

## RESEARCH

### CANCER STATISTICS 1997

The National Cancer Registry (NCR) reports cancers diagnosed by the histology, haematology and cytology laboratories in South Africa. The South African Institute of Medical Research (SAIMR), now the National Health Laboratory Service (NHLS), established the National Cancer Registry in 1986. It is a co-operative venture of the Department of Health, the Cancer Association of South Africa, the National Health Laboratory Service and the University of the Witwatersrand. The NCR is a voluntary cancer notification system receiving copies of pathology reports from public and private laboratories nationally. Every year, about 80 000 (?number) cancer cases are reported and of these approximately 60 000 are new cases. Cancer incidence is reported in annual incidence reports, which are available from the National Cancer Registry

The cancer registry methodology and procedures follow those of the World Health Organisation – International Agency for Research on Cancer (WHO-IARC). The laboratories report cancer cases in various disease classification formats; at the Registry these are standardized following the IARC International Classification of Diseases on Oncology (ICD-O second edition) and are reported in the ICD-10 format. Incidence rates are expressed per 100 000 population and exclude basal cell carcinoma (BCC) and squamous cell carcinoma of skin (SCC of skin). On average, BCCs comprise about 18% and SCCs five percent of the total cancers reported in a year. These occur most frequently among the white population and tend to overshadow all other cancers in this population group.

### OVERVIEW

This summary covers the latest available cancer statistics, for cases diagnosed in 1997 and published in October 2003. A total of 29 208 new cancer cases in females and 29 499 new cancer cases in males were reported. One in four males and one in five females (adjusted for under-reporting), aged 0 to 74 years, were at risk of developing cancer. The five most common cancers in males, in descending order were the:

- prostate,
- lung
- oesophagus
- bladder
- colorectal

In females, the five most common cancers in descending order were the:

- cervix
- breast
- colorectal
- oesophagus
- lung

Childhood cancers comprised two percent of all cancers reported in 1997 (975 males and 857 females). The four most common childhood cancers in order, in males and females combined (aged 0–14 years) were:

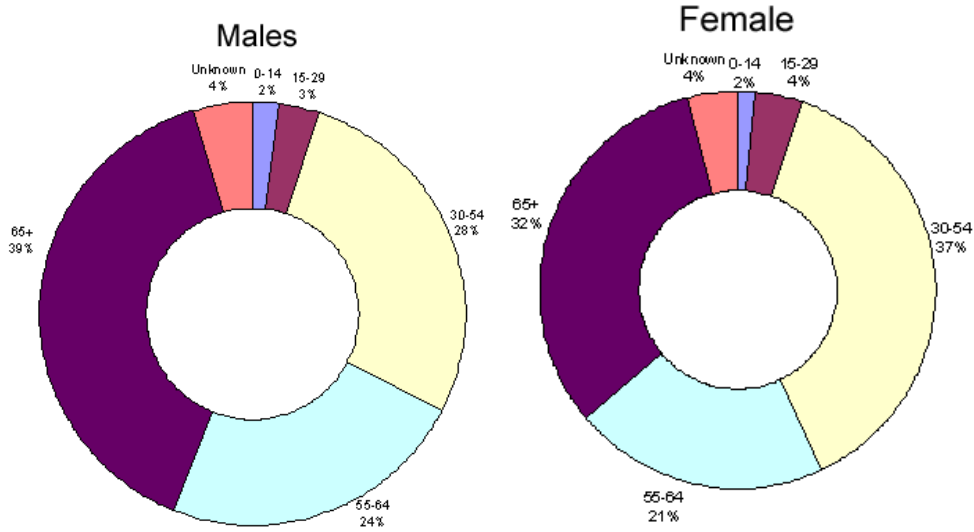
- leukemia
- kidney
- brain
- non-Hodgkin's lymphoma
- bone.

The five most common cancers in different population groups of South Africa in 1997 are given in **Table 1** below.

<b>Table 1: Summary statistics for the top five cancers by population group and sex, 1997</b>						
	<b>Male</b>			<b>Female</b>		
<b>Population</b>	<b>Cancer</b>	<b>ASR</b>	<b>LR</b>	<b>Cancer</b>	<b>ASR</b>	<b>LR</b>
<b>Asian</b>	Prostate	32.41	1 in 29	Breast	66.01	1 in 13
	Lung	19.87	1 in 38	Cervix	19.13	1 in 47
	Bladder	18.25	1 in 45	Colorectal	14.87	1 in 51
	Colorectal	18.22	1 in 40	Uterus	10.19	1 in 87
	Stomach	15.44	1 in 53	Stomach	9.68	1 in 85
	All cancers	185.00	1 in 5	All cancers	218.36	1 in 4
<b>Black</b>	Prostate	19.12	1 in 47	Cervix	38.46	1 in 23
	Oesophagus	16.22	1 in 51	Breast	15.79	1 in 57
	Lung	13.62	1 in 59	Oesophagus	7.33	1 in 113
	Larynx	4.65	1 in 186	Uterus	4.17	1 in 189
	Mouth	3.82	1 in 223	Lung	2.96	1 in 286
	All cancers	112.42	1 in 8	All cancers	107.88	1 in 9
<b>Coloured &amp;</b>	Prostate	63.49	1 in 12	Breast	55.49	1 in 16
<b>White</b>	Bladder	23.45	1 in 34	Cervix	15.91	1 in 59
	Lung	20.28	1 in 38	Colorectal	14.69	1 in 58
	Colorectal	20.05	1 in 40	Melanoma	11.38	1 in 85
	Melanoma	16.35	1 in 54	Lung	9.94	1 in 79
	All cancers	267.69	1 in 4	All cancers	206.75	1 in 5
<b>Males/ females</b>	Prostate	34.56	1 in 24	Cervix	31.08	1 in 29
<b>ALL</b>	Lung	16.10	1 in 49	Breast	29.00	1 in 31
	Oesophagus	12.60	1 in 66	Colorectal	6.54	1 in 134
	Bladder	9.75	1 in 84	Oesophagus	5.58	1 in 148
	Colorectal	9.05	1 in 91	Lung	5.26	1 in 153
	All cancers	164.35	1 in 6	All cancers	140.22	1 in 7

ASR - Age standardized rate per 100 000  
 LR - Lifetime risk (0-74 years)

**CANCER FREQUENCY BY AGE GROUPS**



**BREAST CANCER**

Risk factors for female breast cancer include early menarche, late age at first childbirth, a high-fat diet and certain inherited genetic mutations, including BRCA1/2. Other suggested risk factors include, to a much lesser extent, high alcohol consumption, hormonal contraceptive use and the use of certain post-menopausal hormone replacement therapies. At present, there are no breast cancer screening or prevention programmes in South Africa.

**NUMBERS AND INCIDENCE**

A total of 4 789 new cases of the female breast cancer were reported and these comprised 16.4% of all cancers reported in females in 1997. The risk of developing the cancer of the breast among South African women (age 0-74 years) was 1 in 31.

**Table 3: Summary Statistics for Cancer of the Female Breast, 1997**

Population	N (Obs)	N (Adj)	Percent	Crude	ASR	Cumrate	LR
Asian	296	325	6.78	60	66.01	7.73	13
Black	1 679	1 841	38.44	11.02	15.79	1.76	57
Col/White	2 393	2 623	54.78	59.19	55.49	6.36	16
<b>Total</b>	<b>4 368</b>	<b>4 789</b>	<b>100</b>	<b>22.09</b>	<b>29.01</b>	<b>3.30</b>	<b>31</b>

N(obs) - Number of cases observed N(adj) - Observed cases adjusted for unknown population group  
 Crude - Crude rate / 100 000 ASR - Age standardised rate / 100 000 (adjusted for unknown age)  
 Cumrate - Cumulative rate / 100 000 LR - Lifetime risk (0-74 years)  
 (All rates exclude BCC and SCC of skin)

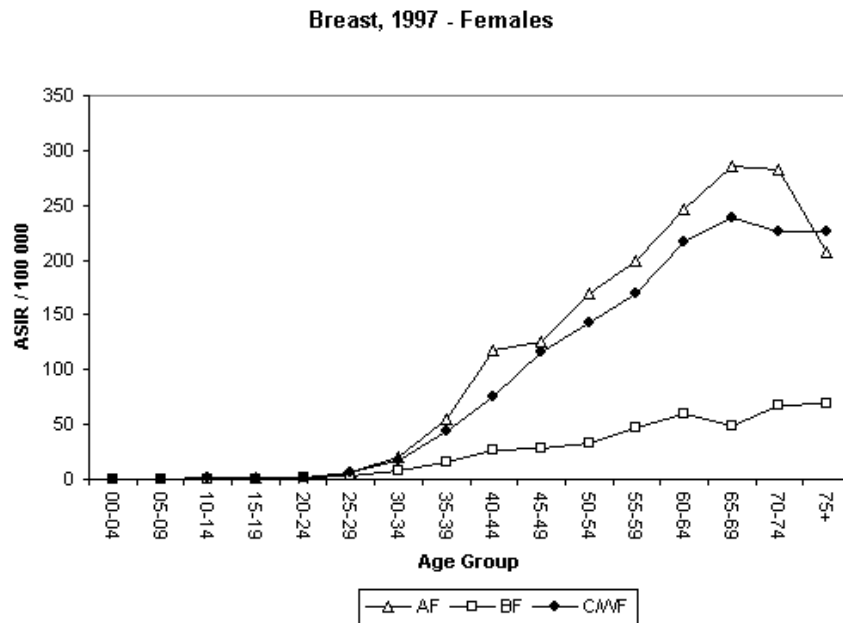
## POPULATION VARIATION

Asian breast cancer cases comprised 6.8% of all female breast cancer cases. Despite the low number of cases, Asian females had the highest breast cancer incidence rates compared to other population groups and this was the leading cancer among Asian females. The ASR was 66 per 100 000 in 1997, about a 60% increase on that reported in 1995 in this group. The lifetime risk of developing breast cancer in Asian females was 1 in 13. The year-on-year variations should be viewed with caution due to the relatively small numbers which makes incidence rate estimates unstable.

