

# THE INCIDENCE OF CANCER

T.H.CRAWFORD BARCLAY.  
M.B.,Ch.M., F.R.F.P.S.G.  
Senior Associate,  
Allan Blair Memorial Clinic  
Regina, Saskatchewan.

ProQuest Number: 13850367

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 13850367

Published by ProQuest LLC (2019). Copyright of the Dissertation is held by the Author.

All rights reserved.

This work is protected against unauthorized copying under Title 17, United States Code  
Microform Edition © ProQuest LLC.

ProQuest LLC.  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106 – 1346

## Introduction.

Do not let trifles disturb your  
tranquility of mind ..... life is  
too precious to be sacrificed for  
the non essential and transient.

Grenville Kleiser.

It might be said that the study of the incidence of cancer is a trifling and unimportant one, deserving no more than a passing thought and unworthy of the expenditure of time and concentration. It might be considered unreasonable to devote to it energies which could otherwise be directed to the, perhaps, more fruitful study of aetiology and treatment.

There must be some virtue, however, in attempting to define and to measure the magnitude of the problem of this disease and in determining to what extent it affects the well-being of the community. With this knowledge of the epidemiology of the disease in a defined geographic area the organisation for its control can be planned and the armamentarium necessary for its treatment mobilised, thus building up a defence commensurate with its attack.

Cancer is an endemic disease in the western world and has an incidence which, even without detailed study, is recognised to be high. In the United States of America it is the second leading cause of death and it has been estimated that approximately one person in every two hundred and fifty of the entire population is receiving treatment at any given time. (Heller, 1958).

It is a catastrophic disease from the standpoint of its shattering impact upon the health of the victim and a grave disease as measured in terms of the national and hospital economy.

Cancer is not only an individual problem, but it is a community problem wherever it strikes. Perhaps because it has been regarded as a disease essentially of old age, and incurable, few communities have accepted the responsibility for its control and even fewer have applied to it the systematic social action which has been successfully employed in dealing with infectious and communicable diseases. The legislation which has resulted in a reduction in the cancer hazards in industry and the efforts made by certain national organisations and local institutions are inadequate answers to a very great problem.

Cancer should be a public health responsibility and the organisation directed towards its control should take its inspiration from the knowledge that, in many respects, it is a preventable and curable disease.

\*\*\*\*\*

The writer makes no pretence of being a statistician. His only care in the preparation of this monograph was to present the evidence from which his conclusions were drawn and from which others, more experienced in the art of statistical comparison, could, if they so desired, draw their own. Those readers, trained and expert in statistical methods, will doubtless discern during their perusal of the monograph the writer's failure to apply, in many instances,

the numerical facts available to him. Because of this they are invited to interpret the word "Crude", where it appears in the text and tables, in its most literal sense.

An apology is offered for the weariness which will almost inevitably be induced by reading the manuscript. In defence, it may be stated that such tedium has already been exceeded in the preparation and presentation of the data.

Although it is a common affliction even the most determined attempts to calculate its true incidence have failed. The reason for this failure lies in the lack of an adequate yardstick by which the incidence rate can be measured, from year to year, in terms of specific population groups exposed to the disease.

Cancer registries provide the closest estimate of incidence, but even these, because of their complete dependence on the reporting of cases by the medical profession, their lack of personal contact with the patient, the difficulty of cross-checking those diagnoses not proved histologically and their inability to assess the factor of under-diagnosis, probably fail to present a completely accurate account.

The commonest, and yet the least satisfactory, method of measuring the incidence of cancer is by the use of death certificates. The

## CHAPTER I.

### CANCER MORTALITY RATES.

Cancer is a comprehensive term embracing many diseases each of which is characterised by uncontrolled cellular proliferation, infiltration of adjacent tissues by the cellular new growth, a tendency to produce metastases via lymphatic channels and the blood stream and its constant threat to life.

Although it is a common affliction even the most determined attempts to calculate its true incidence have failed. The reason for this failure lies in the lack of an adequate yardstick by which the incidence rate can be measured, from year to year, in terms of specific population groups exposed to the disease.

Cancer registries provide the closest estimate of incidence, but even these, because of their complete dependence on the reporting of cases by the medical profession, their lack of personal contact with the patients, the difficulty of cross-checking those diagnoses not proven histologically and their inability to assess the factor of under-diagnosis, probably fail to present a completely accurate account.

The commonest, and yet the least satisfactory, method is to measure the cancer mortality rates and to present them as a function of the incidence of the disease. There

are obvious objections to this method. The death certificates from which the mortality rates are calculated document mainly those cases in whom treatment has been unsuccessful and gives no indication of the number of new cases which arise in any one year within a known population. Moreover, mortality data may be misleading because the recorded cause of death, in many cases, is unsupported by histological or other proof, and occasionally may be founded only upon supposition.

The limitations inherent in the cancer registry and mortality methods of assessing incidence can be overcome to a considerable extent if certain fundamental principles of cancer identification are satisfied and if the population from which the experience is drawn is clearly defined in relation to its size and its age and sex distribution.

The first principle requires that there should be a well organised case finding programme which can discover and record the essential details concerning those patients found to have cancer within the known population each year. This programme should be a continuous one over a period of many years.

The second principle requires the existence of subsidiary sources of information so that the cancer patients not discovered by the case finding programme may be traced and the details of their clinical status and diagnoses recorded.

It is the purpose of this monograph to discover, by using the principles stated, a close approximation to the true incidence of cancer within the province of Saskatchewan.

As a preamble, however, and also to demonstrate the error attendant upon accepting mortality data as an indication of cancer incidence, a concise review of the death rate, calculated from death certificate diagnoses, from malignant neoplasms in Saskatchewan, will be given for the years 1947-1956 (inclusive). Comparison between this and the rates for Scotland and the City of Glasgow will also be made.

### The Populations.

The average estimated population in Saskatchewan during the period was 850,140, of which 445,420 were males and 404,720 were females. The sex ratio, males to females, was 1.1 to one. The average estimated population in Scotland was 5,140,430 of which 2,469,020 were males and 2,671,410 were females. The sex ratio, males to females, was 0.9 to one. A similar sex ratio to that of Scotland was found in the population of the city of Glasgow which, numerically, was moderately higher than that in Saskatchewan at 1,089,767, with 518,871 males and 570,896 females.

The age distribution of the population in Saskatchewan was interesting. There was a marked preponderance of individuals under the age of 35 years. Because, with the exception of a few sites in the body, cancer is not a common disease under the age of thirty five years, and is common over it, the age structure of the population was arbitrarily divided into those below and above that age level. More than sixty per cent of the population was in the younger age group (Table 1). Only eight per cent were



AGE (YEARS)	AGE PATTERN CALCULATED AS A PERCENTAGE OF THE WHOLE POPULATION OF SASKATCHEWAN.		
	TOTAL	MALE	FEMALE
Under 35	61.5	59.8	63.5
35-44	12.7	12.6	12.8
45-54	9.7	9.8	9.4
55-64	8.1	8.9	7.3
65 and over	8.0	8.9	7.0

TABLE I. The age and sex distribution of the population of Saskatchewan. Average over ten year period, 1947-1956.

AGE (YEARS)	AGE PATTERN CALCULATED AS A PERCENTAGE OF THE WHOLE POPULATION OF SCOTLAND.		
	TOTAL	MALE	FEMALE
Under 35	53.3	55.4	51.2
35-44	13.8	13.9	13.7
45-54	13.0	12.8	13.2
55-64	9.8	9.0	10.6
65 and over	10.1	8.9	11.3

TABLE 2. The age and sex distribution of the average population of Scotland, 1947-1956 (inclusive).

sixty five years of age and over. The age distribution in females showed a greater trend towards the younger age group than males. Comparison between the age distribution in Scotland and in Glasgow showed both to have just over half the population under the age of thirty five years. In Scotland ten per cent were over the age of sixty five years and in Glasgow less than nine per cent. (Tables 2 and 3). In Saskatchewan a lesser proportion (seven per cent) of the female population was over the age of sixty five years as compared with males (8.9 per cent). The reverse of this was found in Scotland and in Glasgow.

In all three areas a trend towards ageing of the population was evident during the ten year period, but this was less marked in Saskatchewan than in either of the two other regions.

#### Cancer Deaths in Scotland and Glasgow.

The average annual number of deaths from all causes in Scotland over the period 1947-1956 (inclusive) was 62,564. Of these 31,800 were males and 30,764 were females. A remarkable steady reduction in the annual number of deaths in each age group from birth to forty four years was apparent. No material difference was evident in the age period 45-64 years, but an increase occurred in the number of deaths in the age group sixty five years and over. In Glasgow, where the average number of deaths from all causes over the same period was 13,737 (7,236 males and 6,501 females), a similar reduction in deaths to the age of forty four years and an increase of deaths in the age group sixty five years and over, was observed.

AGE (YEARS)	AGE PATTERN OF GLASGOW POPULATION, EXPRESSED AS PER CENT OF WHOLE POPULATION.		
	TOTAL	MALE	FEMALE
Under 35	54.3	55.7	52.9
35-44	14.7	14.8	14.6
45-54	13.0	12.9	13.2
55-64	9.4	8.8	10.0
65 Plus	8.6	7.8	9.3

**TABLE 3.** The age and sex distribution of the population of Glasgow during census year 1951.

The highest percentage of the population was identified as being in the 35-44 years age group. This observation was true for all but one individual years of the study.

The observations concerning cancer deaths in Glasgow were similar to those for Scotland (Tables 7 and 8). The percentage of the recorded deaths from cancer amounted to 10.1 per cent for the combined sexes and to 20.1 and 9.3 per cent for males and females respectively. Deaths from all causes declined during the ten year period.

The percentage of the population in the 65 plus age group was 8.6 per cent in 1951 and 9.3 per cent in 1961. The percentage of the population in the 65 plus age group was 7.8 per cent in 1951 and 9.3 per cent in 1961.

While the deaths from all causes decreased in Scotland, a steady increase in the recorded deaths from cancer occurred over the ten year period. (Table 4). This increase amounted to 15.6 per cent for the combined sexes and 19.3 per cent and 11.6 per cent in males and females respectively.

When the deaths reported as being due to cancer were related to age groups, no significant increase or decrease in the numbers were observed up to the age of forty four years. In the age groups higher than this a moderate increase was evident. (Table 5).

The proportion of total deaths which were recorded on death certificates as being due to cancer is seen in Table 6. The moderate increase in this proportion is due to the combination of the reduced number of deaths from other causes and the increased number of cases recorded as being due to cancer. (Figure 1). The highest proportion of total deaths which were certified as being due to cancer occurred in the 45-54 years age group. (Figure 3). This observation was true for all but one of the individual years of the study.

The observations concerning cancer deaths in Glasgow are similar to those for Scotland (Tables 7 and 8). The increase in the recorded deaths from cancer amounted to 15.1 per cent for the combined sexes and to 20.1 and 9.3 per cent for males and females respectively. Deaths from all causes declined during the ten year period. (Figure 2). There was little change in the numbers dying from cancer from year to year between the ages of

While the deaths from all causes decreased in Scotland, a steady increase in the recorded deaths from cancer occurred over the ten year period. (Table 4). This increase amounted to 15.6 per cent for the combined sexes and 19.3 per cent and 11.6 per cent in males and females respectively.

When the deaths reported as being due to cancer were related to age groups, no significant increase or decrease in the numbers were observed up to the age of forty four years. In the age groups higher than this a moderate increase was evident. (Table 5).

The proportion of total deaths which were recorded on death certificates as being due to cancer is seen in Table 6. The moderate increase in this proportion is due to the combination of the reduced number of deaths from other causes and the increased number of cases recorded as being due to cancer. (Figure 1). The highest proportion of total deaths which were certified as being due to cancer occurred in the 45-54 years age group. (Figure 3). This observation was true for all but one of the individual years of the study.

The observations concerning cancer deaths in Glasgow are similar to those for Scotland (Tables 7 and 8). The increase in the recorded deaths from cancer amounted to 15.1 per cent for the combined sexes and to 20.1 and 9.3 per cent for males and females respectively. Deaths from all causes declined during the ten year period. (Figure 2). There was little change in the numbers dying from cancer from year to year between the ages of

YEAR	DEATHS IN SCOTLAND FROM CANCER.		
	TOTAL	MALES	FEMALES
1947	9,306	4,678	4,628
1948	9,589	4,744	4,845
1949	9,882	4,870	5,012
1950	10,029	5,037	4,992
1951	9,840	4,925	4,915
1952	10,119	5,172	4,947
1953	10,125	5,310	4,815
1954	10,505	5,478	5,027
1955	10,585	5,462	5,123
1956	10,754	5,591	5,163

TABLE 4. The total number of patients certified as dying from cancer, with sex distribution. 1947-1956 (inclusive).

