

■ Hodgkin's disease

Hodgkin's disease is a rare form of cancer. In 1996/97 it represented 0.4% of all cancer registrations and 0.2% of all cancer deaths, corresponding to 35 and 25 registrations and nine and seven deaths in males and females, respectively.

The incidence rate of Hodgkin's disease peaked in the late 1960s at 4.5 per 100,000 among males and 2.6 per 100,000 among females, and has since declined, at first slowly during the 1970s and then more sharply. By 1996 the average annual age standardised incidence rate had fallen to 2.5 per 100,000 among males and 1.7 per 100,000 among females. Over the same observation period, however, the number of annual registrations doubled, though the numbers remained very low. The net increase in the number of registrations was due to population growth in the interim.

Since the early 1970s the average annual age standardised mortality rate of Hodgkin's disease has declined almost exponentially. By 1997 the rate had decreased to approximately 20% of the level in 1972, reaching 0.6 per 100,000 among males and 0.4 per 100,000 among females.

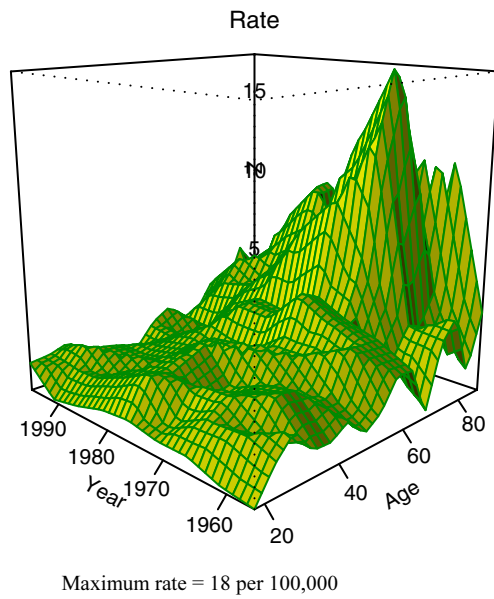
Compared with other cancer sites, the risk of being diagnosed with Hodgkin's disease is more evenly spread over all adult ages, and tends to peak at both young adult ages (around 25 years) and at older ages (65 years and above). The minor peak in mortality rates at the younger ages is less clearly observable, mainly due to the small number of deaths.

Males tend to be at higher risk of Hodgkin's disease than females: the male excess risk is approximately 50% for both incidence and mortality. Analysis of ethnic and socioeconomic differentials is problematic, given the small number of cases.

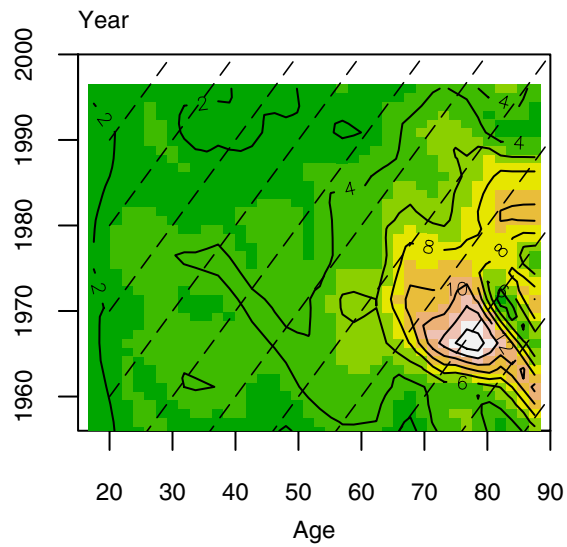
Both incidence and mortality rates of Hodgkin's disease are forecast to continue to decrease, but at a decelerating pace. By 2011 the age standardised incidence rate is projected to decrease to 1.9 per 100,000 (CI 1.1 – 4.4) among males and 1.5 per 100,000 (CI 0.6 – 3.1) among females. The corresponding mortality rate is projected to decrease to 0.2 per 100,000 for both genders (CI 0.2 – 0.4 males, 0.1 – 0.2 females) by 2012.

