

2016

澳門癌症登記年報

ANNUAL REPORT OF MACAO CANCER REGISTRY



澳門特別行政區政府衛生局
Serviços de Saúde do Governo de Região Administrativa Especial de Macau
Health Bureau of the Government of Macao Special Administrative Region

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澳門特別行政區政府
衛生局

Health Bureau

Government of Macao Special Administrative Region

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局長的話

這是第 14 期的《澳門癌症登記年報》。澳門癌症登記系統一直監測本澳癌症的流行情況和變化趨勢，記錄和公佈癌症發展的新動向。2016 年錄得的新發病和死亡癌症個案分別是 1,601 和 816 例，粗發病率和粗死亡率分別為 245 和 111 (每 10 萬人口)。年齡標準化發病率和死亡率分別為 192 和 125 (每 10 萬人口)。2016 年新發現的癌症個案中，男性稍多於女性，佔總個案的 52%。

2016 年，肺癌繼續成為本澳發病和死亡癌症第一位，發病 270 例，死亡 223 例；結腸直腸癌發病 251 例侵襲癌，38 例原位癌，死亡 120 例。由於 2016 年開始「大腸癌篩查計劃」，2015 年大腸癌篩查先導計劃發現的癌症個案大部分在 2016 年確診和申報。故 2016 年錄得的結腸直腸癌的侵襲癌及原位癌合共 289 例，比肺癌多。

肺癌、結腸直腸癌、女性乳癌、肝癌和胃癌是本澳最常見和最主要的癌症。近年，皮膚癌一直居常見癌症的前十位，2016 年共錄得 47 例 (男 25 例、女 22 例)，均排在男性和女性十大癌症的第九位。胰臟癌死亡率高，一直為本澳主要致死癌症之一，自 2010 年起，新發個案數一直攀升。於 2016 年，胰臟癌錄得 27 例新發個案 (男 11 例、女 16 例)，成為女性十大常見癌症，值得關注。

女性癌症方面，由於宮頸抹片檢查的普及，2015 年起宮頸侵襲癌的發病和死亡個案明顯下降，雖然 2016 年宮頸侵襲癌個案稍上升，有 38 例，原位癌有 38 例，兩者合共 76 例，但整體數字較 2015 年下跌。

肺癌及多種癌症的發病與吸煙有密切關係，吸煙者應儘早戒煙以保障個人和家人的健康。2012 年 1 月 1 日第 5/2011 號法律《預防及控制吸煙制度》生效，所有公共室內場所已全面禁煙，市民應配合特區政府的控煙工作，共同預防癌症。

結腸直腸癌 (俗稱「大腸癌」) 則與肥胖、缺乏運動和飲食習慣的關係密切，因此

控制體重、養成健康的飲食習慣和規律運動是防治癌症的最佳方法，市民應建立健康的生活模式，為個人的健康負責。結腸直腸癌可透過定期「篩查」預防癌症發生和提高治療率。衛生局已於 2016 年 11 月正式推行「大腸癌篩查計劃」，參加詳情請瀏覽衛生局網頁 (www.ssm.gov.mo/coloncancer)。

部份乳癌、卵巢癌、結腸直腸癌和家族基因有關，家族中如有一位或多位家人曾罹患上述癌症，應告知家庭醫生並按其建議及早接受合適的癌症篩查。

皮膚癌是一種完全可以預防的癌症，市民應做好防曬，特別是經常在戶外工作的人士。

胰臟癌與肥胖、吸煙、酗酒、高脂低纖的不良飲食及慢性胰臟炎等關係密切。胰臟癌早期沒有明顯症狀，診斷不易，至發現時多為癌症後期，治療效果不佳，死亡率高。故市民更需關注胰臟癌的預防，從改善生活習慣做起，重視建立健康的生活模式。

可預防宮頸癌的人類乳頭狀瘤病毒 (HPV) 疫苗已列入澳門特區的防疫接種計劃內，市民應積極支持，配合接種安排。有效的疫苗接種可預防 70%-90% 的宮頸癌個案，但仍有 10%-30% 宮頸癌可由不能被疫苗預防的其他高危型人類乳頭狀瘤病毒引起，疫苗亦對已受感染人士體內的病毒無效。因此，建議已有性生活的女性仍應定期接受宮頸抹片檢查 (又稱“柏氏抹片檢查”)，以早發現，早治療，避免發展成宮頸癌。特區政府已與多個非牟利醫療機構合作，為市民提供便利免費的宮頸抹片檢查，建議市民多些利用。

最後，衷心感謝醫務人員對澳門癌症登記系統的支持和協助，期望各科醫務人員繼續參與申報，使癌症登記的資料收集和分析工作持續順利進行，維持高的覆蓋監測網絡。

Director's Note

This is the 14th annual report of the Macao Cancer Registry. The Registration System is consistently monitoring the epidemiological situation of cancer and changes in cancer trend, as well as documenting and disclosing every single move of development. The number of new and death cases registered in 2016 are 1601 and 816 respectively. The crude incidence rate and mortality rate are 245 and 111 per 100,000 persons respectively. After standardization, the age-standardized incidence and mortality rates are 192 and 125 per 100,000 persons respectively. In 2016, male incident cases were slightly more than that of females', with a percentage of 52 among all registered new cases.

In 2016, lung cancer was still the most leading cancer of Macao in new cases and deaths. There were 270 new cases and 233 deaths of lung cancer. Meanwhile, there were 251 new cases (and 38 in situ cases) of colorectal cancer with 120 deaths. The 'Colorectal Cancer Screening Program' was initiated in 2016, while most cancer cases from the pilot screening program of 2015 were discovered and reported in 2016. Since, input of resources and efforts increased in detection of colorectal cancer cases, the number of invasive and in situ cases registered in 2016 was elevated to a total 289, more than that of lung cancer.

Lung, colorectal, liver, female breast and stomach cancers were still the commonest and most significant cancer sites in Macao. Skin cancer has been staying in the top10 list for years. There were 47 cases registered (25 male and 27 female) and became the 9th leading one of both males and females in 2016. Pancreatic cancer has high mortality rate and is always one of the chief lethal cancers. Since 2010, the number of newly diagnosed pancreatic cases has been rising, and registered 27 new cases (11 men and 16 women) in 2016. This caused pancreatic cancer become one of the top 10 leading cancers of women and is worthy of attention.

For those female-specific cancers, the invasive and death cases of cervix uteri have been consistently decreasing due to the popularity of pap smear screening. Since 2015, both the number of incident and death cases of invasive carcinomas dropped significantly. In 2016, the number of invasive cases slightly increased to 38, while

there were only 38 in situ cases. There was a total of 76 new cancer cases, which is lower than that in 2015.

Lung cancer and many other cancer sites are attributable to smoking. Smokers should quit smoking for the sake of his/her health and that of family. The new tobacco control regulation was enforced on 1 Jan 2012, and nearly all indoors are prohibited from smoking. Public should comply with the tobacco control measures launched by the government to enhance cancer prevention.

Colorectal cancer is related to obesity, physical inactivity and eating habit. Thus, body weight control, healthy diet and regular physical activity are the best preventive measures against cancer. Public should have a healthy lifestyle to be responsible for his/her own health. Colorectal cancer is also preventable through consistent specific tests (also known as “screening”). Health Bureau formally initiated the “Colorectal Cancer Screening Program” in Nov 2016. Further details and ways of participation are found on the website of Health Bureau (www.ssm.gov.mo/coloncancer).

Some cases of breast, ovary and colorectal cancer are highly related with family gene mutation or variations. If there is one or more family members ever developed any of these cancers, you should inform your family physician and accept an appropriate cancer screening program according to recommendations.

Starting from sunscreen, skin cancer is absolutely a preventable cancer and public are advised to take considerable measures against it, especially for those who have to work outdoors.

Pancreatic cancer is closely related to obesity, smoking, alcoholism, unbalanced diet with high-fat and low-fiber, and history of chronic pancreatitis. Prevention of pancreatic cancer relies on establishing a healthy lifestyle. However, there are no obvious symptoms in the early stage of pancreatic cancer and the diagnosis is not easy. At the time of diagnosis, usually it is in the late stage of cancer, and prognosis is poor while mortality rate is high. Public should pay more attention to the prevention of pancreatic cancer through improving their lifestyle.

Human papillomaviruses (HPV) vaccine for prevention of cervical cancer has been approved into the immunization program of Macao and effective since 1 Sep 2016. Public are recommended to actively support the immunization program and

cooperate with the vaccination arrangements. Effective immunization can prevent 70%-90% of the all cervical cancers, but still 10%-30% which are caused by other high-risk serotypes of HPV not protected by the vaccine, cannot be prevented. Also, vaccine cannot treat those who have already been infected by the virus. Females with active sex life are recommended to have regular pap smear for screening of cervical cancer. To address a comprehensive and accessible community health service, the health authority has collaborated with several non-government organizations to provide free community-based pap smear service and public are advised to utilize it regularly.