Coloured and white females combined comprised the largest proportion (55%) of all female breast cancer cases. These had the second-highest incidence rates to that of Asian females. As with the Asian females, breast cancer ranked the leading cancer in coloured and white females in 1997. The ASR ranged from 51.9 per 100 000 in 1996 to 55.5 per 100 000 in 1997. In previous years, white females had consistently had the highest breast cancer rates. The effect of combining white and coloured females (due to poor reporting of race), seems to have had a balancing effect on the incidence rates of the two population groups and has resulted in lower incidence rates than those that were reported in the past for white females. The lifetime risk of developing breast cancer in coloured and white females was 1 in 16 women in 1997.

Black females comprised 38.4% of all breast cancer cases in 1997 and had the second highest number of breast cancer cases to coloured and white females. Breast cancer comprised 14.6% of all black female cancers and was the second most common cancer in black females. They had the lowest incidence rates of 15.8 per 100 000 and their lifetime risk of developing breast cancer was 1 in 57, four times lower than that reported in Asian, coloured and white females.

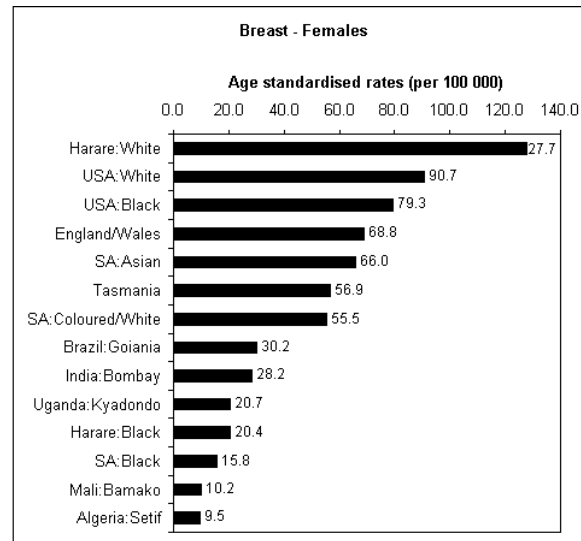
Figure 4: Female breast: Age specific incidence rates, 1997



## INTERNATIONAL COMPARISON

The breast cancer incidence rates among South African Asian females are among the highest breast cancer rates reported and compare with those reported in females in the USA and England and Wales. The risk of developing breast cancer in South African Asian females are 2.6 times higher than that reported in Bombay, India. The rates in South African black females compare well with those reported in other African countries. For accurate comparison and monitoring of breast cancers in coloured and white females combined, other forms of assessment need to be done which will compliment data reported in this report.

Figure 5: Comparison of female breast cancer rates among selected countries



(Adapted from Parkin *et al.* 1997)

## CERVICAL CANCER

Risk factors for developing cervical cancer include certain sub-types of the human papillomavirus (HPV), early initiation of sexual intercourse, a history of multiple sexual partners (or a partner with multiple sexual partners), a history of sexually transmitted infections, and, possibly, tobacco use. Lower socio-economic status has been associated with a higher risk of developing cervical cancer, probably due to lack of access to good health care and Papanicolaou (Pap-smear) tests. Although only a small proportion of women infected with HPV develop cervical cancer, it is now thought to be a necessary, but not sufficient, cause of the vast majority of cancers of the cervix uteri. Recent studies have shown that women with high parity or who have used hormonal contraceptives long-term (more than five years) are more likely to develop cancer of the cervix than those who have used hormonal contraceptives for shorter periods or those with lower parity.

Well-implemented cervical cancer screening programmes are proven to reduce the incidence of cervical cancer significantly. The South African cervical cancer-screening policy and programme were tabled in 2001 in an attempt to reduce the incidence of cervical cancer, which is the leading cancer among South African women. Three smears per lifetime are recommended, commencing after the age of 30 and with a 10-year interval between each smear. Thus far roll-out of the programme has been patchy at best, with Western Cape Province being the leader in implementation. The ultimate goal is to reduce cervical cancer incidence rates by 60%.

### NUMBERS AND INCIDENCE

A total of 5 318 new cases of the cervix cancer were reported in 1997, comprising 18.2% of all cancers reported. The risk of developing cancer of the cervix among South African women (age 0-74 years) was 1 in 29.

**Table 2: Cancer of the cervix, 1997**

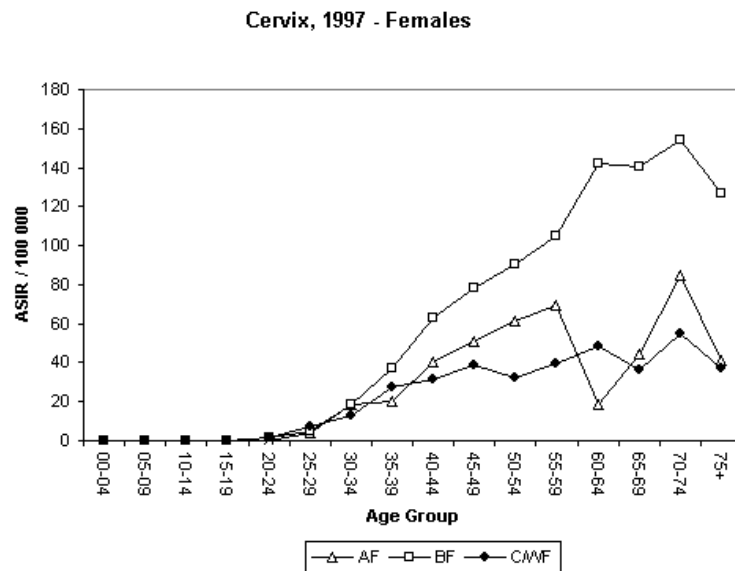
Population	N (obs)	N (adj)	Percent	Crude	ASR	Cumrate	LR
Asian	98	102	1.92	18.83	19.13	2.13	47
Black	4 232	4 454	83.75	26.66	38.46	4.39	23
Col/White	723	762	14.33	17.19	15.91	1.71	59
Total	5 053	5 318	100	24.53	31.08	3.51	29

N(obs) - Number of cases observed N(adj) - Observed cases adjusted for unknown population group  
 Crude - Crude rate / 100 000 ASR - Age standardised rate / 100 000 (adjusted for unknown age)  
 Cumrate - Cumulative rate / 100 000 LR - Lifetime risk (0-74 years)  
 (All rates exclude BCC and SCC of skin)

### POPULATION VARIATION

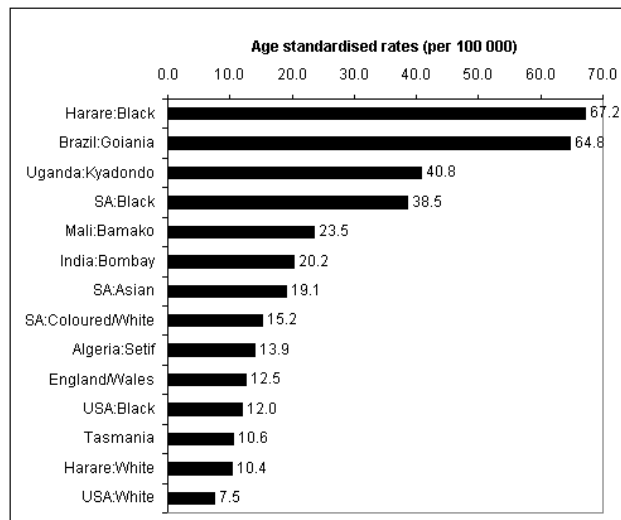
Cancer of the cervix had consistently been the leading cancer in females. In 1997 it was the leading cancer amongst black females who constituted about 85% of all cervical cancer cases. Black females had the highest ASR of 38.5 per 100 000. The lifetime risk of developing cervical cancer (ages 0-74 years) was 1 in 23. The relative risk of developing cervical cancer in black females was twice that of Asian females and 2,4 times that of coloured and white females combined. Cancer of the cervix in Coloured and white women combined, constituted the second-highest proportion (14%) to that in black women, with the lowest ASR of 15.91 per 100000. Asians had the least number of female cancer cases and had the second highest ASR of 19 per 100 000.