Figure 17.1 Historical trends in age specific rates, Hodgkin's disease, males

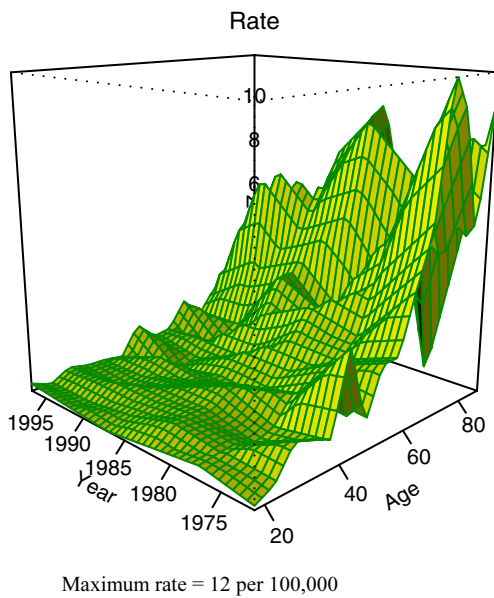
(a) Male incidence rates, perspective plot



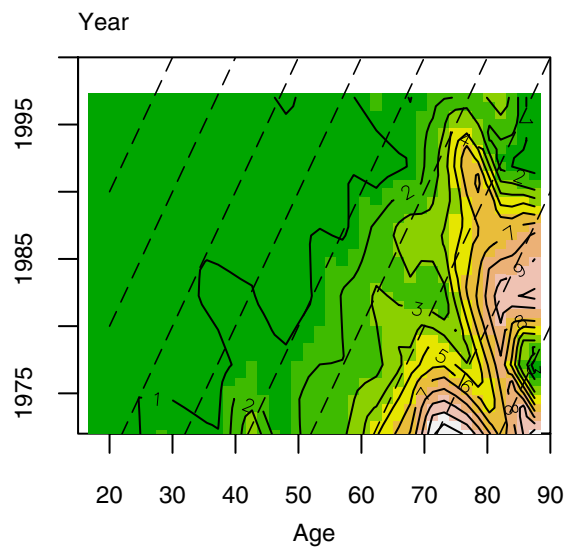
(b) Male incidence rates, contour plot



(c) Male mortality rates, perspective plot



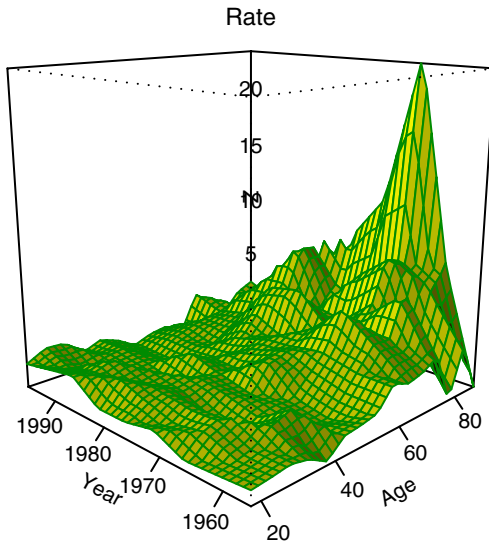
(d) Male mortality rates, contour plot



Please refer to Chapter 2 for interpretation of charts

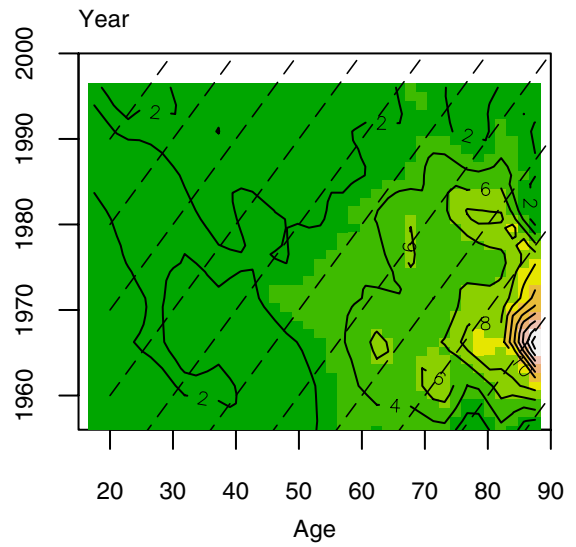
Figure 17.2 Historical trends in age specific rates, Hodgkin's disease, females

