

■ Ovarian cancer

Ovarian cancer is currently (late 1990s) ranked fifth for incidence and fourth for mortality among all cancer sites for females. Among reproductive cancers it ranks second only to breast cancer in females.

The incidence of ovarian cancer has risen, albeit irregularly, from an average annual age standardised incidence rate of 13 per 100,000 (106 registrations) in 1956 to 17 per 100,000 (283 registrations) in 1996.

By contrast, mortality has fallen reasonably steadily over the observation period, from an average annual age standardised mortality rate of 12 per 100,000 in 1972 (135 deaths) to 10 per 100,000 (173 deaths) in 1997.

Ovarian cancer incidence displays a younger age distribution than many other cancers, with around 15% of registrations occurring in young women (25–44 years), 40% in middle age (45–64 years), and the remaining 45% in old age (65 years and above). Ovarian cancer mortality has a slightly older age distribution.

Māori rates are higher than those for non-Māori, although the difference is only statistically significant if the ‘sole’ ethnicity classification is used. A direct deprivation gradient is observed in the incidence rates, but not for mortality: women living in the most deprived quintile of small areas are about 50% more likely to be diagnosed with ovarian cancer than are their least deprived counterparts.

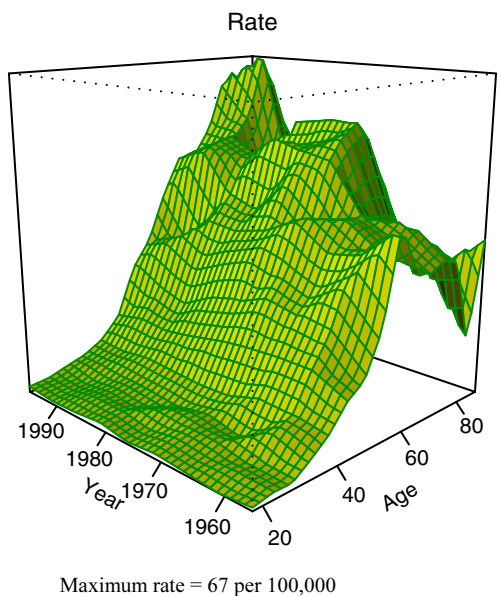
Ovarian cancer is forecast to continue to increase in incidence, but more slowly than before, reaching an age standardised rate of 18 per 100,000 (CI 14 – 21) by 2011. Given the simultaneous increase in the size of the population at risk, and the impact of population ageing, this translates into an almost 50% increase in the absolute number of registrations, to 412 (CI 277 – 493) in 2011.

Mortality from ovarian cancer, on the other hand, is projected to decline further, reaching an age standardised rate of 7 per 100,000 (CI 6 – 9) by 2012. This corresponds to a small net increase in the number of ovarian cancer deaths to 188 (CI 134 – 245) in that year.

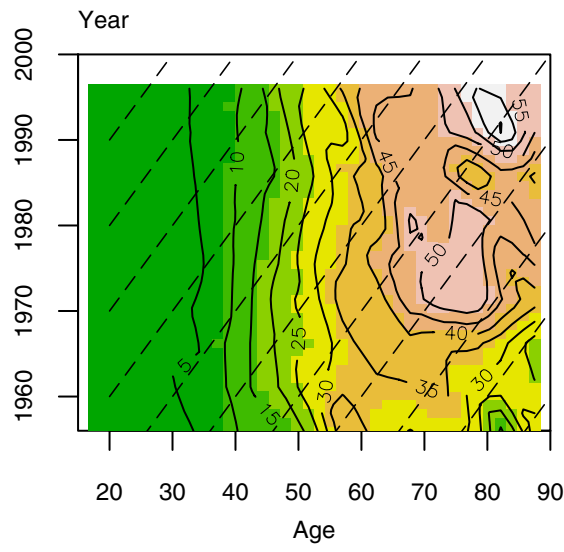
Despite the small increase projected for registration and (to a lesser extent) death counts, ovarian cancer is forecast to slip slightly in the rankings of female cancer sites to sixth position for both endpoints.

