









Primary types of cancer (ICD-O-3) <a href="#">2</a> <a href="#">1</a> <a href="#">10</a>	Characteristics <a href="#">20</a> <a href="#">22</a> <a href="#">23</a>	2005	2006	2007	2008	2009	2010	2011	2012	2013
Kaposi sarcoma [M-9140]	Number of new cancer cases	0	0	0	0	0	0	0	0	0
	New cancer cases (age-standardized rate per 100,000 population) <a href="#">24</a>	x	x	x	x	x	x	x	x	x

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**Note:** Due to the change in Age-Standardization base year, this table will only be made available for historical revisions (we now use the final 2011 Canadian postcensal population structure). In place of this table, please consult CANSIM tables 1030554 and 1030556. As a result of the change, users should use caution when comparing the current data in the new tables with the historical table.

## Symbol legend:

x Suppressed to meet the confidentiality requirements of the Statistics Act

## Footnotes:

- Data sources include Statistics Canada's [Canadian Cancer Registry](#) Database and Demography Division [Population](#) estimates as of July 1st 2015, released September 28th, 2015. 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 diagnosis 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 internal record linkage and 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.
- Cancer types are defined using the Surveillance, Epidemiology and End Results (SEER) program, based on International Classification of Diseases for Oncology, Third Edition (ICD-O-3). Included are all invasive types 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-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.
- Cancer incidence rates are age-standardized using the direct method and the 1991 final post censal Canadian population structure ([Age standardization](#).)
- Confidence intervals convey the degree of precision associated with a rate. Wide confidence intervals convey imprecision (i.e., high variability) and should be interpreted and compared cautiously. Two-sided 95% confidence intervals for age-standardized incidence rates are calculated according to Fay and Feuer (1997) (source: Fay MP, Feuer EJ. Confidence intervals for directly standardized rates: a method based on the gamma distribution. *Statistics in Medicine* 1997, 16: 791-801).
- To prevent inappropriate disclosure of health-related information, the actual total number of cases is randomly rounded to a lower or higher multiple of 5; true zeros and actual counts evenly divisible by 5 are not affected. 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. By design, differences between the rounded and actual total number of cases will never exceed 4 and actual counts are more likely to be rounded to the nearest multiple of 5. The age-standardized incidence rate and 95% confidence interval, however, are calculated using the actual number of cases in the age-specific strata. When the rounded total number of cases is zero, the actual age-standardized incidence rate and 95% confidence interval are suppressed to maintain the ambiguity of zeros. Otherwise, users could decipher when the actual value is zero rather than a one to four.
- 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.
- The use of a standard population results in more meaningful incidence rate comparisons, because it adjusts for variations in population age distributions over time and across geographic areas.
- Death certificate only (DCO) cases: Ontario has no DCO cases reported for 2008 to 2010 (just over 1000 DCO cases were reported in 2007); Quebec has no DCO cases reported for 2010 (just under 1400 DCO cases were reported in 2009); and Newfoundland and Labrador only reported DCO cases for 2007.
- To reduce the number of duplicate cases, a national internal record linkage was completed to December 31, 2013 for all provinces and territories, except Quebec and the Yukon. A similar internal record linkage was completed up to December 31, 2008 for Quebec records only. A death clearance linkage was completed 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).
- Cancer incidence data for Quebec are not available for 2011, 2012 and 2013 diagnosis years. For CANSIM tables [103-0550](#), 103-0553 and [103-0554](#), the 2010 Quebec data have been copied forward into 2011, 2012 and 2013.
- As of October 2014 Ontario has implemented a new cancer reporting system, the Ontario Cancer Registry, and decommissioned the old system, the Ontario Cancer Registry Information System. The new reporting system follows the SEER multiple primary histology rules that are used by all other provinces and territories. The first year reported to the CCR using the new system is the 2013 diagnosis year. The adoption of the new rules has increased the incidence number of certain types of cancers reported by Ontario. Some of the increase for the cancers affected are attributed to the adoption of these new rules.

**Source:** Statistics Canada. *Table 103-0553 - New cases and 1991 age-standardized rate for primary cancer (based on the August 2015 CCR tabulation file), by cancer type and sex, Canada, provinces and territories, annual*, CANSIM (database). (accessed: )

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