**Figure 2: Cervix: Age specific incidence rates (ASIR) per 100 000, 1997**



### INTERNATIONAL COMPARISON

Cervical cancer rates in Africa, especially in black females, are among the highest in the world. The incidence rates observed in South African black women in 1997 are similar to those reported in Kyadondo, Uganda, whilst those in South African Asian females compare with those in Bombay, India. Due to the pathology-based nature of the Registry, the rates reported for black South African women are likely to be lower than the actual rates. In 1993, cancer of the cervix was declared an AIDS-defining condition. Accordingly the World Health Organisation-International Agency for Research on Cancer (WHO-IARC) warned that trends of cervical cancer are likely to increase in future due to HIV infection. Although there have been slight increases in rates from those reported in 1995 in all population groups, these changes are not alarming and could not be attributable to HIV at this stage.



(Adapted from Parkin *et al.* 1997)

## COLORECTAL CANCER

Risk factors for colorectal cancer include high-fat, low-fibre diets, inflammatory bowel disease, lack of physical activity, and family history of colorectal cancer (particularly among first-degree relatives). High dietary foliate has been shown in some studies to be protective.

### NUMBERS AND INCIDENCE

A total of 1 047 new cases of the colorectal cancer in females and 1 089 new cases in males were reported in 1997. These comprised 3.6% of all female cancers and 3.7% of all male cancers reported in 1997. The risk of developing colorectal cancer among South Africans aged 0-74 years was 1 in 91 in men and 1 in 134 in women.

Table 4: Summary Statistics for Colorectal Cancer, 1997

Pop/Sex	N (Obs)	N (Adj)	Percent	Crude	ASR	Cumrate	LR
<b>Females</b>							
Asian	62	66	6.53	12.18	14.87	2.00	51
Black	216	237	22.74	1.42	2.03	0.23	435
Col/White	672	740	70.74	16.70	14.69	1.73	58
<b>Total</b>	<b>950</b>	<b>1 047</b>	<b>100</b>	<b>4.83</b>	<b>6.54</b>	<b>0.75</b>	<b>134</b>
<b>Males</b>							
Asian	57	63	5.76	11.91	18.22	2.53	40
Black	233	258	23.54	1.61	2.63	0.30	334
Col/White	700	770	70.71	18.01	20.05	2.52	40
<b>Total</b>	<b>990</b>	<b>1 089</b>	<b>100</b>	<b>5.23</b>	<b>9.05</b>	<b>1.10</b>	<b>91</b>

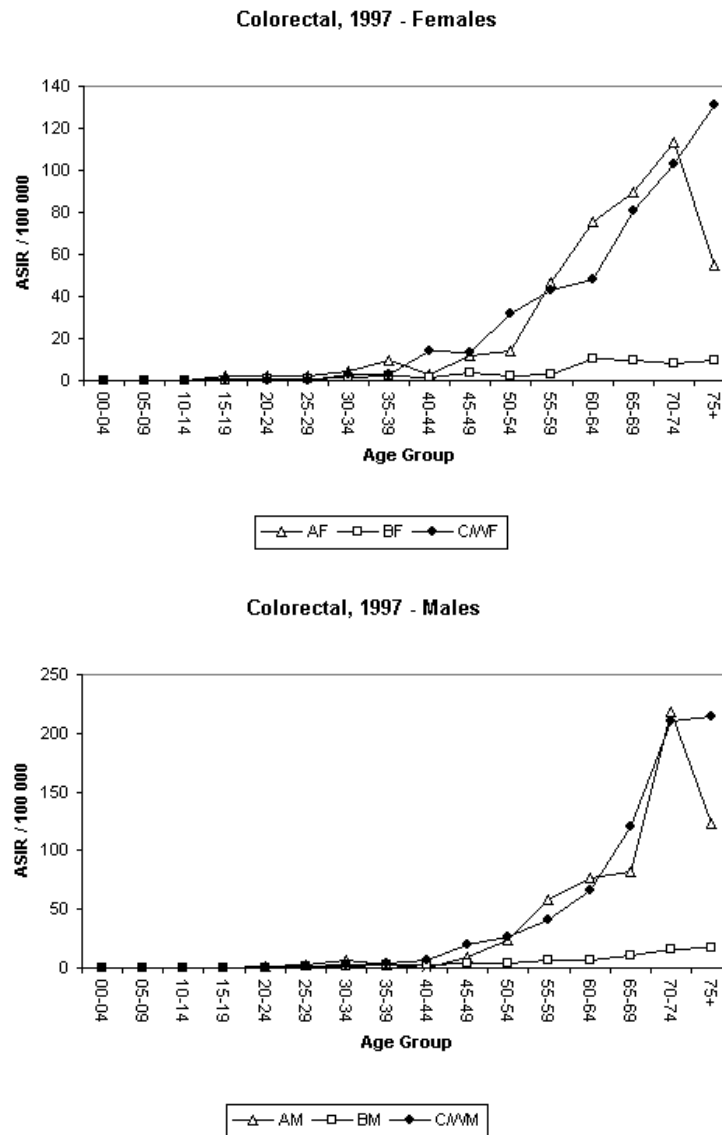
### POPULATION VARIATION

Coloured and white females combined comprised 71% of all female colorectal cancers, which translated to an average of 4.8% of all coloured and white female cancers. Colorectal cancer was the third leading cancer amongst coloured and white females. Their ASR was 14.7 per 100 000 and they had a lifetime risk of 1 in 58 in 1997. Similarly, coloured and white males combined comprised 71% of all male colorectal cancer cases. In coloured and white males colorectal cancer was the fourth leading cancer in 1997 and constituted 4.2% of all coloured and white male cancers; ASR was 20 per 100 000 and the lifetime risk was 1 in 40.

Asian males and females comprised on average 6% of all colorectal male and female cancer cases. Amongst the females, Asian females had the highest incidence rates of colorectal cancer. It ranked the third leading cancer in 1997 with an ASR of 15 per 100 000. In males colorectal cancer was the fourth leading cancer in 1997. The lifetime risk of developing colorectal cancer in Asian females was 1 in 51. The incidence rate in Asian males was higher than that in females and was 18.2 per 100 000. The risk of developing colorectal cancer in Asian males was similar to that of coloured and white men, being 1 in 40.

Black males and females constituted on average 23% of all male and female colorectal cancers and had the lowest incidence rates of colorectal cancers. The relative risk of developing colorectal cancer among black males and females was seven times lower than that of Asian, coloured and white males and females

**Figure 6: Colorectal: Age specific incidence rates, 1997**

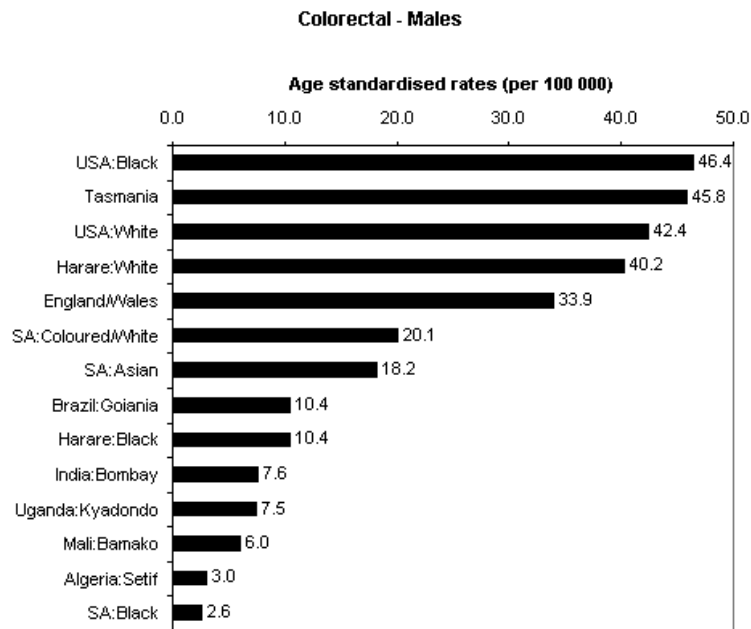


**INTERNATIONAL COMPARISONS**

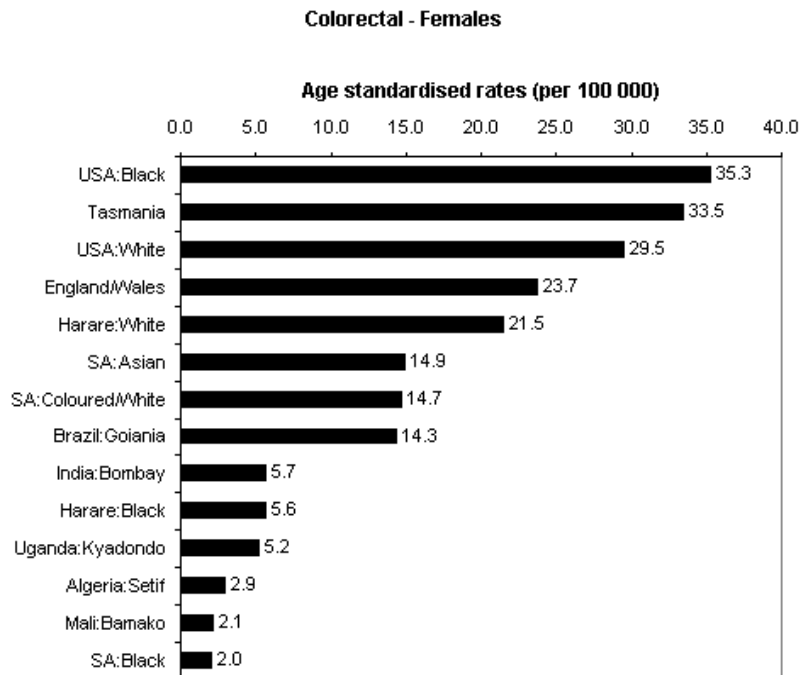
Rates of colorectal cancer are higher in western countries than in developing countries. Overall, colorectal cancer was highest among American blacks. Although South African Asian, coloured and white males and females had the highest incidence rates, these were almost half those reported in the USA, Tasmania and England and Wales. South African black males and females had the lowest rates compared to all the other countries and population groups.



