

National Cancer Registry

Annual Report 1994



Department of Health Information, Malta

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Preface

This document is the third Annual Report issued by the National Cancer Registry, and the most comprehensive to date. It has been compiled by Dr Miriam Dalmas, Medical Officer in charge of the Registry.

In 1991 the Registry was upgraded to cover the whole population of the Maltese Islands. In the same year the Department of Health Information, of which the Cancer Registry forms part, started keeping its own computerised national mortality database. Record linkage between the Cancer Registry and the Mortality Registry has allowed the Department to embark on accurate studies of cancer survival, which are now starting to bear fruit.

In 1996, the Department expects to have improved access to population registers; this offers opportunities for more improvement in information quality. Moreover, data from the 1995 Census should enable the calculation of reliable standardised incidence and mortality ratios for the different regions of the Maltese Islands, allowing better comparisons between regions.

The formal publication of this report meets one of the Department's principal operational objectives: that of making information on health in Malta more readily available to the general public.

Dr H. Agius Muscat
Director, Health Information

Acknowledgements

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Acknowledgements are also due to the staff of the following private pathology laboratories:

- i. *Clinipath, Msida*
- ii. *St. Mark's, Msida*
- iii. *St. James', Zabbar*
- iv. *Biomed, Attard*
- v. *Malta University Services, Msida*

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Part 1

Overview

Cancer

Factors which may reduce cancer incidence or prevent cancer deaths

Role of the population-based cancer registry

New cases in 1994

Cancer incidence by site groups

Cancer in different age groups

Factors influencing changes in the number of cancer cases

Cancer deaths in 1994

Part 1 Overview

Cancer

Cancer is not a single disease, but rather a group of diseases that may occur in any of the body's organs. Cancer is characterised by uncontrolled growth and spread of abnormal cells. If the spread is not brought under control, cancer can be fatal.

Cancer is caused by both external factors (radiation, chemicals and viruses) and internal (immunological, hormonal and genetic) conditions. Multiple factors may act in concert or in a chain of events, and thereby initiate or promote carcinogenesis. Depending on a host of factors, it may take many years from exposure to the first carcinogen until cancer is diagnosed. Therefore, the cancer cases that are discovered today may reflect exposure in the past - and not necessarily exposure today or even in the recent past.

Factors which may reduce cancer incidence or prevent deaths from cancer

For many types of cancer, we do not have sufficient knowledge of the risk factors to enable us to prevent them. However, theoretically most cancers are caused or strongly related to known risk factors such as cigarette smoking and excessive alcohol consumption and thus could be prevented. Smoking is by far the most important cause of the high frequency of lung cancer. With its poor prognosis it accounts for a large share of cancer deaths. The incidence of many other types of cancer would also be reduced by reducing the prevalence of smoking in the population. Many of the lung cancer cases that are job-related would be prevented if smoking were eliminated. This may be explained by the fact that smoking is known to intensify the carcinogenic effect of materials like asbestos and nickel. Therefore, eliminating cigarette smoking is clearly the most important contribution to reducing cancer mortality.

Enhanced protection against solar radiation can prevent most cases of skin cancer. A low-fat, low-calorie diet rich in fruits and vegetables is considered preventive for many types of cancer.

Cancer strikes hardest when discovered at a late stage. It is known that relative survival rates for most cancer sites deteriorate significantly according to the extent of the cancer disease at the time of diagnosis. Early diagnosis will therefore affect cancer mortality and this is the primary reason for the promotion of the concept of screening for a number of cancer sites.

The role of a population-based cancer registry in the control and research on cancer

The cancer registry is an essential part of any rational programme of cancer control. Its primary function which involves the maintenance of a register of cancer cases occurring in a defined population serves many purposes. It collects personal particulars of cancer patients and the clinical and pathological characteristics of their cancers, which are documented in a continuous and systematic manner from various data sources.

This data is regularly analysed and interpreted and the registry then provides information on the incidence and characteristics of specific cancers in various segments of the resident population and on temporal variations in incidence.

Such information could be used as the primary resource not only for epidemiological research on cancer determinants but also for planning and evaluating health services for the prevention, diagnosis and treatment of the disease, thus benefiting both the individual and society. Cancer registries possess the potential for developing and supporting important research programmes using the information that they collect and produce. Their statistics on the occurrence of cancer in a defined population should provide a sound framework for the assessment and control of the impact of cancer on the community.

The emphasis differs from registry to registry according to local circumstances and interests. In general terms, the data becomes useful for more and more purposes as they are accumulated over longer periods of time.

New cases in 1994

In 1994, 1272 new cases of cancer were reported, an increase of 101 cases from the previous year. The new cases consisted of 674 males and 598 females. When the non-melanocytic skin cancers are excluded the total number of cases amounts to 1107. Breast cancer is the most common cancer disease in females with 179 new cases. Lung cancer is the most common cancer in males, with 102 new cases in 1994. For both sexes combined the most common type of cancer is that of the large bowel (colon and rectum) with 130 cases in 1994.

ICD-O-2 C code	Cancer Site	M	F	ICD-O-2 C code	Cancer site	M	F
	All sites	674	598	42	Bone marrow	32	19
00	Lip	7	2	44	Skin	112	73
02	Tongue NOS	2	2	48	Retroperitoneum and peritoneum	2	1
03	Gum	3	0	49	Connective, subcutaneous and other soft tissues	2	1
06	Mouth NOS	3	1	50	Breast	1	179
07	Parotid gland	1	2	51	Vulva	0	7
08	Major salivary glands NOS	0	1	52	Vagina	0	2
09	Tonsil	0	1	53	Cervix uteri	0	27
11	Nasopharynx	7	1	54	Corpus uteri	0	45
14	Lip, oral Cavity, pharynx NOS and ill-defined	1	0	55	Uterus, NOS	0	4
15	Oesophagus	11	5	56	Ovary	0	31
16	Stomach	33	17	60	Penis	3	0
17	Small intestine	4	3	61	Prostate gland	50	0
18	Colon	44	42	62	Testis	12	0
19	Rectosigmoid junction	7	2	64	Kidney	14	7
20	Rectum	22	13	65	Renal pelvis	3	1
21	Anus and anal canal	0	1	66	Ureter	1	0
22	Liver and Intrahepatic bile ducts	3	1	67	Urinary bladder	81	20
23	Gall bladder	1	3	68	Urinary organs other and NOS	0	1
24	Biliary tract NOS	3	2	69	Eye and adnexa	2	0
25	Pancreas	16	11	71	Brain	10	4
26	Digestive organs NOS and ill-defined	0	1	73	Thyroid gland	4	14
32	Larynx	18	0	74	Adrenal gland	2	0
34	Bronchus and lung	102	14	76	Other and ill-defined sites	1	2
38	Heart, mediastinum and pleura	4	0	77	Lymph nodes	18	15
40	Bones, joints and articular cartilage of limbs	1	2	80	Unknown primary site	29	16
41	Bones, joints and articular cartilage other and NOS	2	2				

Cancer in Malta 1994

Cancer strikes all age groups, but especially elderly people. 54% of all male cases and 47% of the female cases belonged to the age group of 65 years and over. Only 8% of the total number of new cases were in the age group below 40 years.

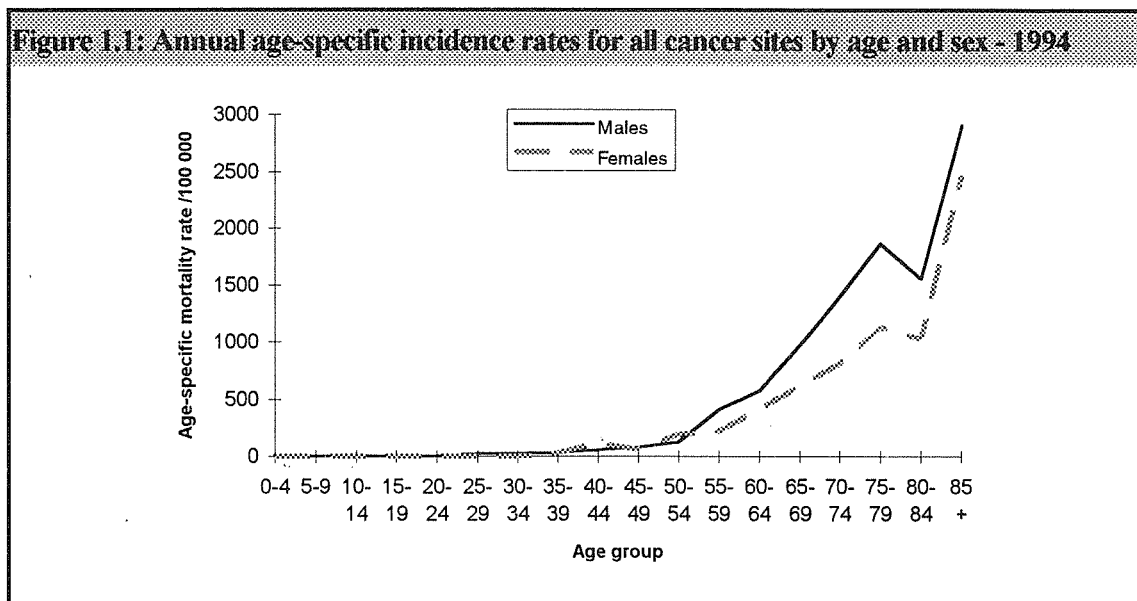
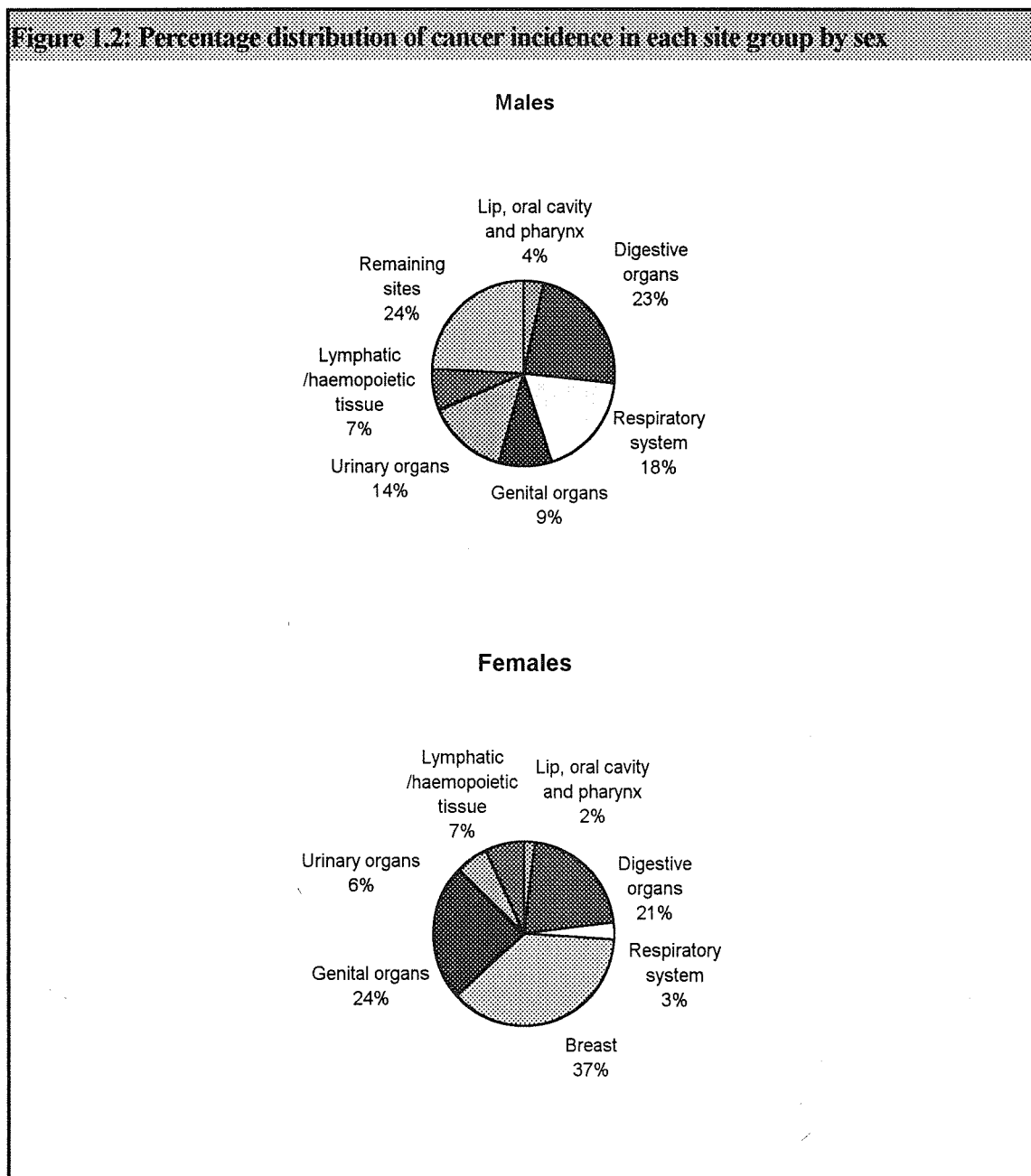


Table 1.2: Most frequently reported cancer sites/types in all age groups - 1994

Males	%	Females	%
Bronchus and lung	15.4	Breast	30.0
Urinary bladder	11.9	Corpus uteri	8.1
Prostate	7.5	Colon	7.1
Colon	6.6	Ovary	5.1
Stomach	5.1	Cervix uteri	4.6
Rectum and rectosigmoid junction	4.3	Urinary bladder	3.3
Unknown primary	4.3	Stomach	2.8
Non-Hodgkin's lymphoma	3.2	Unknown primary	2.8
Larynx	2.6	Rectum and rectosigmoid junction	2.5
Kidney	2.1	Malignant melanoma	2.5
Pancreas	2.1	Bronchus and lung	2.5
Remaining sites	35.0	Remaining sites	28.7

Cancer incidence by site groups

If we look at the site groups (figure 1.2), cancer of the digestive organs dominated the male cancer sites, followed by those of the respiratory system which were caused by the high incidence of lung cancer. The incidence of cancer in the male genital organs were rather small when compared with that found in countries of northern Europe and USA, because we have a smaller reported incidence of prostatic cancer. In fact in these countries, prostate cancer actually exceeds the incidence of lung cancer and is currently rating as the most commonly reported cancer in males. In females, breast cancer predominated followed by cancer of the female genital organs. The latter were mostly affected by cancer of the ovaries and the endometrium. Cancer of the digestive organs were also common in females. In 1994 the number of new cases of colonic cancer reported was almost equal for both sexes. (44 male cases, 42 female cases)



Cancer in the different age groups

Cancer in children (0-14 years)

Cancer in children showed a different pattern to cancer in older age groups. The tumours were often found in different organs and were of different microscopical types. Tumours in the bone marrow and the central nervous system dominated in both sexes. There were 12 new cases of cancer registered in 1994 in this age group.

Cancer site	Number of cases	Histology
Bone Marrow	4	3 cases of Acute Lymphoblastic Leukemia 1 case of Chronic Myeloid Leukemia
Brain	3	1 case of Anaplastic Astrocytoma 2 cases of Craniopharyngioma *
Endocrine organs	2	1 case of Neuroblastoma of the Adrenals 1 case of Malignant papillary cystic tumour of the Pancreas
Soft tissues	2	1 case of Alveolar soft part sarcoma in the Thigh 1 case of Embryonal rhabdomyosarcoma in the External ear
Other sites	1	1 case of Mucoepidermoid carcinoma of the Parotid gland

* Craniopharyngioma is described and coded as a tumour of uncertain behaviour whether benign or malignant

Cancer in young people (15-29 years)

Lymphoma predominantly Hodgkin's disease dominated as the most frequent cancer type in 6 young males, followed by Non-Hodgkin's and testicular tumours. In females there were only 6 cases of cancer. The male to female ratio in this age group was 3:1.

MALES		MALES		FEMALES	
Cancer type/site	Number of cases	Cancer type/site	Number of cases	Cancer type/site	Number of cases
Hodgkin's disease	6	Ewing's sarcoma	1	Hodgkin's disease	2
Non-Hodgkin's lymphoma	2	Acute myeloid leukaemia	1	Thyroid gland	2
Testis	2	Nasopharynx	1	Skin, melanoma	1
Bladder	1	Parotid gland	1	Breast	1
Brain	1	Primary unknown	1		
Skin, non-melanoma	1				

Cancer in younger adults (30-54 years)

There were 112 males and 165 female new cases of cancer during 1994 in this age group representing 21.5% of the total number of new cases. Lung cancer was the most common cancer site for males, while breast cancer predominated in females. The large number of breast cancer cases accounts for the difference between the totals of the 2 sexes; the male:female ratio in this age group being 0.7:1.

Table 1.5: The most frequent cancer sites/types in the 30-54 year age group - 1994

Males	%	Females	%
Bronchus and lung	9.8	Breast	40.0
Non-Hodgkin's lymphoma	8.9	Corpus uteri	8.5
Urinary bladder	7.1	Malignant melanoma	6.7
Testis	7.1	Cervix uteri	5.5
Colon	6.3	Thyroid	5.5
Rectum	6.3	Colon	4.2
Larynx	3.6	Ovary	4.2
Stomach	2.7	Non-Hodgkin's lymphoma	4.2
Hodgkin's disease	2.7	Kidney	2.4
Thyroid	2.7	Urinary bladder	1.8
Remaining sites	42.8	Remaining sites	17.0

Cancer in the oldest age groups (55-74 and above 75 years)

Since these are the age groups in which cancer is most frequent, the pattern is similar to the overall pattern for all age groups combined. (Refer back to table 1.2)

Table 1.6: The most frequent cancer sites/types in the 55-74 year age group - 1994

Males	%	Females	%
Bronchus and lung	16.3	Breast	26.6
Urinary bladder	14.1	Corpus uteri	10.0
Prostate	8.2	Colon	7.6
Stomach	6.5	Ovary	7.3
Colon	6.5	Urinary bladder	4.5
Unknown primary	4.8	Cervix uteri	3.5
Rectum and rectosigmoid junction	3.4	Bronchus and lung	3.5
Larynx	3.1	Rectum and rectosigmoid junction	3.5
Pancreas	2.8	Unknown primary	2.8
Kidney	2.8	Non-Hodgkin's lymphoma	2.4
Remaining sites	31.5	Remaining sites	28.4

Table 1.7: The most frequent cancer sites/types in the 75 + age group - 1994

Males	%	Females	%
Bronchus and lung	16.8	Breast	28.6
Prostate	11.4	Colon	10.5
Urinary bladder	10.8	Stomach	6.0
Colon	8.1	Pancreas	4.5
Stomach	4.9	Unknown primary	3.8
Rectum and rectosigmoid junction	4.9	Corpus uteri	3.8
Unknown primary	3.2	Cervix uteri	3.0
Multiple myeloma	3.2	Vulva	3.0
Oesophagus	2.2	Non-Hodgkin's lymphoma	3.0
Brain	1.6	Remaining sites	33.8
Remaining sites	33.0		

Factors influencing changes in the number of cancer cases

The number of cancer cases in the population depends on the size and age distribution of the population, and the cancer risk.

Cancer affects elderly people in particular. Therefore, the cancer incidence in a society will increase when the average life expectancy increases or the oldest age groups increase in size. The risk of developing cancer at a particular age changes with time. This is primarily because of changes in the factors that cause cancer, but also depends on the skill in diagnosing cancer, including changes in diagnostic criteria.

Cancer deaths in 1994

In 1994, 691 persons resident in Malta died from cancer. Of these, 364 were males and 327 were females.

Cancer accounted for just above a fourth (26%) of all deaths and was second only to cardiovascular diseases among the most frequent causes of death in Malta (figure 1.3). As most cancers become increasingly common with age, the impact of cancer as a cause of death will also vary with time. Many more deaths occur in people aged over 65. In younger age groups although the actual number of deaths was low, it was a relatively prominent cause of death (because of the low number of deaths overall). Cancer was the leading cause of death in both men and women aged 40-64 years.

Figure 1.3: Causes of death in Malta - 1994

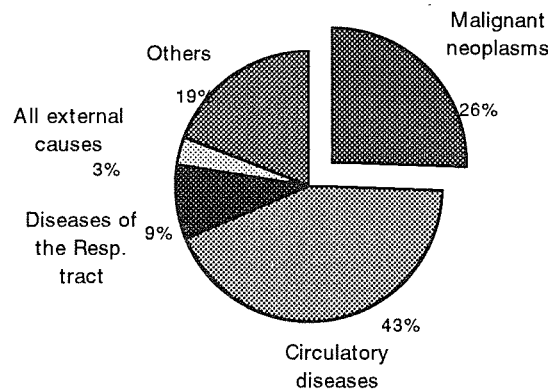
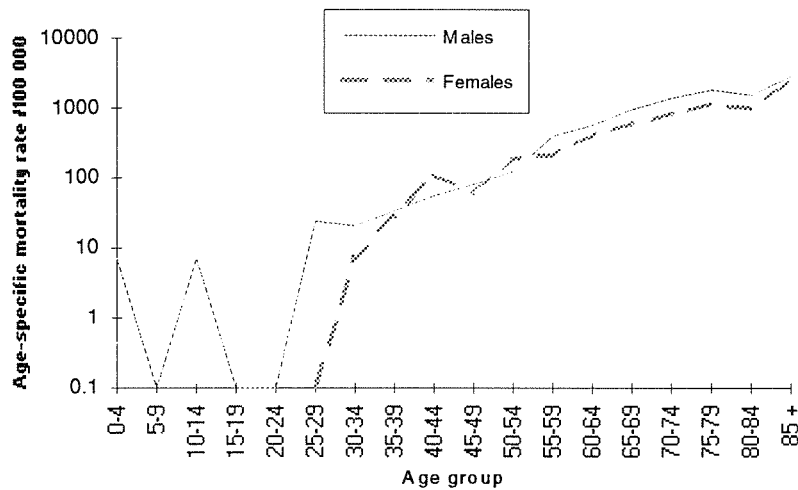
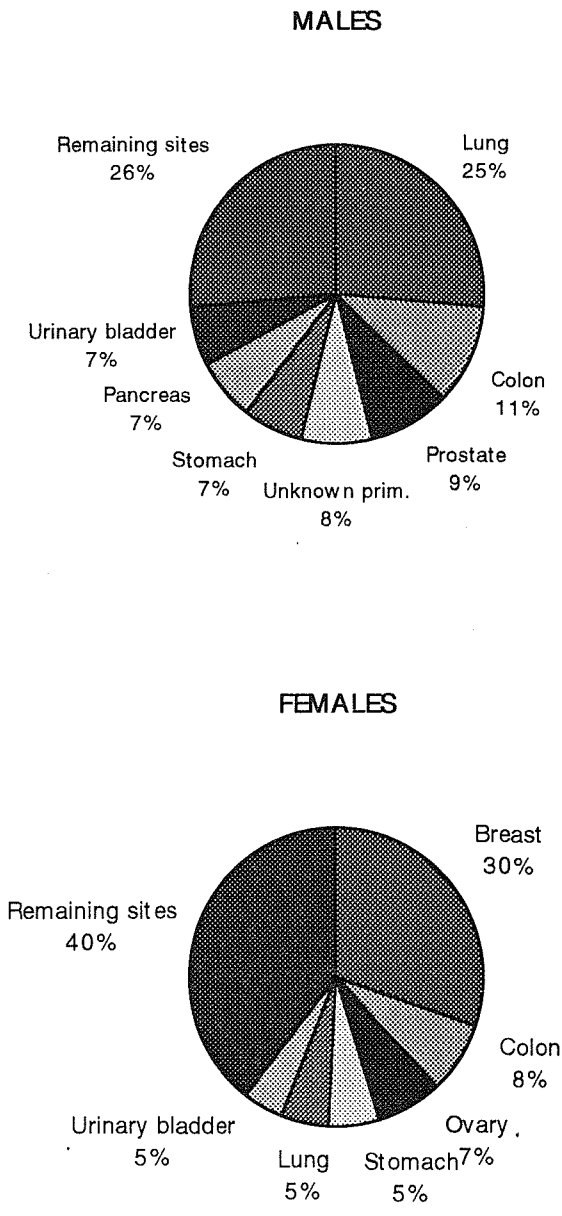


Figure 1.4: Annual age-specific mortality rates for all cancer deaths combined by age and sex - 1994



The most common cancer site causing death in males was lung cancer. This was followed by death from colonic cancer which also rated as the second most common cancer site causing death in females. Breast cancer dominated the picture in female deaths. Ovary was another major cancer killer in females, while death from cancers of the stomach and urinary bladder was common for both sexes.