Last but not least, I would like to take this opportunity to deliver my sincere gratitude to all health care workers who have been supporting the Cancer Registry. All medical personnel are encouraged to participate in reporting so that data collection and analysis of cancer registration can be carried out smoothly; and a constant and high-coverage monitoring network can be maintained.

簡介 *Introduction*

惡性腫瘤 (又稱癌症) 是一種非常值得關注的疾病，一直位於澳門十大死因之內。根據統計暨普查局的資料，2016 年的十大死因中惡性腫瘤仍名列榜首，佔所有死亡個案的 36%。

為監測癌症的發展情況，衛生局參考世界衛生組織的建議，於 2003 年開展推動全民性的“澳門癌症登記”計劃，用流行病學的統計資料，為制訂癌症防治措施和重新配置醫療資源提供參考依據。另外，每年公佈綜合性數據資料，讓衛生計劃者和決策者、醫護人員、學者和市民了解本澳癌症的流行情況，有利大家共同參與討論癌症防治的政策。

In Macao, malignant neoplasm (also known as ‘cancer’) has been a very significant disease as being ranked one of the top 10 leading causes of death for years. According to the data from the Statistics and Census Service, malignant neoplasm has been the top leading cause of death in 2016, occupying 36% of all death cases.

To monitor the situation trend of cancer, the Health Bureau, based on the WHO recommendations, initiated and promoted a population-based cancer registration project named “MACAO CANCER REGISTRY” in 2003 to collect epidemiological data of cancer for formulating strategies on cancer control and prevention. Besides, the Health Bureau disseminates the data to health planers, policy makers, health care professionals, academics and general public to report the cancer situation of Macao annually, in order to facilitate general discussion on cancer control and prevention among all walks of community.

申報來源 (*Sources of Reporting*)

目前病例的申報渠道主要有三：一) 由仁伯爵綜合醫院、鏡湖醫院及科大醫院的臨床醫生填寫標準申報表進行申報；二) 在仁伯爵綜合醫院及鏡湖醫院的病理部電子檔案中擷取符合病例定義的檢驗紀錄及資料；三) 從死亡證明書中擷取死因符合癌症病例定義的死亡個案。

At present, there are three main reporting channels which include 1) through submission of standard reporting forms filled by clinicians of the CHCSJ, Kiang Wu and University Hospital; 2) through extracting electronic medical records which fulfill the definition of reportable case from Pathological Departments of the CHCSJ and Kiang Wu Hospital; 3) through extracting death cases which fulfill the definition of reportable case from death certificates.

申報病例定義 (*Definition of Reportable Cases*)

所有符合國際疾病分類第十版 (ICD-10) 內 C00-C97、D00-D09、D30 和 D32-D33，或國際疾病分類腫瘤學第三版 (ICD-O-3) 組織形態分類碼第 5 碼 (性態譯碼) 為 2 (原位癌) 或 3 (侵襲癌) 者，以及部份為 1 者 (良性腫瘤)(限中樞神經系統和泌尿系統的良性腫瘤)，經申報後均記錄在本登記系統內。對於多發性腫瘤 (multiple tumors)，應按每一腫瘤分別以獨立的報告表作個別申報。在儲存及分析資料時，將以腫瘤為單位而非以病人計算。

All cases with primary sites coded as C00-C97, D00-D09, D30 and D32-D33 according to the International Classification of Diseases 10th Edition (ICD-10), or those with the 5th-digit behaviour codes as 2 (in situ carcinoma) or 3 (primary malignant tumor) and a portion of 1 (benign tumor) exclusive for the central nervous system and urinary system according to the International Classification of Diseases for Oncology 3rd edition (ICD-O-3) should be registered in the system. As for multiple tumors, each tumor should be reported individually. Tumor, instead of the patient, will be the measuring unit for data storage and analytic purpose.

1. 2016 年有多少人被診斷患有癌症？

How many people were DIAGNOSED with Cancer in 2016?

2016 年錄得的癌症新發生個案共有 1,601 例，男性 826 例 (52%)，女性 775 例 (48%)。所有部位的癌症(以下簡稱“全部癌症”)的粗發病率約 245(每 10 萬人口)，男性是 233，女性是 258，女性的癌症個案較男性少。

由於癌症發生的風險是隨著年齡的增長而顯著增加的，因此，為避免因人口結構影響本澳癌症發病率及與其他地區比較的結果，經世界標準人口將年齡因素調整後之年齡標準化發病率是 192(每 10 萬人口)，男性的年齡標準化發病率是 213，女性則是 173。男性個案的診斷年齡中位數是 65 歲，女性是 60 歲。

按累積風險評估，本澳每 6 人可能有 1 人在 0 至 74 歲間罹患癌症，而每 5 名男性或每 6 名女性可能有 1 人在 0 至 74 歲間罹患癌症。

The total number of new incident cases registered in 2016 was 1,601 with male and female accounting for 826 (52%) and 775 (48%) cases respectively. The crude incidence rate of all cancer sites (from now onwards as ‘all sites’) was 245 in every 100,000 population, with male and female accounting for 233 and 258 respectively. There were fewer cases among females than among males.

Age is the crucial factor of cancer incidence as its risk is proportional to the increase of age. For the purpose of international comparison, age-standardized rate is used to avoid the influence of population structure on the incidence rate. After adjustment to the world standard population, the age-standardized incidence rate of Macao was 192 in every 100,000 population. The age-standardized incidence rates of males and females were 213 and 173 respectively. Median age at diagnosis of male cases is 65 and 60 of females.

According to cumulative risk of all cancer sites, there will be 1 in every 6 persons among our population will have the chance to develop cancer between 0 and 74 years old; while 1 in every 5 men and 1 in every 6 women of Macao will have the chance to develop cancer during their life span between 0-74 year-old.

累積發生風險 (Cumulative Risk) 指在沒有其他疾病或死因競爭下，終其一生（通常指 0 至 74 歲）患有或死於癌症的機會。這是終生風險的測量，亦是反映癌症對社會造成影響的重要指標之一。可透過公式一用 0 至 74 歲的累積發生機率 (Cumulative Rate 0-74 percent, CR% 0-74) 換算。0 至 74 歲的累積發生機率是 0 至 74 歲的年齡組別發生率的加總。當 CR% 0-74 少於 10% 時，兩者的值非常接近。0 至 74 歲的累積風險亦可表示為在沒有其他疾病或死因競爭下，在多少人的群體中會出現一個癌症新發或死亡病例。數字越大表示需要越大的群體才有一病例出現，即風險或影響越低，反之亦然。

Cumulative risk is defined as the probability that an individual will develop or die of cancer during a certain age span (the age range 0-74 year is commonly used), assuming that no other competitive diseases or causes of death are in operation. It is a measurement of lifetime risk and is a good indicator of the impact of a disease to society. There is a precise mathematical relationship between the cumulative rate and the cumulative risk as shown below (Formula 1). Cumulative Rate 0-74 percent (CR% 0-74) is the summation of the age-specific rate over each year of age from birth to a defined age of 74. If the cumulative rate is less than 10%, as in the case of most tumors, the cumulative risk can be approximated very well by the cumulative rate. The cumulative risk can be expressed as the number of persons among whom one will develop or die of the disease in question, assuming there are no other competitive diseases. The bigger the number, the bigger the population will be required to find a case, indicating a smaller risk and vice versa.

$$(\text{公式一 Formula 1}) \quad \text{Cumulative Risk}_{0-74} * 100 = 1 - e^{-100CR\%_{0-74}}$$

表一、澳門 2016 年所有申報癌症之發病率
Table 1 Incidence of ALL CANCERS, Macao, 2016

	男性 Males	女性 Females	總數 Total
個案數 No. of cases	826	775	1601
粗發病率 Crude Incidence rate (1/100,000)	233.0	258.2	245.4
年齡標準化發病率 Age-standardised Incidence rate ^(a)	213.4	173.1	192.3
百分比 Percent of all cases	51.6	48.4	100
診斷年齡中位數 Median age at diagnosis	65	60	62
累積風險 Cumulative Risk (多少人中可能在 0-74 歲期間出現一例，1 in every how many people will occur 1 case during age 0 to 74)	5	6	6

(a) 世界標準人口 2000 直接標準化之年齡標準化率，以每十萬為單位

World age-standardised rate derived by direct method weighted with World Standard Population 2000, expressed in per 100,000

2. 2016 年有多少人死於癌症？

How many people DIED from Cancer in 2016?