	DEATHS IN SCOTLAND FROM CANCER. AGE GROUPS (YEARS).				
	1-34	35-44	45-54	55-64	65 Plus
1947	277	549	1,324	2,221	4,952
1948	261	561	1,237	2,253	5,171
1949	296	550	1,440	2,250	5,323
1950	297	568	1,386	2,353	5,415
1951	335	555	1,387	2,200	5,363
1952	298	536	1,475	2,259	5,551
1953	294	518	1,543	2,375	5,395
1954	302	489	1,609	2,450	5,655
1955	314	498	1,537	2,586	5,650
1956	263	473	1,522	2,582	5,913

**TABLE 5.** The deaths in Scotland certified as due to, or with cancer by age group. 1947-1956 (inclusive).

30

1947 1950 1953 1956

FIGURE 1. CERTIFIED DEATHS. ALL CAUSES  
& CANCER. SCOTLAND. 1947-56

YEAR	THE PROPORTION OF TOTAL DEATHS IN SCOTLAND DUE TO CANCER. (PER CENT).
1947	14.0
1948	15.7
1949	15.6
1950	15.7
1951	15.0
1952	16.5
1953	17.2
1954	17.1
1955	17.2
1956	17.2

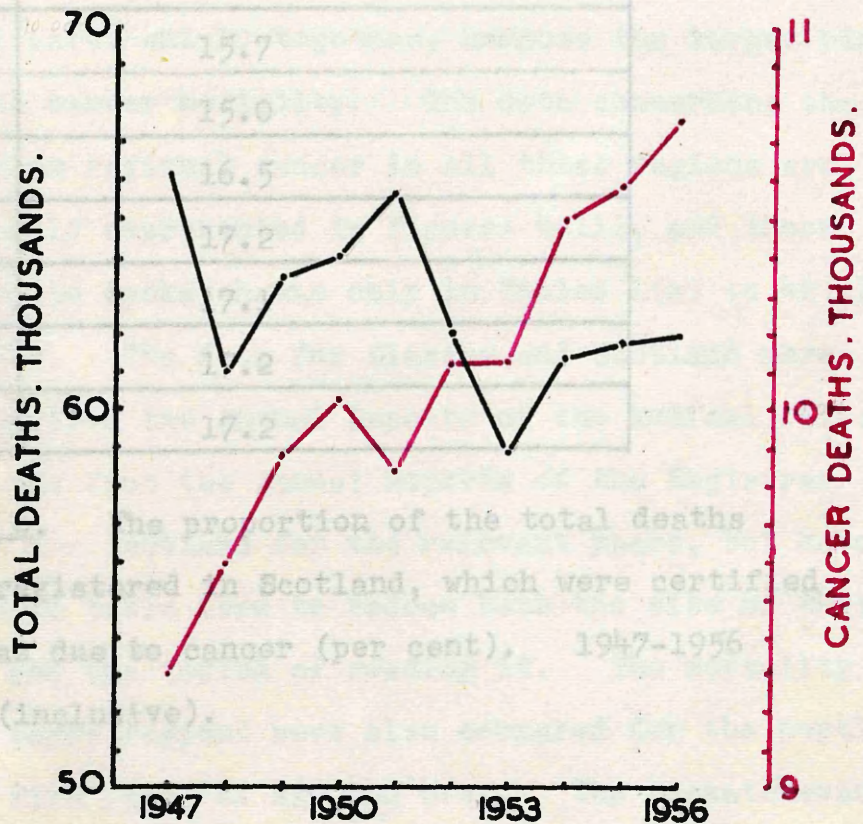


FIGURE 1. CERTIFIED DEATHS. ALL CAUSES & CANCER. SCOTLAND. 1947-56



YEAR	THE PROPORTION OF TOTAL DEATHS IN SCOTLAND DUE TO CANCER. (PER CENT).
1947	14.0
1948	15.7
1949	15.6
1950	15.7
1951	15.0
1952	16.5
1953	17.2
1954	17.1
1955	17.2
1956	17.2

**TABLE 6.** The proportion of the total deaths registered in Scotland, which were certified as due to cancer (per cent). 1947-1956 (inclusive).

data is probably superficial because, as will be demonstrated in the case of Chertsey, the evidence is not wholly true and does not survive close examination.

The general impression after five years of the data is that death rates are rising in all regions. In view of the fact that the evidence is not wholly true and does not survive close examination, it is probable that the actual rates are even higher than those shown in the table.

one year and fifty four years. Moderate increase was evident in the age groups higher than this. An increase in the proportion of annual cancer deaths to total deaths was seen. (Table 9). As in Scotland, the highest proportion of total deaths due to cancer occurred in the 45-54 years age group. (Figure 3).

A study of the mortality rates due to cancer involving individual sites, organs and tissues supplies the descriptive detail and permits the integration of the several parts which, together, compose the larger picture of total cancer mortality. The data concerning the death rates from regional cancer in all three regions are graphically represented in Figures 4-111, and those relating to Saskatchewan only in Tables 1(a) to 42(a) inclusive. The data for Glasgow and Scotland were obtained from the Annual Reports of the Medical Officer of Health and from the Annual Reports of the Registrar General for Scotland for the relevant years, but have been omitted in table form to reduce both the size of this volume and the tedium of reading it. The mortality rates in the three regions were also compared for the populations thirty five years of age and over. The Saskatchewan data are presented in Tables 43(a)-75(a). Commentary on this data is probably superfluous because, as will be demonstrated in the case of Saskatchewan, the evidence is not wholly true and does not survive close examination.

The general impression gained from perusal of mortality data is that death from cancer, rated to the population, is much more common in Scotland and Glasgow than in Saskatchewan and that this is true for all sites except

male genitalia, kidney, nervous system and lymphoid and haemopoietic tissues. When the incidence of death from cancer is related to that segment of the population considered to be more prone to the disease by virtue of age, namely those thirty five years of age and over, the rates in Saskatchewan for individual sites would appear to exceed those in Scotland and Glasgow only in the cases of cancer of the liver, gall bladder and bile ducts in females, and in cancer of the urinary tract (with cancer of the kidney in both males and females), nervous system and lymphoid and haemopoietic tissues in males.

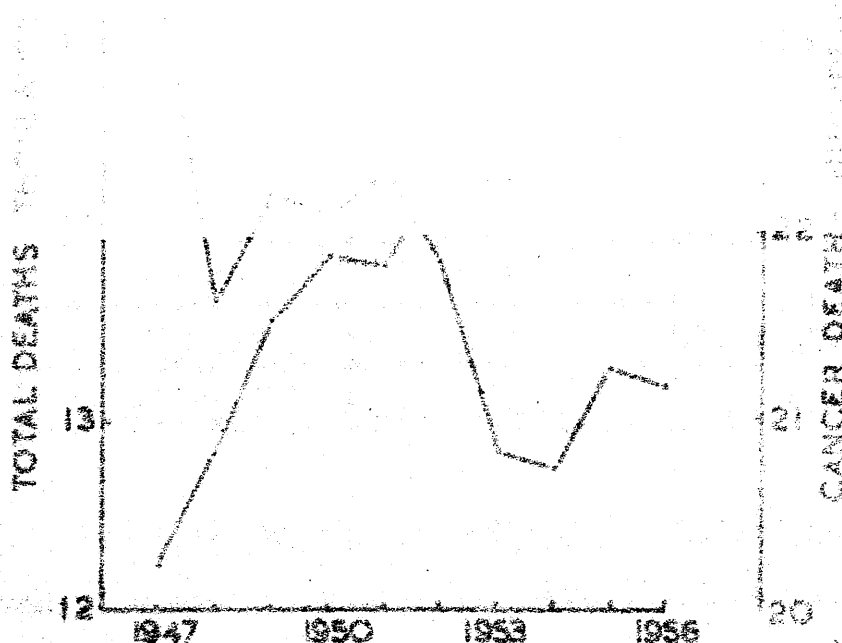


FIGURE 2. CERTIFIED DEATHS, ALL CAUSES  
& CANCER. GLASGOW, 1947-56

DEATHS IN GLASGOW FROM CANCER.

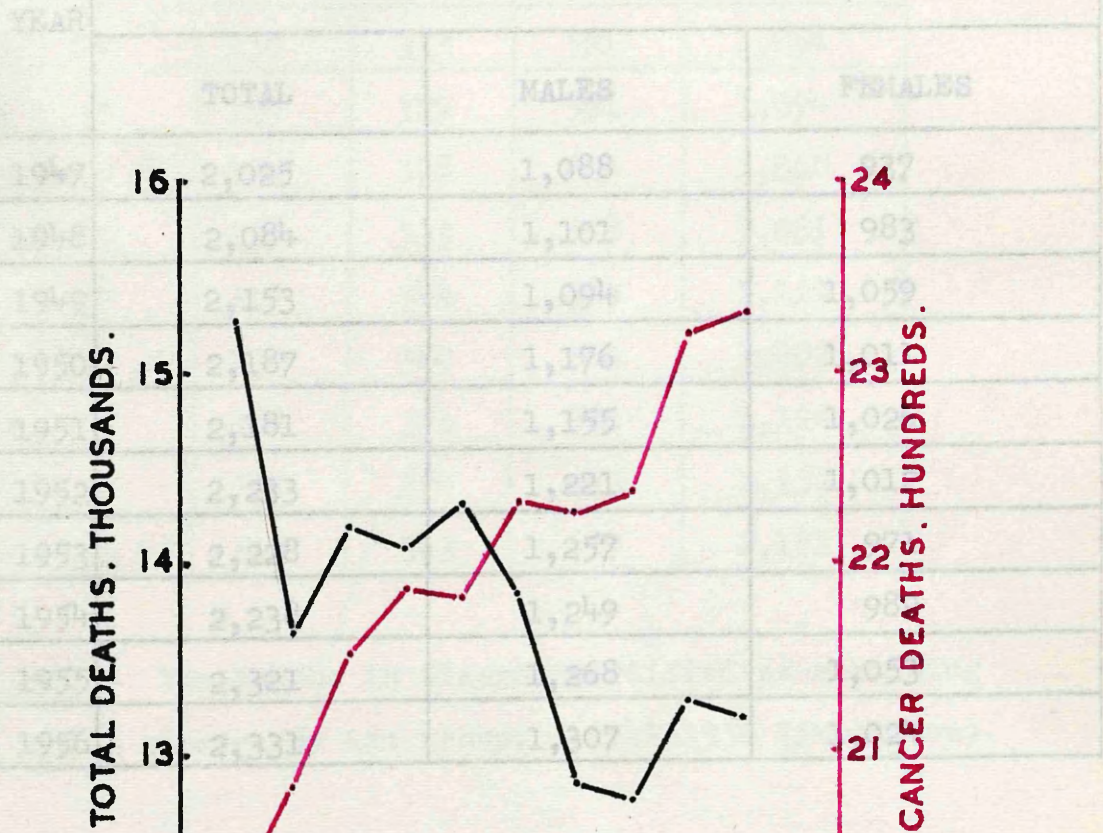


FIGURE 2. CERTIFIED DEATHS. ALL CAUSES & CANCER. GLASGOW. 1947-56

YEAR	DEATHS IN GLASGOW FROM CANCER.		
	TOTAL	MALES	FEMALES
1947	2,025	1,088	937
1948	2,084	1,101	983
1949	2,153	1,094	1,059
1950	2,187	1,176	1,011
1951	2,181	1,155	1,026
1952	2,233	1,221	1,012
1953	2,228	1,257	971
1954	2,238	1,249	989
1955	2,321	1,268	1,053
1956	2,331	1,307	1,024

TABLE 7. The total number of patients certified as dying from cancer in Glasgow, with sex distribution. 1947-1956 (inclusive).

	DEATHS IN GLASGOW FROM CANCER. AGE GROUP (YEARS).				
	1-34	35-44	45-54	55-64	65 Plus
1947	43	115	356	524	987
1948	36	138	333	521	1,056
1949	39	130	329	561	1,094
1950	63	124	328	604	1,068
1951	82	127	333	578	1,061
1952	58	117	344	585	1,129
1953	71	135	360	580	1,082
1954	69	106	376	561	1,126
1955	57	119	370	623	1,152
1956	46	119	363	617	1,182

TABLE 8. The deaths in Glasgow certified as resulting from cancer, by age group. 1947-1956 (inclusive).

FIGURE 3 CANCER DEATHS PER  
CENT OF TOTAL DEATHS IN  
AGE GROUPS. SCOTLAND &  
GLASGOW. AVERAGE 1947-55.

YEAR	THE PROPORTION OF TOTAL DEATHS IN GLASGOW DUE TO CANCER (PER CENT).
1947	13.3
1948	15.3
1949	15.2
1950	15.5
1951	15.2
1952	16.1
1953	17.4
1954	17.6
1955	17.5
1956	17.2

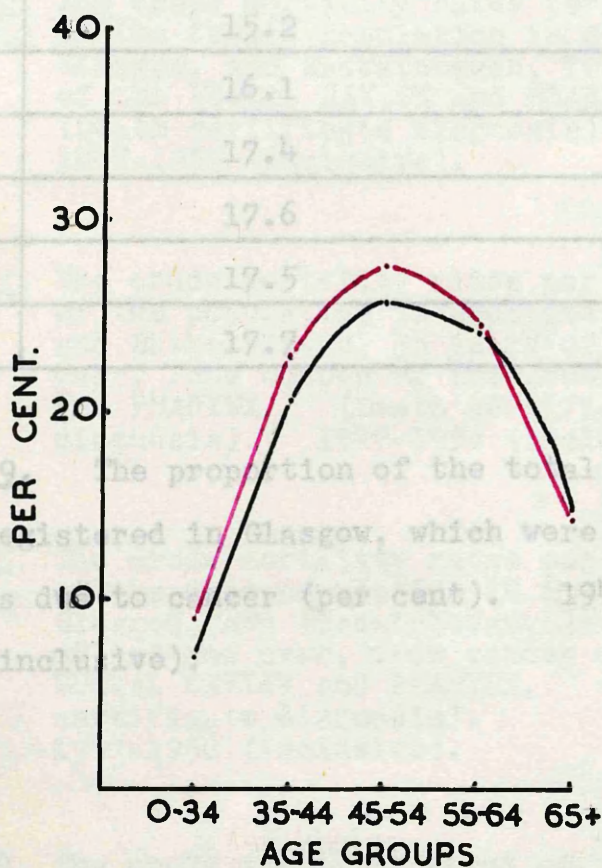


TABLE 9 The proportion of the total deaths registered in Glasgow, which were certified as due to cancer (per cent). 1947-1956 (inclusive)

FIGURE 3 CANCER DEATHS PER CENT OF TOTAL DEATHS IN AGE GROUPS. SCOTLAND & GLASGOW. AVERAGE 1947-56.