Figure 1.5: Cancer deaths in 1994 by primary site and sex



Cancer deaths by site/type, age and sex - 1994

The leading cause of cancer death in males of all ages was lung cancer and in females cancer of the breast. Other major contributors to cancer deaths were large bowel and urinary bladder for both sexes, prostate for males and ovary for females. The ranking of cancers by their contribution to mortality reflects two factors: their frequency and their fatality. Thus, pancreatic cancer which ranks the tenth most common cancer in males by incidence, ranks sixth most common cancer death in males of all ages and third in males in the 40-64 year age group.

< 40 years

Males		Number of cases	Females		Number of cases
Lymphoma		3	Breast		2
Brain		2	Brain		1
Lung		2	Liver		1
Testis		1	Nasopharynx		1
Colon		1	Primary unknown		1
Pancreas		1			
Leukaemia		1			
Primary unknown		1			

N.B. Percentages not given due to the small numbers involved

40-64 years

Males			Females		
	No. of cases	%		No. of cases	%
Lung	36	34	Breast	40	40
Large bowel	17	16	Large bowel	11	11
Pancreas	9	8	Ovary	10	10
Primary unknown	9	8	Lymphoma	4	4
Lymphoma	5	5	Leukaemia	4	4
Stomach	4	4	Uterus	4	4

> 64 years

Males			Females		
	No. of cases	%		No. of cases	%
Lung	58	24	Breast	58	26
Large bowel	36	15	Large bowel	26	12
Prostate	31	13	Urinary bladder	15	7
Urinary bladder	21	9	Stomach	15	7
Stomach	20	8	Ovary	14	6

All ages

Males			Females		
	No. of cases	%		No. of cases	%
Lung	96	26	Breast	100	31
Large bowel	54	15	Large bowel	37	11
Prostate	33	9	Ovary	24	7
Unknown primary	27	7	Lung	18	5
Urinary bladder	24	6	Stomach	18	5
Pancreas	24	6	Urinary bladder	15	4
Stomach	24	6			

Part 2

Material and methods

Material

Demography

Definitions

Data quality

Part 2

Material and methods

Material

The Malta National Cancer Registry is a population-based registry with records extending back to 1991. The original cancer registry was hospital-based with data coming from the main general hospital of the Islands; namely St. Luke's Hospital and contains records dating back to the early 1970's.

Notifications and sources of information

Physicians have been obliged to report cancer since 1957 with The Notification of Cancer Act, 1957. Each year the registry receives 400-500 notifications. A big majority of the registrations are however initiated by the receipt of a pathology report, most often from the histopathological laboratories (one state-run and 5 private labs.). A monthly report is also received from the cytological laboratory of St. Luke's Hospital. Autopsy reports, both hospital and forensic are also viewed for a cancer finding.

To achieve a higher degree of completeness, the material at the Cancer Registry was matched against the National Mortality Registry. Matching is based on the national 8-digit personal identification number. The mortality registry also submits a photocopy of all the death certificates bearing a cancer diagnosis, be it the underlying cause of death or listed as a contributory cause.

The database is dynamic on-line and is updated continually with information on both new cases and cases diagnosed one or more years ago.

Main sources of information and reports received at the Cancer Registry

Source	Reported by
1. Clinical notification	Hospital doctors, GP's and others
2. Copy of histopathological report	Pathology laboratories
3. Copy of cytological report	Pathology laboratories
4. Copy of autopsy report	Pathology laboratories
5. Death certificates	National Mortality Registry

The database

The computer database for cancer cases contains information since 1985 on over 9000 cancer cases. About 4% of patients are entered more than once because they were diagnosed to have more than one tumour.

Our database contains cases of malignant neoplasms, precancerous lesions/carcinoma-in-situ, tumours of uncertain behaviour whether benign or malignant, and a number of benign neoplasms especially those originating in the central nervous system.

Table 2.1: Cases registered in 1994 by tumour behaviour status		
Tumour behaviour	Total number of cases	Site/morphology of tumours
Malignant	1272	Refer to Table 1.1 (non-melanocytic invasive tumours of the skin are included with this category)
Precancerous lesions	37	21 - Cervix uteri
Carcinoma-in-situ		6 - Skin (1 case of Melanoma-in-situ)
		3 - Breast
		2 - Prostate
		1 - Vulva
		1 - Endometrium (in adenomatous polyp)
		1 - Penis
		1 - Lung
		1 - Gall bladder
Uncertain behaviour whether benign or malignant	20	5 - Myelodysplastic syndrome
		4 - Mature teratoma, ovary
		3 - Carcinoid, appendix
		2 - Osteoclastoma
		2 - Craniopharyngioma
		1 - Essential thrombocythaemia
		1 - Hemangioblastoma, brain
		1 - Sex cord tumour, ovary
		1 - Thecoma, ovary
Benign	11	including:
		2 - Meningioma
		2 - Hydatid mole
		1 - Prolactinoma

Classification and coding practices

1994 cancer data was coded using the International Classification of Disease for Oncology - Second edition (ICD-O-2). This coding system started to be used by our registry in 1993. Previously, we were using International Classification of Diseases - Ninth edition (ICD-9) and we did not use the morphology coding system. The ICD-O-2 coding system enables us to give two codes for each tumour. Any tumour is first coded on the site of origin with the topographic code (C code) and then its histology is coded with the morphology code (M code). The latter also enables us to distinguish neoplasms according to their behaviour (whether malignant, in-situ, benign or uncertain behaviour) and when treating a malignant case we are also able to distinguish its differentiation (well, moderately, poor or undifferentiated)

The register is person- and tumour-based. Primary tumours in different organs in one individual are classified as independent tumours. Tumours in paired organs but with distinctly different morphology are also registered separately. The most frequent example of the latter usually arises in the female breast where there can be more than one primary tumour of the breast of different histological type in one or both breasts. There was no case which was registered twice due to more than one primary in the breasts during 1994.

Demography of the Maltese Islands for 1994

Population (estimated end 1994)

369 451

Area: 316 km²
 Population density: 1170 per km²

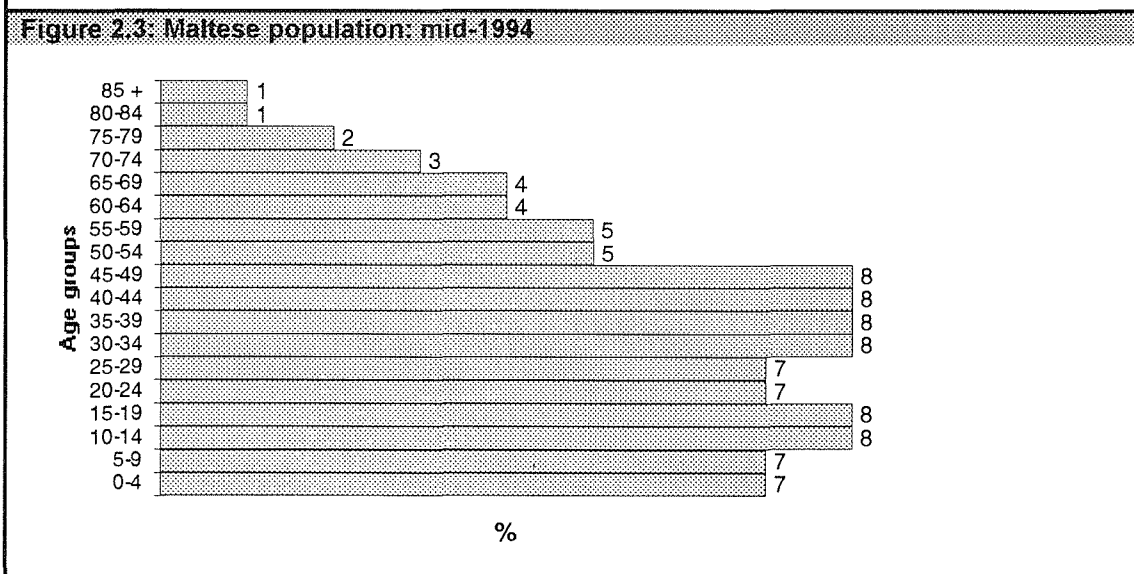
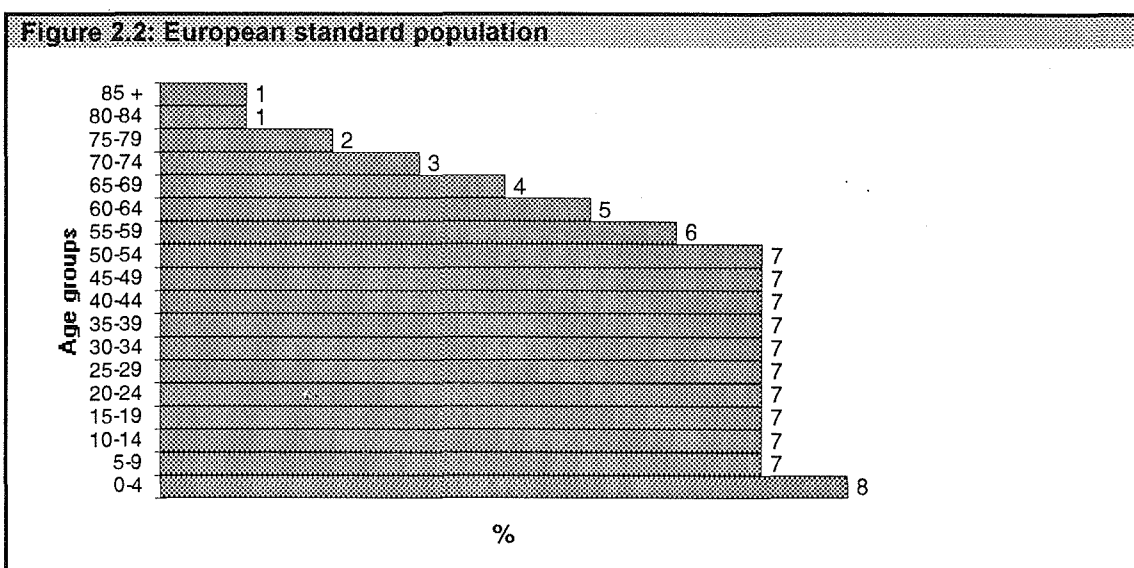
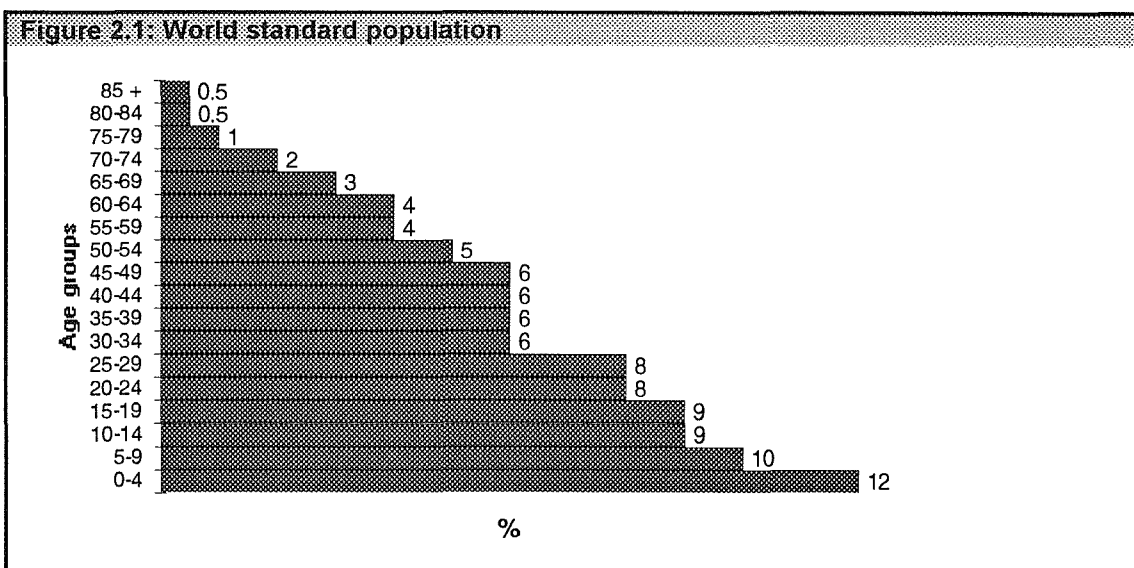
Local councils: 67
 Largest: Birkirkara, population: (estimated as on 31.3.95) 21893
 Smallest: Ghasri (Gozo), population: 398

Vital statistics: (1994)

Live births: 4826
 Deaths: 2698 (excluding non-residents)
 Immigrants: 996
 Emigrants: 104
 Population increase: 3020

Age	Males	Females	Age	Males	Females
0-4	13330	12593	50-54	9338	9845
5-9	13845	13164	55-59	8720	9760
10-14	14407	13835	60-64	7243	8999
15-19	14772	13761	65-69	6182	7668
20-24	13352	12615	70-74	5366	6821
25-29	12279	11691	75-79	2779	3896
30-34	14481	13549	80-84	1887	2911
35-39	14838	14487	85 +	1046	1929
40-44	14189	13944	Total	182838	186613
45-49	14784	15145			

Cancer standardized rates are calculated on the World Standard Population (WSP) thus making them comparable with most other rates calculated internationally. However, our population in reality is more similar in its age structure to the European standard population. The latter standard population is sometimes used in European countries for the calculation of their standardized rates. (fig. 2.3)



Definitions

Age

The age at last birthday in years on the incidence date was used in this report. Age is the principal risk factor for most cancers and is therefore a very important variable to consider. Data are usually divided into 5-year age groups from 0-4 years to 85 +.

Incidence

The number of new cases of cancer in a defined population within a specified period of time.

Incidence rate

Crude rate

The number of new cases of cancer reported within a defined period of time divided by the population at risk in the same period (person years) of time (usually expressed as the rate per 100,000 population).

Age-specific rate

The incidence rate for cases and reference population at a specified age (age group).

Age-standardized rates

Standardization is a set of techniques used to remove as far as possible the effects of differences in age or other confounding variables, when comparing two or more populations. In this report, age-standardized rates for both incidence and mortality have been computed for various cancer sites. The *direct method* was used. With this method of standardization the specific rates in a study population are averaged, using as weights the distribution of a specified standard population. The World standard population (WSP) was used in our calculations. The directly standardized rate represents what the crude rate would have been in the study population if that population had the same distribution as the standard population with respect to the variable(s); for which the adjustment or standardization was carried out. The most important variable considered in this report is age.

Rates are subject to statistical variation related to the number of events upon which they are based, i.e. the number of cases. The confidence intervals are calculated to quantify the effect of this variation by offering a measure of the precision of the estimated rate. They are a constructed range of values around the calculated rate with a specified probability of including the true value of the variable. In this report we used *95% confidence intervals* based on two standard errors either side of the rate measured by the binomial approximation method. The end points of the confidence interval are called the *confidence limits*.

Prevalence

The number of persons in a defined population who are alive at a specified point in time, and who have at some time been diagnosed as having cancer.

Lifetime risk

The lifetime risk given in the text is expressed as the probability of 1 in N persons contracting cancer by age 75. This measure is related to *Cumulative rate percent*, a directly age standardized rate which closely approximates a realistic estimate of risk. It is the probability of contracting a cancer during a specific age period, usually 0-75 years, in the absence of other causes of death. It is calculated by summing the age specific rates in each 5-year age group from 0-4 to 70-74 years of age and expressing the result as a percentage (CUM%). A CUM% of 33% is converted, by taking its reciprocal, into a 1 in 3 lifetime risk.

Median age

This is the age at which half of the cases are younger and half are older. It is more useful than the mean in describing age distributions that are skewed towards older age as are most cancers.

Male to female ratio

The sex ratio indicates the relative frequency with which a cancer affects males and females. We use the ratio of the age standardized rates so that the different age distribution of the sexes are accounted for. The ratio is expressed in terms of its masculinity, e.g., a ratio of 1.2:1 means that the cancer rate in men is 27% more than in women.

Data quality

The value of a cancer registry depends on the quality of its data. The quality of information is a product of the quality of the data and the quality of their presentation. Two major areas must be considered:

- A. Completeness
- B. Accuracy

Completeness concerns the efforts done to maximize the inclusion of all cancer cases within a registry's population, and also the exclusion of duplicates and of those cases which are either not among those defined as registerable or because they are only temporarily resident within the registry's boundaries. It also involves the inclusion of all the necessary detail about every registered case as well as the exclusion of data items which may be inapplicable for certain cases.

Accuracy concerns the correctness of the data collected and of the data entered into the database which may be due to abstraction, transcription, coding and data entry errors. It also involves the assurance of continuity and consistency in the reporting and registering methods employed. Interpretation of the information coming out of a registry is only possible with the understanding of the data sources and the methods used in data collection and processing.

Quality control is used to measure the completeness and accuracy of the data. The assessment of completeness is constantly monitored by regular matching with the death certificates and by repeatedly comparing the data from the latest or current incidence year with previous years since cancer incidence rates usually change relatively slowly. Quality control methods are used continuously and are also instituted on an *ad hoc* basis. Data is also subjected to validation checks which search for invalid codes and consistency checks to compare the values of certain data items against others. Examples of the latter include correction of case gender with site of tumour (prostate not with a female, and ovary not with a male) and correction to a plausible time sequence. All this work is carried out much easier and more efficiently with the aid of computers.

Part 3

Selected sites

Introduction to Part 3

All cancers

The twelve most common cancer sites/types in Malta:

Female breast

Lung

Urinary bladder

Large bowel (including colon, recto-sigmoid junction and rectum)

Lymphoma (Non-Hodgkin's lymphoma and Hodgkin's disease)

Stomach

Prostate

Corpus uteri

Leukaemia (all types)

Ovary

Cervix uteri

Pancreas

INTRODUCTION to PART 3

In this section we are presenting an illustrated overview of information concerning the selected sites chosen. For each site the following figures are being submitted:

- A. Age standardized incidence rate for each sex calculated on 1994 data
- B. Sex ratio worked on the age standardized incidence rates for 1994
- C. Age standardized incidence rate for each sex calculated on 3-year combined data, 1992 to 1994
(the calculation of the age standardized rate over these 3-year period was done by taking the sum of all the cases incident in these 3 years and the sum of the mid-year populations in the Maltese Islands of each year; see Appendix 1)
- D. Sex ratio worked on the age standardized incidence rates for 1992 to 1994
- E. Lifetime risk of contracting the specified disease before age 75 for each sex, using 1992 to 1994 data
- F. Median age at diagnosis for both sexes combined, using 1992 to 1994 data
- G. Graphic representation of the age-specific incidence rate for each selected cancer site by sex using 1992 to 1994 data
- H. Age standardized mortality rate for each sex calculated on 1994 data
- I. Comparison of 1-year (1994) and 3-year (1992 to 1994) national age standardized incidence rates with the rates given in *Facts and Figures of Cancer in the European Community*, published in 1993 by the International Agency for Research on Cancer (IARC).

The rates quoted in this publication were calculated on both actual (Denmark, England, Wales and Scotland) and estimated (Italy) data for 1990. The following 3 countries were selected:

- a) United Kingdom; Malta was a colony of the British Empire up to its Independence in 1964
- b) Italy; because of its geographical proximity
- c) Denmark; considered as a authority in this field and is chosen for comparisons by many cancer registries in their respective reports

The European Union (EU) average is also being shown for each site. Both the EU average incidence and mortality rates are being quoted.

ALL CANCERS
(ICD-9: 140-208, ICD-O-2: M codes with behaviour code 3)

Incidence

During 1994, 674 men and 598 women in Malta were diagnosed to have cancer. When basal cell and squamous cell carcinomas of the skin are excluded*, these figures drop down to 569 males and 538 females. The age standardized incidence rates excluding non-melanocytic skin cancers for 1994 were 256.4 and 200.8 per 100,000 population for men and women respectively giving a sex ratio of 1.26:1.

The age standardized rates calculated from 1992 to 1994 data were 233.1 and 203.8 per 100,000 population for males and females respectively giving a sex ratio of 1.14:1. The lifetime risk of contracting cancer were 1 in 3.8 men and 1 in 4.4 women up to the age of 75 years. The median age at diagnosis for both sexes combined was 67 years.

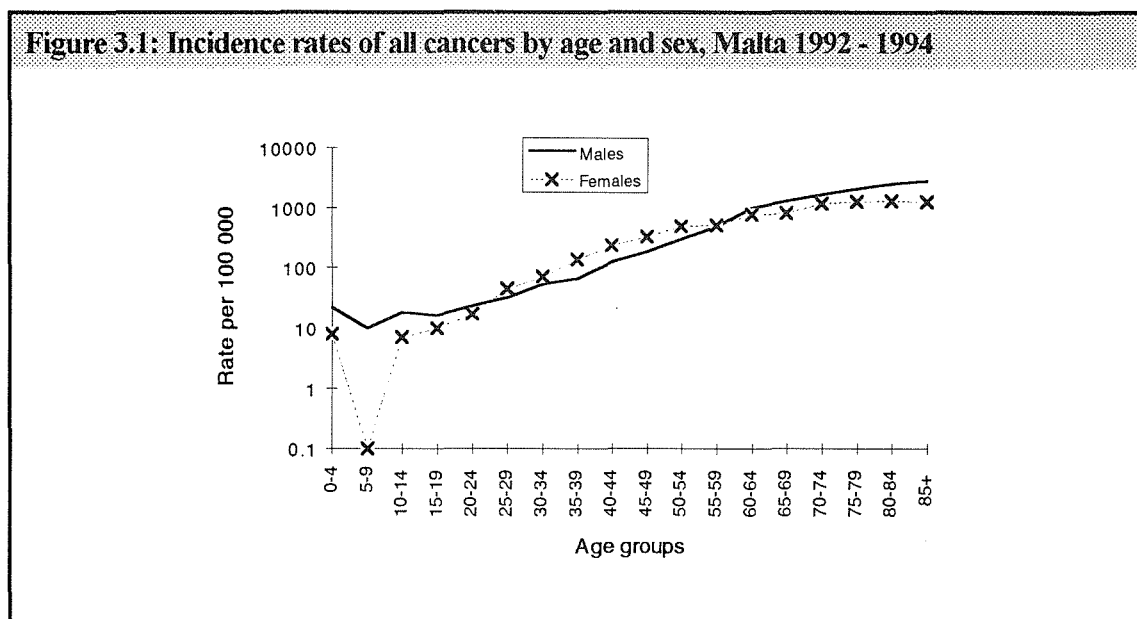


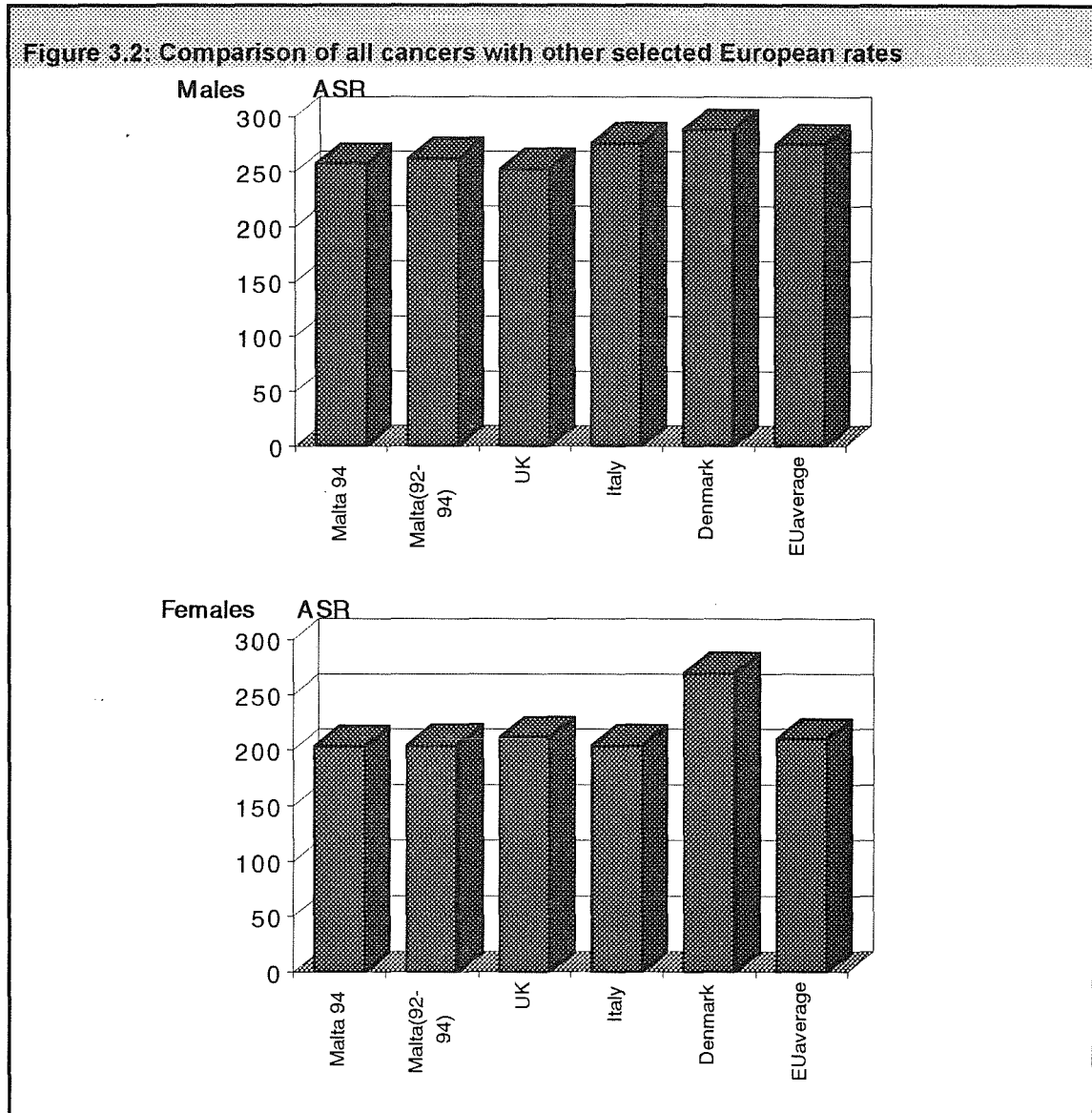
Figure 3.1 shows that the rates in males exceed those in women before age 30 and after age 59 years. The higher rates in women between 30-59 years is almost solely due to breast cancer, mainly in premenopausal females.