Figure 28.1 Historical trends in age specific rates, ovarian cancer

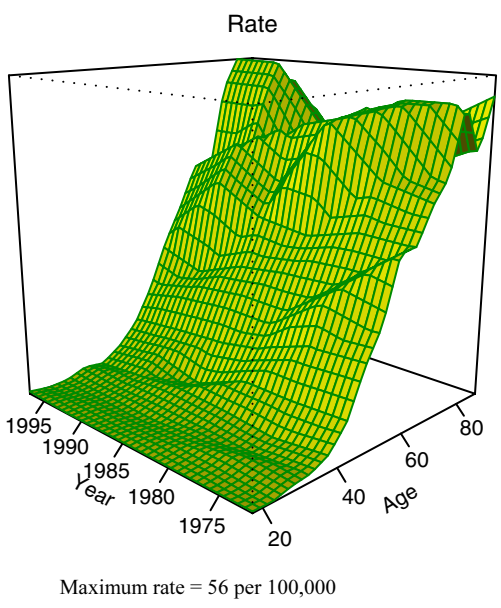
(a) Incidence rates, perspective plot



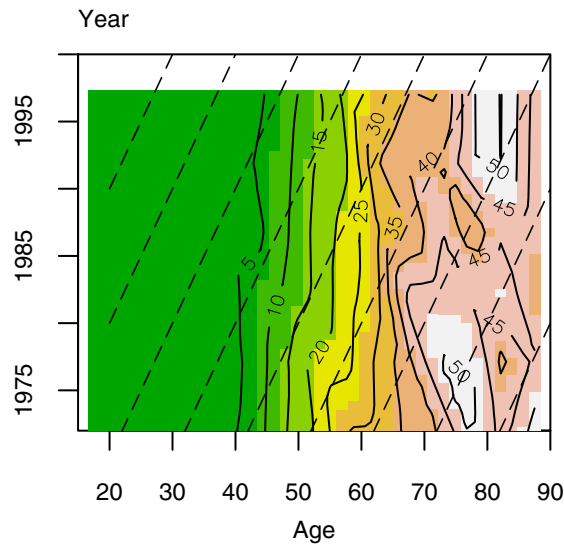
(b) Incidence rates, contour plot



(c) Mortality rates, perspective plot



