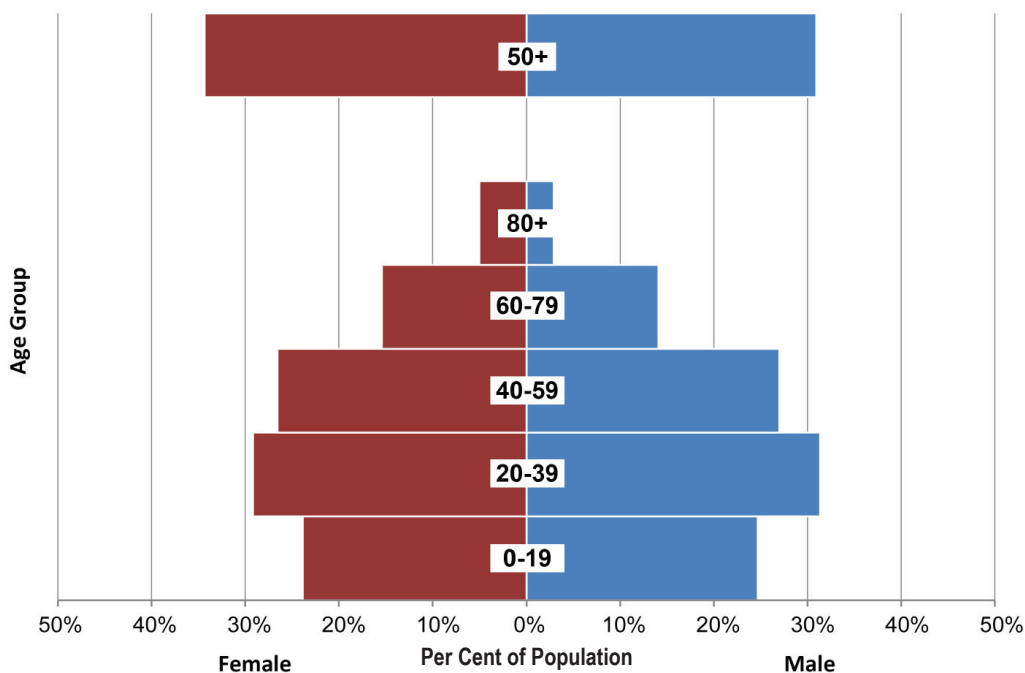


Figure 44: Population of Regina Qu'Appelle Health Region by Age and Sex, 2014



## Cancer Incidence

Figure 45 shows the top five invasive cancer sites by sex for Regina Qu'Appelle among females and males for the period 2010-2014. Overall, there were 3,151 cases in females and 3,384 cases in males.

The most common among females was breast (880 cases), accounting for 28 per cent of cases. Lung (502) and colorectal cancers (412) were second and third most common, together accounting for 29 per cent of cases. These were followed by cancer of the uterus (178) and non-Hodgkin's lymphoma (124).

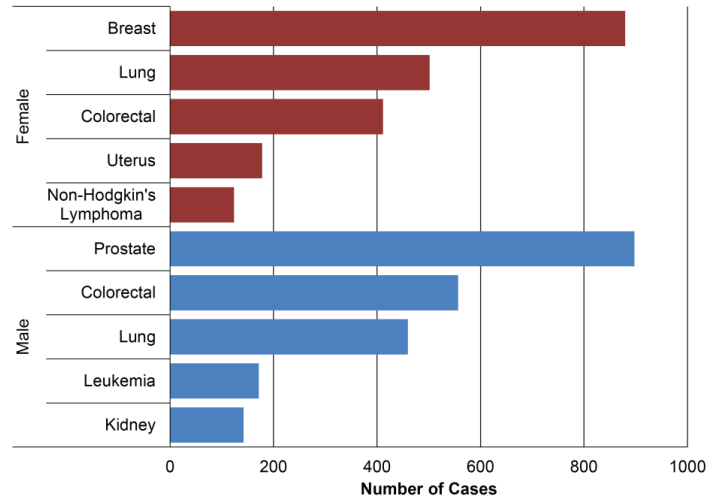
The most common invasive cancer among males was prostate (898 cases), accounting for 27 per cent of cases. Together, colorectal (557) and lung (460) cancers accounted for 30 per cent of cases. These were followed by leukemia and kidney cancer, with 172 and 142 cases, respectively.

## Incidence Rates

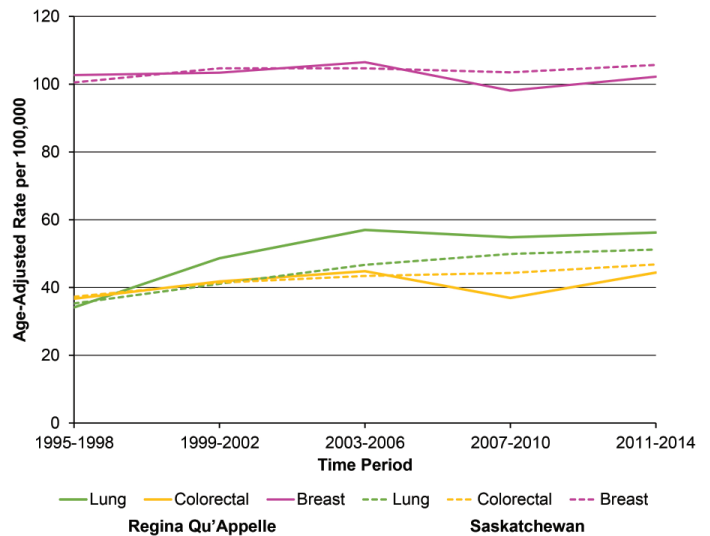
Figure 46 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Regina Qu'Appelle and dashed lines are the provincial rates. Breast cancer rates remained fairly stable and similar to provincial rates over the 20-year period. Colorectal cancer rates tended to follow the provincial trend except for a slight drop in 2007-2010. Lung cancer rates increased from 34.1 per 100,000 in 1995-1998 to 56.2 per 100,000 in 2011-2014, remaining higher than provincial rates from 1999-2002 onward.

Figure 47 shows the age-adjusted incidence rates of the top three invasive cancers for males. The age-adjusted prostate cancer rate in Regina Qu'Appelle increased between 1995-1998 and 2003-2006, peaking at 177.4 per 100,000 and subsequently declining. Lung cancer rates and colorectal cancer rates followed the corresponding provincial trends; over the 20-year period, lung cancer rates gradually declined, whereas colorectal cancer rates increased over time.

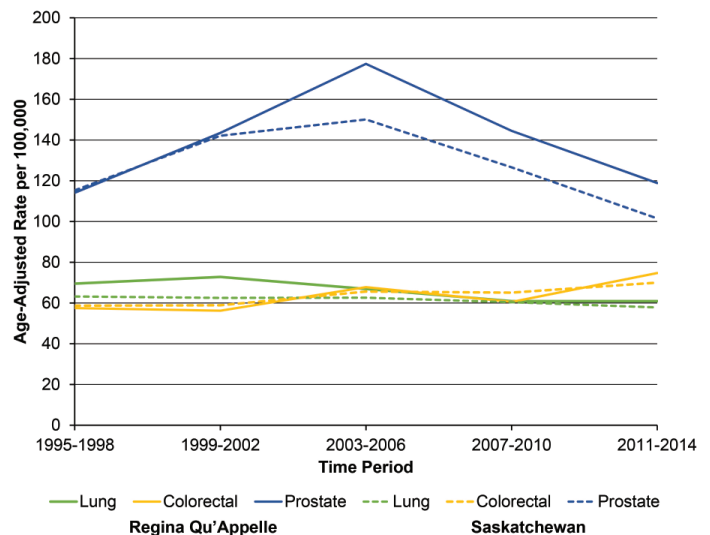
**Figure 45: Top Five Invasive Cancer Sites in Regina Qu'Appelle by Sex, 2010-2014**



**Figure 46: Trends in Incidence Rates for Common Cancer Sites in Females**



**Figure 47: Trends in Incidence Rates for Common Cancer Sites in Males**



## Cancer Mortality

Figure 48 shows the top five cancer causes of death in Regina Qu'Appelle among females and males for the period 2010-2014. Overall, there were 1,246 cancer deaths in females and 1,330 cancer deaths in males.

The most common cancer death among females was lung cancer (355 deaths), accounting for 28 per cent of all cancer deaths in females. Following this was breast cancer (180), which accounted for 14 per cent of female cancer deaths. Colorectal (113), primary unknown (103), and pancreas (64) were the remaining sites in the top five.

The most common cancer death among males was lung cancer (334 deaths), accounting for 25 per cent of all cancer deaths in males. Prostate cancer (189) accounted for 14 per cent of male cancer deaths. Colorectal (147), primary unknown (89), and pancreas (62) round out the top five cancer causes of death.

## Mortality Rates

Figure 49 shows the age-adjusted mortality rates of the top three invasive cancers in females. Solid lines are the mortality rates for Regina Qu'Appelle and dashed lines are the provincial rates. Lung cancer mortality rates in Regina Qu'Appelle increased over the 20-year period, peaking at 45.9 per 100,000 in 2003-2006. Rates remained higher in Regina Qu'Appelle than in the province. Breast cancer mortality rates have shown a decreasing trend from 24.5 per 100,000 in 1995-1998 to 18.5 per 100,000 in 2011-2014, following the provincial trend over time. Colorectal cancer mortality rates among Regina Qu'Appelle females displayed slight variability but no overall increase over the 20-year period, whereas provincial rates remained fairly stable.

Figure 50 shows the age-adjusted mortality rates for males. The age-adjusted mortality rate for lung cancer decreased over the 20-year period, reaching the mortality rate of the province overall in 2011-2014. Prostate cancer mortality rates followed the provincial trend closely, decreasing from 33.5 per 100,000 to 24.7 per 100,000 over the 20-year period. Colorectal cancer mortality rates in Regina Qu'Appelle remained somewhat stable, similar to the provincial trend.

Figure 48: Top Five Cancer Causes of Death in Regina Qu'Appelle by Sex, 2010-2014

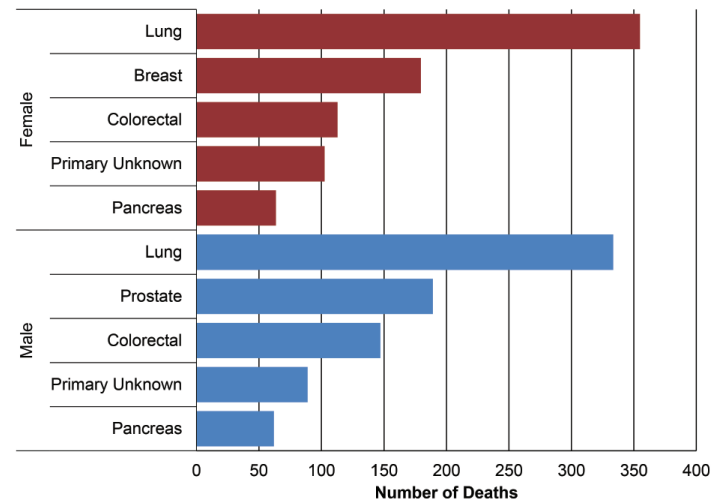


Figure 49: Trends in Mortality Rates for Common Cancer Sites in Females

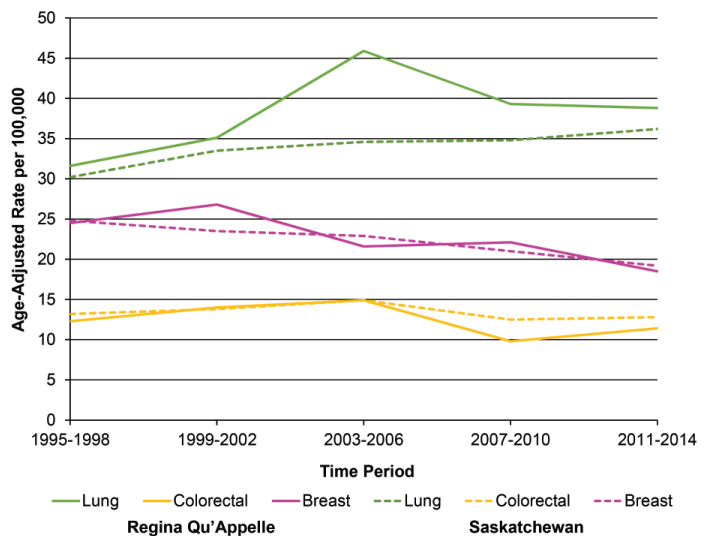
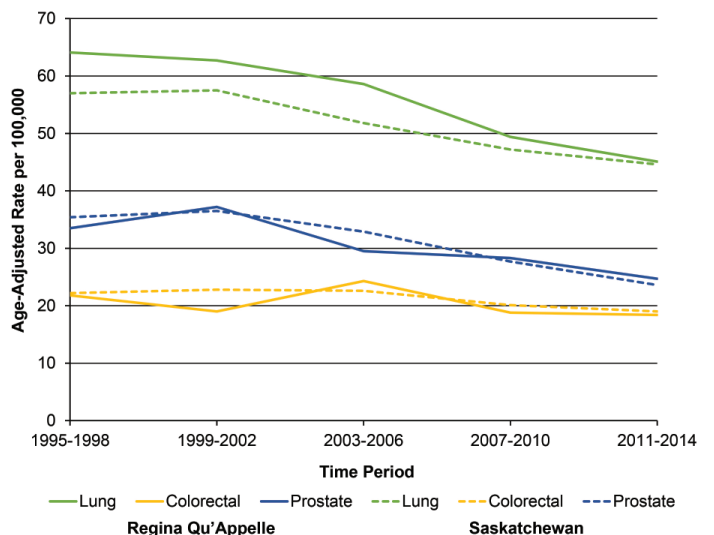


Figure 50: Trends in Mortality Rates for Common Cancer Sites in Males



# Sunrise Regional Health Authority

Situated in the southeast-central part of the province, the Sunrise Health Region serves communities such as Yorkton and Melville.

The total population of Sunrise in 2014 was 59,551. The population pyramid in Figure 51 shows the distribution of the population of Sunrise by age group and sex.

In Sunrise, 43.9 per cent of females and 40.9 per cent of males were over age 50 in 2014. Overall, 42.4 per cent of the population was over age 50. This is higher than in the province, where 33.7 per cent of the population was over age 50 in 2014 (35.0 per cent in females and 32.4 per cent in males).

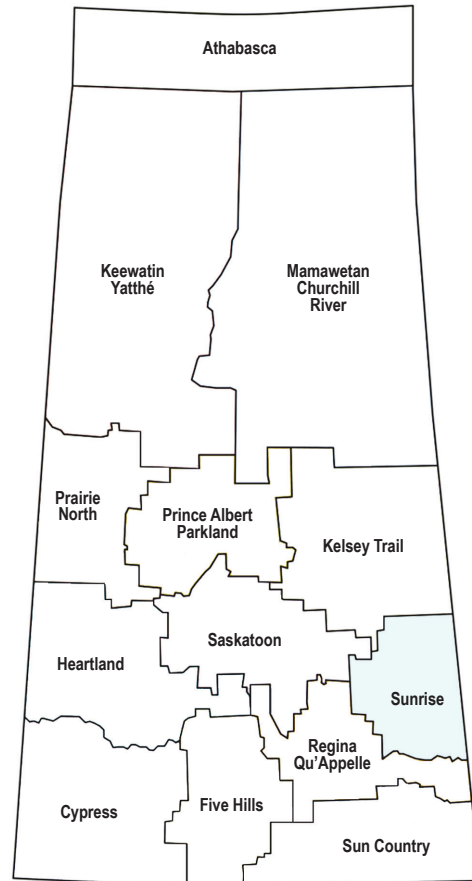
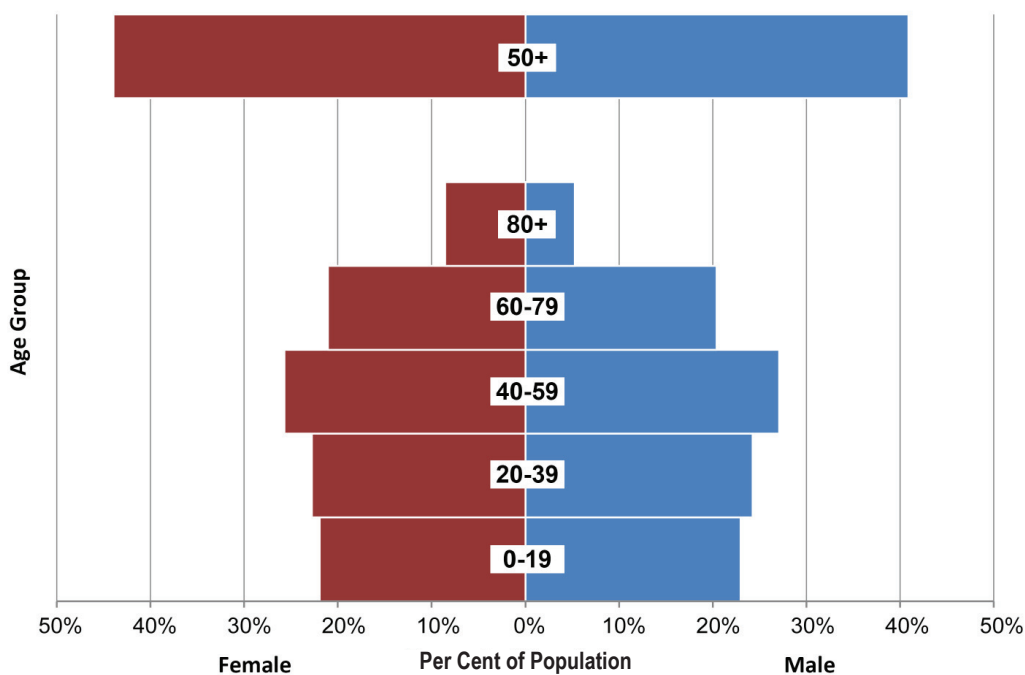


Figure 51: Population of Sunrise Health Region by Age and Sex, 2014





## Cancer Incidence

Figure 52 shows the top five invasive cancer sites by sex for Sunrise among females and males for the period 2010-2014. Overall, there were 910 cases in females and 1,037 cases in males.

The most common among females was breast (238 cases), accounting for 26 per cent of cases. Lung cancer (143) and colorectal cancer (132) were second and third most common, together accounting for 30 per cent of cases. These were followed by cancer of the uterus (49) and non-Hodgkin's lymphoma (35).

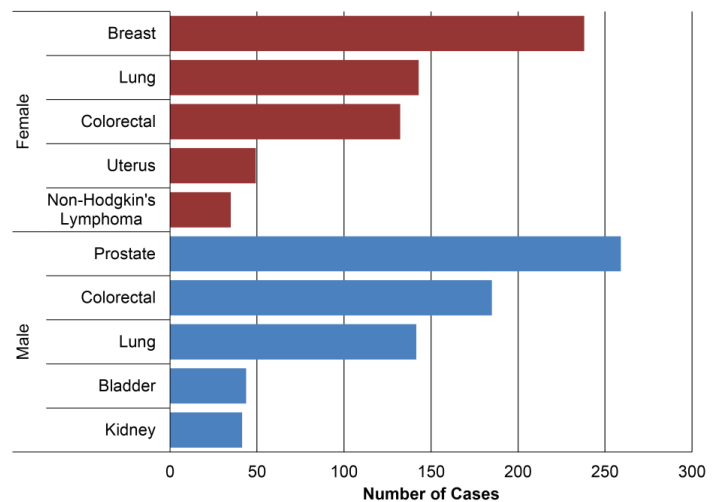
The most common invasive cancer among males was prostate (259 cases), accounting for 25 per cent of cases. Together, colorectal (185) and lung (142) cancers accounted for 31 per cent of cases. These were followed by bladder cancer and kidney cancer, with 44 and 42 cases, respectively.

## Incidence Rates

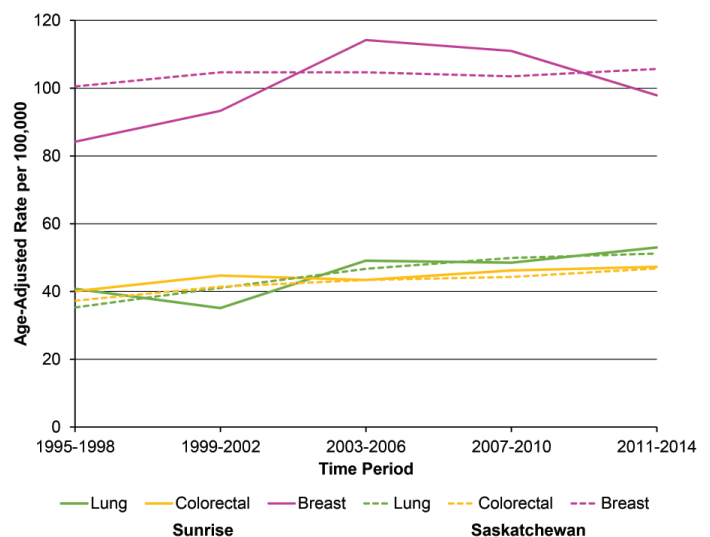
Figure 53 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Sunrise and dashed lines are the provincial rates. Breast cancer incidence rates increased from 84.2 per 100,000 in 1995-1998 to 114.2 per 100,000 in 2003-2006, then subsequently declined to 97.9 per 100,000 in 2011-2014. The provincial incidence trend for breast cancer remained fairly stable. Colorectal cancer rates closely followed the provincial incidence trend over the 20-year period. Lung cancer rates among females increased from 40.8 per 100,000 in 1995-1998 to 53.0 per 100,000 in 2011-2014.

Figure 54 shows the age-adjusted incidence rates of the top three invasive cancers for males. The age-adjusted prostate cancer rates in Sunrise showed more variation than the provincial trend, peaking at 184.5 per 100,000 in 1999-2002 and subsequently declining. Colorectal cancer rates increased from 52.9 per 100,000 in 1995-1998 to 80.2 per 100,000 in 2011-2014. This increase was more marked than the increase provincially. Lung cancer rates in Sunrise remained fairly stable over the 20-year period and similar to the provincial trend.

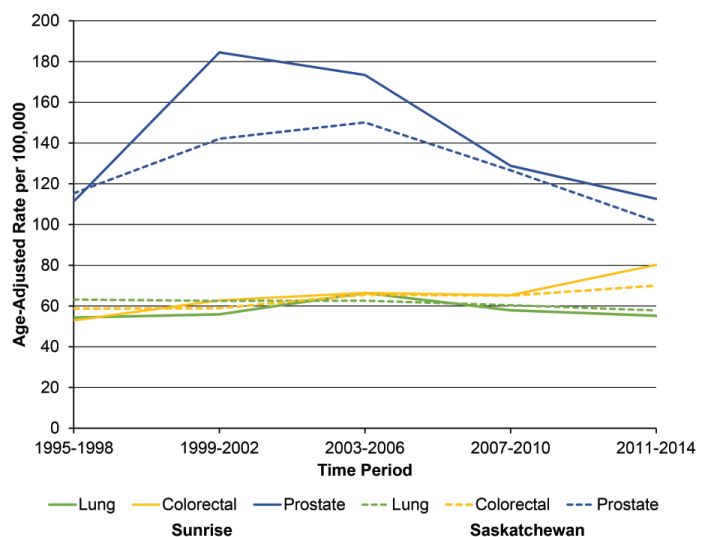
**Figure 52: Top Five Invasive Cancer Sites in Sunrise by Sex, 2010-2014**



**Figure 53: Trends in Incidence Rates for Common Cancer Sites in Females**



**Figure 54: Trends in Incidence Rates for Common Cancer Sites in Males**



## Cancer Mortality

Figure 55 shows the top five cancer causes of death in Sunrise among females and males for the period 2010-2014. Overall, there were 430 cancer deaths in females and 468 cancer deaths in males.

The most common cancer death among females was lung cancer (96 deaths), accounting for 22 per cent of all cancer deaths in females. Following this was breast cancer (67), which accounted for 16 per cent of female cancer deaths. Colorectal (38), primary unknown (35), and pancreas (29) were the remaining sites in the top five.

The most common cancer death among males was lung cancer (114 deaths), accounting for 24 per cent of all cancer deaths in males. Prostate cancer (71) accounted for 15 per cent of male cancer deaths. Colorectal (55), pancreas (31), and kidney (23) round out the top five cancer causes of death.

