ANNUAL REPORT of MACAO CANCER REGISTRY

2022







出版 澳門特別行政區政府衛生局

澳門若憲馬路

澳門郵政信箱 3002 號

電話: 28533525 傳真: 28533524

電郵地址:dps@ssm.gov.mo

網址: www.ssm.gov.mo

版次 澳門 2024 年 10 月 第 1 版 作者 衛生局疾病預防及控制中心

ISSN 18140009

版權 澳門特別行政區政府衛生局

倘引用本書內容,須注明資料來源

Publisher Health Bureau of the Government of Macao Special

Administrative Region

Road Visconde de S. Januário, Macao

PO Box 3002, Macao

Tel: 28533525 Fax: 28533524

E-mail: dps@ssm.gov.mo Website: www.ssm.gov.mo

Edition 1st edition, Macao, October 2024

Author Center for Disease Prevention & Control (CDC),

Health Bureau

ISSN 18140009

Copyright Health Bureau of the Government of Macao Special

Administrative Region

Reproduction of these data is allowed if quoted the

source

i

綜覽 Overview

背景 Background

- 澳門癌症登記系統一直監測本澳癌症的流行情況和趨勢變化,記錄和公佈癌症發展的新動向,《澳門癌症登記年報》至今已出版至第20期。
 - 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 annual report of the Macao Cancer Registry has been published to the 20th issue.
- 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 Centro Hospitalar Conde de São Januário (CHCSJ), Kiang Wu Hospital and University Hospital; 2) through extracting electronic medical records which fulfil the definition of a reportable case from Pathological Departments of the CHCSJ and Kiang Wu Hospital; 3) through collecting death cases which meet the definition of a reportable case from death certificates.
- 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 tumours)、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 tumour) and a portion of 1 (benign tumour) 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 tumours, each tumour should be reported individually. Tumour, instead of the patient, will be the measuring unit for data storage and analytic purpose.

新發病個案 New cases

2022 年澳門錄得的癌症新發個案是 2,492 例,男性較女性多,男性佔總個案數的 51%。所有部位癌症(以下簡稱 "全部癌症")的粗發病率為 368(每 10 萬人口), 男性和女性的粗發病率分別為 400 和 340,男性粗發病率是女性的 1.2 倍。男性個案 的診斷年齡中位數是 68 歲,女性是 62 歲(表一)。

The total number of new incident cases registered in 2022 was 2,492. New cases registered were more in men than in women, with men accounting for 51% of the total cases. The crude incidence rate of all cancer sites (below known as "all sites") was 368 in every 100,000 population, whereas the incidence rate in men and women was 400 and 340 respectively. The incidence rate in men is 1.2 times higher than in women. Median age at diagnosis was 68 in men and 62 in women (Table 1).

肺癌(17.6%)、結陽直陽癌(12.5%)、乳癌(10.5%)、前列腺癌(7.4%)和肝癌(4.5%)
 是本澳最常見和最主要的前五位癌症,共佔所有新發個案 52.5%(表三)。就男性而言,前五位癌症依次序分別為:肺癌、前列腺癌、結腸直腸癌、肝癌和鼻咽癌(表三、圖一)。就女性而言,前五位癌症依次序分別為:乳癌、肺癌、結腸直腸癌、甲狀腺癌和子宮體癌(表三、圖二)。

Lung (17.6%), colorectal (12.5%), breast (10.5%), prostate (7.4%) and liver (4.5%) were the top five leading and most significant cancer sites in Macao, accounting for 52.5% of all new cases (Table 3). For men, the top five leading cancer sites in order were lung, prostate, colorectal, liver and nasopharynx (Table 3, Fig. 1). For women, the top five leading cancer sites in order were breast, lung, colorectal, thyroid and corpus uteri (Table 3, Fig. 2).

癌症發生的風險隨著年齡增長而顯著增加,故為避免因人口結構影響本澳癌症發病率及與其他地區的結果比較,經世界標準人口將年齡因素調整後,2022 年每 10 萬人口年齡標準化發病率是 251,男性和女性的年齡標準化發病率分別是 268 和 231 (表一)。

Age is the crucial factor of cancer incidence as its risk is proportional to the increase of age. The age-standardized rate is used to avoid the influence of population structure on the incidence rate for regional comparison. After adjustment to the world standard population, the age-standardized incidence rate of Macao in 2022 was 251 in every 100,000 people, and the age-standardized incidence rates of men and women were 268 and 231 respectively (Table 1).