(a) Female incidence rates, perspective plot

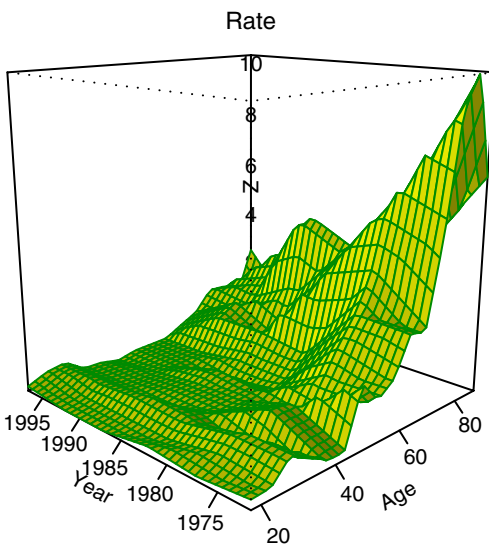


Maximum rate = 24 per 100,000

(b) Female incidence rates, contour plot



(c) Female mortality rates, perspective plot



Maximum rate = 10 per 100,000

(d) Female mortality rates, contour plot

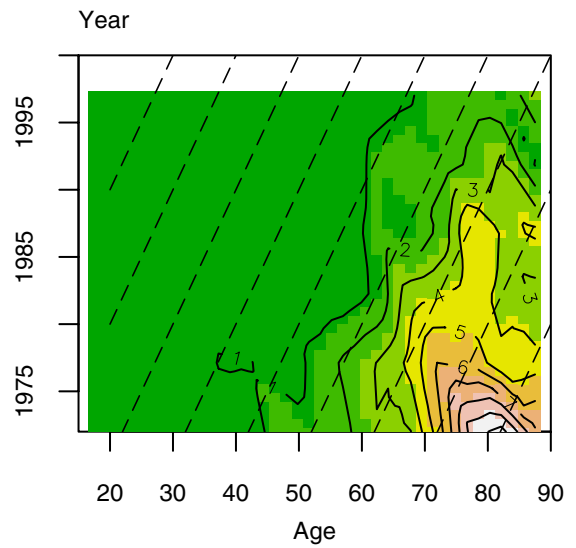
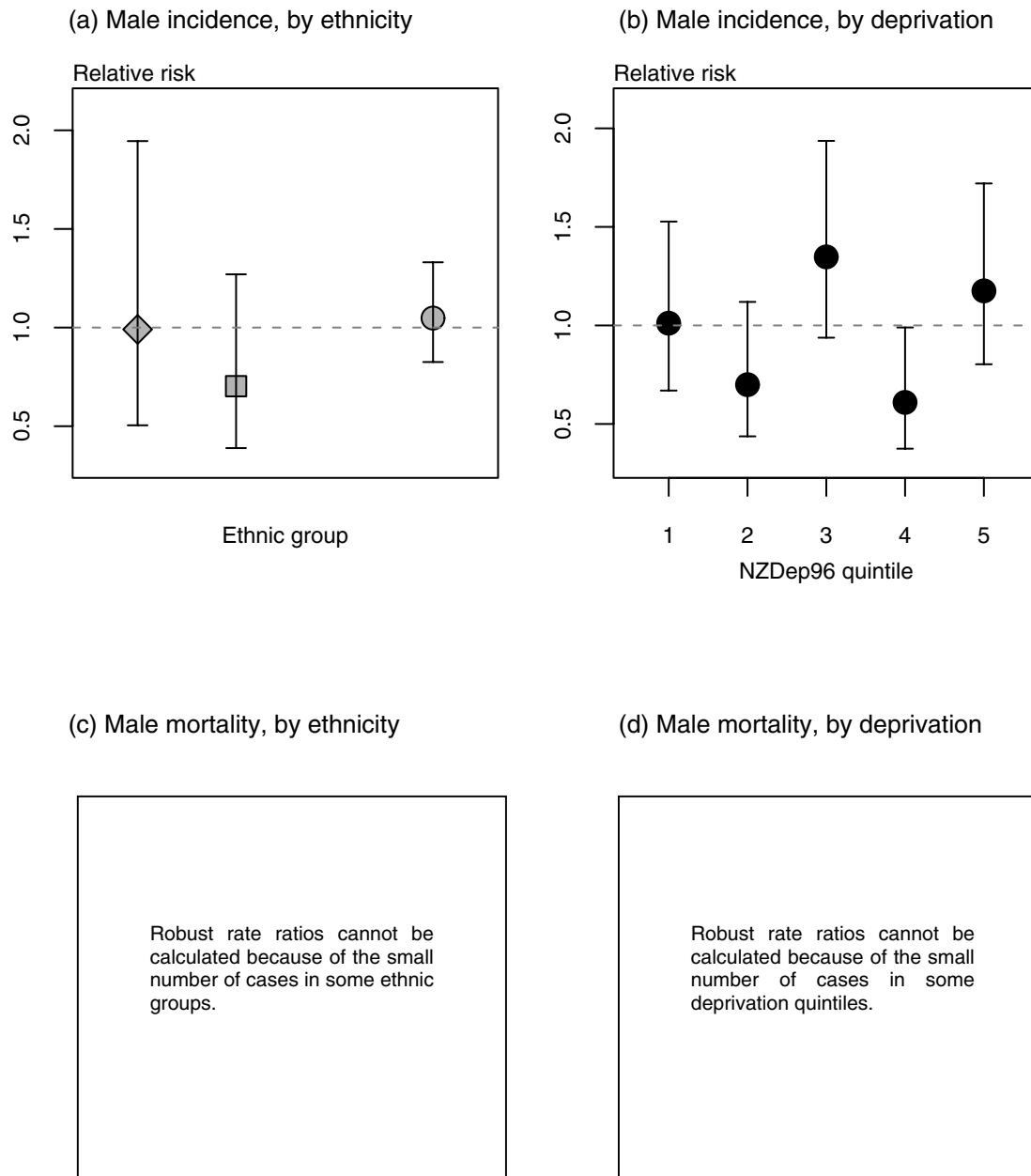