## Mortality Rates

Figure 56 shows the age-adjusted mortality rates of the top three invasive cancers in females. Solid lines are the mortality rates for Sunrise and dashed lines are the provincial rates. Lung cancer mortality rates in Sunrise showed a more marked increase than the provincial trend over the 20-year period, from 27.6 per 100,000 in 1995-1998 to 36.9 per 100,000 in 2011-2014. Breast cancer mortality rates displayed variability but no overall increase over the 20-year period. Provincially, mortality rates showed a decreasing trend over time. Colorectal cancer mortality rates declined below provincial rates to 9.8 per 100,000 in 2011-2014.

Figure 57 shows the age-adjusted mortality rates in males. The age-adjusted mortality rate for lung cancer peaked at 57.2 per 100,000 in 2003-2006 and subsequently declined to 43.4 per 100,000 in 2011-2014. The provincial trend displayed a decline over the 20-year period. Prostate mortality rates peaked at 46.0 per 100,000 in 2003-2006 and decreased to 26.4 per 100,000 in 2011-2014. Provincially, the rates declined over the entire time period. Colorectal cancer mortality rates in Sunrise remained fairly similar to provincial mortality rates.

Figure 55: Top Five Cancer Causes of Death in Sunrise by Sex, 2010-2014

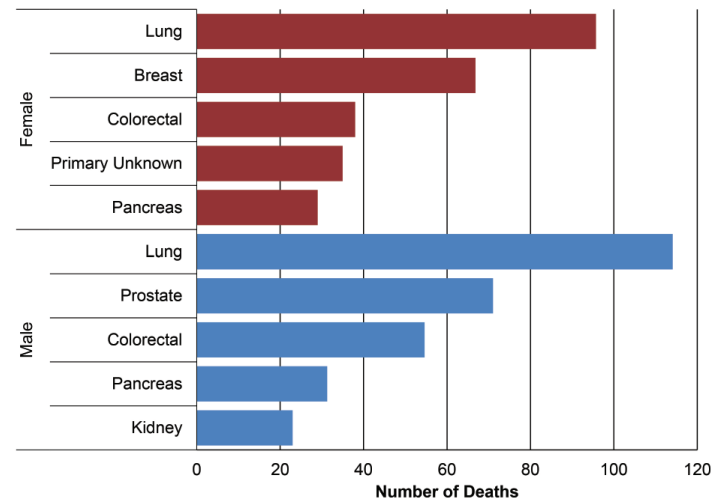


Figure 56: Trends in Mortality Rates for Common Cancer Sites in Females

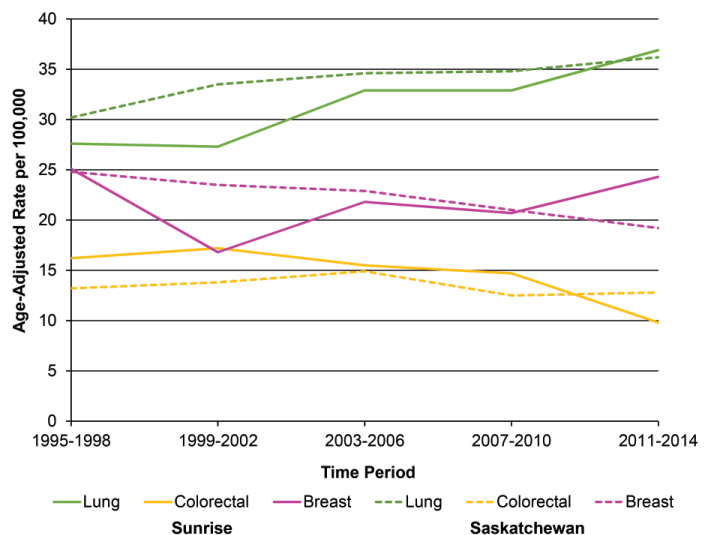
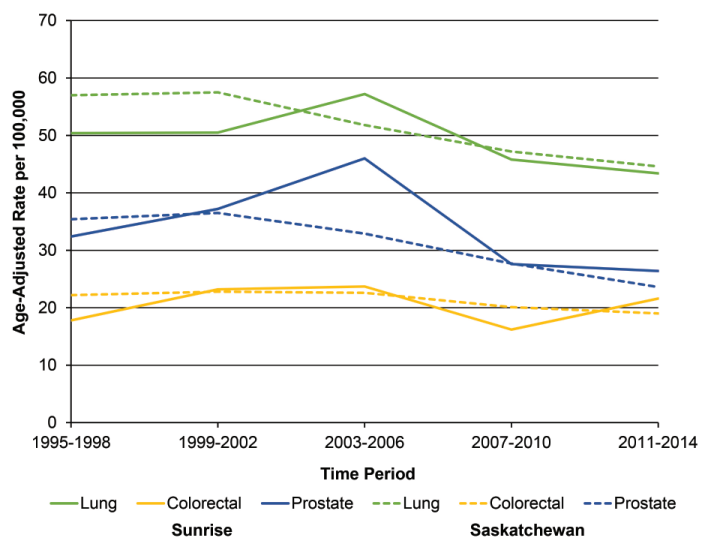


Figure 57: Trends in Mortality Rates for Common Cancer Sites in Males





# Saskatoon Regional Health Authority

The Saskatoon Health Region serves the province's largest city, Saskatoon, as well as communities such as Humboldt, Wadena and Wynyard.

The total population of the Saskatoon Health Region in 2014 was 346,362. The population pyramid in Figure 58 shows the distribution of the population of Saskatoon by age group and sex.

In Saskatoon, 33.5 per cent of females and 30.5 per cent of males were over age 50 in 2014. Overall, 32.0 per cent of the population was over 50, compared to 33.7 per cent for the province (35.0 per cent in females and 32.4 per cent in males).

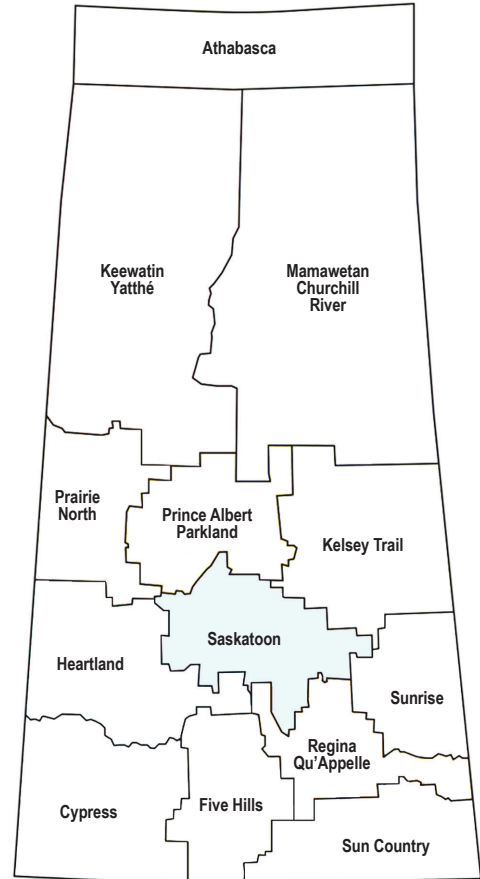
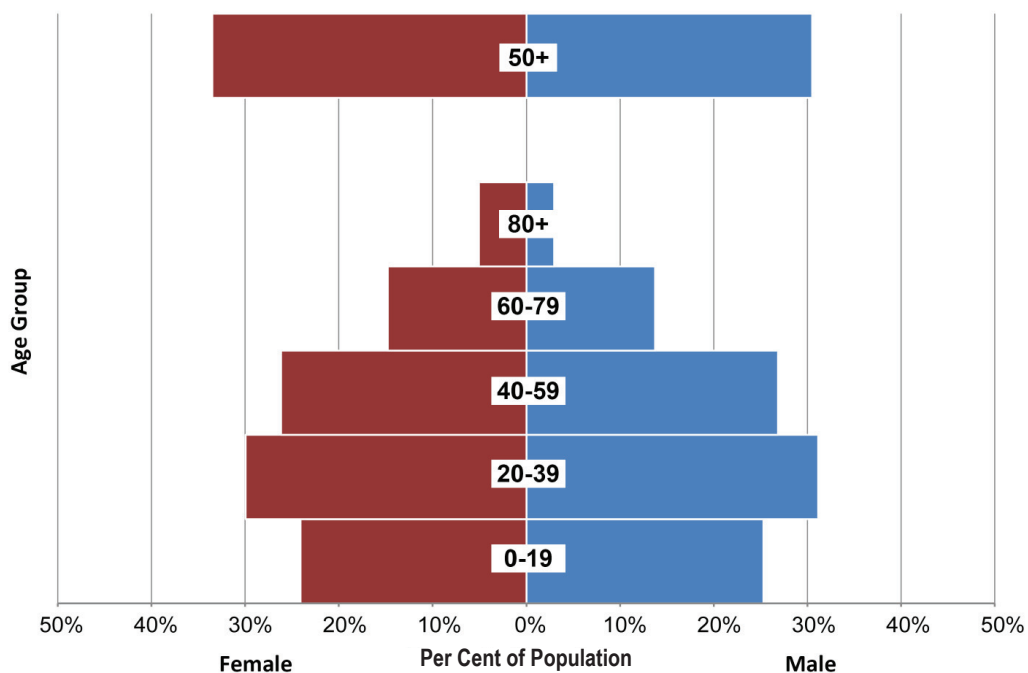


Figure 58: Population of Saskatoon Health Region by Age and Sex, 2014



## Cancer Incidence

Figure 59 shows the top five invasive cancer sites by sex for Saskatoon among females and males for the period 2010-2014. Overall, there were 3,559 cases in females and 3,271 cases in males.

The most common among females was breast (990 cases), accounting for 28 per cent of cases. Lung (470) and colorectal (461) were next most common, together accounting for 26 per cent of cases. These were followed by cancer of the uterus (250) and non-Hodgkin's lymphoma (153).

The most common invasive cancer among males was prostate (720 cases), accounting for 22 per cent of cases. Together, colorectal (533) and lung (463) cancers accounted for 30 per cent of cases. These were followed by non-Hodgkin's lymphoma and bladder cancer, with 148 cases and 147 cases, respectively.

## Incidence Rates

Figure 60 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Saskatoon and dashed lines are the provincial rates. Breast cancer incidence rates in Saskatoon remained fairly stable during the 20-year time period, with rates generally slightly lower than the province. Colorectal cancer rates were fairly stable in Saskatoon, whereas provincial rates displayed an increasing trend. Lung cancer rates increased from 32.0 per 100,000 in 1995-1998 to 44.1 per 100,000 in 2011-2014, but were consistently below the provincial rates.

Figure 61 shows the age-adjusted incidence rates of the top three invasive cancers for males. The age-adjusted prostate cancer rate in Saskatoon remained below the provincial rates throughout the 20-year period. Colorectal cancer rates followed the increasing provincial trend. Lung cancer rates in Saskatoon remained stable and slightly below the provincial rates over the observed time period.

Figure 59: Top Five Invasive Cancer Sites in Saskatoon by Sex, 2010-2014

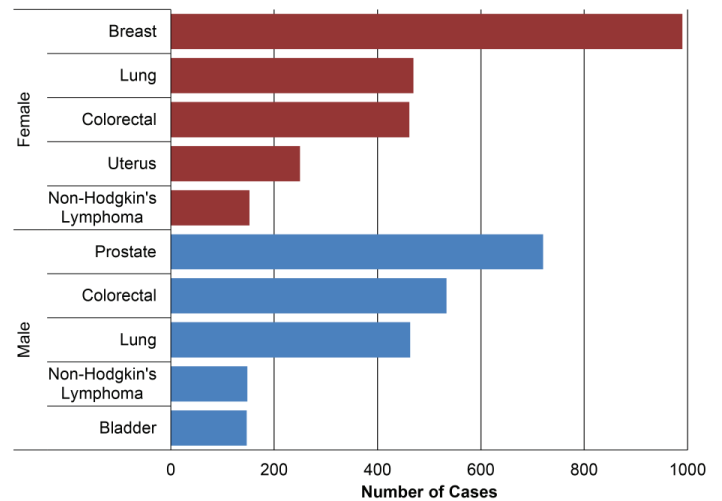


Figure 60: Trends in Incidence Rates for Common Cancer Sites in Females

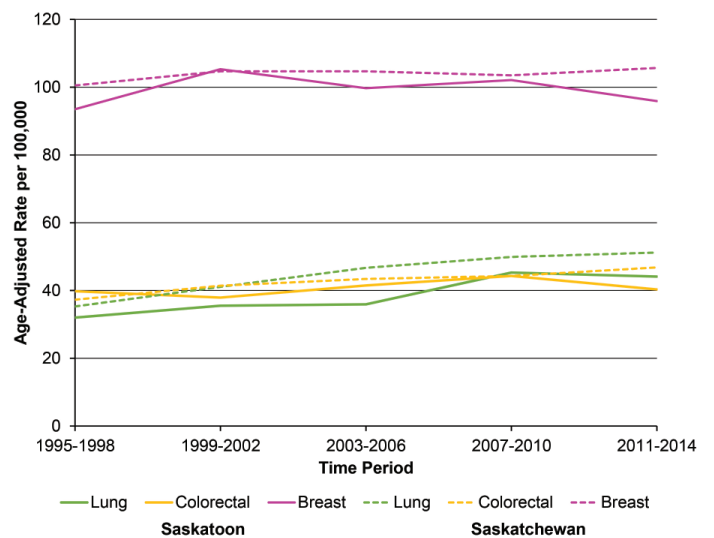
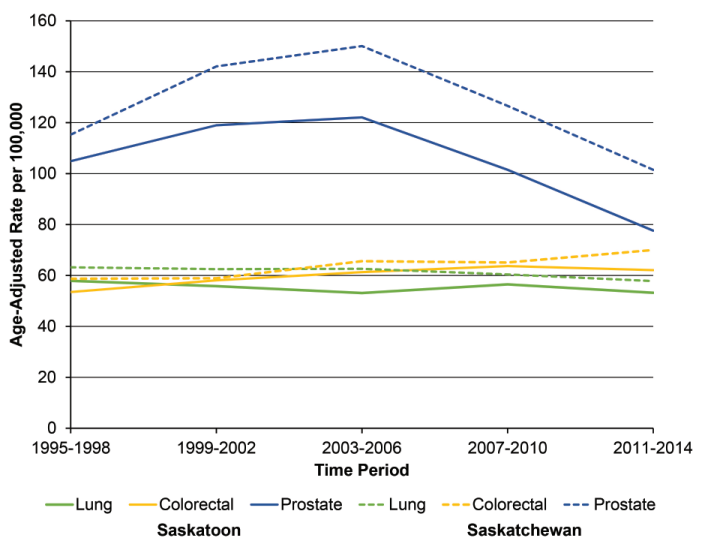


Figure 61: Trends in Incidence Rates for Common Cancer Sites in Males



## Cancer Mortality

Figure 62 shows the top five cancer causes of death in Saskatoon among females and males for the period 2010-2014. Overall, there were 1,403 cancer deaths in females and 1,450 cancer deaths in males.

The most common cancer death among females was lung cancer (326 deaths), accounting for 23 per cent of all cancer deaths in females. Following this was breast cancer (204), which accounted for 15 per cent of female cancer deaths. Colorectal (151), primary unknown (99), and pancreas (96) were the remaining sites in the top five.

The most common cancer death among males was lung cancer (342 deaths), accounting for 24 per cent of all cancer deaths in males. Prostate cancer (195) accounted for 13 per cent of male cancer deaths. Colorectal (164), pancreas (91), and primary unknown (76) round out the top five cancer causes of death.

## Mortality Rates

Figure 63 shows the age-adjusted mortality rates of the top three invasive cancers in females. Solid lines are the mortality rates for Saskatoon and dashed lines are the provincial rates. Lung cancer mortality rates displayed some variation over the 20-year period but consistently remained below provincial rates. The trend in breast cancer mortality rates was similar to the pattern provincially, declining from 24.1 per 100,000 in 1995-1998 to 16.9 per 100,000 in 2011-2014. Colorectal cancer mortality rates remained stable in Saskatoon females, similar to the provincial trend.

Figure 64 shows the age-adjusted mortality rates for males. The age-adjusted mortality rate for lung cancer decreased from 52.8 per 100,000 to 37.5 per 100,000 over the 20-year period. Lung cancer mortality rates were lower in Saskatoon compared to provincial rates. Prostate cancer mortality rates decreased from 35.4 per 100,000 in 1995-1998 to 20.5 per 100,000 in 2011-2014, similar to the provincial trend. Colorectal cancer mortality rates in Saskatoon remained relatively stable.

Figure 62: Top Five Cancer Causes of Death in Saskatoon by Sex, 2010-2014

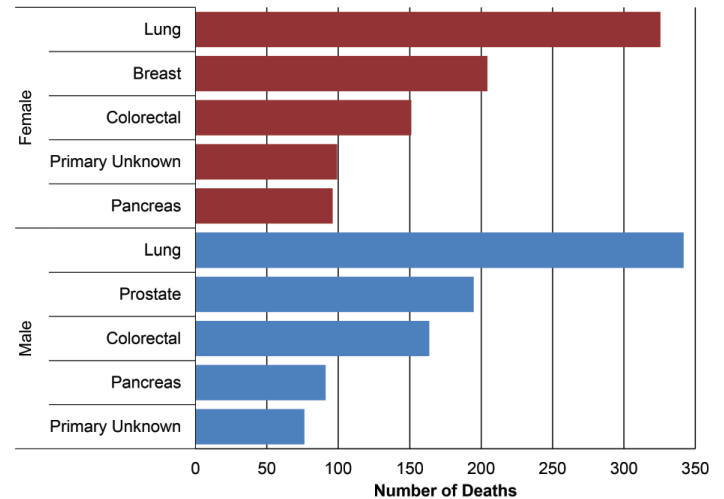


Figure 63: Trends in Mortality Rates for Common Cancer Sites in Females

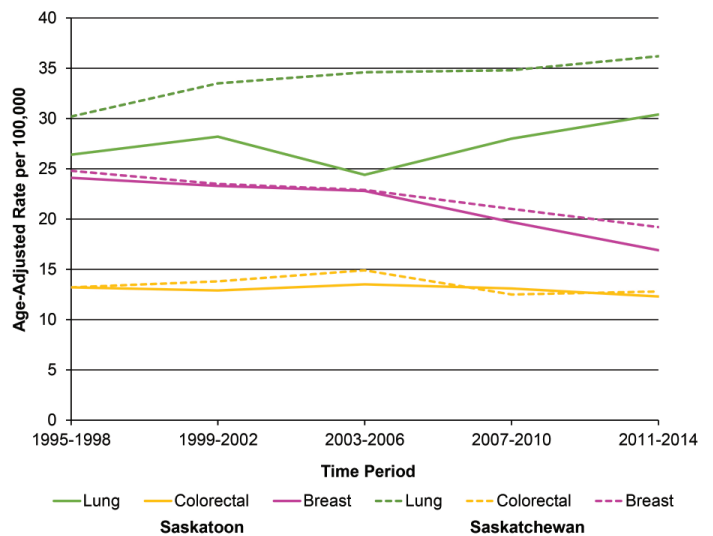
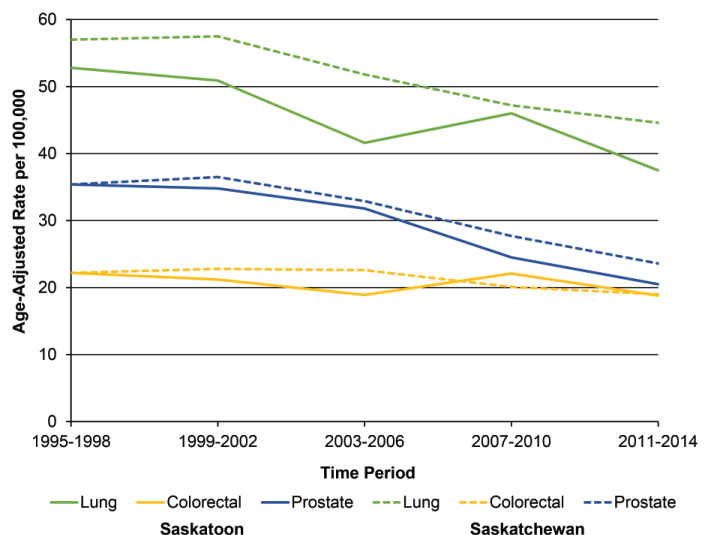


Figure 64: Trends in Mortality Rates for Common Cancer Sites in Males



# Heartland Regional Health Authority

Situated in the southwest-central area of the province, the Heartland Health Region serves communities such as Rosetown, Kindersley and Biggar.

The total population of Heartland in 2014 was 44,576. The population pyramid in Figure 65 shows the distribution of the population of Heartland by age group and sex.

In Heartland, 41.1 per cent of females and 39.4 per cent of males were over age 50 in 2014. Overall, 40.3 per cent of the population was over age 50. This is higher than in the province, where 33.7 per cent of the population was over age 50 in 2014 (35.0 per cent in females and 32.4 per cent in males).

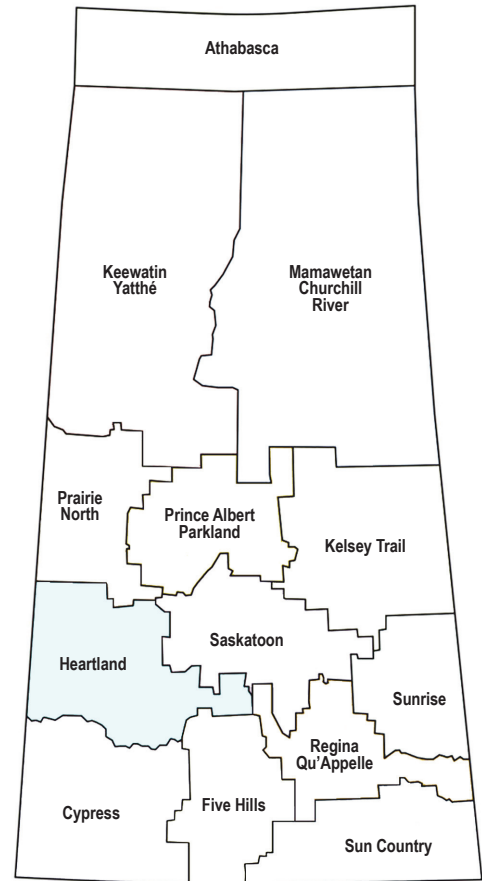
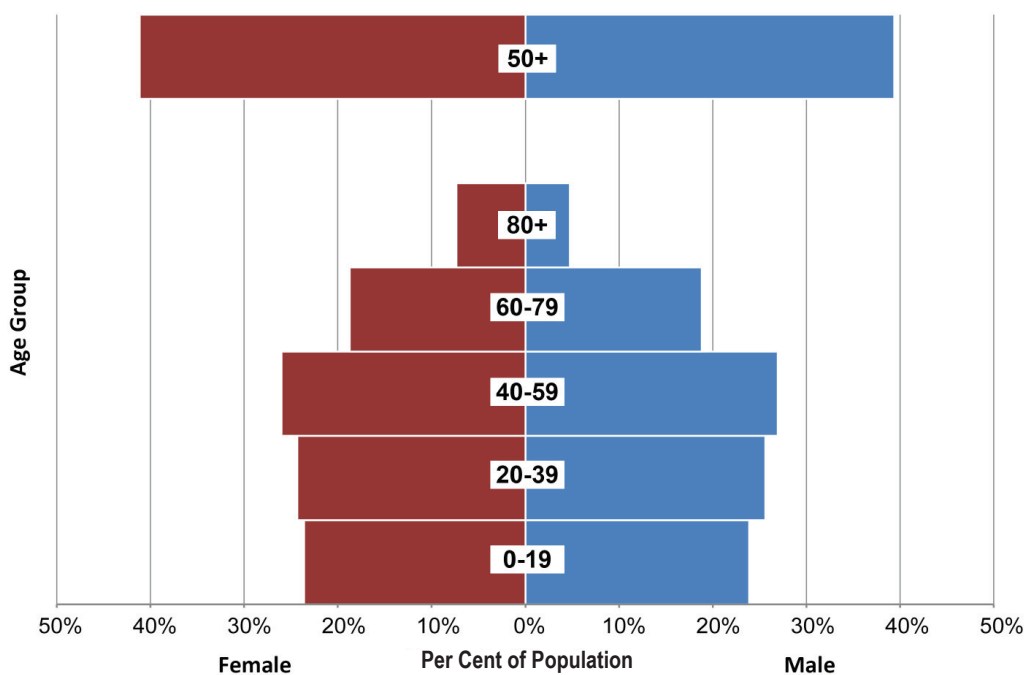


Figure 65: Population of Heartland Health Region by Age and Sex, 2014



## Cancer Incidence

Figure 66 shows the top five invasive cancer sites by sex for Heartland among females and males for the period 2010-2014. Overall, there were 532 cases in females and 567 cases in males.