在 2016 年的死亡登記中，顯示死於癌症的共 816 人，男性 505 人 (62%)，女性 311 人 (38%)。全部癌症的粗死亡率是 112 (每 10 萬人口)，男性 144，女性 81。經世界標準人口將年齡因素調整後的年齡標準化死亡率是 125 (每 10 萬人口)，男性的年齡標準化死亡率是 158，女性則 94。男性死亡年齡中位數是 67 歲，女性是 66 歲。

按累積風險評估，本澳每 11 人有可能 1 人在 0 至 74 歲間死於癌症，其中每 8 名男性或每 17 名女性可能有 1 人在 0 至 74 歲間死於癌症。

In 2016, there were 816 registered cases who died of cancer, in which 505 (62%) were males and 311 (38%) were females. The crude mortality rate of all cancer sites was 112 in every 100,000 population with male accounted for 144 and female accounted for 81. Age-standardized mortality rate of Macao was 125 in every 100,000 population, 158 and 94 for males and females respectively. Median age at death of male cases is 67 and 66 of females.

According to cumulative risk of all cancer sites, 1 in every 11 people of Macao will have the chance to die from cancer during their life span between 0-74 year-old, whereas 1 in every 8 and 1 in every 17 will happen among males and females respectively.

表二、澳門 2016 年所有申報癌症之死亡率
Table 2 Mortality of ALL CANCERS, Macao, 2016

	男性 Males	女性 Females	總數 Total
個案數 <i>No. of cases</i>	505	311	816
粗死亡率 <i>Crude Mortality rate (1/100,000)</i>	143.6	80.8	111.8
年齡標準化死亡率 <i>Age-standardised Mortality rate ^(a)</i>	157.9	93.5	125.1
百分比 <i>Percent of all cases</i>	61.9	38.1	100
死亡年齡中位數 <i>Median age at death</i>	67	66	66.5
累積風險 <i>Cumulative Risk</i> (多少人中可能在 0-74 歲期間出現一例，1 in every how many people will occur 1 case during age 0 to 74)	8	17	11

(a) 世界標準人口 2000 直接標準化之年齡標準化率，以每十萬為單位

World age-standardised rate derived by direct method weighted with World Standard Population 2000, expressed in per 100,000

3. 2016 年哪些癌症最常見?

Which Cancers were the Most Common in 2016?

發病 *Incident Cases*

在 2016 年登記的新發病例中，最常見的癌症為：

- 肺癌 (270 例 · 17%)
 - 結腸直腸癌 (251 例 · 16%)
 - 女性乳癌 (122 例 · 8%)
 - 肝癌 (92 例 · 6%)
 - 胃及前列腺癌 (各 71 例 · 各 4%)
- 以上五部位的個案總和佔 2016 所有申報個案的 55% 。
 - 最常見的新發癌症個案在男女之間是有差別的。
 - 男性前三位癌症分別是肺癌(21%)、結腸直腸癌(17%)及前列腺癌(9%)。
 - 女性前三位癌症分別是乳癌 (16%)、結腸直腸癌 (14%) 及肺癌 (13%)。
 - 皮膚癌已登上十大癌症之列，排行第九，共有 47 例新個案，女性 22 例，男性 25 例。胰臟癌首次登入十大女性常見癌症之列，佔第十位。

In 2016, the most commonly reported cancers were:

- Lung (270 cases · 17%) ,
 - Colorectal (251 cases · 16%) ,
 - Female Breast (122 cases · 8%) ,
 - Liver (92 cases · 6%) and
 - Stomach & Prostate (60 cases each · each 4%) .
- Grouped together, the above 5 cancers accounted for 55% of all reportable cancers diagnosed in 2016.
 - Differences were evident among males and females as to which cancers were the commonest.
 - Among males, the top 3 common cancer sites were lung (21%) , colorectal (17%) and prostate (9%) .
 - Among females, the top 3 common cancer sites were breast (16%) , colorectal (14%) and lung (13%) .
 - Skin cancer was one of the top 10 common cancers and ranked the 9th, with a total of 47 cases. Among which, females accounted for 22 cases and males accounted for 25 cases. Pancreatic Cancer first listed in top 10 common cancers for women as the 10th.

死亡 *Death Cases*

在 2016 年登記的死亡個案中，最常見的癌症為：

- 肺癌 (223 例 · 27%)
 - 結腸直腸癌 (120 例 · 15%)
 - 肝癌 (108 例 · 13%)
 - 胃癌 (39 例 · 5%)
 - 女性乳癌 (36 例 · 4%)
- 以上五部位的總和佔 2016 所有死亡個案的 64%。
 - 最常見的死亡癌症個案在男女之間是有差別的。
 - 男性前三位癌症分別是肺癌 (32%)、肝癌 (16%) 及結腸直腸癌 (13%)。
 - 女性前三位癌症分別是肺癌 (20%)、結腸直腸癌 (18%) 及乳癌 (11%)。

In 2016, the most common causes of cancer death were:

- Lung (223 cases · 27%) ,
 - Colorectal (120 cases · 15%) ,
 - Liver (108 cases · 13%) ,
 - Stomach (39 cases · 5%) and
 - Breast (36 cases · 4%) .
- Grouped together, the above 5 cancers accounted for 64% of all deaths from cancers in 2016.
 - Males and females were similar in the following ways. For both sexes:
 - Lung cancer was leading cause of cancer deaths, 32% in males and 20% in females, colorectal cancer ranked among top 3 and accounted for 13% and 18% respectively among males (3rd position) and females (2nd position) .
 - Liver cancer ranked 2nd in males (16%) while breast cancer ranked 3rd in females (11%)

表三、2016 年的主要癌症 (以個案數排序)

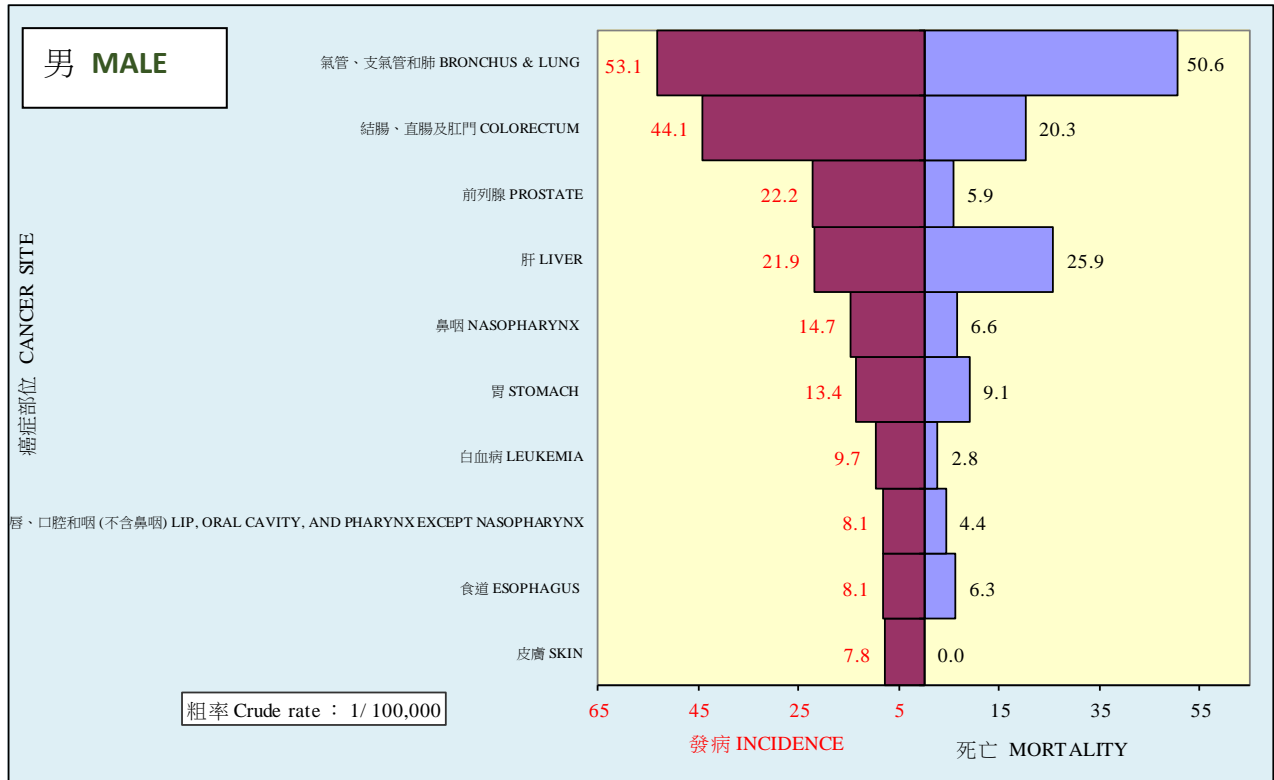
Table 3 Leading Cancer Sites in 2016 (in descending order of case number)