 按累積風險評估,本澳每4人可能有1人在0至74歲間罹患癌症,男性和女性分別 是每4人和每5人可能有1人在0至74歲間罹患癌症(表一)。

According to the cumulative risk of all cancer sites, there will be 1 in every 4 people among our population will have the chance to develop cancer between 0 and 74 years old. 1 in every 4 men and 1 in every 5 women of Macao will have a risk to develop cancer during their life span between 0 and 74 years old (Table 1).

死亡個案 Death cases

- 2022 年澳門錄得癌症死亡個案 970 例,男性較女性多,男性佔所有死亡個案 61%。
 全部癌症的每 10 萬人口粗死亡率為 143,男性粗死亡率為 187,女性則是 105。男性和女性的癌症死亡年齡中位數均是 70 歲(表二)。
 - In 2022, 970 registered cases died of cancer, and the crude mortality rate was 143 in every 100,000 population. Among which men accounted for 61% of all death cases. The crude mortality rate of all cancer sites among men and women were 187 and 105 respectively. Median age of death was 70 among both men and women (Table 2).
- 肺癌(26.8%)、結腸直腸癌(12.2%)、肝癌(10.0%)、乳癌(5.6%)和胃癌(5.2%) 是本澳最多死亡個案的癌症前五位,共佔所有死亡個案約59.8%(表三)。就男性而言,前五位死亡癌症依次序分別為肺癌、結腸直腸癌、肝癌、鼻咽癌和胃癌(表三、圖一)。就女性而言,前五位死亡癌症依次序分別為:肺癌、乳癌、結腸直腸癌、肝癌和胰臟癌(表三、圖二)。

Lung (26.8%), colorectal (12.2%), liver (10.0%), breast (5.6%) and stomach (5.2%) were the top five fatal cancer sites in Macao, account for 59.8% of all death cases (Table 3). For men, the top five fatal cancer sites in order were lung, colorectal, liver, nasopharynx and stomach (Table 3, Fig. 1). For women, the top five fatal cancer sites in order were lung, breast, colorectal, liver and pancreas (Table 3, Fig. 2).

2022 年每 10 萬人口年齡標準化死亡率為 95,男性和女性的年齡標準化死亡率分別
 是 128 和 68 (表二)。

In 2022, the age-standardized mortality rate was 95 in every 100,000 people, 128 and 68 for males and females respectively (Table 2).

按累積風險評估,本澳每13人可能有1人在0至74歲間死於癌症,男性和女性分別是每10人和每18人可能有1人在0至74歲間死於癌症(表二)。

According to the cumulative risk of all cancer sites, 1 in every 13 people of Macao will have the chance to die from cancer during their life span between 0 and 74 years old, whereas 1 in every 10 men and 1 in every 18 women will die from cancer respectively (Table 2).

表一、澳門 2022 年所有申報癌症之發病率 Table 1 Incidence of all reportable cancers, Macao, 2022

	男性 <i>Male</i>	女性 Female	總數 Total
個案數 No. of cases	1273	1219	2492
粗發病率 Crude incidence rate (1/100,000)	399.7	339.7	367.9
年齡標準化發病率 Age-standardised incidence rate (a)	268.4	231.1	250.7
百分比 Percent of all cases	51.1	48.9	100.0
診斷年齡中位數 Median age at diagnosis	68	62	66
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)	4	5	4

⁽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

表二、澳門 2022 年所有申報癌症之死亡率 Table 2 Mortality of all reportable cancers, Macao, 2022

	男性 Male	女性 Female	總數 Total
個案數 No. of cases	595	375	970
粗死亡率 Crude mortality rate (1/100,000)	186.8	104.5	143.2
年齡標準化死亡率 Age-standardised mortality rate (a)	127.5	67.6	95.1
百分比 Percent of all cases	61.3	38.7	100.0
死亡年齡中位數 Median age at death	70	70	70
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)	10	18	13

⁽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

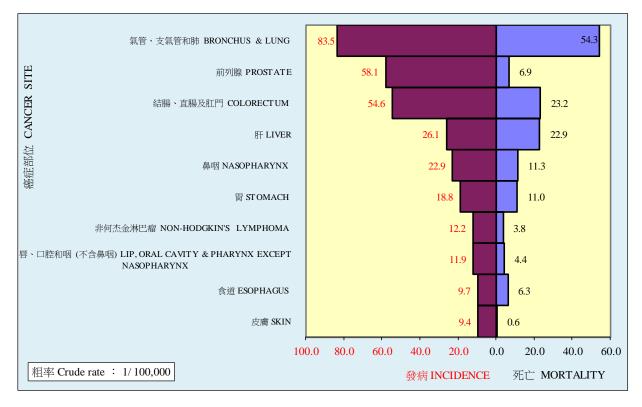
表三、 2022 年的主要癌症 (以個案數排序) Table 3 Leading Cancer Sites in 2022 (in descending order of case number)