(d) Mortality rates, contour plot



Please refer to Chapter 2 for interpretation of charts

Figure 28.2 Relative risk 1996/97, ovarian cancer

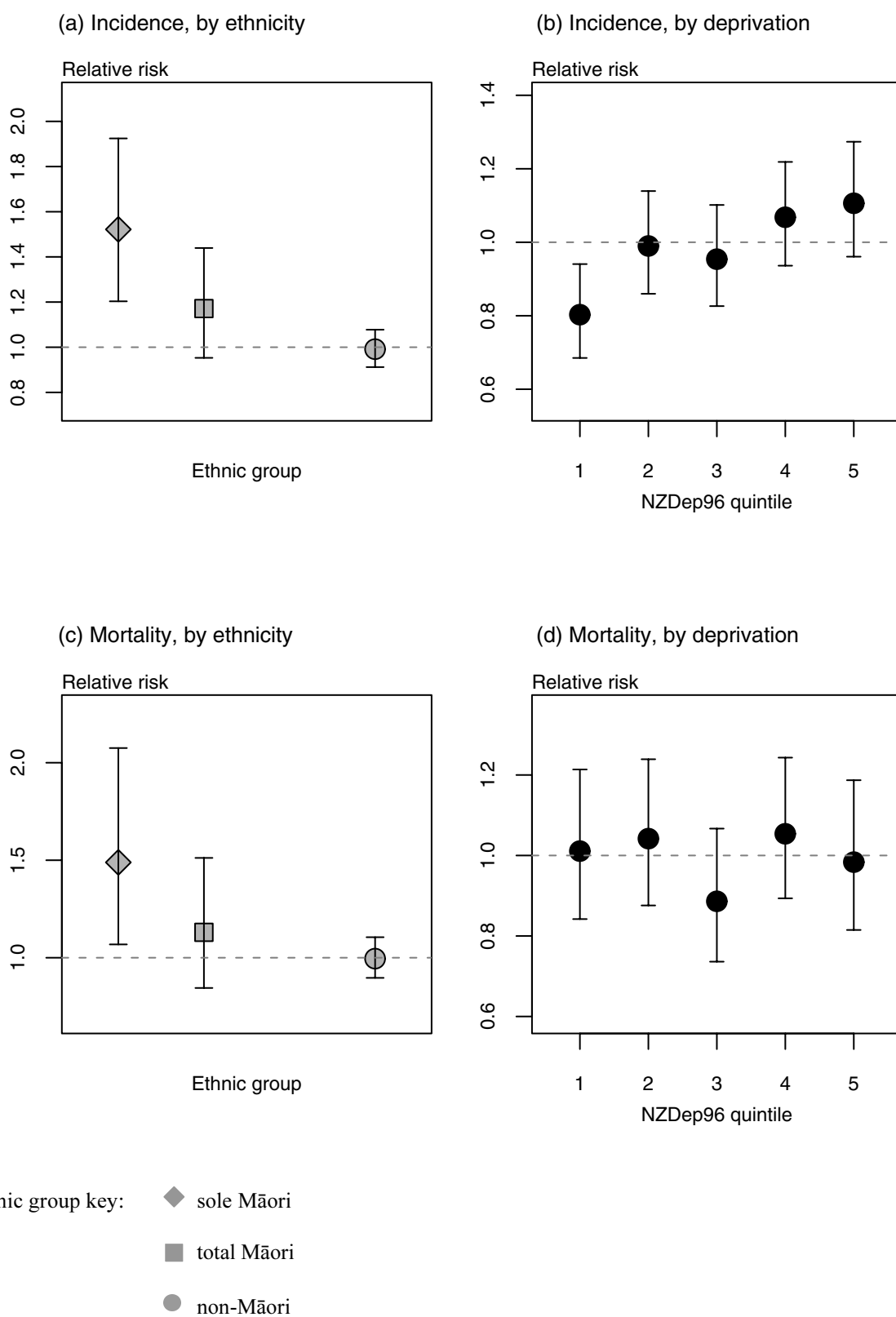


Figure 28.3 Trends and projections of life cycle stage specific rates, ovarian cancer