Figure 7. Comparison of colorectal cancer rates among selected countries



(Adapted from [Parkin et al. 1997](#))



## LUNG CANCER

Cancer of the lung is the most frequent cancer worldwide, with wide geographical variations in risk. The main cause of lung cancer is tobacco smoking, for which there is a clear positive linear relationship between the probability of getting the cancer and the years smoked and amount smoked (dose-response relationship). Lung cancer incidence lags approximately 20 years behind smoking prevalence. Other known causes of lung cancer include domestic (heating and cooking fuel) and industrial pollution. There is evidence that both of these contribute to lung cancer incidence in South Africa.

### NUMBERS AND INCIDENCE

A total of 813 new cases of the cancer of the lung in females and 1 974 new cases in males were reported in 1997. These comprised 2.8% of all female cancers and 6.7% of all male cancers. The lifetime risk of developing lung cancer among South Africans aged 0-74 years was 1 in 49 in men and in women, the risk was three times lower at 1 in 153.

**Table 5: Summary Statistics for Cancer of the Lung, 1997**

Population	N (Obs)	N (Adj)	Percent	Crude	ASR	Cumrate	LR
<b>Females</b>							
Asian	29	29	3.88	5.35	6.56	0.79	127
Black	285	311	38.15	1.86	2.96	0.35	286
Col/White	433	471	57.97	10.63	9.94	1.28	79
<b>Total</b>	<b>747</b>	<b>813</b>	<b>100</b>	<b>3.75</b>	<b>5.26</b>	<b>0.66</b>	<b>153</b>
<b>Males</b>							
Asian	70	76	3.87	14.37	19.87	2.64	38
Black	1 036	1 130	57.30	7.06	13.62	1.71	59
Col/White	702	767	38.83	17.94	20.28	2.66	38
<b>Total</b>	<b>1 808</b>	<b>1 974</b>	<b>100</b>	<b>9.48</b>	<b>16.10</b>	<b>2.04</b>	<b>49</b>

N(obs) - Number of cases observed N(adj) - Observed cases adjusted for unknown population group

Crude - Crude rate / 100 000 ASR - Age standardised rate / 100 000 (adjusted for unknown age)

Cumrate - Cumulative rate / 100 000 LR - Lifetime risk (0-74 years)

(All rates exclude BCC and SCC of skin)

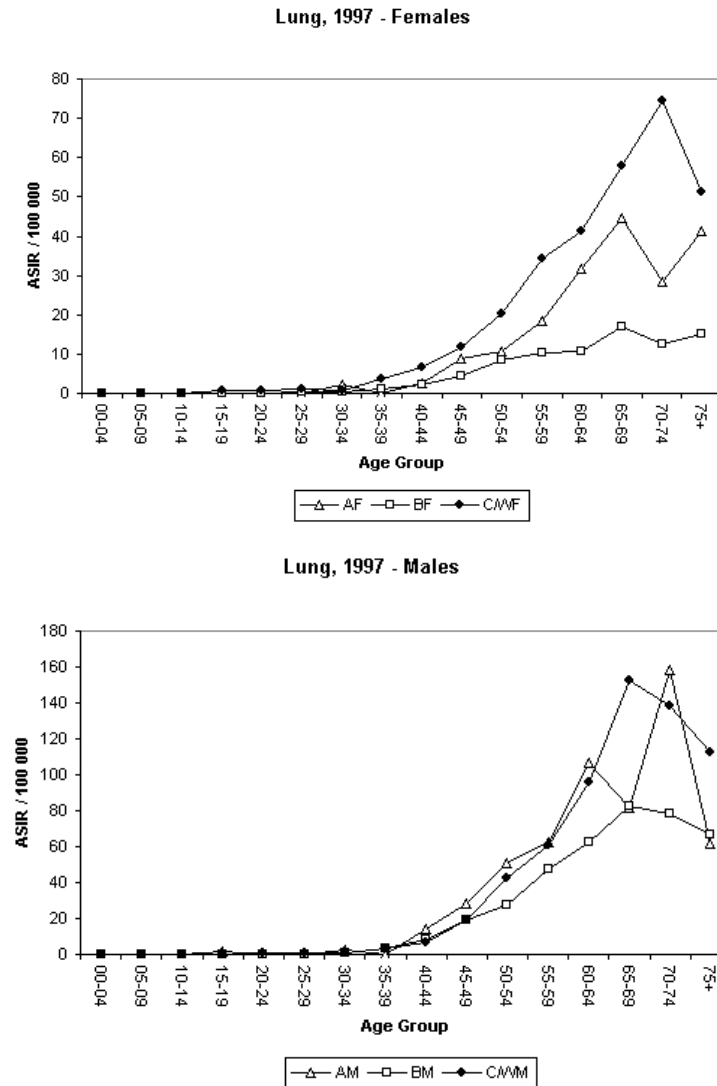
### POPULATION VARIATION

Coloured and white males combined had the highest lung cancer incidence rates. These also constituted the second largest proportion of lung cancer cases, comprising 38.8% of all male lung cancer cases. Lung cancer was the third leading cancer in males in 1997, comprising 4% of coloured and white male cancers. The ASR in coloured and white males was 20.3 per 100 000 and the lifetime risk was 1 in 38. Lung cancer was the fifth leading cancer in coloured and white females, constituting on average 3% of all coloured and white female cancers. Coloured and white females constituted the bulk of lung cancer cases in females, and comprised 58% of all female lung cancers. Lung cancer ASR in coloured and white females was 10.6 per 100 000 with a lifetime risk of developing lung cancer being 1 in 79.

Asian males and females comprised 4% of all male and female lung cancer cases. In 1997, lung cancer was the second leading cancer in Asian males; comprising 10.6% of all Asian male cancer cases and an ASR of 19.9 per 100 000. The lifetime risk of developing lung cancer in Asian men was similar to that in coloured and white males being 1 in 38. Lung cancer ranked the seventh leading cancer in Asian females in 1997 and comprised 2.7% of all Asian female cancers. The ASR was 6.6 per 100 000 and the lifetime risk of developing lung cancer was 1 in 127.

Although having the lowest lung cancer incidence rates of all population groups, black males constituted the largest proportion (57%) of all lung cancer cases in males and were 11.2% of all cancers in black males. It was the third leading cancer with an ASR of 13.6 per 100 000 in 1997. The lifetime risk was 1 in 59. Black females comprised 38.2% of all lung cancers in females. Lung cancer ranked the fifth common cancer and comprised 2.5% of all black female cancers. The ASR was low at 3 per 100 000 and the lifetime risk was 1 in 286.

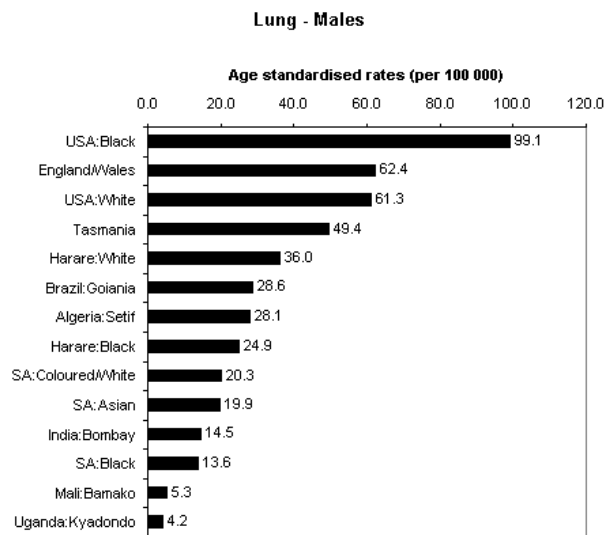
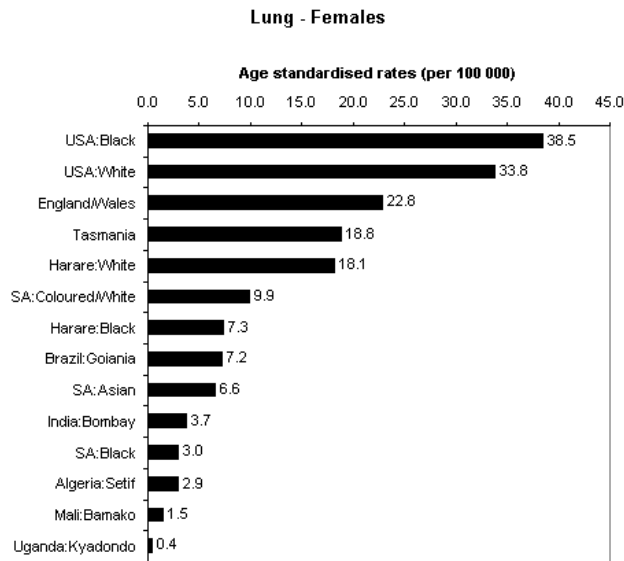
Figure 8: Lung: Age specific incidence rates, 1997



### INTERNATIONAL COMPARISON

The highest lung cancer incidence rates currently occur in developed countries. Lung cancer rates in males in England and Wales are approximately three times those in South African coloured and white males combined, and rates in England and Wales for females are twice those in South African coloured and white females combined. In developing countries, incidence rates are higher in white population group than the black population group. South African Asians have higher rates than Indians in Bombay, India, with the risk of developing lung cancer in South African females twice that of the females in Bombay. Lung cancer rates closely track smoking prevalence rates 20 – 30 years earlier.

