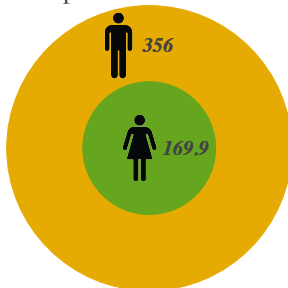


Cancer mortality in Portugal

Filipe Ribeiro (fribeiro@uevora.pt)

Mortality by major cancer sites in 2015

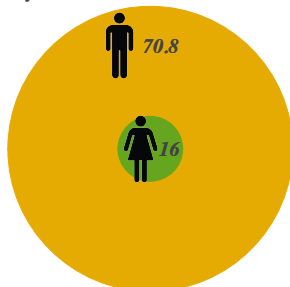
Neoplasms



Following [Population News, Trends and Attitudes #6](#) it was possible to identify that, despite circulatory system diseases represent the leading causes of death (COD) in Portugal, the share of deaths caused by neoplasms is increasing with time.

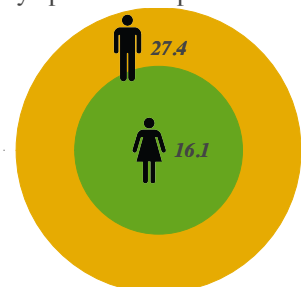
Analysing data from 10th International Classification of Diseases available at [Statistics Portugal](#) (INE), one can observe that since 2010 mortality associated to neoplasms is the major COD for males. In 2015, males presented almost twice the number of deaths caused by neoplasms when compared to females: 356.0 against 169.9 per 100.000 individuals.

Larynx and trachea/bronchus/lung



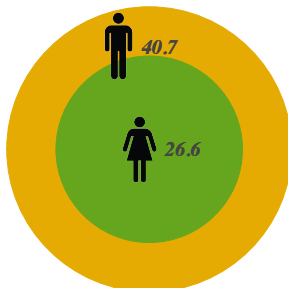
Malignant neoplasm of larynx and trachea/bronchus/lung present highest mortality rates (70.8) for males, but on the female case, *malignant neoplasm of breast* is on the leading (26.6).

Lymph/haematopoietic tissue

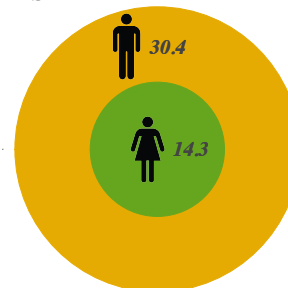


Second most registered cancer among males' deaths is *malignant neoplasm of prostate* (40.7), followed by *malignant neoplasm of colon* (33.7), *stomach* (30.4) and *lymphatic/haematopoietic tissue* (27.4).

Prostate & Breast

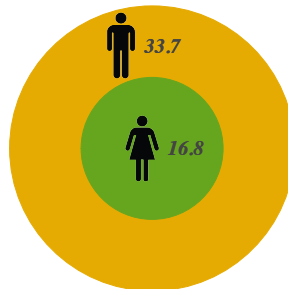


Stomach



Female neoplasms associated deaths (top-5), are least associated with *malignant neoplasm of larynx and trachea/bronchus/lung* (16.0). Followed by *malignant neoplasm of stomach* (14.3), *malignant neoplasm of lymph/haematopoietic tissue* (16.1) and *malignant neoplasm of colon* (16.8).

