

Cancer

HIGHLIGHTS

- Prostate, colorectal, and lung cancers accounted for almost half of all newly diagnosed cancers among Peel seniors in 2002.
- The incidence rates of lung cancer in Ontario and Peel have decreased for males and increased for females between 1979 and 2002.
- In 2001, lung cancer was the second leading cause of death for male seniors in Peel and the fourth leading cause of death for female seniors.
- The incidence rates of colorectal cancer among Peel seniors have been erratic from year-to-year, but the rates were lower in the early 2000s compared to the early 1980s.
- Breast cancer was the most commonly diagnosed type of cancer among Peel and Ontario female seniors in 2002.
- Breast cancer mortality among female seniors in Peel has decreased between 1995 and 2001. In 2001, the mortality rates for breast cancer increased by age group among female seniors in Peel.
- Prostate cancer was the most commonly diagnosed type of cancer among Peel and Ontario male seniors in 2002.
- The incidence rates for prostate cancer increased among Peel and Ontario male seniors between the late 1970s and early 2000s. In Peel, the incidence rates for prostate cancer were highest for 80- to 84-year-old men.
- The hospitalization rates for prostate cancer among senior males decreased between 1995 and 2003 in both Peel and Ontario.
- Compared to other types of cancer presented in this report, there were very few cervical cancer cases reported among Peel and Ontario female seniors.
- The incidence rates of cervical cancer among female seniors in Peel have fluctuated over time as there were fewer than 12 cases per year since the early 1990s.



INTRODUCTION

Cancer is a general term for more than 200 diseases. It is the uncontrolled, abnormal growth of cells that can invade and destroy healthy tissues. Most cancers can also spread to other parts of the body.⁷⁴

According to Canadian Cancer Statistics, 44% of new cancer cases and 60% of deaths due to cancer occur among those who are at least 70 years old.⁷⁵ On the basis of current incidence rates, the probability of developing cancer increases by age (*see Table 10.1*). For example, one out of every five males aged 70 years (22%) would probably develop some type of cancer before they turn 80 years of age, compared to 6% of males aged 50 years before they turn 60 years of age. Males have a higher probability than females of developing specific types of cancer in the older age groups.

The number of new cancers diagnosed each year is expected to increase by more than 50% from 2001 to 2015. Population aging, population growth, and rising cancer risk all contribute to the projected increase. The increasing proportion of elderly people accounts for more than half of the projected increase because older people are more likely to develop cancer.⁷⁶

Table 10.1: Proportion of Population Likely to Develop Cancer in Next 10 Years by Age Group and Sex, Canada, 2005

Note: The probability of developing cancer is calculated based on age- and sex-specific cancer incidence and mortality rates for Canada in 2001 and on life tables based on 1999-2001 all-cause mortality rates. The probability of dying from cancer represents the proportion of persons dying from cancer in a cohort subjected to the mortality conditions prevailing in the population at large in 2001.

Source: Canadian Cancer Society/National Cancer Institute of Canada: Canadian Cancer Statistics 2005, Toronto, Canada, 2005.

Age group (years)	Per cent of males	Per cent of females
30–39	0.6	1.2
40–49	1.7	3.0
50–59	6.1	6.3
60–69	15.5	10.1
70–79	21.9	13.6
80–89	20.3	13.5

The most frequently diagnosed cancers overall for men and women in Ontario are colorectal and lung cancer.⁷⁵

In Peel, 1,390 seniors were newly diagnosed with some type of cancer in 2002, for an incidence rate of 1,624 per 100,000 seniors. Prostate, colorectal, and lung cancers accounted for almost half of all newly diagnosed cancers among Peel seniors in 2002 (*see Table 10.2*).

Table 10.2: Leading Causes of Newly Diagnosed Cancer Among Seniors, Region of Peel and Ontario, 2002

Rank	Cancer site	Peel #	Peel %	Ontario %
1	Prostate	272	19.6	17.6
2	Colorectal	212	15.3	15.5
3	Lung, trachea, bronchus	206	14.8	15.4
4	Female breast	140	10.1	10.1
5	Bladder	57	4.1	3.9
6	Stomach	43	3.1	2.2
7	Other lymphoid and histiocytic tissue	41	2.9	3.9
8	Uterus	37	2.7	2.2
9	Kidney/other/unspecified urinary organs	35	2.5	2.8
10	Pancreas	31	2.2	2.6
	Other sites	316	22.7	23.7
	All sites	1,390	100.0	100.0

Source: Cancer incidence 2002. Cancer Care Ontario, Extracted: [November 17, 2005].

Tobacco use is responsible for approximately one-third of cancers as it is directly related to cancer of the lung, mouth, throat, larynx, bladder, kidney and pancreas. The incidence of cancers of the bowel, mouth and throat, stomach, breast, uterus, kidney and prostate could be lowered by lifestyle modifications. These include consuming more grains, fruits and vegetables; consuming less alcohol; maintaining a healthy body weight; and being physically active.⁷⁷

Cancers of the lung, colon and rectum, breast, prostate and cervix will be described in further detail in this chapter.

LUNG CANCER

Lung cancer is the most commonly diagnosed cancer in Canada with an estimated 22,000 new cases diagnosed in 2005.⁷⁸ The most important risk factor for developing lung cancer is smoking (including exposure to second-hand smoke). Other factors which can also increase the likelihood of developing lung cancer include working with toxic materials (e.g., asbestos, arsenic, nickel and petroleum products), especially if a person is a smoker or has been exposed to radon gas.⁷⁸

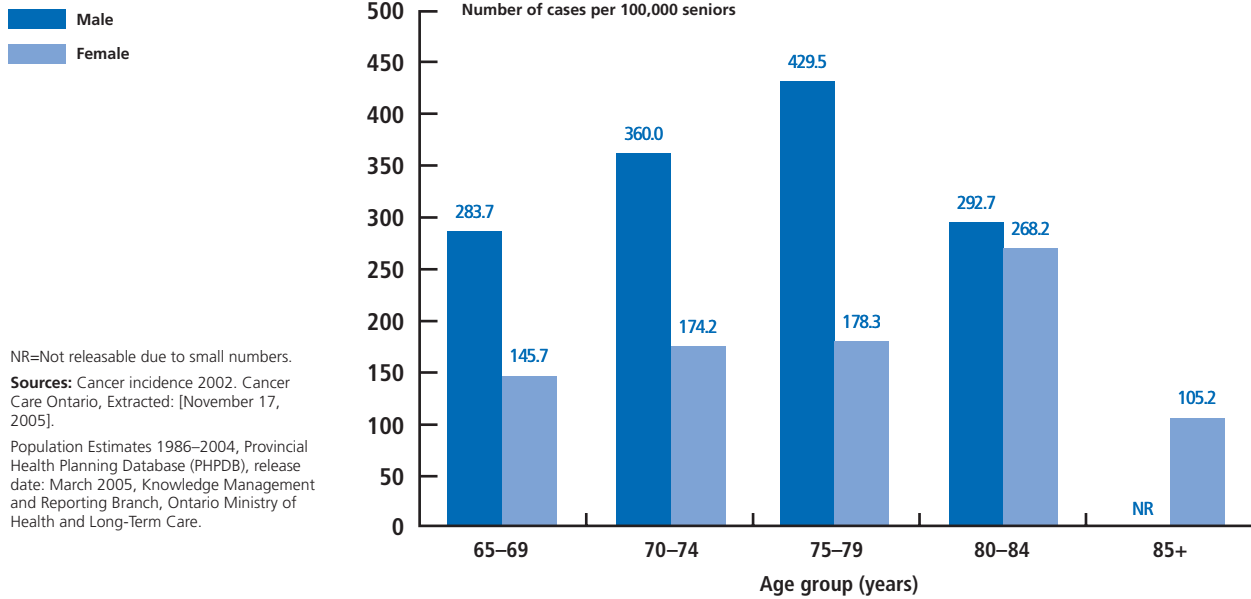
Incidence of Lung Cancer

In Peel, lung cancer was the second most commonly diagnosed cancer among male seniors and the third most commonly diagnosed cancer among women in the same age group in 2002. A similar ranking was reported in Ontario.

The incidence of lung cancer among Ontario seniors increased slightly between the late 1970s to late 1980s, although it remained stable between 1988 and 2002 (approximately 300 per 100,000 population). The total incidence rates in Peel have been more erratic from year-to-year. In Ontario, the incidence rates of lung cancer increased for women while they decreased for men between 1979 and 2002. Once again, while rates in Peel were more erratic from year-to-year, age-specific rates showed a similar trend to Ontario (data not shown). The difference in lung cancer incidence trends by sex is due to the greater decline in the smoking prevalence among men compared to women between 1965 and 2001. Although the smoking prevalence for males aged 15 years and older decreased from 61% in 1965 to 24% in 2001, the smoking prevalence among females aged 15 years and older only decreased from 38% in 1965 to 21% in 2001.⁷⁹

In 2002, lung cancer rates increased by age in Peel for men up to 79 years of age and for women up to 84 years of age (*see Figure 10.1*). The incidence rates were higher for males compared to females for all age groups, although the difference was less pronounced for 80- to 84-year-old men and women.

Figure 10.1: Incidence of Lung Cancer by Age Group and Sex, Region of Peel, 2002



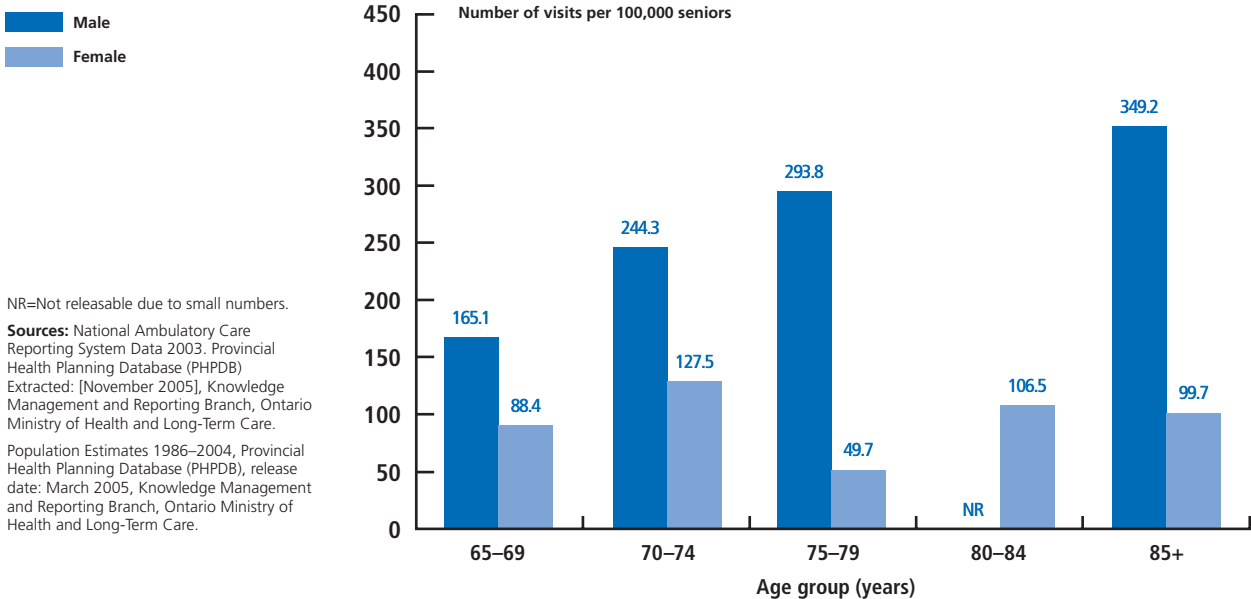
NR=Not releasable due to small numbers.
Sources: Cancer incidence 2002. Cancer Care Ontario, Extracted: [November 17, 2005].
 Population Estimates 1986-2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Emergency Department Visits for Lung Cancer

In 2003, there were 132 emergency department visits due to lung cancer among Peel seniors.