The most common cancer in females was breast (139 cases), accounting for 26 per cent of cases. Lung (77) and colorectal (67) cancers were next, together accounting for 27 per cent of cases. These were followed by cancer of the uterus (43) and non-Hodgkin's lymphoma (26).

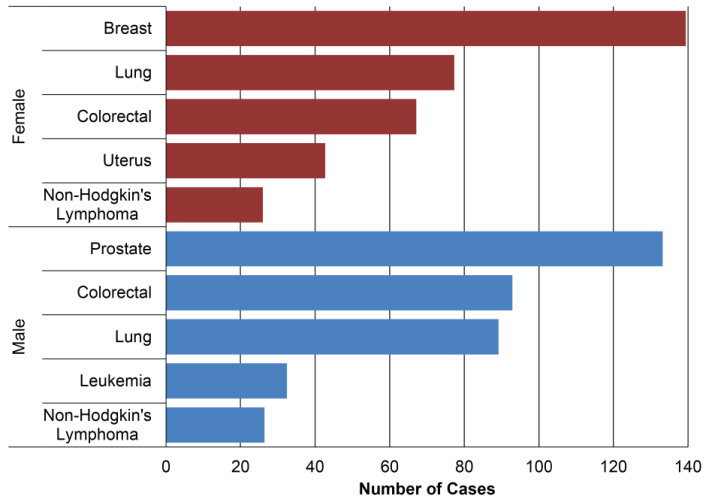
The most common invasive cancer among males was prostate (133 cases), accounting for 24 per cent of cases. Together, colorectal (93) and lung (89) cancers accounted for 32 per cent of cases. These were followed by leukemia and non-Hodgkin's lymphoma, with 32 and 26 cases, respectively.

## Incidence Rates

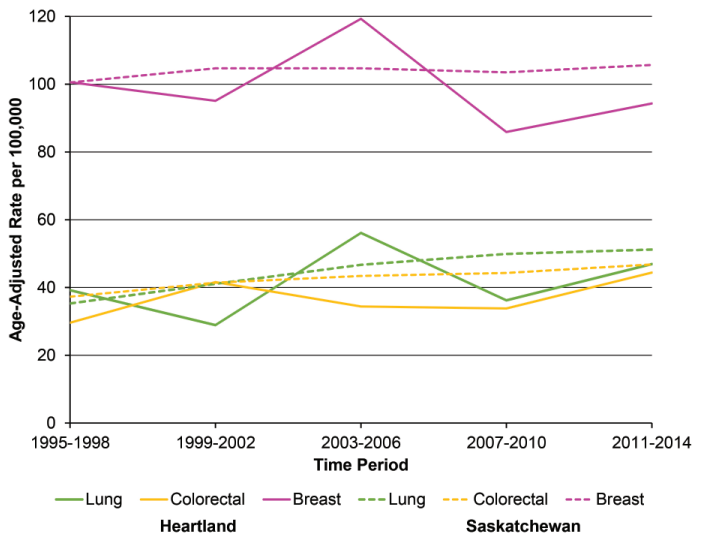
Figure 67 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Heartland and dashed lines are the provincial rates. Breast cancer incidence in Heartland displayed variation over the 20-year period, from a high of 119.3 per 100,000 in 2003-2006 to a low of 85.9 per 100,000 in 2007-2010. Provincial rates remained stable. Colorectal cancer rates increased from 29.6 per 100,000 in 1995-1998 to 44.4 per 100,000 in 2011-2014. Provincially, colorectal cancer rates also displayed an increase. Lung cancer rates fluctuated over the 20-year period, peaking at 56.1 per 100,000 in 2003-2006, while provincial rates showed an increasing trend.

Figure 68 shows the age-adjusted incidence rates of the top three invasive cancers for males. The age-adjusted prostate cancer rate in Heartland remained below provincial rates after peaking at 141.2 per 100,000 in 1999-2002 and declining to 82.7 per 100,000 in 2011-2014. Colorectal cancer rates displayed variability over the 20-year period while provincial rates displayed an increase. Lung cancer rates declined in 2011-2014 to 49.9 per 100,000.

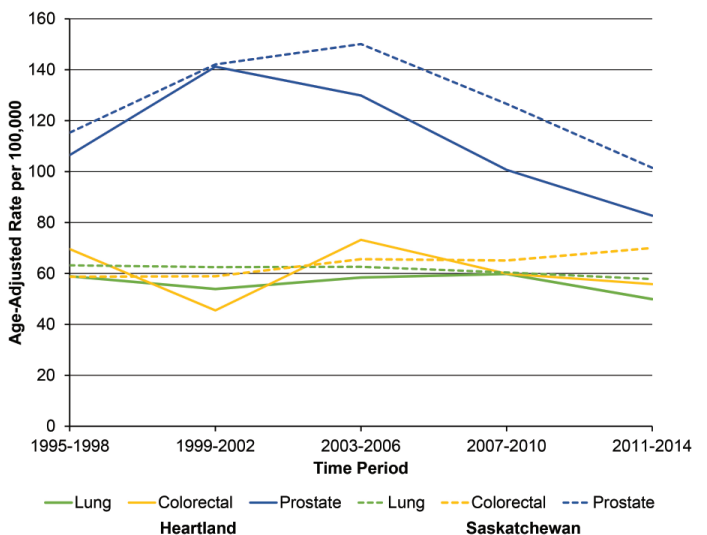
**Figure 66: Top Five Invasive Cancer Sites in Heartland by Sex, 2010-2014**



**Figure 67: Trends in Incidence Rates for Common Cancer Sites in Females**



**Figure 68: Trends in Incidence Rates for Common Cancer Sites in Males**



## Cancer Mortality

Figure 69 shows the top five cancer causes of death in Heartland among females and males for the period 2010-2014. Overall, there were 226 cancer deaths in females and 258 cancer deaths in males.

The most common cancer death among females was lung cancer (54 deaths), accounting for 24 per cent of all cancer deaths in females. Following this was breast cancer (40), which accounted for 18 per cent of female cancer deaths. Colorectal (20), primary unknown (15), and non-Hodgkin's lymphoma (12) were the remaining sites in the top five.

The most common cancer death among males was lung cancer (77 deaths), accounting for 30 per cent of all cancer deaths in males. Prostate cancer (51) accounted for 20 per cent of male cancer deaths. Colorectal (28), pancreas (17), and primary unknown (14) round out the top five cancer causes of death.

## Mortality Rates

Figure 70 shows the age-adjusted mortality rates of the top three invasive cancers in females. Solid lines are the mortality rates for Heartland and dashed lines are the provincial rates. Lung cancer mortality rates were variable over the 20-year period, from a peak of 42.1 per 100,000 in 2003-2006 to a low of 27.2 per 100,000 in 2011-2014. Provincially, lung cancer mortality rates displayed an increase. Breast cancer mortality rates followed the provincial trend over the 20-year period, remaining higher than the provincial rates until 2011-2014. Colorectal cancer mortality rates remained somewhat stable in Heartland females, similar to the pattern observed provincially.

Figure 71 shows the age-adjusted mortality rates among males. The age-adjusted mortality rate for lung cancer remained below provincial mortality rates until 2011-2014. Prostate cancer mortality declined over the 20-year period from 43.5 per 100,000 to 25.4 per 100,000. Provincially, the rates decreased over the same period. Colorectal cancer mortality rates in Heartland peaked at 26.8 per 100,000 in 2003-2006 but showed no overall increase during the 20-year period. Provincially, colorectal cancer mortality rates remained stable.

Figure 69: Top Five Cancer Causes of Death in Heartland by Sex, 2010-2014

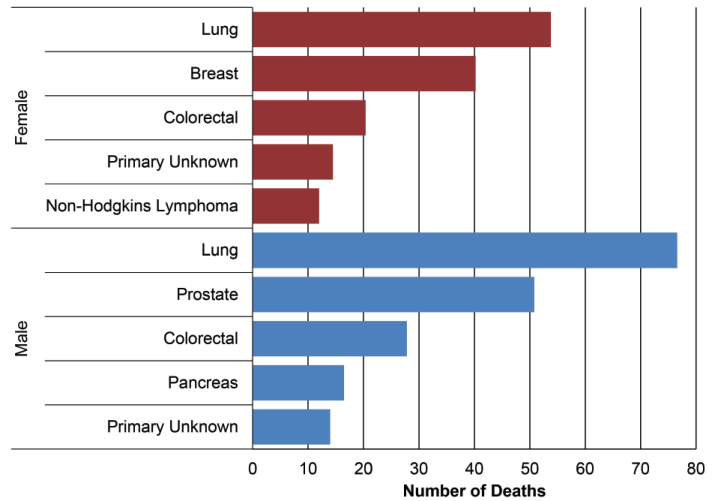


Figure 70: Trends in Mortality Rates for Common Cancer Sites in Females

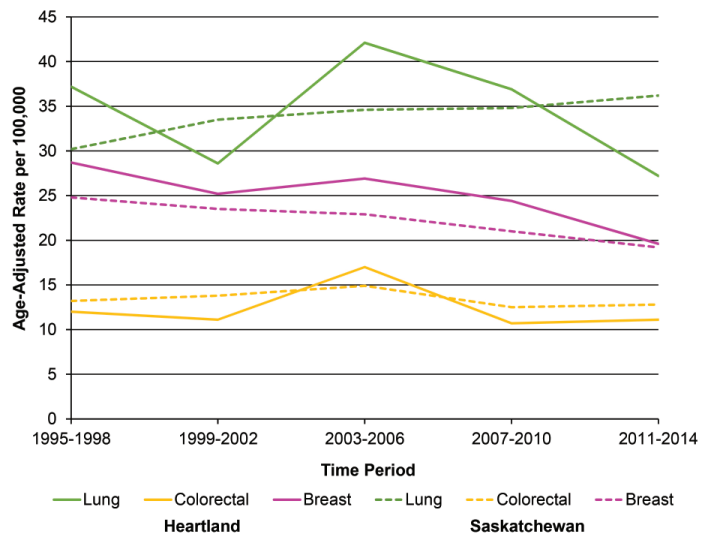
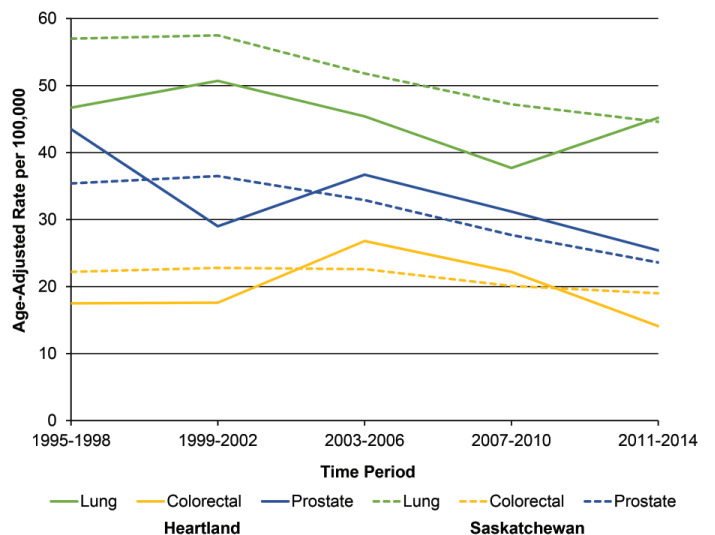


Figure 71: Trends in Mortality Rates for Common Cancer Sites in Males





# Kelsey Trail Regional Health Authority

Situated in the east-central area of the province, the Kelsey Trail Health Region serves communities such as Melfort, Nipawin and Tisdale.

The total population of Kelsey Trail in 2014 was 42,650. The population pyramid in Figure 72 shows the distribution of the population of Kelsey Trail by age group and sex.

In Kelsey Trail, 41.4 per cent of females and 39.2 per cent of males were over age 50 in 2014. Overall, 40.3 per cent of the population was over age 50. This is higher than in the province, where 33.7 per cent of the population was over age 50 in 2014 (35.0 per cent in females and 32.4 per cent in males).

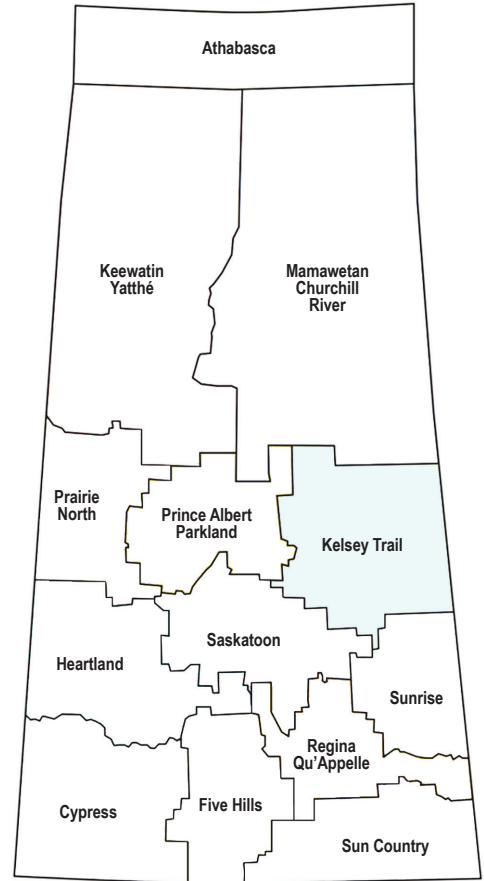
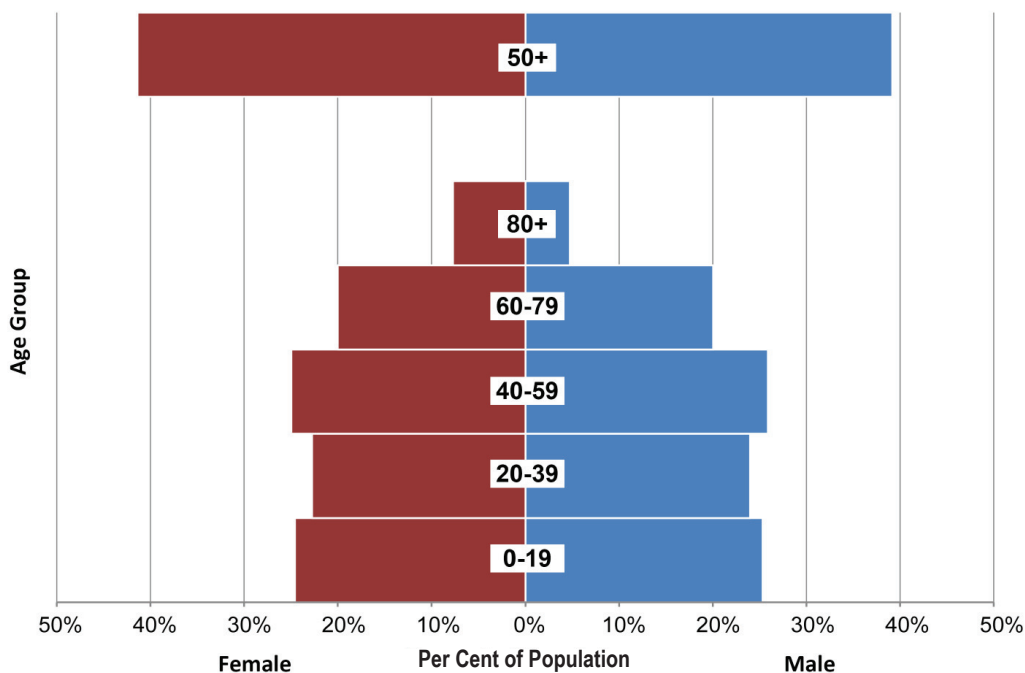


Figure 72: Population of Kelsey Trail Health Region by Age and Sex, 2014



## Cancer Incidence

Figure 73 shows the top five invasive cancer sites by sex for Kelsey Trail among females and males for the period 2010-2014. Overall, there were 611 cases in females and 641 cases in males.

The most common cancer among females was breast (175 cases), accounting for 29 per cent of cases. Colorectal (96) and lung (88) cancers were next, together accounting for 30 per cent of cases. These were followed by cancers of the uterus (35) and kidney (21).

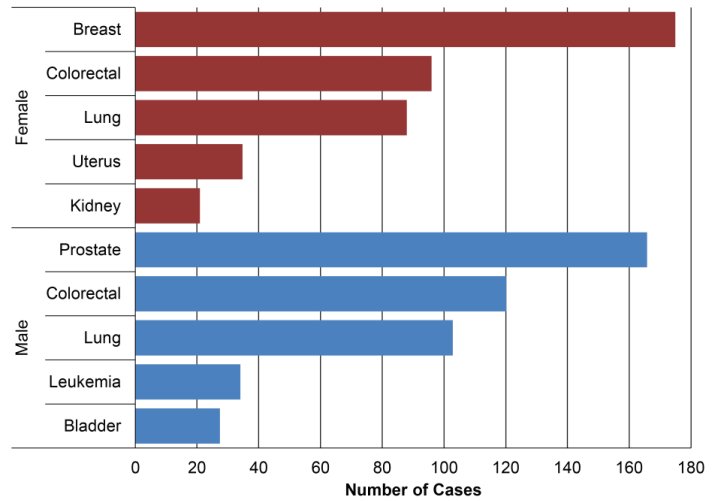
The most common invasive cancer among males was prostate (166 cases), accounting for 26 per cent of cases. Colorectal (120) and lung (103) cancers combined accounted for 35 per cent of cases. These were followed by leukemia and bladder cancer, with 34 and 27 cases, respectively.

## Incidence Rates

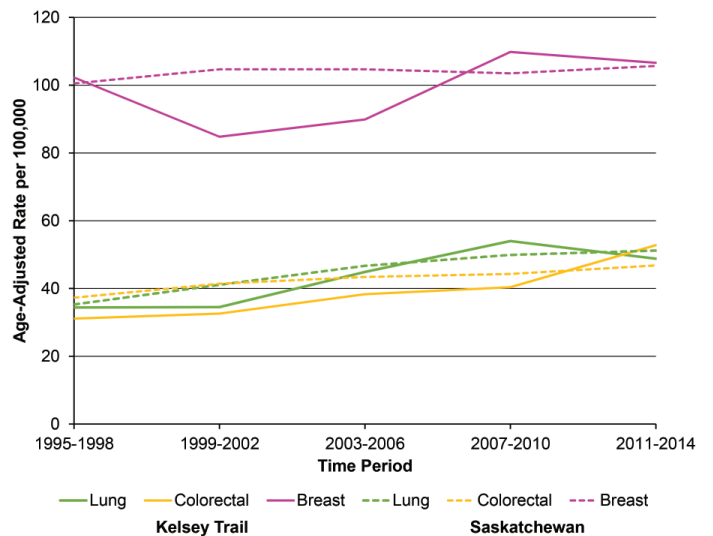
Figure 74 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Kelsey Trail and dashed lines are the provincial rates. Breast cancer incidence rates in Kelsey Trail fluctuated over the 20-year period, from a low of 84.8 per 100,000 in 1999-2002 to a high of 109.8 per 100,000 in 2007-2010. Provincially rates remained stable over time. Lung cancer rates increased from 34.4 per 100,000 in 1995-1998 to 48.8 per 100,000 in 2011-2014, following the provincial trend. Colorectal cancer rates increased over the 20-year period for Kelsey Trail, rising above the provincial rates in 2011-2014.

Figure 75 shows the age-adjusted incidence rates of the top three invasive cancers for males. The age-adjusted prostate cancer rate in Kelsey Trail was lower than the provincial rate until 2007-2010. Colorectal cancer rates remained stable until 2011-2014 when they rose to 77.7 per 100,000. Provincially, colorectal cancer rates displayed a gradual increase. Lung cancer rates remained fairly stable over the 20-year period.

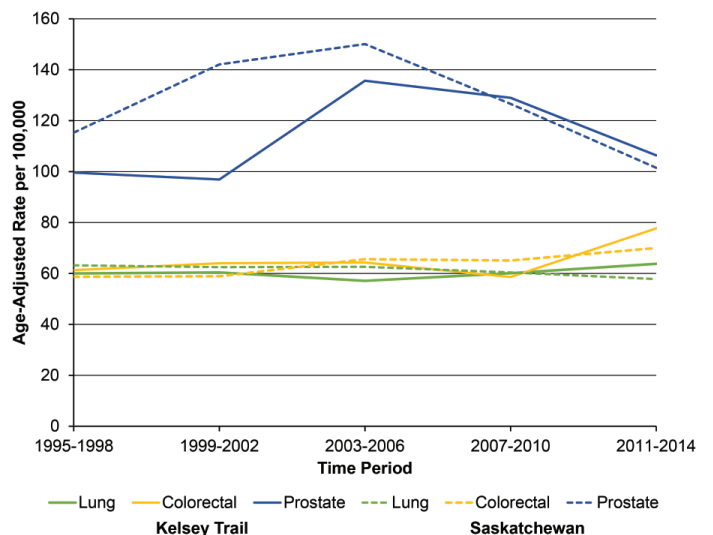
**Figure 73: Top Five Invasive Cancer Sites in Kelsey Trail by Sex, 2010-2014**



**Figure 74: Trends in Incidence Rates for Common Cancer Sites in Females**



**Figure 75: Trends in Incidence Rates for Common Cancer Sites in Males**



## Cancer Mortality

Figure 76 shows the top five cancer causes of death in Kelsey Trail among females and males for the period 2010-2014. Overall, there were 257 cancer deaths in females and 314 cancer deaths in males.

The most common cancer death among females was lung cancer (74 deaths), accounting for 29 per cent of all cancer deaths in females. Following this was breast cancer (47), which accounted for 18 per cent of female cancer deaths. Colorectal (21) was third, while uterus, pancreas, and ovary tied with 12 deaths each.

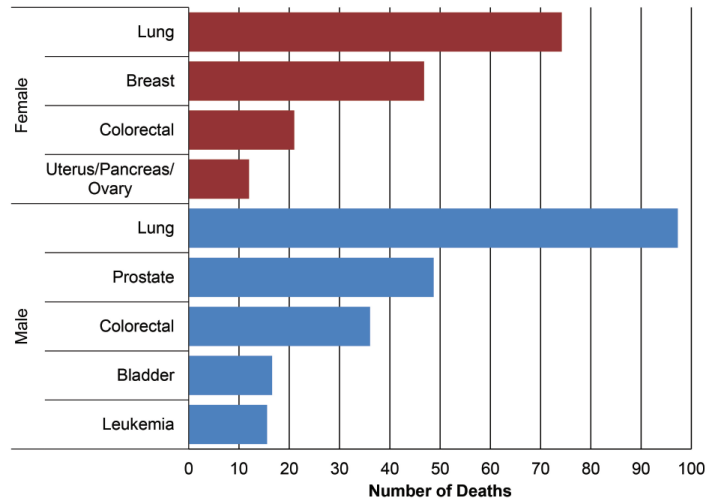
The most common cancer death among males was lung cancer (97 deaths), accounting for 31 per cent of all cancer deaths in males. Prostate cancer (49) accounted for 15 per cent of male cancer deaths. Colorectal (36), bladder (17), and leukemia (16) round out the top five cancer causes of death.

## Mortality Rates

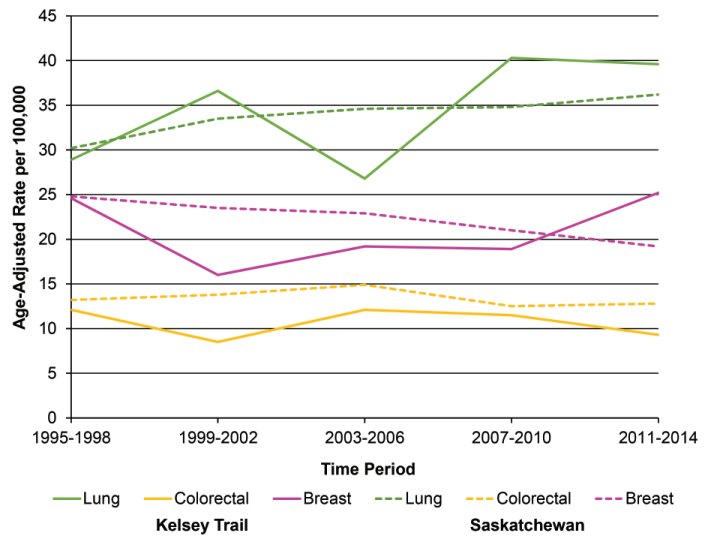
Figure 77 shows the age-adjusted mortality rates of the top three invasive cancers in females over the 20-year period. Solid lines are the mortality rates for Kelsey Trail and dashed lines are the provincial rates. Lung cancer mortality rates in Kelsey Trail increased from 28.9 per 100,000 to 39.6 per 100,000 over the 20-year period, following the trend provincially. Breast cancer mortality rates declined from 24.6 per 100,000 in 1995-1998 to 16.0 per 100,000 in 1999-2002, then subsequently increased to 25.2 per 100,000 in 2011-2014. Provincially, mortality rates showed a decreasing trend over time. Colorectal cancer mortality rates in Kelsey Trail remained fairly stable and consistently below provincial rates.