前十位癌症 10 Most Common Cancers, 2016						前十位癌症死因 10 Major Causes of Cancer Deaths, 2016					
男女 Both Sexes											
名次 Rank	ICD-10	部位 Site	登記的新個案 New cases registered	粗發病率 Crude incidence rate	構成比 Proportion %	名次 Rank	ICD-10	部位 Site	登記的死亡個案 Deaths registered	粗死亡率 Crude mortality rate	構成比 Proportion %
1	C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	270	41.4	16.9%	1	C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	223	34.2	27.3%
2	C18-C21	結腸、直腸及肛門 COLORECTUM	251	38.5	15.7%	2	C18-C21	結腸、直腸及肛門 COLORECTUM	120	18.4	14.7%
3	C50	乳房 BREAST	122	18.7	7.6%	3	C22	肝 LIVER	108	16.6	13.2%
4	C22	肝 LIVER	92	14.1	5.7%	4	C16	胃 STOMACH	39	6.0	4.8%
5	C16	胃 STOMACH	71	10.9	4.4%	5	C50	乳房 BREAST	36	5.5	4.4%
5	C61	前列腺 PROSTATE	71	22.2	4.4%	6	C25	胰臟 PANCREAS	34	5.2	4.2%
7	C11	鼻咽 NASOPHARYNX	60	9.2	3.7%	7	C11	鼻咽 NASOPHARYNX	29	4.4	3.6%
8	C73	甲狀腺 THYROID GLAND	55	8.4	3.4%	8	C15	食道 ESOPHAGUS	23	3.5	2.8%
9	C44	皮膚 SKIN	47	7.2	2.9%	9	C23-C24	膽及肝外膽管 GALLBLADDER & EXTRAHEPATIC BILE DUCT	21	3.2	2.6%
10	C91- C95	白血病 LEUKEMIA	46	7.0	2.9%	10	C61	前列腺 PROSTATE	19	5.9	2.3%
		其他 Others	516	79.1	32.2%			其他 Others	164	25.1	20.1%
		全部癌症 ALL SITES	1601	245.4	100.0%			全部癌症 ALL SITES	816	125.1	100.0%
男 Male											
名次 Rank	ICD-10	部位 Site	登記的新個案 New cases registered	粗發病率 Crude incidence rate	構成比 Proportion %	名次 Rank	ICD-10	部位 Site	登記的死亡個案 Deaths registered	粗死亡率 Crude mortality rate	構成比 Proportion %
1	C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	170	53.1	20.6%	1	C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	162	50.6	32.1%
2	C18-C21	結腸、直腸及肛門 COLORECTUM	141	44.1	17.1%	2	C22	肝 LIVER	83	25.9	16.4%
3	C61	前列腺 PROSTATE	71	22.2	8.6%	3	C18-C21	結腸、直腸及肛門 COLORECTUM	65	20.3	12.9%
4	C22	肝 LIVER	70	21.9	8.5%	4	C16	胃 STOMACH	29	9.1	5.7%
5	C11	鼻咽 NASOPHARYNX	47	14.7	5.7%	5	C11	鼻咽 NASOPHARYNX	21	6.6	4.2%
6	C16	胃 STOMACH	43	13.4	5.2%	6	C15	食道 ESOPHAGUS	20	6.3	4.0%
7	C91- C95	白血病 LEUKEMIA	31	9.7	3.8%	7	C61	前列腺 PROSTATE	19	5.9	3.8%
8	C00-C10, C12-14	唇、口腔和咽 (不含鼻咽) LIP, ORAL CAVITY, AND PHARYNX EXCEPT NASOPHARYNX	26	8.1	3.1%	8	C25	胰臟 PANCREAS	17	5.3	3.4%
8	C15	食道 ESOPHAGUS	26	8.1	3.1%	9	C00-C10, C12-14	唇、口腔和咽 (不含鼻咽) LIP, ORAL CAVITY, AND PHARYNX EXCEPT NASOPHARYNX	14	4.4	2.8%
9	C44	皮膚 SKIN	25	7.8	3.0%	10	C23-C24	膽及肝外膽管 GALLBLADDER & EXTRAHEPATIC BILE DUCT	11	3.4	2.2%
		其他 Others	176	55.0	21.3%			其他 Others	64	20.0	12.6%
		全部癌症 ALL SITES	826	258.2	100.0%			全部癌症 ALL SITES	505	157.9	100.0%
女 Female											
名次 Rank	ICD-10	部位 Site	登記的新個案 New cases registered	粗發病率 Crude incidence rate	構成比 Proportion %	名次 Rank	ICD-10	部位 Site	登記的死亡個案 Deaths registered	粗死亡率 Crude mortality rate	構成比 Proportion %
1	C50	乳房 BREAST	122	36.7	15.7%	1	C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	61	18.3	19.6%
2	C18-C21	結腸、直腸及肛門 COLORECTUM	110	33.1	14.2%	2	C18-C21	結腸、直腸及肛門 COLORECTUM	55	16.5	17.7%
3	C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	100	30.1	12.9%	3	C50	乳房 BREAST	35	10.5	11.3%
4	C73	甲狀腺 THYROID GLAND	44	13.2	5.7%	4	C22	肝 LIVER	25	7.5	8.0%
5	C54	子宮體 CORPUS UTERI	39	11.7	5.0%	5	C25	胰臟 PANCREAS	17	5.1	5.5%
6	C53	宮頸 CERVIX UTERI	38	11.4	4.9%	6	C53	宮頸 CERVIX UTERI	12	3.6	3.9%
7	C16	胃 STOMACH	28	8.4	3.6%	6	C54	子宮體 CORPUS UTERI	12	3.6	3.9%
8	C22	肝 LIVER	22	6.6	2.8%	8	C16	胃 STOMACH	10	3.0	3.2%
9	C44	皮膚 SKIN	22	6.6	2.8%	8	C23-C24	膽及肝外膽管 GALLBLADDER & EXTRAHEPATIC BILE DUCT	10	3.0	3.2%
10	C25	胰臟 PANCREAS	16	4.8	2.1%	8	C91- C95	白血病 LEUKEMIA	10	3.0	3.2%
		其他 Others	234	72.2	30.2%			其他 Others	64	19.2	20.6%
		全部癌症 ALL SITES	775	233.0	100.0%			全部癌症 ALL SITES	311	93.5	100.0%

* 粗率 Crude rate : 1/100,000

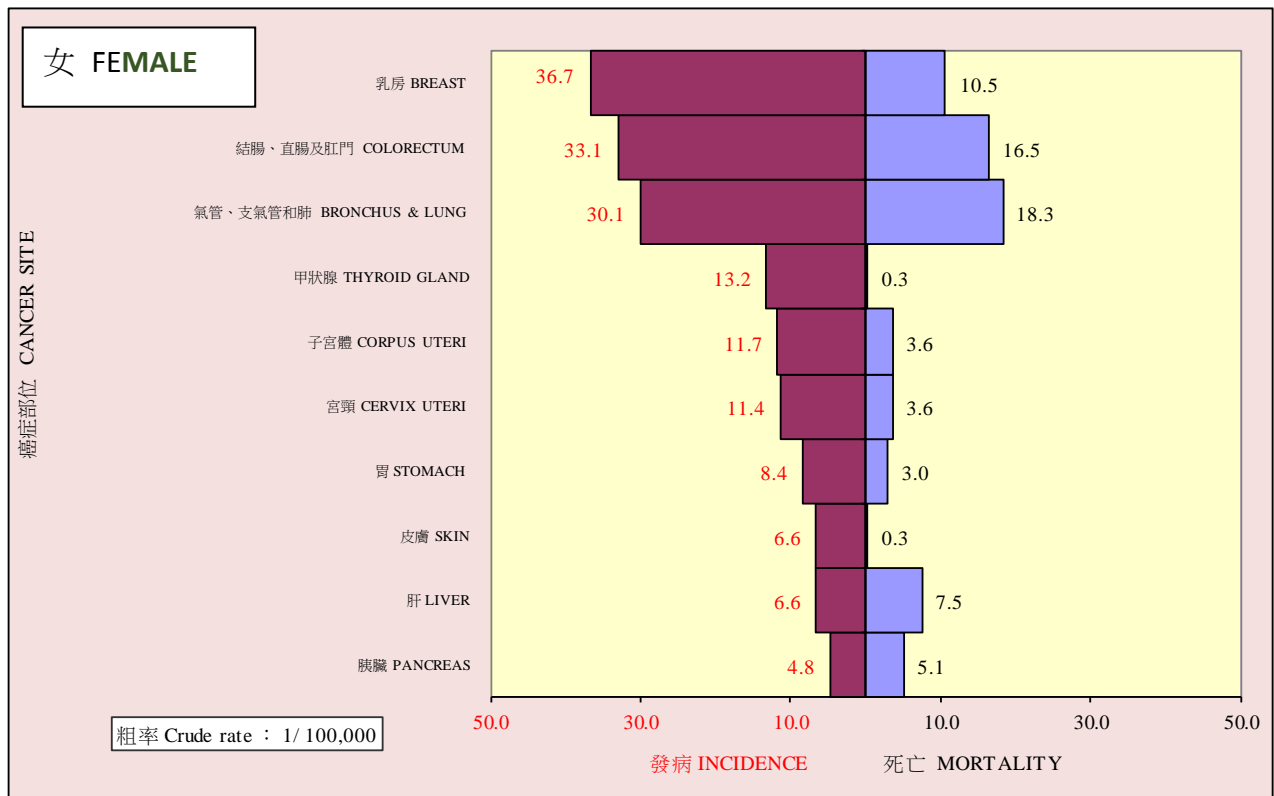
圖一、澳門 2016 年男性主要癌症之發病率及死亡率

Fig.1 Incidence & Mortality Rates of Leading Cancer Sites in 2016, Macao (Male)