前十位癌症 10 Most Common Cancers, 2022

前十位死亡癌症 10 Major Causes of Cancer Deaths, 2022

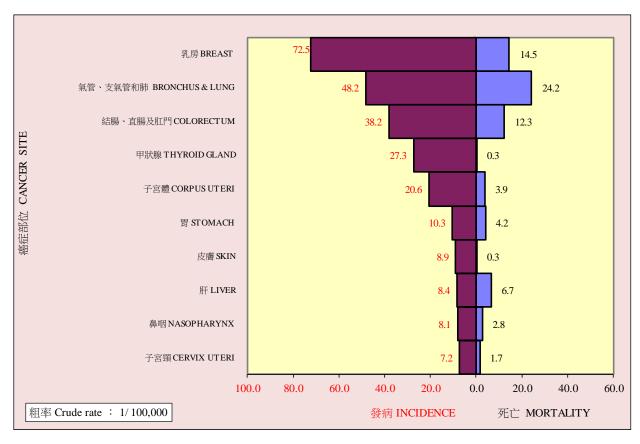
	男女 Both Sexes										
47 - b			登記的新	粗發病率	構成比	47-h			登記的死	粗死亡率	構成比
名次 Rank	ICD-10	部位 Site	個案 New cases registered	Crude incidence rate	Proportion %	名次 Rank	ICD-10	部位 Site	亡個案 Deaths registered	Crude mortality rate	Proportion %
1	C33-C34	氣管、支氣管和肺 BRONCHUS & LUNG	439	64.8	17.6%	1	C33-C34	氣管、支氣管和肺 BRONCHUS & LUNG	260	38.4	26.8%
2	C18-C21	結腸、直腸及肛門 COLORECTUM	311	45.9	12.5%	2	C18-C21	結腸、直腸及肛門 COLORECTUM	118	17.4	12.2%
3	C50	乳房 BREAST	261	38.5	10.5%	3	C22	肝 LIVER	97	14.3	10.0%
4	C61	前列腺 PROSTATE	185	27.3	7.4%	4	C50	乳房 BREAST	54	8.0	5.6%
5	C22	肝 LIVER	113	16.7	4.5%	5	C16	胃 STOMACH	50	7.4	5.2%
5	C73	甲狀腺 THYROID GLAND	113	16.7	4.5%	6	C11	鼻咽 NASOPHARYNX	46	6.8	4.7%
7	C11	鼻咽 NASOPHARYNX	102	15.1	4.1%	7	C25	胰臟 PANCREAS	45	6.6	4.6%
8	C16	胃 STOMACH	97	14.3	3.9%	8	C15	食道 ESOPHAGUS	26	3.8	2.7%
9	C54	子宮體 CORPUS UTERI	74	10.9	3.0%	9	C64-C66, C68	腎臟和其他泌尿器官 KIDNEY & OTHER URINARY ORGANS 非何杰金淋巴瘤 NON-HODGKIN'S	25	4.0	2.6%
10	C44	皮膚 SKIN 非何杰金淋巴瘤 NON-HODGKIN'S	62	9.2	2.5%	10	C82-C85	LYMPHOMA	23	3.4	2.4%
10	C82-C85	LYMPHOMA 其他 OTHERS	62 673	9.2 99.4	2.5% 27.0%	10	C91-C95	白血病 LEUKEMIA 其他 OTHERS	23 201	3.4 29.7	2.4%
		所有部位 ALL SITES	2492		100.0%			所有部位 ALL SITES	970	143.2	100.0%
		мудре настан	24/2	307.5		Male		M/JAPE MEGILE	270	143.2	100.070
			登記的新	粗發病率	カ	iviale			登記的死	粗死亡率	
名次 Rank	ICD-10	部位 Site	個案 New cases registered	Crude incidence rate	構成比 Proportion %	名次 Rank	ICD-10	部位 Site	亡個案 Deaths registered	Crude mortality rate	構成比 Proportion %
1	C33-C34	氣管、支氣管和肺 BRONCHUS & LUNG	266	83.5	20.9%	1	C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	173	54.3	29.1%
2	C61	前列腺 PROSTATE	185	58.1	14.5%	2	C18-C21	結腸、直腸及肛門 COLORECTUM	74	23.2	12.4%
3	C18-C21	結腸、直腸及肛門 COLORECTUM	174	54.6	13.7%	3	C22	肝 LIVER	73	22.9	12.3%
4	C22	肝 LIVER	83	26.1	6.5%	4	C11	鼻咽 NASOPHARYNX	36	11.3	6.1%
5	C11	鼻咽 NASOPHARYNX	73	22.9	5.7%	5	C16	男 STOMACH	35	11.0	5.9%
6	C16	胃 STOMACH 非何杰金淋巴瘤 NON-HODGKIN'S	60	18.8	4.7%	6	C25	胰臟 PANCREAS	26	8.2	4.4%
7	C82-C85	LYMPHOMA 唇、口腔和咽 (不含鼻咽) LIP,	39	12.2	3.1%	7	C61	前列腺 PROSTATE	22	6.9	3.7%
8	C00-C10,C12- C14, except C11	ORAL CAVITY & PHARYNX EXCEPT NASOPHARYNX	38	11.9	3.0%	8	C15	食道 ESOPHAGUS	20	6.3	3.4%
9	C15	食道 ESOPHAGUS	31	9.7	2.4%	9	C64-C66, C68	腎臟和其他泌尿器官 KIDNEY & OTHER URINARY ORGANS	18	5.7	3.0%
10	C44	皮膚 SKIN	30	9.4	2.4%	10	C91-C95	白血病 LEUKEMIA	15	4.7	2.5%
		其他 OTHERS	294	92.3	23.1%			其他 OTHERS	103	32.3	17.3%
		所有部位 ALL SITES	1273	399.7	100.0%			所有部位 ALL SITES	595	186.8	100.0%
					女 F	'emale					
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	260	72.5	21.3%	1	C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	87	24.2	23.2%
2	C33-C34	氣管、支氣管和肺 PRONCHUS & LUNG	173	48.2	14.2%	2	C50	乳房 BREAST	52	14.5	13.9%
3	C18-C21	BRONCHUS & LUNG 結腸、直腸及肛門 COLORECTUM	137	38.2	11.2%	3	C18-C21	結腸、直腸及肛門 COLORECTUM	44	12.3	11.7%
4	C73	甲狀腺 THYROID GLAND	98	27.3	8.0%	4	C22	肝 LIVER	24	6.7	6.4%
5	C54	子宮體 CORPUS UTERI	74	20.6	6.1%	5	C25	胰臟 PANCREAS	19	5.3	5.1%
6	C16	胃 STOMACH	37	10.3	3.0%	6	C16	胃 STOMACH	15	4.2	4.0%
7	C44	皮膚 SKIN	32	8.9	2.6%	7	C54	子宮體 CORPUS UTERI 卵巢及其他子宮附件 OVARY AND	14	3.9	3.7%
8	C22	肝 LIVER	30	8.4	2.5%	8	C56, C57.0-4	OTHER UTERINE ADNEXA 非何杰金淋巴瘤 NON-HODGKIN'S	12	3.3	3.2%
9	C11	鼻咽 NASOPHARYNX	29	8.1	2.4%	9	C82-C85	LYMPHOMA	11	3.1	2.9%
10	C53	子宮頸	26	7.2	2.1%	10	C11	鼻咽 NASOPHARYNX 膽及肝外膽管 GALLBLADDER &	10	2.8	2.7%
		世他 OTUEDS	222	00.0	26.50/	10	C23- C24	EXTRAHEPATIC BILE DUCT 其他 OTHERS	10	2.8	2.7%
		其他 OTHERS 所有部位 ALL SITES	323 1219	90.0 339.7	26.5% 100.0%			具他 OTHERS 所有部位 ALL SITES	77 375	21.5	20.5% 100.0%
	率 Crude rate		1419	337.1	100.0%			MATHEM AND STIES	3/3	104.5	100.0%