Figure 78 shows the age-adjusted mortality rates among males. The age-adjusted mortality rate for lung cancer increased from 43.2 per 100,000 to 62.6 per 100,000 over the 20-year period. This is opposite to the mortality trend in the province, which declined over time. Prostate cancer mortality rates showed a decreasing trend, similar to the provincial trend. Colorectal cancer mortality rates in Kelsey Trail showed no overall increase over the 20-year period. Mortality rates for the province remained stable.

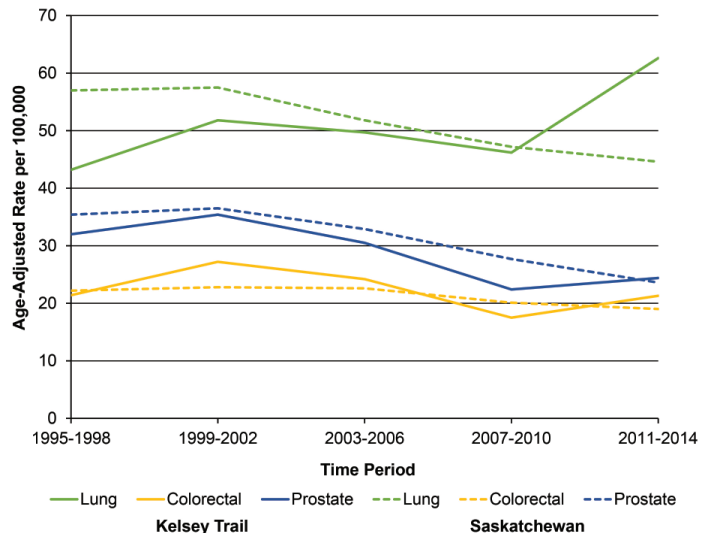
**Figure 76: Top Five Cancer Causes of Death in Kelsey Trail by Sex, 2010-2014**



**Figure 77: Trends in Mortality Rates for Common Cancer Sites in Females**



**Figure 78: Trends in Mortality Rates for Common Cancer Sites in Males**



# Prince Albert Parkland Regional Health Authority

Situated in the north-central area of the province, the Prince Albert Parkland Health Region serves the city of Prince Albert and communities such as Shellbrook and Birch Hills.

The total population of Prince Albert Parkland in 2014 was 82,578. The population pyramid in Figure 79 shows the distribution of the population of Prince Albert Parkland by age group and sex.

In Prince Albert Parkland, 34.7 per cent of females and 32.7 per cent of males were over age 50 in 2014. Overall, 33.7 per cent of the population was over age 50, compared to 33.7 per cent for the province (35.0 per cent in females and 32.4 per cent in males).

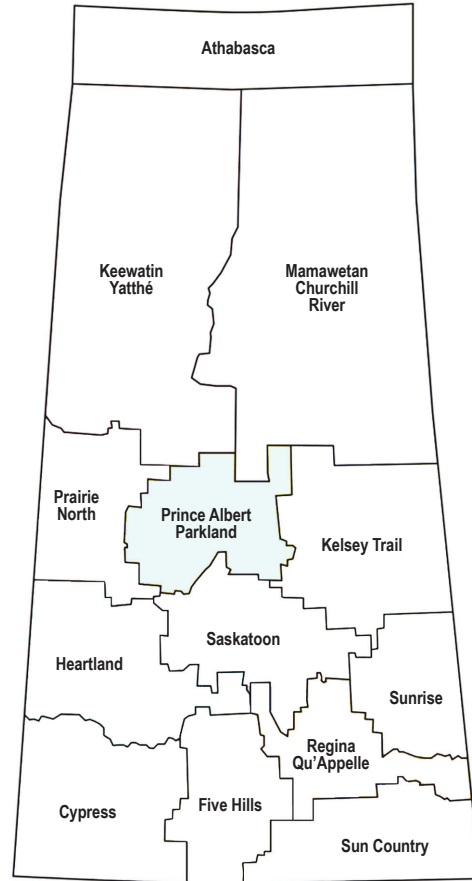
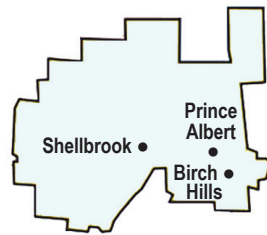
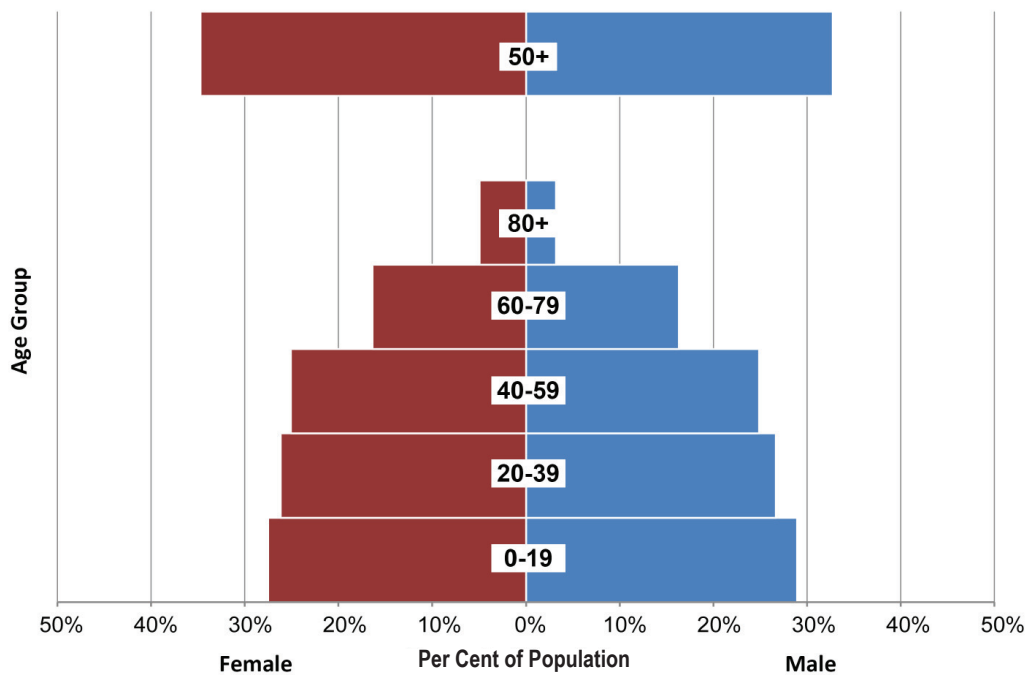


Figure 79: Population of Prince Albert Parkland Health Region by Age and Sex, 2014



## Cancer Incidence

Figure 80 shows the top five invasive cancer sites by sex for Prince Albert Parkland among females and males for the period 2010-2014. Overall, there were 900 cases in females and 1,011 cases in males.

The most common site in females was breast (275 cases), accounting for 31 per cent of cases. Lung (148) and colorectal (106) cancers were next most common, together accounting for 28 per cent of cases. These were followed by cancers of the uterus (60) and non-Hodgkin's lymphoma (38).

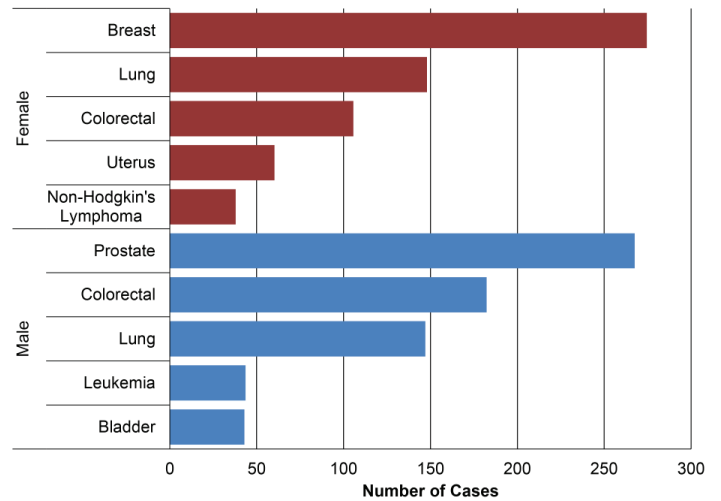
The most common invasive cancer among males was prostate (268 cases), accounting for 26 per cent of cases. Together, colorectal (182) and lung (147) cancers accounted for 33 per cent of cases. These were followed by leukemia and bladder cancer, with 44 and 43 cases, respectively.

## Incidence Rates

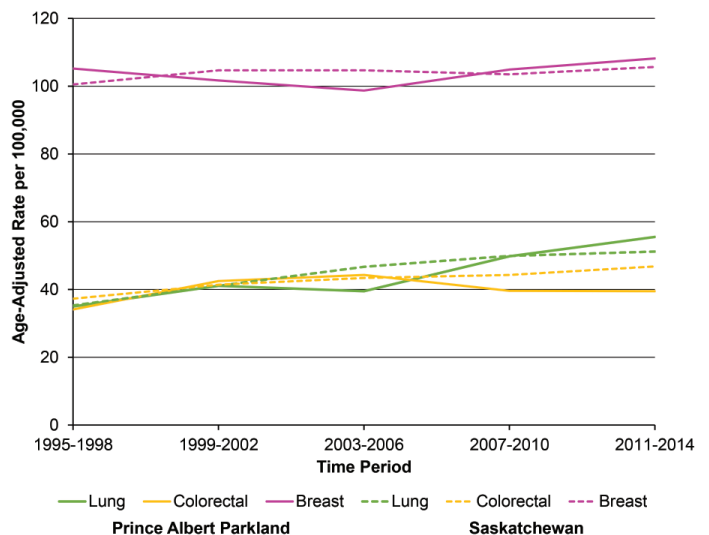
Figure 81 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Prince Albert Parkland and dashed lines are the provincial rates. Breast cancer incidence rates in Prince Albert Parkland remained fairly stable over the 20-year period. Similar to the provincial trend, lung cancer incidence rates gradually increased over the 20-year period, from 35.0 per 100,000 to 55.5 per 100,000. Colorectal cancer rates increased to 44.3 per 100,000 in 2003-2006 and then subsequently declined. Provincially, rates displayed a gradual increase.

Figure 82 shows the age-adjusted incidence rates of the top three invasive cancers for males. The age-adjusted prostate cancer rate in Prince Albert Parkland declined from 144.5 per 100,000 in 1995-1998 to 112.0 per 100,000 in 2011-2014. Colorectal cancer rates showed an overall increase similar to the provincial trend, from 59.0 per 100,000 in 1995-1998 to 74.3 per 100,000 in 2011-2014. The trend in lung cancer rates in Prince Albert Parkland was similar to the provincial trend, but remained slightly higher than the provincial rates.

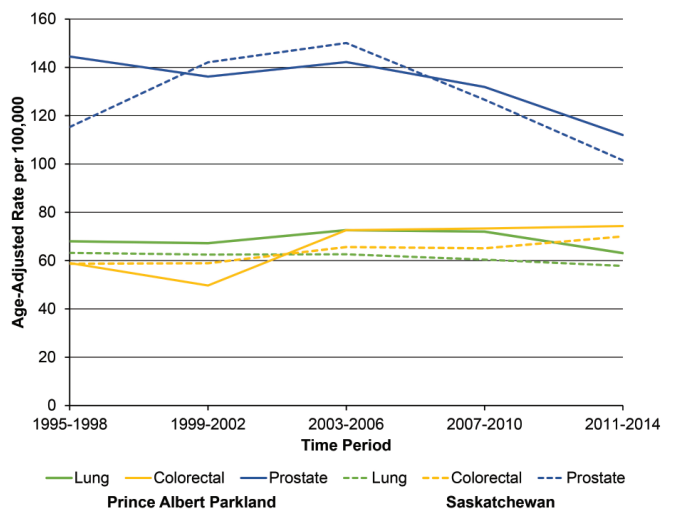
**Figure 80: Top Five Invasive Cancer Sites in Prince Albert Parkland by Sex, 2010-2014**



**Figure 81: Trends in Incidence Rates for Common Cancer Sites in Females**



**Figure 82: Trends in Incidence Rates for Common Cancer Sites in Males**



## Cancer Mortality

Figure 83 shows the top five cancer causes of death in Prince Albert Parkland among females and males for the period 2010-2014. Overall, there were 378 cancer deaths in females and 476 cancer deaths in males.

The most common cancer death among females was lung cancer (118 deaths), accounting for 31 per cent of all cancer deaths in females. Following this was breast cancer (69), which accounted for 18 per cent of female cancer deaths. Colorectal (38), ovary (20), and primary unknown (20) were the remaining sites in the top five.

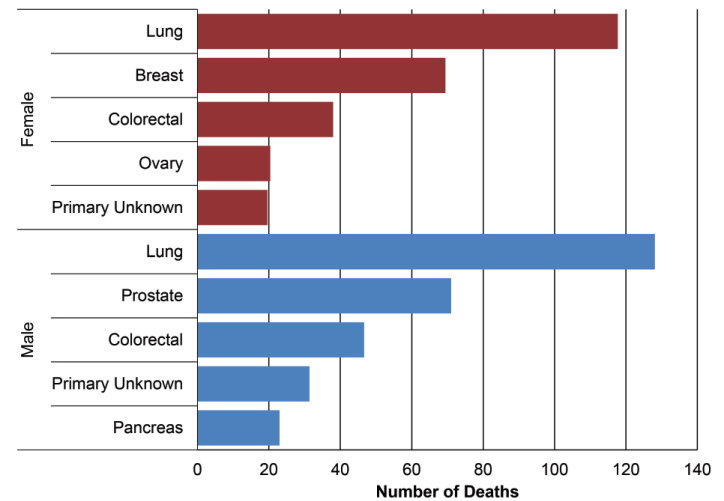
The most common cancer death among males was lung cancer (128 deaths), accounting for 27 per cent of all cancer deaths in males. Prostate cancer (71) accounted for 15 per cent of male cancer deaths. Colorectal (47), primary unknown (31), and pancreas (23) round out the top five cancer causes of death.

## Mortality Rates

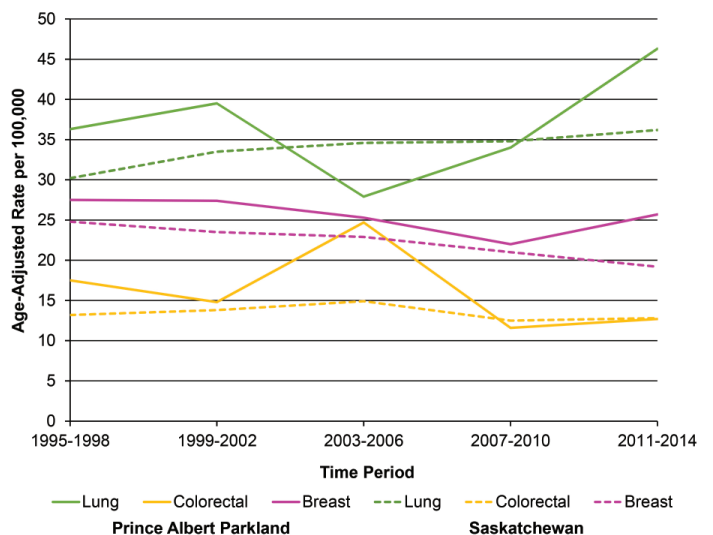
Figure 84 shows the age-adjusted mortality rates of the top three invasive cancers in females over the 20-year period. Solid lines are the mortality rates for Prince Albert Parkland and dashed lines are the provincial rates. Lung cancer mortality rates fluctuated between 27.9 per 100,000 in 2003-2006 and 46.3 per 100,000 in 2011-2014. The provincial trend saw lung cancer mortality rates increase over the same time period. Breast cancer mortality rates have been higher in Prince Albert Parkland than in the province and showed a similar decreasing trend until a slight increase in 2011-2014. Colorectal cancer mortality rates peaked at 24.7 per 100,000 in 2003-2006 and decreased to 12.7 per 100,000 in 2011-2014. Rates for the province remained stable.

Figure 85 shows the age-adjusted mortality rates among males. Lung cancer mortality rates in Prince Albert Parkland decreased over the 20-year period from 61.6 per 100,000 to 51.9 per 100,000 but remained above provincial rates. Prostate cancer mortality rates decreased from 35.4 per 100,000 to 28.8 per 100,000 over the 20-year period. This decrease was similar to the provincial trend over time. Colorectal cancer mortality rates in Prince Albert Parkland remained stable until declining in 2011-2014. Provincially, the rates remained stable.

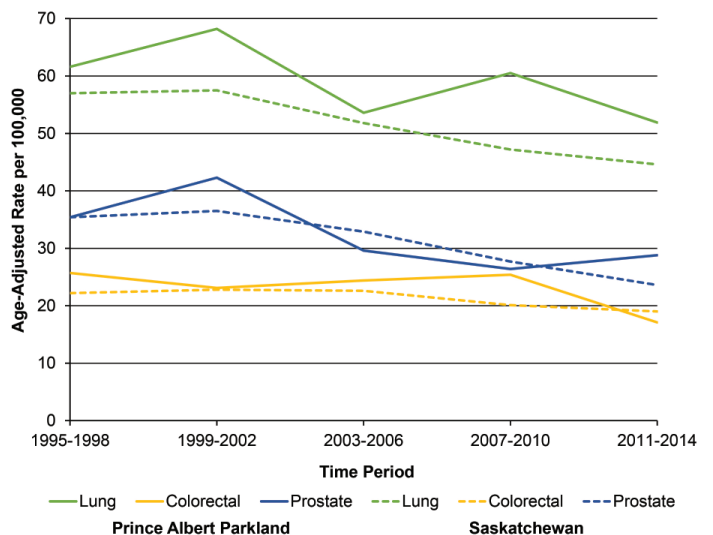
**Figure 83: Top Five Cancer Causes of Death in Prince Albert Parkland by Sex, 2010-2014**



**Figure 84: Trends in Mortality Rates for Common Cancer Sites in Females**



**Figure 85: Trends in Mortality Rates for Common Cancer Sites in Males**





# Prairie North Regional Health Authority

Situated in the west-central area of the province, the Prairie North Health Region serves communities such as North Battleford, Lloydminster and Meadow Lake.

The total population of Prairie North in 2014 was 82,992. The population pyramid in Figure 86 shows the percent distribution of the population of Prairie North by age group and sex.

In Prairie North, 29.1 per cent of females and 28.1 per cent of males were over age 50 in 2014. Overall, only 28.6 per cent of the population was over age 50. This is somewhat lower than in the province, where 33.7 per cent of the population was over age 50 in 2014 (35.0 per cent in females and 32.4 per cent in males).

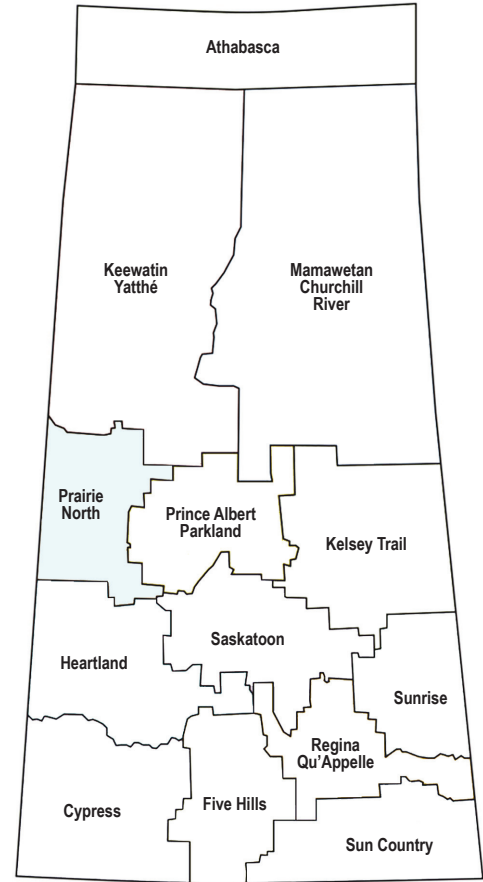
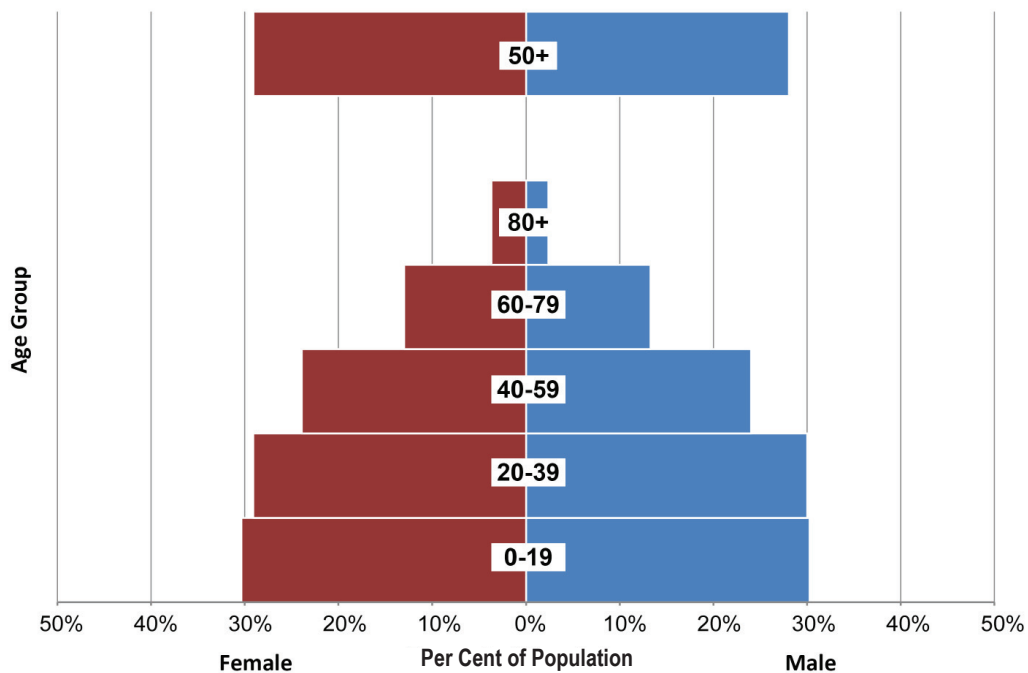


Figure 86: Population of Prairie North Health Region by Age and Sex, 2014



## Cancer Incidence

Figure 87 shows the top five invasive cancer sites by sex for Prairie North among females and males for the period 2010-2014. Overall, there were 631 cases in females and 613 cases in males.

The most common among females was breast (199 cases), accounting for 32 per cent of cases. Colorectal (92) and lung (78) cancers were next most common, together accounting for 27 per cent of cases. These were followed by cancers of the uterus (31) and kidney (24).

The most common invasive cancer among males was prostate (124 cases), accounting for 20 per cent of cases. Colorectal (115) and lung (94) cancers combined accounted for 34 per cent of cases. These were followed by non-Hodgkin's lymphoma and leukemia, with 41 and 29 cases, respectively.

## Incidence Rates

Figure 88 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for Prairie North and dashed lines are the provincial rates. Over the 20-year period, breast cancer incidence rates in Prairie North fluctuated but remained below the provincial rates. Lung cancer rates remained fairly stable, whereas provincial rates increased. Colorectal cancer rates closely followed the provincial trend.

Figure 89 shows the age-adjusted incidence rates of the top three invasive cancers for males. Prostate cancer rates in Prairie North remained consistently lower than the provincial rates over the 20-year period, declining to 62.7 per 100,000 in 2011-2014. Colorectal cancer rates remained stable, as compared to the slight increase provincially. Lung cancer rates displayed variability over the observed time period. Provincially, lung cancer rates showed a slight decline over time.