The rate of emergency department visits was higher for male seniors compared to female seniors across all age groups except for 80- to 84-year-old males (see Figure 10.2).

Figure 10.2: Emergency Department Visits for Lung Cancer by Age Group and Sex, Region of Peel, 2003

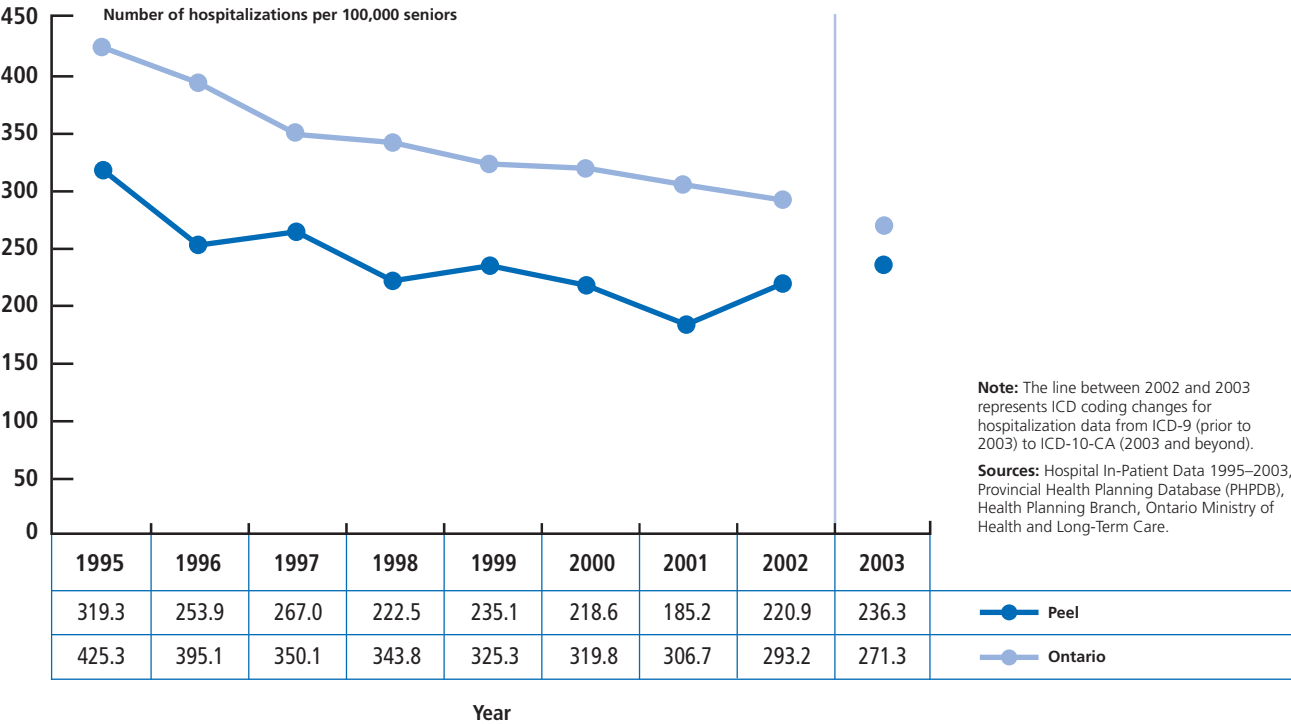


NR=Not releasable due to small numbers.
Sources: National Ambulatory Care Reporting System Data 2003. Provincial Health Planning Database (PHPDB) Extracted: [November 2005], Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.
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Hospitalization for Lung Cancer

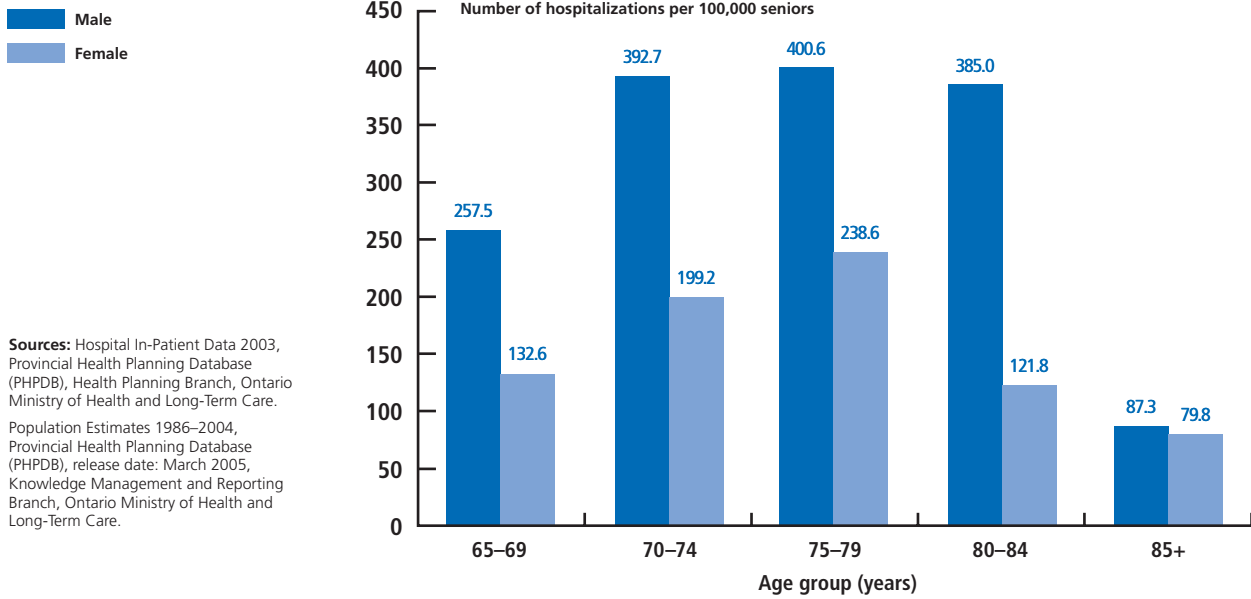
The hospitalization rates for seniors with lung cancer decreased in Ontario between 1995 and 2003. In Peel, hospitalization rates decreased between 1995 and 2001, but have increased between 2001 and 2003 (see Figure 10.3).

Figure 10.3: Hospitalization for Lung Cancer by Year, Region of Peel and Ontario, 1995–2003



In 2003, hospitalization rates for seniors with lung cancer were higher for males compared to females across all age groups (see Figure 10.4).

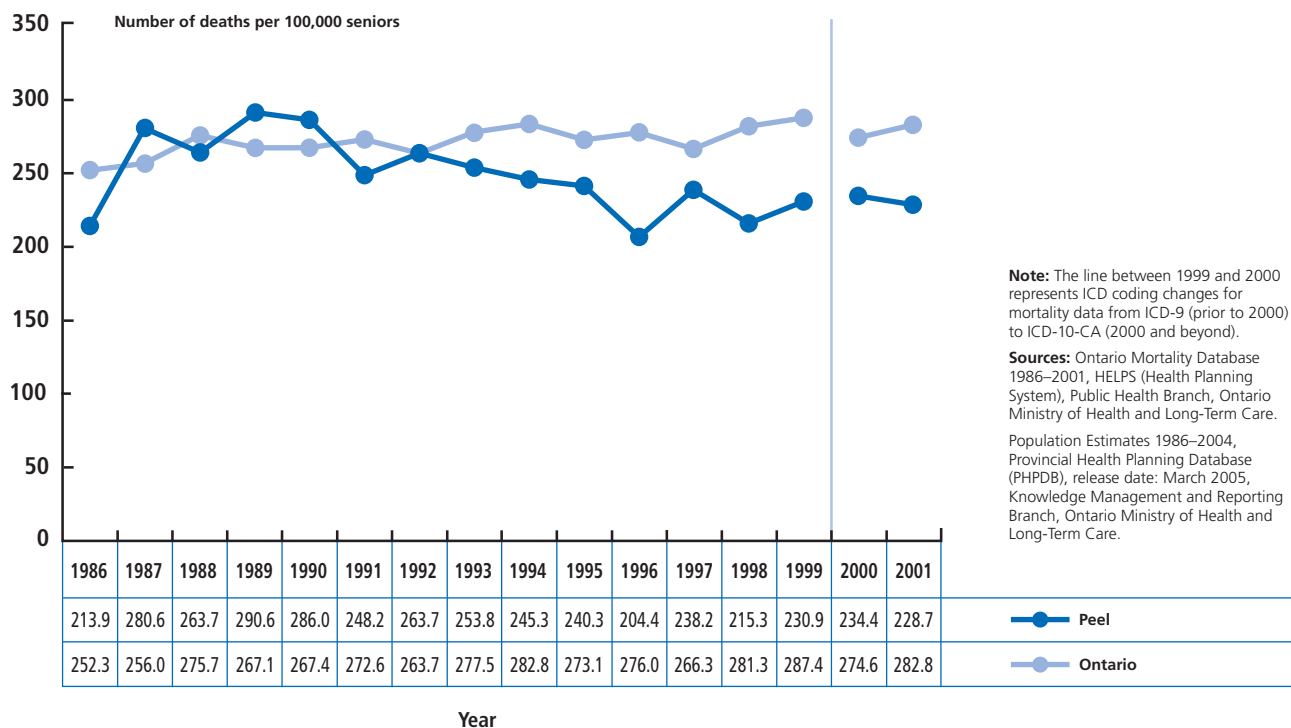
Figure 10.4: Hospitalization for Lung Cancer by Age Group and Sex, Region of Peel, 2003



Mortality from Lung Cancer

Lung cancer is a significant cause of death among seniors in Peel, particularly among men. In 2001, lung cancer was the second leading cause of death for male seniors in Peel and the fourth leading cause of death for female seniors (see Appendix 3). The mortality rates for lung cancer have been higher in Ontario compared to Peel since 1993 (see Figure 10.5).