* 粗率 Crude rate: 1/100,000



圖一、澳門 2022 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 2022, Macao (Male)



圖二、澳門 2022 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 2022, Macao (Female)

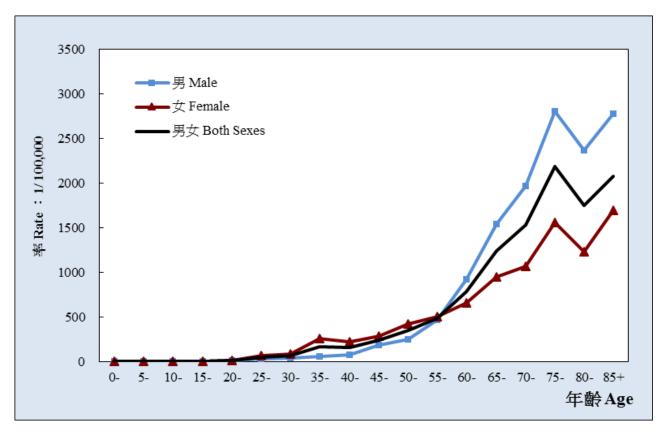
癌症與年齡 Cancer and age

 癌症發生的機率隨年齡增加而上升。20歲以下人士發病率較低、20歲後癌症發病率 隨年齡增加而上升、25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、男和女的發病率一直上升至75歲、75至80歲癌症發病率稍下跌、 但80歲後又回到高位(圖三)。

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. The incidence rate is higher in women aged 25 to 54 than in men, but after the age of 55, the incidence rate in men gradually exceeded that in women. Cancer incidence was on the rise till the age of 75 for both men and women, dropped slightly between 75 and 80, but rose again after age 80 (Fig. 3).