YEAR	THE PROPORTION OF TOTAL DEATHS IN GLASGOW DUE TO CANCER (PER CENT).
1947	13.3
1948	15.3
1949	15.2
1950	15.5
1951	15.2
1952	16.1
1953	17.4
1954	17.6
1955	17.5
1956	17.7

TABLE 9. The proportion of the total deaths registered in Glasgow, which were certified as due to cancer (per cent). 1947-1956 (inclusive).

of the female population in Scotland, Glasgow, and Salford, 15 years of age and over, from cancer of the BUCCAL CAVITY and PHARYNX. (Death certificate diagnosis). 1947-1956 (inclusive).



Figure 4. The crude mortality rates per 100,000 in Scotland, Glasgow, and Saskatchewan, from cancer of the BUCCAL CAVITY and PHARYNX. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 5. The crude mortality rates per 100,000 of the male population in Scotland, Glasgow, and Saskatchewan, from cancer of the BUCCAL CAVITY and PHARYNX. (Death certificate diagnosis). 1947-1956 (inclusive).

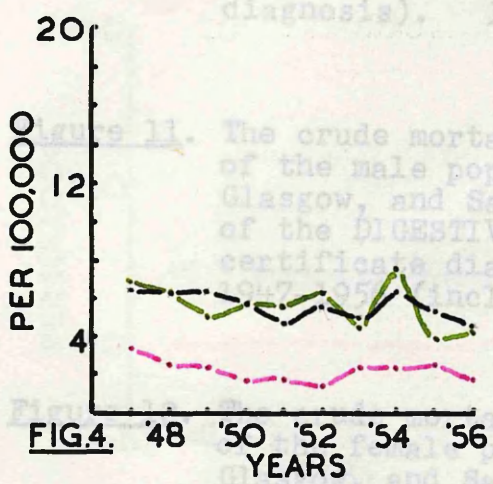
Figure 6. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow, and Saskatchewan, from cancer of the BUCCAL CAVITY and PHARYNX. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 7. The crude mortality rates per 100,000 of the population in Scotland, Glasgow, and Saskatchewan, 35 years of age and over, from cancer of the BUCCAL CAVITY and PHARYNX. (Death certificate diagnosis). 1947-1956 (inclusive).

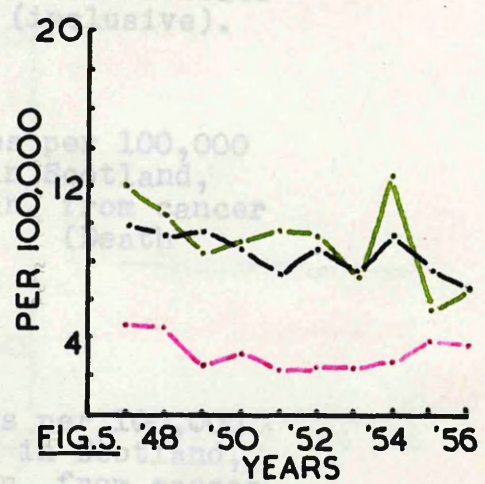
Figure 8. The crude mortality rates per 100,000 of the male population in Scotland, Glasgow, and Saskatchewan, 35 years of age and over, from cancer of the BUCCAL CAVITY and PHARYNX. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 9. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow, and Saskatchewan, 35 years of age and over, from cancer of the BUCCAL CAVITY and PHARYNX. (Death certificate diagnosis). 1947-1956 (inclusive).

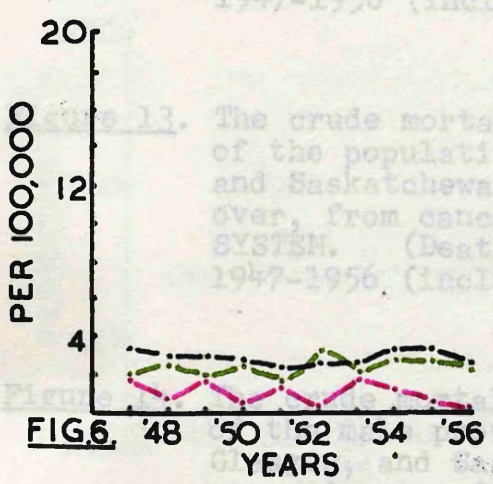
**MORTALITY RATES. CANCER OF BUCCAL CAVITY AND PHARYNX. SCOTLAND. GLASGOW. SASKATCHEWAN.**



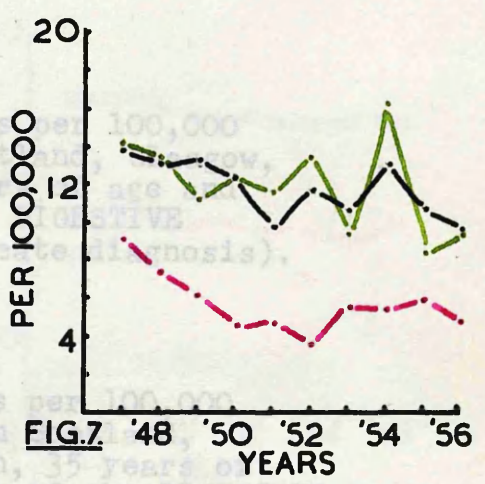
**FIG. 4.** 48 '50 '52 '54 '56  
YEARS



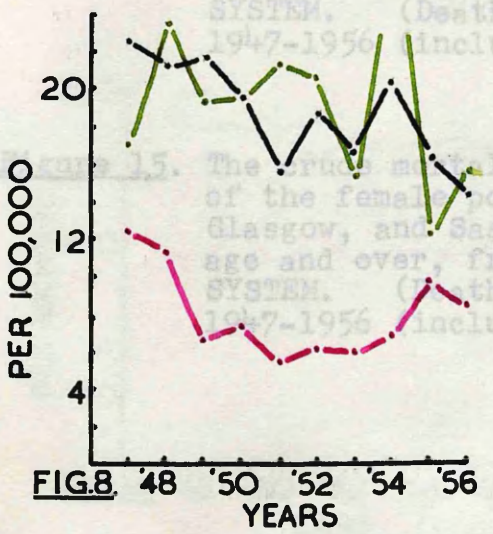
**FIG. 5.** 48 '50 '52 '54 '56  
YEARS



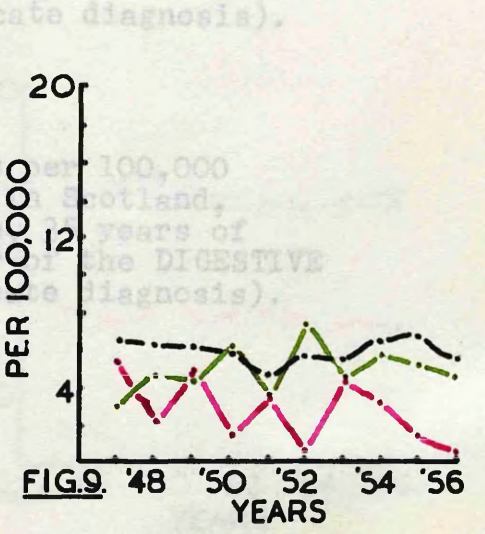
**FIG. 6.** 48 '50 '52 '54 '56  
YEARS



**FIG. 7.** 48 '50 '52 '54 '56  
YEARS



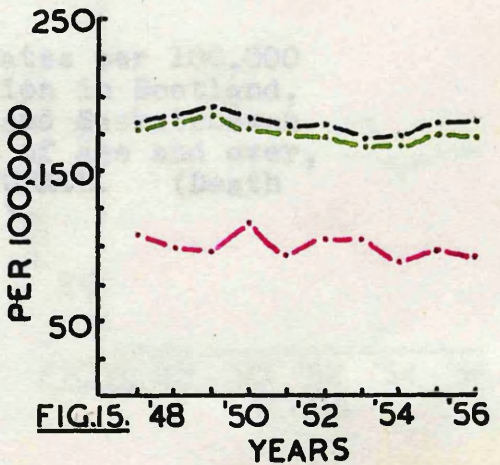
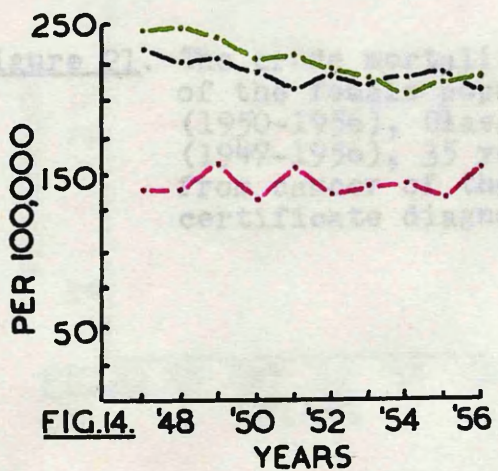
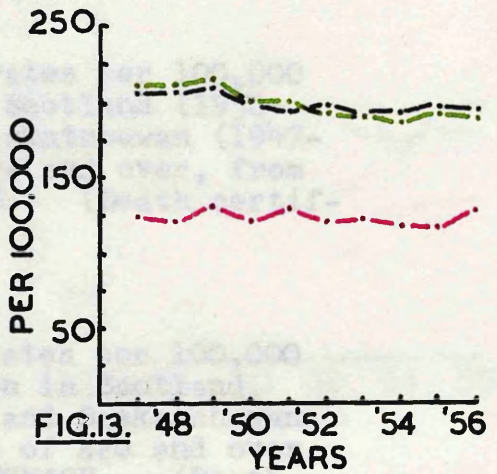
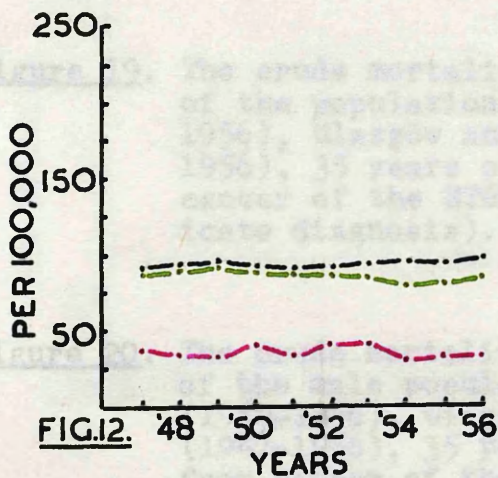
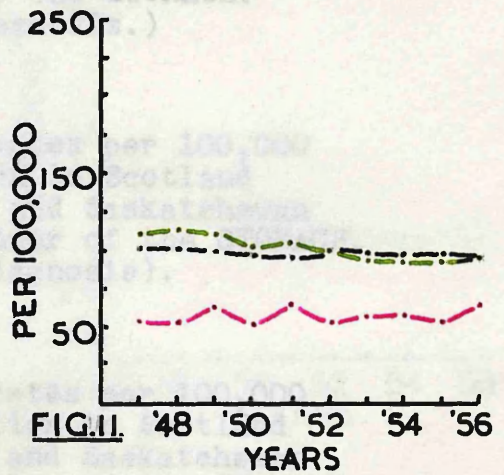
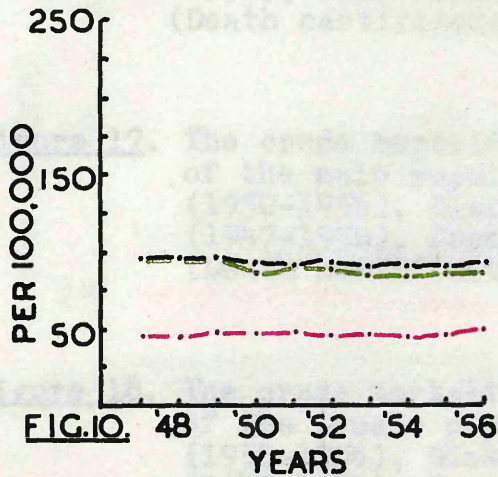
**FIG. 8.** 48 '50 '52 '54 '56  
YEARS



**FIG. 9.** 48 '50 '52 '54 '56  
YEARS

- Figure 10. The crude mortality per 100,000 of the population in Scotland, Glasgow, and Saskatchewan, from cancer of the DIGESTIVE SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).
- Figure 11. The crude mortality rates per 100,000 of the male population in Scotland, Glasgow, and Saskatchewan, from cancer of the DIGESTIVE SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).
- Figure 12. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow, and Saskatchewan, from cancer of the DIGESTIVE SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).
- Figure 13. The crude mortality rates per 100,000 of the population in Scotland, Glasgow, and Saskatchewan, 35 years of age and over, from cancer of the DIGESTIVE SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).
- Figure 14. The crude mortality rates per 100,000 of the male population in Scotland, Glasgow, and Saskatchewan, 35 years of age and over, from cancer of the DIGESTIVE SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).
- Figure 15. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow, and Saskatchewan, 35 years of age and over, from cancer of the DIGESTIVE SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

MORTALITY RATES. CANCER OF  
THE DIGESTIVE SYSTEM  
SCOTLAND. GLASGOW. SASKATCHEWAN.



- Figure 16. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), from cancer of the STOMACH. (Death certificate diagnosis.)
- Figure 17. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), from cancer of the STOMACH. (Death certificate diagnosis.)
- Figure 18. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), from cancer of the STOMACH. (Death certificate diagnosis.)
- Figure 19. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the STOMACH. (Death certificate diagnosis.)
- Figure 20. The crude mortality rates per 100,000 of the male population in Scotland, (1950-1956), Glasgow and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the STOMACH. (Death certificate diagnosis.)
- Figure 21. The crude mortality rates per 100,000 of the female population in Scotland, (1950-1956), Glasgow and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the STOMACH. (Death certificate diagnosis.)

MORTALITY RATES. CANCER OF THE STOMACH  
 SCOTLAND. GLASGOW. SASKATCHEWAN.