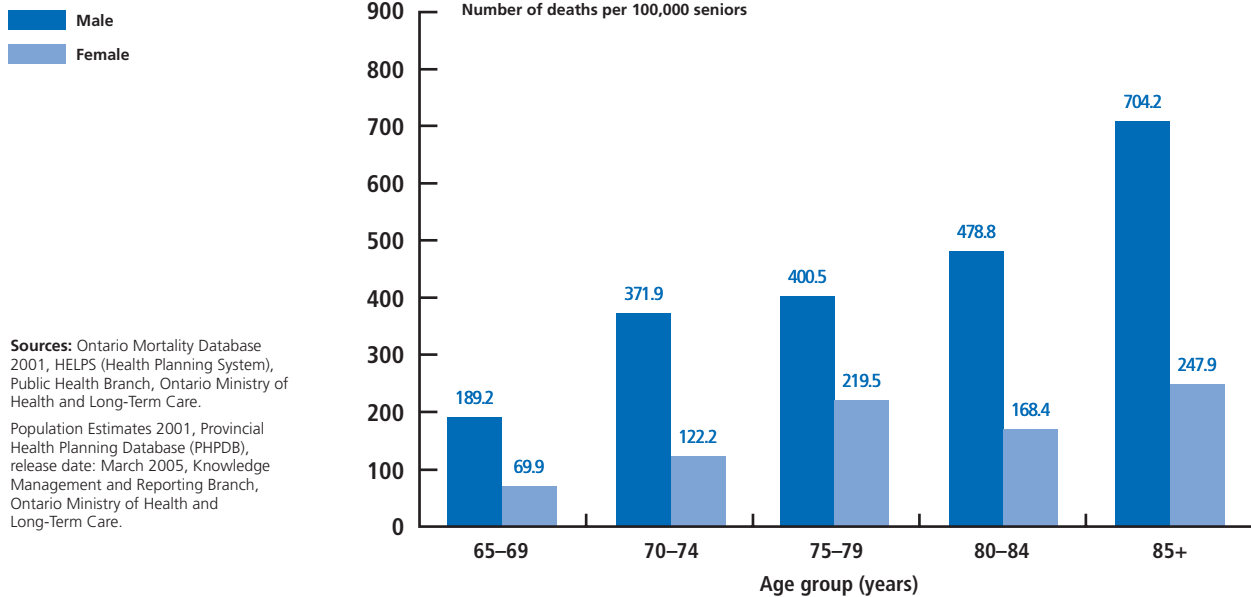
Figure 10.5: Mortality from Lung Cancer by Year, Region of Peel and Ontario, 1986–2001



In Peel, male death rates from lung cancer have decreased since 1989, with periods of minor fluctuation (data not shown). Between 1989 and 2001 there was a 32% decrease in the overall death rates due to lung cancer among men. Although female seniors experienced lower death rates due to lung cancer than their male counterparts, the difference in mortality rate between males and females has been lower in recent years (1997 to 2001) compared to the late 1980s/early 1990s (data not shown). The death rates for lung cancer among female seniors in Ontario have steadily increased from 124.2 per 100,000 women in 1986 to 209.3 per 100,000 women in 2001.

In 2001, the mortality rates for seniors with lung cancer increased by age group among males in Peel; rates were higher for males compared to females across all age groups (see Figure 10.6).

Figure 10.6: Mortality from Lung Cancer by Age Group and Sex, Region of Peel, 2001



Much of the lung cancer morbidity and mortality is a result of being a former smoker. As reviewed in the section on tobacco use (*see page 70*), in 2003, 42% of Peel seniors were former daily smokers and a further 12% were former occasional smokers. Six per cent of seniors continued to smoke daily.

COLORECTAL CANCER

Most colorectal cancer starts in the cells of the colon or the rectum which are part of the digestive system.⁸⁰ Colorectal cancer is the third most common cancer for both men and women in Canada with an estimated 19,600 newly diagnosed cases in 2005.⁷⁵

There is no single cause of colorectal cancer, but several factors appear to increase the risk of developing it such as: age (particularly after 50 years of age); the presence of polyps – which are small growths on the inner wall of the colon and rectum; family history; diet; obesity; physical inactivity; heavy alcohol consumption; and smoking.⁷⁷

Screening for Colorectal Cancer

Screening for colorectal cancer on a regular basis has been shown to decrease deaths from colorectal cancer. Cancer Care Ontario, the Canadian Cancer Society, the Canadian Task Force on Preventive Health Care, the Public Health Agency of Canada, and the Canadian Association of Gastroenterologists recommends that men and women age 50 years and older have a fecal occult blood test (FOBT) at least once every two years. Having an FOBT helps identify polyps early before they become cancerous.⁷⁵

Follow-up for a positive test could include a colonoscopy, double contrast barium enema (i.e., an x-ray of the large intestine) and sigmoidoscopy.

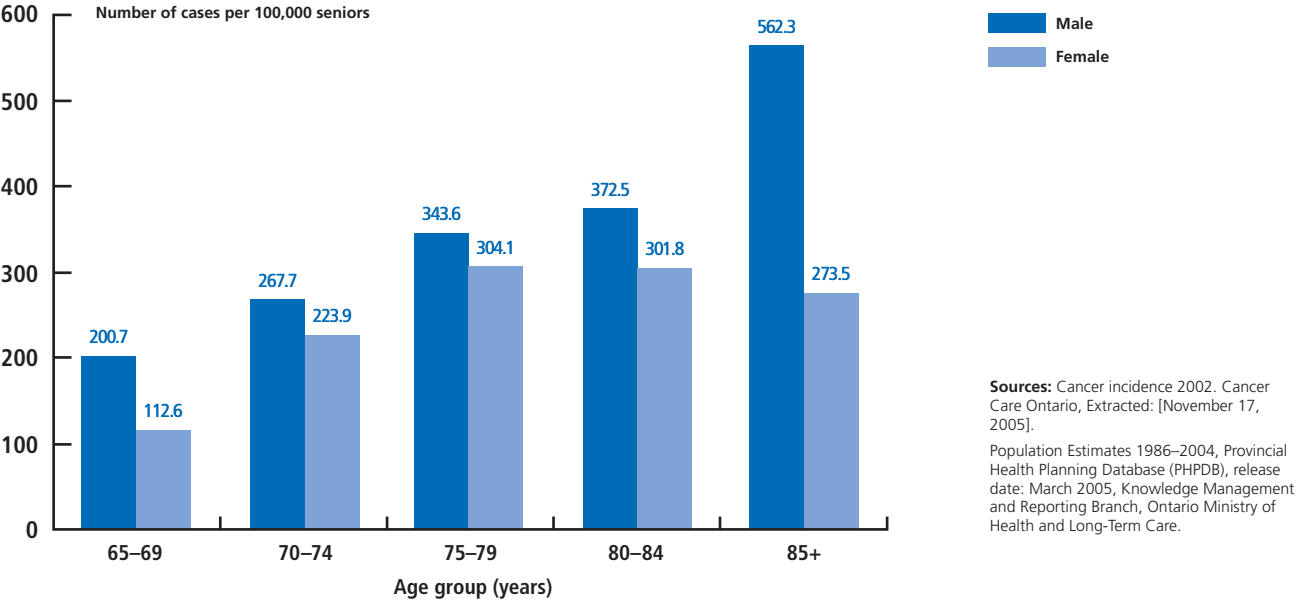
There were no data on FOBT from the Canadian Community Health Survey 2003 for Peel or Ontario since these questions were optional.

Incidence of Colorectal Cancer

Colorectal cancer was the second most commonly diagnosed type of cancer among women 65 years of age and older and the third most commonly diagnosed type of cancer among men of the same age group in Peel and Ontario. The incidence rates of colorectal cancer in Ontario have been stable between 1979 and 2002 (approximately 300 per 100,000 seniors). The incidence rates of colorectal cancer among Peel seniors have been more erratic year-to-year, but the rates were lower in the early 2000s compared to the early 1980s (data not shown).

In Peel, the incidence rates of colorectal cancer increased by age group among men. Incidence rates increased by age group among women up to 79 years of age after which rates declined (see Figure 10.7).

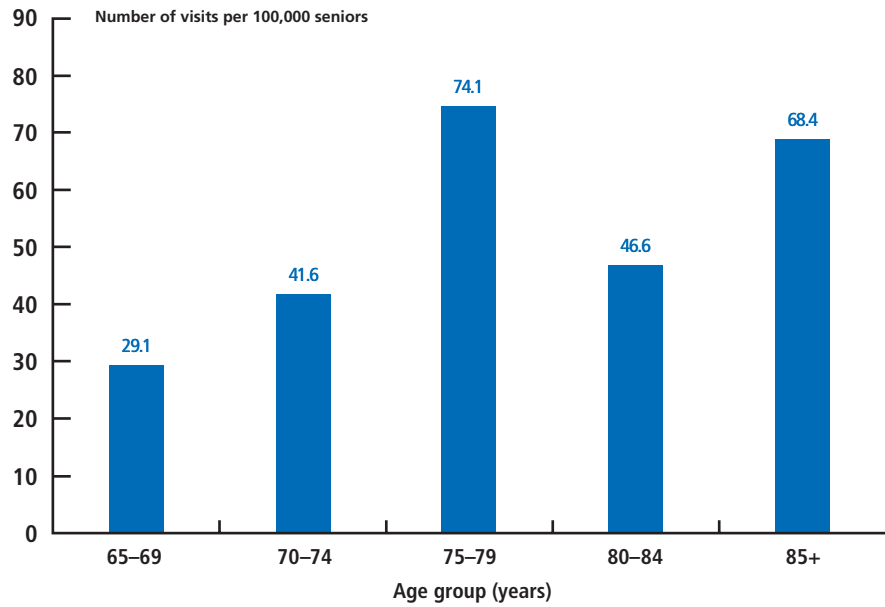
Figure 10.7: Incidence of Colorectal Cancer by Age Group and Sex, Region of Peel, 2002



Emergency Department Visits for Colorectal Cancer

In 2003, there were 42 emergency department visits for colorectal cancer among Peel seniors. In 2003, the rates of visits were highest among Peel seniors 75 to 79 years of age (see Figure 10.8).

Figure 10.8: Emergency Department Visits for Colorectal Cancer by Age Group, Region of Peel, 2003

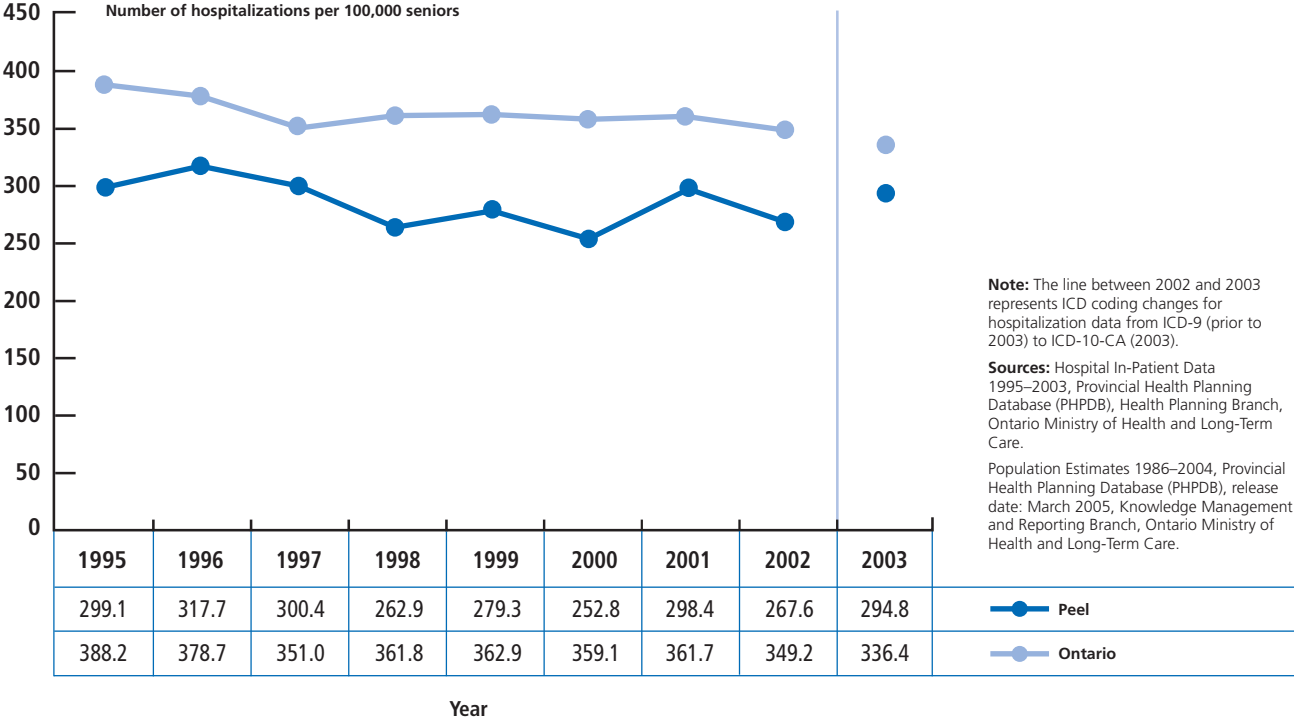


Sources: National Ambulatory Care Reporting System Data 2003. Provincial Health Planning Database (PHPDB) Extracted: [November 2005], Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.
Population Estimates 1986-2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Hospitalization for Colorectal Cancer