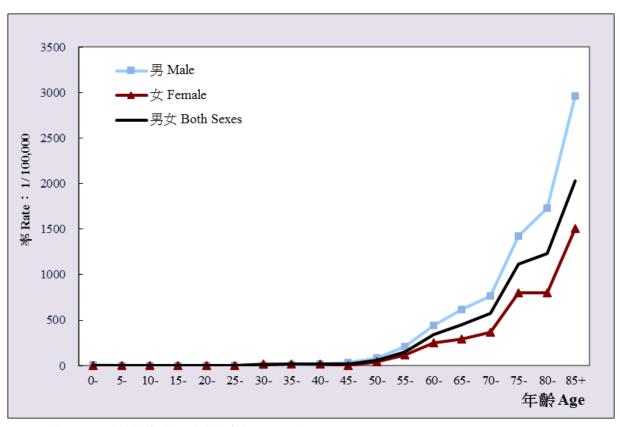
- 癌症死亡率亦是隨年齡增加而上升,男性在每個年齡組的死亡率均高於女性,50 歲後兩者之間的差異更明顯。男性及女性在 70 歲後,癌症死亡率大幅上升 (圖四)。 Similarly, cancer mortality increased with age. Cancer mortality rates were higher among men than among women in every age group, and the discrepancies among sexes were prominent for those over 50 years of age. The men's and women's cancer mortality rates climbed sharply after age 70 (Fig. 4).
- 不同年齡組中最常見的前五位發病癌症有明顯差異,在 20 至 49 歲的青壯年群組中, 男性最常見的癌症是鼻咽癌和結腸直腸癌;女性最常見的癌症是乳癌和甲狀腺癌。 在 50 至 69 歲和 70 歲或以上的群組中,最常見的是肺癌、結腸直腸癌、女性乳癌和 前列腺癌等(表四)。

The five commonest cancers sites of incidence occur in different age groups and sex showed prominent differences. Among the young age groups of 20-49, the commonest cancer sites in men are nasopharynx and colorectum while the commonest sites in women are breast and thyroid. Among the age groups of 50-69 and the elderly group over aged 70, the commonest cancer sites are lung, colorectal, female breast and prostate cancer (Table 4).



圖三、澳門 2022 年所有部位癌症之年齡組別發病率

Fig. 3 Age-specific Incidence Rate for All Sites in 2022, Macao



圖四、澳門 2022 年所有部位癌症之年齡組別死亡率

Fig. 4 Age-specific Mortality Rate for All Sites in 2022, Macao

表四、澳門 2022 年不同年齡組別和性別之前五位主要發病癌症(以個案數排序)

Table 4 Five Leading Cancer Sites by Age Groups and Sex in 2022, Macao (in descending order of case number)