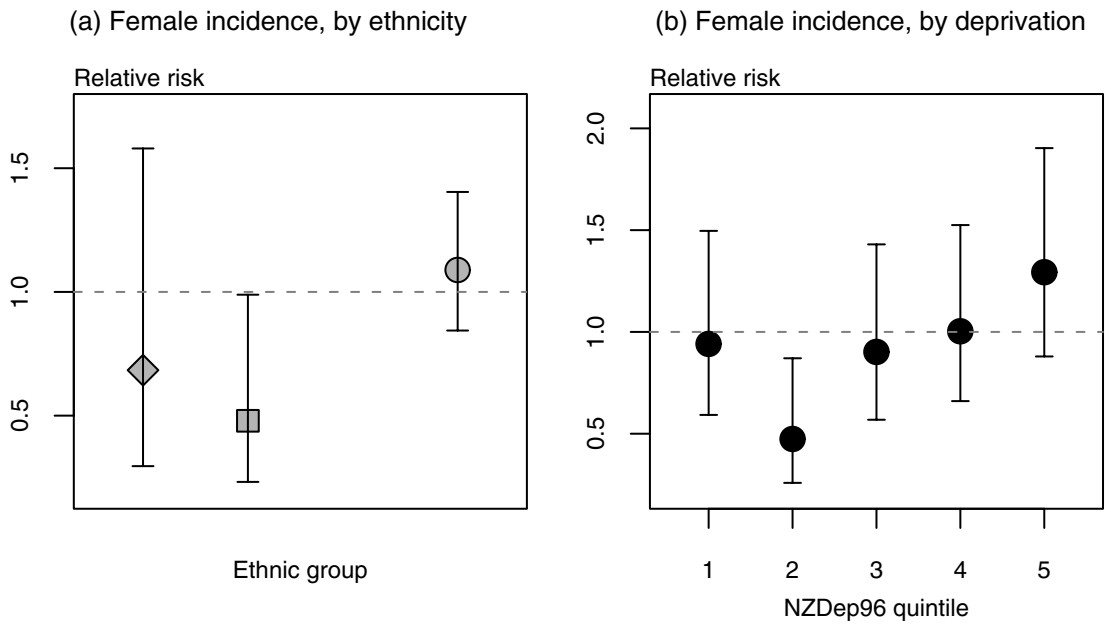
Figure 17.3 Relative risk 1996/97, Hodgkin's disease, males