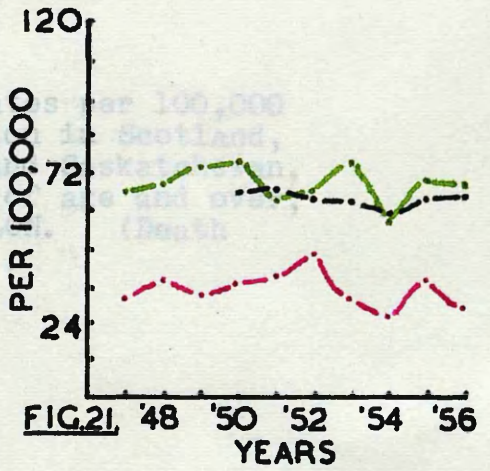
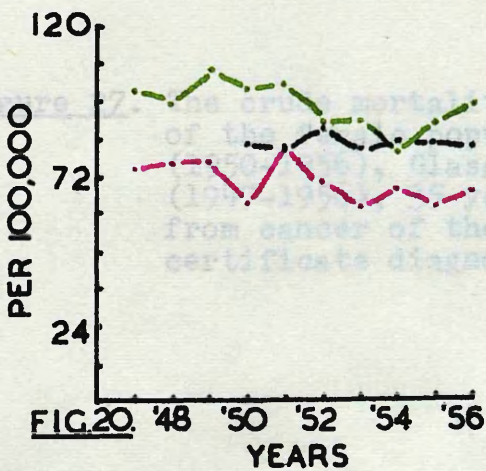
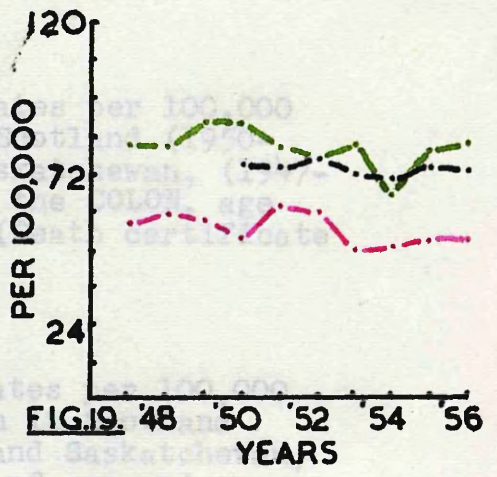
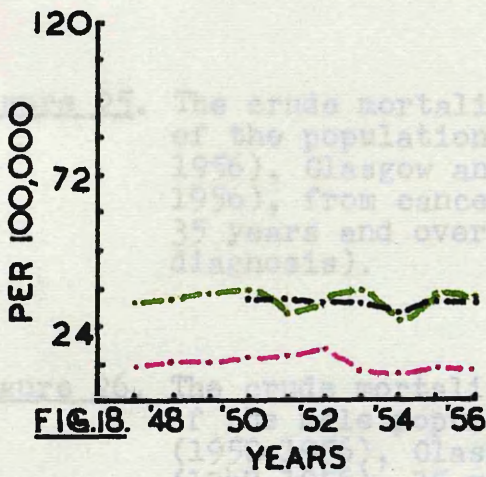
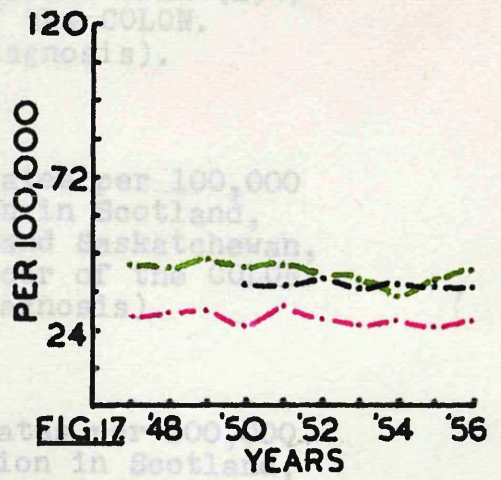
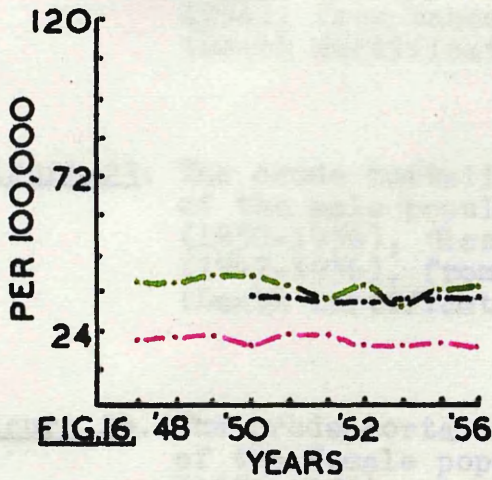


Figure 22. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), from cancer of the COLON. (Death certificate diagnosis).

Figure 23. The crude mortality rates per 100,000 of the male population in Scotland, (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the COLON. (Death certificate diagnosis).

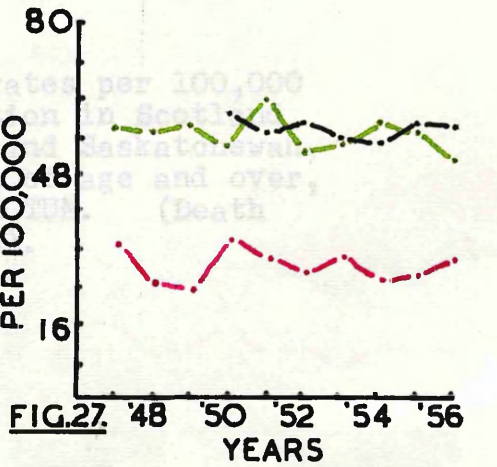
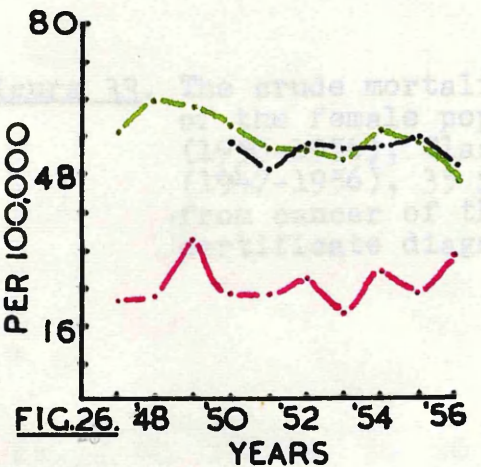
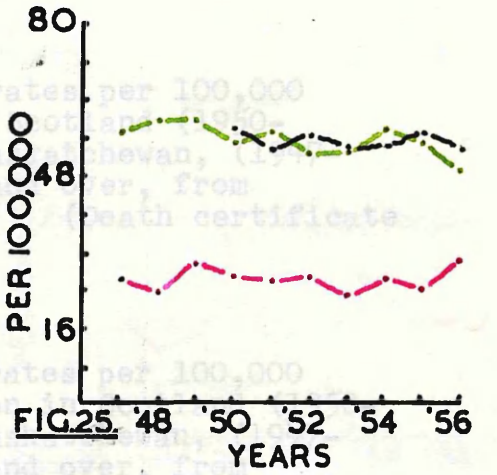
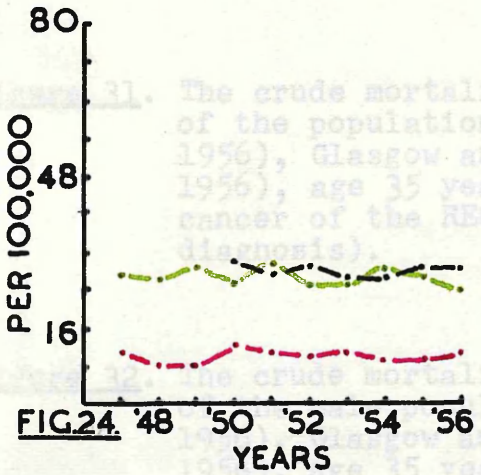
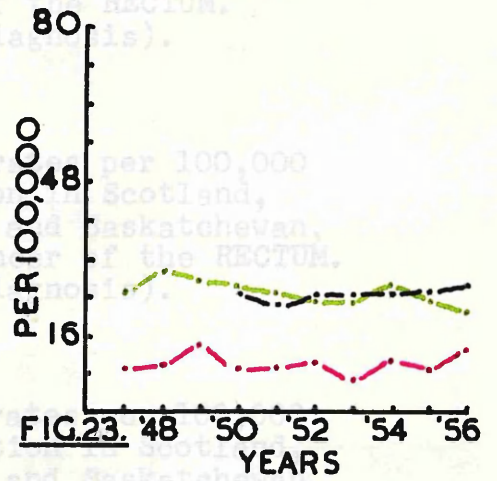
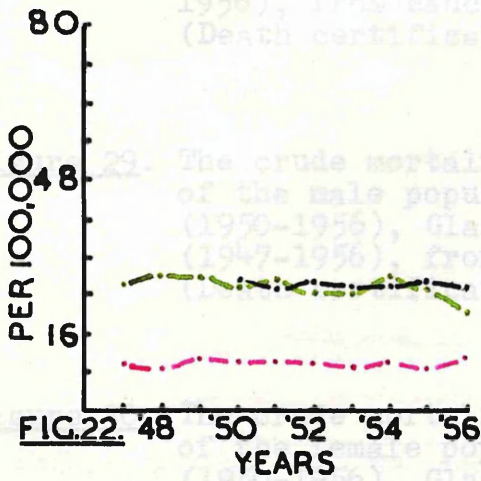
Figure 24. The crude mortality rates per 100,000 of the female population in Scotland, (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the COLON. (Death certificate diagnosis).

Figure 25. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the COLON, age 35 years and over. (Death certificate diagnosis).

Figure 26. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the COLON. (Death certificate diagnosis).

Figure 27. The crude mortality rates per 100,000 of the female population in Scotland, (1950-1956), Glasgow and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the COLON. (Death certificate diagnosis).

MORTALITY RATES CANCER OF THE COLON  
 THE COLON  
 SCOTLAND. GLASGOW. SASKATCHEWAN.





- Figure 28. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the RECTUM. (Death certificate diagnosis).
- Figure 29. The crude mortality rates per 100,000 of the male population in Scotland, (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the RECTUM. (Death certificate diagnosis).
- Figure 30. The crude mortality rates per 100,000 of the female population in Scotland, (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the RECTUM. (Death certificate diagnosis).
- Figure 31. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), age 35 years and over, from cancer of the RECTUM. (Death certificate diagnosis).
- Figure 32. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), age 35 years and over, from cancer of the RECTUM. (Death certificate diagnosis).
- Figure 33. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the RECTUM. (Death certificate diagnosis).

Figure 34.

**MORTALITY RATES CANCER OF THE RECTUM  
SCOTLAND. GLASGOW, SASKATCHEWAN.**

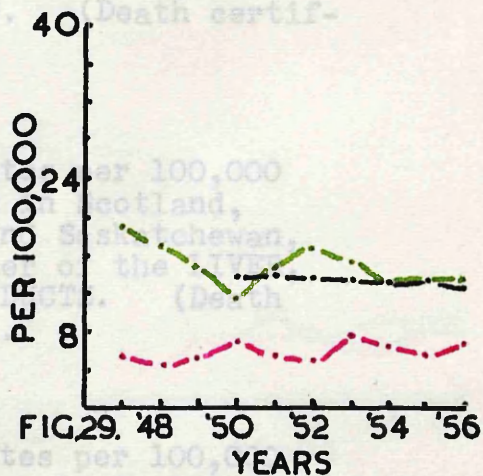
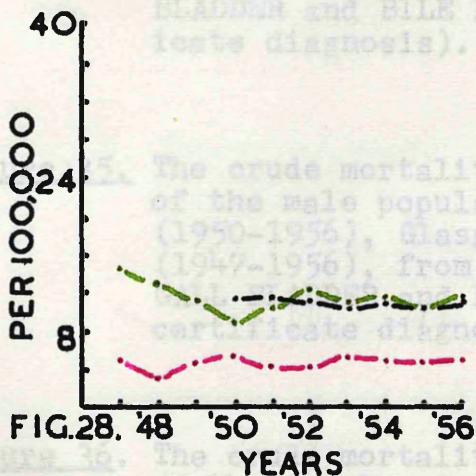


Figure 30.

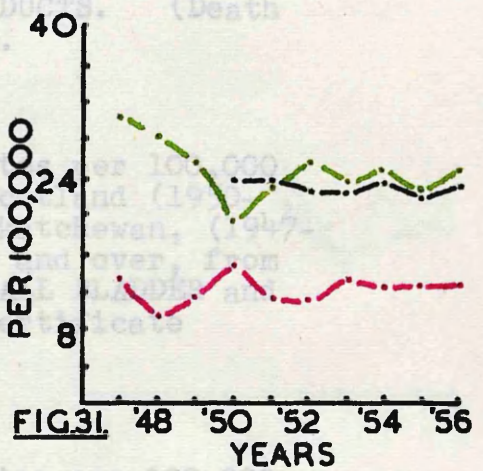
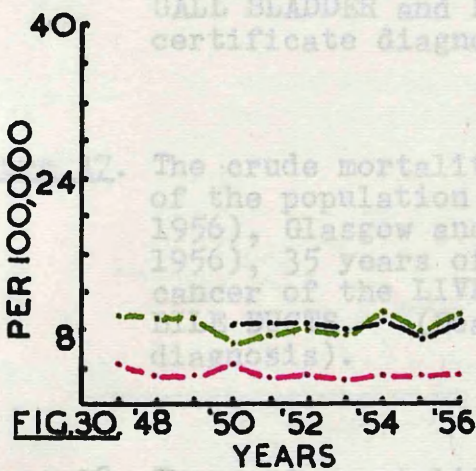


Figure 32.