圖二、澳門 2016 年女性主要癌症之發病率及死亡率

Fig.2 Incidence & Mortality Rates of Leading Cancer Sites in 2016, Macao (Female)



4. 癌症的發病率隨年齡而不同?

Do Cancer Rates Differ with AGE ?

癌症發生的機率隨年齡的增加而上升。20 歲以下人士的發病率較低，20 歲後癌症的發病率才會隨年齡的增加而上升，20 至 54 歲女性的發病率均高於男性，55 歲後男性的發病率則逐漸超越女性。

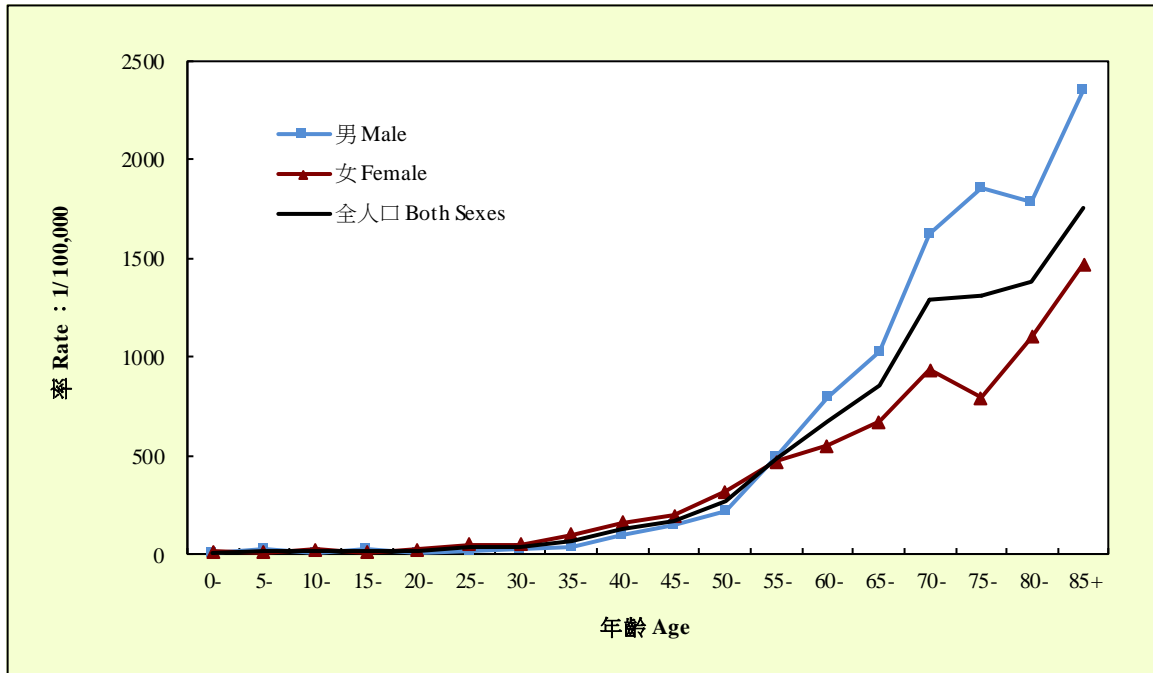
癌症的死亡率亦是隨年齡增加而上升，男性在每個年齡組的死亡率均高於女性，50 歲後兩者之間的差異更明顯。

此外，不同年齡組中最常見的五類癌症也有明顯的差異。0 至 19 歲的癌症是以形態學進行分類，主要是神經系統組織腫瘤、白血病和淋巴瘤。在 20 至 49 歲的青壯年群組中，最常見的癌症是鼻咽癌和女性乳癌。在 50 至 69 歲的群組中，最常見的癌症則是肺癌、結腸直腸癌和女性乳癌等。而在 70 歲以上的群組中，最常見的同樣是肺癌和結腸直腸癌等。

The likelihood of being diagnosed with cancer increased with age. Cancer incidence was low among those aged below 20 but climbed up gradually after 20 years of age. Cancer incidence rates were higher among females than among males for those aged 20 to 54 years, but higher among males for those aged 55 and over.

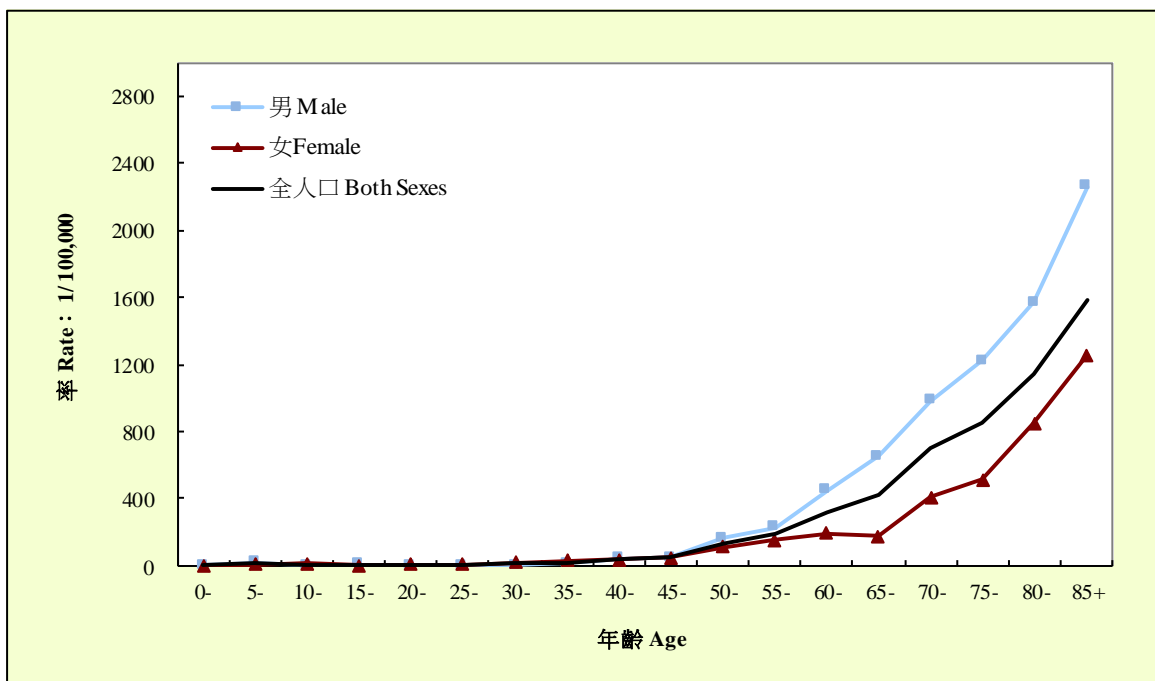
Similarly, cancer mortality also increased with age. Cancer mortality rates were higher among males than among females in every age group and the discrepancies among sexes were prominent for those over 50 years of age.

Besides, the 5 commonest cancers occur in different age groups and sex showed prominent differences. Neoplasms occur in 0-19 year-old group were classified by morphology and the main types were nervous system neoplasm, leukemia and lymphomas. Among the age groups of 20-49, the commonest cancer sites are nasopharynx, and female breast. Among the age groups of 50-69, the commonest sites are lung, colorectal and female breast, etc. For the elderly over 70 year old, the commonest are also lung and colorectal cancer etc.