Ethnic group key:

- ◆ sole Māori
- total Māori
- non-Māori

Figure 17.4 Relative risk 1996/97, Hodgkin's disease, females



(c) Female mortality, by ethnicity

Robust rate ratios cannot be calculated because of the small number of cases in some ethnic groups.

(d) Female mortality, by deprivation

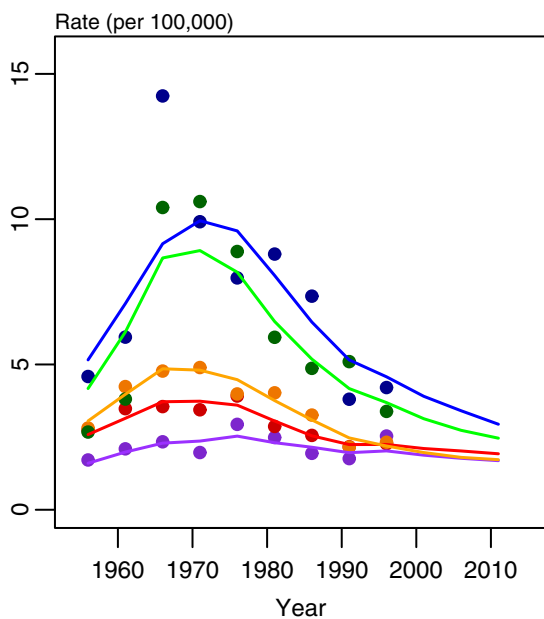
Robust rate ratios cannot be calculated because of the small number of cases in some deprivation quintiles.

Ethnic group key:

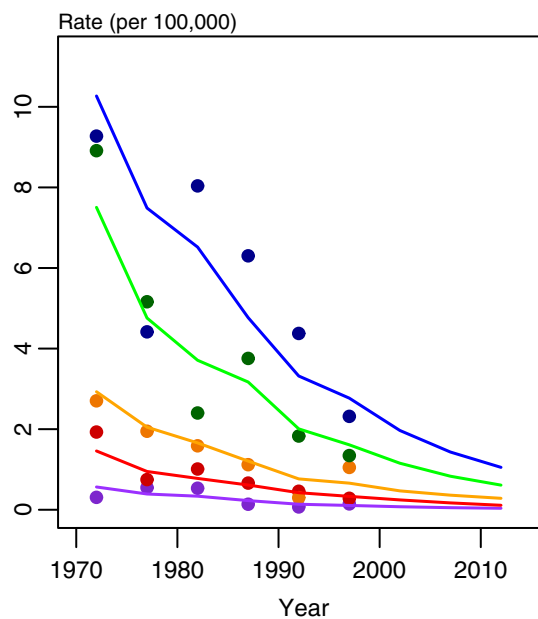
- ◆ sole Māori
- total Māori
- non-Māori

Figure 17.5 Trends and projections of life cycle stage specific rates, Hodgkin's disease