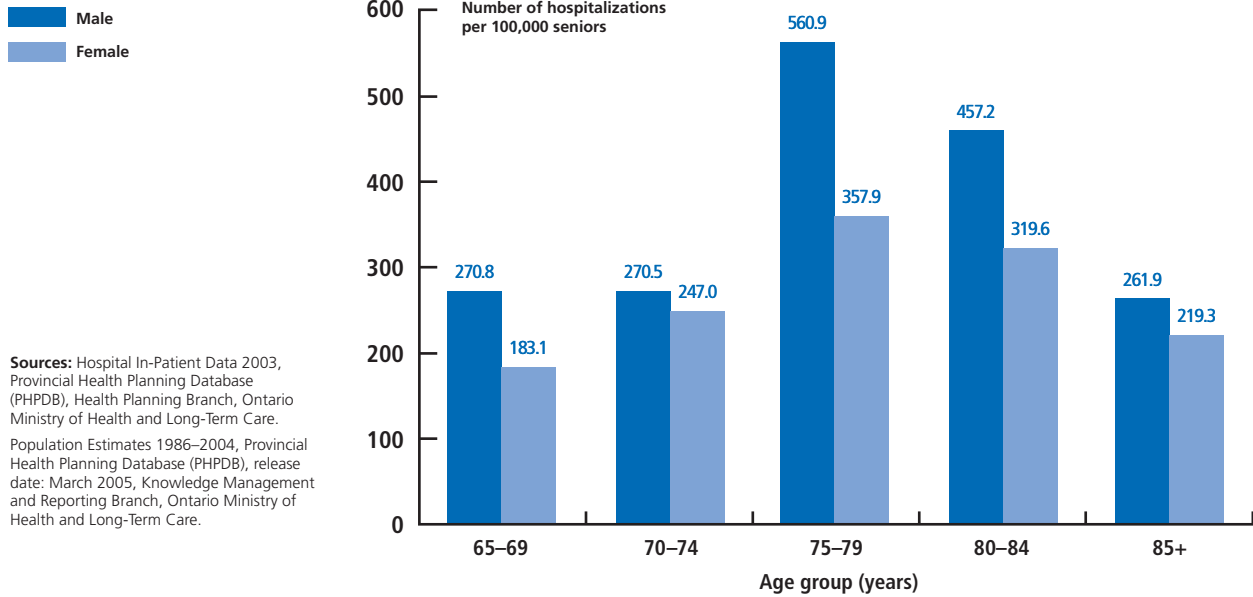
The hospitalization rates for colorectal cancer among seniors were relatively stable in both Peel and Ontario between 1995 and 2003, although rates were higher in Ontario compared to Peel (*see Figure 10.9*).

Figure 10.9: Hospitalization for Colorectal Cancer by Year, Region of Peel and Ontario, 1995–2003



In 2003, hospitalization rates for colorectal cancer were higher for male seniors compared to female seniors among all age groups and peaked among those 75 to 79 years of age for both sexes (see Figure 10.10).

Figure 10.10: Hospitalization for Colorectal Cancer by Age Group and Sex, Region of Peel, 2003



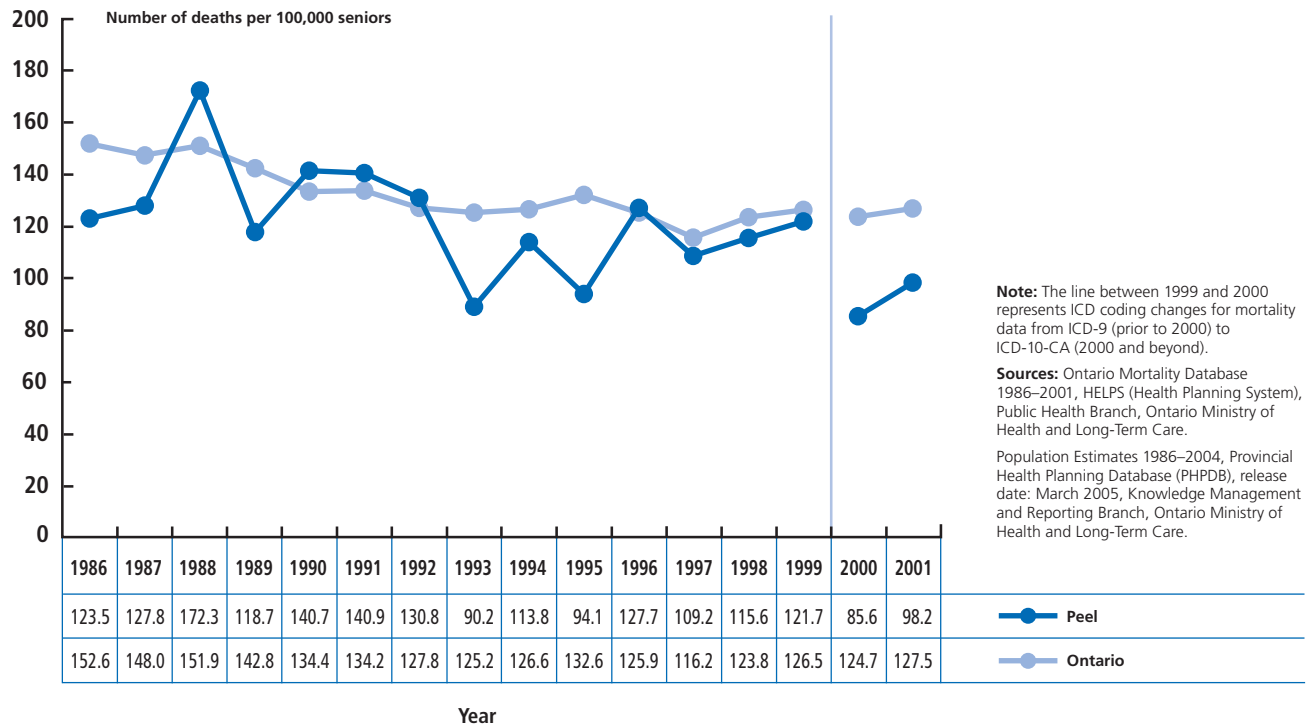
Sources: Hospital In-Patient Data 2003, Provincial Health Planning Database (PHPDB), Health Planning Branch, Ontario Ministry of Health and Long-Term Care.
Population Estimates 1986-2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Mortality from Colorectal Cancer

Colorectal cancer was among the top 10 causes of death among seniors for both women and men in Peel and Ontario (*see Appendix 3*).

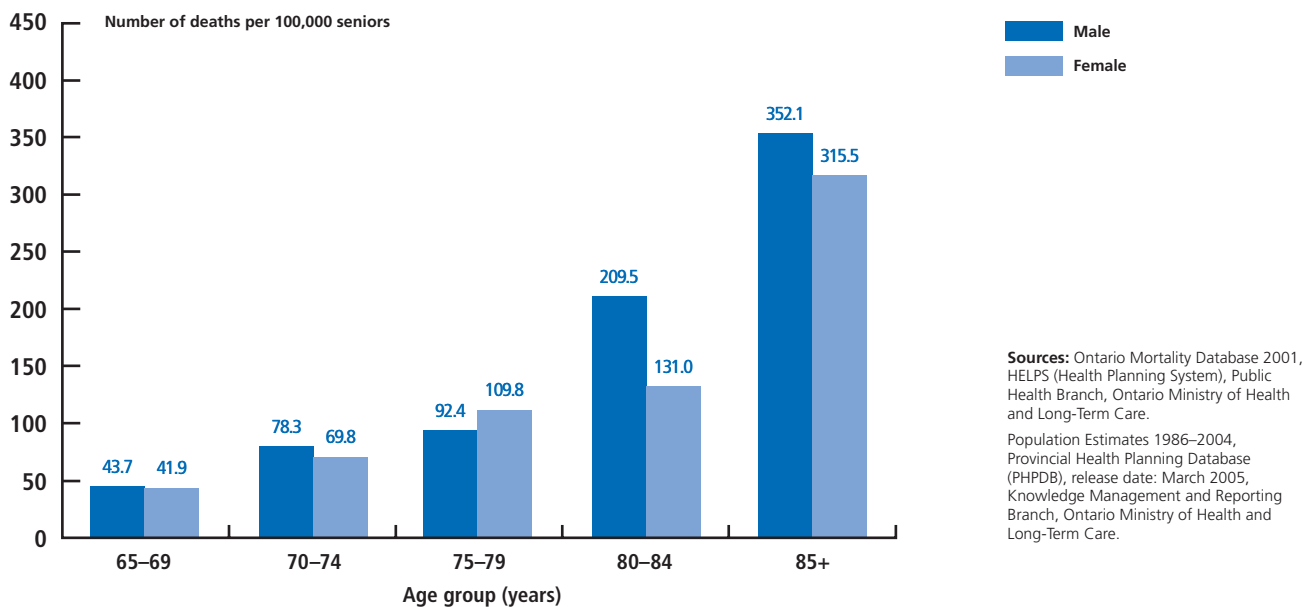
The mortality rates among seniors in Peel and Ontario fluctuated between 1986 and 2001, although the rates in Ontario have been relatively stable between 1998 and 2001 (*see Figure 10.11*).

Figure 10.11: Mortality from Colorectal Cancer by Year, Region of Peel and Ontario, 1986–2001



Mortality rates for colorectal cancer increased by age group for both males and females in Peel (see Figure 10.12).

Figure 10.12: Mortality from Colorectal Cancer by Age Group and Sex, Region of Peel, 2001



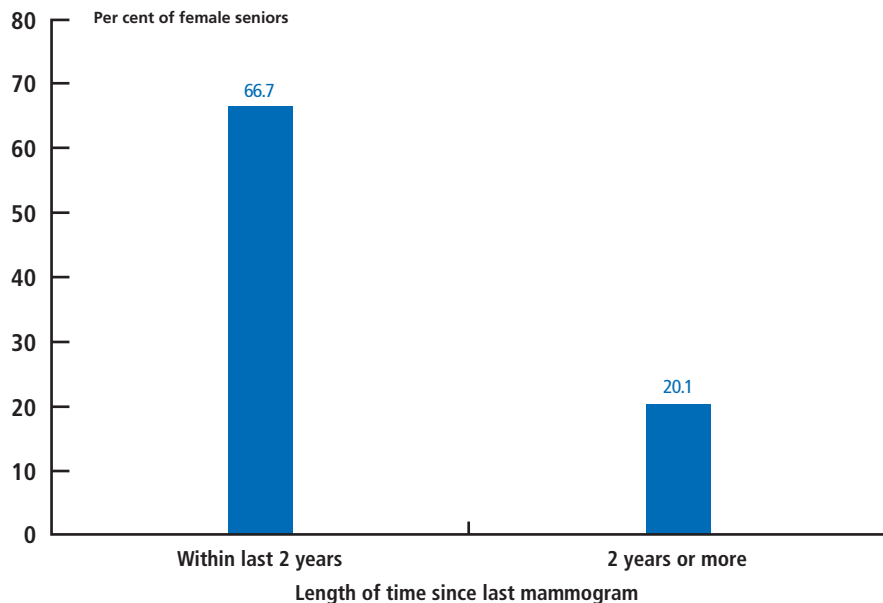
BREAST CANCER

Breast cancer starts in the cells of the breast. Breast tissue covers a larger area than just the breast.⁸¹ It extends up to the collarbone and from the armpit to the breastbone. Breast cancer is the most common cancer in Canadian women with an estimated 21,800 newly diagnosed cases in 2005.⁷⁵ Some of the factors which seem to increase the risk of breast cancer include: age; a family history of breast cancer (particularly a mother, sister or daughter); a family history of other types of cancers such as uterine, colorectal or ovarian cancers; no pregnancies or having a first pregnancy after age 30; and hormone replacement therapy (estrogen plus progestin).⁸¹ Although breast cancer can occur in men, the data in this section are based on female breast cancer.