圖三、澳門 2016 年全部癌症之年齡組別發病率

Fig. 3 Age-specific Incidence Rate for all cancers in 2016, Macao



圖四、澳門 2016 年全部癌症之年齡組別死亡率

Fig. 4 Age-specific Mortality Rate for all cancers in 2016, Macao

表四、澳門 2016 年不同年齡組別和性別之前五位主要癌症 (以個案數排序)

Table 4 Five Leading Cancer Sites by age groups and sex in 2016, Macao (in descending order of case number)

男性 MALE			女性 FEMALE		
0-19歲 Age 0-19 ¹	例 N	構成比% Proportion	0-19歲 Age 0-19 ¹	例 N	構成比% Proportion
中樞神經系統及其他顱內和脊髓內腫瘤 CNS & MISCELLANEOUS INTRACRANIAL AND INTRASPINAL NEOPLASMS	3	42.8%	中樞神經系統及其他顱內和脊髓內腫瘤 CNS & MISCELLANEOUS INTRACRANIAL AND INTRASPINAL NEOPLASMS	2	33.3%
精原細胞及生殖器官 GERM CELL & GONADAL NEOPLASMS	1	14.3%	神經系統細胞瘤 NEUROBLASTOMA & OTHER PERIPHERAL NERVOUS CELL TUMORS	1	16.7%
白血病及骨髓增生異常疾病 LEUKEMIAS, MYELOPROLIFERATIVE DISEASES, & MYELOYDYSPLASTIC DISEASES	2	28.6%	白血病及骨髓增生異常疾病 LEUKEMIAS, MYELOPROLIFERATIVE DISEASES, & MYELOYDYSPLASTIC DISEASES	1	16.7%
淋巴瘤及視網膜母細胞瘤 LYMPHOMAS AND RETICULOENDOTHELIAL NEOPLASMS	1	14.3%	其他上皮腫瘤及黑色素瘤 OTHER MALIGNANT EPITHELIAL NEOPLASMS & MALIGNANT MELANOMAS	1	16.7%
全部癌症 ALL SITES	7	100.0%	腎腫瘤 RENAL TUMORS	1	16.7%
全部癌症 ALL SITES	7	100.0%	全部癌症 ALL SITES	6	100.0%
20-49歲 Age 20-49	例 N	構成比% Proportion	20-49歲 Age 20-49	例 N	構成比% Proportion
鼻咽 NASOPHARYNX	15	18.8%	乳房 BREAST	40	24.4%
肝 LIVER	10	12.5%	宮頸原位癌 CERVIX UTERI (IN SITU)	25	15.2%
結腸、直腸及肛門 COLORECTUM	8	10.0%	甲狀腺 THYROID GLAND	21	12.8%
甲狀腺 THYROID GLAND	7	8.8%	結腸、直腸及肛門 COLORECTUM	13	7.9%
唇、口腔和咽 (不含鼻咽) LIP, ORAL CAVITY, AND PHARYNX EXCEPT NASOPHARYNX	6	7.5%	氣管、支氣管和肺 BRONCHUS & LUNG	9	5.5%
全部癌症 ALL SITES	80	100.0%	全部癌症 ALL SITES	164	100.0%
50-69歲 Age 50-69	例 N	構成比% Proportion	50-69歲 Age 50-69	例 N	構成比% Proportion
氣管、支氣管和肺 BRONCHUS & LUNG	92	20.2%	乳房 BREAST	70	17.5%
結腸、直腸及肛門 COLORECTUM	79	17.4%	結腸、直腸及肛門 COLORECTUM	50	12.5%
肝 LIVER	44	9.7%	氣管、支氣管和肺 BRONCHUS & LUNG	48	12.0%
前列腺 PROSTATE	40	8.8%	子宮體 CORPUS UTERI	28	7.0%
鼻咽 NASOPHARYNX	27	5.9%	宮頸癌 CERVIX UTERI	28	7.0%
全部癌症 ALL SITES	455	100.0%	全部癌症 ALL SITES	401	100.0%
70歲或以上 Age 70+	例 N	構成比% Proportion	70歲或以上 Age 70+	例 N	構成比% Proportion
氣管、支氣管和肺 BRONCHUS & LUNG	72	18.8%	結腸、直腸及肛門 COLORECTUM	47	23.0%
結腸、直腸及肛門 COLORECTUM	54	14.1%	氣管、支氣管和肺 BRONCHUS & LUNG	43	21.1%
前列腺 PROSTATE	31	8.1%	胃 STOMACH	12	5.9%
胃 STOMACH	18	4.7%	乳房 BREAST	12	5.9%
肝 LIVER	16	4.2%	胰臟 PANCREAS	9	4.4%
全部癌症 ALL SITES	284	100.0%	全部癌症 ALL SITES	204	100.0%

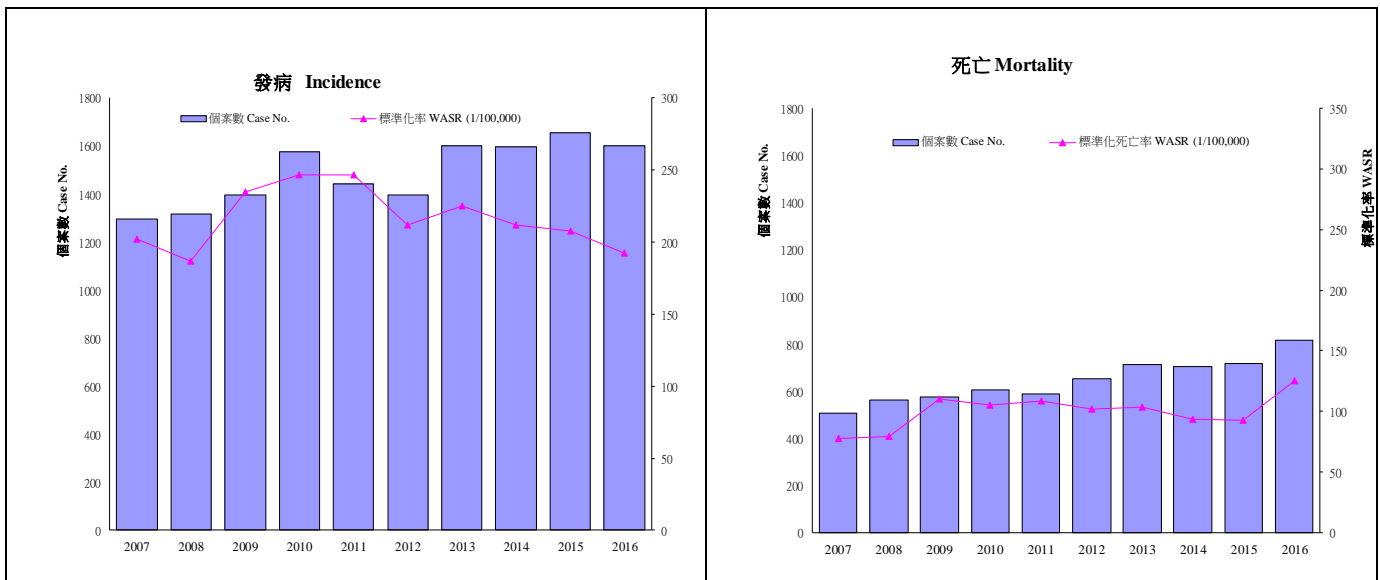
1. 根據ICCC-3建議用型態學取代部位進行分類 Classified according to morphology suggested by ICC-3 instead of by sites

5. 癌症隨時間改變的情況?

How has the occurrence of cancer changed over TIME ?

根據數據顯示，癌症新發個案數隨人口增加而平穩上升，發病率則緩緩下降中，可能癌症的風險因素有改變，也可能是申報情況有改變而引起，須再持續觀察和探討。另外，死亡個案數和死亡率則維持穩定，且有緩慢下降的趨勢，但 2016 年卻稍有上升。2015 年起，衛生局與統計暨普查局合力對死因分類作出檢討和修正，可能引起被分類至 " 癌症 " 的個案數產生改變，以致死亡數字的變化，待再觀察和探討。

From observing the data, the number of new cases has been rising steadily with pace of population increase. Incidence rate of recent years has been constantly declining. This may be due to the change of the risk factors influencing the occurrence of cancer, and may also be a result in the change of reporting behavior and reporting coverage, which is worth to be further observed and discussed. Besides, the number of death cases and mortality rates have been sustaining and tend to decrease slowly, but there was a slight upward trend in 2016. Since 2015, the Statistics and Census Bureau has been working corporately with our bureau to review and improve the death cause classification of the death cases, and may cause a change in the number of cases classified to be "cancer". Therefore, the change of death in recent years may be due to the revision of the classification, and should be further observed and discussed.