	男性 MAI	Æ		女性	女性 FEMALE
)-19歲	Age 0-19 ¹	例N	構成比% Proportion	0-19歳 Age 0-19¹	0-19歳 Age 0-19¹ 例 N
CNS & MIS	系統及其他顧內和脊髓內腫瘤 SCELLANEOUS INTRACRANIAL BASPINAL NEOPLASMS	1	33.3%		0
淋巴瘤及初	見網膜母細胞瘤 4AS AND RETICULOENDOTHELIAL	1	33.3%		0
MALIGNA	重瘤及黑色素瘤 OTHER NT EPITHELIAL NEOPLASMS & NT MELANOMAS	1	33.3%		0
全部癌症」	ALL SITES	3	100.0%	全部癌症 ALL SITES	全部癌症 ALL SITES 0
20-49歲	Age 20-49	例N	構成比% Proportion	20-49歳 Age 20-49	20-49歳 Age 20-49 例 N
鼻咽 NASC	OPHARYNX	19	19.4%	乳房 BREAST	乳房 BREAST 69
結腸、直腸	易及肛門 COLORECTUM	14	14.3%	甲狀腺 THYROID GLAND	甲狀腺 THYROID GLAND 53
肝 LIVER		9	9.2%	宮頸原位癌 CERVIX UTERI (IN SITU)	宮頸原位癌 CERVIX UTERI (IN SITU) 35
胃 STOMA	АСН	8	8.2%	結腸、直腸及肛門 COLORECTUM	結腸、直腸及肛門 COLORECTUM 20
甲狀腺 TH	YROID GLAND	7	7.1%	子宮體 CORPUS UTERI	子宮體 CORPUS UTERI 18
其他部位(OTHER SITES	41	41.8%	其他部位 OTHER SITES	其他部位 OTHER SITES 87
全部癌症」	ALL SITES	98	100.0%	全部癌症 ALL SITES	
50-69歲	Age 50-69	例N	構成比% Proportion	50-69歲 Age 50-69	50-69歲 Age 50-69 例 N
氣管、支氣	氣管和肺 BRONCHUS & LUNG	143	23.3%	乳房 BREAST	乳房 BREAST 136
前列腺 PR	OSTATE	78	12.7%	氣管、支氣管和肺 BRONCHUS & LUNC	氣管、支氣管和肺 BRONCHUS & LUNG 96
結腸、直腸	易及肛門 COLORECTUM	72	11.7%	結腸、直腸及肛門 COLORECTUM	結腸、直腸及肛門 COLORECTUM 54
肝 LIVER		45	7.3%	子宮體 CORPUS UTERI	子宮體 CORPUS UTERI 49
胃 STOMA	АСН	33	5.4%	甲狀腺 THYROID GLAND	甲狀腺 THYROID GLAND 37
其他部位(OTHER SITES	244	39.7%	其他部位 OTHER SITES	其他部位 OTHER SITES 223
全部癌症』	ALL SITES	615	100.0%	全部癌症 ALL SITES	全部癌症 ALL SITES 595
70歲或以	以上 Age 70+	例N	構成比% Proportion	70歲或以上 Age 70+	70歲或以上 Age 70+ 例 N
氣管、支氣	氣管和肺 BRONCHUS & LUNG	119	21.4%	結腸、直腸及肛門 COLORECTUM	結腸、直腸及肛門 COLORECTUM 63
前列腺 PR	OSTATE	106	19.0%	氣管、支氣管和肺 BRONCHUS & LUNC	氣管、支氣管和肺 BRONCHUS & LUNG 62
結腸、直腸	易及肛門 COLORECTUM	88	15.8%	乳房 BREAST	乳房 BREAST 55
肝 LIVER		29	5.2%	皮膚 SKIN	
鼻咽 NASC	OPHARYNX	21	3.8%	胃 STOMACH	胃 STOMACH 16
其他部位(OTHER SITES	194	34.8%	其他部位 OTHER SITES	其他部位 OTHER SITES 126
全部癌症』	ALL SITES	557	100.0%	全部癌症 ALL SITES	全部癌症 ALL SITES 342

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

癌症隨時間變化 Change of cancer rates with time

癌症新發和死亡個案數隨人口增加和人口老化而上升。比較 2013 至 2017 年和 2018 至 2022 年兩段期間的變化,按五年平均的數據比較,肝癌除外的其他主要癌症個案數和標準化發病率明顯上升(圖五及六、表五)。死亡個案數上升但標準化死亡率明顯下降(圖五及七、表六)。全部癌症的發病率上升約 12%,死亡率下降約 6%(表六)。

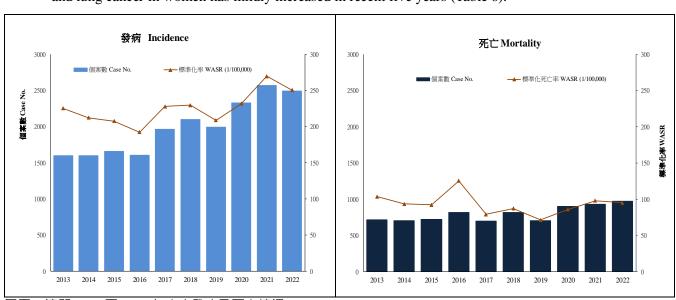
Number of new cancer cases and death cases increased with population growth and aging. Comparing between year 2013 to 2017 and 2018 to 2022, according to the 5-year average, the case number and age-standardized incidence rate of major cancers increased, except that of liver cancer (Fig. 5 & 6, Table 5). The death case number increased but age-standardized incidence mortality rate dropped significantly. (Fig. 5 & 7, Table 6). Incidence rate of all cancer sites has increased 12% while mortality rate has declined 6% approximately (Table 6).

• 男性前列腺癌和女性甲狀腺癌近年的標準化發病率升幅最高,2018 至 2022 年平均較 2013 至 2017 年分別上升了 60%和 31% (表五)。

Age-standardized incidence rate of prostate cancer in men and thyroid cancer in women has showed the greatest rise in recent years. The standardized incidence in 2018 to 2022 showed an increase of 60% and 31% respectively comparing to that in 2013 to 2017 (Table 5).