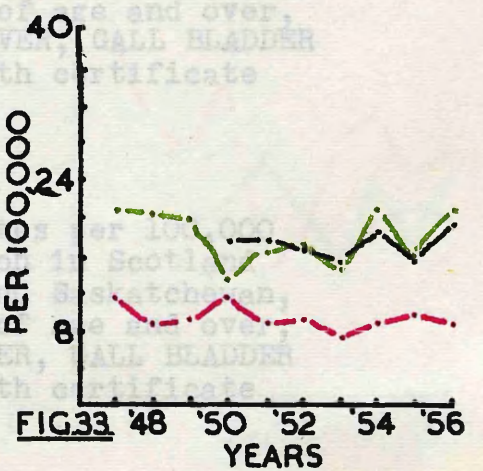
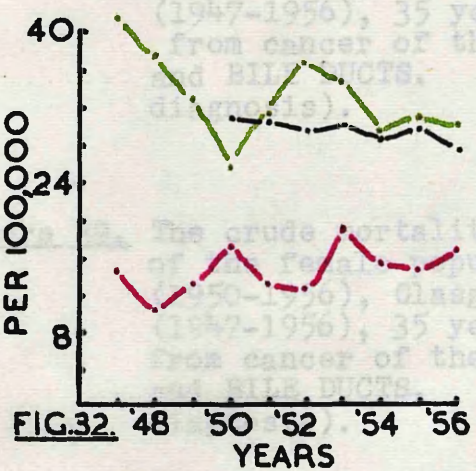


Figure 34. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the LIVER, GALL BLADDER and BILE DUCTS. (Death certificate diagnosis).

Figure 35. The crude mortality rates per 100,000 of the male population in Scotland, (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the LIVER, GALL BLADDER and BILE DUCTS. (Death certificate diagnosis).

Figure 36. The crude mortality rates per 100,000 of the female population in Scotland, (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the LIVER, GALL BLADDER and BILE DUCTS. (Death certificate diagnosis).

Figure 37. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the LIVER, GALL BLADDER and BILE DUCTS. (Death certificate diagnosis).

Figure 38. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the LIVER, GALL BLADDER and BILE DUCTS. (Death certificate diagnosis).

Figure 39. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the LIVER, GALL BLADDER and BILE DUCTS. (Death certificate diagnosis).

**MORTALITY RATES CANCER OF LIVER, GALL BLADDER & BILE DUCTS SCOTLAND. GLASGOW. SASKATCHEWAN.**

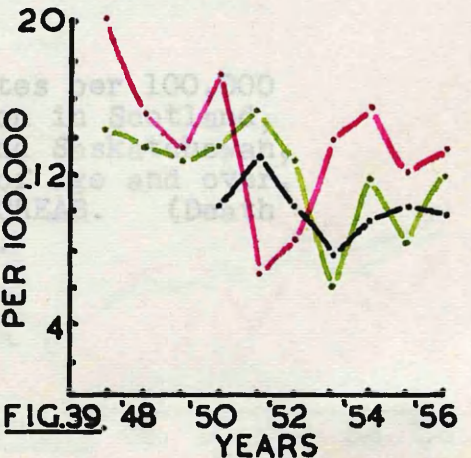
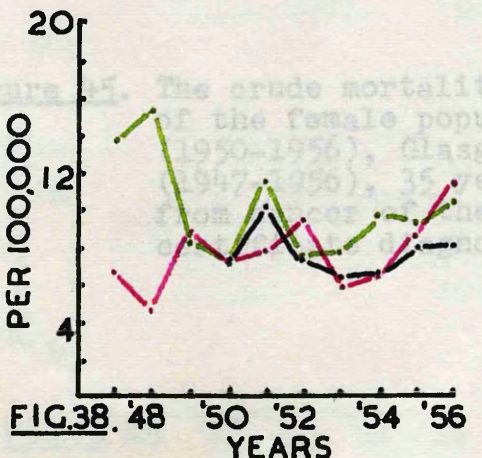
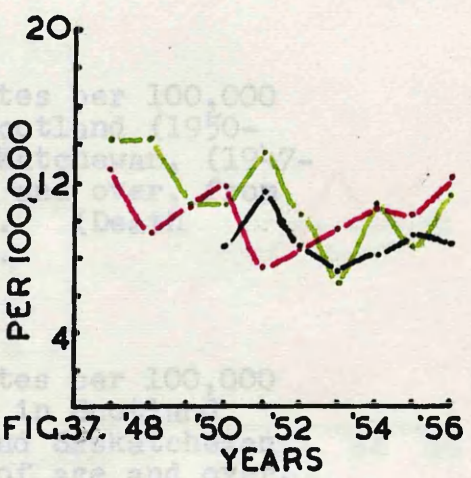
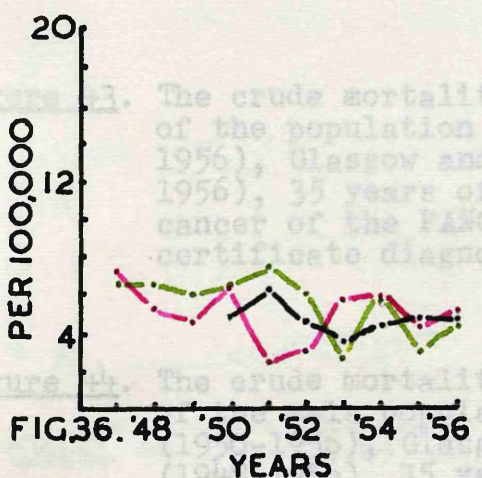
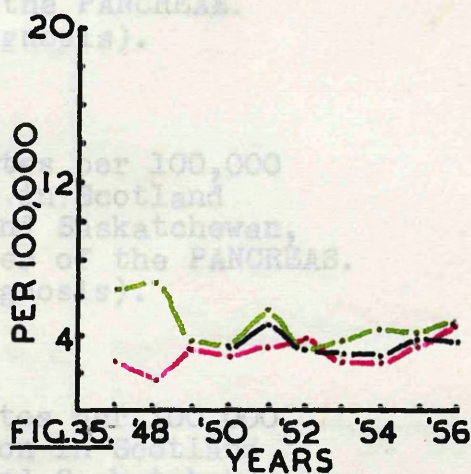
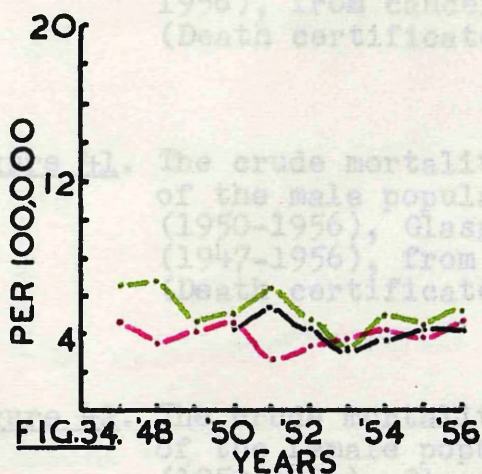


Figure 40. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the PANCREAS. (Death certificate diagnosis).

Figure 41. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the PANCREAS. (Death certificate diagnosis).

Figure 42. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the PANCREAS. (Death certificate diagnosis).

Figure 43. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the PANCREAS. (Death certificate diagnosis).

Figure 44. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the PANCREAS. (Death certificate diagnosis).

Figure 45. The crude mortality rates per 100,000 of the female population in Scotland, (1950-1956), Glasgow and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the PANCREAS. (Death certificate diagnosis).

**MORTALITY RATES CANCER OF THE PANCREAS**  
**SCOTLAND. GLASGOW. SASKATCHEWAN.**

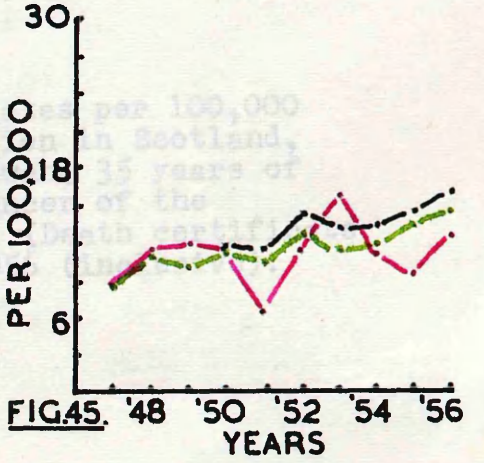
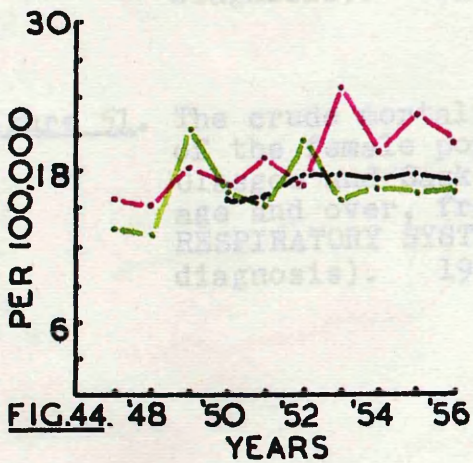
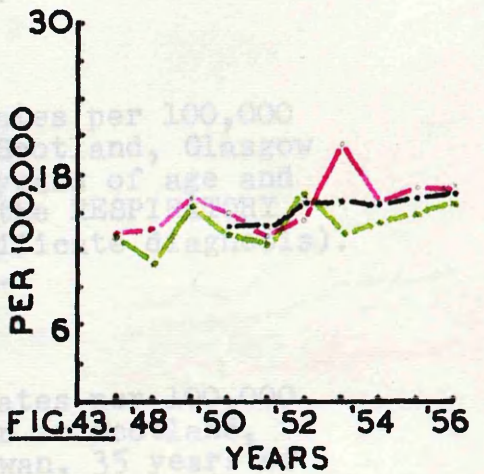
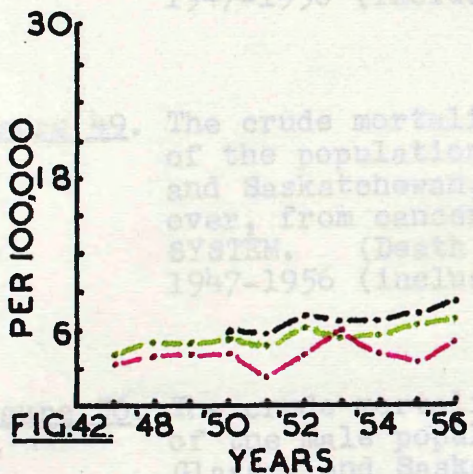
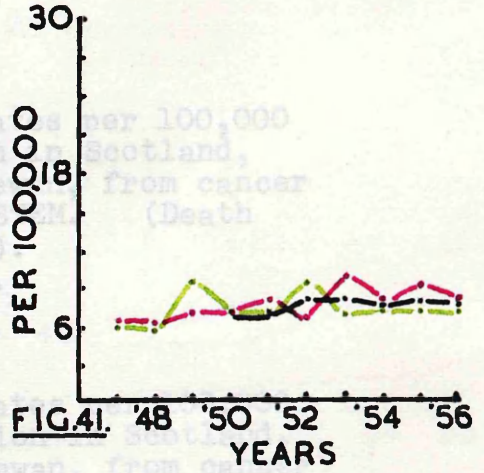
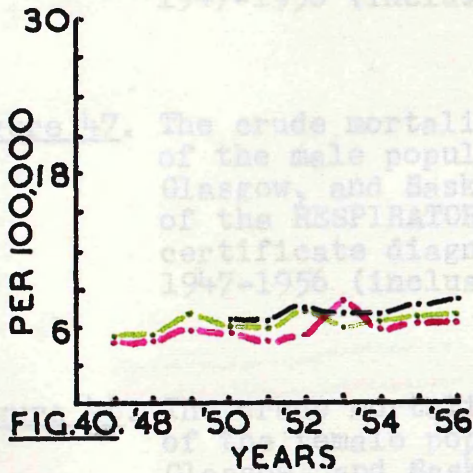


Figure 46. The crude mortality rates per 100,000 in Scotland, Glasgow and Saskatchewan, from cancer of the RESPIRATORY SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 47. The crude mortality rates per 100,000 of the male population in Scotland, Glasgow, and Saskatchewan, from cancer of the RESPIRATORY SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 48. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow, and Saskatchewan, from cancer of the RESPIRATORY SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 49. The crude mortality rates per 100,000 of the population in Scotland, Glasgow and Saskatchewan, 35 years of age and over, from cancer of the RESPIRATORY SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 50. The crude mortality rates per 100,000 of the male population in Scotland, Glasgow and Saskatchewan, 35 years of age and over, from cancer of the RESPIRATORY SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 51. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow and Saskatchewan, 35 years of age and over, from cancer of the RESPIRATORY SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