圖五、澳門 2007-2016 年癌症發病及死亡情況

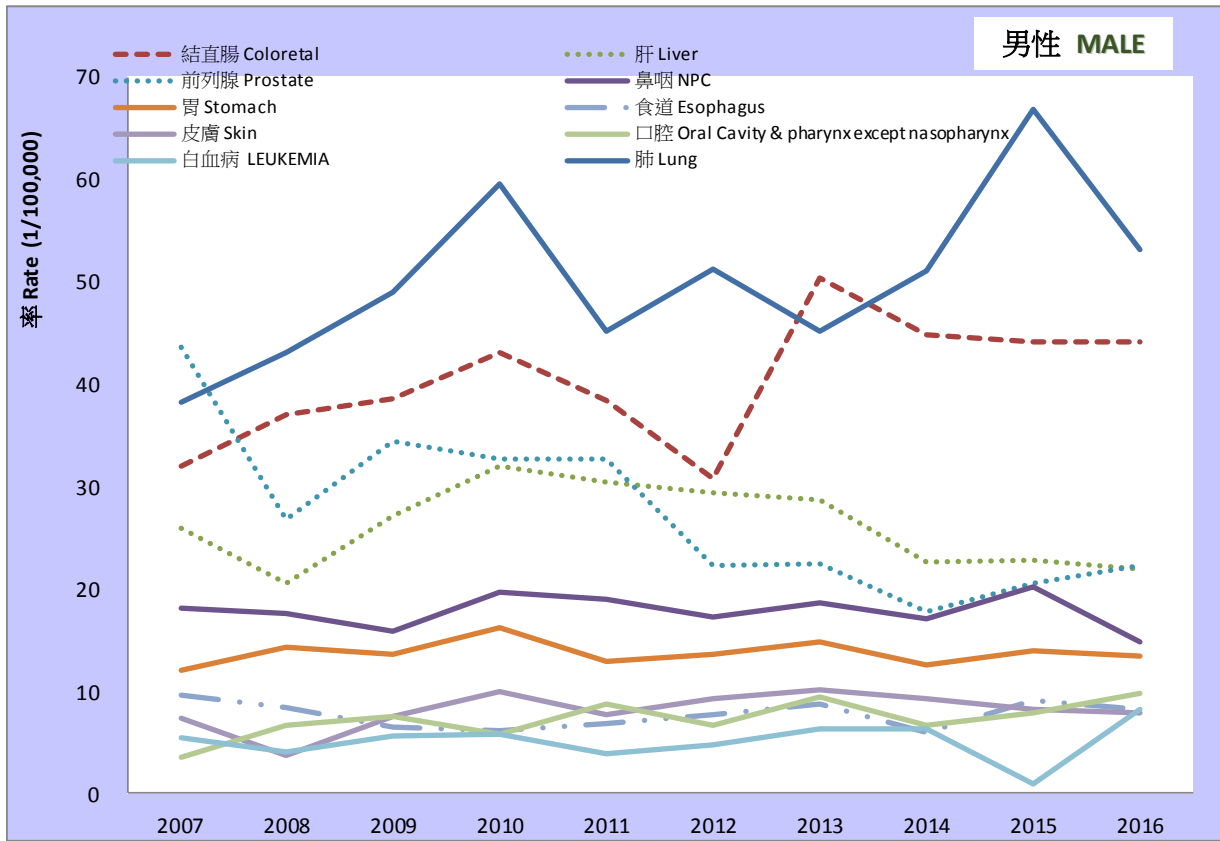
Fig 5. Common Cancers and Cancer Deaths of Macao 2007-2016

5.1 常見癌症的情況又怎樣？

What about the occurrence of most commonly diagnosed cancers?

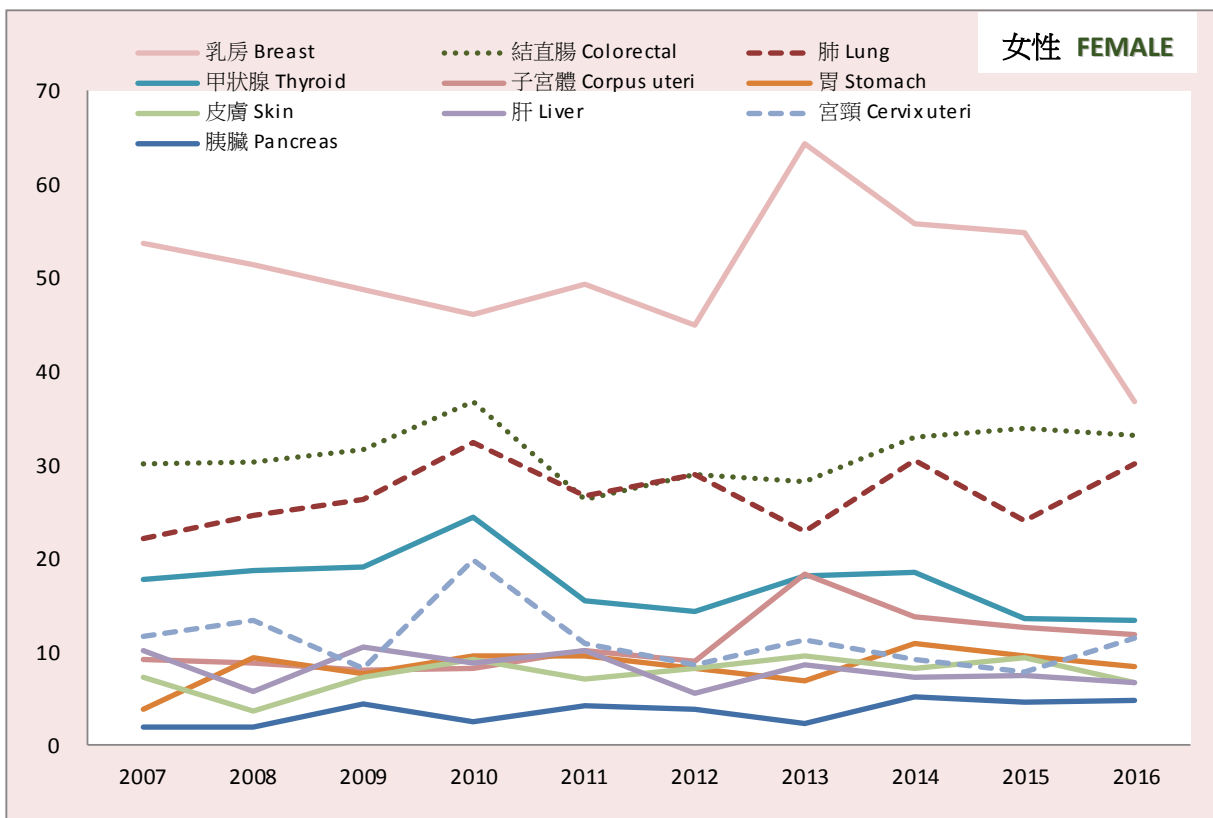
在 2016 年前十位的常見癌症中，男性肺癌和結腸直腸癌的發病率均有上升，結腸直腸侵襲癌個案的升幅可能不及肺癌明顯，但原位癌的數字卻有明顯上升，可能由於 2016 年開展了結腸直腸癌的篩查而引起。女性肺癌的發病情況漸趨平穩。女性乳癌的發病近年似有下降的趨勢，這下降是因方法或申報行為之改變或是風險因素之改變，需要密切觀察。

Among the top 10 leading common cancers of 2016, the top leading cancers of males including colorectal and lung cancers showed a gradual rising incidence over time. The rise of invasive colorectal cancer cases may not be as prominent as that of lung cancer, but the number of colorectal in situ carcinomas is obviously rising, which may be related to the promotion of colorectal cancer screening launched in 2016. Lung cancer of females was sustaining at a constant level. Incidence rates of female breast cancer seemed to be declining. Whether this decrease is a result of change in cancer detection or reporting behavior or a real decrease due to the change in risk factors, deserves further observation.



