



Primary types of cancer (ICD-O-3) <sup>2, 2, 2</sup>	Characteristics <sup>17, 18, 18</sup>	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hypopharynx [C12.9, C13.0-C13.9] <sup>10</sup>	Number of new cancer cases	0	0	0	0	0	0	0	0	0	0	5	0	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.5	0.0	0.0
Other oral cavity and pharynx [C09.0-C09.9, C14.0-C14.8] <sup>10</sup>	Number of new cancer cases	0	0	0	0	5	0	0	0	0	0	0	0	5
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	15.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	15.9
Esophagus [C15.0-C15.9] <sup>10</sup>	Number of new cancer cases	0	5	5	5	0	0	0	5	0	5	5	0	5
	New cancer cases (rate per 100,000 population)	0.0	16.5	16.8	16.4	0.0	0.0	0.0	16.2	0.0	16.6	16.5	0.0	15.9
Stomach [C16.0-C16.9] <sup>10</sup>	Number of new cancer cases	0	0	0	0	0	0	5	0	5	0	5	0	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	0.0	16.1	0.0	16.4	0.0	16.5	0.0	0.0
Small intestine [C17.0-C17.9] <sup>10</sup>	Number of new cancer cases	0	0	0	0	0	0	0	0	0	0	5	0	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.5	0.0	0.0
Colon and rectum [C18.0-C18.9, C19.9, C20.9, C26.0] <sup>10</sup>	Number of new cancer cases	10	5	5	5	5	0	5	10	10	15	10	15	20
	New cancer cases (rate per 100,000 population)	33.2	16.5	16.8	16.4	15.9	0.0	16.1	32.5	32.9	49.7	33.0	48.5	63.6
Anus, anal canal and anorectum [C21.0-C21.8] <sup>10</sup>	Number of new cancer cases	0	0	0	0	0	5	0	0	0	0	0	0	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	15.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Liver [C22.0] <sup>10</sup>	Number of new cancer cases	0	0	0	0	5	0	0	0	0	5	0	0	5
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	15.9	0.0	0.0	0.0	0.0	16.6	0.0	0.0	15.9
Gallbladder [C23.9] <sup>10</sup>	Number of new cancer cases	0	0	0	0	0	0	0	0	0	0	0	0	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pancreas [C25.0-C25.9] <sup>10</sup>	Number of new cancer cases	0	0	0	5	0	0	0	0	0	0	5	5	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	16.4	0.0	0.0	0.0	0.0	0.0	0.0	16.5	16.2	0.0
Other digestive system [C22.1, C24.0-C24.9, C26.8-C26.9, C48.0-C48.8] <sup>10</sup>	Number of new cancer cases	0	0	0	0	0	5	0	0	0	0	0	0	0







Primary types of cancer (ICD-O-3) <sup>2 2 2</sup>	Characteristics <sup>17 18 19</sup>	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
	New cancer cases (rate per 100,000 population)													
Chronic myeloid leukemia [M-9863, M-9875, M-9876, M-9945, M-9946]	Number of new cancer cases	0	0	0	0	0	0	0	0	0	0	0	0	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other leukemia <sup>15</sup>	Number of new cancer cases	0	0	0	0	0	0	0	0	0	0	5	0	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.5	0.0	0.0
Other, ill-defined and unknown sites <sup>16</sup>	Number of new cancer cases	5	0	5	0	0	5	5	5	0	5	5	0	5
	New cancer cases (rate per 100,000 population)	16.6	0.0	16.8	0.0	0.0	15.7	16.1	16.2	0.0	16.6	16.5	0.0	15.9
Mesothelioma [M-9050-M-9055]	Number of new cancer cases	0	0	0	0	0	0	0	0	0	0	0	0	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kaposi sarcoma [M-9140]	Number of new cancer cases	0	0	0	0	0	0	0	0	0	5	0	0	0
	New cancer cases (rate per 100,000 population)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.6	0.0	0.0	0.0

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## Footnotes:

- Data sources include Statistics Canada's [Canadian Cancer Registry](#) Database and Demography Division [Population](#) estimates as of July 1st 2016, released September 27th, 2016. Statistics Canada maintains the CCR which is comprised of data supplied by the provinces and territories whose cooperation is gratefully acknowledged.
- World Health Organization, International Classification of Diseases for Oncology, Third Edition (ICD-O-3) and the International Agency for Research on Cancer (IARC) rules for determining multiple primary types (source: International Agency for Research on Cancer, World Health Organization, International Association of Cancer Registries, and European Network of Cancer Registries. International Rules for Multiple Primary Cancers, ICD-O Third Edition, Internal Report No.2004/02. Lyon: International Agency for Research on Cancer, 2004).
- Cancer incidence refers to new primary sites of malignant neoplasms. The Canadian Cancer Registry (CCR) is a dynamic database that can be updated with new records or changes to previous records, therefore, the incidence counts may vary from one release to the next. In particular, data for the most recent years often represent an undercount of total cases due to a delay in the reporting of new cancer cases to the Canadian Cancer Registry. These missing cases are added to their appropriate diagnosed year with the reporting of a new reference year.
- Although the Canadian Cancer Registry (CCR) strives to achieve national uniformity, reporting procedures and completeness still vary across the country. Specific issues follow: a) Because Quebec relies primarily on hospital data (i.e., hospitalizations or day surgeries) for cancers diagnosed until the end of 2010, the number of cases of some cancers are underestimated (source: Brisson J, Major D, Pelletier E. Evaluation of the completeness of the Fichier des tumeurs du Québec. Institut national de la santé publique du Québec; 2003). Also, Quebec does not participate in national duplicate resolution process and in the national linkage between the CCR and the Canadian Vital Statistics Death Database. These processes reduce duplicate person and tumour records, identify cases missed by provincial/territorial registries, and enhance the accuracy of vital status information. b) There may be under-reporting of cancer cases in Newfoundland and Labrador due to incomplete linkage of cancer data with death data. c) Differences may exist between the content of the CCR and the provincial/territorial cancer registries because of incomplete updating of the CCR by the provinces and territories.
- Nunavut became a territory in April 1999 and historical data are provided for comparison purposes. Current and historical cancer data are presented for the current boundaries of the Northwest Territories and Nunavut.
- The table was prepared using the Surveillance, Epidemiology and End Results (SEER) Groups for Primary Site based on International Classification of Diseases for Oncology, Third Edition (ICD-O-3). Included are all invasive sites and in situ for bladder.
- Excluding morphology types M-9050 to M-9055; M-9140; M-9590 to M-9992.
- Other non-epithelial skin, excluding morphology types M-8000 to M-8005, M-8010 to M-8046, M-8050 to M-8084, M-8090 to M-8110, M-8720 to M-8790, M-9050 to M-9055, M-9140, M-9590 to M-9992.
- Brain, excluding morphology types M-9050 to M-9055; M-9140; M-9530 to M-9539; M-9590 to M-9992.
- Non-Hodgkin lymphoma, M-9590 to M-9597, M-9670 to M-9729, M-9735 to M-9738; M-9811 to M-9818, all sites except C42.0, C42.1, C42.4; M-9823, all sites except C42.0, C42.1, C42.4; M-9827, all sites except C42.0, C42.1, C42.4; M-9837, all sites except C42.0, C42.1, C42.4.
- Other leukemia, M-9733, M-9742, M-9800, M-9801, M-9805, M-9806 to M-9809, M-9820, M-9831, M-9832 to M-9834, M-9860, M-9870, M-9891, M-9930, M-9931, M-9940, M-9948, M-9963, M-9964; C42.0, M-9827; C42.1, M-9827; C42.4, M-9827.
- Other, ill-defined and unknown sites, M-9740, M-9741, M-9750 to M-9769, M-9950, M-9960 to M-9962, M-9965 to M-9967, M-9970, M-9971, M-9975, M-9980, M-9982 to M-9987, M-9989, M-9991, M-9992; C42.0 to C42.4, excluding M-9050 to M-9055, M-9140, M-9590 to M-9992; C76.0 to C76.8, excluding M-9050 to M-9055, M-9140, M-9590 to M-9992; C77.0 to C77.9, excluding M-9050 to M-9055, M-9140, M-9590 to M-9992; C80.9, excluding M-9050 to M-9055, M-9140, M-9590 to M-9992.
- The 95% confidence interval (CI) illustrates the degree of variability associated with a rate. Wide confidence intervals indicate high variability, thus, these rates should be interpreted and compared with due caution.
- To prevent inappropriate disclosure of health-related information, the actual number of cases of a specific cancer is randomly rounded to a lower or higher multiple of 5: true zeros and actual counts evenly divisible by 5 are not affected. Random rounding is applied to each cell count independently. Specifically, an unbiased random rounding procedure is applied such that numbers ending in 0 or 5 are not rounded; numbers ending in a 1 or 6 are rounded up with a probability of 0.20 and down with a probability of 0.80; numbers ending in 2 or 7 are rounded up and down with probabilities of 0.40 and 0.60, respectively; numbers ending in 3 or 8 are rounded up and down with probabilities of 0.60 and 0.40, respectively; and, numbers ending in 4 or 9 are rounded up and down with probabilities of 0.80 and 0.20, respectively. Consequently, columns and rows will sum to totals only by chance. By design, differences between the rounded and actual counts will never exceed 4 and actual counts are more likely to be rounded to the nearest multiple of 5. The randomly rounded number of cases is used to calculate the incidence rate and 95% confidence limits.
- The following standard symbols are used in this Statistics Canada table: (..) for figures not available for a specific reference period, (...) for figures not applicable and (x) for figures suppressed to meet the confidentiality requirements of the Statistics Act.

20. Death certificate only (DCO) cases: Ontario has no DCO cases reported from 2008 to 2014 (just over 1,000 DCO cases were reported in 2007); Quebec has no DCO cases reported for 2010 (just under 1,400 DCO cases were reported in 2009).
21. To reduce the number of duplicate cases, a national duplicate resolution process was completed up to December 31, 2014 for all provinces and territories, except Quebec. A similar process was completed up to December 31, 2008 for Quebec records only. A death clearance linkage was completed up to December 31, 2008 for all provinces and territories, except Quebec. Death clearance was performed by linking cancer records to the Canadian Vital Statistics Death Database (excluding Quebec deaths).
22. Cancer incidence data for Quebec are not available for the 2011, 2012, 2013 and 2014 diagnosis years in the Canadian Cancer Registry. For CANSIM tables 103-0550 and [103-0554](#), annual count and rate data for Quebec for 2011 to 2013 have been copied using the 2010 data. This assumes that annual cancer incidence and population counts in Quebec for 2011 to 2013 have been unchanged since 2010. Data for Canada for 2011 to 2013 include the copied data for Quebec and this should be considered in any interpretation of the data. CANSIM tables [103-0555](#) and [103-0556](#) do not contain Quebec.
23. As of October 2014 Ontario has implemented a new cancer reporting system, the Ontario Cancer Registry. The first year Ontario reported to the CCR using the new system is the 2013 diagnosis year. The adoption of the new rules may have contributed to the increase in the incidence number of certain types of cancer reported by Ontario.

**Source:** Statistics Canada. *Table 103-0550 - New cases of primary cancer (based on the July 2016 CCR tabulation file), by cancer type, age group and sex, Canada, provinces and territories, annual, CANSIM (database).* (accessed: )  
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