Screening for Breast Cancer

Mammograms are recommended for 50- to 74-year-old women in order to detect breast cancer in the early stages.⁸² According to the 2003 Canadian Community Health Survey (CCHS), 91% of all 65- to 74-year-old women in Peel had ever had a mammogram. This represents 23,900 Peel women. This proportion was slightly higher than the 87% of 65- to 74-year-old women in Ontario who reported ever having a mammogram. Two-thirds of Ontario women aged 65 to 74 years reported they had a mammogram within the previous two years (*see Figure 10.13*). Data were not releasable for Peel women in the same age group.

Figure 10.13: Proportion of Women Aged 65 to 74 Years Old by Length of Time Since Last Mammogram, Ontario, 2003



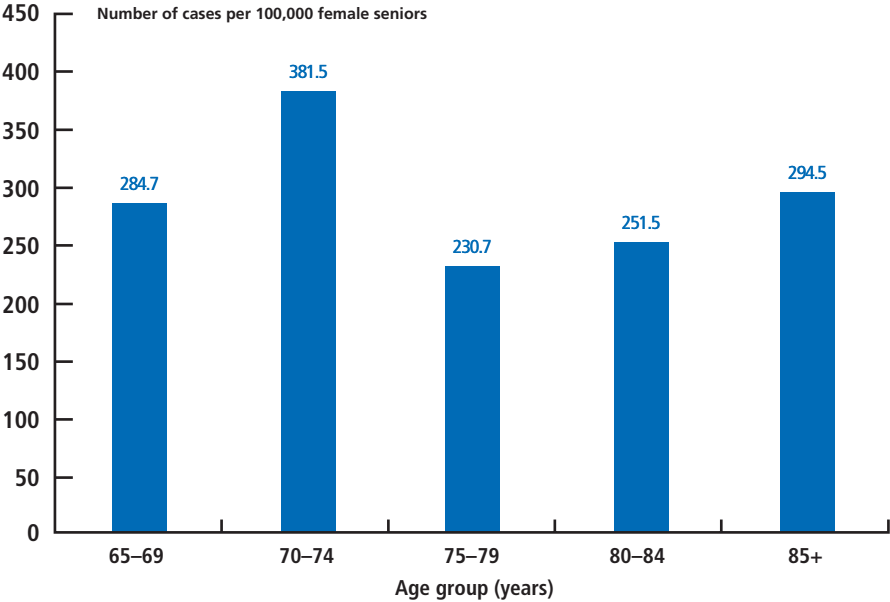
Source: Canadian Community Health Survey 2003, Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

The three main reasons female seniors in Ontario did not get a mammogram within the previous two years were: they themselves did not think it was necessary (6%), their doctor did not think it was necessary (3%), and/or they did not get around to getting one (3%). Data for Peel seniors were not releasable due to small numbers.

Incidence of Breast Cancer

Breast cancer was the most commonly diagnosed type of cancer among female seniors in Peel and Ontario. The incidence rates for breast cancer among female seniors in Ontario were relatively stable between 1993 and 2002 (350 to 360 per 100,000 female seniors). The breast cancer rates between 1993 and 2002 were higher than the rates in the early 1980s (approximately 300 per 100,000 female seniors). The trend among female seniors in Peel was similar to Ontario, although the breast cancer rates among female seniors in Peel were more erratic year-to-year (data not shown). The incidence of breast cancer was highest among Peel women 70 to 74 years of age (see Figure 10.14).

Figure 10.14: Incidence of Breast Cancer Among Women by Age Group, Region of Peel, 2002



Sources: Cancer incidence 2002. Cancer Care Ontario, Extracted: [November 17, 2005].
Population Estimates 1986-2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

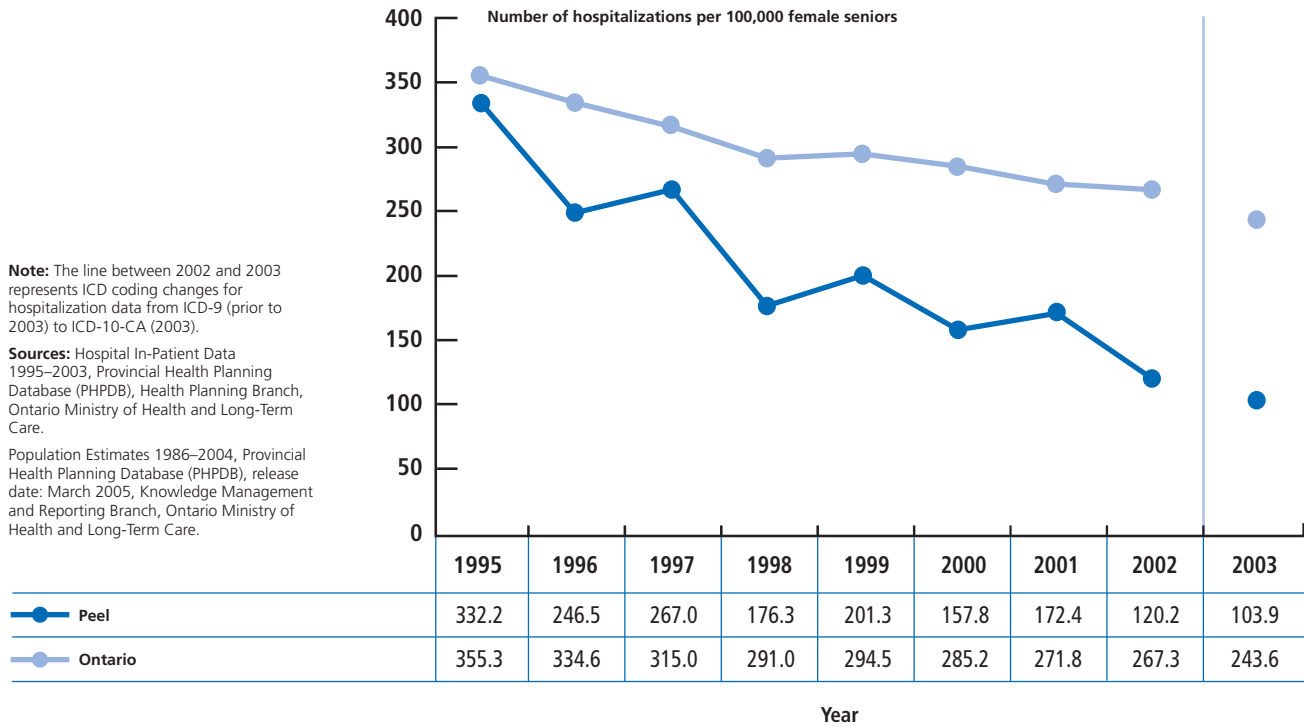
Emergency Department Visits for Breast Cancer

In 2003, there were 17 emergency department visits for breast cancer among Peel women 65 years of age or older. Most of these women (82%) were between 65 and 79 years of age.

Hospitalization for Breast Cancer

The hospitalization rates for breast cancer decreased between 1995 and 2003 among women in Peel and Ontario (see Figure 10.15).

Figure 10.15: Hospitalization for Breast Cancer by Year, Region of Peel and Ontario, 1995–2003



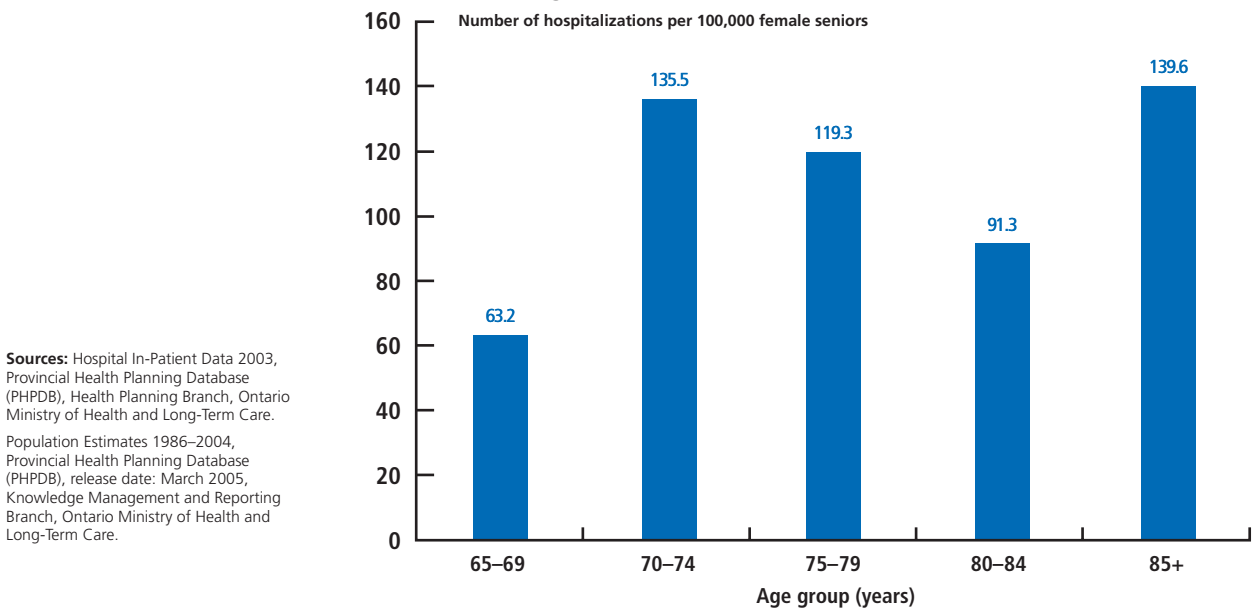
Note: The line between 2002 and 2003 represents ICD coding changes for hospitalization data from ICD-9 (prior to 2003) to ICD-10-CA (2003).

Sources: Hospital In-Patient Data 1995–2003, Provincial Health Planning Database (PHPDB), Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Population Estimates 1986–2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

In 2003, the hospitalization rates were highest among Peel women 85 years and older followed by women 70 to 74 years of age (see Figure 10.16).