Mortality

In 1994, 364 men and 327 women died from cancer in Malta. The age standardized mortality rates were 158.4 and 110.6 per 100,000 population for males and females respectively.

* Non-melanocytic skin cancers are excluded because of the large number of these cancers and the difficulty in accurately estimating their numbers. In fact, most figures quoted in international literature referring to all cancers are actually indicative of all cancers excluding non-melanocytic skin cancers

Comparison with selected European figures



Cancer varies in incidence around the world. Malta has a comparatively similar rate of cancer incidence to the European average for both sexes. However, the mortality rates are lower than the EU average for both sexes. (EU average AMR: Males - 190.9, Females - 111.6 per 100,000 population)

Risk factors

Cancer is generally more common in men than in women. Much of this is due to sex differences in the use of tobacco and alcohol and in workplace exposures. Over a third of cancer is considered to be related to dietary factors, a third to smoking, 8% to sexual and reproductive factors, 4% to occupational exposures, 3% to alcohol, and less than 1% each to all other single agents such as radiation. The principal risk factor for cancer is age.

FEMALE BREAST
(ICD-9: 174, ICD-O-2: C50)

Incidence

This includes cancers of the breast but excludes the skin of the breast. During 1994, 179 women in Malta were diagnosed to have breast cancer. Incidentally, there was only one case of male breast cancer giving a sex ratio of 0.005:1. The age standardized incidence rate for female breast cancer in 1994 was 66.6 per 100,000 population.

Using 1992 to 1994 data the age standardized rate was 75.5 per 100,000 population. The lifetime risk for Maltese women of contracting breast cancer was 1 in 12.2 women. The median age at diagnosis for female breast cancer was 59.5 years.

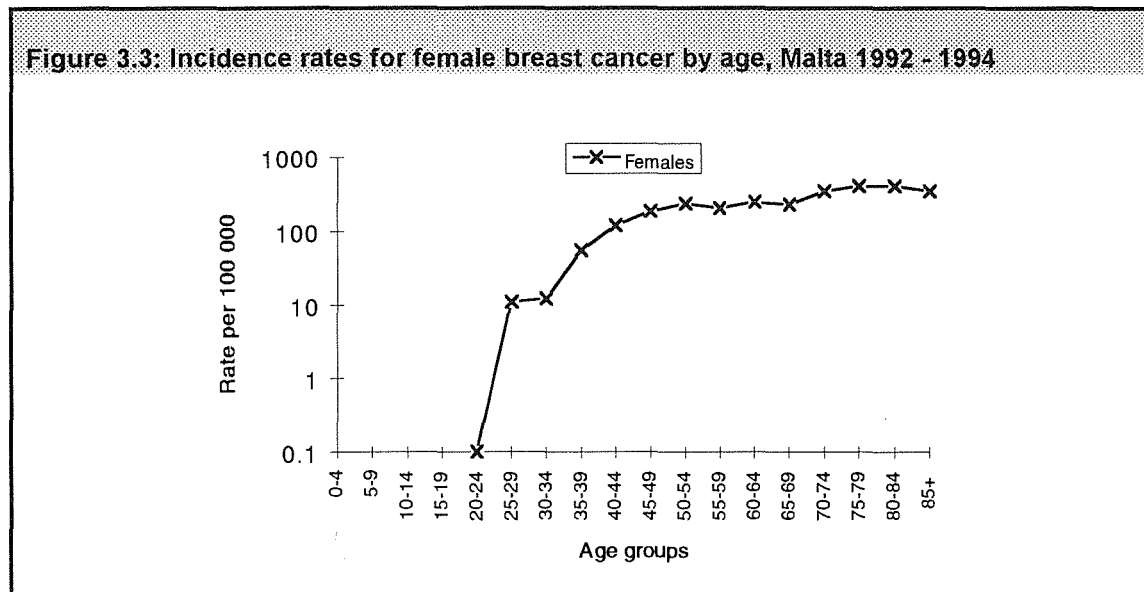


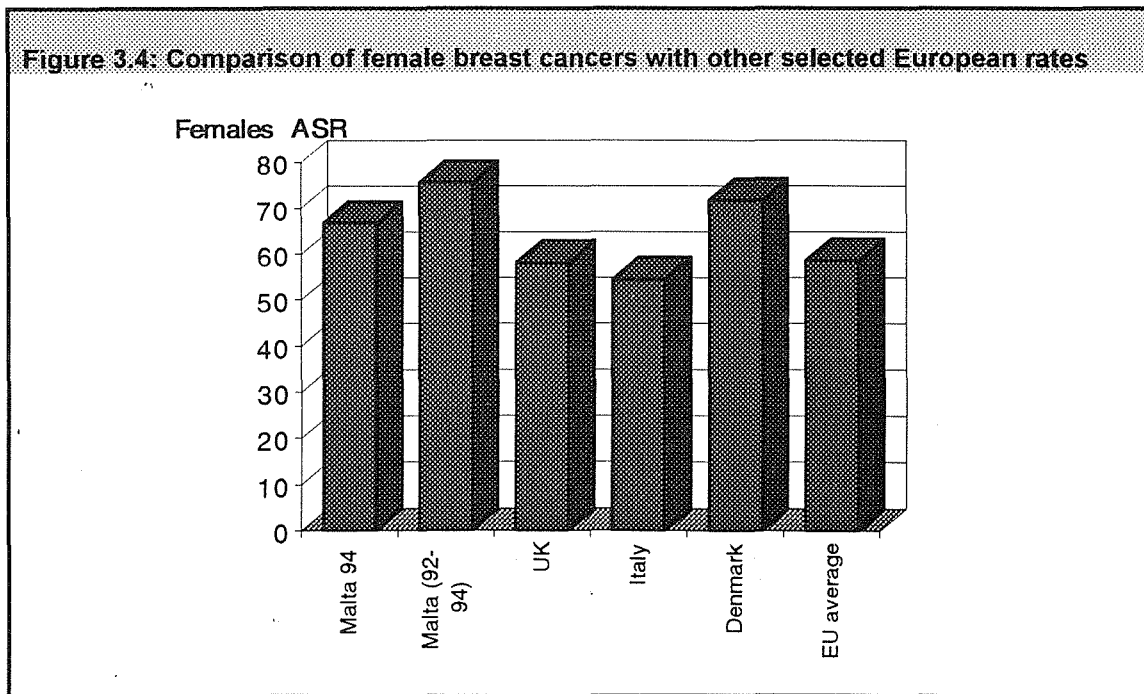
Figure 3.3 shows that breast cancer rates rise steeply from age 20 until ages 40 to 45 years when the age incidence curve flattens, rising slowly with older age.

The histological type of 87% of breast cancers diagnosed in 1994 was identified. Of these, 83% were infiltrating ductal carcinomas, 9% were lobular, and 4% were adenocarcinomas not otherwise specified. There was only one case of medullary carcinoma and another of malignant phylloides tumour of the breast. The youngest patient was 29 years old at the time of diagnosis.

Mortality

There were 100 women who died of breast cancer in Malta during 1994. The age standardized mortality rate was 36.1 per 100,000 population.

Comparison with selected European figures



Breast cancer varies widely in incidence around the world. Higher rates are generally observed in developed than in developing countries. Malta persistently shows a higher rate than the EU average. Our age standardized mortality rate is also very high being 53% higher than the EU average AMR for breast cancer. (EU average AMR: Females - 23.3 per 100,000 population)

Risk factors

Breast cancer is by far the most common cancer in Maltese women. There are many factors which are believed to affect the risk of a women contracting this disease. These include:

- family history of breast cancer particularly if bilateral and premenopausal
- obesity; increased body size
- early menarche and late menopause
- nulliparity or late age at first birth
- the prolonged use of oral contraceptives at young ages and unopposed oestrogens for the relief of menopausal symptoms
- radiation exposure

Several studies have shown that a diet rich in fat and protein of animal origin especially in childhood and alcohol consumption increase the risk for breast cancer.

LUNG

(ICD-9: 162, ICD-O-2: C34)

Incidence

This includes cancer of the bronchus and lung. There were no cases of cancer arising in the trachea in 1994 (ICD-O-2: C33). During 1994, 102 men and 14 women were diagnosed to have lung cancer. The age standardized incidence rates were 45.3 and 4.9 per 100,000 population for males and females respectively, giving a sex ratio of 9.3:1.

The age standardized rates calculated from 1992 to 1994 data were 47.0 and 3.8 per 100,000 population for males and females respectively. The sex ratio was 12.3:1. The lifetime risk of contracting this cancer was 1 in 18.6 for men and 1 in 224.7 for women. The median age at diagnosis was 68 years for both sexes combined.

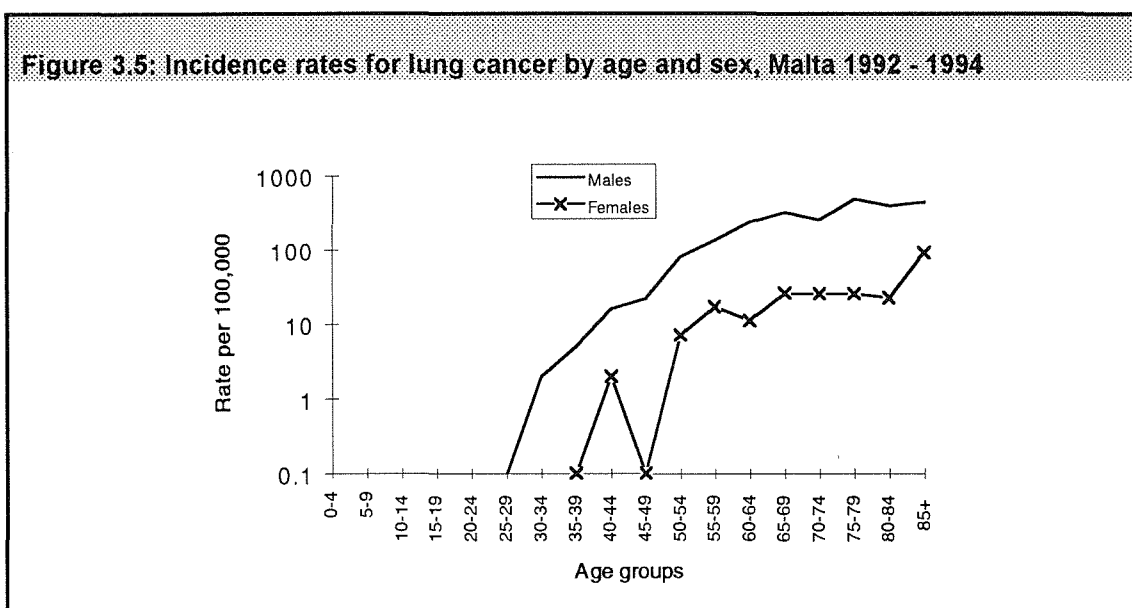


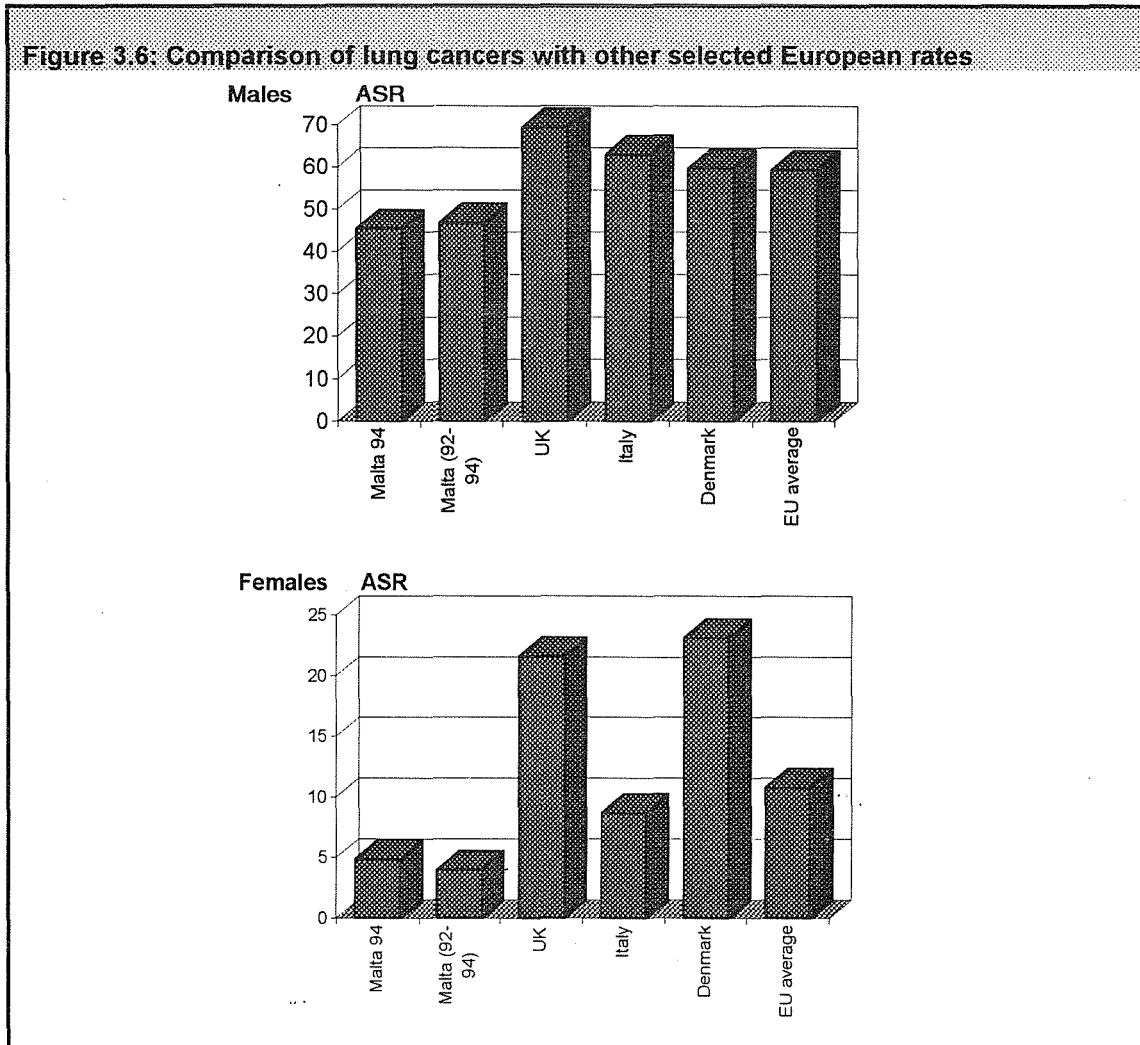
Figure 3.5 shows that the male incidence rate rises sharply with age after 35 years, up to age 65 after which the rate of increase diminishes. In women the age-specific incidence rates remain fairly constant from age 50 onwards.

A histological diagnosis was defined for 74% of lung cancers diagnosed in 1994. Of these, 47% were squamous cell carcinomas, 28% adenocarcinomas and 21% were small/oat cell carcinomas. There were also 3 cases of bronchiolo-alveolar carcinomas. There is a notable difference between the histologies identified for the two sexes. Whilst in females there were 5 cases each of squamous cell and adenocarcinomas, in males there were almost twice as many squamous cell carcinomas (37 cases) as adenocarcinomas (20 cases). Also, all the cases of small/oat cell carcinomas but one were diagnosed in males. The youngest male patient was 33 years old and the youngest female 44 years old at the time of diagnosis.

Mortality

Lung cancer was the cause of death for 96 males and 18 females in Malta during 1994. The age standardized mortality rate was 42.0 and 6.1 per 100,000 for males and females respectively.

Comparison with selected European figures



Malta shows a lower rate of lung cancer incidence in both sexes than most other countries in Europe. The female rate seems to be increasing slowly with time but it is generally found to be much higher in the northern than the southern countries of Europe. The age standardized mortality rate is also lower than the EU average for both sexes. (EU average AMR: Males - 54.5, Females - 9.8 per 100,000 population)

Risk factors

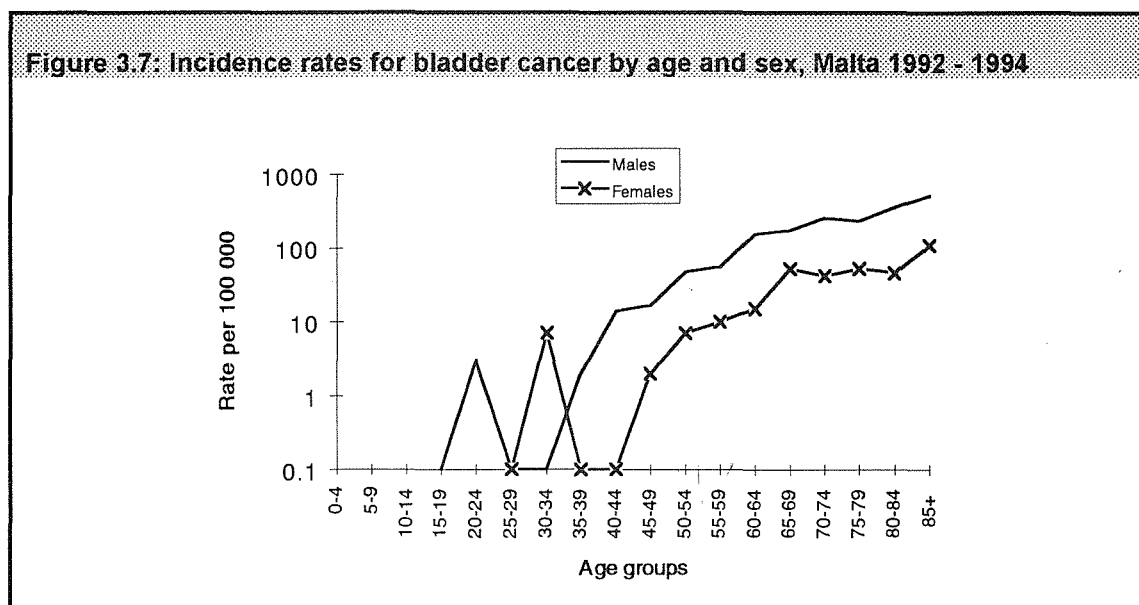
Lung cancer is much more common in men than in women worldwide. The difference between the sexes is largely explained by the differences in the history and current patterns of tobacco smoking, and occupational risks. Classically implied occupational exposures include asbestos (which is known to act synergistically with smoking), radiation, arsenic, chromium, nickel and some hydrocarbons. Air pollution and passive smoking are also related to an increase in risk.

URINARY BLADDER
(ICD-9: 188, ICD-O-2: C67)

Incidence

There were 81 men and 20 women diagnosed with bladder cancer in 1994. The age standardized incidence rates were 37.3 for males and 7.2 for females per 100,000 population. The sex ratio was 5.2:1.

Using 1992 to 1994 data the age standardized rates were 30.5 and 5.7 per 100,000 population for males and females respectively, giving a sex ratio of 5.4:1. The lifetime risk for contracting bladder cancer in Malta was 1 in 27.2 for males and 1 in 148.1 for females. The median age at diagnosis is 69 years for both sexes combined.



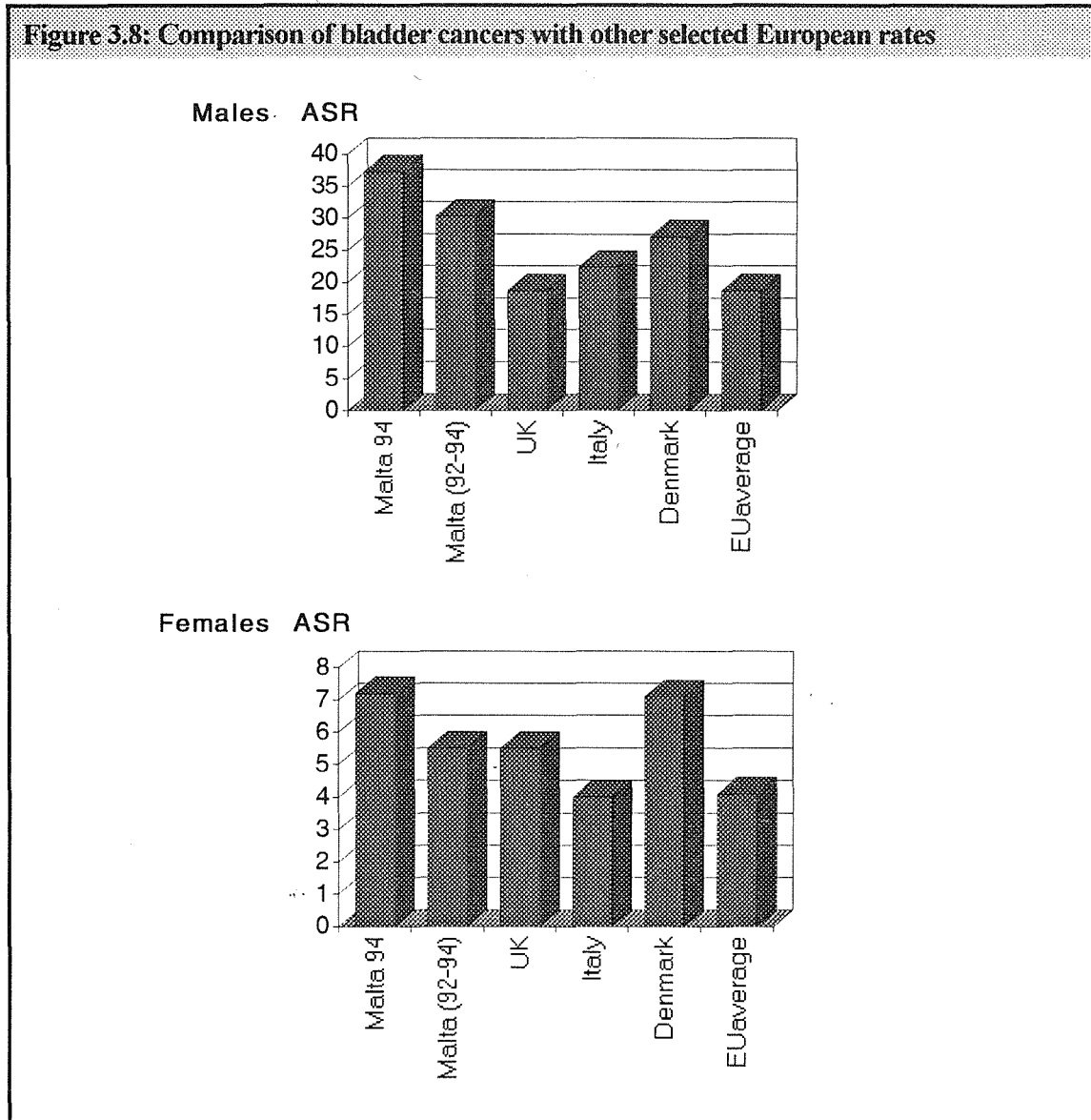
The incidence rates for males start to rise sharply after age 40 to 44 and then flattens off after 65 years. Apart from 3 cases in females in the 30-34 year age group the male rates exceed the female rates at all ages.