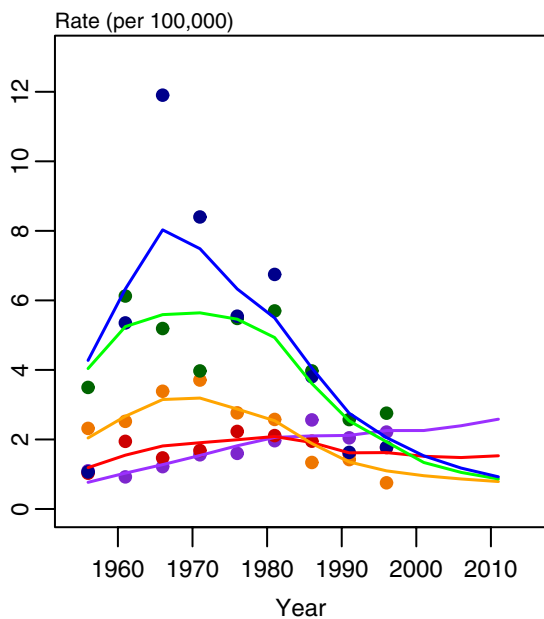
(a) Male incidence rates



(b) Male mortality rates



(c) Female incidence rates



(d) Female mortality rates

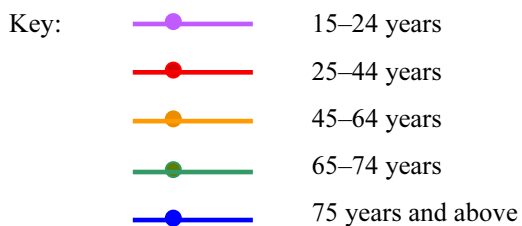
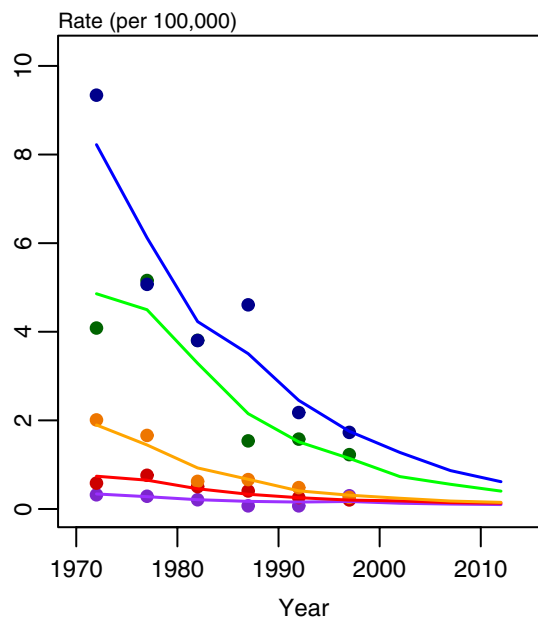
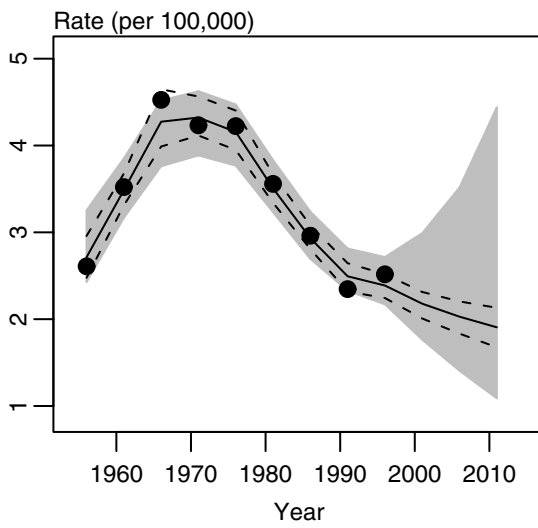
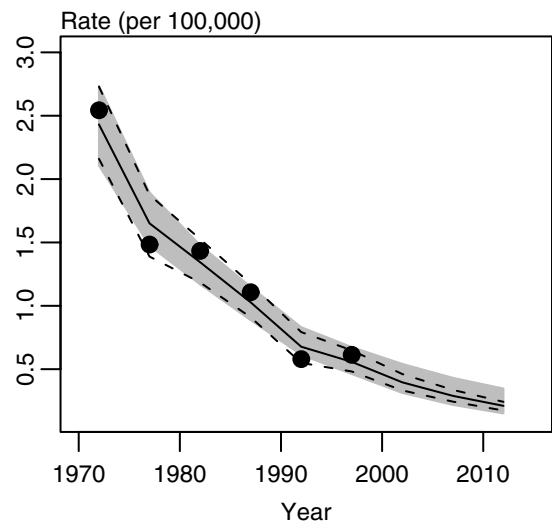


