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Key findings:

- *Lung cancer is the third leading type of cancer in Ireland.*
- *Lung cancer is the leading cause of cancer death in Ireland.*
- *Incidence and mortality rates for men are twice those for women.*
- *Lung cancer ranks first among cancers in years of life lost. More than 700 of those diagnosed each year are under age 65.*
- *Incidence and mortality rates for women in Ireland are nearly twice those in the EU.*
- *Ireland's survival rates are lower than in the US.*
- *Incidence rates in all Ireland and the Republic of Ireland are rising for women.*
- *Incidence rates in all Ireland and Northern Ireland are falling for men.*
- *The northern, eastern seaboard and urban regions have significantly more cases and deaths, and significantly higher incidence and mortality rates than average.*
- *Prevention is the most effective means for reducing lung cancer death, and targeting women and high-risk regions should be a priority.*

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6. Lung cancer

Risks and interventions

- Tobacco exposure, particularly cigarette smoking, is the primary cause of lung cancer.
- Smoking prevention and cessation reduces deaths.
- Surgery may prolong life for some lung cancer patients.

Lung (and bronchus) cancer is the leading cause of cancer death in Ireland. Nearly 2300 people die from this disease each year.

Lung cancer ranks third in new cases diagnosed. Close to 7 people a day, about 2500 per year, are diagnosed with this disease.

Variation by gender

The incidence and mortality rates for men are more than twice those for women.

Nonetheless, for women lung cancer is the second leading cause of cancer death, and third in new cases diagnosed. For men it is the leading cause of cancer death, and second in new cases.

The incidence and mortality rates for lung cancer are high for both sexes.

International comparisons

The incidence and mortality rates for men in Ireland are lower than in the EU. For women, however, the rates in Ireland are nearly twice as high as in the EU. Ireland's incidence and mortality rates are lower or essentially the same as in the US for both men and women.

Survival rates in Ireland are lower than in the US for both sexes and lower than Europe for men, possibly be due to less active investigation and treatment of lung cancer.

Age distribution

table 6.1

lung cancer incidence and mortality

1998 - 2000 average annual incidence		
all-ireland	cases	age-adjusted rate per 100,000 with 95% ci
male	1541	63.7
female	933	31.2
total	2474	45.6
european union (1998 only)		
male		74.0
female		17.3
total		42.2
united states (11 seer regions)		
male		71.1
female		46.1
total		56.8

1998 - 2000 average annual mortality		
all-ireland	deaths	age-adjusted rate per 100,000 with 95% ci
male	1424	58.5
female	862	27.9
total	2286	41.3
european union (1998 only)		
male		68.3
female		15.5
total		38.3
united states (11 seer regions)		
male		58.0
female		34.4
total		44.5

table 6.2

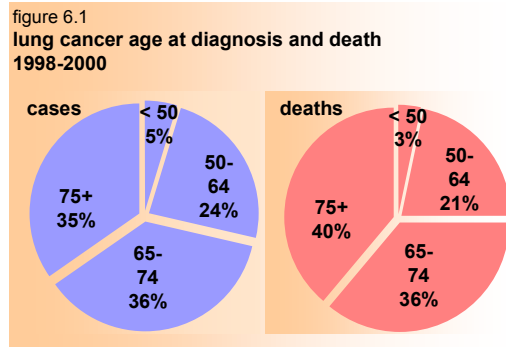
lung cancer 5-year relative survival (%)

	male		female	
	rate	95% ci	rate	95% ci
ireland	8.3	7.5, 9.1	10.5	9.4, 11.6
europe (eurocare)	9.7	9.3, 10.0	9.6	9.0, 10.2
united states (seer)	13.2	13.1, 13.6	16.8	16.3, 17.3

Three out of 10 people diagnosed with lung cancer—more than 700 people per year—are under age 65. Half are under age 70.

Lung cancer ranks first among cancers in years of life lost.

Almost a quarter of all lung cancer deaths occur among people under age 65.



Time trends

Among men there is a significant decline in the rates of lung cancer. For incidence, the rates are falling by 2.5% per year. For mortality, they are falling by about 3% per year.