Figure 9: Comparison of lung cancer rates among selected countries



(Adapted from [Parkin et al. 1997](#))

### HIV/Aids Related Cancers

Clusters of Kaposi's sarcoma (KS), emerging in the USA in the late 1970s among young homosexual men, in conjunction with *Pneumocystis carinii* pneumonia, led to the recognition of AIDS by the US Center for Disease Control. There is little evidence though that HIV plays a direct oncogenic role in the development of any specific cancer. HIV is thought to facilitate the development of cancers which have infectious agents as part of their etiology due to its effect on the immune system. As well as KS other cancers that had been declared as AIDS defining include the cancer of the cervix, non-Hodgkin lymphoma and conjunctival cancer. Among the AIDS defining cancers and since 1992, Kaposi's sarcoma is the only cancer that has shown significant increase in South Africa. Although the observed KS incidence rates were still low in 1997, KS had increased three fold in South African men and five fold in South African women with significant increases observed particularly among black males and females (four and six fold increase respectively). In Uganda and Zimbabwe, KS increased more than 20 fold following the HIV epidemic, and although it used to occur rarely, it became one of the leading cancers in these countries.

**PLEASE NOTE: FOR DETAILED INFORMATION ON THESE CANCERS AND OTHER LEADING CANCERS IN SOUTH AFRICA, ORDER YOUR COPY OF THE CANCER INCIDENCE REPORT**

## PROSTATE CANCER

Prostate cancer is one of the leading cancers in men worldwide. Incidence rates vary from 1 to 100 per 100 000, suggesting that environmental factors play a role in its aetiology. Suspected risk factors for prostate cancer include diets high in fat and low in vegetables. There is a suspicion that infections may play a role, but the agent(s) responsible have not been isolated. In many countries, the incidence of prostate cancer is increasing, possibly due to the increasing use of prostate specific antigen (PSA) as a screening tool.

### NUMBERS AND INCIDENCE

A total of 3 715 new cases of the cancer of the prostate were reported in 1997. These comprised 12.6% of all male cancers. The lifetime risk of developing prostate cancer among South African males aged 0-74 years was 1 in 24.

**Table 6: Summary Statistics for Prostate Cancer, 1997**

Site	N (Obs)	N (Adj)	Percent	Crude	ASR	Cumrate	LR
<b>Males</b>							
Asian	85	93	2.50	17.59	32.41	3.48	29
Black	1 158	1 265	34.09	7.9	19.12	2.17	47
Col/White	2 154	2 356	63.41	55.1	63.49	8.37	12
<b>Total</b>	<b>3 397</b>	<b>3 715</b>	<b>100</b>	<b>17.85</b>	<b>34.56</b>	<b>4.28</b>	<b>24</b>

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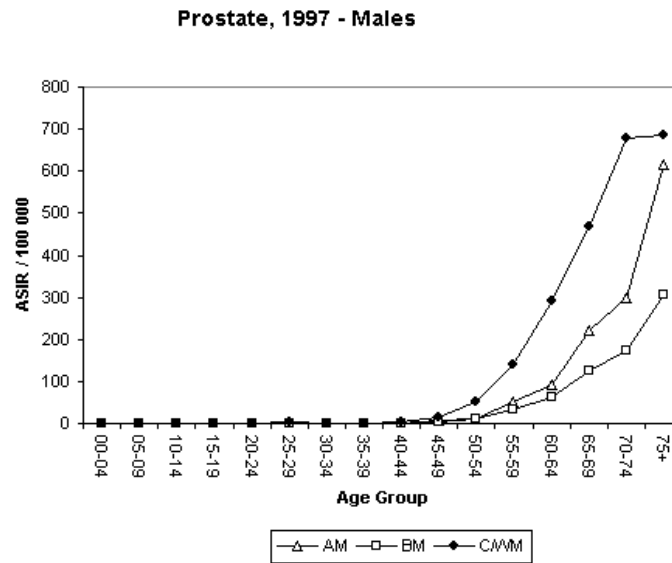
### POPULATION VARIATION

Prostate cancer was the leading male cancer in all population groups and incidence rates showed an increase on the number reported in 1995. Coloured and white males comprised 63.4% of all prostate cancer cases and had the highest ASR of 63.5 per 100 000. In 1997, 1 in 12 coloured or white South African men were at risk of having prostate cancer diagnosed.

Asian males comprised 2.5% of all prostate cancer cases, with a shift from colorectal cancer as the leading cancer in 1995 to prostate cancer in 1997. Asian males had the second highest incidence rates to those of coloured and white males. In 1997, incidence rates increased almost two-fold, from 18.9 per 100 000 in 1996 to 32.4 per 100 000 in 1997. The lifetime risk of developing prostate cancer among Asian men was 1 in 29 in 1997; almost two times that in black males and 2.4 fold lower than that in coloured and white males.

Black males constituted the second-highest proportion of cancer cases and comprised on average 34% of all prostate cancer cases. A shift from oesophageal cancer as the leading cancer in black males in 1995 to prostate cancer in 1997 was observed. The lifetime risk of developing prostate cancer was 1 in 47.

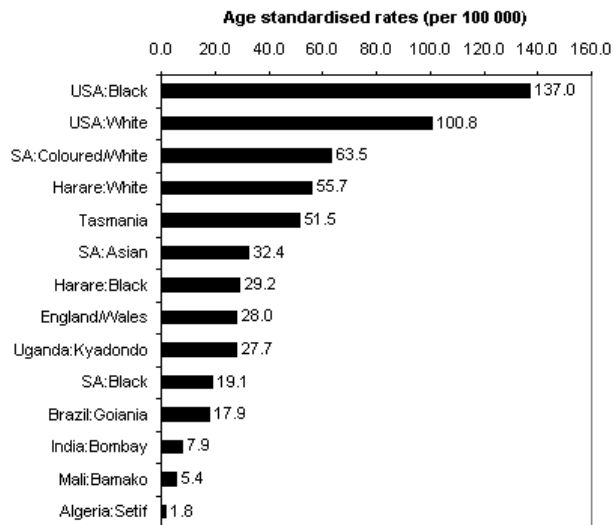
Figure 9: Prostate: Age specific incidence rates, 1997



**INTERNATIONAL COMPARISON**

A general increase in prostate cancer rates had been reported worldwide (IARC 1998). Incidence rates among South African coloured and white males combined ranks among the highest in the world and are second to those reported in the USA. These rates compare with those reported in white males in Zimbabwe. Rates in South African Asian males are almost five times those reported in Bombay, India. Rates in South African black males compare with those reported in other developing countries.

Figure 10: Comparison of prostate cancer rates among selected countries



(Adapted from Parkin et al. 1997)

## POPULATION GROUP FEMALE

### FEMALE-GENERAL

#### Prostate Cancer

Prostate cancer is one of the leading cancers in men worldwide. Incidence rates vary from 1 to 100 per 100 000, suggesting that environmental factors play a role in its aetiology. Suspected risk factors for prostate cancer include diets high in fat and low in vegetables. There is a suspicion that infections may play a role, but the agent(s) responsible have not been isolated. In many countries, the incidence of prostate cancer is increasing, possibly due to the increasing use of prostate specific antigen (PSA) as a screening tool.

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A total of 3 715 new cases of the cancer of the prostate were reported in 1997. These comprised 12.6% of all male cancers. The lifetime risk of developing prostate cancer among South African males aged 0-74 years was 1 in 24.