Figure 87: Top Five Invasive Cancer Sites in Prairie North by Sex, 2010-2014

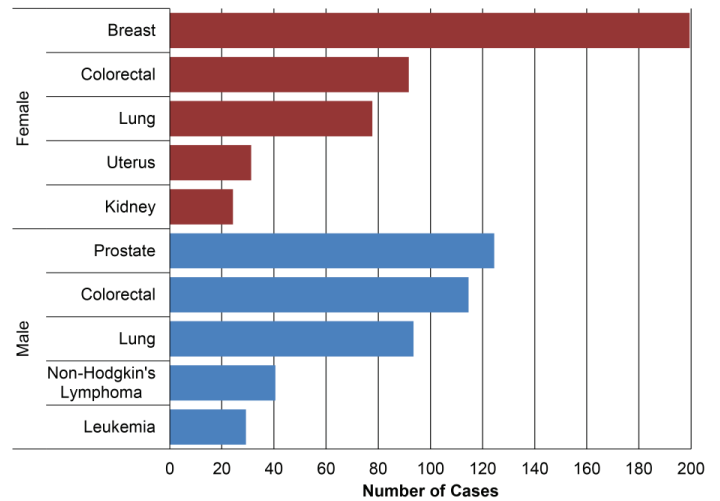


Figure 88: Trends in Incidence Rates for Common Cancer Sites in Females

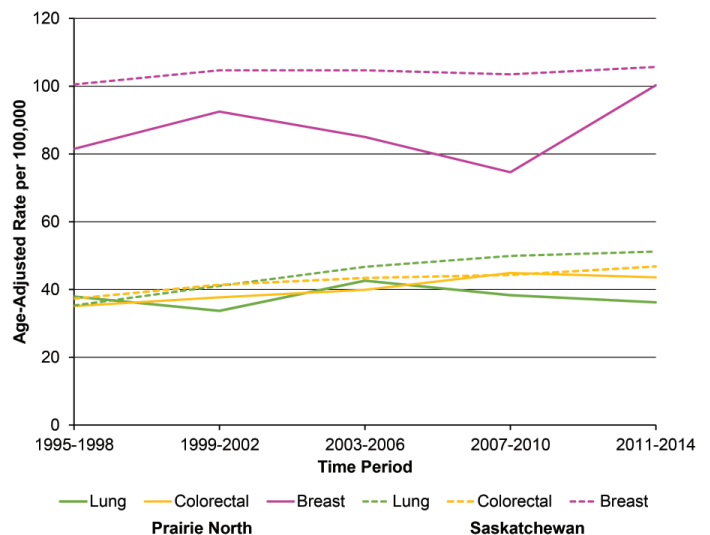
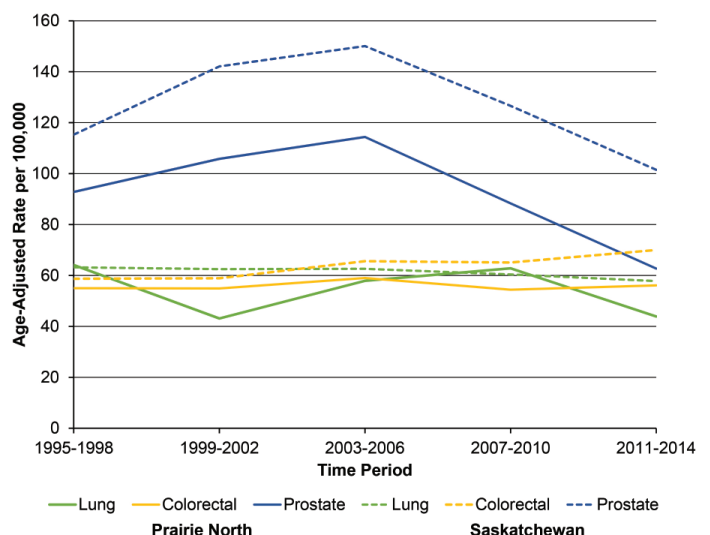


Figure 89: Trends in Incidence Rates for Common Cancer Sites in Males



## Cancer Mortality

Figure 90 shows the top five cancer causes of death in Prairie North among females and males for the period 2010-2014. Overall, there were 270 cancer deaths in females and 316 cancer deaths in males.

The most common cancer death among females was lung cancer (67 deaths), accounting for 25 per cent of all cancer deaths in females. Following this was breast cancer (41), which accounted for 15 per cent of female cancer deaths. Colorectal (34), pancreas (22), and primary unknown (20) were the remaining sites in the top five.

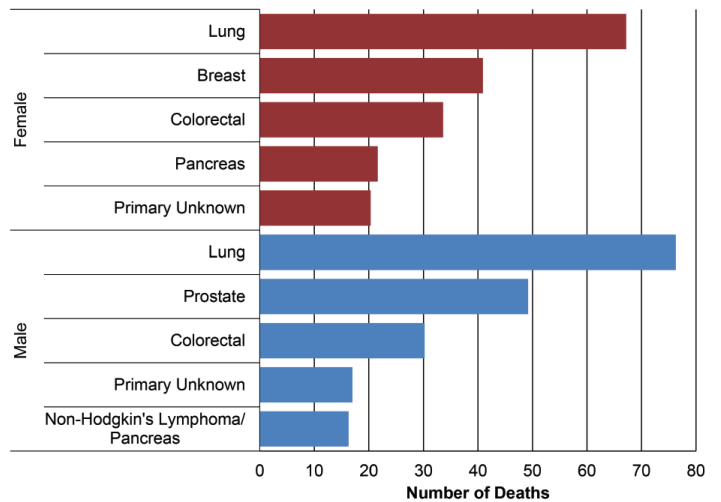
The most common cancer death among males was lung cancer (76 deaths), accounting for 24 per cent of all cancer deaths in males. Prostate cancer (49) accounted for 16 per cent of male cancer deaths. Colorectal (30) and primary unknown (17) were third and fourth, and non-Hodgkin's lymphoma and pancreas tied for fifth, each with 16 deaths.

## Mortality Rates

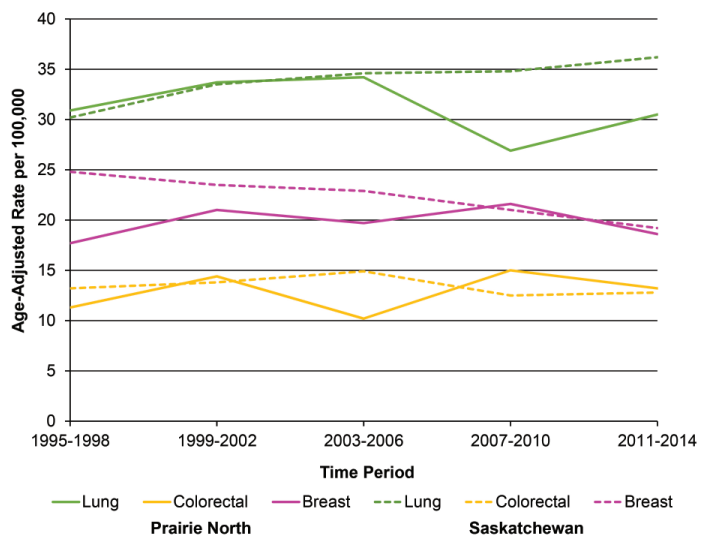
Figure 91 shows the age-adjusted mortality rates of the top three invasive cancers in females over the 20-year period. Solid lines are the mortality rates for Prairie North and dashed lines are the provincial rates. Lung cancer mortality rates in Prairie North remained similar to provincial rates until 2007-2010 when they decreased to 26.9 per 100,000. Breast cancer mortality rates remained fairly stable, while provincial rates declined. Colorectal cancer mortality rates in Prairie North were similar to the trend observed provincially.

Figure 92 shows the age-adjusted mortality rates among males. The age-adjusted mortality rate for lung cancer showed a more marked decline than the provincial rates, from 60.9 per 100,000 in 1995-1998 to 39.4 per 100,000 in 2011-2014. Prostate cancer mortality rates increased from 28.8 per 100,000 in 1995-1998 to 39.1 per 100,000 in 1999-2002, then subsequently followed the declining provincial trend to 23.8 per 100,000 in 2011-2014. Colorectal cancer mortality rates in Prairie North peaked at 24.8 per 100,000 in 1999-2002, then declined to 13.2 per 100,000 in 2011-2014. Provincially, colorectal cancer mortality rates remained stable.

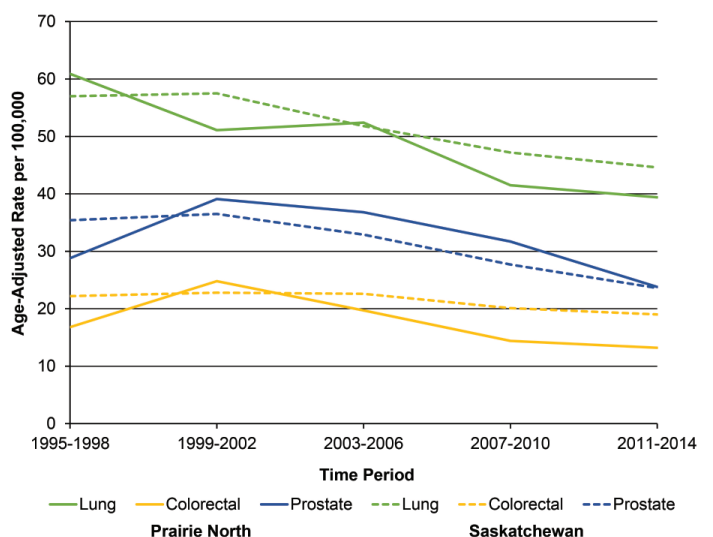
**Figure 90: Top Five Cancer Causes of Death in Prairie North by Sex, 2010-2014**



**Figure 91: Trends in Mortality Rates for Common Cancer Sites in Females**



**Figure 92: Trends in Mortality Rates for Common Cancer Sites in Males**



# Northern Regions

The three northernmost health regions/authority (Mamawetan Churchill River, Keewatin Yatthé and Athabasca) are combined into one region called the North. This region of the province is unique because the population is small and much younger than in the rest of the province. Reporting cancer information for each region would result in very small numbers and unstable trends.

The North serves communities such as La Ronge, Île-à-la-Crosse and Stony Rapids. The total population in 2014 was 39,430. The population pyramid in Figure 93 shows the distribution of the population of the North by age group and sex. A large majority of the population is under age 40.

In the North, 18.9 per cent of females and 19.7 per cent of males were over age 50 in 2014. Overall, only 19.3 per cent of the population was over 50. This is much lower than in the province, where 33.7 per cent of the population was over age 50 in 2014 (35.0 per cent in females and 32.4 per cent in males).

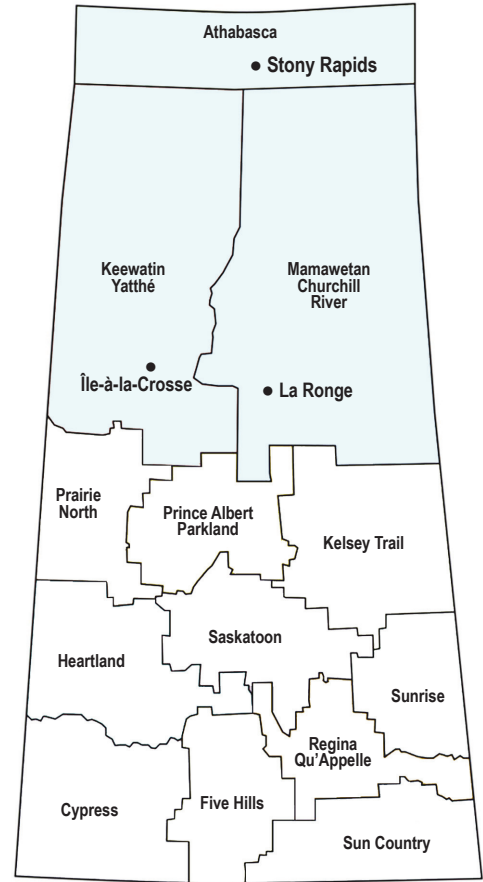
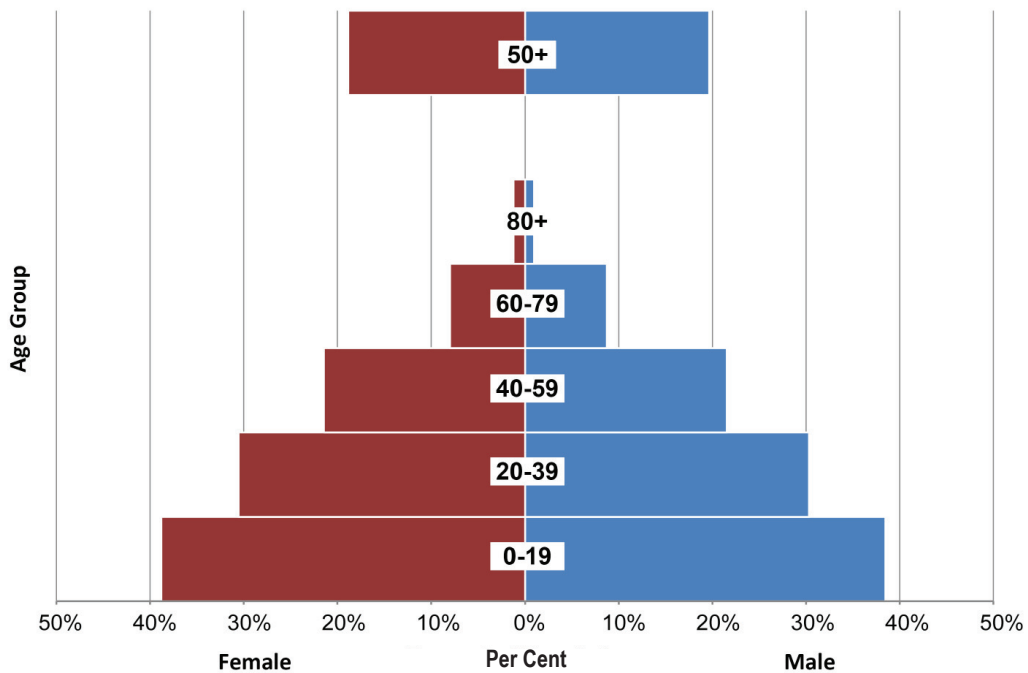


Figure 93: Population of the North by Age and Sex, 2014



# Northern Regions

## Cancer Incidence

Figure 94 shows the top five invasive cancer sites by sex for the North among females and males for the period 2010-2014. Overall, there were 216 cases in females and 224 cases in males.

The most common among females was breast cancer (62 cases), accounting for 29 per cent of cases. Lung (40) and colorectal (37) cancers were next most common, together accounting for 36 per cent of cases. These were followed by non-Hodgkin's lymphoma (10) and kidney cancer (8).

The most common invasive cancer among males was prostate (58 cases), accounting for 26 per cent of cases. Together, lung (42) and colorectal (41) cancers accounted for 37 per cent of cases. These were followed by kidney cancer and non-Hodgkin's lymphoma, with 17 and 9 cases, respectively.

## Incidence Rates

It is important to note that the overall small number of cases in the North makes it difficult to interpret trends.

Figure 95 shows the age-adjusted incidence rates of the top three invasive cancers for females. Solid lines are the incidence rates for the North and dashed lines are the provincial rates. Breast cancer incidence in the North fluctuated between 64.3 per 100,000 and 111.1 per 100,000 over the 20-year period. The provincial incidence trend for breast cancer remained fairly stable. Lung cancer rates remained higher than provincial rates over the observed time period, reaching 82.5 per 100,000 in 2011-2014. Colorectal cancer rates displayed an increasing trend, from 28.7 per 100,000 in 1995-1998 to 47.6 per 100,000 in 2011-2014.

Figure 96 shows the age-adjusted incidence rates of the top three invasive cancers for males. The age-adjusted prostate cancer rates in the North increased from 56.7 per 100,000 to 93.1 per 100,000 over the 20-year period. These rates were well below the provincial rates, but the gap gradually began to close over more recent time periods. Lung cancer rates in the North reached 115.2 per 100,000 in 1999-2002 but subsequently declined. Colorectal cancer rates increased from 49.6 per 100,000 to 66.4 per 100,000 over the 20-year period. These rates remained below the provincial rates, which also displayed an increase over the same time period.

Figure 94: Top Five Invasive Cancer Sites in the North by Sex, 2010-2014

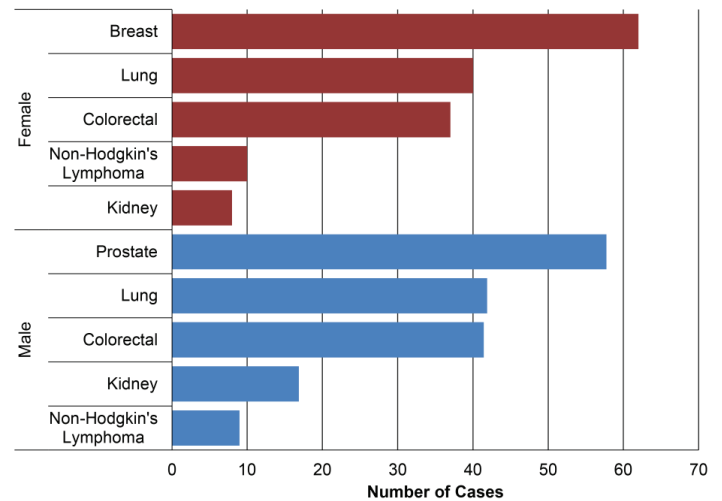


Figure 95: Trends in Incidence Rates for Common Cancer Sites in Females

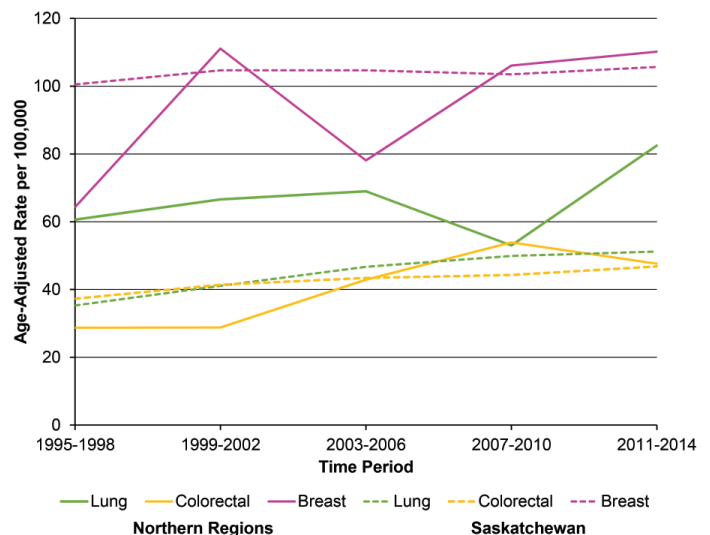
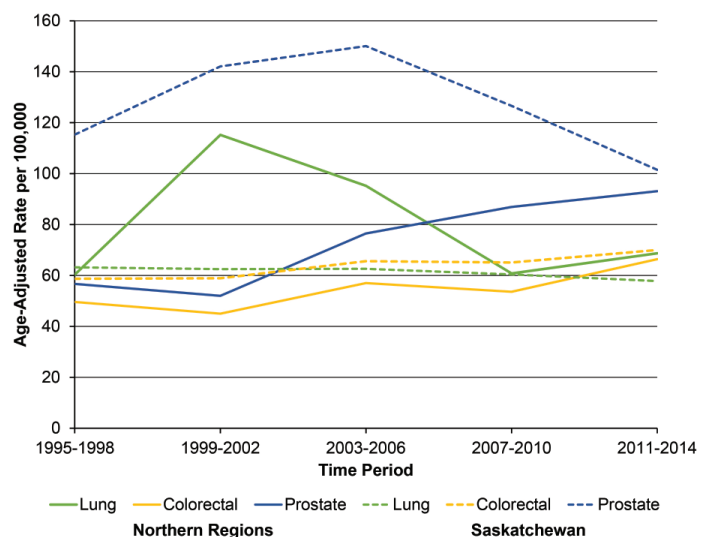


Figure 96: Trends in Incidence Rates for Common Cancer Sites in Males



# Northern Regions

## Cancer Mortality

Figure 97 shows the leading causes of cancer deaths in the North among females and males for the period 2010-2014. There were 84 cancer deaths in females and 96 cancer deaths in males.

The most common cancer death among females was lung cancer (22 deaths), accounting for 26 per cent of all cancer deaths in females. Following this was breast cancer (14), which accounted for 17 per cent of female cancer deaths. Colorectal (11) was the third leading cause of cancer death, while primary unknown, pancreas, and leukemia came next in a tie (not shown due to small counts).

The most common cancer death among males was lung cancer (29 deaths), accounting for 30 per cent of all cancer deaths in males. Colorectal cancer (12) accounted for 12 per cent of male cancer deaths. Prostate (11), primary unknown (9), and kidney (8) round out the top five cancer causes of death.

## Mortality Rates

Figure 98 shows the age-adjusted mortality rates of the top three invasive cancers in females over the 20-year period. Solid lines are the mortality rates for the North and dashed lines are the provincial rates. Lung cancer mortality rates in the North declined from 67.1 per 100,000 to 48.4 per 100,000 over the 20-year period. Lung cancer mortality rates were much higher among females in the North compared to provincial rates. Breast cancer mortality rates reached 42.0 per 100,000 in 2007-2010, but subsequently declined. The provincial trend saw breast cancer mortality rates decrease over the same time period. Colorectal cancer mortality rates in the North increased from 8.2 per 100,000 to 15.4 per 100,000 over the 20-year period, while mortality rates for the province remained stable.

Figure 99 shows the age-adjusted mortality rates among males. The age-adjusted mortality rate for lung cancer in the North peaked at 109.8 per 100,000 in 1999-2002, then declined to 51.4 per 100,000 in 2011-2014. Lung cancer mortality rates for the North remained higher than provincial rates. Prostate cancer mortality rates increased from 9.9 per 100,000 to 26.4 per 100,000 over the 20-year period. This trend is opposite to the provincial trend, which saw prostate cancer mortality rates decline over the same years. Colorectal cancer mortality rates in the North followed a similar trend provincially.

Figure 97: Top Three and Five Cancer Causes of Death in the North by Sex, 2010-2014

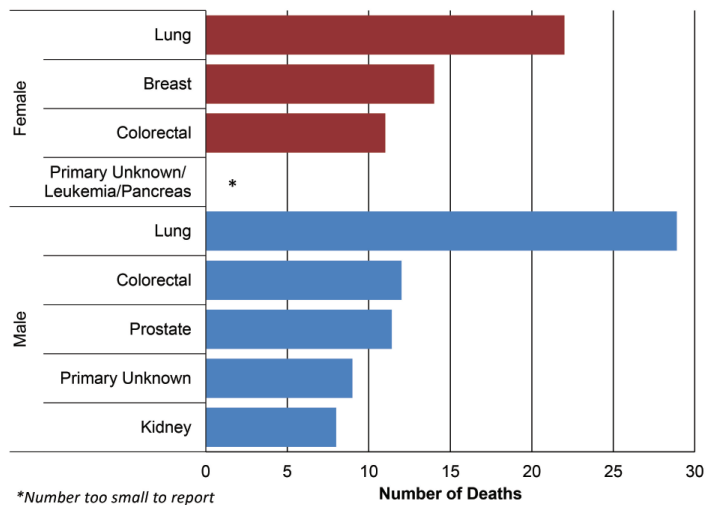


Figure 98: Trends in Mortality Rates for Common Cancer Sites in Females

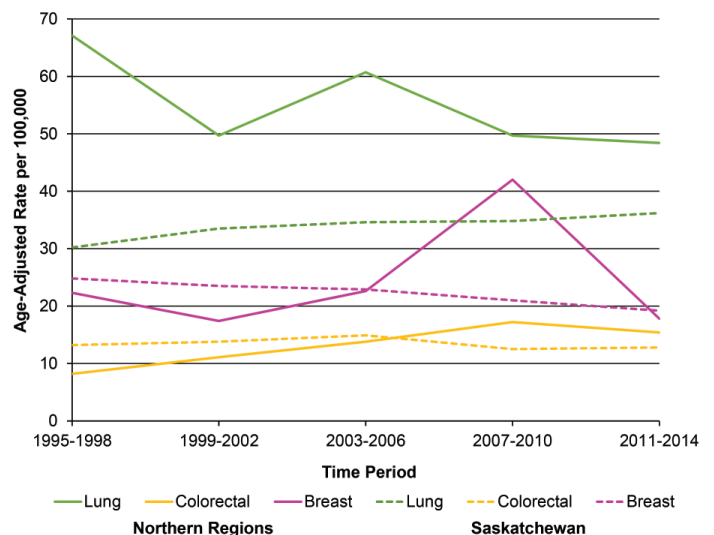
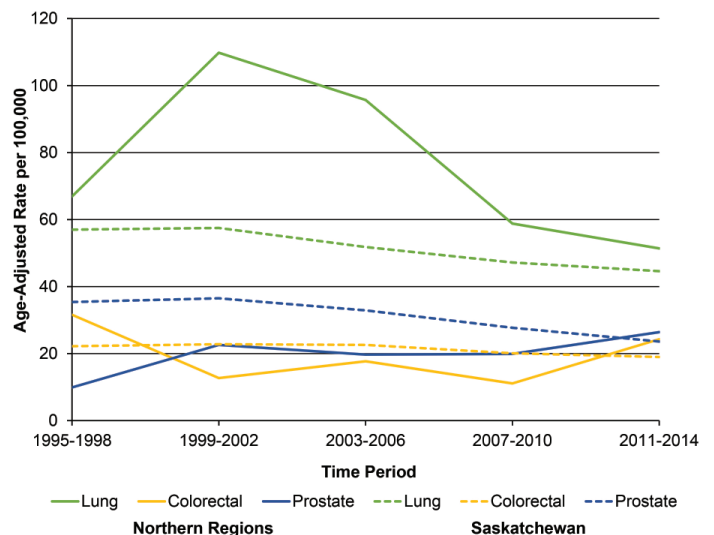


Figure 99: Trends in Mortality Rates for Common Cancer Sites in Males





## Glossary of Terms

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### **Age-Adjusted**

A statistical technique used to remove, as much as possible, the effects of differences in age when comparing two or more populations. An age-adjusted rate represents the number of new cases of cancer or cancer deaths that would have occurred if the age distribution of the study population during a particular time period was the same as the standard population (i.e. 1991 Canadian population).