Incidence rates in women are increasing by nearly 2% per year. Their mortality rates have not changed. However, given the rising trend in incidence rates, and the fatal nature of the disease, a significant increase in their death rates is likely to occur.

figure 6.2
lung cancer incidence rates by sex and year (1994-2000)

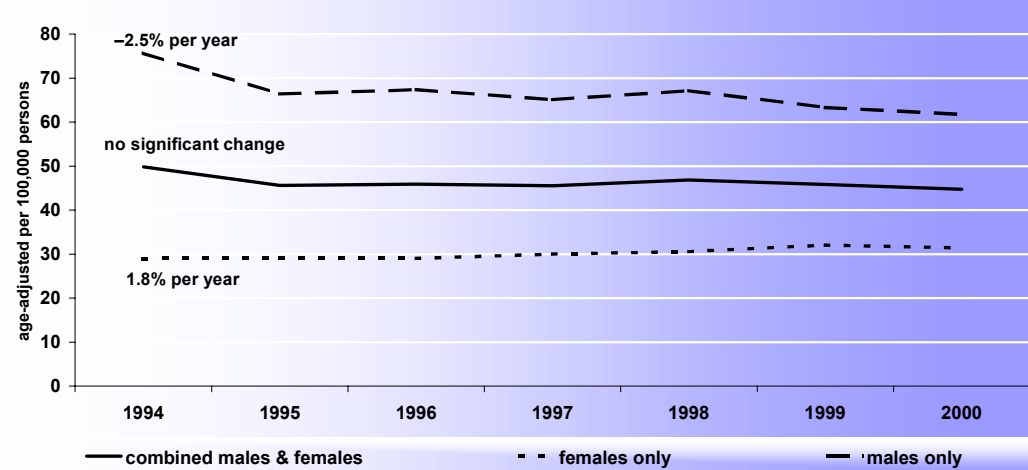
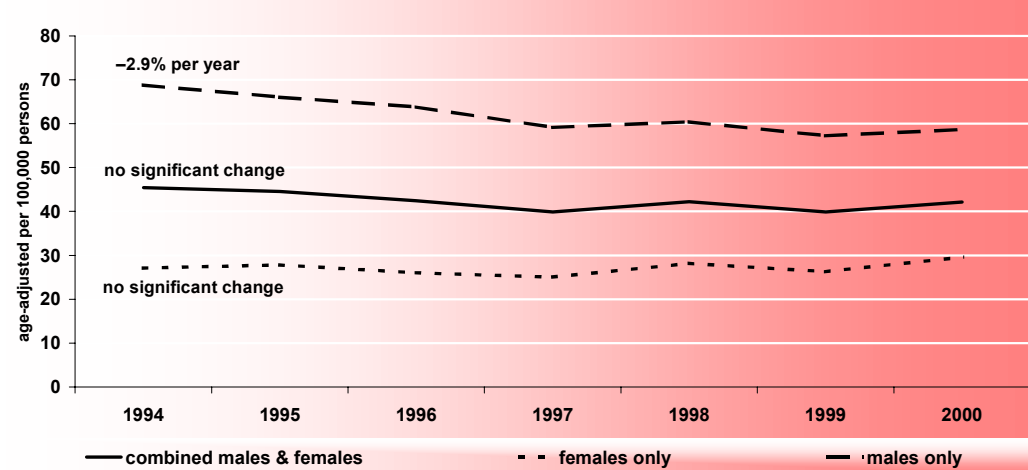
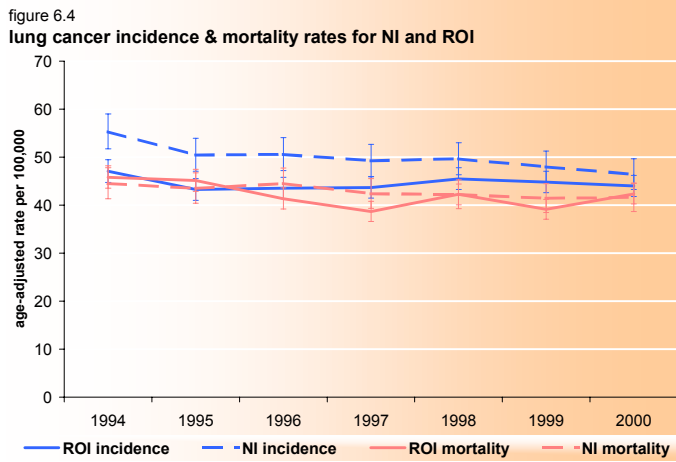


figure 6.3
lung cancer mortality rates by sex and year (1994-2000)