**MORTALITY RATES CANCER OF THE RESPIRATORY SYSTEM SCOTLAND. GLASGOW. SASKATCHEWAN.**

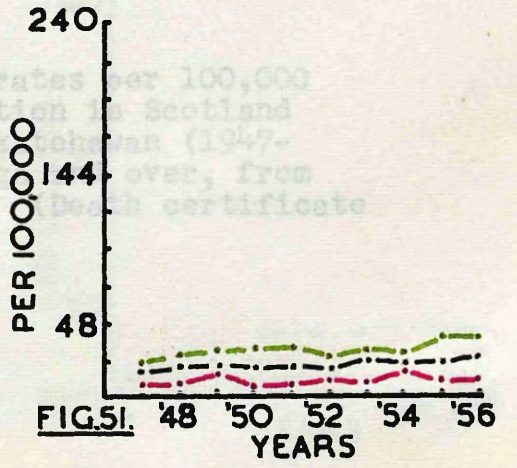
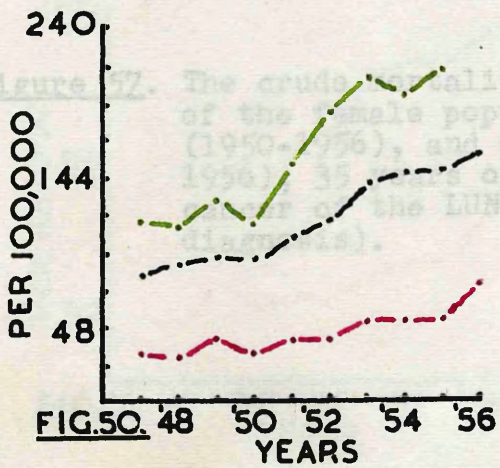
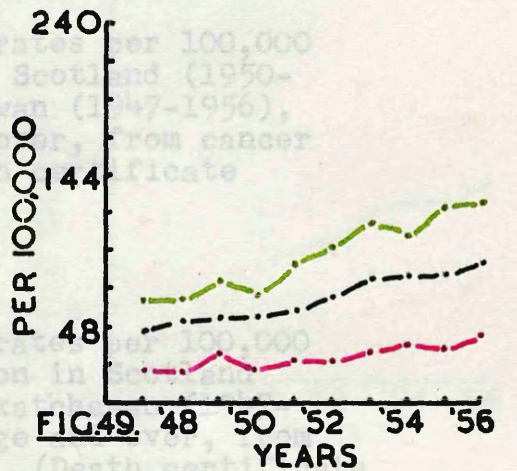
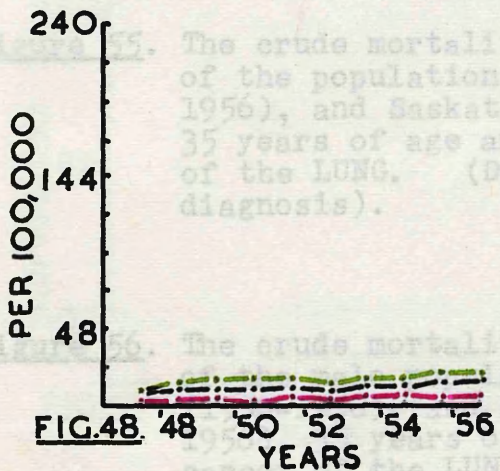
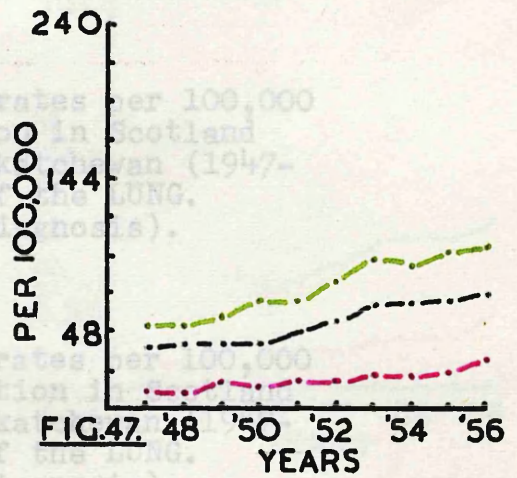
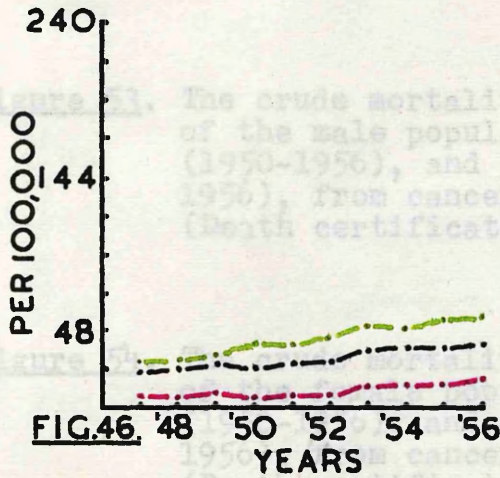




Figure 52. The crude mortality rates per 100,000 in Scotland (1950-1956) and Saskatchewan (1947-1956), from cancer of the LUNG. (Death certificate diagnosis).

Figure 53. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), from cancer of the LUNG. (Death certificate diagnosis).

Figure 54. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), and Saskatchewan (1947-1956), from cancer of the LUNG. (Death certificate diagnosis).

Figure 55. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the LUNG. (Death certificate diagnosis).

Figure 56. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the LUNG. (Death certificate diagnosis).

Figure 57. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the LUNG. (Death certificate diagnosis).

MORTALITY RATES CANCER OF  
THE LUNG  
SCOTLAND, GLASGOW, SASKATCHEWAN.

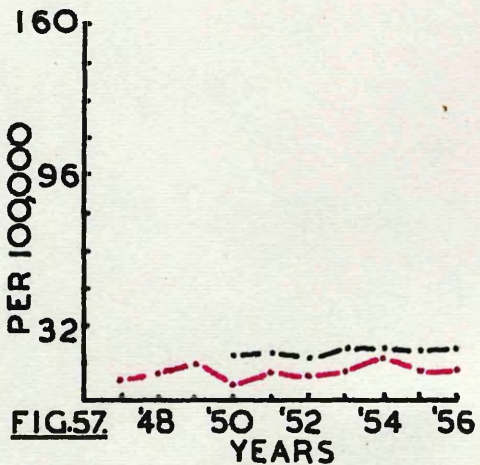
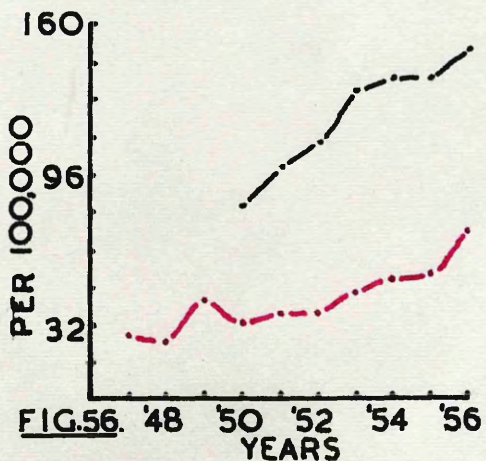
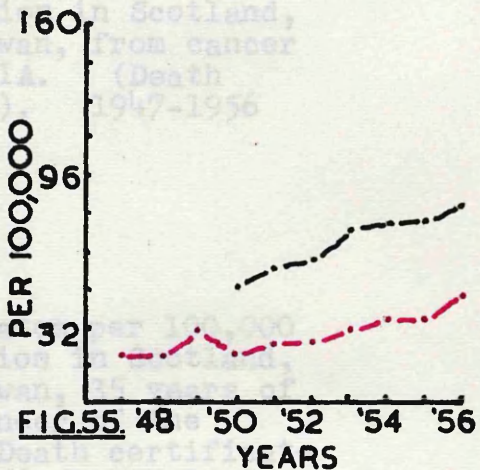
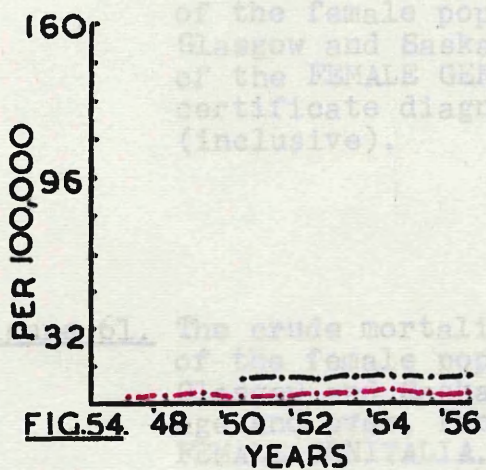
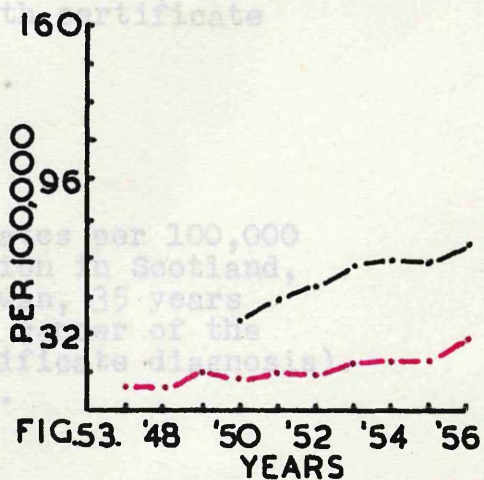
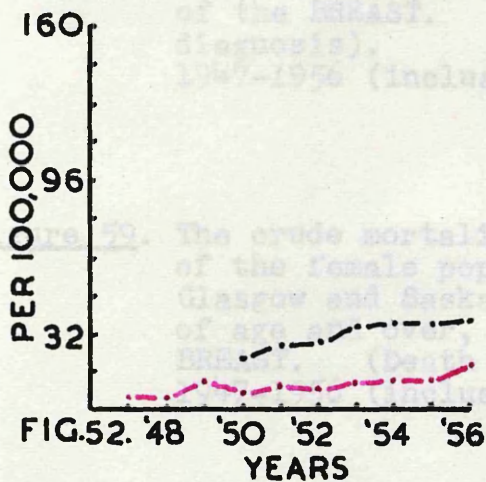


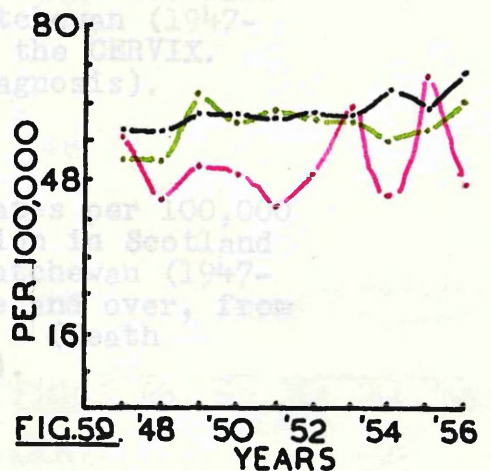
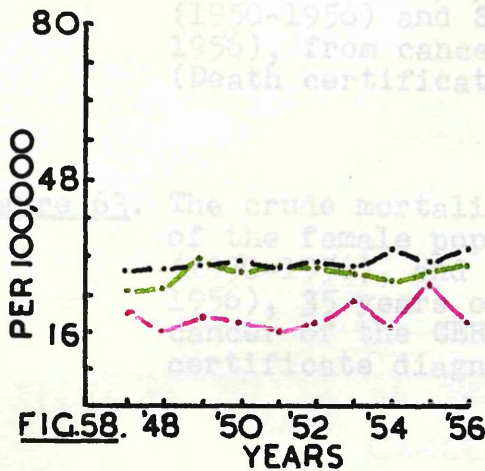
Figure 58. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow and Saskatchewan, from cancer of the BREAST. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 59. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow and Saskatchewan, 35 years of age and over, from cancer of the BREAST. (Death certificate diagnosis). 1947-1956 (inclusive).

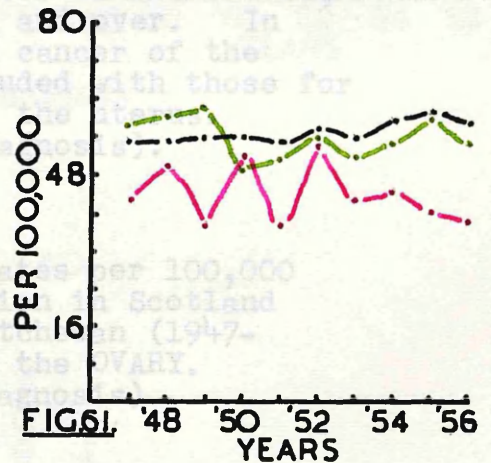
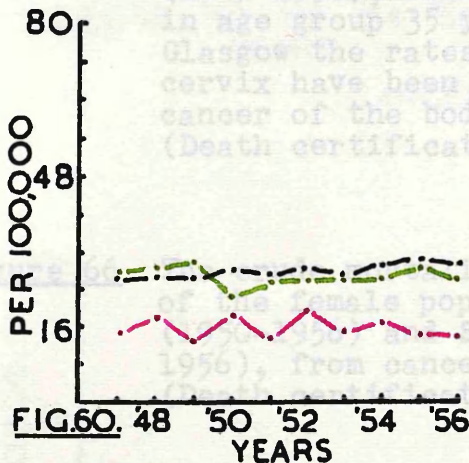
Figure 60. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow and Saskatchewan, from cancer of the FEMALE GENITALIA. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 61. The crude mortality rates per 100,000 of the female population in Scotland, Glasgow and Saskatchewan, 35 years of age and over, from cancer of the FEMALE GENITALIA. (Death certificate diagnosis). 1947-1956 (inclusive).