**Table 6: Summary Statistics for Prostate Cancer, 1997**

Site	N (Obs)	N (Adj)	Percent	Crude	ASR	Cumrate	LR
<b>Males</b>							
Asian	85	93	2.50	17.59	32.41	3.48	29
Black	1 158	1 265	34.09	7.9	19.12	2.17	47
Col/White	2 154	2 356	63.41	55.1	63.49	8.37	12
Total	3 397	3 715	100	17.85	34.56	4.28	24

N(obs) - Number of cases observed N(adj) - Observed cases adjusted for unknown population group

Crude - Crude rate / 100 000 ASR - Age standardised rate / 100 000 (adjusted for unknown age)

Cumrate - Cumulative rate / 100 000 LR - Lifetime risk (0-74 years)

(All rates exclude BCC and SCC of skin)

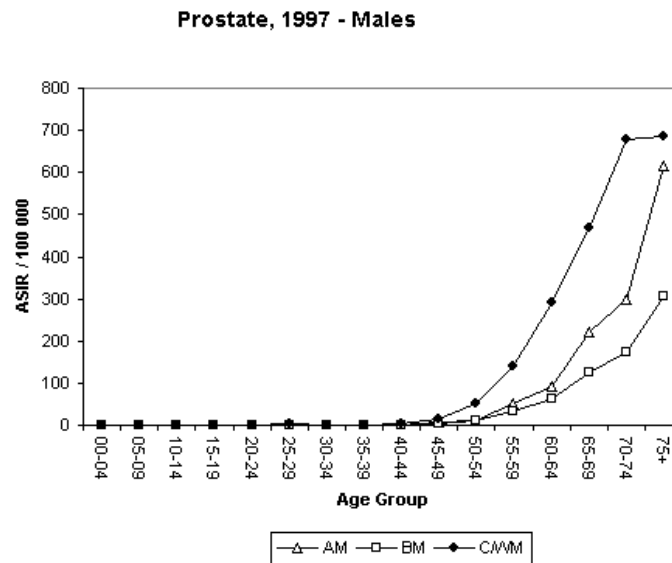
#### POPULATION VARIATION

Prostate cancer was the leading male cancer in all population groups and incidence rates showed an increase on the number reported in 1995. Coloured and white males comprised 63.4% of all prostate cancer cases and had the highest ASR of 63.5 per 100 000. In 1997, 1 in 12 coloured or white South African men were at risk of having prostate cancer diagnosed.

Asian males comprised 2.5% of all prostate cancer cases, with a shift from colorectal cancer as the leading cancer in 1995 to prostate cancer in 1997. Asian males had the second highest incidence rates to those of coloured and white males. In 1997, incidence rates increased almost two-fold, from 18.9 per 100 000 in 1996 to 32.4 per 100 000 in 1997. The lifetime risk of developing prostate cancer among Asian men was 1 in 29 in 1997; almost two times that in black males and 2.4 fold lower than that in coloured and white males.

Black males constituted the second-highest proportion of cancer cases and comprised on average 34% of all prostate cancer cases. A shift from oesophageal cancer as the leading cancer in black males in 1995 to prostate cancer in 1997 was observed. The lifetime risk of developing prostate cancer was 1 in 47.

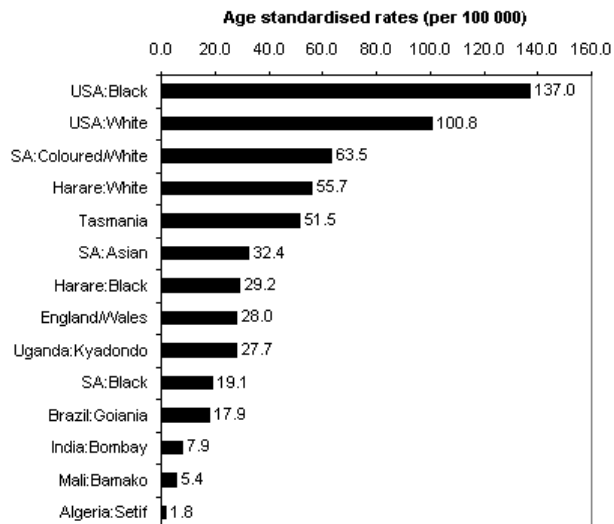
Figure 9: Prostate: Age specific incidence rates, 1997



### INTERNATIONAL COMPARISON

A general increase in prostate cancer rates had been reported worldwide (IARC 1998). Incidence rates among South African coloured and white males combined ranks among the highest in the world and are second to those reported in the USA. These rates compare with those reported in white males in Zimbabwe. Rates in South African Asian males are almost five times those reported in Bombay, India. Rates in South African black males compare with those reported in other developing countries.

Figure 10: Comparison of prostate cancer rates among selected countries



(Adapted from Parkin et al. 1997)



## ASIAN

### SUMMARY STATISTICS OF CANCER DIAGNOSED IN 1997 ASIAN FEMALES

N(OBS) = Number of new cases observed

PERCENT = Percent of all cancers

CRUDE = Number of cases/population in 1997, per 100 000

ASR = Age standardized incidence rate per 100 000, World standard

LR = Lifetime risk of developing a cancer expressed as 1 in x number of people

PSU = Primary Site Unknown

NB: Rates exclude BCC and SCC of the skin

CANCER SITE	N(OBS)	PERCENT	CRUDE	ASR	LR
BREAST	296	29.84	60.00	66.01	13
PSU	89	8.82	17.72	19.42	44
CERVIX	98	9.37	18.83	19.13	47
COLORECTAL	62	6.06	12.18	14.87	51
UTERUS	46	4.32	8.68	10.19	87
STOMACH	41	3.95	7.94	9.68	85
ILL DEFINED	40	3.67	7.38	8.74	103
OVARY	38	3.67	7.38	8.46	82
BCC	30	2.85	5.72	7.18	159
LUNG	29	2.66	5.35	6.56	127
NON HODGKIN'S	24	2.20	4.43	4.94	164
BLADDER	20	1.84	3.69	4.67	143
LEUKAEMIA	23	2.11	4.25	4.44	233
CONNECT. TISSUE	20	1.84	3.69	4.16	205
OESOPHAGUS	15	1.38	2.77	3.56	213
THYROID	20	1.84	3.69	3.47	286
SKIN OTHER	14	1.29	2.58	2.80	501
BONE	13	1.19	2.40	2.74	304
VULVA & VAGINA	11	1.01	2.03	2.39	385
BRAIN, CNS	13	1.19	2.40	2.39	626
MOUTH	9	0.83	1.66	2.21	257
OTHER SPECIFIED	9	0.83	1.66	1.99	417
KIDNEY	8	0.73	1.48	1.85	385
MYELOMA	9	0.83	1.66	1.80	385
SCC OF SKIN	7	0.64	1.29	1.66	1429
NASO-ORO PHX	6	0.55	1.11	1.42	589
LIVER, BILE DUCT	7	0.64	1.29	1.42	910
PANCREAS	6	0.55	1.11	1.23	556
EYE	5	0.46	0.92	1.04	1112
GUM	4	0.37	0.74	0.89	1429
ANUS	4	0.37	0.74	0.88	1001

<b>TONGUE</b>	4	0.37	0.74	0.82	2001
<b>HODGKIN'S</b>	4	0.37	0.74	0.79	1429
<b>INTESTINE</b>	4	0.37	0.74	0.74	1429
<b>ENDOCRINE</b>	3	0.28	0.55	0.50	2001
<b>SALIVARY</b>	2	0.18	0.37	0.45	1251
<b>MELANOMA</b>	2	0.18	0.37	0.40	2501
<b>LARYNX</b>	2	0.18	0.37	0.36	2501
<b>MESOTHELIOMA</b>	1	0.09	0.18	0.18	5001
<b>KAPOSI'S</b>	1	0.09	0.18	0.16	10001
<hr/>					
<b>TOTAL</b>	<b>1039</b>	<b>100.00</b>	<b>194.03</b>	<b>218.36</b>	<b>4</b>

**BLACK**

**SUMMARY STATISTICS OF CANCER DIAGNOSED IN 1997  
BLACK FEMALES**

N(OBS) = Number of new cases observed  
 PERCENT = Percent of all cancers  
 CRUDE = Number of cases/population in 1997, per 100 000  
 ASR = Age standardized incidence rate per 100 000, World standard  
 LR = Lifetime risk of developing a cancer expressed as 1 in x number of people  
 PSU = Primary Site Unknown  
 NB: Rates exclude BCC and SCC of the skin

CANCER SITE	N(OBS)	PERCENT	CRUDE	ASR	LR
CERVIX	4232	35.29	26.66	38.46	23
BREAST	1679	14.59	11.02	15.79	57
PSU	798	6.82	5.15	7.72	106
OESOPHAGUS	725	6.01	4.54	7.33	113
UTERUS	391	3.26	2.47	4.17	189
LUNG	285	2.46	1.86	2.96	286
OVARY	289	2.47	1.87	2.81	278
ILL DEFINED	298	2.55	1.93	2.73	313
COLORECTAL	216	1.88	1.42	2.03	435
BLADDER	192	1.63	1.23	1.85	455
LEUKAEMIA	236	1.94	1.47	1.84	556
LIVER, BILE DUCT	183	1.54	1.16	1.80	477
STOMACH	173	1.47	1.11	1.73	477
MELANOMA	139	1.21	0.92	1.52	527
NON HODGKIN'S	181	1.55	1.17	1.45	667
VULVA & VAGINA	144	1.21	0.92	1.30	667
SCC OF SKIN	123	1.08	0.81	1.21	770
THYROID	122	1.04	0.78	1.08	770
KAPOSI'S	171	1.39	1.05	1.00	1251
CONNECT. TISSUE	122	0.98	0.74	0.91	1112
MYELOMA	86	0.74	0.56	0.90	834
OTHER SPECIFIED	94	0.80	0.60	0.90	834
SKIN OTHER	99	0.80	0.60	0.80	1251
BONE	108	0.86	0.65	0.76	1429
NASO-ORO PHX	78	0.65	0.49	0.70	1429
EYE	82	0.66	0.50	0.62	1667
KIDNEY	83	0.70	0.53	0.60	2001
MOUTH	56	0.47	0.35	0.56	1667
BCC	53	0.47	0.35	0.51	1667
HODGKIN'S	71	0.63	0.48	0.49	2501