Geographic variations

Prior to 1997 the incidence rates in Northern Ireland (NI) were significantly higher than in the Republic of Ireland (ROI). Today they are essentially the same. This convergence is due to the rates falling by about 2% per year in NI, whilst remaining unchanged in ROI.



This convergence is due to the rates falling by about 2% per year in NI, whilst remaining unchanged in ROI. Differences in sex-specific trends generally account for this. Although not shown in figure 6.4, men's incidence rates in NI are falling by 4% per year; women's are rising by 2% per year in ROI.

Mortality rates are also falling in NI, but only by 1% per year. No change is seen in ROI.

Among the counties and district councils, only Belfast, Derry and Dublin have significantly high rates—for both incidence and mortality. This is consistent with previous reports and potentially reflects higher tobacco use common to low-income groups in inner city areas. About a dozen counties or district councils have significantly low rates, with ten having both low incidence and low mortality rates. (See figures 6.7 and 6.8)

Consistent with the findings above for both incidence and mortality rates, figures 6.5 and 6.6 generally indicate that the lowest quintiles are in the central and western counties and district councils, whilst the highest are in the eastern and northern areas.

The spatial scan statistic shows an Ireland clearly divided by this disease. The northeast regions in figures 6.5 and 6.6 have about 20% more cases and deaths than expected. The southwest regions have about 20% fewer cases and deaths than expected.

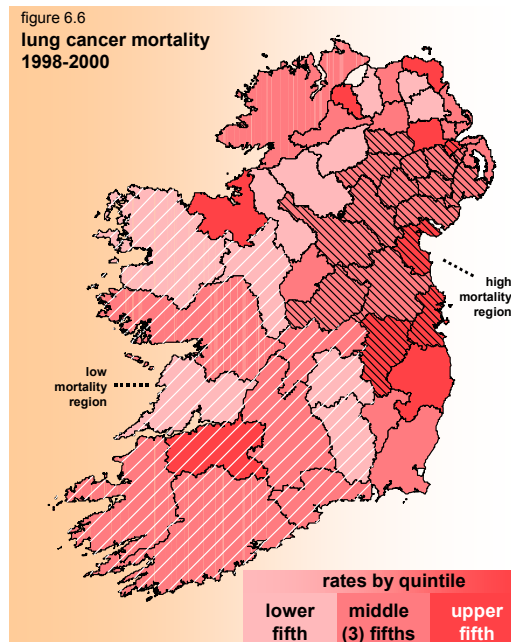
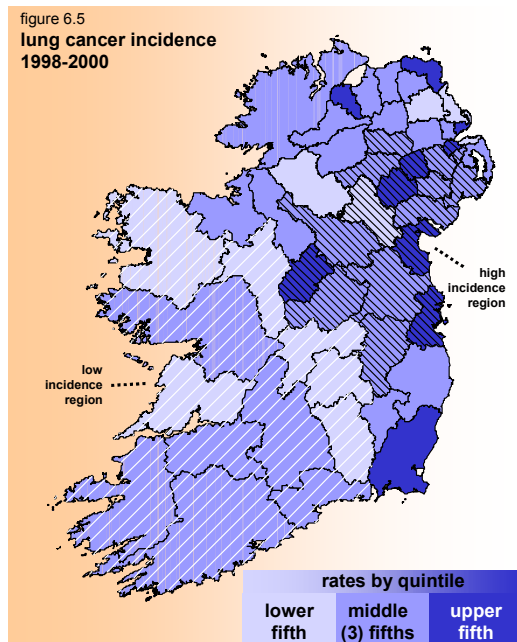


