About this Release

This release updates the number of deaths from cancer in Scotland from 1985 to 2009 and adds deaths for 2010. Approximately 45 cancer types are included, broken down by age group, sex, NHS Board and Regional Cancer Network. Summary tables and charts on cancer incidence and mortality by deprivation quintile (SIMD 2009 v2) are also updated.

Key Points

- In recent years, the overall age-standardised cancer mortality rates have fallen for both males and females.

- There is considerable variation in trends for different types of cancer. For example, the rate of female deaths due to colorectal cancer has decreased 12% over the last 10 years, while female death rates due to lung cancer have increased almost 11% over the same time period.

- Although the age-standardised rate of death due to cancer has decreased, the actual number of deaths due to cancer has increased: this largely reflects an increase in older age groups within the population, and the fact that cancer is a relatively common disease among the elderly.

- Significant patterns exist when examining incidence and mortality rates by deprivation in Scotland. The most deprived areas have higher incidence and mortality rates for all cancers combined (excluding non-melanoma skin cancers). However, there are variations in this pattern when looking at specific types of cancer, for example malignant melanoma of skin.

- Details of these statistics can be found by cancer site on the Cancer website and summarised in the Cancer in Scotland Summary report.
Mortality rates from selected cancers in Scotland per 100,000 population, by year and sex, 1985-2010

Source: NRS; 'All cancers' excludes non-melanoma skin cancers. 'Lung cancers' includes trachea, bronchus and lung.

Background
Data for ISD's cancer mortality updates comes from National Records of Scotland.

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Further Information
Further information can be found in the Full Publication Report or on the ISD website

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

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