### **Age-Specific**

The number of cases of a particular event in a given age group.

### **Behaviour**

In cancer, a designation of whether the tumour is malignant, benign, in situ or uncertain.

### **Covered Population**

The covered population is based on eligibility for health insurance benefits in Saskatchewan. All residents of Saskatchewan are included except members of the Canadian Armed Forces, members of the Royal Canadian Mounted Police, inmates of federal prisons, and people not yet meeting the residency requirement.

### **Crude Rate**

A rate that is not adjusted for other factors (such as age).

### **Incidence**

The number of new cases of a particular event.

### **Invasive Cancer**

The uncontrolled growth of cells resulting in the formation of a malignant tumour that invades underlying tissues.

### **In Situ Cancer**

Confined to the site of origin without invasion of neighbouring tissue.

### **P-value**

The probability that a test statistic (e.g. a standardized incidence ratio) would be as extreme as or more extreme than the one observed, because of chance, if the groups were really alike.

### **Prevalence**

The number of people alive at a point in time who were previously diagnosed with a particular disease.

### **Primary Unknown**

A case in which cancer cells are found in the body, but the place where the cells first started growing (the origin or primary site) cannot be determined.

### **Rate**

An expression of the frequency of a particular event during a specified time period and in a defined population.

## Acronyms

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**ICDO** – International Classification of Diseases for Oncology

**PSA** – Prostate-Specific Antigen

**RHA** – Regional Health Authority

**SCCR** – Saskatchewan Cancer Control Report

**SIR** – Standardized Incidence Ratio

## Data Source

The data for this report was provided by the Saskatchewan Cancer Registry, which is maintained by the Saskatchewan Cancer Agency. A detailed description of the history of the Registry, the data sources, coding classifications, and the information recorded in it, is provided in the first issue of the Saskatchewan Cancer Control Report<sup>9</sup>.

All cases of invasive and in situ cancer were retrieved from the Registry for the 20 years 1995-2014. Information obtained for each case included age at diagnosis, sex, date of diagnosis, date of death, cause of death, age at death, ICDO-T and ICDO-M topography and morphology codes, behaviour, and residence (five-digit provincial rescode) at date of diagnosis and date of death.

The cancers were grouped into common site categories using the ICDO-T, ICDO-M, and behaviour codes as indicated in Appendix A. These site categories were used for all analyses.

## Fractional Counts

When assigning new cancer cases or deaths to a health region for analysis, fractional counts (such as 7.8 cases) can result because of how the population is assigned to each health region. The health regions are made from the rural municipalities of the province and some municipalities are split between different health regions. For example, 65 per cent of the Poplar Valley RM population is assigned to the Five Hills Health Region and the remaining 35 per cent is assigned to the Sun Country Health Region. The same apportioning was used to assign new cancer cases and cancer deaths to health regions, which often results in fractional counts of cases in a health region.

## Age Standardization

All age adjustments were done by the direct method<sup>10</sup> using the 1991 Canadian population as the standard. Saskatchewan's covered population was used as the denominator to calculate rates. Five-year age groups between 15 and 79 years of age were used to calculate age-specific rates. The age groups 0-14 and 80+ (80 and over) were used for the youngest and oldest age groups. These age-specific rates were calculated for each sex and cancer site category. The rates were then applied to the 1991 Canadian population, which was the standard, to produce age-adjusted rates per 100,000.

## Standardized Incidence Ratios

Standardized incidence ratios (indirect method of standardization) were calculated for the top sites in males and females for each health region<sup>10</sup>. The expected numbers of cancers for a given site were

determined by applying the provincial age and sex-specific rates for that site to the population at risk for each health region. The populations of each health region were summed over the five-year period 2010-2014 by age group and sex, providing the population at risk in person-years<sup>11</sup>.

Observed cancers by site and sex for the same years (2010-2014) were grouped by health region. The observed number was divided by the expected number. The SIR was found using the Equation 1. The SIRs were shown with signs depending on whether the observed number of cases was greater than expected (+) or less than expected (-).

$$\text{SIR} = ((\text{observed number}/\text{expected number}) - 1) \times 100\% \quad (1)$$

P-values for the SIRs were calculated based on a large sample method assuming a Poisson model for the observed number of cases. The Poisson model can be applied when the sample is large (populations of the health regions) and risk (of cancer) is low. The score statistic in Equation 2 was calculated and compared to standard normal values to determine a one-sided p-value for the SIRs<sup>12</sup>.

$$\chi_{\text{score}} = (O - E) / E^{1/2} \quad (2)$$

where O = observed number of cases, and  
E = expected number of cases

Analysis for the report was done using SAS 9.3 Epi Info 7. Maps were made using ArcGIS desktop 9.2.

## Limited Duration Point Prevalence

Limited duration point prevalence was calculated using data from the Saskatchewan Cancer Registry, current until the 2014 diagnosis year. Prevalence measures were estimated for all invasive cancers combined (excluding non-melanoma skin cancers). For all prevalence calculations the year was defined as January 1 to December 31. The cutoff date of December 31 of each year was used and the number of Saskatchewan residents alive each year with a previous cancer diagnosis in either the last five or ten years (depending on the duration of the prevalence measure) was summed to yield the limited duration point prevalence for the time period in question.

When calculating prevalence for all invasive cancers combined, the first cancer case, regardless of the cancer site, was counted as the prevalent case. This would result in people only being counted once even if they had more than one cancer diagnosis in the time period of interest. For example, a man diagnosed with prostate cancer in 2009 and lung cancer in 2011 who was alive as of December 31, 2014 would count as one prevalent case of cancer when describing five-year prevalence of all cancers combined.

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# Appendix A

## CANCER INCIDENCE CATEGORIES AND LABELS

Site	ICDO-T (Topography)	ICDO-M (Morphology)	Behaviour
Lip	C000-C009		3
Oral Cavity	C019-C069		3
Head and Neck	C079-C148		3
Esophagus	C150-C159		3
Stomach	C160-C169		3
Small Intestine	C170-C179		3
Colon	C180-C189		3
Rectum	C199-C218		3
Liver	C220		3
Gallbladder and Biliary Tract	C221-C249		3
Pancreas	C250-C259		3
Digestive Tract	C260-C269		3
Respiratory System	C300-C319, C379, C380-C399		3
Larynx	C320-C329		3
Trachea, Bronchus and Lung	C339-C349		3
Bone and Connective Tissue	C400-C419, C490-C499		3
Malignant Melanoma	C440-C449	8720-8790	3
Skin	C440-C449	Not 8720-8790	3
Breast	C500-C509		3
Female Genital Organs	C510-C519, C529, C570-C589		3
Cervix	C530-C539		3
Uterus	C540-C559		3
Ovary	C569		3
Male Genital Organs	C600-609, C620-C639		3
Prostate	C619		3
Kidney	C649		3
Other Urinary Tract	C659, C669, C680-C689		3
Bladder	C670-C679		3
Brain and Central Nervous System	C700-C709, C710-C729		3
Thyroid	C739		3
Other Endocrine Glands	C740-C759		3
Non-Hodgkin's Lymphoma		9670-9729; 9590-9596	3
Hodgkin's lymphoma		9650-9667	3
Multiple Myeloma		9730-9739	3
Leukemia		9800-9949	3
Other Primaries	C470-C488, C690-C699, C760-C779, any other		3
Other Primaries Hematologic/ Myeloproliferative etc		9950-9989 9740-9769	3
Primary Unknown	C809		3
Cervix In Situ	C53		2
Other In Situ	Not C53		2

## CANCER MORTALITY CATEGORIES AND LABELS

Site	ICD-10
Lip	C00
Oral Cavity	C01 – C06
Head & Neck	C07 – C14
Esophagus	C15
Stomach	C16
Colon	C18
Rectum	C19 – C21
Liver and Intrahepatic Bile Ducts	C22
Gallbladder and Biliary Tract	C23 – C24
Pancreas	C25
Digestive Tract & Small Intestine	C17, C26
Larynx	C32
Trachea, Bronchus and Lung	C33 – C34
Respiratory System	C30 - C31, C37 - C39
Bone and Connective Tissue	C40 - C41, C49
Malignant Melanoma of Skin	C43
Other Malignant Neoplasms of Skin	C44
Breast	C50
Cervix	C53
Body of Uterus (corpus uteri and uterus, part unspecified)	C54 - C55
Ovary	C56
Female Genital Organs (vulva and vagina, other and unspecified female genital organs, placenta)	C51 - C52, C57 - C58
Prostate	C61
Male Genital Organs (testis, penis and other unspecified male genital organs)	C60, C62 - C63
Kidney	C64
Bladder	C67
Other Urinary Tract	C65 - C66, C68
Brain and Central Nervous System	C70 - C72
Thyroid	C73
Other Endocrine Glands	C74 - C75
Hodgkin Lymphoma	C81
Non-Hodgkin's Lymphoma	C82 - C85
Multiple Myeloma	C90
Leukemia	C91 - C95
Primary Unknown	C78 - C80, C97
Other Primaries	C42, C47 - C48, C69, C76 - C77
In Situ Neoplasm, Benign Neoplasms and Neoplasms of Uncertain or Unknown Behavior	D00 - D48
All Others	ICD-10 code not included above

## Appendix B

### INCIDENCE - AGE SPECIFIC NUMBERS (FEMALE) - 2013

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	3
Oral Cavity	0	0	0	0	0	0	0	1	1	3	1	0	1	6	8	21
Head and Neck	0	0	0	2	0	2	0	0	1	0	2	3	1	2	3	16
Esophagus	0	0	0	0	0	0	1	0	2	2	1	0	6	0	2	14
Stomach	0	0	0	0	1	0	0	1	3	1	0	2	2	5	12	27
Colon	0	0	1	1	0	4	1	7	11	18	25	29	43	41	85	266
Rectum	0	0	0	0	0	1	4	3	10	12	12	18	14	12	26	112
Liver	0	0	0	0	1	0	0	0	1	1	1	0	0	1	3	8
Gall Bladder and Biliary Tract	0	0	0	0	0	0	0	0	0	0	1	2	6	3	6	18
Pancreas	0	0	0	1	0	0	0	2	2	4	8	6	10	11	29	73
Digestive Tract	0	0	0	0	0	0	0	1	2	4	1	1	4	2	4	19
Larynx	0	0	0	0	0	0	0	0	0	0	0	2	1	1	0	4
Trachea, Bronchus and Lung	0	0	0	1	0	0	4	8	14	33	42	62	89	79	80	412
Respiratory System	0	0	0	0	0	0	0	0	1	0	0	2	2	2	2	9
Bone and Connective Tissue	1	1	0	2	1	0	0	1	1	1	0	2	5	0	6	21
Malignant Melanoma of Skin	0	0	0	5	4	9	6	3	8	17	8	4	11	5	11	91
Breast	0	0	1	2	7	11	29	66	88	78	89	131	110	61	112	785
Cervix: Invasive	0	0	1	2	6	4	4	4	2	5	4	3	1	0	3	39
Uterus	0	0	0	0	2	1	6	12	30	33	27	22	14	8	18	173
Ovary	0	0	1	1	1	1	3	7	7	12	12	7	13	7	16	88
Female Genital Organs	0	0	0	0	1	2	1	2	1	3	3	6	3	1	3	26
Kidney	1	0	0	1	1	1	2	5	4	4	11	13	17	3	14	77
Bladder	0	0	0	0	0	0	2	1	2	0	2	4	3	5	16	35
Other Urinary Tract	0	0	0	0	0	0	1	1	1	0	0	1	0	1	1	6
Brain and Central Nervous System	4	0	2	1	2	2	3	0	2	5	3	5	2	3	6	40
Thyroid	0	0	2	3	5	5	9	6	8	7	2	3	5	3	5	63
Other Endocrine Glands	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
Non-Hodgkin's Lymphoma	1	0	0	0	1	1	2	2	4	8	11	6	11	10	29	86
Hodgkin's Disease	0	2	2	2	2	1	0	1	1	0	2	0	0	0	4	17
Multiple Myeloma	0	0	0	0	0	0	0	2	5	4	5	3	4	4	6	33
Leukemia	7	1	0	2	1	0	1	2	4	3	10	5	2	9	17	64
Primary Unknown	0	0	0	0	0	0	0	0	0	0	1	5	0	6	10	22
Other Primaries	1	0	0	0	0	2	2	0	3	4	6	5	6	12	19	60
<b>Total</b>	<b>16</b>	<b>4</b>	<b>10</b>	<b>26</b>	<b>36</b>	<b>47</b>	<b>82</b>	<b>138</b>	<b>219</b>	<b>262</b>	<b>291</b>	<b>352</b>	<b>386</b>	<b>303</b>	<b>558</b>	<b>2730</b>
Non-Melanoma Skin	0	0	1	5	5	12	25	32	72	83	101	111	119	143	501	1210
Cervix: In Situ	0	4	44	63	48	25	21	8	8	2	1	2	0	2	0	228
Other: In Situ	0	0	1	0	3	8	10	15	34	37	37	45	49	51	99	389



## INCIDENCE - AGE SPECIFIC NUMBERS (MALE) - 2013

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	1	0	0	0	0	0	2	0	2	2	7
Oral Cavity	0	0	0	0	0	0	1	3	4	3	1	5	3	3	5	28
Head and Neck	0	0	0	2	1	0	0	4	5	10	5	7	2	2	4	42
Esophagus	0	0	0	0	0	0	0	0	3	7	3	3	12	3	5	36
Stomach	0	0	0	0	0	3	1	1	4	5	6	9	5	11	14	59
Colon	0	1	1	0	2	6	4	8	14	29	52	39	44	55	74	329
Rectum	0	0	0	0	0	1	2	5	15	21	32	16	30	21	26	169
Liver	0	0	0	0	0	0	2	1	1	8	8	5	2	3	3	33
Gall Bladder and Biliary Tract	0	0	0	0	0	0	0	0	3	4	4	3	5	1	10	30
Pancreas	0	0	0	0	0	0	2	1	8	7	10	16	12	18	22	96
Digestive Tract	0	0	0	0	0	0	0	0	1	1	6	1	1	3	6	19
Larynx	0	0	0	0	0	0	0	1	1	5	5	3	0	4	2	21
Trachea, Bronchus and Lung	0	0	1	0	0	1	3	2	13	31	42	66	73	63	85	380
Respiratory System	0	0	0	0	0	0	3	1	1	1	0	1	5	3	4	19
Bone and Connective Tissue	0	1	0	0	0	0	1	0	2	3	2	2	0	0	3	14
Malignant Melanoma of Skin	0	0	0	2	4	3	0	3	9	9	14	11	7	15	13	90
Breast	0	0	0	0	0	1	0	1	0	0	1	2	0	1	1	7
Prostate	0	0	0	0	0	0	3	11	33	69	122	129	95	63	98	623
Male Genital Organs	0	2	8	4	9	6	0	2	1	2	1	1	0	1	1	38
Kidney	2	1	0	1	0	2	1	7	8	12	18	19	16	9	9	105
Bladder	0	0	0	0	0	0	1	1	5	10	5	11	15	20	39	107
Other Urinary Tract	0	0	0	0	0	0	0	1	1	1	1	1	4	0	4	13
Brain and Central Nervous System	6	1	0	2	2	2	5	2	2	11	7	5	2	3	2	52
Thyroid	1	1	0	0	3	4	2	3	4	3	5	2	1	0	1	30
Other Endocrine Glands	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2
Non-Hodgkin's Lymphoma	0	2	1	2	1	1	4	3	8	11	13	20	15	15	18	114
Hodgkin's Disease	0	1	0	1	2	1	1	1	0	2	0	2	1	0	1	13
Multiple Myeloma	0	0	0	0	0	1	0	2	3	5	5	5	7	7	16	51
Leukemia	6	0	0	2	1	0	2	9	4	10	11	16	17	12	25	115
Primary Unknown	0	0	0	0	0	0	0	1	0	0	0	6	3	2	6	18
Other Primaries	0	0	0	0	0	0	0	0	4	5	6	11	12	6	19	63
<b>Total</b>	15	10	11	16	25	33	38	74	157	286	385	420	389	346	518	2723
Non-Melanoma Skin	0	0	0	1	4	12	24	52	76	125	159	234	225	290	586	1788
Other: In Situ	0	0	1	0	1	3	3	5	29	43	60	67	74	65	98	449

## INCIDENCE - AGE SPECIFIC NUMBERS (FEMALE) - 2014

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
Oral Cavity	0	0	0	0	0	0	1	0	1	2	1	3	2	2	5	17
Head and Neck	0	0	0	0	0	0	0	0	1	0	3	0	3	0	3	10
Esophagus	0	0	0	0	0	0	0	0	1	1	3	0	1	2	1	9
Stomach	0	0	0	1	0	1	0	0	0	3	6	1	5	5	9	31
Colon	1	2	2	1	2	5	5	4	20	20	19	24	28	28	76	237
Rectum	0	0	0	0	0	4	4	3	16	10	14	12	12	12	18	105
Liver	0	0	0	0	0	0	0	1	0	0	2	3	3	1	2	12
Gall Bladder and Biliary Tract	0	0	0	0	0	0	0	2	0	0	4	7	5	7	7	32
Pancreas	0	0	0	0	1	0	1	0	3	5	8	10	5	11	13	57
Digestive Tract	0	0	0	0	0	1	0	0	0	0	1	3	3	4	6	18
Larynx	0	0	0	0	0	0	0	0	0	0	1	2	0	1	0	4
Trachea, Bronchus and Lung	0	0	0	1	0	0	1	7	19	25	46	53	72	50	71	345
Respiratory System	0	0	0	0	0	0	1	0	0	0	0	0	2	0	1	4
Bone and Connective Tissue	1	1	0	1	1	1	1	2	2	1	0	0	0	0	0	11
Malignant Melanoma of Skin	1	0	0	4	1	5	4	8	8	4	11	8	7	11	8	80
Breast	0	0	1	4	9	16	27	52	66	94	101	107	89	64	103	733
Cervix: Invasive	0	0	0	4	11	5	2	6	3	6	1	1	2	2	4	47
Uterus	0	0	0	0	3	3	4	4	15	28	30	18	18	16	20	159
Ovary	0	0	0	0	2	0	4	7	1	7	8	7	13	6	17	72
Female Genital Organs	0	0	0	0	0	0	1	0	3	2	3	3	3	3	22	40
Kidney	1	0	0	1	0	0	3	0	8	10	11	14	7	4	14	73
Bladder	0	0	0	0	0	0	1	1	1	1	3	3	8	7	15	40
Other Urinary Tract	0	0	0	0	0	0	0	0	2	0	1	2	0	1	1	7
Brain and Central Nervous System	0	0	0	0	0	2	0	0	2	4	2	4	3	3	2	22
Thyroid	0	0	3	2	5	6	1	11	11	11	4	7	2	2	4	69
Other Endocrine Glands	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
Non-Hodgkin's Lymphoma	0	0	0	1	0	1	3	5	9	9	11	9	11	21	33	113
Hodgkin's Disease	0	0	1	1	3	0	0	0	2	1	0	0	1	1	0	10
Multiple Myeloma	0	0	1	0	0	0	0	2	2	2	7	4	2	9	7	36
Leukemia	5	0	2	0	2	1	1	3	4	5	10	8	8	12	18	79
Primary Unknown	0	0	0	0	0	0	0	1	0	2	0	0	4	4	11	22
Other Primaries	1	0	0	0	2	1	1	1	3	3	6	0	9	12	14	53
<b>Total</b>	<b>10</b>	<b>3</b>	<b>10</b>	<b>21</b>	<b>42</b>	<b>52</b>	<b>66</b>	<b>120</b>	<b>203</b>	<b>256</b>	<b>318</b>	<b>314</b>	<b>330</b>	<b>301</b>	<b>505</b>	<b>2551</b>
Non-Melanoma Skin	0	0	3	2	13	10	38	64	60	82	97	129	119	138	472	1227
Cervix: In Situ	0	0	35	84	53	36	26	13	11	2	7	0	0	0	0	267
Other: In Situ	0	0	3	0	0	5	12	18	33	42	60	50	46	37	100	406

## INCIDENCE - AGE SPECIFIC NUMBERS (MALE) - 2014

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	1	1	0	1	3	6
Oral Cavity	0	1	0	0	0	1	1	1	3	6	7	7	4	2	3	36
Head and Neck	0	0	0	0	0	0	3	0	7	8	8	4	3	5	5	43
Esophagus	0	0	0	0	1	0	1	1	4	5	12	5	6	6	5	46
Stomach	0	0	0	0	0	0	2	1	4	4	9	16	6	7	20	69
Colon	1	0	2	1	5	3	2	3	12	28	43	45	48	51	61	305
Rectum	0	0	0	0	1	0	2	9	12	26	25	19	35	19	27	175
Liver	0	0	0	0	0	0	0	1	1	7	9	3	2	0	2	25
Gall Bladder and Biliary Tract	0	0	0	0	1	0	0	0	4	5	3	5	3	3	12	36
Pancreas	0	0	0	0	0	0	0	3	7	6	10	6	15	10	14	71
Digestive Tract	0	0	0	0	0	0	0	0	4	2	1	4	3	3	2	19
Larynx	0	0	0	0	0	0	0	1	0	1	6	3	3	2	5	21
Trachea, Bronchus and Lung	0	0	0	0	0	0	0	2	11	29	43	69	70	74	72	370
Respiratory System	0	0	0	1	0	0	0	1	1	0	1	4	1	4	5	18
Bone and Connective Tissue	0	0	1	1	2	2	0	0	3	0	3	2	2	5	5	26
Malignant Melanoma of Skin	0	0	0	1	1	3	3	3	9	7	10	23	16	11	18	105
Breast	0	0	0	0	0	0	0	2	0	0	2	0	2	0	1	7
Prostate	0	0	0	0	0	0	3	5	30	77	114	115	106	78	87	615
Male Genital Organs	0	1	3	9	6	4	6	3	0	3	1	3	1	4	5	49
Kidney	1	0	0	1	0	1	3	4	9	8	16	19	13	13	14	102
Bladder	1	0	0	0	0	0	1	3	5	6	10	10	18	22	44	120
Other Urinary Tract	0	0	0	0	0	0	1	1	1	2	0	2	2	7	2	18
Brain and Central Nervous System	2	0	1	0	0	2	2	2	2	3	3	5	4	2	6	34
Thyroid	0	0	0	0	7	3	2	2	2	6	3	6	0	1	2	34
Other Endocrine Glands	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Non-Hodgkin's Lymphoma	1	0	1	2	0	2	4	5	11	16	15	10	9	19	22	117
Hodgkin's Disease	0	0	0	2	1	0	2	2	0	0	0	2	2	1	0	12
Multiple Myeloma	0	0	0	0	0	0	0	4	2	6	4	11	3	4	9	43
Leukemia	3	1	2	0	1	1	2	3	7	16	17	18	22	15	19	127
Primary Unknown	0	0	0	0	0	0	0	0	0	1	1	1	1	4	4	12
Other Primaries	1	0	0	1	0	1	2	0	1	1	6	7	3	5	13	41
<b>Total</b>	10	3	11	19	26	23	42	62	152	279	383	425	403	378	487	2703
Non-Melanoma Skin	0	0	1	1	4	8	33	28	85	116	185	228	204	241	626	1760
Other: In Situ	1	1	0	1	0	6	2	3	40	38	70	72	64	67	110	475