(a) Incidence rates

(b) Mortality rates

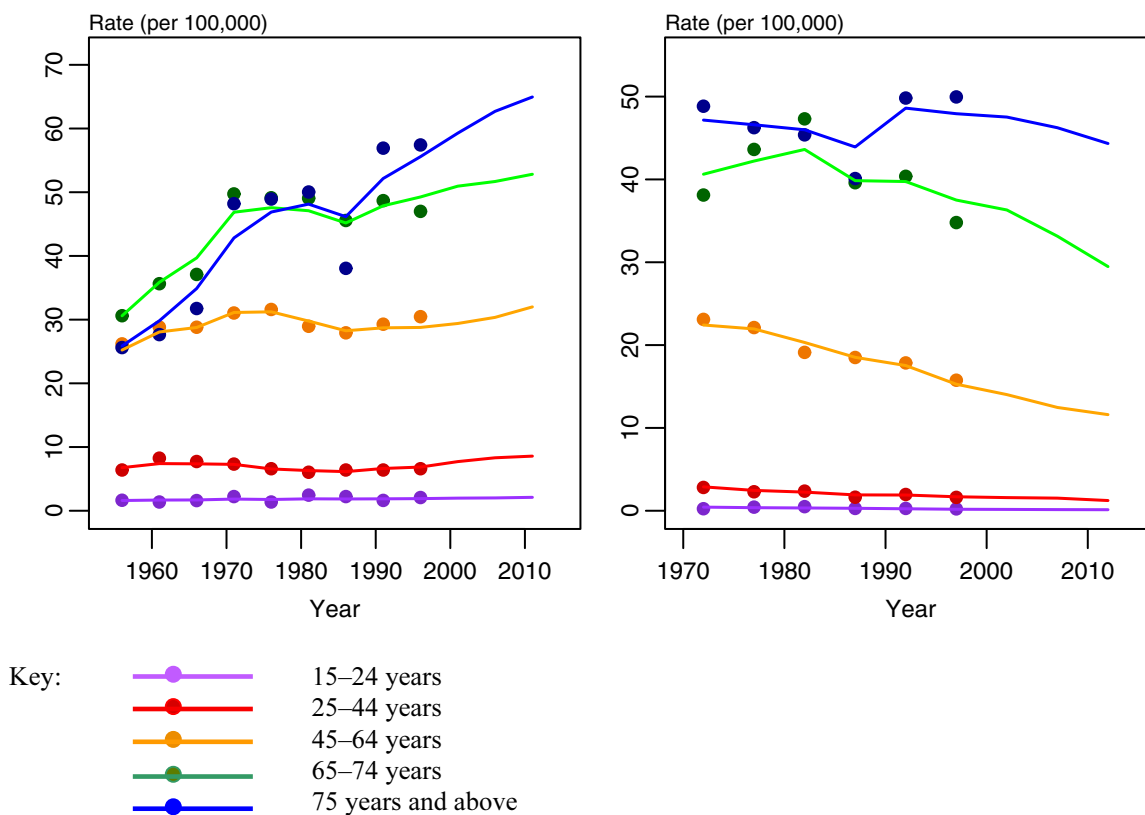


Figure 28.4 Trends and projections of age standardised rates, ovarian cancer

(a) Incidence rates

(b) Mortality rates

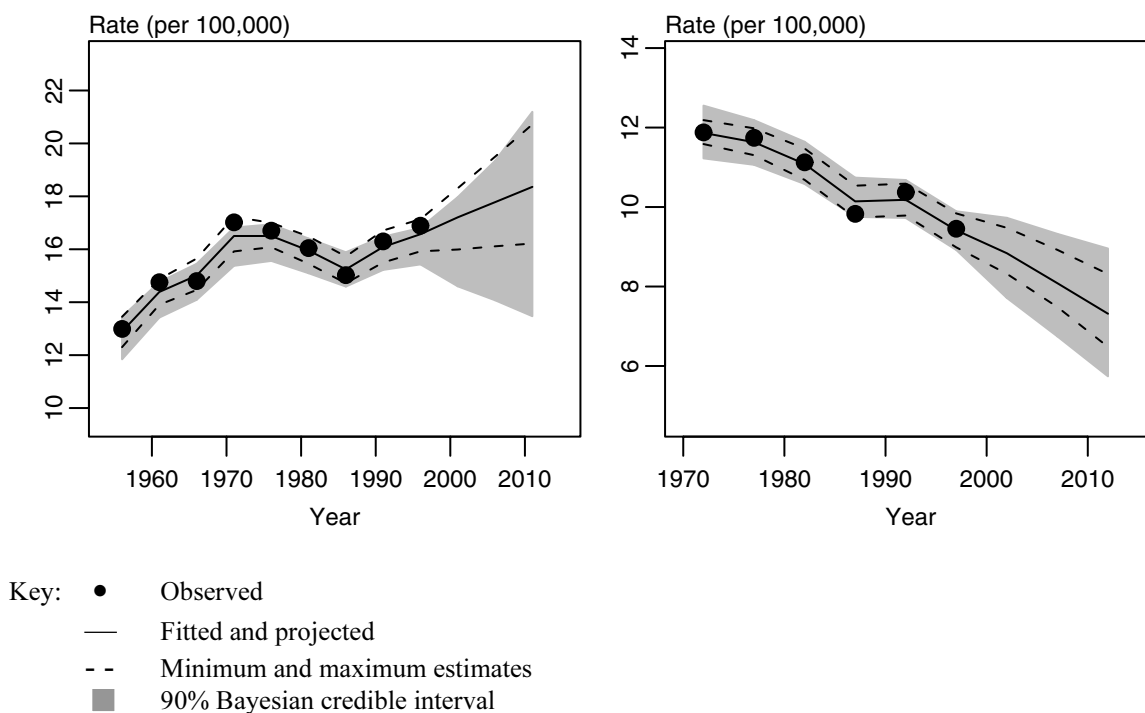


Figure 28.5 Drivers of change in the cancer burden, ovarian cancer

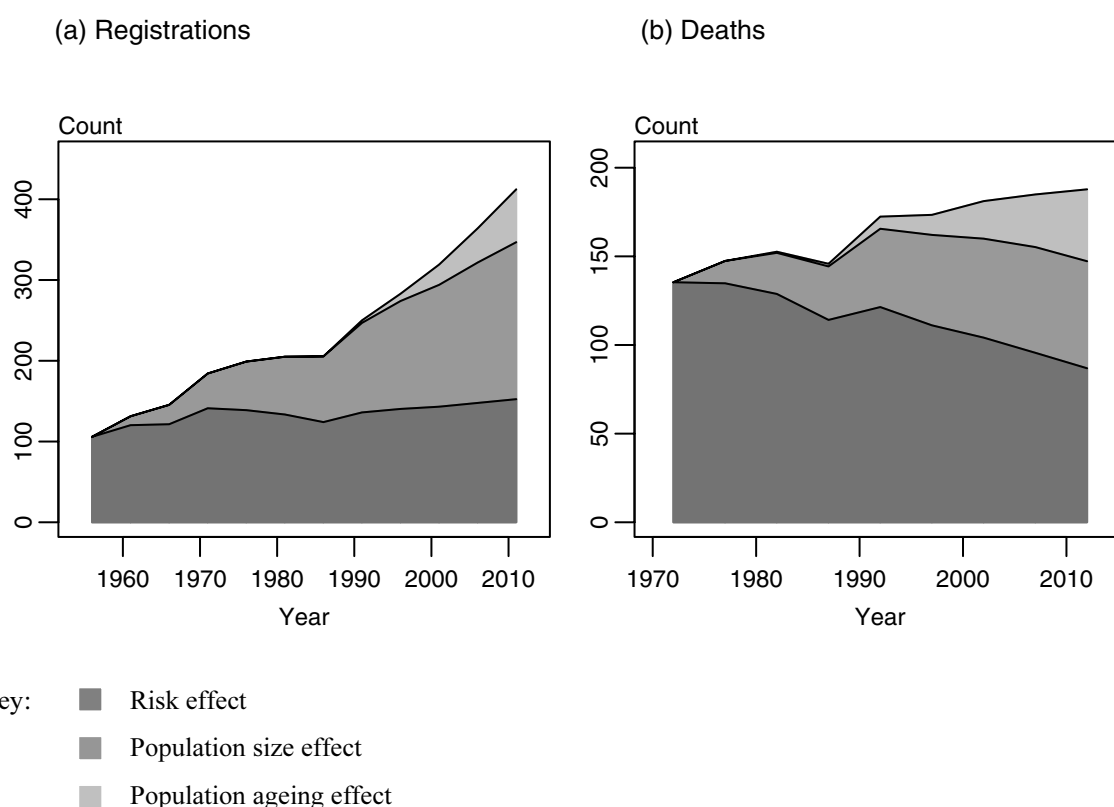


Table 28.1 Key results, ovarian cancer

	Incidence			Mortality		
	1996	2011 (CI)	change (%)	1997	2012 (CI)	change (%)
<i>Age standardised or age specific rate (per 100,000)</i>						
15+	17	18 (14 – 21)	9	10	7 (6 – 9)	-23
15–44	5	6 (5 – 9)	23	1	1 (1 – 1)	-
45–64	31	32 (22 – 39)	5	16	12 (8 – 15)	-27
65+	52	59 (38 – 66)	13	42	36 (26 – 46)	-13
<i>Number of cases</i>						
15+	283	412 (277 – 493)	46	173	188 (134 – 245)	9
15–44	44	54 (38 – 73)	23	10	7 (5 – 11)	-30
45–64	113	179 (124 – 218)	58	60	66 (47 – 87)	10
65+	126	180 (115 – 202)	43	103	115 (83 – 146)	12

CI = 90% Bayesian credible interval

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