figure 6.7

1998-2000 age-adjusted incidence rates

lung cancer by county/district council

with average annual incidence in ()'s and 95% confidence intervals shown by |—|

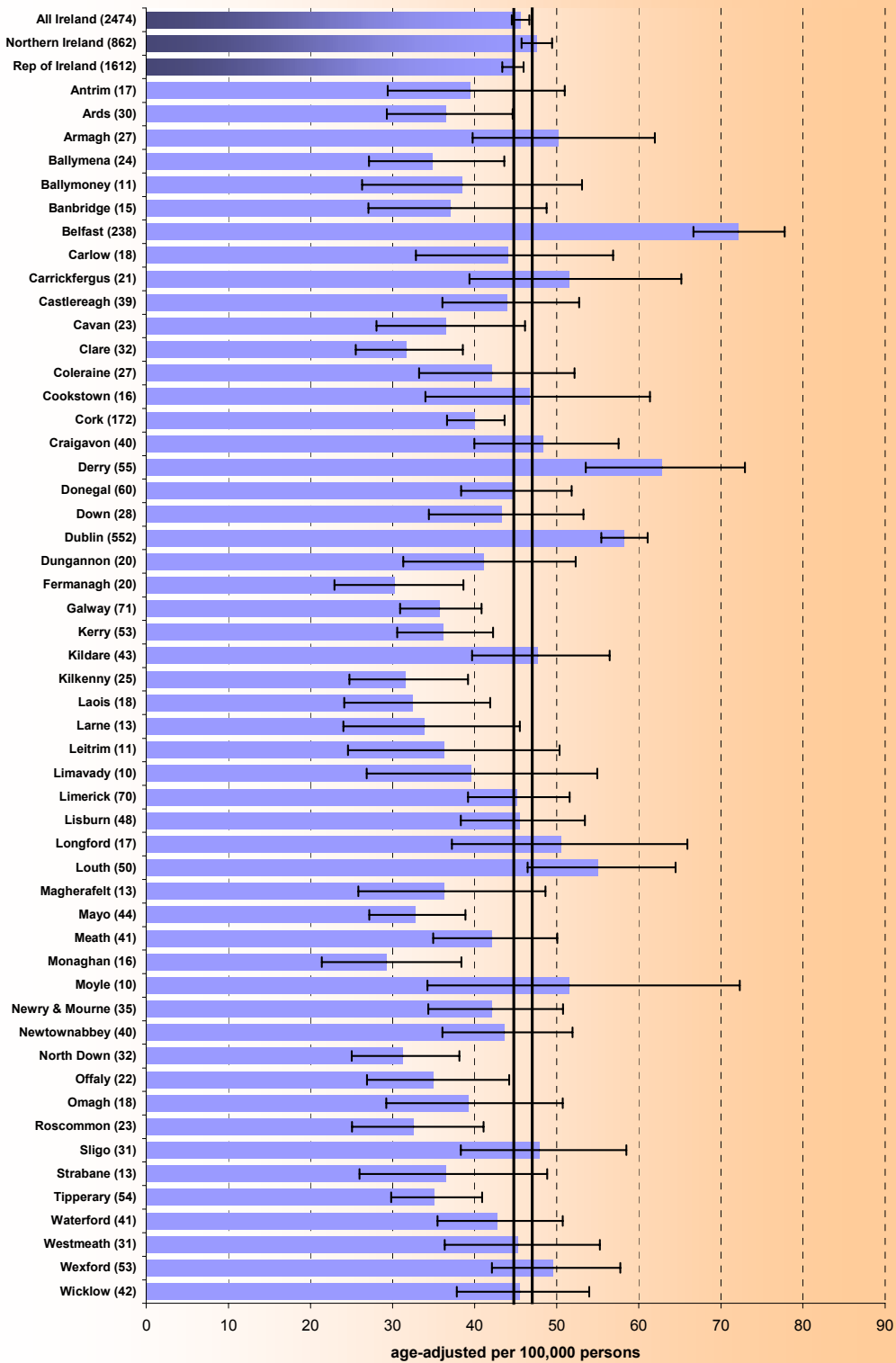


figure 6.8

1998-2000 age-adjusted mortality rates
lung cancer by county/district council

with average annual deaths in ()'s and 95% confidence intervals shown by |—|