**MORTALITY RATES CANCER OF  
THE BREAST  
SCOTLAND. GLASGOW. SASKATCHEWAN.**

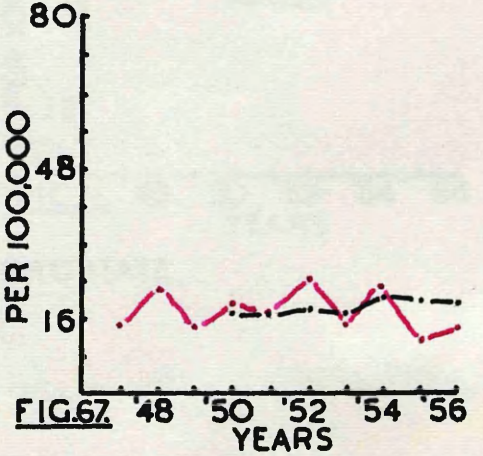
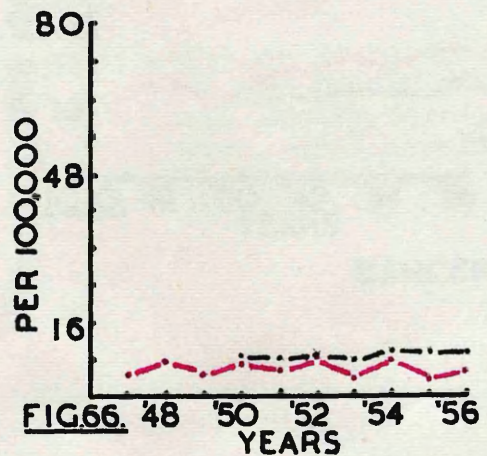
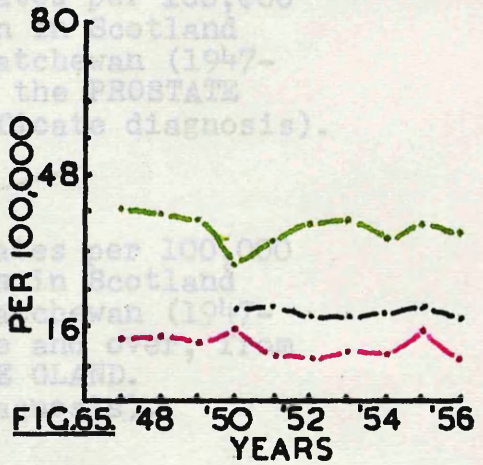
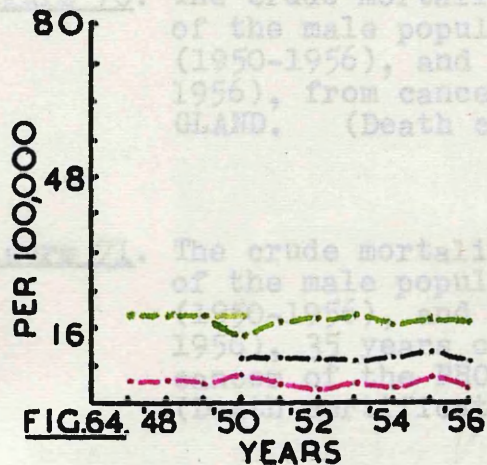
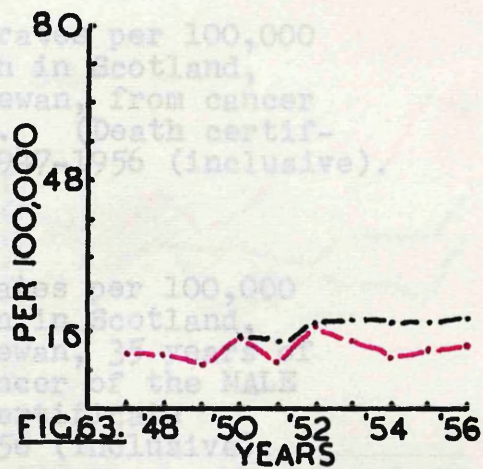
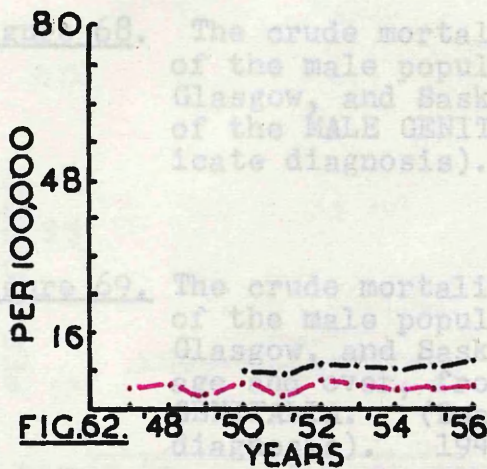


**MORTALITY RATES CANCER OF  
THE FEMALE GENITALIA  
SCOTLAND. GLASGOW. SASKATCHEWAN.**



- Figure 62. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956) and Saskatchewan (1947-1956), from cancer of the CERVIX. (Death certificate diagnosis).
- Figure 63. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the CERVIX. (Death certificate diagnosis).
- Figure 64. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), from cancer of the UTERUS. The high rate in Glasgow may be explained by the inclusion of cancer of the cervix in this group. (Death certificate diagnosis).
- Figure 65. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), from cancer of the UTERUS, in age group 35 years and over. In Glasgow the rates for cancer of the cervix have been included with those for cancer of the body of the uterus. (Death certificate diagnosis).
- Figure 66. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956) and Saskatchewan (1947-1956), from cancer of the OVARY. (Death certificate diagnosis).
- Figure 67. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956) and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the OVARY. (Death certificate diagnosis).

## MORTALITY RATES SCOTLAND & SASKATCHEWAN.



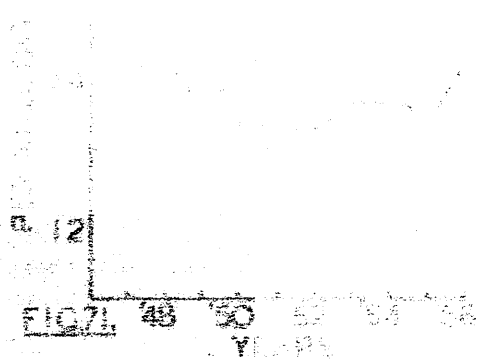
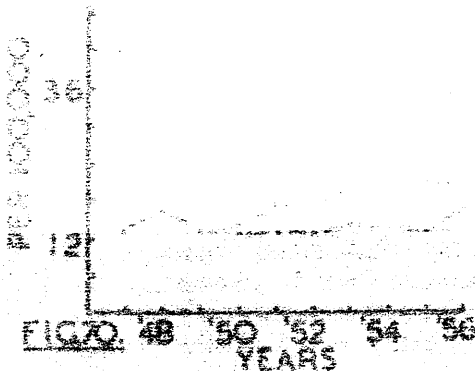
### CANCER OF OVARY

Figure 68. The crude mortality rates per 100,000 of the male population in Scotland, Glasgow, and Saskatchewan, from cancer of the MALE GENITALIA. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 69. The crude mortality rates per 100,000 of the male population in Scotland, Glasgow, and Saskatchewan, 35 years of age and over, from cancer of the MALE GENITALIA. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 70. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), from cancer of the PROSTATE GLAND. (Death certificate diagnosis).

Figure 71. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the PROSTATE GLAND. (Death certificate diagnosis).



CANCER OF BROSTATE

**MORTALITY RATES CANCER OF  
MALE GENITALIA  
SCOTLAND, GLASGOW, SASKATCHEWAN.**

Figure 72. The crude mortality rates per 100,000 of the male population in Scotland and Saskatchewan, from cancer of the URINARY TRACT. (Death certificate diagnosis.) 1947-1956 (inclusive).

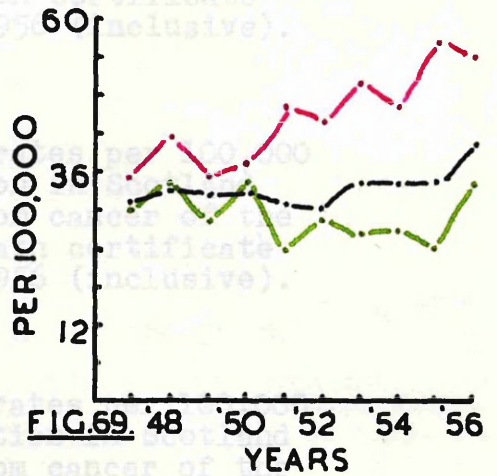
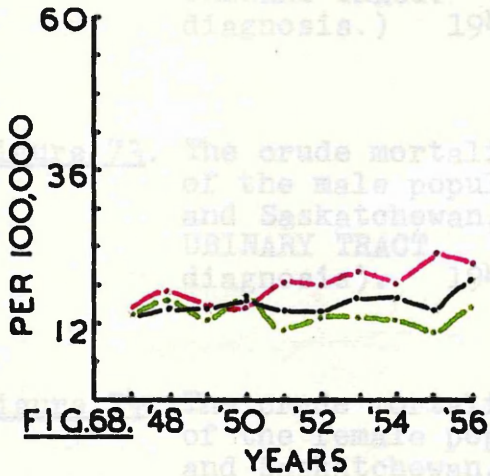
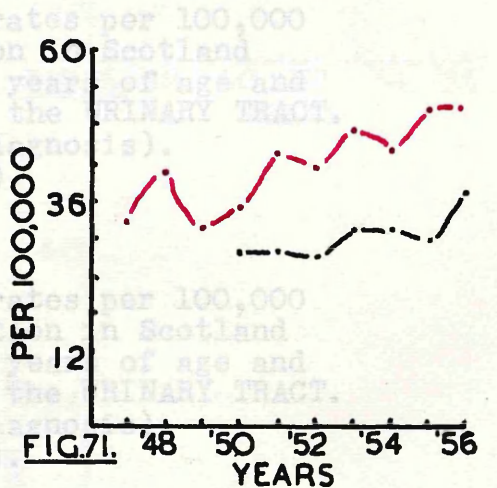
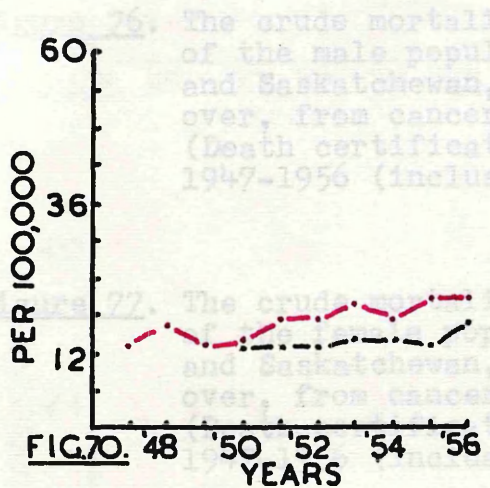


Figure 75. The crude mortality rates per 100,000 of the population in Scotland and Saskatchewan, 35 years of age and over, from cancer of the URINARY TRACT. (Death certificate diagnosis). 1947-1956 (inclusive).



CANCER OF PROSTATE



- Figure 72. The crude mortality rates per 100,000 of the population in Scotland and Saskatchewan, from cancer of the URINARY TRACT. (Death certificate diagnosis.) 1947-1956 (inclusive).
- Figure 73. The crude mortality rates per 100,000 of the male population in Scotland and Saskatchewan, from cancer of the URINARY TRACT. (Death certificate diagnosis). 1947-1956 (inclusive).
- Figure 74. The crude mortality rates per 100,000 of the female population in Scotland and Saskatchewan, from cancer of the URINARY TRACT. (Death certificate diagnosis). 1947-1956 (inclusive).
- Figure 75. The crude mortality rates per 100,000 of the population in Scotland and Saskatchewan, 35 years of age and over, from cancer of the URINARY TRACT. (Death certificate diagnosis). 1947-1956 (inclusive).
- Figure 76. The crude mortality rates per 100,000 of the male population in Scotland and Saskatchewan, 35 years of age and over, from cancer of the URINARY TRACT. (Death certificate diagnosis). 1947-1956 (inclusive).
- Figure 77. The crude mortality rates per 100,000 of the female population in Scotland and Saskatchewan, 35 years of age and over, from cancer of the URINARY TRACT. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 78. MORTALITY RATES CANCER OF THE URINARY TRACT SCOTLAND & SASKATCHEWAN (1950-1956), from cancer of the KIDNEY. (Death certificate diagnosis).

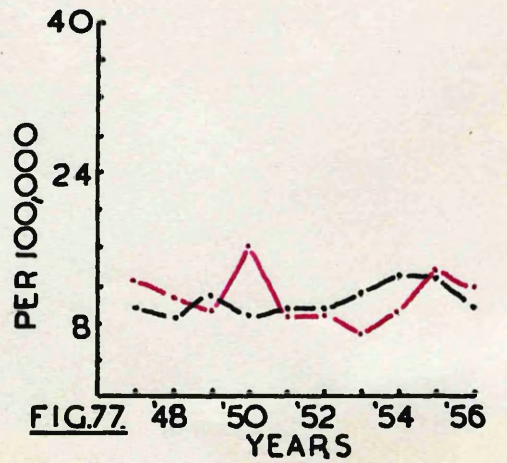
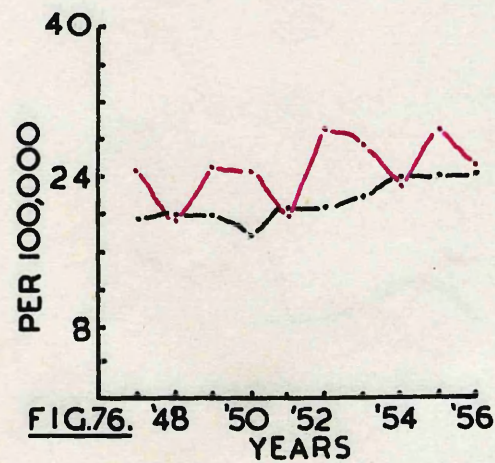
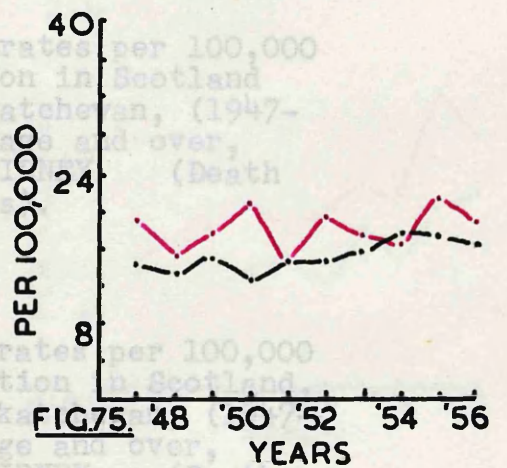
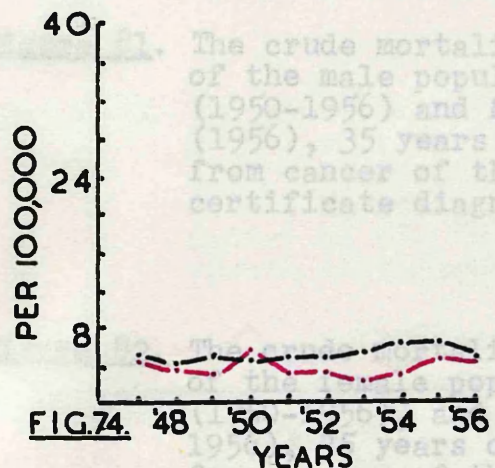
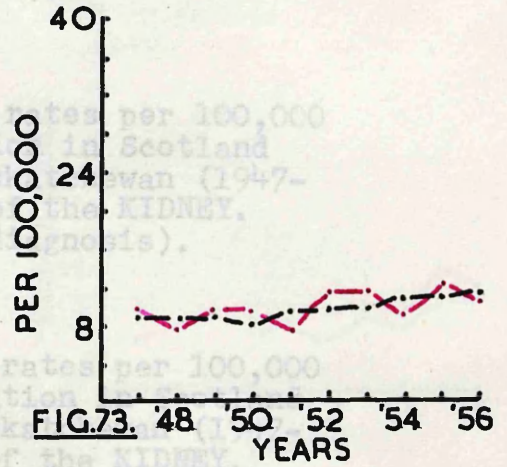
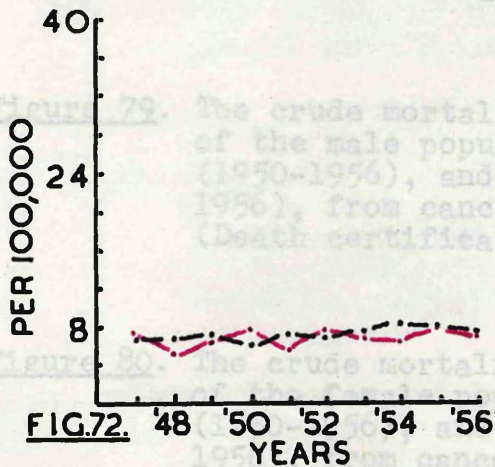