圖六、澳門 2016 年前十位常見癌症發病率於 2007-2016 年之變化

Fig 6. Yearly change of 2016 Macao top 10 Leading Common Cancers' Incidence rates over 2007 and 2016

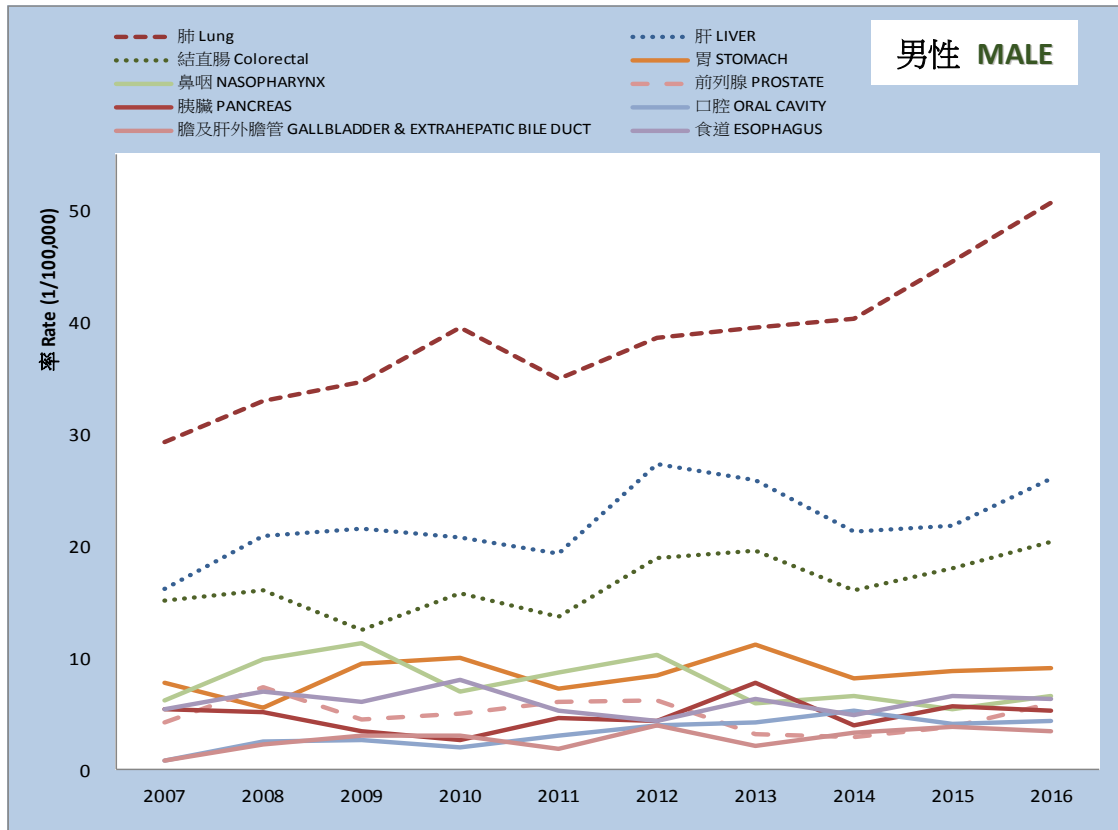


5.2 常見致死癌症的情況又怎樣？

What about the occurrence of most common cancers of death?

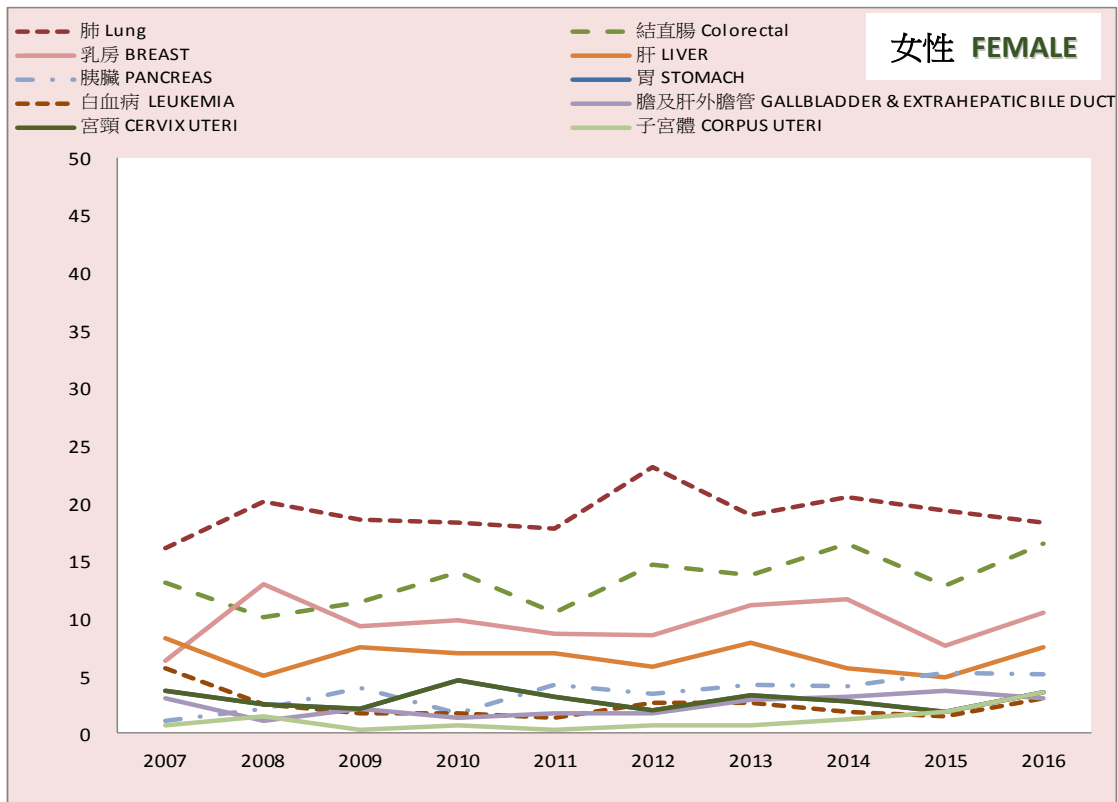
男性和女性的前十位致死癌症死亡率在 2003 至 2016 年間的變化不大，均在同一水平範圍內變動，主要原因是本澳人口少，癌症死亡個案數相對不多，只有數十例個案，導致每年的隨機性變異均產生較大的波動。男性肺癌的死亡率有急速上升的趨勢，需進一步探討是源於死因分類的檢討和修正，或是其他風險因素。

The mortality rates of common fatal cancers did not change prominently among both males and females over 2003 to 2016. Though the lines seem floating up and down, they fluctuated within a bounded level. Since the population of Macao is small, the death numbers of cancers were not many, accounting to only a few tens in quantity, so even a reasonable random variance of each year may cause a fluctuation in the mortality rates. Mortality of male lung cancer seems to rise rapidly. Whether this rise is a result of review and improvement in classification of death cause, or a result of changes in risk factors, requires further investigation.



圖七、澳門 2016 年前十位致死癌症死亡率於 2007-2016 年之變化

Fig 7. Yearly change of 2016 Macao top 10 Leading Fatal Cancers' Mortality rates over 2007-2016



致謝 Acknowledgements

癌症登記工作小組衷心感謝各位工作夥伴，在澳門癌症登記系統的開展、建立和運作階段持續給予積極的支持和配合，及提供寶貴的意見，為癌症登記工作擔當重要的導航角色；同時，亦非常感謝鏡湖醫院和科大醫院對本登記系統的支援，及持續為我們提供申報資料的各醫護人員、科室及電腦部的工作人員。特別感謝醫護人員在百忙中抽出寶貴時間填寫申報表，讓本登記系統的資料更豐富及詳盡。

工作小組期盼各醫護人員及相關部門繼續支持本澳的癌症登記系統，踴躍申報和提出寶貴意見。

The task force would like to express our gratitude to all partners in the working group of cancer registry. They provide full support and cooperation during the initiation, establishment and implementation stages of the registration system. They played a navigating role and have offered valuable comments and advice during the whole process of cancer registry. Besides, we would like to thank our two local hospitals for their continuous support and cooperation. We are thankful to all clinicians, nurses, administrative staffs and technical staffs of the information management service, who have been so loyal and helpful in consistently providing the comprehensive and valuable information required for registration. Special thanks to the clinicians and staff who reported via the standard reporting forms for their selfless action in sharing their time and effort in the interest of the details and completeness of the information for surveillance and research.

Continuous support to our local cancer registry, in the form of reporting or delivering comments and suggestions is highly appreciated.

申報及查詢 Report & Enquiry

申報表格可向衛生局索取，表格格式為 674，或從衛生局網頁下載 (www.ssm.gov.mo)。

如對癌症申報有疑問，歡迎隨時與我們聯絡：

The standard reporting forms could be obtained from the Health Bureau. The format number is 674. Alternatively, such forms can be downloaded from the website of Health Bureau (www.ssm.gov.mo). Any enquiries concerning cancer reporting or other related matters, please feel free to contact:

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注意數據引用 Note on Data Use

新發病和死亡個案的數據是反映本地醫療系統疾病負擔之重要指標。由於每年的個案數字會出現隨機性波動，故應觀察較長時間的變化，如最少 5 年或以上的數據變動，才可客觀和可信的分析和評價癌症的發病率和死亡率之趨勢。

Numbers of new cases and deaths are important measures of cancer burden imposed on the local healthcare system. As annual random fluctuations can occur, more reliable observation and interpretation of the trends of cancer incidence and mortality can only be made over a longer period of at least 5 years or more.