94% of bladder cancers diagnosed in 1994 were histologically confirmed. Of these, 61% were transitional cell and 38% were papillary transitional cell carcinomas. There were 3 cases of bladder cancer diagnosed in persons below the age of 35. These include one male which was diagnosed at 21 years and 2 females diagnosed at 31 and 32 years.

Mortality

There were 24 men and 15 women who died of bladder cancer in Malta during 1994. The age standardized mortality rate was 10.2 and 4.2 per 100,000 population for males and females respectively.

Comparison with selected European figures



Malta shows a high ASR for both sexes for bladder cancer, but this is more pronounced in the male rates. The high rates for bladder cancer seem to be consistent over time. Consequently, the age standardized mortality rates are considerably higher than the EU average for both sexes. (EU - AMR: Males - 8.0, Females - 1.9 per 100,000 population)

Risk factors

Bladder cancer is more common in men than in women. Tobacco smoking is known to be related to the onset of this cancer and some occupational exposures including working in the leather, rubber, dyestuffs and textile industries were also shown to increase the risk. Analgesic abusers have also been shown to have an increased risk of contracting this disease.

LARGE BOWEL
(ICD-9: 153+154, ICD-O-2: C18-20)

Incidence

These include cancer arising in the colon, recto-sigmoid junction and rectum. In 1994, a total of 73 men and 57 women were diagnosed with large bowel cancer. Of these, 44 males and 42 females had cancer of the colon while 29 males and 15 females had cancer of the recto-sigmoid junction and rectum. The age standardized incidence rates for large bowel cancer were 31.5 and 19.8 per 100,000 population for males and females respectively. The sex ratio for large bowel cancer was 1.6:1.

The age standardized rates from 1992 to 1994 were 25.3 and 18.9 per 100,000 population for males and females respectively. The sex ratio was 1.3:1. The lifetime risk for contracting large bowel cancer was 1 in 34.9 for men and 1 in 44.3 for women. The median age at diagnosis of large bowel cancer for both sexes combined was 68 years.

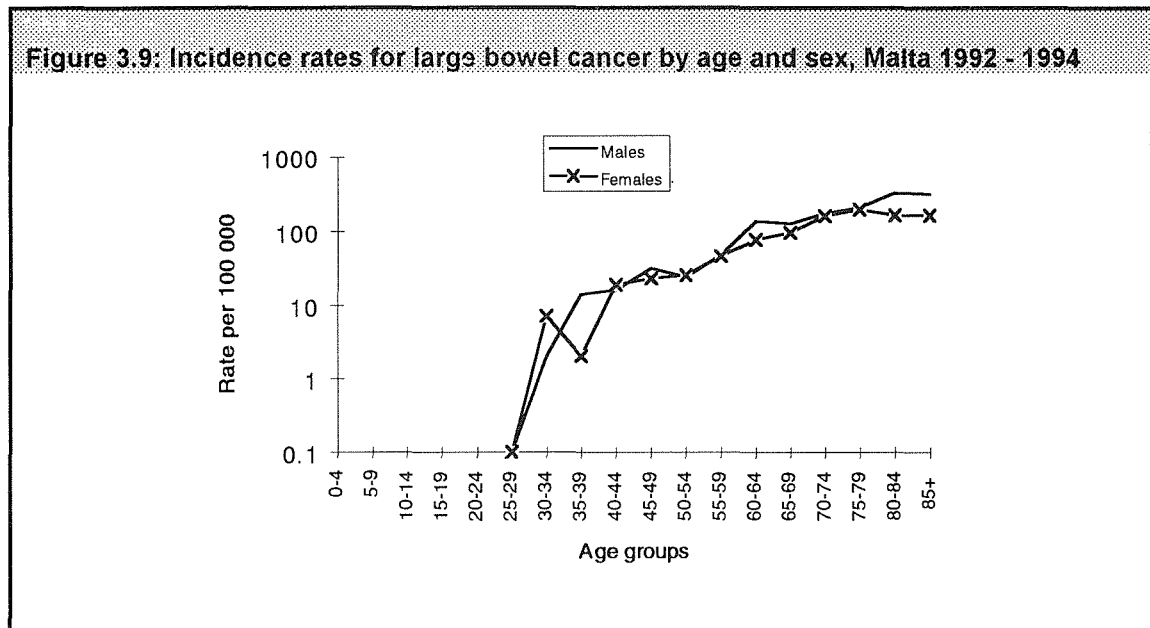


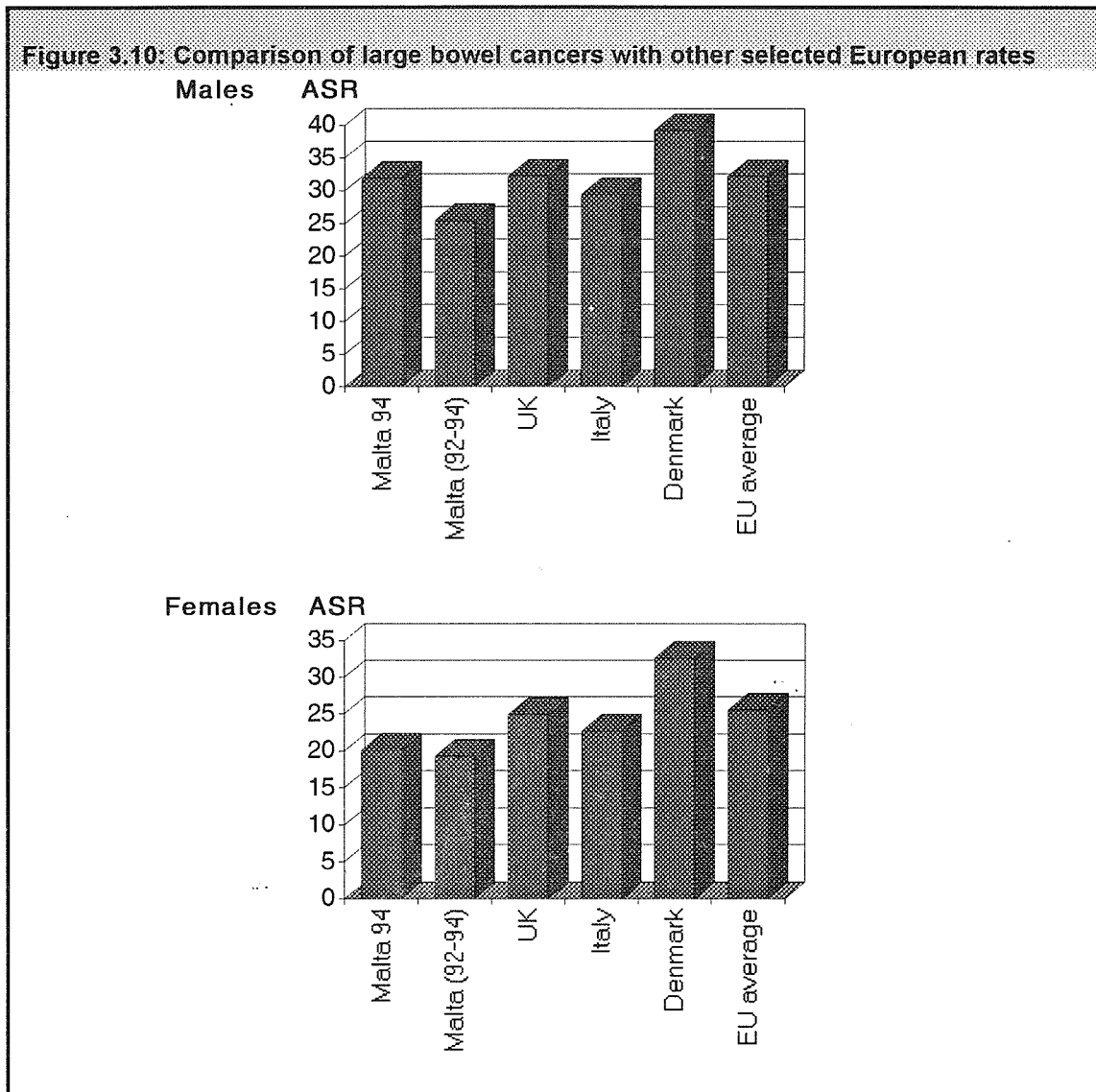
Figure 3.9 shows that the curves for both sexes practically follow each for most ages, and the rate of increase only becomes higher for males after age 70.

The histological diagnosis of 92% of large bowel cancers diagnosed in 1994 was identified. Of these, 94% were adenocarcinomas. There were also 2 cases of malignant carcinoid of the caecum and 2 cases of malignant lymphoma one arising in the caecum and the other in the ascending colon. The youngest male case of large bowel cancer diagnosed in 1994 was 31 years old while the youngest female was 41 years old.

Mortality

Large bowel cancer was the cause of death of 54 males and 37 females in Malta during 1994. The age standardized mortality rate was 23.1 and 11.8 per 100,000 population for males and females respectively.

Comparison with selected European figures



There is a marked variation in the occurrence of large bowel cancer around the world. Rates are usually highest in the countries with the highest economic development. Large bowel cancer in Malta shows a relatively high rate and especially in males this is very near to the EU average. Denmark and other northern countries have a higher incidence for both sexes than the EU average. The AMR for males is higher and the rate for females lower than the EU average (EU-AMR: Males - 18.3, Females - 13.7 per 100,000 population)

Risk factors

The most significant causes associated with the origin of large bowel cancer are thought to be related to dietary factors. It is thought that a diet high in meat and animal fat increases the risk while diets high in vegetables and cereals decreases the risk of getting bowel cancer. There are also probable associations with sedentary lifestyles and alcohol consumption. Familial conditions such as familial polyposis considerably increase the risk of large bowel cancer, and it is thought that inflammatory bowel disease also predisposes the onset of this disease.

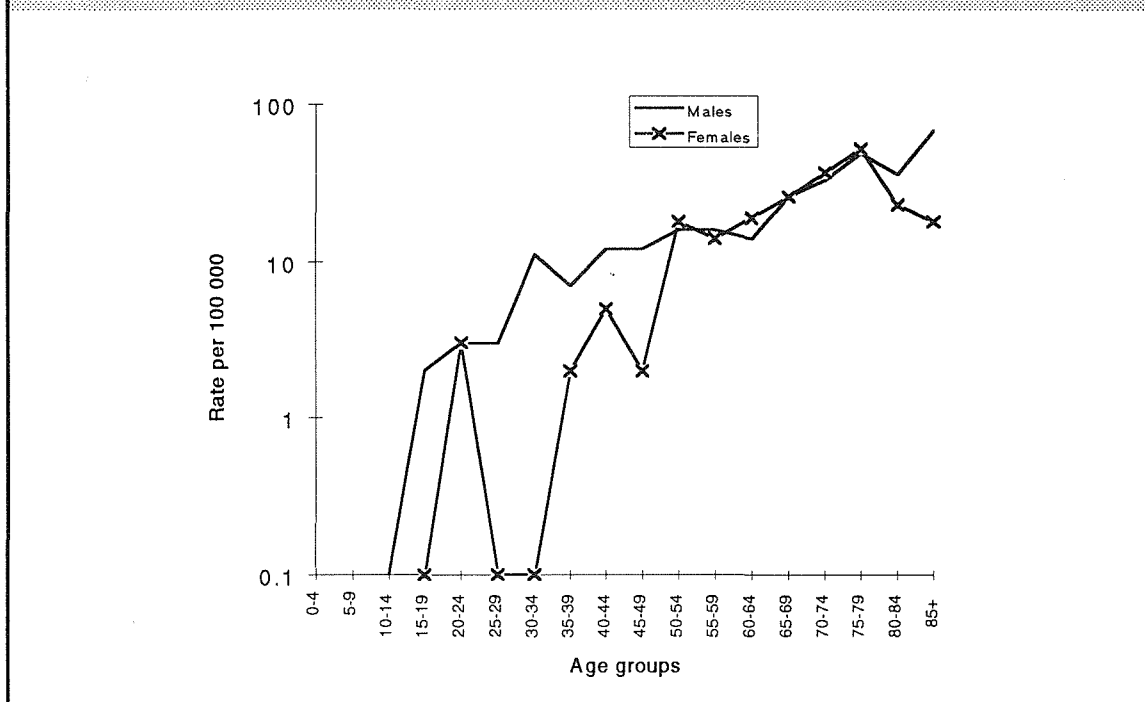
NON-HODGKIN'S LYMPHOMA
(ICD-9: 200+202, ICD-O-2: M959, 967-972)

Incidence

During 1994, 21 males and 15 females were diagnosed with NHL in Malta. The age standardized rates were 9.6 and 5.9 in males and females respectively. The sex ratio was 1.6:1

Using 1992 to 1994 data the age standardized rates were 7.6 and 5.4 per 100,000 for males and females respectively. The sex ratio was 1.4:1. The lifetime risk for contracting NHL was 1 in 129.0 for males and 1 in 158.7 for females. The median age for diagnosis of Non-Hodgkin's lymphoma was 62 years.

Figure 3.11: Incidence rates for Non-Hodgkin's lymphoma by age and sex, Malta 1992 - 1994



Due to the small number of cases there is no clear trend with age for NHL in figure 3.11. However, it appears that the incidence of NHL in males exceed those in females in almost all age groups.

There were several sites where lymphomas were discovered. The most common place was within the lymphatic system mainly in lymph nodes found in various parts of the body. Diagnosis of NHL in the lymph nodes accounted for 43% of the cases. Other important sites included the stomach (3 cases), and 2 cases each in the small and large bowel, and the testes. During 1994, there was also a single case discovered in each of the following sites: salivary glands, tonsils, nasopharynx, skin, eye, and brain.

Mortality

Eight males and 12 females died because of NHL during 1994. The age standardized mortality rate was 3.6 in males and 4.4 in females per 100,000 population.

Comparison with selected European figures

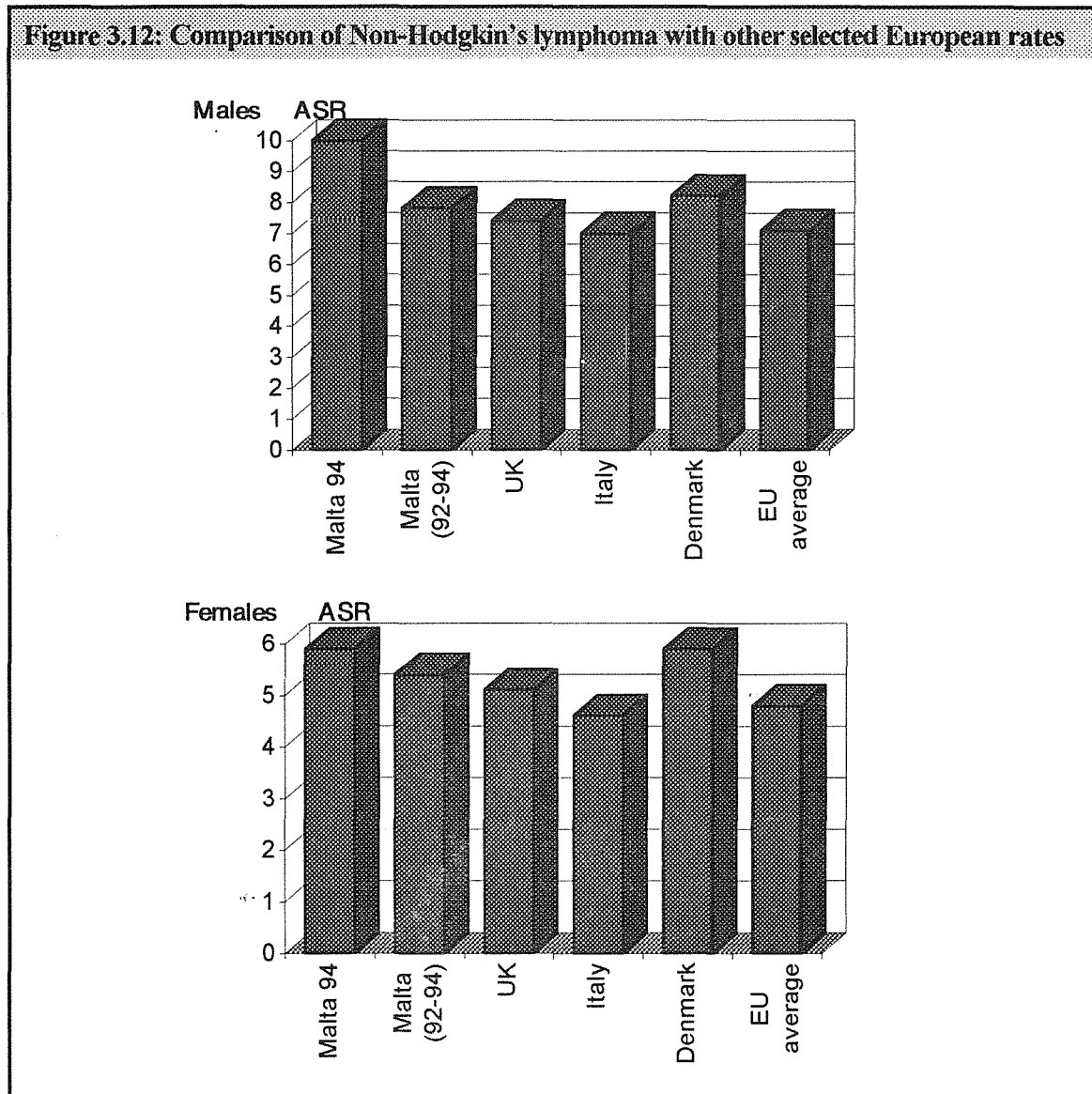


Figure 3.12 shows a high ASR for NHL in the both sexes compared to other European countries. Considering the high incidence rates, the AMR for Maltese males is lower than the EU average while the female rate is higher. (EU - AMR: Males - 4.1, Females - 2.6 per 100,000 population)

Risk factors

The incidence of NHL varies widely around the world with a very low incidence usually found in Asian countries. NHL is commonest in countries of the developed world. The causes of NHL are poorly understood. Cases are more common in males than females and there are suggestions that occupational exposures like radiation and chemicals such as solvents predispose to this condition. Immune deficiency is associated with an increased risk and this is supported by the observation that sufferers of HIV infections have an increased risk of lymphomas.

HODGKIN'S DISEASE
(ICD-9: 201, ICD-O-2: M965-966)

Incidence

There were 17 cases of HD diagnosed during 1994; 9 males and 8 females. The age standardized incidence rates were 5.1 and 3.9 for males and females respectively. The sex ratio was 1.3:1.

Using 1992 to 1994 data the age standardized incidence rates were 2.9 and 2.7 per 100,000 population for males and females respectively. The sex ratio was 1.1:1. The lifetime risk of contracting HD was 1 in 465.1 and 1 in 384.6 for males and females respectively. The median age at diagnosis of Hodgkin's disease for both sexes combined was 34.5 years.

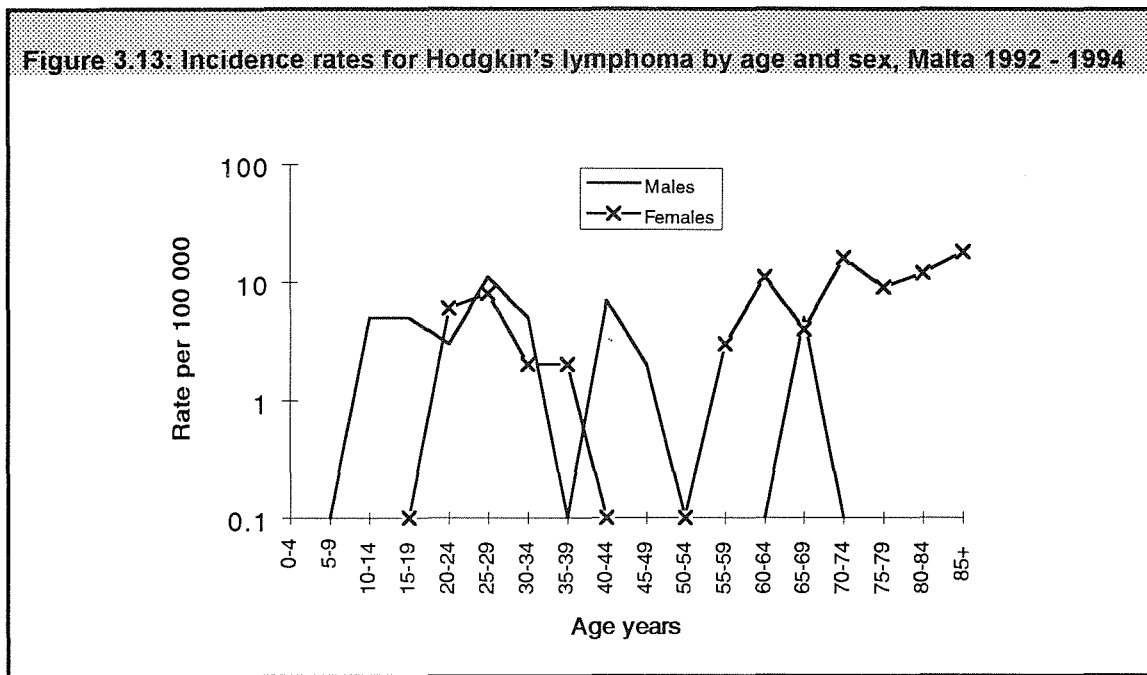


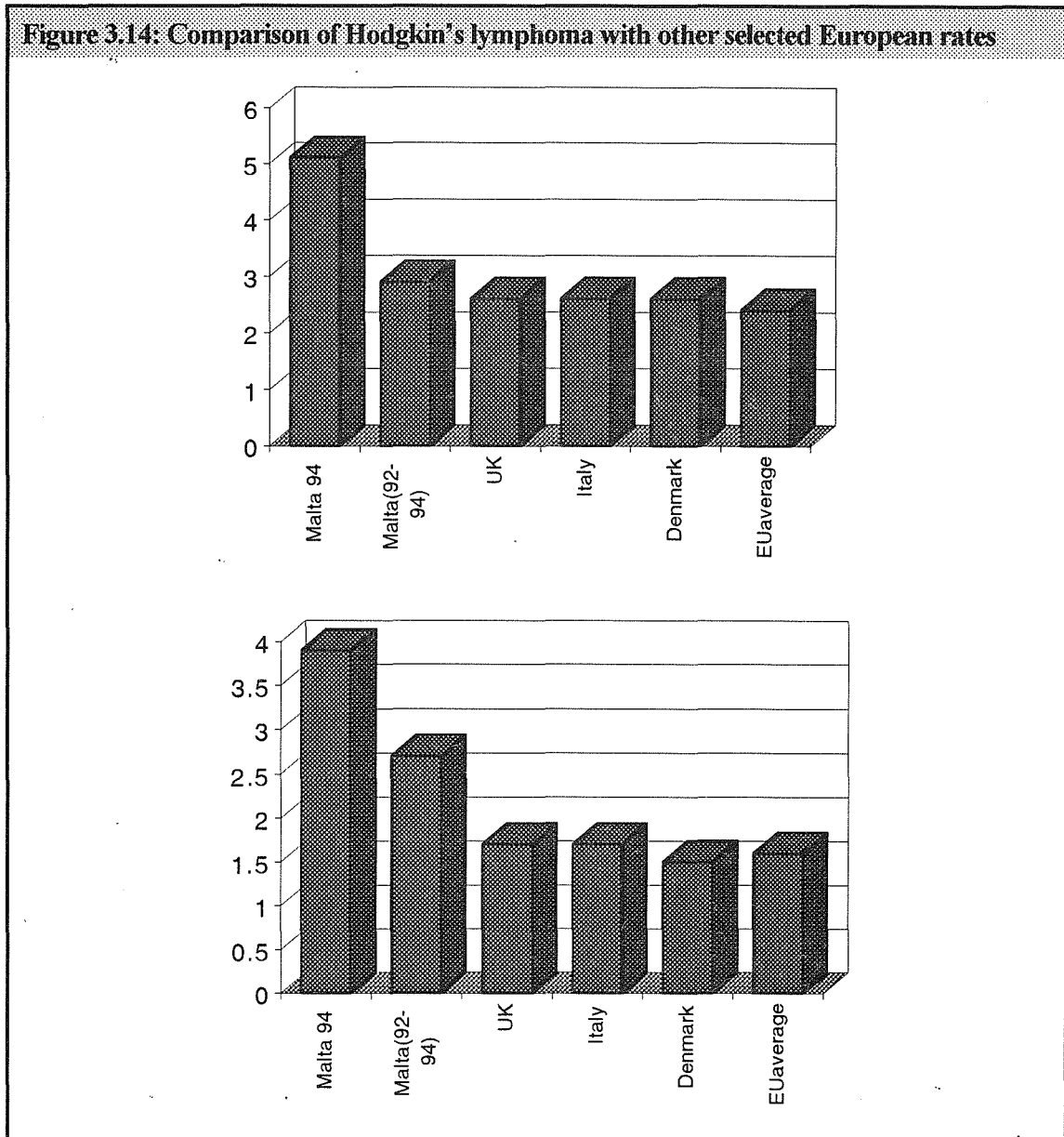
Figure 3.13 shows a cluster of cases in the younger age groups with a second rise in older ages especially in females. The jagged general appearance of this chart is due to the effect of the small numbers involved.