全人口的消化系統癌症包括肝、結陽直腸和胃癌的 2018 至 2022 年平均標準化死亡率較 2013 至 2017 年下降約 4%至 17%, 肺癌死亡率稍有下降。男性前五位癌症的死亡率均明顯下降,女性結腸、直腸及肛門癌的死亡率下降, 肝癌、胰臟和肺癌的死亡率在近五年稍有上升(表六)。

For the digestive system cancers including liver, colorectum and stomach cancer, the average age-standardized mortality of both sexes in 2018-2022 has declined about 4% to 17% comparing to that in 2013-2017, while that of lung cancer mildly declined. Mortality of all the top 5 fatal cancers in men has dropped prominently, while that of colorectum cancer has mildly declined · liver, pancreas and lung cancer in women has mildly increased in recent five years (Table 6).



圖五、澳門 2013 至 2022 年癌症發病及死亡情況

Fig 5. Common Cancers and Cancer Deaths of Macao between 2013 and 2022

表五、澳門 2022 年前五位新發癌症按性別的十年變化 (比較 2013 至 2017 年和 2018 至 2022 年的五年平均) Table 5 Change in ten years of the 5 common cancer sites by sex in 2022, Macao (compare the 5-year average between year 2013 to 2017 and year 2018 to 2022)

男女 Both Sexes								
		201	3-2017	201	8-2022			
ICD-10	癌症部位 Cancer Site	五年平均新增 個案數 Averaged yearly new cases in 5 years	五年平均標準化率 Averaged standardized rate in 5 years	五年平均新增 個案數 Averaged yearly new cases in 5 years	五年平均標準化率 Averaged standardized rate in 5 years	個案數變化 Change in number of cases	發病率變化 Change in rate	
C33-C34	氣管、支氣管和肺 BRONCHUS & LUNG	272	34.62	373	37.86	37.1%	9.4%	
C18-C21	結陽、直陽及肛門 COLORECT UM	254	32.78	319	32.76	25.6%	-0.1%	
C50	乳房 BREAST	178	20.94	264	27.46	48.3%	31.1%	
C61	前列腺 PROSTATE	70	20.22	152	32.38	117.1%	60.1%	
C22	肝 LIVER	97	12.06	115	11.60	18.6%	-3.8%	
全部癌症		1683	213.06	2295	238.06	36.4%	11.7%	
			男性 Ma	le				
C33-C34	氣管、支氣管和肺 BRONCHUS & LUNG	176	48.04	222	47.80	26.1%	-0.5%	
C61	前列腺 PROSTATE	70	20.22	152	32.38	117.1%	60.1%	
C18-C21	結腸、直腸及肛門 COLORECTUM	147	41.10	185	40.60	25.9%	-1.2%	
C22	肝 LIVER	75	19.50	84	18.00	12.0%	-7.7%	
C11	鼻咽 NASOPHARYNX	53	13.22 #	53	12.38#	0.0%	-6.4%	
全部癌症		842	231.18	1150	252.78	36.6%	9.3%	
			女性 Fem	ale				
C50	乳房 BREAST	177	39.78	263	50.60	48.6%	27.2%	
C33-C34	氣管、支氣管和肺 BRONCHUS & LUNG	96	22.46	151	28.64	57.3%	27.5%	
C18-C21	結腸、直腸及肛門 COLORECTUM	107	24.76	134	25.32	25.2%	2.3%	
C73	甲狀腺 THYROID GLAND	50	11.60	76	15.22	52.0%	31.2%	
C54	子宮體 CORPUS UTERI	45	9.52	56	10.42	24.4%	9.5%	
全部癌症		842	196.50	1145	221.34	36.0%	12.6%	

率 Rate: 1/100,000

As the population and its structure between 2013-2017 and 2018-2022 are different, the standardized rates differ with the same number of new cases.