Figure 17.6 Trends and projections of age standardised rates, Hodgkin's disease

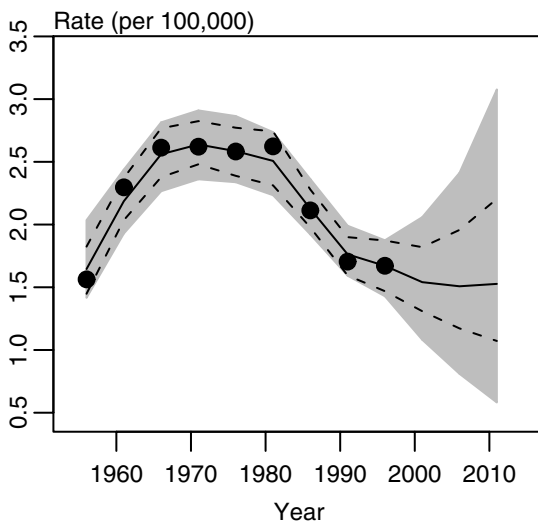
(a) Male incidence rates



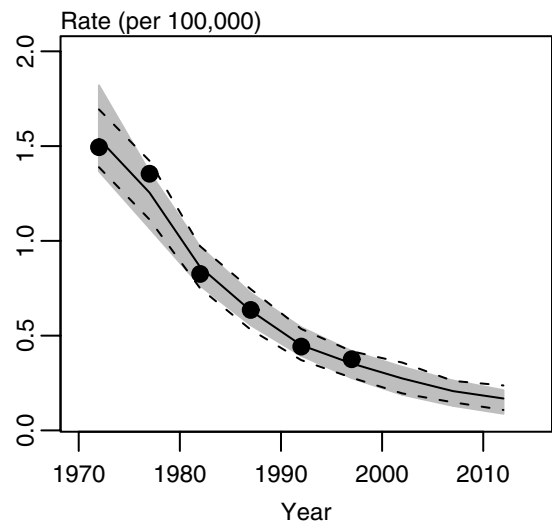
(b) Male mortality rates



(c) Female incidence rates



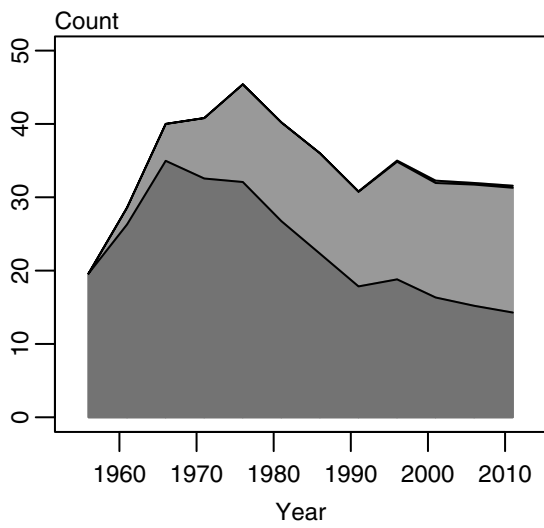
(d) Female mortality rates



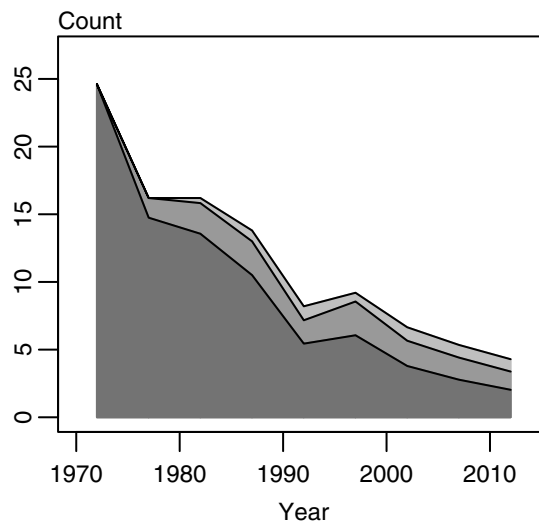
Key: ● Observed
 — Fitted and projected
 - - Minimum and maximum estimates
 ■ 90% Bayesian credible interval