Just under 50% of the cases of HD diagnosed in Malta in 1994 were in persons below the age of 30 years. Four cases were HD not otherwise specified, 4 lymphocyte depleted, 4 nodular sclerosis, 3 lymphocyte predominant and 2 cases were of the mixed cellularity type.

Mortality

One male and 4 females died with Hodgkin's disease during 1994. They were all above 60 years of age. The age standardized mortality rate was 0.5 and 1.2 per 100,000 population for males and females respectively.

Comparison with selected European figures



During 1994 there was an exceptional increase in the ASR for HD in both sexes in Malta. In the previous 2 years the rates were 0.6 and 3 in 1992, and 1.8 and 2.4 in 1993 for males and females respectively. The differences are probably all due to the small number of cases which will thus make any comparison on a yearly basis in this case unreliable.

Risk factors

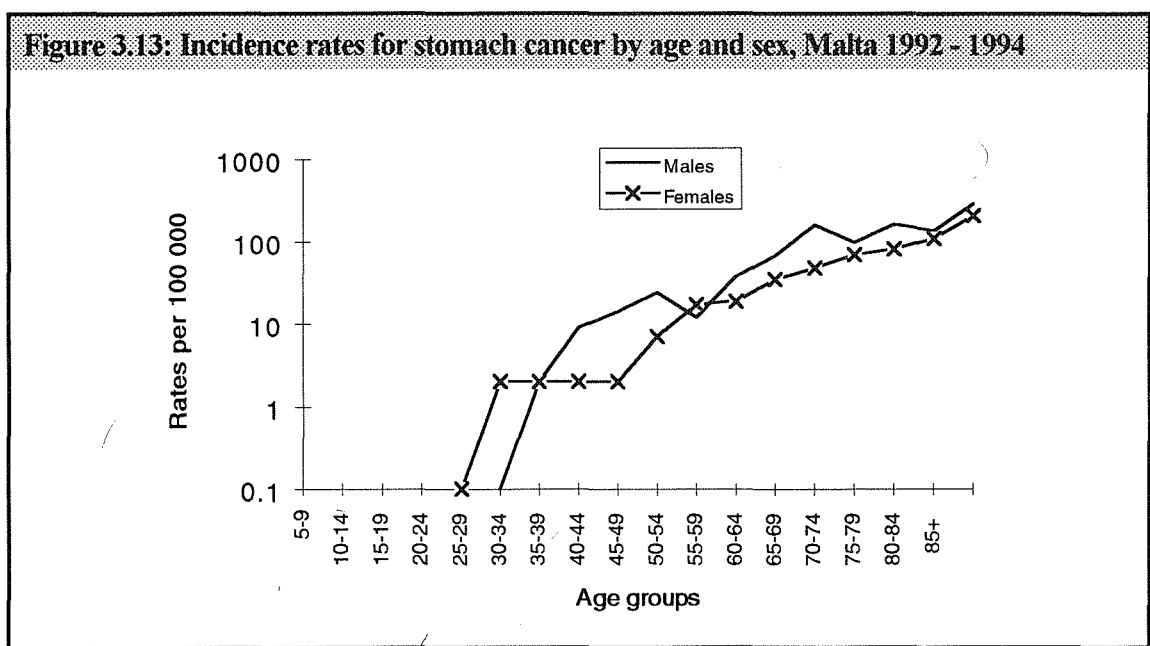
The aetiology of HD is also poorly understood although there are significant pointers towards an infective cause probably contracted in childhood or adolescence. The most frequently mentioned agent is the Epstein-Barr virus. HD is however a relatively uncommon cancer and usually affects men slightly more than women.

STOMACH
(ICD-9: 151, ICD-O-2: C16)

Incidence

Stomach cancer was diagnosed in 33 men and 17 women during 1994. The age standardized incidence rates were 13.9 and 5.5 per 100,000 population for males and females respectively. The sex ratio was 2.5:1.

The age standardized rates for 1992 to 1994 data were 12.5 and 6.1 per 100,000 population for males and females respectively. The sex ratio was 2.0:1. The lifetime risk of contracting stomach cancer was 1 in 61.2 for males and 1 in 149.2 for females. The median age for diagnosis of stomach cancer was 71 years.



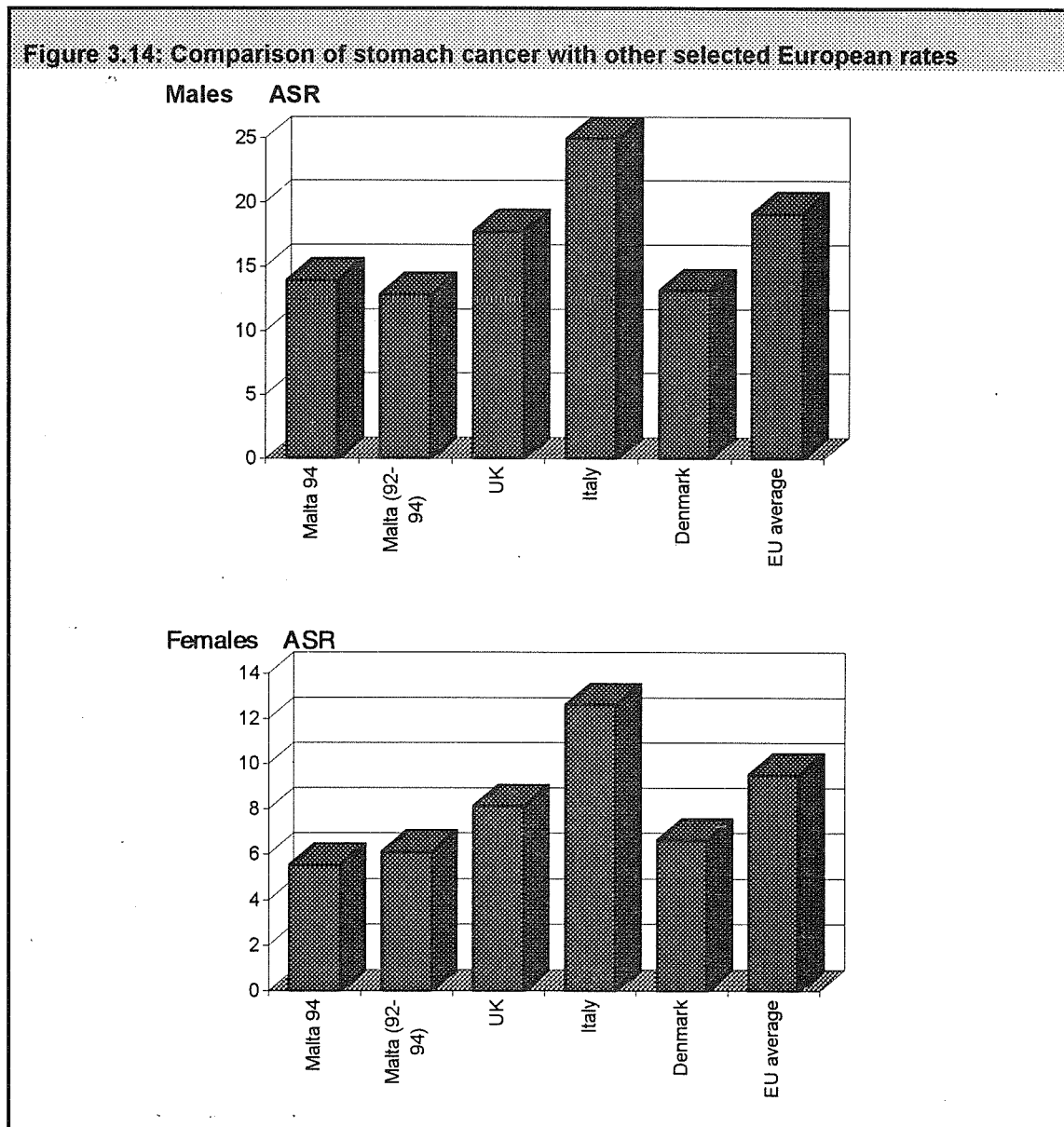
Apart from the small numbers in the younger age groups the male incidence exceeds the female rate above the age of 55 where stomach cancer is most common.

The histology of 83% of stomach cancers diagnosed during 1994 was identified. Of these, 93% were adenocarcinomas and 7% were lymphomas. The youngest male case was 35 years old and the youngest female 30 years at the time of diagnosis.

Mortality

Stomach cancer was the cause of death for 24 men and 18 women in Malta during 1994. The age standardized rates were 9.9 and 5.8 per 100,000 population for males and females respectively.

Comparison with selected European figures



The Maltese rates for stomach cancer are lower than the EU average for both sexes. High rates are observed in Asia and South America and in the less developed nations of Europe. The age standardized mortality rates are lower than the EU average for both sexes (EU -AMR: Males - 14.9, Females - 7.6 per 100,000 population)

Risk factors

Stomach cancer is thought to be caused largely by dietary factors. Incidence seems to be dropping in most countries of the world with increased development. Factors affecting this change are thought to include refrigeration, the decline of food preservation by salting, pickling and smoking and the trend towards the increase of fresh fruit and vegetables in the diets of most people.

PROSTATE
(ICD-9: 185, ICD-O-2: C61)

Incidence

During 1994, 50 males were diagnosed as having prostatic cancer. The age standardized rate was 21.59 per 100,000 men.

Using 1992 to 1994 data the age standardized incidence rate was 21.63 per 100,000 population. The lifetime risk of contracting cancer of the prostate was 1 in 43.0 men. The median age for the diagnosis of prostatic cancer was 74 years.

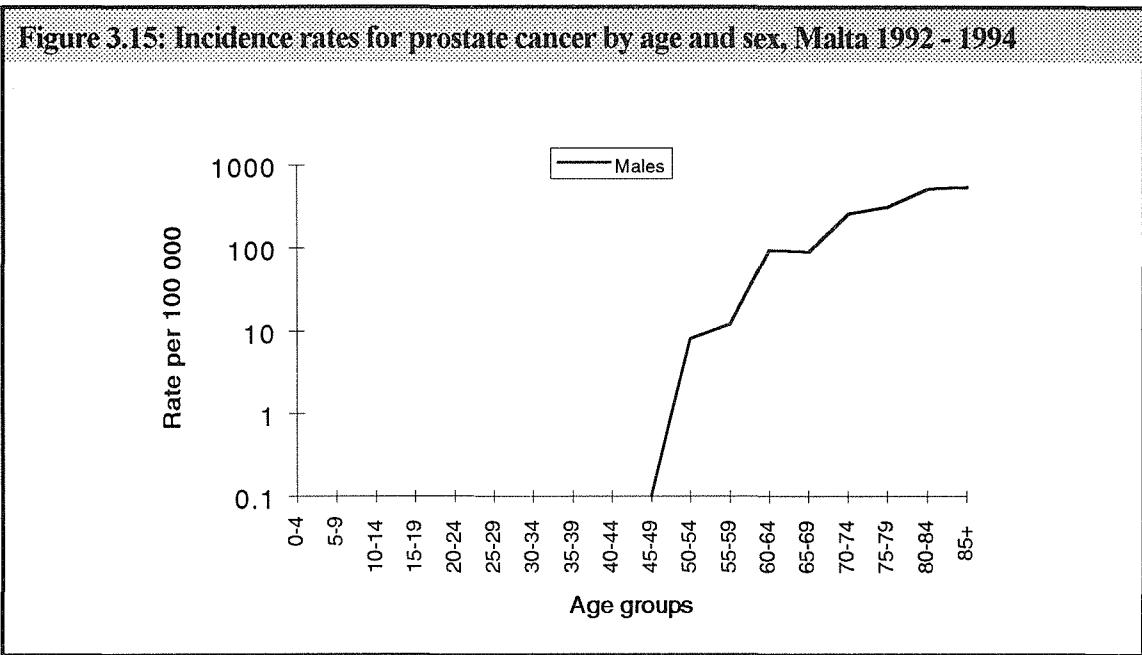


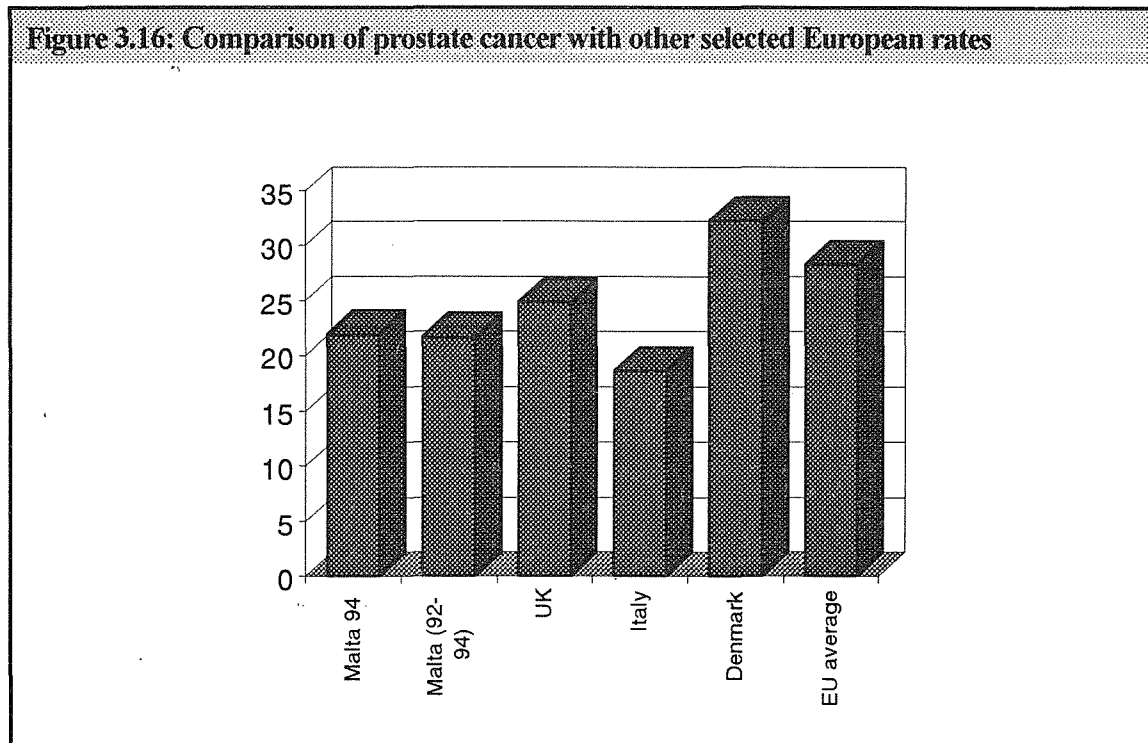
Figure 3.15 shows rates increase sharply after age 50 and then the rate of increase diminishes after age 70.

The histological diagnoses of 88% of prostate cancers diagnosed in 1994 were defined. Of these, 89% were diagnosed as adenocarcinomas not otherwise specified, while the rest were acinar cell carcinomas. The youngest patient diagnosed with prostatic cancer in 1994 was 54 years old.

Mortality

There were 33 men who died from cancer of the prostate in Malta during 1994. The age standardized mortality rate was 13.6 per 100,000 population.

Comparison with selected European figures



The ASR for prostatic cancer in Malta is lower than the EU average but it is more similar to other southern European countries like Italy, Greece, Spain and Portugal where the national rates are even lower than the Maltese figures. Prostate cancer rates are generally much higher in northern countries which are represented in the above figure by Denmark. The age standardized mortality rate is also lower than the EU average which is 16.7 per 100,000 population. Incidentally, the incidence rates in the USA are about double those found in the EU countries though the mortality rates are similar. This may be partly due to more careful search for signs of cancer in tissue removed at operations for prostatic enlargement in the USA, so that more pre-clinical cancers are detected. (EU - AMR: 16.7 males per 100,000 population)

Risk factors

Prostate cancer is the third most common cancer in Maltese males, after lung and urinary bladder cancers. Its aetiology is still unknown. Increased risk is associated with early onset of sexual activity, marital status, and high fertility and also with diets containing high animal fat and low consumption of vegetables. As in cancer of the cervix uteri in females a connection with viruses has been suspected.

CORPUS UTERI
(ICD-9: 179+182, ICD-O-2: C54+55)

Incidence

This site includes cancers arising in the body and isthmus (lower uterine segment) of the uterus and uterus not otherwise specified. During 1994, 49 women in Malta were diagnosed with cancer arising from this female reproductive organ. The age standardized rate was 19.1 per 100,000 women.

The age standardized rate for 1992 to 1994 data was 17.8 per 100,000 population. The lifetime risk of contracting uterine cancer was 1 in 41.3 women. The median age for diagnosis of uterine cancer was 63 years.

Figure 3.16: Incidence rates for uterine cancer by age and sex, Malta 1992 - 1994

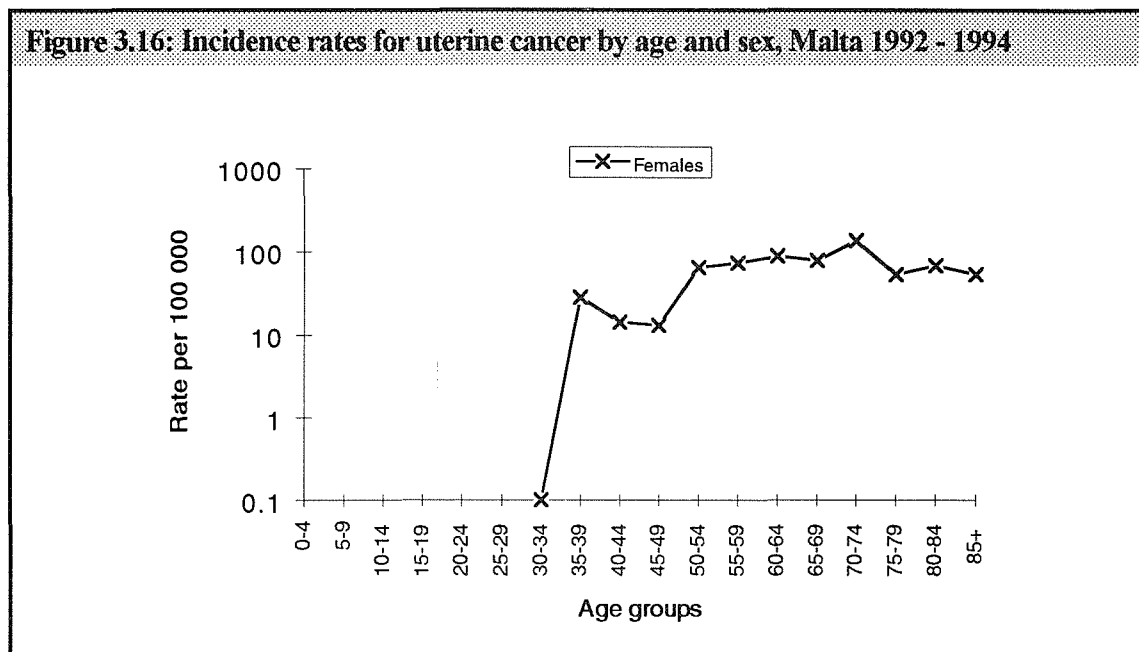


Figure 3.16 shows a sudden increase in the incidence rates after the age of 35 years. The rates then flatten off after age 50.

The histological diagnosis of 96% of the uterine cancers diagnosed in 1994 was identified. Of these, 96% were adenocarcinomas. There were also 3 cases of sarcomas; one of them arising in the myometrium and a case of Mullerian mixed tumour of the uterus. The youngest case of cancer of the corpus uteri was 36 years old at the time of diagnosis.

Mortality

There were 12 women in Malta who died from uterine cancer during 1994. The age standardized mortality rate was 4.0 per 100,000 population.

Comparison with selected European figures

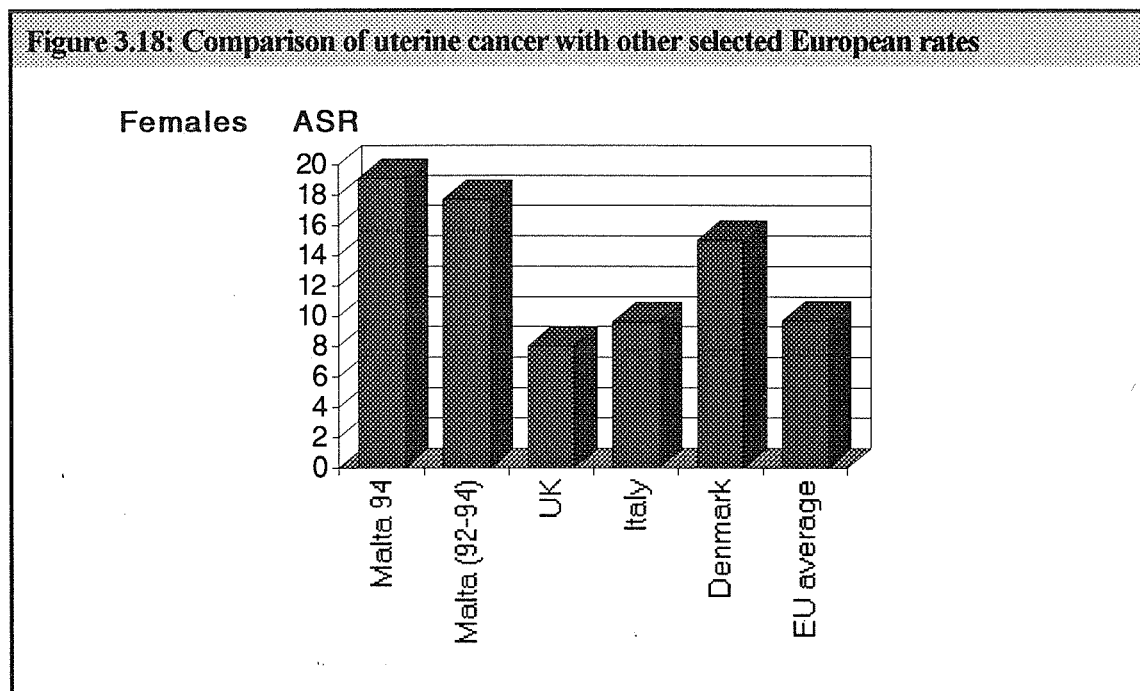


Figure 3.18 shows that Malta has a very high rate of uterine cancer when compared with other European countries. In fact the ASR for 1994 is almost double the rate quoted for the EU average. The high rate of cancer of the body of the uterus in Malta is persistent and is actually rising with time. The age standardized mortality rate for Malta is also high and it is 66% higher than the EU average. (EU - AMR: 2.4 females per 100,000 population)

Risk factors

Uterine cancer which is predominantly endometrial in origin is known to be increased by the unopposed action of oestrogens. Therefore, obesity especially in post-menopausal women, polycystic ovary disease, nulliparity, low parity and a late age of menopause are known to increase the risk for the development of this cancer. On the other hand, combined oral contraceptives are associated with a reduction in the risk of this cancer.

LEUKAEMIA (ICD-9: 204-208, ICD-O-2: M980-994)

Incidence

Leukaemia was diagnosed in 21 males and 12 females in Malta during 1994. These can be divided according to the type of leukaemia as follows:

Type of Leukaemia	Number of males	Number of females
Acute lymphoblastic leukaemia (ALL)	2	1
Chronic lymphocytic Leukaemia (CLL)	7	1
Lymphoid leukaemia	9	2
Acute myeloid leukaemia (AML)	10	8
Chronic myeloid leukaemia (CML)	2	0
Myeloid leukaemia	12	9 ¹
Other leukaemia ²	0	1

¹ One case was reported as Myeloid leukaemia not otherwise specified; without further differentiation whether acute or chronic

² This was a case of Hairy cell leukaemia

The age standardized rates for all leukaemias in 1994 were 9.7 and 4.7 per 100,000 population in males and females respectively. The sex ratio was 2.1 :1.