[#]由於2013-2017年和2018-2022年在人口數和人口結構均不同·故雖然個案數相同·標準化率卻不同

表六、澳門 2022 年前五位死亡癌症按性別的十年變化 (比較 2013 至 2017 年和 2018 至 2022 年的五年平均) Table 6 Change in ten years of the 5 fatal cancer sites by sex in 2022, Macao (compare the 5-year average between year 2013 to 2017 and year 2018 to 2022)

男女 Both Sexes									
		201	3-2017	2018-2022					
ICD-10	癌症部位 Cancer Site	五年平均新增 個案數 Averaged yearly new cases in 5 years	五年平均標準化率 Averaged standardized rate in 5 years	五年平均新增 個案數 Averaged yearly new cases in 5 years	五年平均標準化率 Averaged standardized rate in 5 years	個案數變化 Change in number of cases	死亡率變化 Change in rate		
C33-C34	氣管、支氣管和肺 BRONCHUS & LUNG	196	25.28	234	23.81	19.4%	-5.8%		
C18-C21	結腸、直腸及肛門 COLORECT UM	108	13.78	122	12.05	13.0%	-12.6%		
C22	肝 LIVER	90	11.22	93	9.33	3.3%	-16.9%		
C50	乳房 BREAST	32	3.86	41	4.08	28.1%	5.7%		
C16	胃 ST OMACH	37	4.82	43	4.61	16.2%	-4.4%		
全部癌症		729	93.42	862	87.44	18.2%	-6.4%		
			男性 Ma	le					
C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	131	37.68	154	34.04	17.6%	-9.7%		
C18-C21	結腸、直腸及肛門 COLORECTUM	62	17.64	71	15.95	14.5%	-9.6%		
C22	肝 LIVER	70	18.66	66	14.39	-5.7%	-22.9%		
C11	鼻咽 NASOPHARYNX	20	5.00	22	4.72	10.0%	-5.6%		
C16	胃 ST OMACH	27	7.98	27	6.39	0.0%	-19.9%		
全部癌症		447	125.86	507	113.13	13.4%	-10.1%		
			女性 Fem	ale					
C33- C34	氣管、支氣管和肺 BRONCHUS & LUNG	65	14.26	80	14.57	23.1%	2.2%		
C50	乳房 BREAST	32	7.32	41	7.32	28.1%	0.0%		
C18-C21	結腸、直腸及肛門 COLORECT UM	46	10.14	51	8.74	10.8%	-13.8%		
C22	肝 LIVER	20	4.62	27	4.89	35.0%	5.8%		
C25	胰臟 PANCREAS	14	3.68	20	3.79	42.9%	3.0%		
全部癌症		282	65.02	355	64.63	25.9%	-0.6%		

率 Rate: 1/100,000

^{*} 有2人性別不詳 2 persons with unknown sex



圖六、澳門 2022 年前五位常見癌症的標準化發病率於 2013 至 2022 年之變化

Fig 6. Yearly change of 2022 Macao top 5 common cancers' age-standardized incidence rates over 2013 and 2022



圖七、澳門 2022 年前五位致死癌症的標準化死亡率於 2013 至 2022 年之變化

Fig 7. Yearly change of 2022 Macao top 5 fatal cancers' age-standardized mortality rates over 2013 and 2022

致謝 Acknowledgements

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,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。

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。

We would like to express our gratitude to all partners in the working group of the 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 the 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 using standard 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, reporting or delivering comments and suggestions, is highly appreciated.

申報及查詢 Report & enquiry

已全面採用電子申報,衛生局人員可從病人醫療系統(HIS)進行彈出式申報或主動式申報,相關指引可從衛生局內聯網下載,路徑:文件下載→疾病預防及控制中心→癌症和先天畸形(https://ss-wa02.ssm.gov.mo/DocumentCenter/)。

其他醫療機構可填寫紙本申報表或進行電子申報。如對癌症申報有任何垂詢,歡迎隨時與我們聯絡。

Electronic registration has been fully adopted, and pop-up declaration or active declaration can be made from the patient medical system (HIS) by staff of the Health Bureau. Relevant operation guidelines can be downloaded from the intranet of the Health Bureau, the route is file download Center for Disease Prevention & Control (CDC) Cancer and Congenital Anomalies (https://ss-wa02.ssm.gov.mo/DocumentCenter/).

Other medical institutions can fill in paper reporting form or undergo electronic reporting. Any enquiries concerning cancer reporting or other related matters, please feel free to contact:

澳門特別行政區政府衛生局 Health Bureau, Government of Macao SAR 疾病預防及控制中心 Center for Disease Prevention & Control (CDC)

地址 Mailing address: 澳門郵箱 3002 號 Macao P.O. Box: 3002

電話 Tel: 28533525 傳真 Fax: 28533524

電郵 Email: cdc@ssm.gov.mo; dps@ssm.gov.mo

數據引用注意事項 Note on data use

新發病和死亡個案的數據是反映本地疾病負擔之重要指標。由於每年的個案數字會隨機 波動,故觀察的時間需較長,如最少 5 年或以上的數據變動,才可提供可信和客觀的分析以 及評價癌症的發病率和死亡率之趨勢。

Numbers of new cases and deaths are necessary 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 more extended period of at least five years or more.