Figure 17.7 Drivers of change in the cancer burden, Hodgkin's disease

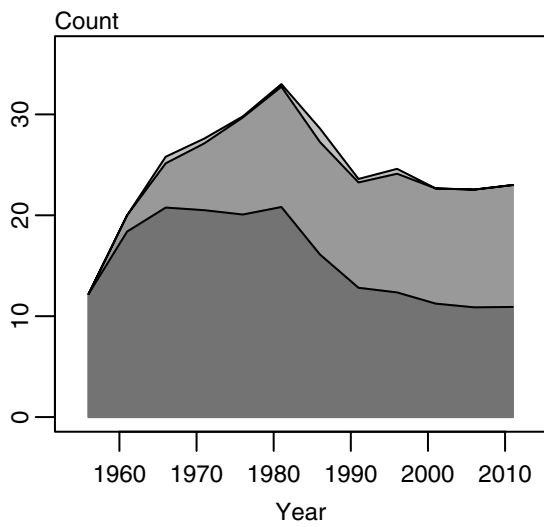
(a) Male registrations



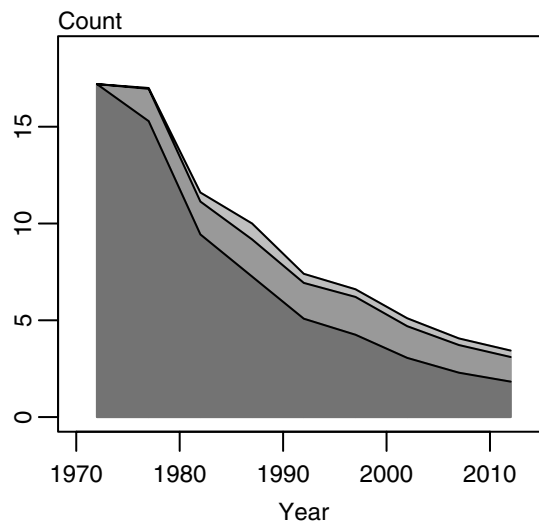
(b) Male deaths



(c) Female registrations



(d) Female deaths



Key:
 Risk effect
 Population size effect
 Population ageing effect

Table 17.1 Key results, Hodgkin's disease

Males

	Incidence			Mortality		
	1996	2011 (CI)	change (%)	1997	2012 (CI)	change (%)
<i>Age standardised or age specific rate (per 100,000)</i>						
15+	2.5	1.9 (1.1 – 4.4)	-	0.6	0.2 (0.2 – 0.3)	-
15–44	2.4	1.8 (1.0 – 4.6)	-	0.2	0.1 (0.0 – 0.2)	-
45–64	2.3	1.7 (0.9 – 3.9)	-	1.1	0.3 (0.2 – 0.5)	-
65+	3.7	2.7 (1.3 – 6.2)	-	1.7	0.8 (0.5 – 1.5)	-
<i>Number of cases</i>						
15+	35	32 (17 – 76)	-9	9	4 (2 – 8)	-
15–44	20	16 (9 – 40)	-20	2	1 (0 – 1)	-
45–64	9	9 (5 – 21)	0	4	2 (1 – 3)	-
65+	7	7 (3 – 15)	0	3	2 (1 – 4)	-

Females

	Incidence			Mortality		
	1996	2011 (CI)	change (%)	1997	2012 (CI)	change (%)
<i>Age standardised or age specific rate (per 100,000)</i>						
15+	1.7	1.5 (0.6 – 3.1)	-	0.4	0.2 (0.1 – 0.2)	-
15–44	1.9	1.9 (0.6 – 3.7)	-	0.2	0.1 (0.0 – 0.1)	-
45–64	0.8	0.8 (0.4 – 2.1)	-	0.3	0.1 (0.1 – 0.3)	-
65+	2.3	0.9 (0.4 – 2.4)	-	1.5	0.5 (0.3 – 1.0)	-
<i>Number of cases</i>						
15+	25	23 (8 – 50)	-8	7	3 (2 – 5)	-
15–44	16	16 (5 – 32)	0	2	1 (0 – 1)	-
45–64	3	4 (2 – 12)	-	1	1 (0 – 2)	-
65+	6	3 (1 – 7)	-	4	2 (1 – 3)	-

CI = 90% Bayesian credible interval

Percentage change omitted when estimate is not robust because of small numbers.