## INCIDENCE - AGE SPECIFIC RATES PER 100,000 (FEMALE) - 2013

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.3	0.0	0.0	0.0	6.4	0.5
Oral Cavity	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.8	2.5	8.0	3.3	0.0	5.5	38.8	25.7	3.8
Head and Neck	0.0	0.0	0.0	4.9	0.0	5.7	0.0	0.0	2.5	0.0	6.7	12.8	5.5	12.9	9.6	2.9
Esophagus	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	5.0	5.4	3.3	0.0	33.0	0.0	6.4	2.5
Stomach	0.0	0.0	0.0	0.0	2.6	0.0	0.0	2.8	7.5	2.7	0.0	8.5	11.0	32.3	38.5	4.8
Colon	0.0	0.0	2.5	2.4	0.0	11.4	3.0	19.6	27.5	48.2	83.5	123.6	236.3	265.1	272.7	47.6
Rectum	0.0	0.0	0.0	0.0	0.0	2.9	12.0	8.4	25.0	32.1	40.1	76.7	76.9	77.6	83.4	20.0
Liver	0.0	0.0	0.0	0.0	2.6	0.0	0.0	0.0	2.5	2.7	3.3	0.0	0.0	6.5	9.6	1.4
Gall Bladder and Biliary Tract	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.3	8.5	33.0	19.4	19.2	3.2
Pancreas	0.0	0.0	0.0	2.4	0.0	0.0	0.0	5.6	5.0	10.7	26.7	25.6	54.9	71.1	93.0	13.1
Digestive Tract	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.8	5.0	10.7	3.3	4.3	22.0	12.9	12.8	3.4
Larynx	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.5	5.5	6.5	0.0	0.7
Trachea, Bronchus and Lung	0.0	0.0	0.0	2.4	0.0	0.0	12.0	22.4	35.0	88.3	140.3	264.2	489.0	510.8	256.7	73.7
Respiratory System	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	0.0	0.0	8.5	11.0	12.9	6.4	1.6
Bone and Connective Tissue	1.0	2.8	0.0	4.9	2.6	0.0	0.0	2.8	2.5	2.7	0.0	8.5	27.5	0.0	19.2	3.8
Malignant Melanoma of Skin	0.0	0.0	0.0	12.2	10.3	25.7	17.9	8.4	20.0	45.5	26.7	17.0	60.4	32.3	35.3	16.3
Breast	0.0	0.0	2.5	4.9	18.0	31.4	86.8	184.5	219.9	208.7	297.4	558.3	604.4	394.4	359.3	140.3
Cervix: Invasive	0.0	0.0	2.5	4.9	15.4	11.4	12.0	11.2	5.0	13.4	13.4	12.8	5.5	0.0	9.6	7.0
Uterus	0.0	0.0	0.0	0.0	5.1	2.9	17.9	33.5	75.0	88.3	90.2	93.8	76.9	51.7	57.7	30.9
Ovary	0.0	0.0	2.5	2.4	2.6	2.9	9.0	19.6	17.5	32.1	40.1	29.8	71.4	45.3	51.3	15.7
Female Genital Organs	0.0	0.0	0.0	0.0	2.6	5.7	3.0	5.6	2.5	8.0	10.0	25.6	16.5	6.5	9.6	4.6
Kidney	1.0	0.0	0.0	2.4	2.6	2.9	6.0	14.0	10.0	10.7	36.8	55.4	93.4	19.4	44.9	13.8
Bladder	0.0	0.0	0.0	0.0	0.0	0.0	6.0	2.8	5.0	0.0	6.7	17.0	16.5	32.3	51.3	6.3
Other Urinary Tract	0.0	0.0	0.0	0.0	0.0	0.0	3.0	2.8	2.5	0.0	0.0	4.3	0.0	6.5	3.2	1.1
Brain and Central Nervous System	3.8	0.0	5.0	2.4	5.1	5.7	9.0	0.0	5.0	13.4	10.0	21.3	11.0	19.4	19.2	7.2
Thyroid	0.0	0.0	5.0	7.3	12.9	14.3	26.9	16.8	20.0	18.7	6.7	12.8	27.5	19.4	16.0	11.3
Other Endocrine Glands	1.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4
Non-Hodgkin's Lymphoma	1.0	0.0	0.0	0.0	2.6	2.9	6.0	5.6	10.0	21.4	36.8	25.6	60.4	64.7	93.0	15.4
Hodgkin's Disease	0.0	5.6	5.0	4.9	5.1	2.9	0.0	2.8	2.5	0.0	6.7	0.0	0.0	0.0	12.8	3.0
Multiple Myeloma	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.6	12.5	10.7	16.7	12.8	22.0	25.9	19.2	5.9
Leukemia	6.7	2.8	0.0	4.9	2.6	0.0	3.0	5.6	10.0	8.0	33.4	21.3	11.0	58.2	54.5	11.4
Primary Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.3	21.3	0.0	38.8	32.1	3.9
Other Primaries	1.0	0.0	0.0	0.0	0.0	5.7	6.0	0.0	7.5	10.7	20.0	21.3	33.0	77.6	61.0	10.7
<b>Total</b>	<b>15.3</b>	<b>11.3</b>	<b>25.2</b>	<b>63.3</b>	<b>92.6</b>	<b>134.2</b>	<b>245.3</b>	<b>385.8</b>	<b>547.2</b>	<b>700.9</b>	<b>972.2</b>	<b>1500.2</b>	<b>2120.8</b>	<b>1959.1</b>	<b>1790.2</b>	<b>488.1</b>

## INCIDENCE - AGE SPECIFIC RATES PER 100,000 (MALE) - 2013

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	9.0	0.0	15.0	11.0	1.2
Oral Cavity	0.0	0.0	0.0	0.0	0.0	0.0	3.0	8.0	10.0	8.0	3.0	22.0	18.0	23.0	26.0	5.0
Head and Neck	0.0	0.0	0.0	5.0	3.0	0.0	0.0	11.0	12.0	26.0	16.0	30.0	12.0	15.0	21.0	7.5
Esophagus	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.0	18.0	10.0	13.0	71.0	23.0	26.0	6.4
Stomach	0.0	0.0	0.0	0.0	0.0	8.0	3.0	3.0	10.0	13.0	20.0	39.0	29.0	85.0	73.0	10.5
Colon	0.0	3.0	2.0	0.0	5.0	16.0	12.0	22.0	34.0	75.0	170.0	167.0	259.0	422.0	388.0	58.4
Rectum	0.0	0.0	0.0	0.0	0.0	3.0	6.0	14.0	37.0	55.0	104.0	69.0	177.0	161.0	136.0	30.0
Liver	0.0	0.0	0.0	0.0	0.0	0.0	6.0	3.0	2.0	21.0	26.0	22.0	12.0	23.0	16.0	5.9
Gall Bladder and Biliary Tract	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.0	10.0	13.0	13.0	29.0	8.0	52.0	5.3
Pancreas	0.0	0.0	0.0	0.0	0.0	0.0	6.0	3.0	20.0	18.0	33.0	69.0	71.0	138.0	115.0	17.0
Digestive Tract	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	3.0	20.0	4.0	6.0	23.0	31.0	3.4
Larynx	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	2.0	13.0	16.0	13.0	0.0	31.0	11.0	3.7
Trachea, Bronchus and Lung	0.0	0.0	2.0	0.0	0.0	3.0	9.0	6.0	32.0	81.0	137.0	283.0	430.0	484.0	445.0	67.5
Respiratory System	0.0	0.0	0.0	0.0	0.0	0.0	9.0	3.0	2.0	3.0	0.0	4.0	29.0	23.0	21.0	3.4
Bone and Connective Tissue	0.0	3.0	0.0	0.0	0.0	0.0	3.0	0.0	5.0	8.0	7.0	9.0	0.0	0.0	16.0	2.5
Malignant Melanoma of Skin	0.0	0.0	0.0	5.0	10.0	8.0	0.0	8.0	22.0	23.0	46.0	47.0	41.0	115.0	68.0	16.0
Breast	0.0	0.0	0.0	0.0	0.0	3.0	0.0	3.0	0.0	0.0	3.0	9.0	0.0	8.0	5.0	1.2
Prostate	0.0	0.0	0.0	0.0	0.0	0.0	9.0	30.0	80.0	179.0	398.0	554.0	560.0	484.0	513.0	110.6
Male Genital Organs	0.0	5.0	19.0	9.0	22.0	16.0	0.0	6.0	2.0	5.0	3.0	4.0	0.0	8.0	5.0	6.7
Kidney	2.0	3.0	0.0	2.0	0.0	6.0	3.0	19.0	20.0	31.0	59.0	82.0	94.0	69.0	47.0	18.6
Bladder	0.0	0.0	0.0	0.0	0.0	0.0	3.0	3.0	12.0	26.0	16.0	47.0	88.0	154.0	204.0	19.0
Other Urinary Tract	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	2.0	3.0	3.0	4.0	24.0	0.0	21.0	2.3
Brain and Central Nervous System	6.0	3.0	0.0	5.0	5.0	6.0	14.0	6.0	5.0	29.0	23.0	22.0	12.0	23.0	11.0	9.2
Thyroid	1.0	3.0	0.0	0.0	7.0	11.0	6.0	8.0	10.0	8.0	16.0	9.0	6.0	0.0	5.0	5.3
Other Endocrine Glands	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	4.0	0.0	0.0	0.0	0.4
Non-Hodgkin's Lymphoma	0.0	5.0	2.0	5.0	3.0	3.0	12.0	8.0	20.0	29.0	42.0	86.0	88.0	115.0	94.0	20.2
Hodgkin's Disease	0.0	3.0	0.0	2.0	5.0	3.0	3.0	3.0	0.0	5.0	0.0	9.0	6.0	0.0	5.0	2.3
Multiple Myeloma	0.0	0.0	0.0	0.0	0.0	3.0	0.0	6.0	7.0	13.0	16.0	22.0	41.0	54.0	84.0	9.1
Leukemia	6.0	0.0	0.0	5.0	3.0	0.0	6.0	25.0	10.0	26.0	36.0	69.0	100.0	92.0	131.0	20.4
Primary Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	26.0	18.0	15.0	31.0	3.2
Other Primaries	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	13.0	20.0	47.0	71.0	46.0	100.0	11.2
<b>Total</b>	13.7	27.0	25.8	36.7	61.6	90.4	109.8	202.8	382.7	743.3	1255.4	1803.2	2291.1	2657.5	2712.5	483.5

## INCIDENCE - AGE SPECIFIC RATES PER 100,000 (FEMALE) - 2014

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	5.4	0.0	0.0	0.4
Oral Cavity	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	2.5	5.2	3.2	12.1	10.8	13.0	16.1	3.0
Head and Neck	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	0.0	9.6	0.0	16.2	0.0	9.6	1.8
Esophagus	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	2.6	9.6	0.0	5.4	13.0	3.2	1.6
Stomach	0.0	0.0	0.0	2.4	0.0	2.7	0.0	0.0	0.0	7.9	19.2	4.0	27.0	32.5	28.9	5.4
Colon	0.9	5.6	5.0	2.4	4.9	13.6	14.7	11.6	49.6	52.3	60.6	96.6	151.1	182.2	244.4	41.5
Rectum	0.0	0.0	0.0	0.0	0.0	10.9	11.7	8.7	39.7	26.2	44.7	48.3	64.8	78.1	57.9	18.4
Liver	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0	6.4	12.1	16.2	6.5	6.4	2.1
Gall Bladder and Biliary Tract	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.8	0.0	0.0	12.8	28.2	27.0	45.6	22.5	5.6
Pancreas	0.0	0.0	0.0	0.0	2.4	0.0	2.9	0.0	7.4	13.1	25.5	40.2	27.0	71.6	41.8	10.0
Digestive Tract	0.0	0.0	0.0	0.0	0.0	2.7	0.0	0.0	0.0	0.0	3.2	12.1	16.2	26.0	19.3	3.2
Larynx	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.2	8.0	0.0	6.5	0.0	0.7
Trachea, Bronchus and Lung	0.0	0.0	0.0	2.4	0.0	0.0	2.9	20.2	47.1	65.4	146.8	213.3	388.5	325.4	228.3	60.4
Respiratory System	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0	0.0	0.0	0.0	10.8	0.0	3.2	0.7
Bone and Connective Tissue	0.9	2.8	0.0	2.4	2.4	2.7	2.9	5.8	5.0	2.6	0.0	0.0	0.0	0.0	0.0	1.9
Malignant Melanoma of Skin	0.9	0.0	0.0	9.4	2.4	13.6	11.7	23.1	19.8	10.5	35.1	32.2	37.8	71.6	25.7	14.0
Breast	0.0	0.0	2.5	9.4	22.0	43.4	79.2	150.4	163.7	246.0	322.4	430.6	480.3	416.5	331.2	128.4
Cervix: Invasive	0.0	0.0	0.0	9.4	26.9	13.6	5.9	17.3	7.4	15.7	3.2	4.0	10.8	13.0	12.9	8.2
Uterus	0.0	0.0	0.0	0.0	7.3	8.1	11.7	11.6	37.2	73.3	95.8	72.4	97.1	104.1	64.3	27.9
Ovary	0.0	0.0	0.0	0.0	4.9	0.0	11.7	20.2	2.5	18.3	25.5	28.2	70.1	39.0	54.7	12.6
Female Genital Organs	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	7.4	5.2	9.6	12.1	16.2	19.5	70.8	7.0
Kidney	0.9	0.0	0.0	2.4	0.0	0.0	8.8	0.0	19.8	26.2	35.1	56.3	37.8	26.0	45.0	12.8
Bladder	0.0	0.0	0.0	0.0	0.0	0.0	2.9	2.9	2.5	2.6	9.6	12.1	43.2	45.6	48.2	7.0
Other Urinary Tract	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	3.2	8.0	0.0	6.5	3.2	1.2
Brain and Central Nervous System	0.0	0.0	0.0	0.0	0.0	5.4	0.0	0.0	5.0	10.5	6.4	16.1	16.2	19.5	6.4	3.9
Thyroid	0.0	0.0	7.6	4.7	12.2	16.3	2.9	31.8	27.3	28.8	12.8	28.2	10.8	13.0	12.9	12.1
Other Endocrine Glands	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.2	0.0	5.4	0.0	0.0	0.4
Non-Hodgkin's Lymphoma	0.0	0.0	0.0	2.4	0.0	2.7	8.8	14.5	22.3	23.6	35.1	36.2	59.4	136.7	106.1	19.8
Hodgkin's Disease	0.0	0.0	2.5	2.4	7.3	0.0	0.0	0.0	5.0	2.6	0.0	0.0	5.4	6.5	0.0	1.8
Multiple Myeloma	0.0	0.0	2.5	0.0	0.0	0.0	0.0	5.8	5.0	5.2	22.3	16.1	10.8	58.6	22.5	6.3
Leukemia	4.7	0.0	5.0	0.0	4.9	2.7	2.9	8.7	9.9	13.1	31.9	32.2	43.2	78.1	57.9	13.8
Primary Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	5.2	0.0	0.0	21.6	26.0	35.4	3.9
Other Primaries	0.9	0.0	0.0	0.0	4.9	2.7	2.9	2.9	7.4	7.9	19.2	0.0	48.6	78.1	45.0	9.3
<b>Total</b>	<b>9.3</b>	<b>8.5</b>	<b>25.2</b>	<b>49.5</b>	<b>102.9</b>	<b>141.2</b>	<b>193.7</b>	<b>347.0</b>	<b>503.5</b>	<b>669.9</b>	<b>1015.0</b>	<b>1263.6</b>	<b>1780.7</b>	<b>1958.9</b>	<b>1624.1</b>	<b>446.9</b>



## INCIDENCE - AGE SPECIFIC RATES PER 100,000 (MALE) - 2014

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	4.0	0.0	8.0	16.0	1.0
Oral Cavity	0.0	3.0	0.0	0.0	0.0	3.0	3.0	3.0	7.0	15.0	22.0	29.0	23.0	15.0	16.0	6.2
Head and Neck	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	17.0	20.0	25.0	16.0	17.0	38.0	26.0	7.5
Esophagus	0.0	0.0	0.0	0.0	2.0	0.0	3.0	3.0	10.0	13.0	37.0	20.0	35.0	46.0	26.0	8.0
Stomach	0.0	0.0	0.0	0.0	0.0	0.0	6.0	3.0	10.0	10.0	28.0	65.0	35.0	53.0	104.0	12.0
Colon	1.0	0.0	5.0	2.0	12.0	8.0	6.0	8.0	29.0	71.0	134.0	184.0	276.0	387.0	317.0	52.9
Rectum	0.0	0.0	0.0	0.0	2.0	0.0	6.0	25.0	29.0	66.0	78.0	78.0	201.0	144.0	140.0	30.3
Liver	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	2.0	18.0	28.0	12.0	12.0	0.0	10.0	4.3
Gall Bladder and Biliary Tract	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	10.0	13.0	9.0	20.0	17.0	23.0	62.0	6.2
Pancreas	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.0	17.0	15.0	31.0	25.0	86.0	76.0	73.0	12.3
Digestive Tract	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	5.0	3.0	16.0	17.0	23.0	10.0	3.3
Larynx	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	3.0	19.0	12.0	17.0	15.0	26.0	3.6
Trachea, Bronchus and Lung	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0	27.0	74.0	134.0	282.0	402.0	562.0	374.0	64.1
Respiratory System	0.0	0.0	0.0	2.0	0.0	0.0	0.0	3.0	2.0	0.0	3.0	16.0	6.0	30.0	26.0	3.1
Bone and Connective Tissue	0.0	0.0	2.0	2.0	5.0	5.0	0.0	0.0	7.0	0.0	9.0	8.0	12.0	38.0	26.0	4.5
Malignant Melanoma of Skin	0.0	0.0	0.0	2.0	2.0	8.0	8.0	8.0	22.0	18.0	31.0	94.0	92.0	84.0	94.0	18.2
Breast	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0	0.0	0.0	6.0	0.0	12.0	0.0	5.0	1.2
Prostate	0.0	0.0	0.0	0.0	0.0	0.0	8.0	14.0	73.0	196.0	354.0	470.0	609.0	592.0	452.0	106.6
Male Genital Organs	0.0	3.0	7.0	20.0	14.0	10.0	17.0	8.0	0.0	8.0	3.0	12.0	6.0	30.0	26.0	8.5
Kidney	1.0	0.0	0.0	2.0	0.0	3.0	8.0	11.0	22.0	20.0	50.0	78.0	75.0	99.0	73.0	17.7
Bladder	1.0	0.0	0.0	0.0	0.0	0.0	3.0	8.0	12.0	15.0	31.0	41.0	103.0	167.0	229.0	20.8
Other Urinary Tract	0.0	0.0	0.0	0.0	0.0	0.0	3.0	3.0	2.0	5.0	0.0	8.0	12.0	53.0	10.0	3.1
Brain and Central Nervous System	2.0	0.0	2.0	0.0	0.0	5.0	6.0	6.0	5.0	8.0	9.0	20.0	23.0	15.0	31.0	5.9
Thyroid	0.0	0.0	0.0	0.0	16.0	8.0	6.0	6.0	5.0	15.0	9.0	25.0	0.0	8.0	10.0	5.9
Other Endocrine Glands	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Non-Hodgkin's Lymphoma	1.0	0.0	2.0	4.0	0.0	5.0	11.0	14.0	27.0	41.0	47.0	41.0	52.0	144.0	114.0	20.3
Hodgkin's Disease	0.0	0.0	0.0	4.0	2.0	0.0	6.0	6.0	0.0	0.0	0.0	8.0	12.0	8.0	0.0	2.1
Multiple Myeloma	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.0	5.0	15.0	12.0	45.0	17.0	30.0	47.0	7.5
Leukemia	3.0	3.0	5.0	0.0	2.0	3.0	6.0	8.0	17.0	41.0	53.0	74.0	126.0	114.0	99.0	22.0
Primary Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	3.0	4.0	6.0	30.0	21.0	2.1
Other Primaries	1.0	0.0	0.0	2.0	0.0	3.0	6.0	0.0	2.0	3.0	19.0	29.0	17.0	38.0	68.0	7.1
<b>Total</b>	<b>8.9</b>	<b>8.1</b>	<b>25.8</b>	<b>41.9</b>	<b>60.9</b>	<b>59.5</b>	<b>118.3</b>	<b>172.0</b>	<b>368.6</b>	<b>709.9</b>	<b>1189.7</b>	<b>1737.2</b>	<b>2315.4</b>	<b>2868.6</b>	<b>2532.6</b>	<b>468.5</b>

## MORTALITY - AGE SPECIFIC NUMBERS (FEMALE) - 2013

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oral Cavity	0	0	0	0	0	0	0	0	0	0	0	0	0	2	6	8
Head and Neck	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	4
Esophagus	0	0	0	0	0	0	0	0	0	0	4	2	3	3	3	15
Stomach	0	0	0	0	0	0	0	0	1	0	2	1	2	2	12	20
Colon	0	0	0	0	0	0	0	1	2	2	2	9	7	5	44	72
Rectum	0	0	0	1	0	0	1	0	2	0	2	1	0	2	9	18
Liver	0	0	0	0	1	0	0	0	2	1	2	5	2	3	13	29
Gall Bladder and Biliary Tract	0	0	0	0	0	0	0	0	0	0	2	0	0	2	4	8
Pancreas	0	0	0	0	0	0	1	1	2	1	4	3	11	13	29	65
Digestive Tract	0	0	0	0	0	0	0	0	0	0	2	0	3	2	10	17
Larynx	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Trachea, Bronchus and Lung	0	0	0	0	0	0	0	7	11	20	21	36	66	49	80	290
Respiratory System	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
Bone and Connective Tissue	0	0	0	0	0	1	0	0	1	0	2	1	1	0	3	9
Malignant Melanoma of Skin	0	0	0	0	0	0	1	1	1	0	0	1	0	0	1	5
Breast	0	0	0	0	0	1	2	7	7	15	18	15	21	13	55	154
Cervix: Invasive	0	0	0	0	2	1	1	1	1	1	4	3	2	0	2	18
Uterus	0	0	0	0	0	0	0	1	1	1	3	3	3	2	9	23
Ovary	0	0	0	0	1	0	2	2	6	2	5	4	8	7	12	49
Female Genital Organs	0	0	0	0	0	0	0	0	0	1	3	0	2	1	4	11
Kidney	0	0	0	0	0	0	2	0	1	1	2	1	7	0	13	27
Bladder	0	0	0	0	0	0	0	2	1	0	1	1	5	2	10	22
Other Urinary Tract	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Brain and Central Nervous System	1	0	0	0	0	0	0	1	0	4	2	3	0	5	4	20
Thyroid	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
Other Endocrine Glands	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	3
Non-Hodgkin's Lymphoma	0	0	0	0	0	0	1	0	0	1	3	0	5	5	19	34
Hodgkin's Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Multiple Myeloma	0	0	0	0	0	0	0	0	1	2	2	1	3	3	9	21
Leukemia	1	0	1	0	1	0	1	1	1	0	2	2	0	10	13	33
Primary Unknown	0	0	0	0	2	0	0	0	1	2	3	10	7	10	26	61
Other Primaries	0	0	0	0	0	0	0	0	0	1	1	2	1	0	8	13
<b>Total</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>3</b>	<b>13</b>	<b>25</b>	<b>42</b>	<b>56</b>	<b>93</b>	<b>104</b>	<b>162</b>	<b>143</b>	<b>402</b>	<b>1056</b>