Figure 10.16: Hospitalization for Breast Cancer by Age Group, Region of Peel, 2003



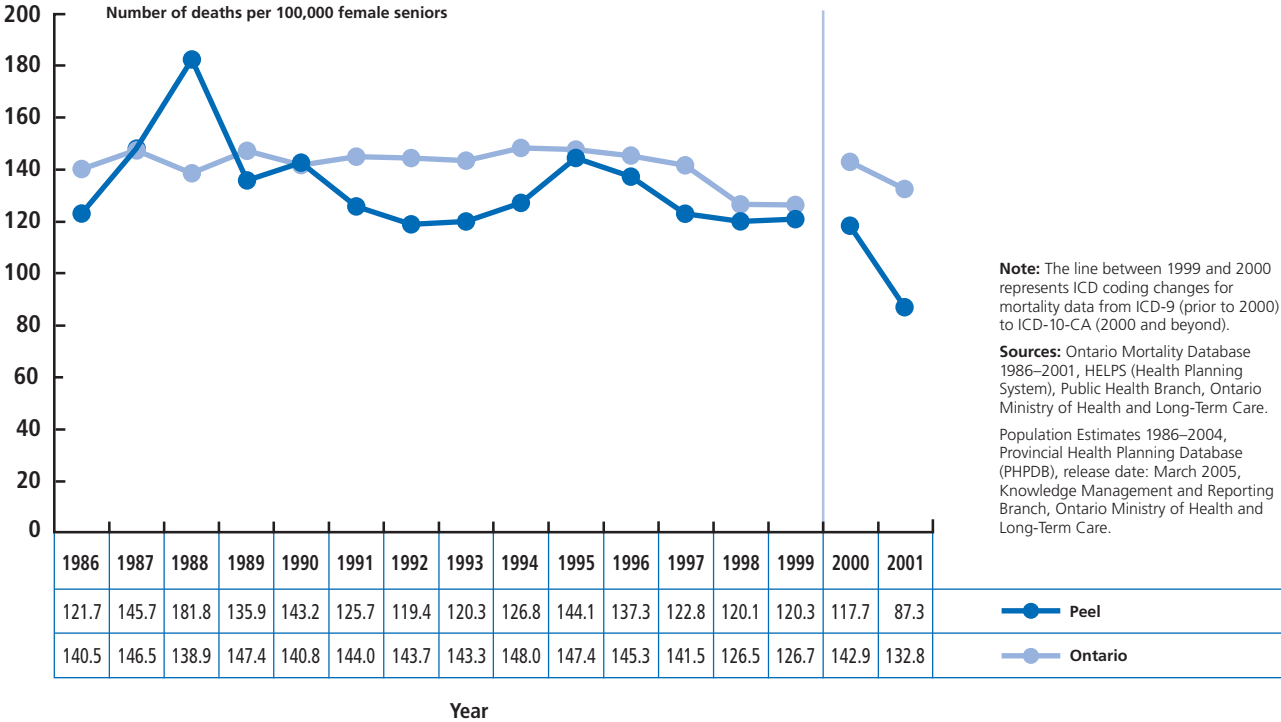
Sources: Hospital In-Patient Data 2003, Provincial Health Planning Database (PHPDB), Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Population Estimates 1986–2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Mortality from Breast Cancer

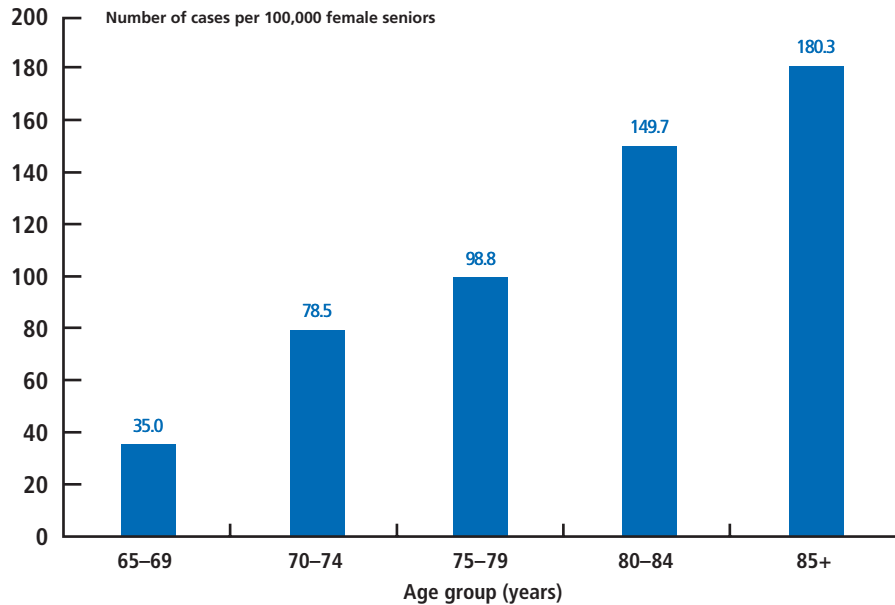
Breast cancer mortality among female seniors in Peel decreased from 144.1 per 100,000 women in 1995 to 87.3 per 100,000 women in 2001 (see Figure 10.17). In 2001, breast cancer was the tenth leading cause of mortality among female seniors in Peel (see Appendix 3).

Figure 10.17: Mortality from Breast Cancer by Year, Region of Peel and Ontario, 1986–2001



In 2001, the mortality rates for breast cancer increased by age group among females in Peel (see Figure 10.18).

Figure 10.18: Mortality from Breast Cancer by Age Group, Region of Peel, 2001



Sources: Ontario Mortality Database 2001, HELPS (Health Planning System), Public Health Branch, Ontario Ministry of Health and Long-Term Care.

Population Estimates 1986-2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

PROSTATE CANCER

Prostate cancer starts in the prostate gland.⁸³ The prostate is part of the male reproductive system. Cancerous growth of the prostate is now the most common type of cancer in Canadian men over 50 years of age with an estimated 20,500 newly diagnosed cases in 2005.⁷⁵ There is no single cause of prostate cancer, but some factors which appear to increase the risk of developing it include: age, particularly after age 65; family history of prostate cancer; and high levels of testosterone.⁸³ Cigarette smoking may be a potential risk factor although there is not a lot of supporting evidence.⁸⁴

Screening for Prostate Cancer

Prostate Specific Antigen (PSA), a protein produced by prostate cells, can be diagnosed using a simple blood test in addition to a digital rectal examination with abnormal findings. The use of PSA testing in men who do not have symptoms is still under study since results can be inconclusive for the following reasons:

- PSA can be elevated in prostate problems other than cancer;
- PSA can be normal in the presence of prostate cancer;
- For some men, PSA testing may help identify a slow growing prostate cancer that would not cause symptoms, but great anxiety once its presence is known, and
- For others, PSA testing may help to find a fast growing prostate cancer, for which early treatment saves lives.⁸⁵

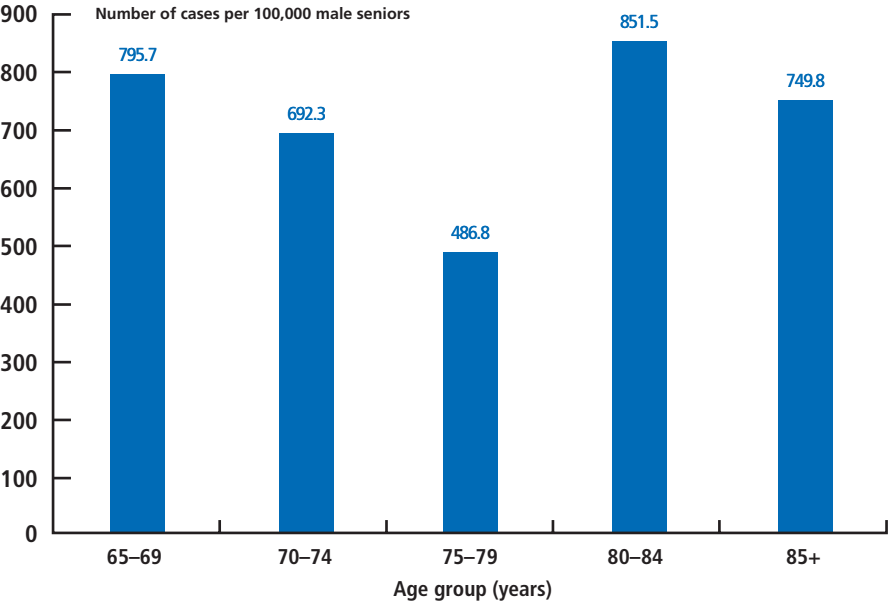
According to the 2003 Canadian Community Health Survey (CCHS), 71% of male seniors in Peel reported they had the PSA test, representing 28,000 men. Seventy-three per cent of male seniors had a digital rectal examination, representing 29,200 men. Comparable data for Ontario were not available.

Incidence of Prostate Cancer

Prostate cancer was the most commonly reported cancer among male seniors in both Peel and Ontario. The incidence rates for prostate cancer were highest for men 80 to 84 years of age (see Figure 10.19).

The incidence rates for prostate cancer increased among Peel and Ontario seniors between the late 1970s and early 2000s (data not shown). The increase in rates may be due to an increase in the use of screening through PSA tests in Ontario.⁸⁴

Figure 10.19: Incidence of Prostate Cancer by Age Group, Region of Peel, 2002



Sources: Cancer incidence 2002. Cancer Care Ontario, Extracted: [November 17, 2005].
Population Estimates 1986-2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

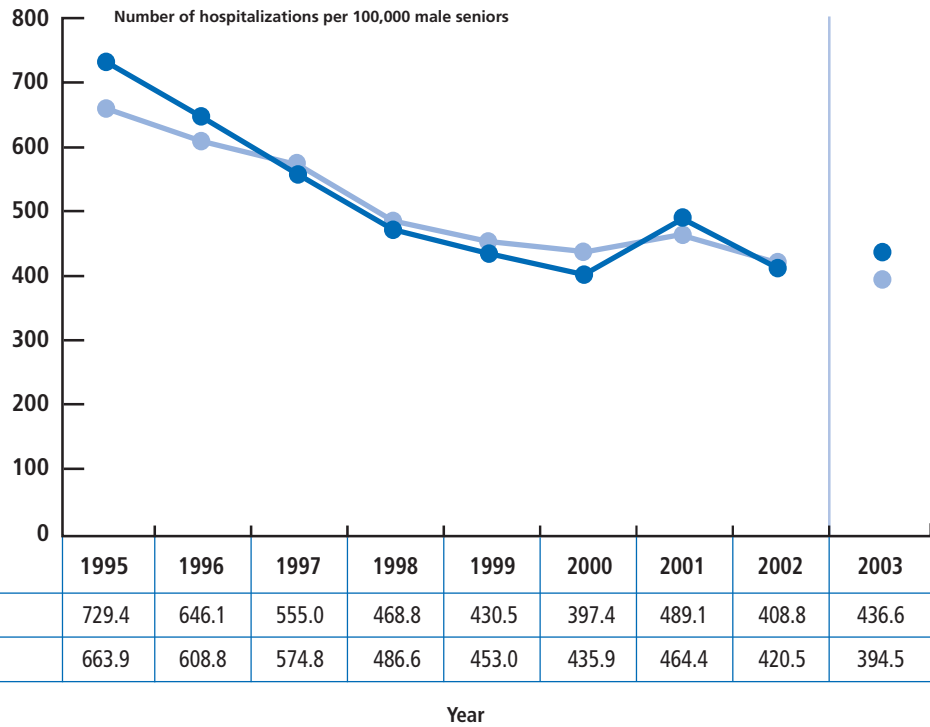
Emergency Department Visits for Prostate Cancer

In 2003, there were 33 emergency department visits due to prostate cancer in Peel. Most of these visits (85%) were among seniors 65 to 79 years of age (data not shown).

Hospitalization for Prostate Cancer

The hospitalization rates for prostate cancer among seniors decreased between 1995 and 2003 in both Peel and Ontario (see Figure 10.20). Hospitalization rates for prostate cancer were highest among men 65 to 69 years of age (see Figure 10.21).