Using 1992 to 1994 data the age standardized incidence rates were 8.0 and 5.8 per 100,000 population for males and females respectively, giving a sex ratio of 1.4:1. The lifetime risk of contracting leukaemia was 1 in 133 for males and 1 in 174 for females. The median age at diagnosis of leukaemia was 63 years for both sexes combined.

Mortality

Leukaemia was the cause of death for 12 males and 10 females during 1994. The age standardized mortality rate for all leukaemias were 5.3 and 3.6 per 100,000 population for males and females respectively. Myeloid leukaemias accounted for 73% of all deaths from leukaemia during 1994.

Comparison with selected European figures

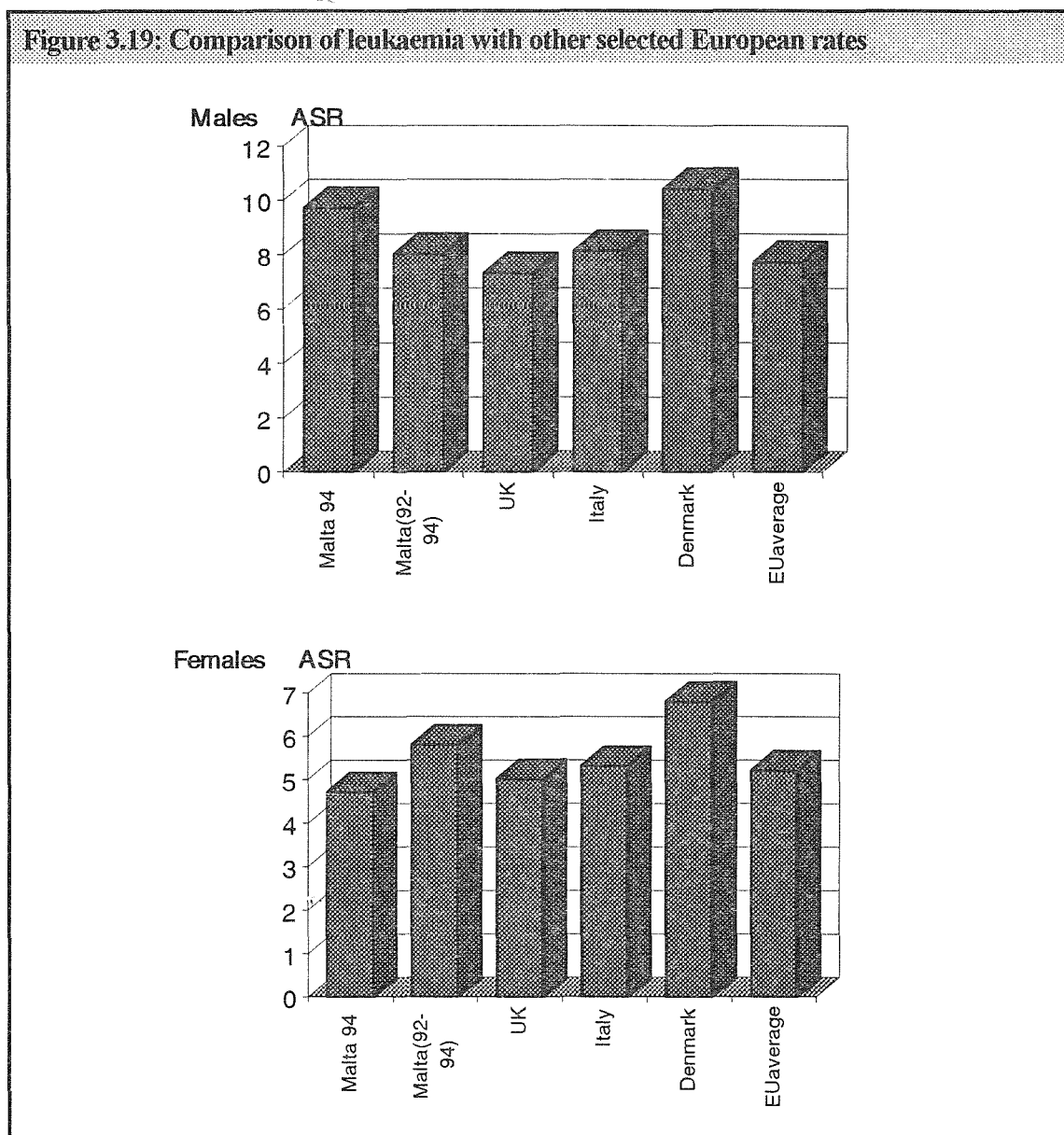


Figure 3.19 shows that the incidence rates in Malta are relatively higher when compared with the rates of other European countries especially in males.

Risk factors

Leukaemias as a whole are not a common cancer but ALL in particular is usually one of the commonest cancers in childhood. Very little is as yet known about the causes of leukaemias. Implicated exposures include ionizing radiation especially in the prenatal period, drugs used in the treatment of cancer (cytotoxic therapy), other chemicals such as benzene and viruses. The human T-cell leukaemia virus has been found associated with a special type of rare leukaemia. However, population exposure to these agents are usually, and fortunately too low to account for more than a small percentage of cases.

Ovary
(ICD-9: 1830, ICD-O2: C56)

Incidence

There were 31 cases of ovarian cancer diagnosed in Malta during 1994. The age standardized rate was 11.8 per 100,000 women.

Using 1992 to 1994 data the age standardized incidence rate was 12.3 per 100,000 population. The lifetime risk of contracting cancer of the ovary was 1 in 67.3 females. The median age at diagnosis was 59 years.

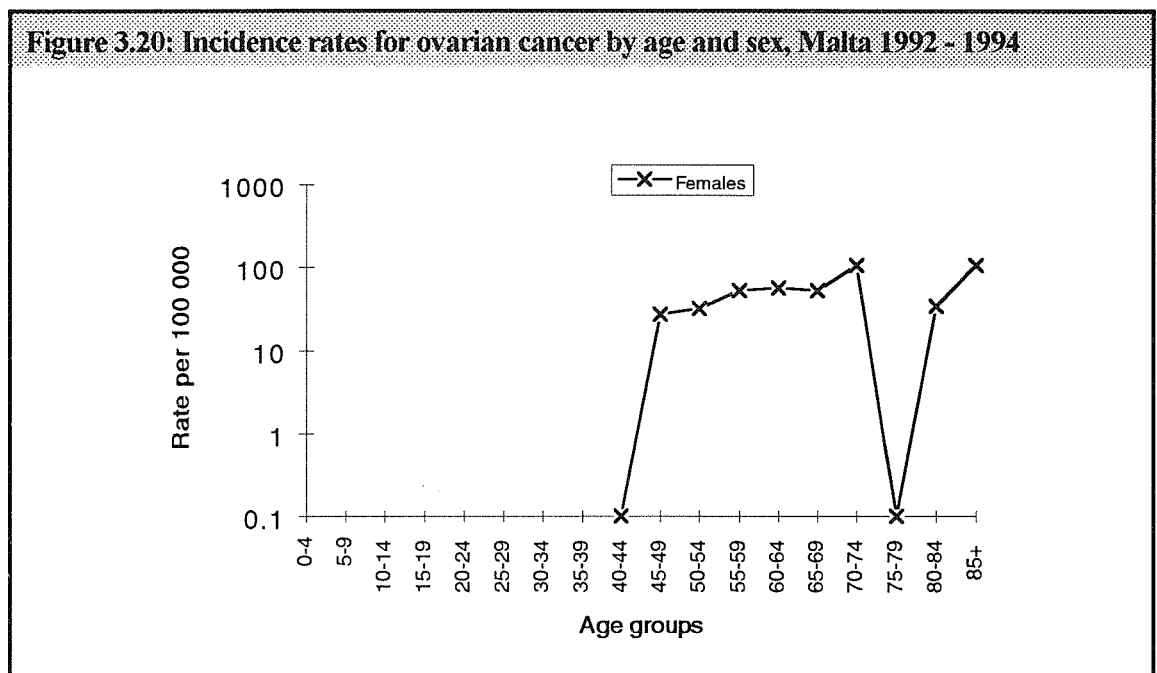


Figure 3.20 shows that incidence rises sharply at age 45 and then flattens off throughout the rest of life.

The histological diagnosis of 87% of the cases of ovarian cancer diagnosed in 1994 was reported. Of these 85% were adenocarcinomas. There was one case of malignant teratoma. The youngest patient was 47 years old at the time of diagnosis.

Mortality

There were 24 cases of deaths due to ovarian cancer in Malta during 1994. The age standardized rate was 9.2 per 100,000 population.

Comparison with selected European figures

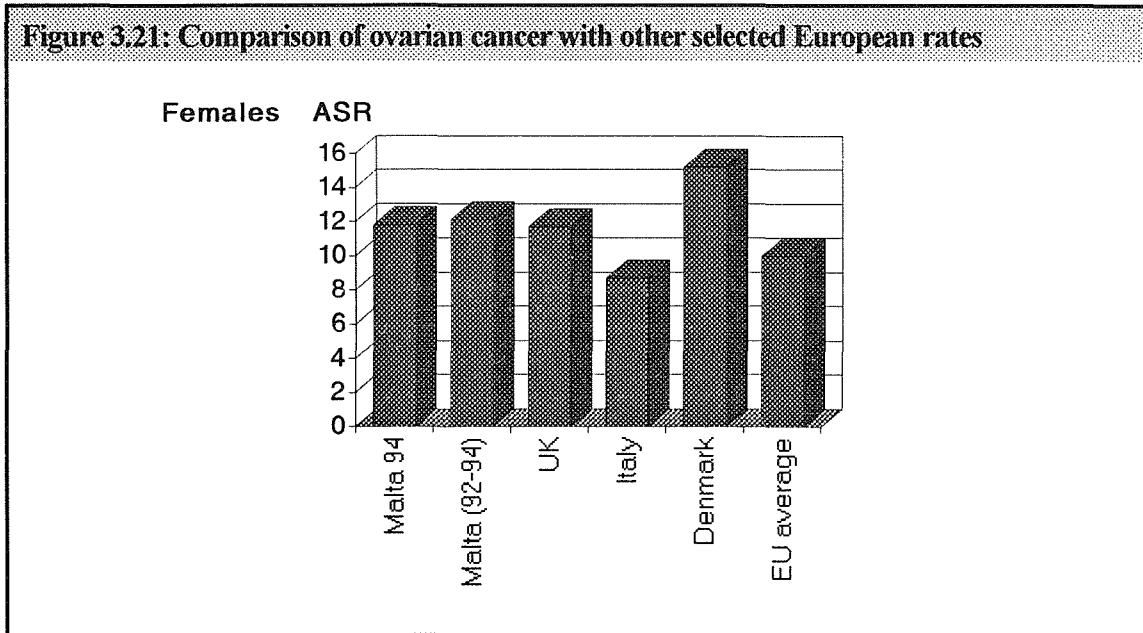


Figure 3.21 shows that the ASR for Malta in 1994 approaches the UK figure and was just above the EU average. In fact it is higher than most southern European countries but it is more similar to northern countries like the Netherlands, UK, Germany and Belgium. On the other hand, the age standardized mortality rate is 44% higher than the EU average. (EU - AMR: 6.4 females per 100,000 population)

Risk factors

Similar to breast and endometrial cancers, the risk for ovarian cancer increases with nulliparity and low fertility. The use of combined oral contraceptives appears to decrease the risk significantly. It has also been associated with exposure to ionising radiation.

CERVIX UTERI
(ICD-9: 180, ICD-O-2: C53)

Incidence

These include invasive cancers arising in the endocervix and exocervical regions. There were 27 women diagnosed with cervical cancer in Malta during 1994. The age standardized rate was 11.1 per 100,000 women. It is interesting to note that there were 21 cases of cervical carcinoma in-situ reported during 1994 giving an age standardized rate for this condition of 10.1 per 100,000 women. Incidentally in countries where the rate of in-situ is higher than the rate of invasive carcinoma; threefold in Victoria, Australia, the lifetime risk of invasive cancer falls considerably.

The age standardized incidence rate for 1992 to 1994 data was 8.0 per 100,000 population. The lifetime risk of contracting this cancer was 1 in 114.9 women. The median age at diagnosis of invasive cervical cancer was 54 years.

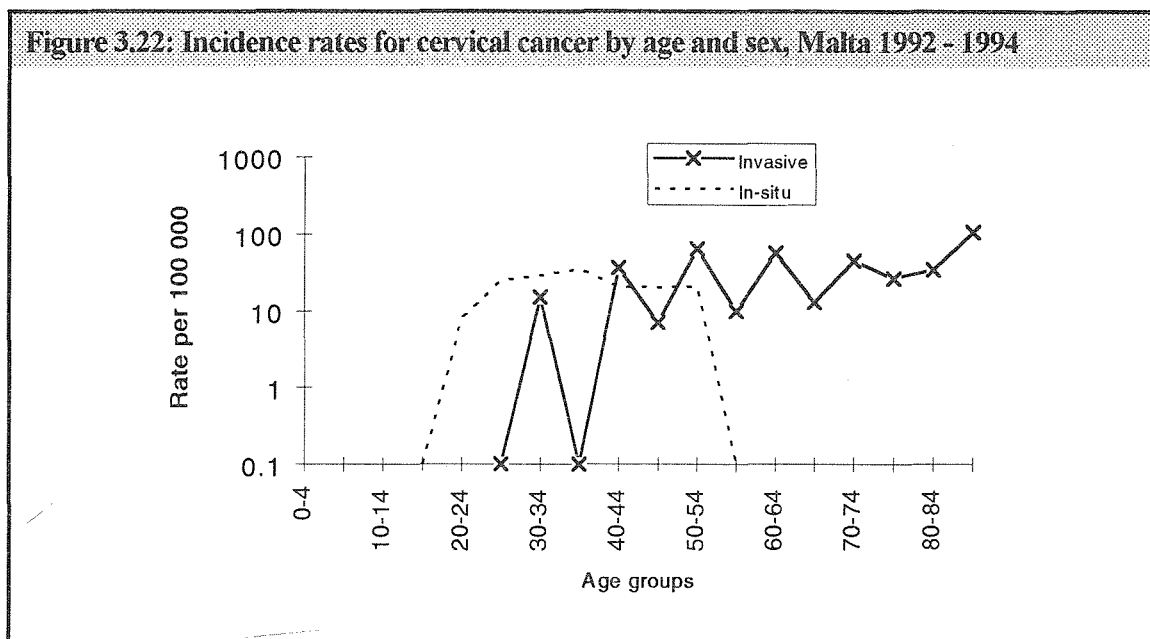


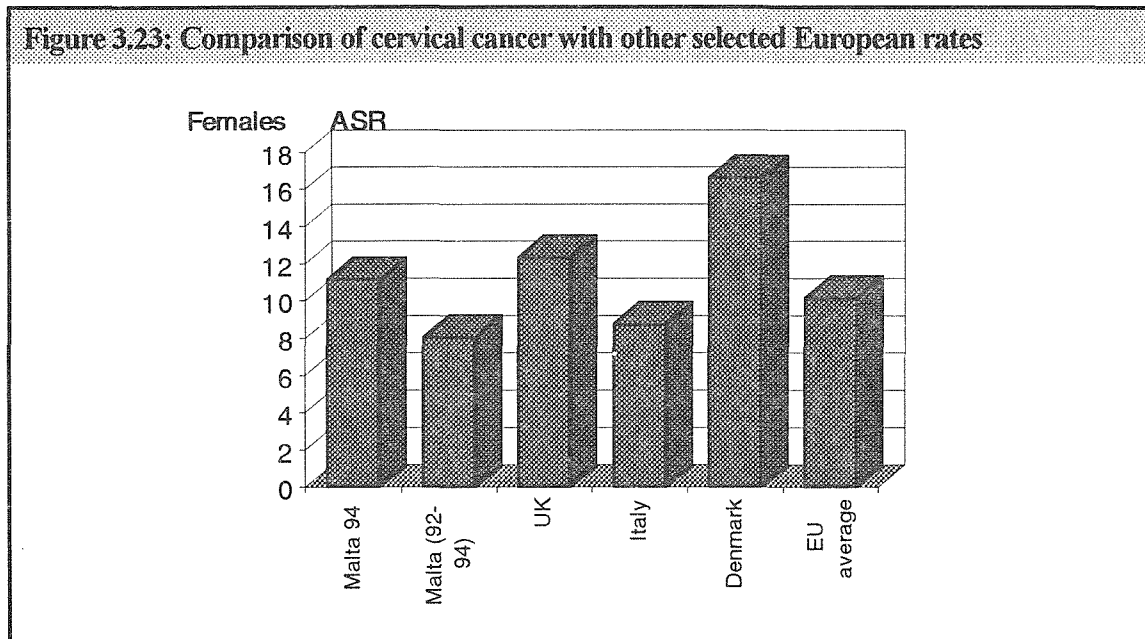
Figure 3.22 shows that incidence rates for invasive cancer rise steeply in the late 30's and then remain fairly constant in later life. The curve for in-situ carcinoma rises steeply about 10 years prior to the invasive curve in the late 20's and declines sharply after age 50.

The histology of 89% of the invasive cervical cancers diagnosed during 1994 were reported. Of these, 84% were squamous cell carcinomas and 12% were adenocarcinomas. There was one case of adenosarcoma. The youngest case of invasive carcinoma diagnosed during 1994 was 31 years old at the time of diagnosis. On the other hand, the youngest case of in-situ cancer of the cervix was 24 years old.

Mortality

Cancer of the cervix was the cause of death for only one woman in Malta during 1994. The age standardized mortality rate was 0.4 per 100,000 population.

Comparison with selected European figures



The incidence rate for cervical cancer in Malta seems to be rising. This is the only cancer of women which does not show a clear north-south geographical gradient of risk. The age standardized mortality rate is much lower than that quoted as the EU average which is 4.3 per 100,000 population.

Risk factors

The cause of cervical cancer has been associated with sexually transmitted agents mainly herpes type II and human papilloma viruses. Risk increases with early onset of sexual activity and multiplicity of sexual partners. Tobacco smoking and the use of oral contraceptives are also associated with increased risk.

Pancreas
(ICD-9: 157, ICD-O-2: C25)

Incidence

During 1994, 16 men and 11 women in Malta were diagnosed with pancreatic carcinoma. The age standardized incidence rate was 7.6 and 3.7 per 100,000 population for males and females respectively. The sex ratio was 2.1:1

Using 1992 to 1994 data the age standardized rates were 9.0 and 3.4 per 100,000 population for males and females respectively. The sex ratio was 2.6:1. The lifetime risk of contracting this disease was 1 in 98.5 for males and 1 in 253.2 for females. The median age at diagnosis was 70 years for both sexes combined.

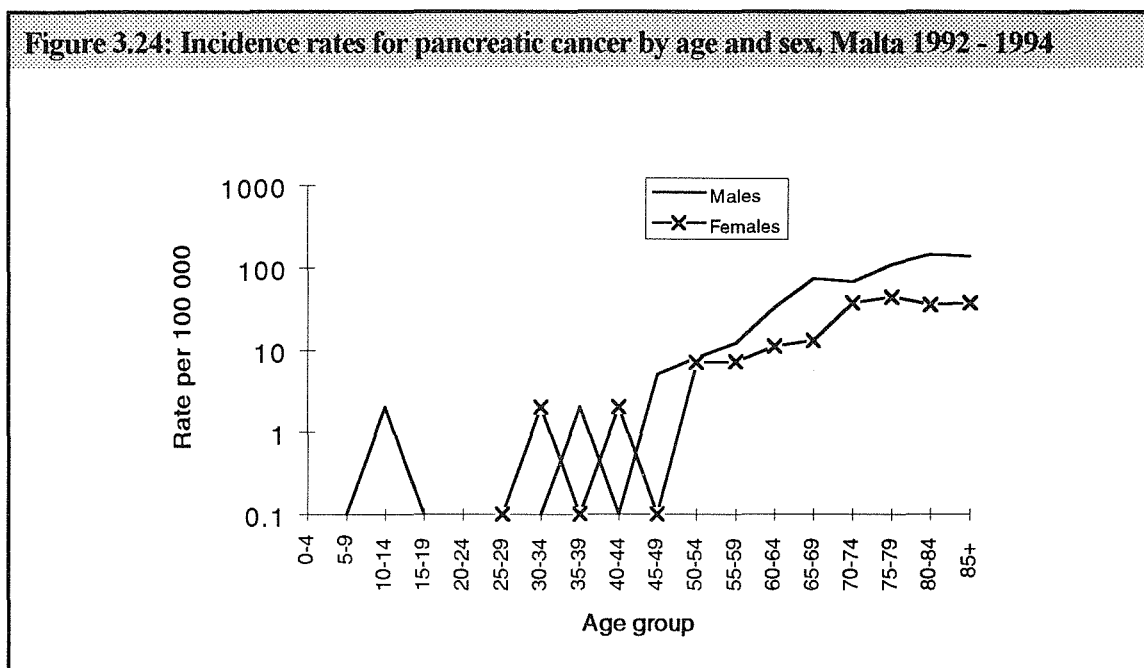


Figure 3.24 shows that incidence curves rise steeply with age for both sexes. The jagged appearance of the curves is due to the small numbers involved.

Only 38% of pancreatic cancers diagnosed in 1994 had their histology identified. This is due to a big number of cases diagnosed late at 'open and close' laparotomies and on radiological examinations where a biopsy is not taken. 90% of those cases with a histological diagnosis were adenocarcinomas. The young boy with malignant tumour of the pancreas had a very rare condition: Malignant papillary cystic tumour of the pancreas. Apart from this particular case the youngest male was diagnosed at age 39 and the youngest female at age 54.

Mortality

Pancreatic cancer is associated with a very poor prognosis. It caused the death of 24 males and 13 females in Malta during 1994. The age standardized mortality rates were 10.2 and 4.2 per 100,000 population for males and females respectively.