## MORTALITY - AGE SPECIFIC NUMBERS (MALE) - 2013

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oral Cavity	0	0	0	0	0	0	0	0	0	1	1	2	2	3	1	10
Head and Neck	0	0	0	0	0	1	1	1	0	1	2	0	1	1	2	10
Esophagus	0	0	0	0	0	0	0	1	5	5	1	5	5	7	11	40
Stomach	0	0	0	0	0	0	0	0	1	0	3	4	3	6	4	21
Colon	0	0	0	0	0	0	1	1	3	12	10	16	11	17	35	106
Rectum	0	0	0	0	0	0	1	1	1	1	3	8	8	5	10	38
Liver	0	0	0	0	0	0	1	0	2	4	6	2	2	7	11	35
Gall Bladder and Biliary Tract	0	0	0	0	0	0	1	0	1	0	2	0	0	0	4	8
Pancreas	0	0	0	0	0	1	0	1	6	7	10	17	6	15	17	80
Digestive Tract	0	0	0	0	0	0	0	0	2	4	3	2	3	1	9	24
Larynx	0	0	0	0	0	0	0	0	0	1	0	0	2	0	2	5
Trachea, Bronchus and Lung	0	0	0	0	0	1	1	5	10	22	23	61	39	42	81	285
Respiratory System	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	4
Bone and Connective Tissue	0	1	0	1	0	0	0	0	0	1	0	1	1	0	2	7
Malignant Melanoma of Skin	0	0	0	0	0	0	0	0	1	2	3	2	2	4	0	14
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prostate	0	0	0	0	0	0	0	0	3	4	9	10	18	24	97	165
Male Genital Organs	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	2
Kidney	0	0	0	0	0	0	1	1	3	5	3	3	6	4	14	40
Bladder	0	0	0	0	0	0	0	0	0	2	1	6	8	11	23	51
Other Urinary Tract	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brain and Central Nervous System	2	0	0	0	1	1	2	1	3	6	5	1	2	0	5	29
Thyroid	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Other Endocrine Glands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Non-Hodgkin's Lymphoma	1	1	0	0	0	0	2	0	1	2	3	4	5	10	17	46
Hodgkin's Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Myeloma	0	0	0	0	0	0	0	0	1	3	0	1	6	5	8	24
Leukemia	0	0	0	0	0	0	3	1	0	3	2	4	5	10	22	50
Primary Unknown	0	0	0	0	0	0	0	0	1	4	5	9	9	7	15	50
Other Primaries	0	0	0	0	0	0	0	0	1	0	0	0	1	0	4	6
<b>Total</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>14</b>	<b>13</b>	<b>45</b>	<b>90</b>	<b>96</b>	<b>159</b>	<b>145</b>	<b>180</b>	<b>397</b>	<b>1152</b>

## MORTALITY - AGE SPECIFIC NUMBERS (FEMALE) - 2014

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oral Cavity	0	0	0	0	0	0	0	0	0	0	0	0	0	2	4	6
Head and Neck	0	0	0	0	0	0	0	0	0	1	1	0	1	1	3	7
Esophagus	0	0	0	0	0	0	0	1	1	0	1	1	2	1	3	10
Stomach	0	0	0	0	1	0	0	0	3	0	1	1	1	4	13	24
Colon	0	0	0	0	0	0	1	1	2	3	11	9	9	10	51	97
Rectum	0	0	0	0	0	0	0	1	1	6	4	1	1	0	8	22
Liver	0	0	0	0	0	0	0	0	0	0	1	2	3	4	9	19
Gall Bladder and Biliary Tract	0	0	0	0	0	0	0	0	0	0	2	2	0	2	2	8
Pancreas	0	0	0	0	0	0	0	0	2	4	5	8	6	11	24	60
Digestive Tract	0	0	0	0	0	0	0	1	0	0	0	0	3	2	15	21
Larynx	0	0	0	0	0	0	0	0	0	0	1	0	0	2	1	4
Trachea, Bronchus and Lung	0	0	0	0	0	0	1	3	9	18	33	39	66	33	81	283
Respiratory System	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2
Bone and Connective Tissue	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	3
Malignant Melanoma of Skin	1	0	0	0	0	0	0	1	2	0	1	0	2	1	4	12
Breast	0	0	0	1	0	2	5	4	11	12	6	18	12	18	49	138
Cervix: Invasive	0	0	0	1	0	2	1	0	0	1	4	1	0	0	3	13
Uterus	0	0	0	0	0	0	0	0	2	5	5	5	2	4	12	35
Ovary	0	0	0	0	0	0	1	3	1	1	8	3	10	7	13	47
Female Genital Organs	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	3
Kidney	0	0	0	0	0	0	1	0	0	3	4	3	5	2	10	28
Bladder	0	0	0	0	0	0	0	0	0	0	0	1	2	2	7	12
Other Urinary Tract	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
Brain and Central Nervous System	1	0	0	0	1	1	0	0	2	2	4	2	1	1	5	20
Thyroid	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	3
Other Endocrine Glands	0	0	0	1	0	0	0	0	0	0	0	0	1	0	2	4
Non-Hodgkin's Lymphoma	0	0	0	0	0	0	0	0	2	0	1	1	3	9	19	35
Hodgkin's Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Myeloma	0	0	0	0	0	0	0	0	1	1	0	5	1	5	6	19
Leukemia	0	1	0	0	0	0	0	0	1	0	1	4	5	5	23	40
Primary Unknown	0	0	0	0	0	0	0	0	1	6	4	4	9	4	25	53
Other Primaries	0	0	0	0	0	0	0	1	1	0	0	0	0	1	5	8
<b>Total</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>10</b>	<b>17</b>	<b>43</b>	<b>63</b>	<b>99</b>	<b>112</b>	<b>147</b>	<b>133</b>	<b>401</b>	<b>1038</b>

## MORTALITY - AGE SPECIFIC NUMBERS (MALE) - 2014

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Oral Cavity	0	0	0	0	0	0	0	0	1	1	1	1	2	0	5	11
Head and Neck	0	0	0	0	0	0	1	0	1	0	2	2	1	0	1	8
Esophagus	0	0	0	0	0	1	0	0	3	2	6	10	8	7	9	46
Stomach	0	0	0	0	0	1	0	0	0	0	6	5	3	2	14	31
Colon	0	0	0	0	0	2	2	0	6	6	15	10	12	17	33	103
Rectum	0	0	0	0	0	0	0	0	1	1	4	1	7	5	14	33
Liver	0	0	0	0	1	0	0	1	4	11	6	10	1	2	10	46
Gall Bladder and Biliary Tract	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5
Pancreas	0	0	0	0	0	0	1	2	5	5	7	12	7	10	21	70
Digestive Tract	0	0	0	0	0	0	0	1	1	1	3	0	3	5	6	20
Larynx	0	0	0	0	0	0	0	0	0	1	1	4	0	0	3	9
Trachea, Bronchus and Lung	0	0	0	1	0	1	1	3	11	21	32	58	56	54	73	311
Respiratory System	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	2
Bone and Connective Tissue	0	0	1	0	0	0	0	0	0	2	0	0	1	2	5	11
Malignant Melanoma of Skin	0	0	0	1	0	1	0	0	1	0	3	4	1	2	5	18
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prostate	0	0	0	0	0	0	0	1	0	3	5	15	21	16	116	177
Male Genital Organs	0	0	0	1	0	0	0	1	2	1	0	0	0	0	0	5
Kidney	0	0	0	0	0	0	0	1	2	2	3	9	10	8	6	41
Bladder	0	0	0	0	0	0	0	0	1	4	2	1	7	8	17	40
Other Urinary Tract	0	0	0	0	0	0	0	0	0	1	0	0	1	1	3	6
Brain and Central Nervous System	1	0	0	0	0	0	2	3	1	9	5	2	3	3	5	34
Thyroid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Other Endocrine Glands	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Non-Hodgkin's Lymphoma	0	0	0	0	0	1	0	1	2	1	5	4	3	6	18	41
Hodgkin's Disease	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	3
Multiple Myeloma	0	0	0	0	0	0	0	1	0	1	0	5	4	2	5	18
Leukemia	1	0	0	1	0	0	0	2	1	1	7	5	8	11	23	60
Primary Unknown	0	0	0	1	0	0	2	0	2	2	5	11	12	9	11	55
Other Primaries	0	0	0	0	0	0	0	0	0	1	0	1	2	1	2	7
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>9</b>	<b>17</b>	<b>47</b>	<b>77</b>	<b>119</b>	<b>170</b>	<b>173</b>	<b>172</b>	<b>413</b>	<b>1215</b>

## MORTALITY - AGE SPECIFIC RATES PER 100,000 (FEMALE) - 2013

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oral Cavity	0	0	0	0	0	0	0	0	0	0	0	0	0	12.9	19.2	1.4
Head and Neck	0	0	0	0	0	0	0	0	0	0	0	0	5.5	12.9	3.2	0.7
Esophagus	0	0	0	0	0	0	0	0	0	0	13.4	8.5	16.5	19.4	9.6	2.7
Stomach	0	0	0	0	0	0	0	0	2.5	0	6.7	4.3	11	12.9	38.5	3.6
Colon	0	0	0	0	0	0	0	2.8	5	5.4	6.7	38.4	38.5	32.3	141.2	12.9
Rectum	0	0	0	2.4	0	0	3	0	5	0	6.7	4.3	0	12.9	28.9	3.2
Liver	0	0	0	0	2.6	0	0	0	5	2.7	6.7	21.3	11	19.4	41.7	5.2
Gall Bladder and Biliary Tract	0	0	0	0	0	0	0	0	0	0	6.7	0	0	12.9	12.8	1.4
Pancreas	0	0	0	0	0	0	3	2.8	5	2.7	13.4	12.8	60.4	84.1	93	11.6
Digestive Tract	0	0	0	0	0	0	0	0	0	0	6.7	0	16.5	12.9	32.1	3
Larynx	0	0	0	0	0	0	0	0	0	2.7	0	0	0	0	0	0.2
Trachea, Bronchus and Lung	0	0	0	0	0	0	0	19.6	27.5	53.5	70.2	153.4	362.6	316.8	256.7	51.8
Respiratory System	0	0	0	0	0	0	0	0	0	0	0	0	5.5	0	3.2	0.4
Bone and Connective Tissue	0	0	0	0	0	2.9	0	0	2.5	0	6.7	4.3	5.5	0	9.6	1.6
Malignant Melanoma of Skin	0	0	0	0	0	0	3	2.8	2.5	0	0	4.3	0	0	3.2	0.9
Breast	0	0	0	0	0	2.9	6	19.6	17.5	40.1	60.1	63.9	115.4	84.1	176.5	27.5
Cervix: Invasive	0	0	0	0	5.1	2.9	3	2.8	2.5	2.7	13.4	12.8	11	0	6.4	3.2
Uterus	0	0	0	0	0	0	0	2.8	2.5	2.7	10	12.8	16.5	12.9	28.9	4.1
Ovary	0	0	0	0	2.6	0	6	5.6	15	5.4	16.7	17	44	45.3	38.5	8.8
Female Genital Organs	0	0	0	0	0	0	0	0	0	2.7	10	0	11	6.5	12.8	2
Kidney	0	0	0	0	0	0	6	0	2.5	2.7	6.7	4.3	38.5	0	41.7	4.8
Bladder	0	0	0	0	0	0	0	5.6	2.5	0	3.3	4.3	27.5	12.9	32.1	3.9
Other Urinary Tract	0	0	0	0	0	0	0	0	0	0	3.3	0	0	0	0	0.2
Brain and Central Nervous System	1	0	0	0	0	0	0	2.8	0	10.7	6.7	12.8	0	32.3	12.8	3.6
Thyroid	0	0	0	0	0	0	0	0	0	0	0	0	5.5	0	3.2	0.4
Other Endocrine Glands	1	0	2.5	0	0	0	3	0	0	0	0	0	0	0	0	0.5
Non-Hodgkin's Lymphoma	0	0	0	0	0	0	3	0	0	2.7	10	0	27.5	32.3	61	6.1
Hodgkin's Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.2	0.2
Multiple Myeloma	0	0	0	0	0	0	0	0	2.5	5.4	6.7	4.3	16.5	19.4	28.9	3.8
Leukemia	1	0	2.5	0	2.6	0	3	2.8	2.5	0	6.7	8.5	0	64.7	41.7	5.9
Primary Unknown	0	0	0	0	5.1	0	0	0	2.5	5.4	10	42.6	38.5	64.7	83.4	10.9
Other Primaries	0	0	0	0	0	0	0	0	0	2.7	3.3	8.5	5.5	0	25.7	2.3
<b>Total</b>	<b>2.9</b>	<b>0</b>	<b>5</b>	<b>2.4</b>	<b>18</b>	<b>8.6</b>	<b>38.9</b>	<b>69.9</b>	<b>104.9</b>	<b>149.8</b>	<b>310.7</b>	<b>443.3</b>	<b>890.1</b>	<b>924.6</b>	<b>1289.7</b>	<b>188.8</b>



## MORTALITY - AGE SPECIFIC RATES PER 100,000 (MALE) - 2013

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oral Cavity	0	0	0	0	0	0	0	0	0	2.6	3.3	8.6	11.8	23	5.2	1.8
Head and Neck	0	0	0	0	0	2.7	2.9	2.7	0	2.6	6.5	0	5.9	7.7	10.5	1.8
Esophagus	0	0	0	0	0	0	0	2.7	12.2	13	3.3	21.5	29.4	53.8	57.6	7.1
Stomach	0	0	0	0	0	0	0	0	2.4	0	9.8	17.2	17.7	46.1	20.9	3.7
Colon	0	0	0	0	0	0	2.9	2.7	7.3	31.2	32.6	68.7	64.8	130.6	183.3	18.8
Rectum	0	0	0	0	0	0	2.9	2.7	2.4	2.6	9.8	34.3	47.1	38.4	52.4	6.7
Liver	0	0	0	0	0	0	2.9	0	4.9	10.4	19.6	8.6	11.8	53.8	57.6	6.2
Gall Bladder and Biliary Tract	0	0	0	0	0	0	2.9	0	2.4	0	6.5	0	0	0	20.9	1.4
Pancreas	0	0	0	0	0	2.7	0	2.7	14.6	18.2	32.6	73	35.3	115.2	89	14.2
Digestive Tract	0	0	0	0	0	0	0	0	4.9	10.4	9.8	8.6	17.7	7.7	47.1	4.3
Larynx	0	0	0	0	0	0	0	0	0	2.6	0	0	11.8	0	10.5	0.9
Trachea, Bronchus and Lung	0	0	0	0	0	2.7	2.9	13.7	24.4	57.2	75	261.9	229.7	322.6	424.2	50.6
Respiratory System	0	0	0	0	0	0	0	0	0	0	0	4.3	0	7.7	10.5	0.7
Bone and Connective Tissue	0	2.7	0	2.3	0	0	0	0	0	2.6	0	4.3	5.9	0	10.5	1.2
Malignant Melanoma of Skin	0	0	0	0	0	0	0	0	2.4	5.2	9.8	8.6	11.8	30.7	0	2.5
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prostate	0	0	0	0	0	0	0	0	7.3	10.4	29.3	42.9	106	184.3	507.9	29.3
Male Genital Organs	0	0	2.3	0	0	2.7	0	0	0	0	0	0	0	0	0	0.4
Kidney	0	0	0	0	0	0	2.9	2.7	7.3	13	9.8	12.9	35.3	30.7	73.3	7.1
Bladder	0	0	0	0	0	0	0	0	0	5.2	3.3	25.8	47.1	84.5	120.4	9.1
Other Urinary Tract	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brain and Central Nervous System	1.8	0	0	0	2.5	2.7	5.8	2.7	7.3	15.6	16.3	4.3	11.8	0	26.2	5.1
Thyroid	0	0	0	0	0	0	0	0	0	0	3.3	0	0	0	0	0.2
Other Endocrine Glands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5.2	0.2
Non-Hodgkin's Lymphoma	0.9	2.7	0	0	0	0	5.8	0	2.4	5.2	9.8	17.2	29.4	76.8	89	8.2
Hodgkin's Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Myeloma	0	0	0	0	0	0	0	0	2.4	7.8	0	4.3	35.3	38.4	41.9	4.3
Leukemia	0	0	0	0	0	0	8.7	2.7	0	7.8	6.5	17.2	29.4	76.8	115.2	8.9
Primary Unknown	0	0	0	0	0	0	0	0	2.4	10.4	16.3	38.6	53	53.8	78.5	8.9
Other Primaries	0	0	0	0	0	0	0	0	2.4	0	0	0	5.9	0	20.9	1.1
<b>Total</b>	<b>2.7</b>	<b>5.4</b>	<b>2.3</b>	<b>2.3</b>	<b>2.5</b>	<b>13.7</b>	<b>40.4</b>	<b>35.6</b>	<b>109.7</b>	<b>233.9</b>	<b>313</b>	<b>682.6</b>	<b>854</b>	<b>1382.5</b>	<b>2078.9</b>	<b>204.5</b>

## MORTALITY - AGE SPECIFIC RATES PER 100,000 (FEMALE) - 2014

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oral Cavity	0	0	0	0	0	0	0	0	0	0	0	0	0	13	12.9	1.1
Head and Neck	0	0	0	0	0	0	0	0	0	2.6	3.2	0	5.4	6.5	9.6	1.2
Esophagus	0	0	0	0	0	0	0	2.9	2.5	0	3.2	4	10.8	6.5	9.6	1.8
Stomach	0	0	0	0	2.4	0	0	0	7.4	0	3.2	4	5.4	26	41.8	4.2
Colon	0	0	0	0	0	0	2.9	2.9	5	7.9	35.1	36.2	48.6	65.1	164	17
Rectum	0	0	0	0	0	0	0	2.9	2.5	15.7	12.8	4	5.4	0	25.7	3.9
Liver	0	0	0	0	0	0	0	0	0	0	3.2	8	16.2	26	28.9	3.3
Gall Bladder and Biliary Tract	0	0	0	0	0	0	0	0	0	0	6.4	8	0	13	6.4	1.4
Pancreas	0	0	0	0	0	0	0	0	5	10.5	16	32.2	32.4	71.6	77.2	10.5
Digestive Tract	0	0	0	0	0	0	0	2.9	0	0	0	0	16.2	13	48.2	3.7
Larynx	0	0	0	0	0	0	0	0	0	0	3.2	0	0	13	3.2	0.7
Trachea, Bronchus and Lung	0	0	0	0	0	0	2.9	8.7	22.3	47.1	105.3	156.9	356.1	214.8	260.5	49.6
Respiratory System	0	0	0	0	0	0	0	0	2.5	0	0	0	5.4	0	0	0.4
Bone and Connective Tissue	0	0	0	0	0	0	0	0	0	0	3.2	4	0	0	3.2	0.5
Malignant Melanoma of Skin	0.9	0	0	0	0	0	0	2.9	5	0	3.2	0	10.8	6.5	12.9	2.1
Breast	0	0	0	2.4	0	5.4	14.7	11.6	27.3	31.4	19.2	72.4	64.8	117.1	157.6	24.2
Cervix: Invasive	0	0	0	2.4	0	5.4	2.9	0	0	2.6	12.8	4	0	0	9.6	2.3
Uterus	0	0	0	0	0	0	0	0	5	13.1	16	20.1	10.8	26	38.6	6.1
Ovary	0	0	0	0	0	0	2.9	8.7	2.5	2.6	25.5	12.1	54	45.6	41.8	8.2
Female Genital Organs	0	0	0	0	0	0	0	2.9	0	0	0	0	0	6.5	3.2	0.5
Kidney	0	0	0	0	0	0	2.9	0	0	7.9	12.8	12.1	27	13	32.2	4.9
Bladder	0	0	0	0	0	0	0	0	0	0	0	4	10.8	13	22.5	2.1
Other Urinary Tract	0	0	0	0	0	0	0	0	0	0	0	0	5.4	0	3.2	0.4
Brain and Central Nervous System	0.9	0	0	0	2.4	2.7	0	0	5	5.2	12.8	8	5.4	6.5	16.1	3.5
Thyroid	0	0	0	0	0	0	0	0	0	0	0	4	0	6.5	3.2	0.5
Other Endocrine Glands	0	0	0	2.4	0	0	0	0	0	0	0	0	5.4	0	6.4	0.7
Non-Hodgkin's Lymphoma	0	0	0	0	0	0	0	0	5	0	3.2	4	16.2	58.6	61.1	6.1
Hodgkin's Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Myeloma	0	0	0	0	0	0	0	0	2.5	2.6	0	20.1	5.4	32.5	19.3	3.3
Leukemia	0	2.8	0	0	0	0	0	0	2.5	0	3.2	16.1	27	32.5	74	7
Primary Unknown	0	0	0	0	0	0	0	0	2.5	15.7	12.8	16.1	48.6	26	80.4	9.3
Other Primaries	0	0	0	0	0	0	0	2.9	2.5	0	0	0	0	6.5	16.1	1.4
<b>Total</b>	<b>1.9</b>	<b>2.8</b>	<b>0</b>	<b>7.1</b>	<b>4.9</b>	<b>13.6</b>	<b>29.3</b>	<b>49.2</b>	<b>106.6</b>	<b>164.9</b>	<b>316</b>	<b>450.7</b>	<b>793.2</b>	<b>865.5</b>	<b>1289.6</b>	<b>181.9</b>

## MORTALITY - AGE SPECIFIC RATES PER 100,000 (MALE) - 2014

SITE	Age Group															All Ages
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	
Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10.4	0.3
Oral Cavity	0	0	0	0	0	0	0	0	2.4	2.5	3.1	4.1	11.5	0	26	1.9
Head and Neck	0	0	0	0	0	0	2.8	0	2.4	0	6.2	8.2	5.7	0	5.2	1.4
Esophagus	0	0	0	0	0	2.6	0	0	7.3	5.1	18.6	40.9	46	53.1	46.8	8
Stomach	0	0	0	0	0	2.6	0	0	0	0	18.6	20.4	17.2	15.2	72.8	5.4
Colon	0	0	0	0	0	5.2	5.6	0	14.6	15.3	46.6	40.9	68.9	129	171.6	17.9
Rectum	0	0	0	0	0	0	0	0	2.4	2.5	12.4	4.1	40.2	37.9	72.8	5.7
Liver	0	0	0	0	2.3	0	0	2.8	9.7	28	18.6	40.9	5.7	15.2	52	8
Gall Bladder and Biliary Tract	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26	0.9
Pancreas	0	0	0	0	0	0	2.8	5.5	12.1	12.7	21.7	49	40.2	75.9	109.2	12.1
Digestive Tract	0	0	0	0	0	0	0	2.8	2.4	2.5	9.3	0	17.2	37.9	31.2	3.5
Larynx	0	0	0	0	0	0	0	0	0	2.5	3.1	16.3	0	0	15.6	1.6
Trachea, Bronchus and Lung	0	0	0	2.2	0	2.6	2.8	8.3	26.7	53.4	99.4	237.1	321.7	409.8	379.6	53.9
Respiratory System	0	0	2.3	0	0	0	0	0	0	0	0	0	0	7.6	0	0.3
Bone and Connective Tissue	0	0	2.3	0	0	0	0	0	0	5.1	0	0	5.7	15.2	26	1.9
Malignant Melanoma of Skin	0	0	0	2.2	0	2.6	0	0	2.4	0	9.3	16.3	5.7	15.2	26	3.1
Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prostate	0	0	0	0	0	0	0	2.8	0	7.6	15.5	61.3	120.7	121.4	603.3	30.7
Male Genital Organs	0	0	0	2.2	0	0	0	2.8	4.9	2.5	0	0	0	0	0	0.9
Kidney	0	0	0	0	0	0	0	2.8	4.9	5.1	9.3	36.8	57.5	60.7	31.2	7.1
Bladder	0	0	0	0	0	0	0	0	2.4	10.2	6.2	4.1	40.2	60.7	88.4	6.9
Other Urinary Tract	0	0	0	0	0	0	0	0	0	2.5	0	0	5.7	7.6	15.6	1
Brain and Central Nervous System	0.9	0	0	0	0	0	5.6	8.3	2.4	22.9	15.5	8.2	17.2	22.8	26	5.9
Thyroid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5.2	0.2
Other Endocrine Glands	0	0	0	0	0	0	0	0	0	0	3.1	0	0	0	0	0.2
Non-Hodgkin's Lymphoma	0	0	0	0	0	2.6	0	2.8	4.9	2.5	15.5	16.3	17.2	45.5	93.6	7.1
Hodgkin's Disease	0	0	0	0	0	2.6	0	0	4.9	0	0	0	0	0	0	0.5
Multiple Myeloma	0	0	0	0	0	0	0	2.8	0	2.5	0	20.4	23	15.2	26	3.1
Leukemia	0.9	0	0	2.2	0	0	0	5.5	2.4	2.5	21.7	20.4	46	83.5	119.6	10.4
Primary Unknown	0	0	0	2.2	0	0	5.6	0	4.9	5.1	15.5	45	68.9	68.3	57.2	9.5
Other Primaries	0	0	0	0	0	0	0	0	0	2.5	0	4.1	11.5	7.6	10.4	1.2
<b>Total</b>	<b>1.8</b>	<b>0</b>	<b>4.7</b>	<b>11</b>	<b>2.3</b>	<b>20.7</b>	<b>25.3</b>	<b>47.2</b>	<b>114</b>	<b>198.5</b>	<b>369.7</b>	<b>694.9</b>	<b>994</b>	<b>1312.9</b>	<b>2147.8</b>	<b>210.6</b>



## Contact Information

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For more information about the report or to request additional copies, contact the Saskatchewan Cancer Agency Department of Epidemiology and Performance Measurement through the Contact Us link on the Agency's website at [www.saskcancer.ca](http://www.saskcancer.ca). Electronic copies are also available through the website at [www.saskcancer.ca/sccr](http://www.saskcancer.ca/sccr).



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