Figure 10.20: Hospitalization for Prostate Cancer by Year, Region of Peel and Ontario, 1995–2003

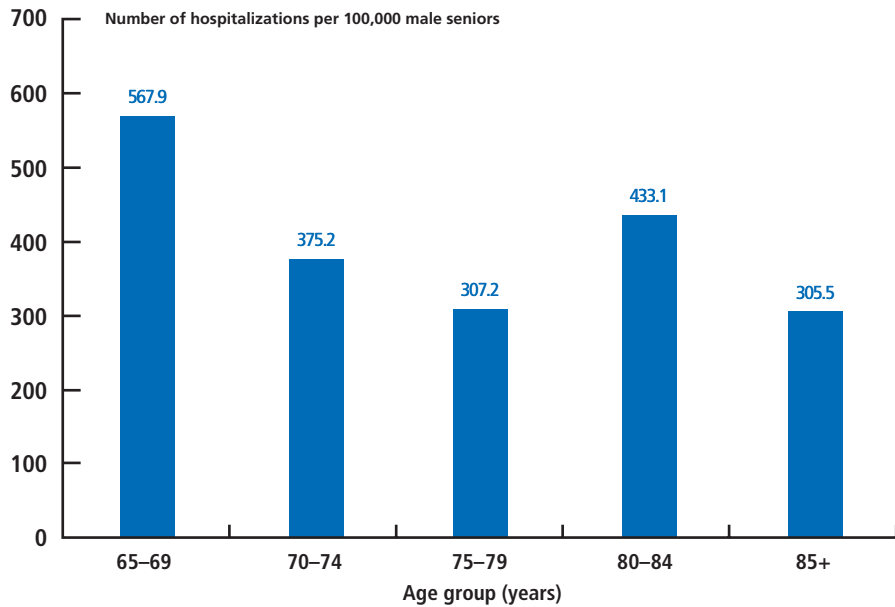


Note: The line between 2002 and 2003 represents ICD coding changes for hospitalization data from ICD-9 (prior to 2003) to ICD-10-CA (2003).

Sources: Hospital In-Patient Data 1995–2003, Provincial Health Planning Database (PHPDB), Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Population Estimates 1986–2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Figure 10.21: Hospitalization for Prostate Cancer by Age Group, Region of Peel, 2003



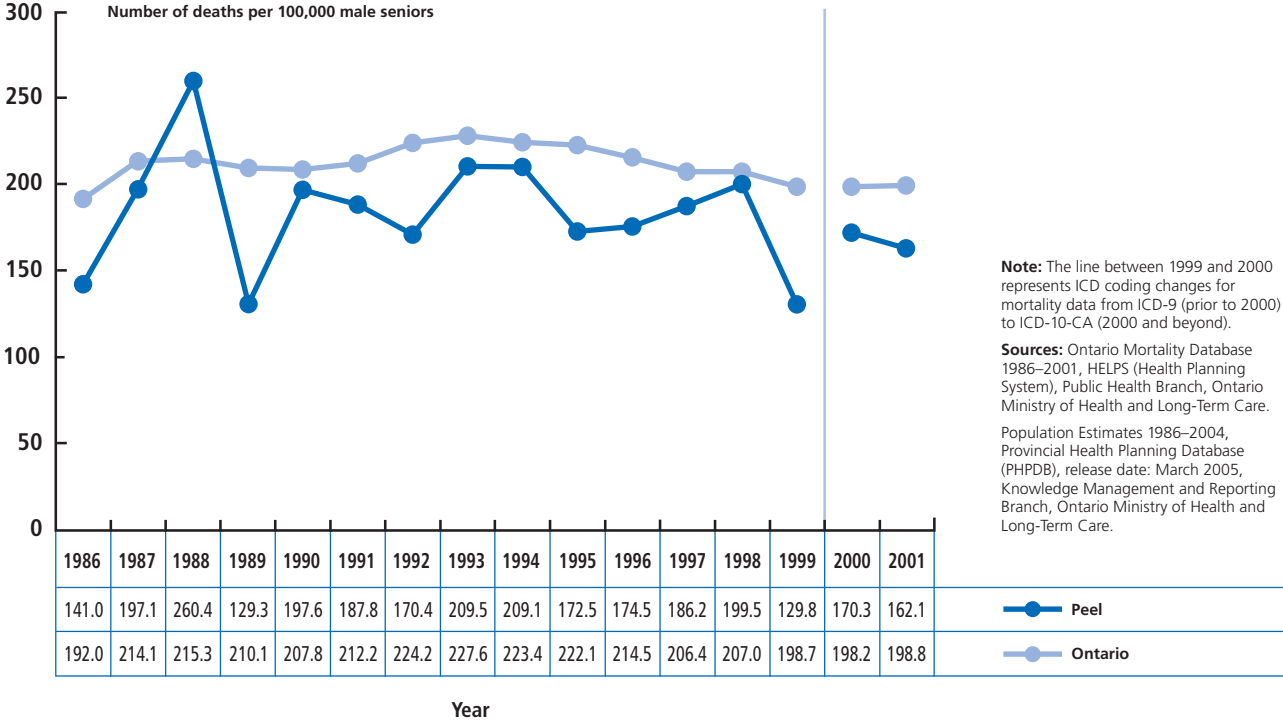
Sources: Hospital In-Patient Data 2003, Provincial Health Planning Database (PHPDB), Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

Population Estimates 1986–2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Mortality from Prostate Cancer

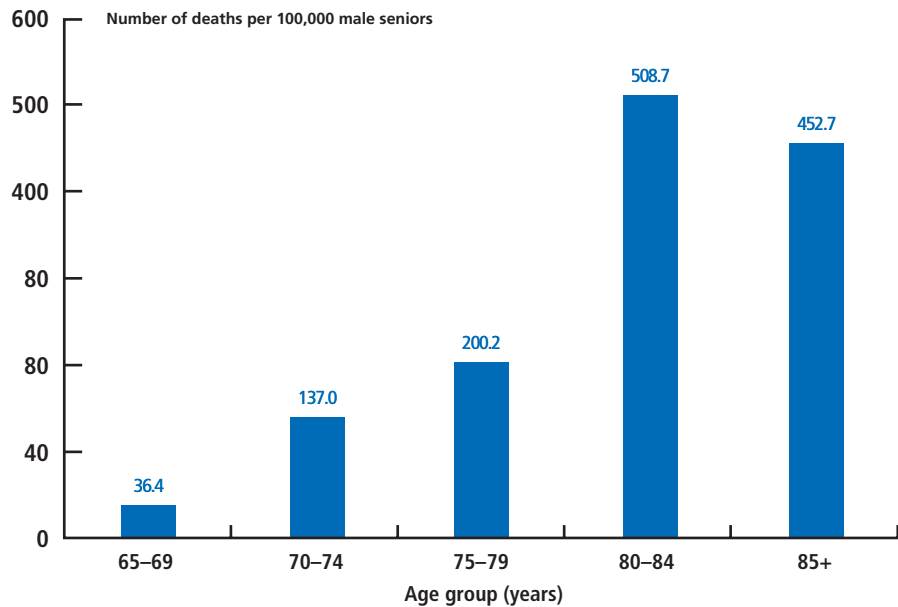
Prostate cancer was the sixth leading cause of death among Peel male seniors in 2001. The mortality rate for prostate cancer in Ontario men has decreased since hitting a peak of 227.6 per 100,000 in 1993, although the rate has been stable between 1999 and 2001 (199 deaths per 100,000) as shown in Figure 10.22.

Figure 10.22: Mortality from Prostate Cancer by Year, Region of Peel and Ontario, 1986–2001



In 2001, the mortality rate for prostate cancer in Peel increased by age up to 84 years of age (see Figure 10.23).

Figure 10.23: Mortality from Prostate Cancer by Age Group, Region of Peel, 2001



Sources: Ontario Mortality Database 2001, HELPS (Health Planning System), Public Health Branch, Ontario Ministry of Health and Long-Term Care.

Population Estimates 1986-2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

CERVICAL CANCER

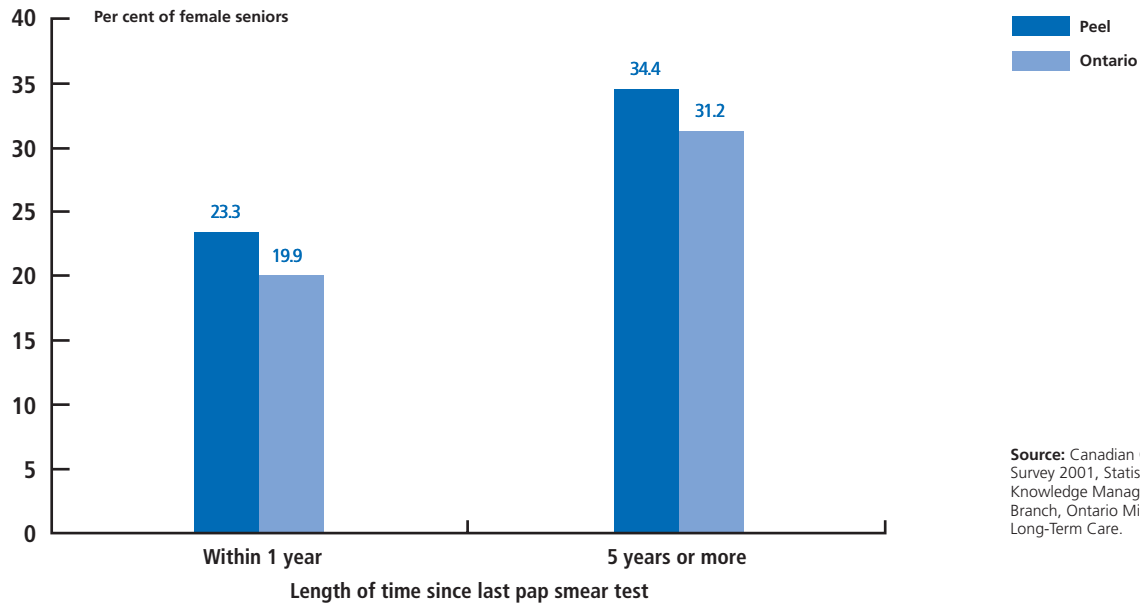
Cervical cancer starts in the cells of the cervix. The most important risk factor for developing cervical cancer is thought to be infection of the cervix with human papillomavirus (HPV). Other factors that appear to increase the risk of cervical cancer include: becoming sexually active at a young age, having multiple sex partners or a partner who has had multiple partners, smoking or suppressing the immune system due to medication or a condition such as AIDS. However, some women develop cervical cancer without any of these risk factors.⁸⁶

Screening for Cervical Cancer

The Papanicolaou (Pap) smear test shows any precancerous changes in the cells of the cervix, long before actual invasive cancer develops. A regular Pap test is the key to cervical health. The current Ontario guidelines indicate that all women should receive a Pap test every two to three years. Screening may be discontinued after the age of 70 if there is an adequate negative screening history in the previous 10 years (i.e., three or more negative tests). Women who have had a hysterectomy (an operation to remove part of or the whole uterus) should consult with their doctor if they still need a Pap test.⁸⁷

In the 2003 Canadian Community Health Survey, 81% of female seniors in Peel and Ontario reported that they had a Pap smear test at some point in their life. Twenty-three per cent of female seniors in Peel had their last Pap smear within the previous year (20% in Ontario) while 34% had their last pap smear five or more years ago (31% in Ontario) as shown in Figure 10.24.

Figure 10.24: Proportion of Female Seniors by Length of Time Since Last Pap Smear Test, Region of Peel and Ontario, 2003



Source: Canadian Community Health Survey 2001, Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Incidence of Cervical Cancer

Compared to other types of cancer presented in this report, there were very few cervical cancer cases reported among Ontario seniors in 2002 (87 cases or 9.5 per 100,000 women aged 65 years and older). Data for Peel were not releasable due to small numbers.

The incidence rates for cervical cancer among female seniors in Ontario decreased between the early 1980s (25 to 27 per 100,000 women) and the early 2000s (10 to 13 per 100,000 women). The incidence rates among female seniors in Peel were more erratic year-to-year as there have been 12 cases or less per year since the early 1990s (data not shown).

Emergency Department Visits for Cervical Cancer

In 2003, there were no emergency department visits for female seniors in Peel due to cervical cancer.