Colon



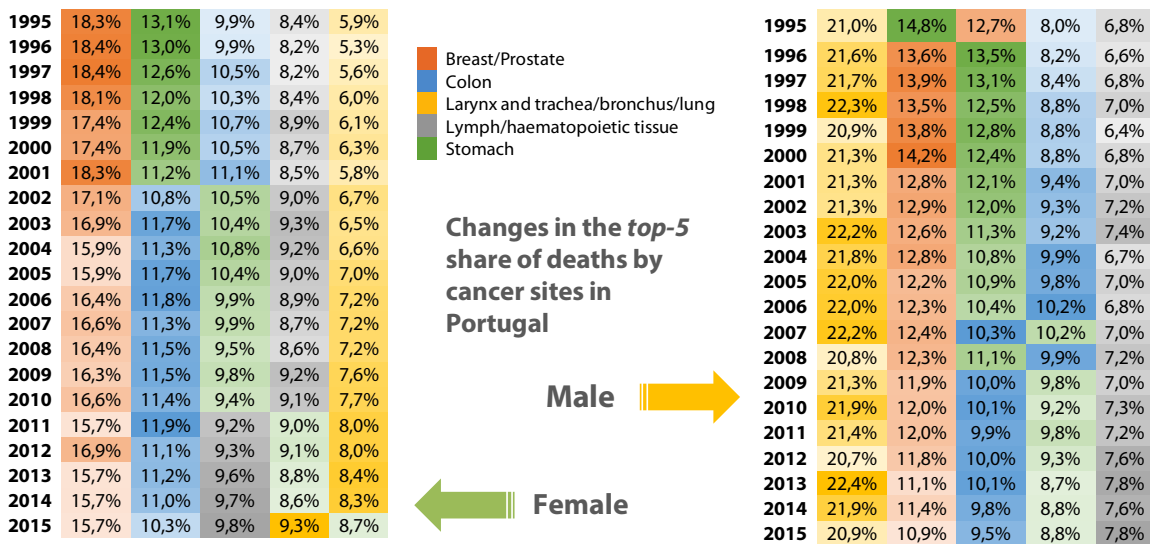
Legend:

Number of deaths by cancer site per 100,000 individuals in 2015

Cancer mortality over last 20 years

Despite what could be observed for cancer associated mortality in 2015, for the last 20 years of available information the top-5 cancer sites hierarchy was not completely unchanged. Even presenting a declining tendency, the share of deaths caused by malignant neoplasm of breast (females) and malignant neoplasm of larynx and trachea/bronchus/lung (males) present the highest share of deaths. The share of deaths caused by malignant neoplasm of stomach declined from the 2nd position in the hierarchy to 4th and 5th positions, representing now less than 10% of cancer associated deaths in both sexes. Following the opposite direction, moving up in the hierarchy over time, is the share of deaths caused by malignant neoplasm of colon (both sexes) and malignant neoplasm of lymph/haematopoietic tissue (females).

As mentioned above, accounting exclusively for neoplasms associated deaths, malignant neoplasm of larynx and trachea/bronchus/lung register the highest share of deaths among males (always over 20%). Females, however, started at the time series beginning with around a 6% share (5th position), increasing to 9.3% in 2015 (4th position, growing around 60% within 20 years of observation).



Final Remarks

It is known that neoplasms are one of the leading causes of mortality worldwide but still highly related to behavioural risks and social changes/differences. In fact: *“around one third of deaths from cancer are due to 5 behavioural and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, and alcohol use”* and *“tobacco use is the most important risk factor for cancer and is responsible for approximately 22% of cancer deaths”* ([World Health Organization Cancer Fact Sheet 2018](#)).

Thus, it’s imperative to reduce diagnosis risks by sharing properly scientific and essential knowledge with general population and to continue promoting health awareness initiatives.

Publisher: Laboratory of Demography, CIDEHUS-UE, Portugal.
| CIDEHUS-UID/HIS/00057/2013 (POCI-01-0145-FEDER-007702)

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Main Editor: Lídia P. Tomé | **Editorial Board:** Andreia Maciel, Filipe Ribeiro,

Lídia P. Tomé, Maria F. Mendes, M. Graça Magalhães & Rita B. Freitas.

ISSN 2184 - 1330

Web: www.cidehus.uevora.pt/Laboratorios/laboratorio_demografia

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Citation: Ribeiro, F. (2018). Cancer mortality in Portugal. *Population News, Trends and Attitudes* n°7, July, pp. 1-2.

Layout: Susana Rodrigues



Cofinanciado por:



Centro Interdisciplinar de História, Culturas e Sociedades da Universidade de Évora
UID/HIS/00057/2013



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