Comparison with selected European figures

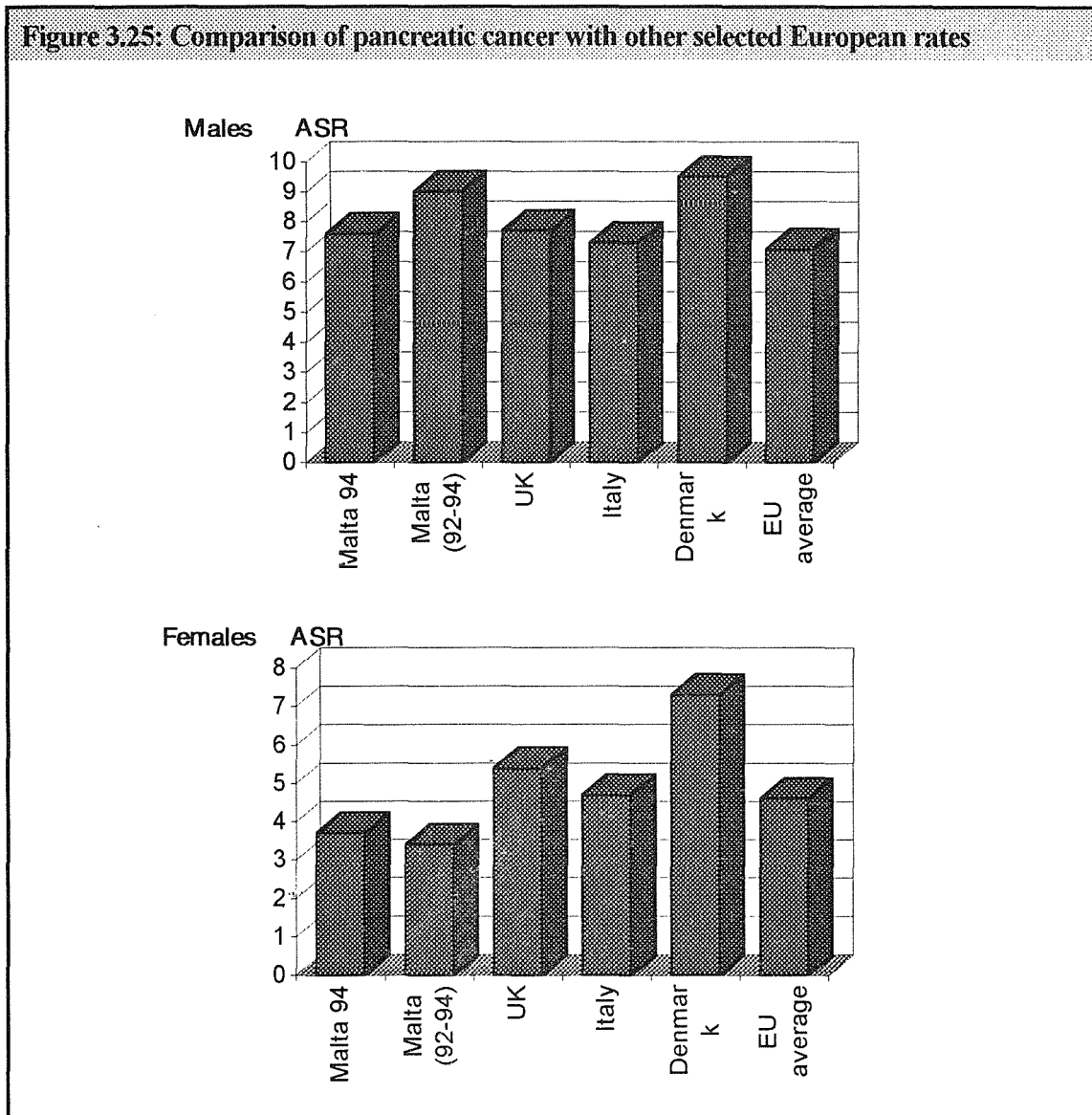
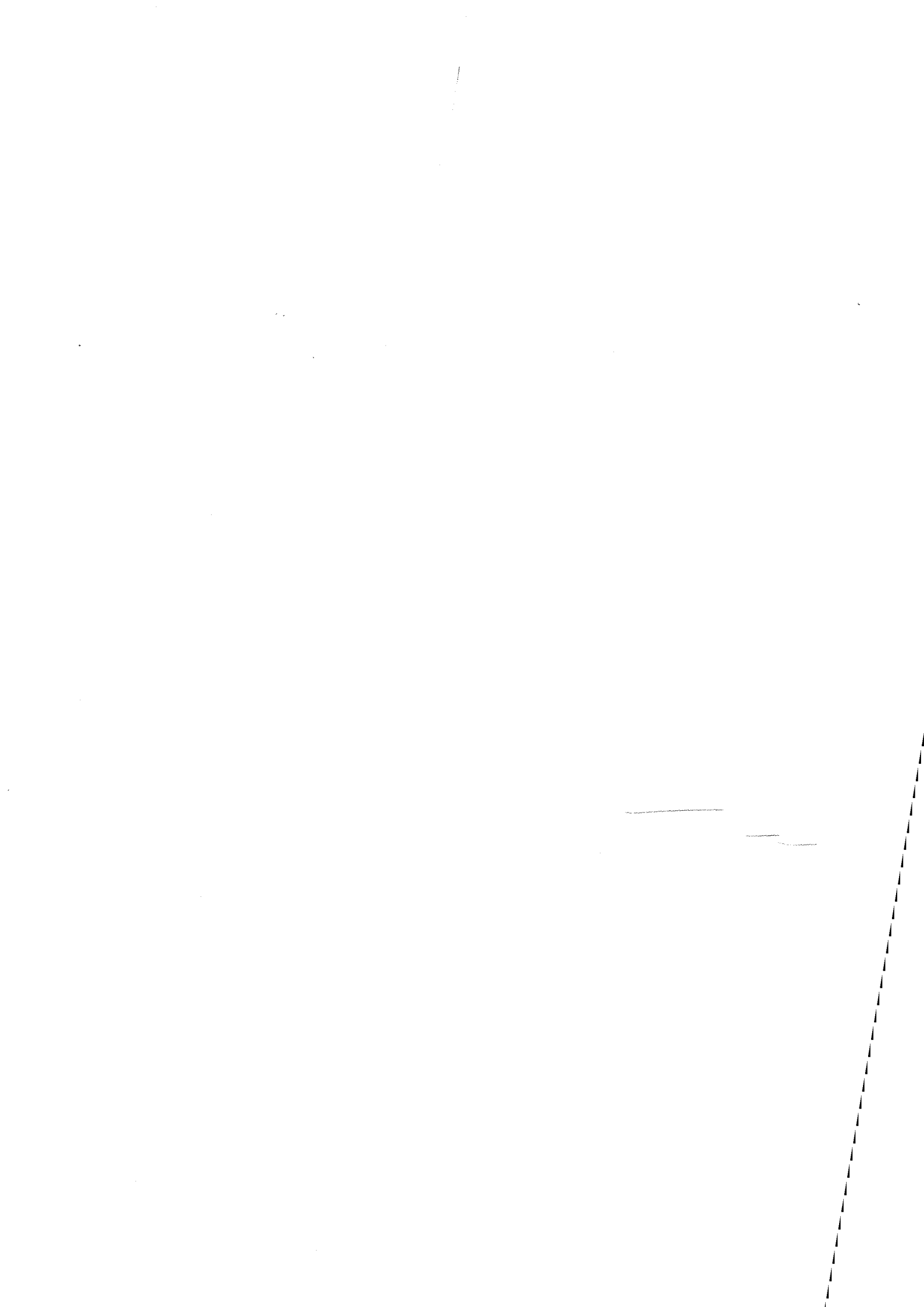


Figure 3.25 shows the incidence for males is en par with most European countries and the EU average, but that the female incidence though rising is still the lowest when compared with the above places. On the other hand, the age standardized mortality for males is higher and that for females is lower than the EU average. (EU - AMR: Males - 7.4; Females - 5.0 per 100,000 population)

Risk factors

Pancreatic cancer is more common in males than in females. It is increasing in incidence in most parts of the world and this is probably due to the increasing awareness and to the improved methods of detection. Tobacco smoking is associated with an increased risk. Various dietary factors have also been implicated but evidence of their association with pancreatic cancer remains unclear.



Part 4

Tables

- Table 4.1 New cases of cancer in Malta - 1994; number of cases by site, sex and age
- Table 4.2 New cases of cancer in Malta - 1994; age specific and age standardized incidence rates by site and sex
- Table 4.3 Cancer deaths in Malta - 1994; number of deaths by site, sex and age
- Table 4.4 Cancer deaths in Malta - 1994; age specific and age standardized mortality rates by site and sex
- Table 4.5 New cases of Non-Hodgkin's lymphoma and plasma cell tumours in Malta - 1994; by morphological differentiation, sex and age
- Table 4.6 New cases of Hodgkin's disease in Malta - 1994; by morphological differentiation, sex and age
- Table 4.7 New cases of Leukaemia in Malta - 1994; by morphological differentiation, sex and age
- Table 4.8 New cases of Malignant melanoma in Malta - 1994; by site (A) and morphological differentiation (B), sex and age

ICD O-2 Site Code	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Age n.s.	Total
00 Lip	M	0	0	0	0	0	0	0	1	0	0	0	1	0	2	1	1	0	1	0	7
	F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2
02 Tongue (other than base)	M	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
	F	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
03 Gum	M	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	3
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
06 Mouth (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	3
	F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
07 Parotid gland	M	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	F	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
08 Major salivary glands (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
09 Tonsil	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
11 Nasopharynx	M	0	0	0	0	0	1	0	2	0	0	0	1	1	2	0	0	0	0	0	7
	F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
14 Lip, oral cavity and pharynx (other and ill-defined)	M	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 Oesophaagus	M	0	0	0	0	0	0	0	0	0	1	0	0	0	4	2	2	0	1	1	11
	F	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	3	0	0	5
16 Stomach	M	0	0	0	0	0	0	0	1	0	2	0	2	3	6	10	3	3	3	0	33
	F	0	0	0	0	0	0	1	0	0	1	1	1	0	2	3	2	1	4	1	17

Table 4.1 New cases of cancer in Malta - 1994; number of cases by site, sex and age

ICD O-2 Site Code	Sex	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	Age n.s.	Total
		to 4	to 9	to 14	to 19	to 24	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74	to 79	to 84	+		
17 Small intestine	M	0	0	0	0	0	0	0	0	1	1	0	1	1	0	0	0	0	0	0	4
	F	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	0	0
18 Colon	M	0	0	0	0	0	0	0	0	2	2	2	4	7	3	9	4	6	3	2	44
	F	0	0	0	0	0	0	0	0	1	4	2	3	5	6	7	6	4	4	0	42
19 Recto-sigmoid junction	M	0	0	0	0	0	0	0	0	0	1	0	0	1	2	2	0	1	0	0	7
	F	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	2
20 Rectum	M	0	0	0	0	0	0	1	1	1	2	2	0	5	2	0	4	3	1	0	22
	F	0	0	0	0	0	0	0	0	1	1	0	1	2	3	3	1	0	1	0	13
21 Anus & anal canal	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
22 Liver and intra-hepatic bile ducts	M	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	3
	F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
23 Gall bladder	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	3
24 Biliary tract (other & unspecified)	M	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	2
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
25 Pancreas	M	0	0	1	0	0	0	0	1	0	1	0	1	4	4	2	1	0	0	1	16
	F	0	0	0	0	0	0	0	0	0	0	1	0	1	2	1	3	0	2	1	11
26 Digestive organs (other & ill-defined)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
32 Larynx	M	0	0	0	0	0	0	0	0	3	0	2	4	1	3	3	2	0	0	0	18
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4.1 New cases of cancer in Malta - 1994; number of cases by site, sex and age (continued).

ICD O-2 Site Code	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Age n.s.	Total
34 Bronchus & lung	M	0	0	0	0	0	0	1	2	2	4	6	13	15	18	10	14	8	3	6	102
	F	0	0	0	0	0	0	0	0	1	0	0	2	1	4	3	1	1	1	0	14
38 Heart, mediastinum & pleurae	M	0	0	0	1	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	4
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 Bones, joints & articular cartilage of limbs	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
41 Bones, joints & articular cartilage of other and unspecified site	M	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2
42 Haemopoietic and reticuloendothelial system	M	1	0	2	1	0	0	0	0	1	1	1	1	1	5	9	4	1	2	2	32
	F	0	0	1	0	0	0	0	0	2	1	2	1	4	1	4	1	1	1	0	19
44 Skin	M	0	0	0	0	1	0	1	1	5	6	3	7	11	17	14	19	15	4	8	112
	F	1	0	0	1	0	0	2	6	3	6	2	8	9	12	5	6	5	5	2	73
48 Retroperitoneum & peritoneum	M	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
49 Connective, subcutaneous & other soft tissues	M	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
	F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
50 Breast	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	F	0	0	0	0	0	1	2	10	11	30	12	18	19	14	24	18	11	6	3	179
51 Vulva	F	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	1	2	1	0	7
52 Vagina	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2
53 Cervix uteri	F	0	0	0	0	0	0	2	0	4	1	6	1	5	1	3	1	1	2	0	27

Table 4.1 New cases of cancer in Malta - 1994; number of cases by site, sex and age (continued).

ICD O-2 Site Ccode	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Age n.s.	Total	
54	Corpus uteri	F	0	0	0	0	0	0	4	1	2	5	7	7	6	9	1	2	1	0	45	
55	Uterus (unspecified)	F	0	0	0	0	0	0	0	1	0	1	0	1	0	0	1	0	0	0	4	
56	Ovary	F	0	0	0	0	0	0	0	0	4	3	5	5	4	7	0	1	2	0	31	
60	Penis	M	0	0	0	0	0	0	0	0	1	0	0	2	1	0	0	0	0	0	4	
61	Prostate	M	0	0	0	0	0	0	0	0	0	1	2	11	4	12	7	6	5	2	50	
62	Testes	M	0	0	0	0	2	0	5	1	2	0	0	0	1	1	0	0	0	0	12	
64	Kidney	M	0	0	0	0	0	0	0	0	1	1	3	2	3	2	1	0	1	0	14	
		F	0	0	0	0	0	0	0	0	1	0	3	0	2	0	0	0	0	1	0	7
65	Renal pelvis	M	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	3	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
66	Ureter	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
67	Urinary bladder	M	0	0	0	0	1	0	0	1	1	2	6	4	18	15	12	11	4	6	0	81
		F	0	0	0	0	0	0	2	0	0	1	1	2	1	5	5	0	1	2	0	20
68	Urinary organs (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
69	Eye & adnexa	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	Brain	M	0	0	1	1	0	0	0	0	0	1	1	1	0	0	2	2	1	0	0	10
		F	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	1	0	0	4

Table 4.1 New cases of cancer in Malta - 1994; number of cases by site, sex and age (continued)

ICD O-2 Site Code	Sex	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	Age n.s.	Total
		to 4	to 9	to 14	to 19	to 24	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74	to 79	to 84	+		
73 Thyroid gland	M	0	0	0	0	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	4
	F	0	0	0	0	1	1	3	2	1	3	1	0	1	0	0	1	0	0	0	14
74 Adrenal gland	M	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
76 Other & ill-defined sites	M	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	2
77 Lymph nodes	M	0	0	1	1	1	4	2	0	2	2	0	2	0	1	2	0	0	0	0	18
	F	0	0	0	0	0	2	1	1	0	0	1	2	5	2	0	1	0	0	0	15
80 Unknown primary site	M	0	0	0	0	0	1	0	0	2	2	0	4	2	6	6	2	1	2	1	29
	F	0	0	0	0	0	0	0	1	2	1	0	0	2	1	5	3	0	1	0	16
All sites	M	2	1	5	5	5	7	13	13	26	36	28	55	90	103	100	77	52	33	23	674
	F	1	0	2	1	1	4	13	26	31	57	44	55	76	70	84	55	37	34	7	598
	T	3	1	7	6	6	11	26	39	57	93	72	110	166	173	184	132	89	67	30	1272

Table 4.1 New cases of cancer in Malta - 1994; number of cases by site, sex and age (continued)

ICD O-2 Ccode	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASP	Conf. limits
00	Lip	M	0	0	0	0	0	0	7	0	0	0	12	0	32	19	37	0	97	7	3.06	3.29 2.83	
		F	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	34	0	2	2	0.62	0.71 0.52
02	Tongue (other than base)	M	0	0	0	0	0	0	0	14	0	0	0	0	0	0	0	0	0	0	2	0.84	0.96 0.73
		F	0	0	0	0	0	0	0	0	0	0	10	11	0	0	0	0	0	0	2	2	0.86
03	Gum	M	0	0	0	0	0	0	0	0	0	0	12	0	16	0	0	0	0	97	3	1.43	1.59 1.27
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
06	Mouth (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	12	0	16	0	0	54	0	3	3	1.21	1.35 1.07
		F	0	0	0	0	0	0	0	0	0	0	10	0	0	0	0	0	0	0	1	1	0.41
07	Parotid gland	M	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	1	0.65	0.77 0.52
		F	0	0	7	0	0	0	0	0	0	0	0	0	0	0	15	0	0	0	2	2	0.95
08	Major salivary glands (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
		F	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	1	1	0.40

Table 4.2 New cases of cancer in Malta - 1994; age specific and age standardized incidence rates by site and sex

ICD O-2 Code	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf. limits	
09	Tonsil	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0,00	0,00 0,00
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26	0	0	1	0,26	0,31 0,21
11	Nasopharynx	M	0	0	0	0	0	8	0	14	0	0	0	12	14	32	0	0	0	0	0	7	3,44	3,69 3,18
		F	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	0	1	0,45	0,53 0,36
14	Lip, oral cavity & pharynx (other & ill- defined)	M	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	1	0,41	0,48 0,33
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0,00	0,00 0,00
15	Oesophaagus	M	0	0	0	0	0	0	0	0	0	7	0	0	0	64	38	73	0	97	11	4,73	5,00 4,46	
		F	0	0	0	0	0	0	0	0	0	0	0	0	22	0	0	0	103	0	5	1,41	1,54 1,27	
16	Stomach	M	0	0	0	0	0	0	0	7	0	14	0	23	42	96	191	110	161	291	33	13,87	14,35 13,39	
		F	0	0	0	0	0	0	7	0	0	7	11	10	0	26	45	53	34	210	17	5,53	5,80 5,27	
17	Small intestine	M	0	0	0	0	0	0	0	0	7	7	0	12	14	0	0	0	0	0	0	4	1,85	2,03 1,67
		F	0	0	0	0	0	0	0	0	0	0	0	11	10	0	0	0	26	0	0	3	1,21	1,35 1,07

Table 4.2 New cases of cancer in Malta - 1994; age specific and age standardized incidence rates by site and sex (continued)

ICD O-2 Ccode	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf. limits
18	Colon	M	0	0	0	0	0	0	0	0	14	14	23	46	98	48	172	146	321	291	44	18.81	19.37 18.25
		F	0	0	0	0	0	0	0	0	7	27	21	31	56	78	105	158	137	210	42	14.31	14.76 13.86
19	Recto-sigmoid junction	M	0	0	0	0	0	0	0	0	0	7	0	0	14	32	38	0	54	0	7	2.95	3.18 2.73
		F	0	0	0	0	0	0	0	0	7	0	0	0	0	13	0	0	0	0	2	0.82	0.93 0.71
20	Rectum	M	0	0	0	0	0	7	7	7	14	23	0	70	32	0	146	161	97	22	9.69	10.10 9.27	
		F	0	0	0	0	0	0	0	0	7	7	0	10	22	39	45	26	0	53	13	4.73	4.99 4.47
21	Anus & anal canal	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	1	0.39	0.47 0.31
22	Liver and intra- hepatic bile ducts	M	0	0	0	0	0	7	0	0	0	11	0	14	0	0	0	0	0	0	3	1.54	1.72 1.36
		F	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	1	0.43	0.51 0.34
23	Gall bladder	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	54	0	1	0.27	0.32 0.22
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	13	15	26	0	0	3	0.95	1.06 0.84

Table 4.2 New cases of cancer in Malta - 1994; age specific and age standardized incidence rates by site and sex (continued)

ICD O-2 Ccode	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf. limits	
24	Biliary tract (other & unspecified)	M	0	0	0	0	0	0	0	0	0	7	0	0	14	0	0	0	0	0	2	0.96	1.10 0.83	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	34	0	2	0.47	0.54 0.40
25	Pancreas	M	0	0	7	0	0	0	0	7	0	7	0	12	56	64	38	37	0	0	16	7.65	8.02 7.28	
		F	0	0	0	0	0	0	0	0	0	0	11	0	11	26	15	79	0	105	11	3.71	3.93 3.49	
26	Digestive organs (other & ill- defined)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	0	0	1	0.30	0.36 0.24
32	Larynx	M	0	0	0	0	0	0	0	0	21	0	23	46	14	48	57	73	0	0	18	8.13	8.51 7.75	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
34	Bronchus & lung	M	0	0	0	0	0	0	7	14	14	27	68	151	209	287	191	513	428	291	102	45.33	46.19 44.46	
		F	0	0	0	0	0	0	0	0	7	0	0	21	11	52	45	26	34	53	14	4.86	5.12 4.60	
38	Heart, mediastinum & pleurae	M	0	0	0	7	0	0	7	0	0	7	0	12	0	0	0	0	0	0	0	4	1.90	2.09 1.71
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00

Table 4.2 New cases of cancer in Malta - 1994; age specific and age standardized incidence rates by site and sex (continued)

ICD O-2 Code	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf. limits	
40	Bones, joints & articular cartilage of limbs	M	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	1	0.42	0.50 0.34
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53	0	0	2	0.53	0.60 0.45
41	Bones, joints & articular cartilage (other & unspecified site)	M	0	0	0	7	0	0	0	0	0	0	0	0	14	0	0	0	0	0	0	2	1.17	1.33 1.01
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	26	0	0	0	2	0.65	0.75 0.56
42	Haemopoietic & reticulo- endothelial system	M	7	0	14	7	0	0	0	0	7	7	11	12	14	80	172	146	54	194	32	14.61	15.12 14.11	
		F	0	0	0	7	0	0	0	0	14	7	21	10	45	13	60	26	34	53	19	7.46	7.81 7.11	
48	Retroperitoneum & peritoneum	M	0	0	0	0	0	0	0	0	0	7	11	0	0	0	0	0	0	0	0	2	0.98	1.11 0.84
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	0	1	0.39	0.47 0.31
49	Connective, subcutaneous & other soft tissues	M	0	7	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	2	1.13	1.29 0.97
		F	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0	0	1	0.53	0.64 0.43
50	Breast	M	0	0	0	0	0	0	0	0	0	0	0	0	14	0	0	0	0	0	0	1	0.56	0.67 0.45
		F	0	0	0	0	0	8	15	70	78	199	127	187	212	182	360	473	376	316	179	66.63	67.63 65.64	

Table 4.2 New cases of cancer in Malta - 1994; age specific and age standardized incidence rates by site and sex (continued)

ICD O-2 Code	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf limits
51	Vulva	F	0	0	0	0	0	0	0	7	0	0	0	0	11	0	15	26	68	53	7	2.03	2.19 1.87
52	Vagina	F	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	34	0	2	0.56	0.65 0.48
53	Cervix uteri	F	0	0	0	0	0	0	15	0	29	7	64	10	56	13	45	26	34	105	27	11.06	11.49 10.63
54	Corpus uteri	F	0	0	0	0	0	0	0	28	7	13	53	73	78	78	135	26	68	53	45	17.48	18.00 16.96
55	Uterus (unspecified)	F	0	0	0	0	0	0	0	0	7	0	11	0	11	0	0	26	0	0	4	1.67	1.84 1.50
56	Ovary	F	0	0	0	0	0	0	0	0	0	27	32	52	56	52	105	0	34	105	31	11.84	12.27 11.42
60	Penis	M	0	0	0	0	0	0	0	0	0	7	0	0	28	16	0	0	0	0	4	2.00	2.20 1.80
61	Prostate	M	0	0	0	0	0	0	0	0	0	0	11	23	153	64	230	256	321	484	50	21.59	22.19 20.99
62	Testes	M	0	0	0	0	15	0	34	7	14	0	0	0	14	16	0	0	0	0	12	5.57	5.89 5.25
64	Kidney	M	0	0	0	0	0	0	0	0	0	7	11	35	28	48	38	37	0	97	14	6.53	6.88 6.19
		F	0	0	0	0	0	0	0	0	7	0	32	0	22	0	0	0	0	53	7	3.18	3.42 2.94

Table 4.2 New cases of cancer in Malta - 1994; age specific and age standardized incidence rates by site and sex (continued)

ICD O-2 Ccode	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf. limits
65	Renal pelvis	M	0	0	0	0	0	0	0	0	7	0	0	0	0	16	19	0	0	0	3	1.28	1.43 1.14
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	1	0.39
66	Ureter	M	0	0	0	0	0	0	0	0	0	0	0	0	0	16	0	0	0	0	1	0.48	0.57 0.38
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
67	Urinary bladder	M	0	0	0	0	8	0	0	7	7	14	68	46	251	239	230	403	214	581	81	37.32	38.15 36.50
		F	0	0	0	0	0	0	15	0	0	7	11	21	11	65	75	0	34	105	20	7.23	7.55 6.90
68	Urinary organs (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	54	0	1	0.40	0.48 0.32
69	Eye & adnexa	M	0	0	0	0	0	0	0	0	0	7	0	0	0	0	19	0	0	0	2	0.79	0.90 0.68
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
71	Brain	M	0	0	7	7	0	0	0	0	0	7	11	12	0	0	38	73	54	0	10	4.44	4.72 4.16
		F	0	0	0	0	0	0	0	7	0	0	0	10	0	0	0	0	26	34	0	4	1.27

Table 4.2 New cases of cancer in Malta - 1994; age specific and age standardized incidence rates by site and sex (continued)

ICD O-2 Ccode	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf. limits
73	Thyroid gland	M	0	0	0	0	0	0	7	7	0	7	0	12	0	0	0	0	0	0	4	1.69	1.86 1.52
		F	0	0	0	0	8	8	22	14	7	20	11	0	11	0	0	26	0	0	14	6.33	6.67 5.99
74	Adrenal gland	M	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	54	0	2	1.16	1.64 0.97
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
76	Other & ill- defined sites	M	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	0	0	1	0.57	0.68 0.46
		F	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	26	0	0	2	0.79	0.91 0.68
77	Lymph nodes	M	0	0	7	7	8	32	14	0	14	14	0	23	0	16	38	0	0	0	18	9.09	9.51 8.66
		F	0	0	0	0	0	17	7	7	0	0	11	21	56	26	0	26	0	0	15	6.84	7.20 6.49
80	Unknown primary site	M	0	0	0	0	0	8	0	0	14	14	0	46	28	96	115	73	54	194	29	12.85	13.32 12.39
		F	0	0	0	0	0	0	0	7	14	7	0	0	22	13	75	79	0	53	16	5.50	5.78 5.23
All sites		M	15	7	35	34	38	57	90	88	183	244	319	638	1254	1642	1913	2819	2784	3198	674	299.99	302.26 297.71
		F	8	0	14	7	8	34	95	181	221	378	467	570	847	911	1258	1444	1266	1789	598	223.61	225.46 221.77

Table 4.2 New cases of cancer in Malta - 1994; age specific and age standardized incidence rates by site and sex (continued)

ICD O-2 Site Ccode	Sex	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total
145 Mouth (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
147 Nasopharynx	M	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	2
	F	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	3
148 Hypopharynx	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
149 Lip, oral cavity and pharynx (other & ill-defined)	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
150 Oesophagus	M	0	0	0	0	0	0	0	0	0	1	1	2	1	3	2	0	0	10
	F	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	2	1	6
151 Stomach	M	0	0	0	0	0	0	0	1	1	0	2	0	4	8	4	1	3	24
	F	0	0	0	0	0	0	0	0	0	1	1	1	3	4	3	1	4	18
153 Colon	M	0	0	0	0	0	0	1	1	0	1	5	4	4	14	4	3	3	40
	F	0	0	0	0	0	0	0	1	2	1	0	1	2	5	4	6	4	26
154 Rectum, recto-sigmoid junction and anus	M	0	0	0	0	0	0	0	0	2	1	1	2	3	2	2	1	0	14
	F	0	0	0	0	0	0	0	0	0	1	1	4	1	1	1	0	2	11
155 Liver and intrahepatic bile ducts	M	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	3
	F	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2
156 Gall bladder and extrahepatic bile ducts	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	4

Table 4.3 Cancer deaths in Malta - 1994; number of deaths by site, sex and age

ICD-O-2 Site Code	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	
157 Pancreas	M	0	0	0	0	0	0	0	1	0	2	0	1	3	7	4	2	3	1	24	
	F	0	0	0	0	0	0	0	0	1	0	0	1	1	2	3	3	1	1	1	13
158 Retroperitoneum and peritoneum	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
159 Ill-defined sites within the digestive system & peritoneum	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
160 Nasal cavity, middle ear and accessory sinuses	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
161 Larynx	M	0	0	0	0	0	0	0	0	0	0	1	0	3	1	0	0	2	0	7	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
162 Trachea, bronchus and lung	M	0	0	0	0	0	0	2	0	2	4	2	15	13	20	16	14	6	2	96	
	F	0	0	0	0	0	0	0	1	0	0	2	3	2	4	2	1	3	0	18	
164 Thymus, heart and mediastinum	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
170 Bone and articular cartilage (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
171 Connective & other soft tissues	M	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2	
	F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	2	
172 Malignant melanoma of skin	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	

Table 4.3 Cancer deaths in Malta - 1994; number of deaths by site, sex and age (continued).