Hospitalization for Cervical Cancer

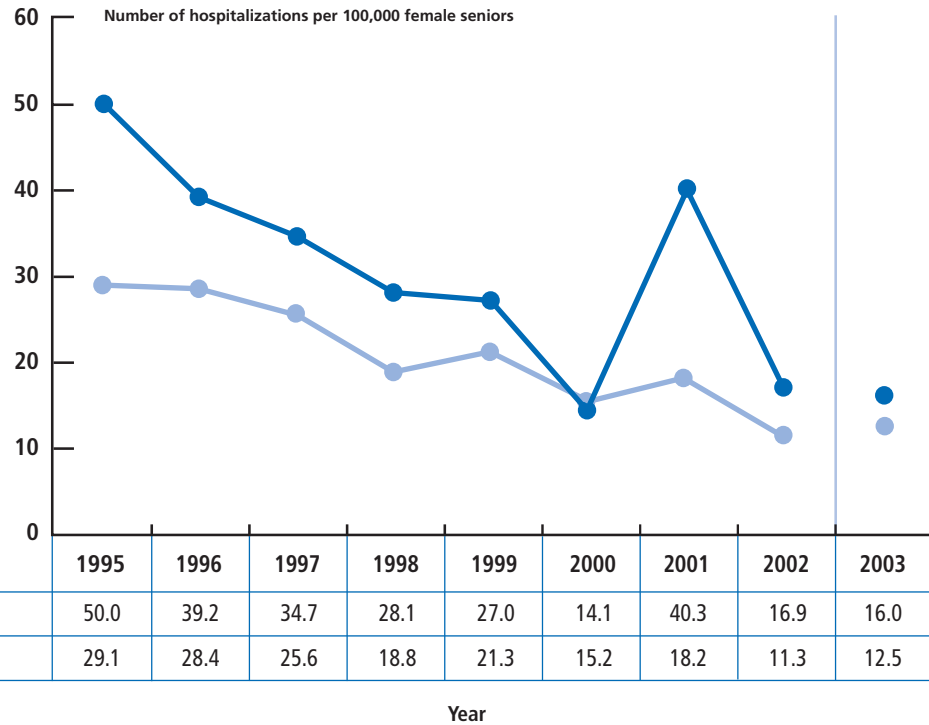
The hospitalization rates for cervical cancer decreased in Ontario and Peel between 1995 and 2003, although the rates were more erratic in Peel due to small numbers (see Figure 10.25).

Figure 10.25: Hospitalization for Cervical Cancer by Year, Region of Peel and Ontario, 1995–2003

Note: The line between 2002 and 2003 represents ICD coding changes for hospitalization data from ICD-9 (prior to 2003) to ICD-10-CA (2003).

Sources: Hospital In-Patient Data 1995–2003, Provincial Health Planning Database (PHPDB), Health Planning Branch, Ontario Ministry of Health and Long-Term Care.

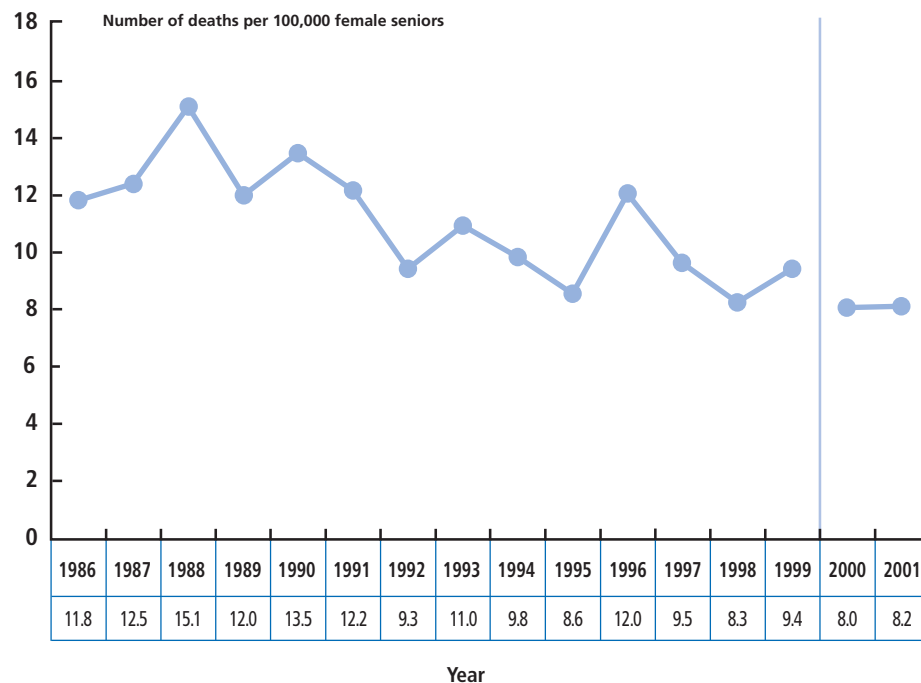
Population Estimates 1986–2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.



Mortality from Cervical Cancer

In Peel, between 1986 and 2001 there were 35 deaths due to cervical cancer (less than five deaths per year between 1997 and 2001). Peel data were not plotted due to the small number of deaths per year. In Ontario, the mortality rates for cervical cancer decreased between 1986 and 2001 (*see Figure 10.26*).

Figure 10.26: Mortality from Cervical Cancer by Year, Ontario, 1986–2001



Note: The line between 1999 and 2000 represents ICD coding changes for mortality data from ICD-9 (prior to 2000) to ICD-10-CA (2000 and beyond).

Sources: Ontario Mortality Database 1986–2001, HELPS (Health Planning System), Public Health Branch, Ontario Ministry of Health and Long-Term Care.

Population Estimates 1986–2004, Provincial Health Planning Database (PHPDB), release date: March 2005, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

SUMMARY

According to Canadian Cancer Statistics, 44% of new cancer cases and 60% of deaths due to cancer occur among those who are at least 70 years old.

Lung, prostate and colorectal cancers accounted for almost half of all newly diagnosed cancers among Peel seniors in 2002.

Lung Cancer

In Peel, lung cancer was the second most commonly diagnosed cancer among men aged 65 years and older and the third most commonly diagnosed cancer among women in the same age group in 2002. A similar ranking was reported in Ontario.

Although lung cancer rates in Ontario have been stable since 1988, the incidence rate for females increased between 1979 and 2002 while the rates decreased for males between 1979 and 2002. In 2002, the incidence rate for lung cancer increased by age in Peel for men up to 79 years of age and for women up to 84 years of age.

In 2003, the rates of emergency department visits for lung cancer were higher for male seniors compared to female seniors among all age groups.

The hospitalization rates for lung cancer among seniors decreased in Ontario between 1995 and 2003. Although hospitalization rates have decreased in Peel between 1995 and 2001, they have increased between 2001 and 2003. In 2003, hospitalization rates among Peel seniors were higher for males compared to females across all age groups.

In 2001, lung cancer was the second leading cause of death for male seniors in Peel and the fourth leading cause of death for female seniors. The mortality rates for lung cancer have been higher in Ontario compared to Peel since 1993.

Colorectal Cancer

Cancer Care Ontario, the Canadian Cancer Society, the Canadian Task Force on Preventive Health Care, the Public Health Agency of Canada, and the Canadian Association of Gastroenterologists recommend that men and women age 50 years and older have a fecal occult blood test (FOBT) at least once every two years. The FOBT helps identify polyps early before they become cancerous. There were no data for Peel on FOBT from the Canadian Community Health Survey (CCHS) 2003 since these questions were optional.

Colorectal cancer was the second most commonly diagnosed type of cancer among women 65 years of age and older and the third most commonly diagnosed type of cancer among men in the same age group in Peel and Ontario.

The incidence rates of colorectal cancer in Ontario have been stable between 1979 and 2002 (approximately 300 per 100,000 seniors). The incidence rates of colorectal cancer among Peel seniors have been more erratic year-to-year, but the rates were lower in the early 2000s compared to the early 1980s. In Peel, the incidence rates of colorectal cancer increased by age group among men and women up to 79 years of age.

The hospitalization rates for colorectal cancer among seniors were relatively stable in both Peel and Ontario from 1995 to 2003, although rates were higher in Ontario compared to Peel. In 2003, hospitalization rates for colorectal cancer were higher for male seniors compared to female seniors among all age groups and peaked among those 75 to 79 years of age for both sexes.

In 2001, colorectal cancer was among the top 10 causes of death among seniors for both women and men in Peel and Ontario. The mortality rates among seniors in Peel and Ontario fluctuated between 1986 and 2001, although the rates in Ontario have been relatively stable between 1998 and 2001. Mortality rates for colorectal cancer increased by age for both males and females in Peel.

Breast Cancer

According to the 2003 CCHS, nine out of every 10 Peel women (91%) aged 65 to 74 years old reported that they had ever had a mammogram.

Breast cancer was the most commonly diagnosed type of cancer among female seniors in Peel and Ontario. The incidence rates for breast cancer among female seniors in Ontario were relatively stable between 1993 and 2002 (350 to 360 per 100,000 female seniors). The breast cancer rates between 1993 and 2002 were higher than the rates in the early 1980s (approximately 300 per 100,000 female seniors). The trend among female seniors in Peel was similar to Ontario, although the breast cancer rates in this group have been more erratic from year-to-year in Peel. In 2002, the incidence of breast cancer was highest among Peel women 70 to 74 years of age.

Hospitalization rates for breast cancer decreased between 1995 and 2003 among women in Peel and Ontario.

Breast cancer mortality among female seniors in Peel decreased from 144.1 per 100,000 women in 1995 to 87.3 per 100,000 women in 2001. In 2001, breast cancer was the tenth leading cause of mortality among female seniors in Peel.

Prostate Cancer

According to the 2003 CCHS, 71% of male seniors in Peel reported they had a Prostate Specific Antigen (PSA) test, representing 28,000 men. Seventy-three per cent of male seniors had a digital rectal examination, representing 29,200 men. Comparable data for Ontario were not available.

Prostate cancer was the most commonly reported cancer among male seniors in both Peel and Ontario. The incidence rates for prostate cancer increased among Peel and Ontario male seniors between the late 1970s and early 2000s. The increase in rates may be due to an increase in the use of screening through PSA tests. In Peel, the incidence rates for prostate cancer were highest among 80- to 84-year-old men.

Hospitalization rates for prostate cancer among seniors decreased between 1995 and 2003 in both Peel and Ontario. Hospitalization rates were highest among men 65 to 69 years of age.

Prostate cancer was the sixth leading cause of death among Peel senior males in 2001. The mortality rate for prostate cancer in Ontario men has decreased since hitting a peak of 227.6 per 100,000 in 1993, although the rate has been stable between 1999 and 2001 (199 deaths per 100,000).

Cervical Cancer

In the 2003 CCHS, 81% of female seniors in Peel and Ontario reported that they had a Pap smear test at some point in their life. Twenty-three per cent of female seniors in Peel had their last Pap smear within the previous year (20% in Ontario) while 34% had their last pap smear five or more years ago (31% in Ontario).

Compared to other types of cancer presented in this report, there were very few cervical cancer cases reported among Ontario seniors in 2002 (87 cases or 9.5 per 100,000 women aged 65 years and older). The incidence rates for cervical cancer among female seniors in Ontario decreased between the early 1980s (25 to 27 per 100,000 women) and the early 2000s (10 to 13 per 100,000 women). Data for Peel were not releasable due to small numbers.

In Peel, between 1986 and 2001 there were 35 deaths due to cervical cancer (less than five deaths per year between 1997 and 2001). In Ontario, the mortality rates for cervical cancer decreased between 1986 and 2001.