PANCREAS	40	0.32	0.25	0.40	1667
LARYNX	41	0.32	0.25	0.39	2001
ANUS	38	0.32	0.24	0.35	3334
TONGUE	37	0.29	0.22	0.34	2501
BRAIN, CNS	50	0.40	0.30	0.32	3334
SALIVARY	43	0.34	0.26	0.31	3334
MESOTHELIOMA	24	0.20	0.15	0.23	3334
INTESTINE	24	0.19	0.14	0.20	5001
LIP	14	0.11	0.08	0.14	5001
ENDOCRINE	18	0.14	0.11	0.13	10001
GUM	12	0.10	0.07	0.11	10001
PLACENTA	5	0.04	0.03	0.04	.
BURKITT'S	6	0.05	0.04	0.04	.
HAEM. OTHER	3	0.02	0.02	0.03	.
<hr/>					
<b>TOTAL</b>	<b>11864</b>	<b>100.00</b>	<b>74.39</b>	<b>107.88</b>	<b>9</b>

## COLOURED AND WHITE

### SUMMARY STATISTICS OF CANCER DIAGNOSED IN 1997 COLOURED & WHITE MALES

N(OBS) = Number of new cases observed

PERCENT = Percent of all cancers

CRUDE = Number of cases/population in 1997, per 100 000

ASR = Age standardized incidence rate per 100 000, World standard

LR = Lifetime risk of developing a cancer expressed as 1 in x number of people

PSU = Primary Site Unknown

NB: Rates exclude BCC and SCC of the skin

CANCER SITE	N(OBS)	PERCENT	CRUDE	ASR	LR
BCC	6300	37.47	162.78	176.53	5
PROSTATE	2154	12.68	55.10	63.49	12
SCC OF SKIN	1342	7.91	34.36	37.94	23
BLADDER	804	4.80	20.86	23.45	34
PSU	811	4.69	20.39	22.40	38
LUNG	702	4.13	17.94	20.28	38
COLORECTAL	700	4.15	18.01	20.05	40
MELANOMA	624	3.62	15.74	16.35	54
STOMACH	419	2.47	10.71	11.86	65
NON HODGKIN'S	275	1.62	7.04	7.57	114
SKIN OTHER	214	1.24	5.38	5.92	141
LARYNX	206	1.20	5.19	5.90	124
OESOPHAGUS	215	1.23	5.33	5.85	145
ILL DEFINED	202	1.17	5.08	5.42	150
NASO-ORO PHX	190	1.10	4.77	5.17	162
LEUKAEMIA	155	0.88	3.84	4.18	251
KIDNEY	145	0.86	3.72	4.10	213
MOUTH	134	0.79	3.44	3.75	223
BRAIN, CNS	132	0.75	3.27	3.38	278
TONGUE	124	0.71	3.06	3.32	251
MESOTHELIOMA	93	0.57	2.46	2.78	278
CONNECT. TISSUE	93	0.55	2.39	2.60	295
LIP	104	0.56	2.43	2.54	401
OTHER SPECIFIED	80	0.47	2.06	2.35	323
TESTIS	102	0.60	2.62	2.32	556
LIVER, BILE DUCT	84	0.48	2.10	2.22	417
BONE	83	0.46	1.99	2.07	527
PANCREAS	60	0.36	1.57	1.81	401
HODGKIN'S	75	0.40	1.75	1.74	556
THYROID	66	0.38	1.66	1.69	589
MYELOMA	49	0.27	1.17	1.25	834

<b>BREAST</b>	37	0.22	0.96	1.09	667
<b>SALIVARY</b>	35	0.19	0.82	0.86	1251
<b>PENIS</b>	34	0.18	0.80	0.84	1112
<b>ANUS</b>	30	0.17	0.75	0.82	1112
<b>KAPOSI'S</b>	33	0.18	0.77	0.73	1429
<b>INTESTINE</b>	27	0.15	0.63	0.71	1112
<b>EYE</b>	20	0.11	0.47	0.49	2501
<b>GUM</b>	17	0.10	0.42	0.47	2001
<b>BURKITT'S</b>	14	0.08	0.33	0.36	5001
<b>ENDOCRINE</b>	10	0.05	0.23	0.26	3334
<b>HAEM. OTHER</b>	1	0.01	0.02	0.03	10001
<hr/>					
<b>TOTAL</b>	<b>16995</b>	<b>100.00</b>	<b>237.27</b>	<b>267.69</b>	<b>4</b>

**POPULATION GROUP MALE  
MALE-GENERAL**

**SUMMARY STATISTICS FOR CANCER DIAGNOSED IN 1997  
MALES**

N(OBS) = Number of new cases observed  
 PERCENT = Percent of all cancers  
 CRUDE = Number of cases/population in 1997, per 100 000  
 ASR = Age standardized incidence rate per 100 000, World standard  
 LR = Lifetime risk of developing a cancer expressed as 1 in x number of people  
 PSU = Primary Site Unknown  
 NB: Rates exclude BCC and SCC of the skin

CANCER SITE	N(OBS)	PERCENT	CRUDE	ASR	LR
BCC	7042	23.87	33.84	58.26	16
PROSTATE	3715	12.59	17.85	34.56	24
LUNG	1974	6.69	9.48	16.1	49
PSU	1914	6.49	9.2	15.04	57
SCC OF SKIN	1663	5.64	7.99	14.25	62
OESOPHAGUS	1617	5.48	7.77	12.6	66
BLADDER	1113	3.77	5.35	9.75	84
COLORECTAL	1089	3.69	5.23	9.05	91
STOMACH	821	2.78	3.94	6.5	122
MELANOMA	735	2.49	3.53	5.42	167
LARYNX	631	2.14	3.03	5.08	157
ILL DEFINED	615	2.08	2.95	4.54	190
NON HODGKIN'S	612	2.07	2.94	4.23	219
MOUTH	478	1.62	2.3	3.71	225
NASO-ORO PHX	486	1.65	2.34	3.66	234
LIVER,BILE DUCT	457	1.55	2.2	3.18	282
LEUKAEMIA	519	1.76	2.49	3.01	343
TONGUE	385	1.31	1.85	3	273
SKIN OTHER	325	1.1	1.56	2.55	343
KIDNEY	263	0.89	1.26	1.87	489
CONNECT. TISSUE	251	0.85	1.21	1.78	475
BONE	288	0.98	1.38	1.74	574
KAPOSI'S	331	1.12	1.59	1.72	678
OTHER SPECIFIED	204	0.69	0.98	1.67	478
MESOTHELIOMA	176	0.6	0.85	1.43	547
BRAIN, CNS	220	0.75	1.06	1.29	752
PENIS	164	0.56	0.79	1.27	697
MYELOMA	152	0.52	0.73	1.22	734
BREAST	134	0.45	0.64	1.09	688
HODGKIN'S	207	0.7	0.99	1.06	1063

<b>LIP</b>	121	0.41	0.58	0.91	1112
<b>PANCREAS</b>	108	0.37	0.52	0.87	893
<b>TESTIS</b>	157	0.53	0.75	0.79	1384
<b>THYROID</b>	113	0.38	0.54	0.75	1251
<b>SALIVARY</b>	86	0.29	0.41	0.63	1379
<b>GUM</b>	69	0.23	0.33	0.56	1326
<b>EYE</b>	93	0.32	0.45	0.53	2339
<b>ANUS</b>	66	0.22	0.32	0.51	2001
<b>INTESTINE</b>	45	0.15	0.22	0.38	1912
<b>ENDOCRINE</b>	28	0.09	0.13	0.16	9286
<b>BURKITT'S</b>	31	0.11	0.15	0.14	10001
<b>HAEM. OTHER</b>	1	0	0	0.01	.
<b>TOTAL</b>	<b>29499</b>	<b>100.00</b>	<b>99.91</b>	<b>164.35</b>	<b>6</b>



**ASIAN**

**SUMMARY STATISTICS OF CANCER DIAGNOSED IN 1997  
ASIAN MALES**

N(OBS) = Number of new cases observed , PERCENT = Percent of all cancers  
 CRUDE = Number of cases/population in 1997, per 100 000  
 ASR = Age standardized incidence rate per 100 000, World standard  
 LR = Lifetime risk of developing a cancer expressed as 1 in x number of people  
 PSU = Primary Site Unknown, NB: Rates exclude BCC and SCC of the skin