ICD O-2 Site Ccode	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total
173 Other malignant neoplasms of skin	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	3
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	3
174 Female breast	F	0	0	0	0	0	0	1	1	5	2	11	10	12	16	8	12	7	15	100
179 Uterus, part unspecified	F	0	0	0	0	0	0	0	0	0	0	0	1	1	1	2	0	1	1	7
180 Cervix uteri	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
182 Corpus uteri	F	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	1	5
183 Ovary and other uterine adnexa	F	0	0	0	0	0	0	0	0	2	2	3	1	2	7	4	1	1	1	24
184 Female genital organs (other & unspecified)	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	2	0	5
185 Prostate	M	0	0	0	0	0	0	0	0	0	0	0	0	2	4	7	6	5	9	33
186 Testis	M	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	2
187 Penis & other male genital organs	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
188 Urinary bladder	M	0	0	0	0	0	0	0	0	0	0	1	0	2	5	4	3	4	5	24
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4	3	3	2	15
189 Kidney and other & unspecified urinary organs	M	0	0	0	0	0	0	0	0	1	1	0	1	2	1	2	1	0	0	9
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
191 Brain	M	1	0	0	0	0	1	0	0	0	1	0	0	2	1	0	2	0	0	8
	F	0	0	0	0	0	0	0	1	0	0	0	1	1	0	1	1	0	0	5

Table 4.3 Cancer deaths in Malta - 1994; number of deaths by site, sex and age (continued).

ICD O-2 Site Ccode	Sex	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	+	Total
		to 4	to 9	to 14	to 19	to 24	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74	to 79	to 84			
193 Thyroid gland	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		1
	F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	0	0	
195 Other and ill-defined sites	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0		2
	F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	1	0	0		4
199 Unspecified site	M	0	0	0	0	0	1	0	0	2	0	1	4	2	5	6	2	1	3		27
	F	0	0	0	0	0	0	0	1	1	1	0	0	0	1	3	2	2	2		13
201 Hodgkin's disease (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0		1
	F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0		4
202 Other malignant neoplasm of lymphoid & histiocytic tissue	M	0	0	0	0	0	1	0	2	0	0	1	2	0	0	0	1	1	0		8
	F	0	0	0	0	0	0	0	0	0	0	1	0	3	3	1	3	0	1		12
203 Multiple myeloma and immunoproliferative neoplasm	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	1		4
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	1	0	0		4
204 Lymphoid leukaemia	M	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0		2
	F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1		3
205 Myeloid leukaemia	M	0	0	0	0	0	0	0	0	1	0	0	1	0	1	2	1	1	2		9
	F	0	0	0	0	0	0	0	0	3	0	0	1	0	2	0	0	0	1		7
208 Leukaemia of unspecified cell type	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		1
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
All sites	M	1	0	1	0	0	3	3	5	8	12	11	35	41	61	73	51	29	30		364
	F	0	0	0	0	0	0	1	4	16	9	18	21	37	47	54	43	30	47		327
	Tot	1	0	1	0	0	3	4	9	24	21	29	56	78	108	127	94	59	77		691

Table 4.3 Cancer deaths in Malta - 1994; number of deaths by site, sex and age (continued).

ICD-O-2 Site Code	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf. limits	
145 Mouth (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37	0	0	1	0.37	0.44 0.29
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
147 Nasopharynx	M	0	0	0	0	0	0	0	7	0	0	0	12	0	0	0	0	0	0	0	2	0.87	0.99 0.75
	F	0	0	0	0	0	0	0	0	0	7	0	10	0	0	0	0	26	0	0	3	1.07	1.20 0.95
148 Hypopharynx	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53	1	0.26	0.31 0.21
149 Lip, oral cavity & pharynx (other & ill-defined)	M	0	0	0	0	0	0	0	0	0	0	0	0	14	0	0	0	0	0	0	1	0.56	0.67 0.45
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53	1	0.26	0.31 0.21
150 Oesophagus	M	0	0	0	0	0	8	0	0	0	0	11	12	28	16	57	73	0	0	10	4.51	4.79 4.22	
	F	0	0	0	0	0	0	0	0	0	0	0	0	33	0	0	0	68	53	6	1.94	2.11 1.78	
151 Stomach	M	0	0	0	0	0	0	0	0	7	7	0	23	0	64	153	146	54	291	24	9.92	10.32 9.52	
	F	0	0	0	0	0	0	0	0	0	0	11	10	11	39	60	79	34	210	18	5.77	6.05 5.50	

Table 4.4 Cancer deaths in Malta - 1994; age specific and age standardized mortality rates by site and sex

ICD-O-2 Site Code	Sex	0-4	5-9	10-14	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	80-84	85+	Total	ASR	Conf. limits
153 Colon	M	0	0	0	0	0	0	0	7	7	0	11	58	56	64	268	146	161	291	40	16.94	17.47 16.40
	F	0	0	0	0	0	0	0	0	7	13	11	0	11	26	75	105	205	210	26	7.61	7.92 7.30
154 Rectum, recto-sigmoid junction and anus	M	0	0	0	0	0	0	0	0	0	14	11	12	28	48	38	73	54	0	14	6.16	6.49 5.83
	F	0	0	0	0	0	0	0	0	0	0	11	10	45	13	15	26	0	105	11	4.21	4.46 3.95
155 Liver and intrahepatic bile ducts	M	0	0	0	0	0	0	0	0	0	0	0	12	14	0	19	0	0	0	3	1.40	1.56 1.24
	F	0	0	0	0	0	0	0	7	7	7	0	0	0	0	0	0	0	0	2	0.85	0.96 0.73
156 Gall bladder and extrahepatic bile ducts	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19	0	0	0	1	0.38	0.46 0.31
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	0	158	4	1.09	1.20 0.98
157 Pancreas	M	0	0	0	0	0	0	0	7	0	14	0	12	42	112	77	73	161	97	24	10.25	10.67 9.84
	F	0	0	0	0	0	0	0	0	7	0	0	10	11	26	45	79	34	53	13	4.19	4.43 3.96
158 Retroperitoneum and peritoneum	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	0	0	1	0.30	0.36 0.24

Table 4.4 Cancer deaths in Malta - 1994; age specific and age standardized mortality rates by site and sex (continued).

ICD O-2 Ccode	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf. limits
159	Ill-defined sites in the digestive system and peritoneum	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19	0	0	0	0	0.38	0.46 0.31
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	26	0	0	2	0.56
160	Nasal cavity, middle ear and accessory sinuses	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
		F	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	1	0.43
161	Larynx	M	0	0	0	0	0	0	0	0	0	0	11	0	42	16	0	0	107	0	7	3.25	3.50 3.00
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
162	Trachea, bronchus & lung	M	0	0	0	0	0	0	14	0	14	27	23	174	181	319	306	513	321	194	96	42.03	42.89 41.18
		F	0	0	0	0	0	0	0	0	7	0	0	21	33	26	60	53	34	158	18	6.06	6.35 5.77
164	Thymus, heart & mediastinum	M	0	0	0	0	0	0	0	0	0	0	0	0	0	16	0	0	0	0	1	0.48	0.57 0.38
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
170	Bone & articular cartilage (other & unspecified)	M	0	0	0	0	0	0	0	0	0	0	0	0	14	0	0	37	0	0	2	0.92	1.05 0.79
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26	0	0	1	0.26	0.31 0.21

Table 4.4 Cancer deaths in Malta - 1994; age specific and age standardized mortality rates by site and sex (continued).

ICD O-2 Code	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASFR	Conf. limits
171	Connective and other soft tissues	M	0	0	0	0	0	0	0	0	0	0	23	0	0	0	0	0	0	0	2	1.14	1.30 0.98
		F	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	26	0	0	2	0.71	0.81 0.61
172	Malignant melanoma of skin	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26	0	0	1	0.26	0.31 0.21
173	Other malignant neoplasms of skin	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37	54	97	3	1.12	1.25 0.99
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	13	30	0	0	0	3	0.99	1.10 0.88
174	Female breast	F	0	0	0	0	0	0	7	7	36	13	117	104	134	208	120	315	240	789	100	36.07	36.80 35.33
179	Uterus, part unspecified	F	0	0	0	0	0	0	0	0	0	0	0	10	11	13	30	0	34	53	7	2.28	2.46 2.11
180	Cervix uteri	F	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	1	0.39	0.47 0.31
182	Corpus uteri	F	0	0	0	0	0	0	0	0	0	0	0	10	11	0	15	26	0	53	5	1.69	1.84 1.53
183	Ovary & other uterine adnexa	F	0	0	0	0	0	0	0	0	14	13	32	10	22	91	60	26	34	53	24	9.18	9.56 8.80

Table 4.4 Cancer deaths in Malta - 1994; age specific and age standardized mortality rates by site and sex (continued).

ICD O-2 Code	Site	Sex	0-4	5-9	10-14	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	80-84	85+	Total	ASR	Conf. limits
184	Female genital organs (other & unspecified)	F	0	0	0	0	0	0	0	0	0	0	0	0	0	13	15	26	68	0	5	1.30	1.41 1.18
185	Prostate	M	0	0	0	0	0	0	0	0	0	0	0	0	28	64	134	220	268	872	33	13.60	14.08 13.13
186	Testis	M	0	0	0	0	0	0	7	0	0	0	0	0	0	0	19	0	0	0	2	0.80	0.91 0.69
187	Penis & other male genital organs	M	0	0	0	0	0	0	0	0	0	0	0	0	16	0	0	0	0	0	1	0.48	0.57 0.38
188	Urinary bladder	M	0	0	0	0	0	0	0	0	0	0	11	0	28	80	77	110	214	484	24	10.20	10.61 9.78
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	39	60	79	103	105	15	4.20	4.42 3.98
189	Kidney & other and unspecified urinary organs	M	0	0	0	0	0	0	0	7	7	0	12	28	16	38	37	0	0	0	9	4.02	4.28 3.75
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53	1	0.26	0.31 0.21
191	Brain	M	7	0	0	0	0	8	0	0	0	7	0	0	28	16	0	73	0	0	8	4.27	4.58 3.96
		F	0	0	0	0	0	0	0	7	0	0	0	10	11	0	15	26	0	0	5	1.84	2.00 1.68

Table 4.4 Cancer deaths in Malta - 1994; age specific and age standardized mortality rates by site and sex (continued).

ICD O-2 Site Ccode	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 to +	Total	ASR	Conf. limits
193 Thyroid gland	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	37	0	0	1	0.37	0.44 0.29
	F	0	0	0	0	0	0	0	0	0	7	0	0	0	0	30	0	0	0	3	1.00	1.11 0.88
195 Other and ill- defined sites	M	0	0	0	0	0	0	0	0	0	0	0	0	0	16	0	37	0	0	2	0.84	0.96 0.73
	F	0	0	0	0	0	0	0	0	0	0	0	0	11	0	15	0	34	53	4	1.18	1.30 1.06
199 Unspecified site	M	0	0	0	0	0	8	0	0	14	0	11	46	28	80	115	73	54	291	27	12.17	12.64 11.70
	F	0	0	0	0	0	0	0	7	7	7	0	0	0	13	45	53	68	105	13	3.93	4.15 3.71
201 Hodgkin's disease	M	0	0	0	0	0	0	0	0	0	0	0	0	0	16	0	0	0	0	1	0.48	0.57 0.38
	F	0	0	0	0	0	0	0	0	0	0	0	0	11	0	15	26	34	0	4	1.18	1.30 1.06
202 Other malignant neoplasm of lymphoid and histiocytic tissue	M	0	0	0	0	0	8	0	14	0	0	11	23	0	0	0	37	54	0	8	3.59	3.84 3.33
	F	0	0	0	0	0	0	0	0	0	0	11	0	33	39	15	79	0	53	12	4.39	4.65 4.14
203 Multiple myeloma & immuno- proliferative neoplasm	M	0	0	0	0	0	0	0	0	0	7	0	0	0	0	19	37	0	97	4	1.64	1.80 1.48
	F	0	0	0	0	0	0	0	0	0	0	0	0	0	13	30	26	0	0	4	1.25	1.38 1.13

Table 4.4 Cancer deaths in Malta - 1994; age specific and age standardized mortality rates by site and sex (continued).

ICD O-2 Ccode	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Total	ASR	Conf. limits
204	Lymphoid leukaemia	M	0	0	7	0	0	0	0	0	0	0	0	0	14	0	0	0	0	0	2	1.18	1.34 1.02
		F	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	34	53	3	0.88	0.99 0.77
205	Myeloid leukaemia	M	0	0	0	0	0	0	0	0	7	0	0	12	0	16	38	37	54	194	9	3.73	3.98 3.48
		F	0	0	0	0	0	0	0	0	21	0	0	10	0	26	0	0	0	53	7	2.74	2.95 2.54
208	Leukaemia of unspecified cell type	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19	0	0	0	1	0.38	0.46 0.31
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00 0.00
All sites		M	7	0	7	0	0	24	21	34	56	81	125	406	571	973	1397	1867	1552	2907	364	158.41	160.07 156.75
		F	0	0	0	0	0	0	7	28	114	60	191	218	412	612	809	1129	1027	2472	327	110.62	111.87 109.37

Table 4.4 Cancer deaths in Malta - 1994; age specific and age standardized mortality rates by site and sex (continued).

ICD O-2 Mcode	Site	Sex	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	Age n.s.	Total
			to 4	to 9	to 14	to 19	to 24	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74	to 79	to 84	+		
9590	Malignant lymphoma not otherwise specified	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1	2	0	0	0
9591	Malignant lymphoma, non- Hodgkin's not otherwise specified	M	0	0	0	1	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	4
		F	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	4
9670	Malignant lymphoma, small lymphocytic not otherwise specified	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
9674	Malignant lymphoma, centrocytic	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9675	Malignant lymphoma, mixed small and large cell, diffuse	M	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9676	Malignant lymphoma, centroblastic,centrocytic, diffuse	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
9680	Malignant lymphoma, large cell, diffuse, not otherwise specified	M	0	0	0	0	0	1	1	0	0	0	0	0	0	1	1	0	0	1	0	5
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9681	Malignant lymphoma, large cell, cleaved, diffuse	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4.5 New cases of Non-Hodgkin's lymphoma and plasma cell tumours in Malta - 1994; by morphological differentiation, sex and age

ICD O-2 Mcode	Site	Sex	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	Age n.s.	Total	
			to 4	to 9	to 14	to 19	to 24	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74	to 79	to 84	+			
9683	Malignant lymphoma, centroblastic diffuse	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9684	Malignant lymphoma, immunoblastic not otherwise specified	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
9685	Malignant lymphoma, lymphoblastic	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9690	Malignant lymphoma, follicular not otherwise specified	M	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9691	Malignant lymphoma, mixed small cleaved & large cell, follicular	M	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9692	Malignant lymphoma, centroblastic, centrocytic, follicular	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
9702	Peripheral T-cell lymphoma, not otherwise specified	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Total		M	0	0	0	1	1	1	3	0	3	3	0	2	0	3	3	0	0	1	0	0	21
		F	0	0	0	0	0	0	0	0	0	1	3	2	3	1	1	4	0	0	0	0	15

Table 4.5 New cases of Non-Hodgkin's lymphoma and plasma cell tumours in Malta - 1994; by morphological differentiation, sex and age (continued).

ICD O-2 Mcode	Site	Sex	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	Age	Total	
			to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	to	+	n.s.
			4	9	14	19	24	29	34	39	44	49	54	59	64	69	74	79	84				
9731	Plasmocytoma not otherwise specified	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
9732	Multiple myeloma	M	0	0	0	0	0	0	0	0	0	0	1	0	1	3	1	3	1	1	1	12	
		F	0	0	0	0	0	0	0	0	0	1	1	0	1	0	2	0	0	0	0	0	5
Total		M	0	0	0	0	0	0	0	0	0	0	1	0	1	3	1	3	1	1	1	12	
		F	0	0	0	0	0	0	0	0	0	1	1	0	1	0	3	0	0	0	0	0	6

Table 4.5 New cases of Non-Hodgkin's lymphoma and plasma cell tumours in Malta - 1994; by morphological differentiation, sex and age (continued).

ICD O-2 Mcode	Site	Sex	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	Age n.s.	Total	
			to 4	to 9	to 14	to 19	to 24	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74	to 79	to 84	+			
9650	Hodgkin's disease not otherwise specified	M	0	0	0	1	0	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0	4
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9652	Hodgkin's disease mixed cellularity	M	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
9653	Hodgkin's disease lymphocyte depletion	M	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
9657-8	Hodgkin's disease lymphocyte predominance	M	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
9663-5	Hodgkin's disease nodular sclerosis	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	2	1	0	0	0	0	1	0	0	0	0	0	0	0	0	4
Total		M	0	0	1	1	0	4	2	0	0	1	0	0	0	0	0	0	0	0	0	0	9
		F	0	0	0	0	0	2	1	1	0	0	0	1	2	1	0	0	0	0	0	0	8

Table 4.6 New cases of Hodgkin's disease in Malta - 1994; by morphological differentiation, sex and age.

ICD O-2 Mcode	Site	Sex	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	Age n.s.	Total
			to 4	to 9	to 14	to 19	to 24	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74	to 79	to 84	+		
9821	Acute lymphoblastic leukaemia,not otherwise specified	M	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
		F	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9823	Chronic lymphoblastic leukaemia	M	0	0	0	0	0	0	0	0	0	1	0	0	0	1	4	1	0	0	0	7
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
9860	Myeloid leukaemia, not otherwise specified	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
9861	Acute myeloid leukaemia	M	0	0	0	1	0	0	0	0	0	0	0	1	0	0	3	0	0	1	1	7
		F	0	0	0	0	0	0	0	0	2	0	0	1	1	1	1	1	0	1	0	8
9863	Chronic myeloid leukaemia	M	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9866	Acute promyelocytic leukaemia	M	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9940	Hairy cell leukaemia	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Total		M	1	0	2	1	0	0	0	0	1	1	0	1	0	2	8	1	0	1	1	20
		F	0	0	1	0	0	0	0	0	2	0	1	1	2	1	1	1	1	1	0	12

Table 4.7 New cases of Leukaemia in Malta - 1994; by morphological differentiation, sex and age.

ICD O-2 Moode	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 to +	Age n.s.	Total		
44.1	Skin, eyelid *	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		F	0	0	0	0	0	0	1*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
44.3	Skin of other and unspecified parts of face	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
44.4	Skin of sclap and neck	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
44.5	Skin of trunk	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
		F	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
44.6	Skin of upper limb and shoulder	M	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
44.7	Skin of lower limb and hip	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	2
		F	0	0	0	0	0	0	0	0	1	1	0	1	1	0	1	0	0	0	0	0	0	0
44.9	Skin, not otherwise specified	M	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	2
		F	0	0	0	0	0	0	0	2	0	1	1	0	0	0	0	0	0	0	0	0	0	4
69.3	Eye, choroid	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
80.9	Unknown primary site	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Total		M	0	0	0	0	0	0	0	0	1	1	0	0	1	2	1	0	0	1	0	0	0	7
		F	0	0	0	1	0	0	1	3	1	5	1	2	1	0	1	0	0	0	0	0	0	16

Table 4.8a New cases of Malignant melanoma in Malta - 1994; by site, sex and age

ICD O-2 Mcode	Site	Sex	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 +	Age n.s.	Total	
8720	Malignant melanoma, not otherwise specified	M	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	1	0	4	
		F	0	0	0	1	0	0	0	2	1	2	1	0	0	0	0	1	0	0	0	0	8
8721	Nodular melanoma	M	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	2
8742	Malignant melanoma in Hutchinson's melanotic freckle	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8743	Superficial spreading melanoma *	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
		F	0	0	0	0	0	0	1*	1	0	2	0	1	0	0	0	0	0	0	0	0	4
8771	Epitheloid cell melanoma	M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Total		M	0	0	0	0	0	0	0	0	1	1	0	0	1	2	1	0	0	1	0	7	
		F	0	0	0	1	0	0	1	3	1	5	1	2	1	0	1	0	0	0	0	0	16

Table 4.8b New cases of Malignant melanoma in Malta - 1994; by morphological differentiation, sex and age.

Appendix 1

Mid-year populations of the Maltese Islands from 1992 - 1994; used in the calculation of the Age standardized rates shown in this report.

Age	Males	Females	Age	Males	Females
0-4	13779	13233	50-54	8259	9147
5-9	14037	13268	55-59	8218	9522
10-14	14596	13801	60-64	6866	8473
15-19	14110	13285	65-69	6350	7694
20-24	12571	11770	70-74	4747	5912
25-29	13030	12342	75-79	2791	3867
30-34	14674	14184	80-84	1834	2825
35-39	14307	13918	85 +	919	1731
40-44	14714	14572	Total	178556	182704
45-49	12757	13164			

Age	Males	Females	Age	Males	Females
0-4	13736	13149	50-54	8187	8943
5-9	13878	13068	55-59	8393	9541
10-14	14561	13969	60-64	7017	8756
15-19	14430	13410	65-69	6363	7725
20-24	12869	12093	70-74	4999	6317
25-29	12612	12028	75-79	2703	3770
30-34	14606	14029	80-84	1852	2879
35-39	14594	14130	85 +	975	1831
40-44	14425	14217	Total	183033	184375
45-49	14114	14526			

Age	Males	Females	Age	Males	Females
0-4	13495	12810	50-54	8791	9417
5-9	13837	13093	55-59	8621	9651
10-14	14486	13934	60-64	7176	8970
15-19	14688	13598	65-69	6272	7681
20-24	13184	12462	70-74	5227	6675
25-29	12367	11793	75-79	2731	3808
30-34	14499	13721	80-84	1868	2922
35-39	14798	14368	85 +	1032	1901
40-44	14297	14016	Total	182039	185911
45-49	14730	15091			

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