CANCER SITE	N(OBS)	PERCENT	CRUDE	ASR	LR
PROSTATE	85	12.99	17.59	32.41	29
LUNG	70	10.61	14.37	19.87	38
BLADDER	54	8.38	11.35	18.25	45
COLORECTAL	57	8.80	11.91	18.22	40
PSU	66	9.64	13.50	17.95	44
STOMACH	56	8.38	11.35	15.44	53
BCC	26	3.91	5.29	8.86	152
ILL DEFINED	25	3.49	4.73	6.50	118
LARYNX	21	2.93	3.97	6.36	112
LEUKAEMIA	27	3.77	5.11	5.68	205
NON HODGKIN'S	25	3.63	4.92	4.97	201
OESOPHAGUS	16	2.23	3.03	4.46	186
BREAST	12	1.68	2.27	3.29	176
NASO-ORO PHX	9	1.26	1.70	2.62	371
BONE	13	1.82	2.46	2.62	371
SCC OF SKIN	7	0.98	1.32	2.56	1112
MOUTH	10	1.40	1.89	2.49	334
MYELOMA	7	0.98	1.32	2.40	401
LIVER, BILE DUCT	8	1.12	1.51	2.20	345
KIDNEY	9	1.26	1.70	2.02	556
TESTIS	9	1.26	1.70	1.73	589
OTHER SPECIFIED	7	0.98	1.32	1.71	715
SKIN OTHER	6	0.84	1.13	1.55	417
MELANOMA	4	0.56	0.76	1.25	417
CONNECT. TISSUE	4	0.56	0.76	1.13	527
TONGUE	4	0.56	0.76	1.12	1251
PANCREAS	5	0.70	0.95	1.11	770
BRAIN, CNS	6	0.84	1.13	1.05	1001
THYROID	6	0.84	1.13	0.99	1112
MESOTHELIOMA	4	0.56	0.76	0.89	1001
HODGKIN'S	5	0.70	0.95	0.83	2001
INTESTINE	2	0.28	0.38	0.76	1667

<b>KAPOSI'S</b>	4	0.56	0.76	0.66	2501
<b>PENIS</b>	2	0.28	0.38	0.40	2501
<b>SALIVARY</b>	2	0.28	0.38	0.36	3334
<b>EYE</b>	2	0.28	0.38	0.35	3334
<b>ENDOCRINE</b>	2	0.28	0.38	0.35	3334
<b>LIP</b>	2	0.28	0.19	0.30	3334
<b>ANUS</b>	1	0.14	0.19	0.19	5001
<b>GUM</b>	1	0.14	0.19	0.19	5001
<b>TOTAL</b>	<b>680</b>	<b>100.00</b>	<b>128.78</b>	<b>185.00</b>	<b>5</b>

**BLACK**

**SUMMARY STATISTICS OF CANCER DIAGNOSED IN 1997  
BLACK MALES**

N(OBS) = Number of new cases observed

PERCENT = Percent of all cancers

CRUDE = Number of cases/population in 1997, per 100 000

ASR = Age standardized incidence rate per 100 000, World standard

LR = Lifetime risk of developing a cancer expressed as 1 in x number of people

PSU = Primary Site Unknown

NB: Rates exclude BCC and SCC of the skin

CANCER SITE	N(OBS)	PERCENT	CRUDE	ASR	LR
PROSTATE	1158	12.49	7.90	19.12	47
OESOPHAGUS	1290	13.52	8.55	16.22	51
LUNG	1036	11.16	7.06	13.62	59
PSU	903	9.56	6.05	11.10	79
LARYNX	356	3.80	2.41	4.65	186
ILL DEFINED	345	3.65	2.31	3.97	223
MOUTH	296	3.17	2.01	3.82	223
LIVER, BILE DUCT	329	3.54	2.24	3.68	239
STOMACH	274	2.97	1.88	3.36	257
NASO-ORO PHX	255	2.69	1.70	2.93	295
TONGUE	238	2.46	1.56	2.91	271
COLORECTAL	233	2.55	1.61	2.63	334
NON HODGKIN'S	261	2.81	1.78	2.50	417
LEUKAEMIA	310	3.23	2.04	2.47	435
SCC OF SKIN	170	1.84	1.16	2.14	455
KAPOSÍ'S	277	2.87	1.82	2.06	556
BLADDER	145	1.58	1.00	1.90	435
BONE	173	1.82	1.15	1.52	667
PENIS	117	1.23	0.78	1.51	556
CONNECT. TISSUE	132	1.41	0.89	1.41	667
OTHER SPECIFIED	98	1.09	0.69	1.26	667
MYELOMA	89	0.90	0.57	1.10	715
BREAST	71	0.78	0.49	0.99	770
SKIN OTHER	83	0.87	0.55	0.83	1251
HODGKIN'S	117	1.22	0.77	0.78	1667
MESOTHELIOMA	58	0.65	0.41	0.74	1112
KIDNEY	84	0.90	0.57	0.72	1667
MELANOMA	55	0.58	0.37	0.68	1667
GUM	43	0.49	0.31	0.63	1112
BCC	47	0.49	0.31	0.59	1251
BRAIN, CNS	69	0.70	0.44	0.51	2501

<b>EYE</b>	68	0.68	0.43	0.50	2501
<b>SALIVARY</b>	45	0.44	0.28	0.48	1667
<b>PANCREAS</b>	32	0.35	0.22	0.36	3334
<b>THYROID</b>	30	0.31	0.19	0.33	3334
<b>ANUS</b>	29	0.30	0.19	0.31	3334
<b>TESTIS</b>	29	0.30	0.19	0.25	5001
<b>INTESTINE</b>	15	0.15	0.09	0.17	5001
<b>LIP</b>	14	0.14	0.09	0.14	10001
<b>ENDOCRINE</b>	15	0.15	0.09	0.10	10001
<b>BURKITT'S</b>	16	0.16	0.10	0.09	.
<hr/>					
<b>TOTAL</b>	<b>9405</b>	<b>100.00</b>	<b>61.78</b>	<b>112.42</b>	<b>8</b>

## COLOURED and WHITE

### SUMMARY STATISTICS OF CANCER DIAGNOSED IN 1997 COLOURED & WHITE MALES

N(OBS) = Number of new cases observed

PERCENT = Percent of all cancers

CRUDE = Number of cases/population in 1997, per 100 000

ASR = Age standardized incidence rate per 100 000, World standard

LR = Lifetime risk of developing a cancer expressed as 1 in x number of people

PSU = Primary Site Unknown

NB: Rates exclude BCC and SCC of the skin

CANCER SITE	N(OBS)	PERCENT	CRUDE	ASR	LR
BCC	6300	37.47	162.78	176.53	5
PROSTATE	2154	12.68	55.10	63.49	12
SCC OF SKIN	1342	7.91	34.36	37.94	23
BLADDER	804	4.80	20.86	23.45	34
PSU	811	4.69	20.39	22.40	38
LUNG	702	4.13	17.94	20.28	38
COLORECTAL	700	4.15	18.01	20.05	40
MELANOMA	624	3.62	15.74	16.35	54
STOMACH	419	2.47	10.71	11.86	65
NON HODGKIN'S	275	1.62	7.04	7.57	114
SKIN OTHER	214	1.24	5.38	5.92	141
LARYNX	206	1.20	5.19	5.90	124
OESOPHAGUS	215	1.23	5.33	5.85	145
ILL DEFINED	202	1.17	5.08	5.42	150
NASO-ORO PHX	190	1.10	4.77	5.17	162
LEUKAEMIA	155	0.88	3.84	4.18	251
KIDNEY	145	0.86	3.72	4.10	213
MOUTH	134	0.79	3.44	3.75	223
BRAIN, CNS	132	0.75	3.27	3.38	278
TONGUE	124	0.71	3.06	3.32	251
MESOTHELIOMA	93	0.57	2.46	2.78	278
CONNECT. TISSUE	93	0.55	2.39	2.60	295
LIP	104	0.56	2.43	2.54	401
OTHER SPECIFIED	80	0.47	2.06	2.35	323
TESTIS	102	0.60	2.62	2.32	556
LIVER, BILE DUCT	84	0.48	2.10	2.22	417
BONE	83	0.46	1.99	2.07	527
PANCREAS	60	0.36	1.57	1.81	401
HODGKIN'S	75	0.40	1.75	1.74	556
THYROID	66	0.38	1.66	1.69	589
MYELOMA	49	0.27	1.17	1.25	834

<b>BREAST</b>	37	0.22	0.96	1.09	667
<b>SALIVARY</b>	35	0.19	0.82	0.86	1251
<b>PENIS</b>	34	0.18	0.80	0.84	1112
<b>ANUS</b>	30	0.17	0.75	0.82	1112
<b>KAPOSI'S</b>	33	0.18	0.77	0.73	1429
<b>INTESTINE</b>	27	0.15	0.63	0.71	1112
<b>EYE</b>	20	0.11	0.47	0.49	2501
<b>GUM</b>	17	0.10	0.42	0.47	2001
<b>BURKITT'S</b>	14	0.08	0.33	0.36	5001
<b>ENDOCRINE</b>	10	0.05	0.23	0.26	3334
<b>HAEM. OTHER</b>	1	0.01	0.02	0.03	10001
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<b>TOTAL</b>	<b>16995</b>	<b>100.00</b>	<b>237.27</b>	<b>267.69</b>	<b>4</b>