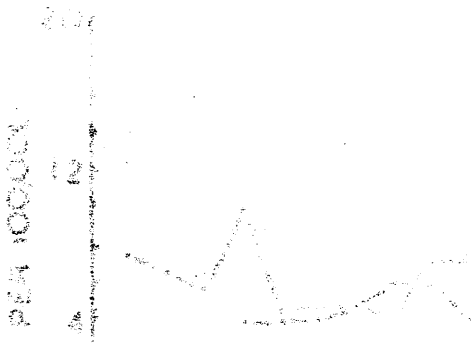
Figure 78. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), and Saskatchewan, (1947-1956), from cancer of the KIDNEY. (Death certificate diagnosis).

Figure 79. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), from cancer of the KIDNEY. (Death certificate diagnosis).

Figure 80. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), and Saskatchewan (1947-1956), from cancer of the KIDNEY. (Death certificate diagnosis).

Figure 81. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956) and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the KIDNEY. (Death certificate diagnosis).

Figure 82. The crude mortality rates per 100,000 of the female population in Scotland, (1950-1956), and Saskatchewan, (1947-1956), 35 years of age and over, from cancer of the KIDNEY. (Death certificate diagnosis).



## MORTALITY RATES, CANCER OF THE KIDNEY SCOTLAND & SASKATCHEWAN

Figure 83. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), and Saskatchewan (1947-1956), from cancer of the URINARY BLADDER. (Death certificate diagnosis).

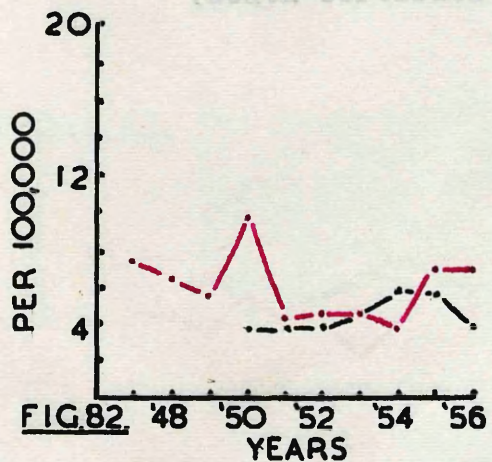
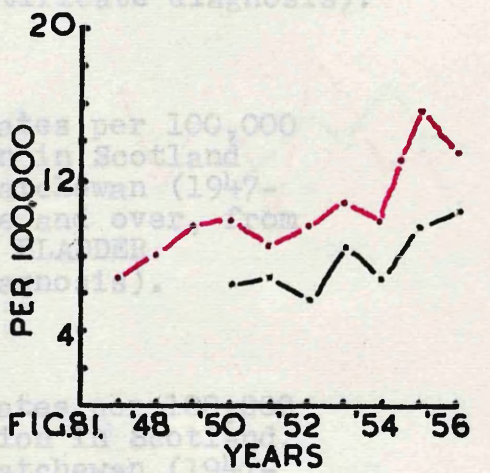
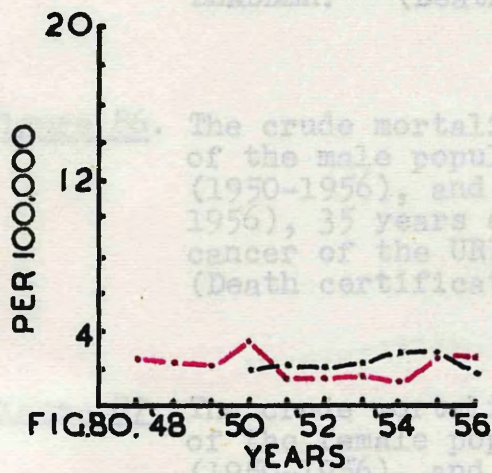
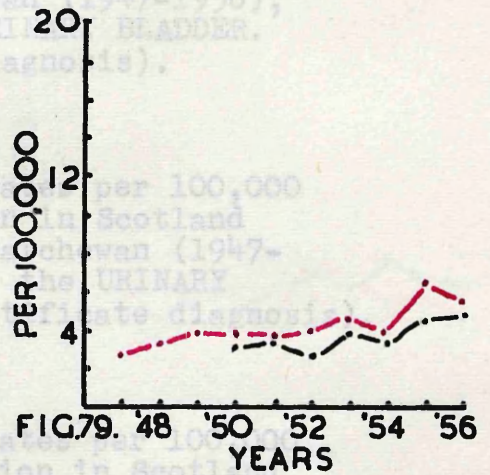
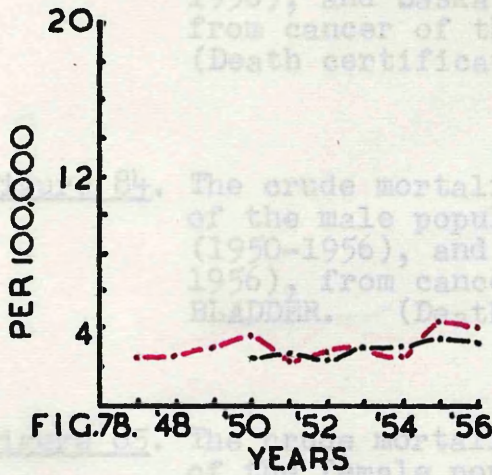


Figure 83. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), and Saskatchewan (1947-1956), from cancer of the URINARY BLADDER. (Death certificate diagnosis).

Figure 84. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), from cancer of the URINARY BLADDER. (Death certificate diagnosis).

Figure 85. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), and Saskatchewan (1947-1956), from cancer of the URINARY BLADDER. (Death certificate diagnosis).

Figure 86. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the URINARY BLADDER. (Death certificate diagnosis).

Figure 87. The crude mortality rates per 100,000 of the female population in Scotland, (1950-1956), and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the URINARY BLADDER. (Death certificate diagnosis).

PER 100000

1950-1956  
1947-1956

**MORTALITY RATES. CANCER OF THE URINARY BLADDER  
SCOTLAND & SASKATCHEWAN.**

Figure 83. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the SKIN. (Death certificate diagnosis).

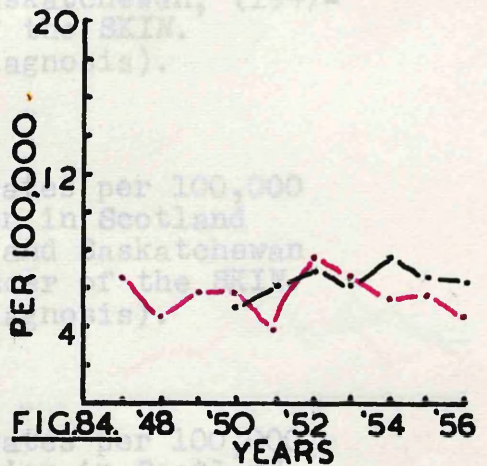
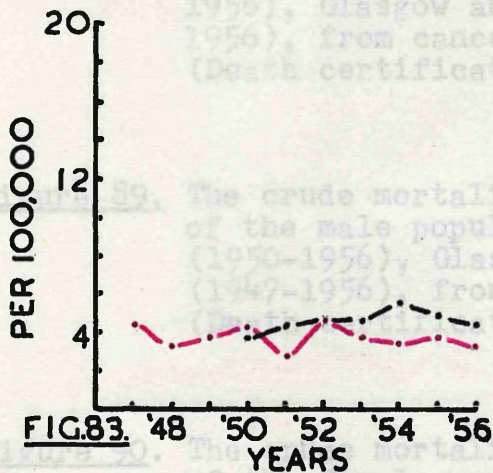


Figure 85. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), from cancer of the SKIN. (Death certificate diagnosis).

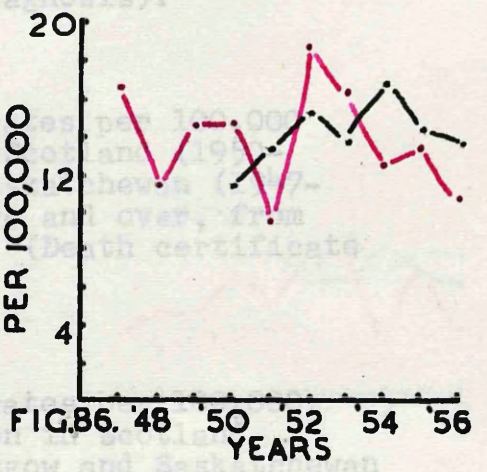
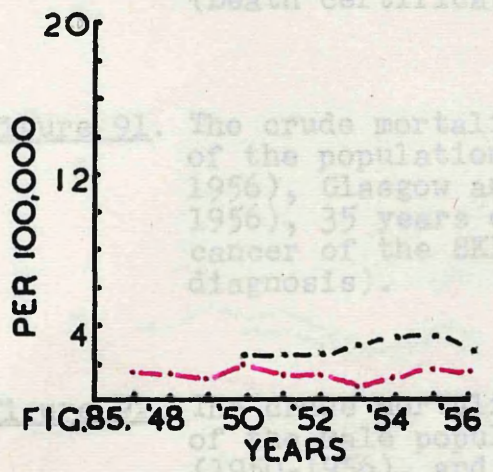


Figure 87. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), and Glasgow and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the SKIN. (Death certificate diagnosis).

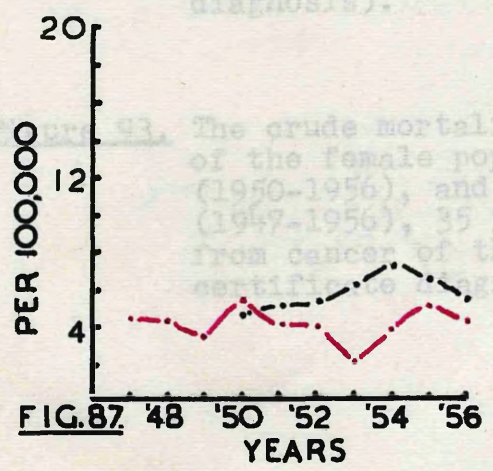


Figure 88. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan, (1947-1956), from cancer of the SKIN. (Death certificate diagnosis).

Figure 89. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), from cancer of the SKIN. (Death certificate diagnosis).

Figure 90. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), from cancer of the SKIN. (Death certificate diagnosis).

Figure 91. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the SKIN. (Death certificate diagnosis).

Figure 92. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Glasgow and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the SKIN. (Death certificate diagnosis).

Figure 93. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), and Glasgow and Saskatchewan (1947-1956), 35 years of age and over, from cancer of the SKIN. (Death certificate diagnosis).

MORTALITY RATES. CANCER OF THE SKIN

SCOTLAND. GLASGOW. SASKATCHEWAN.

Figure 94. of the population in Scotland and Saskatchewan from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

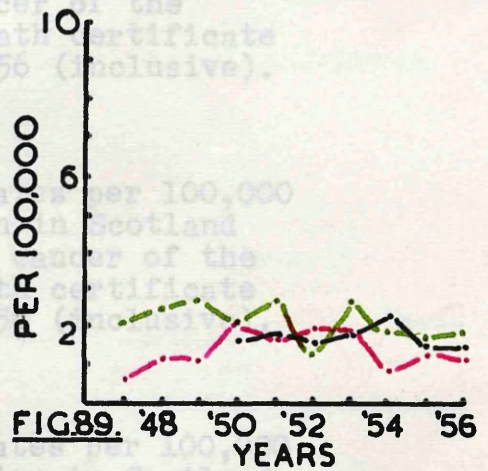
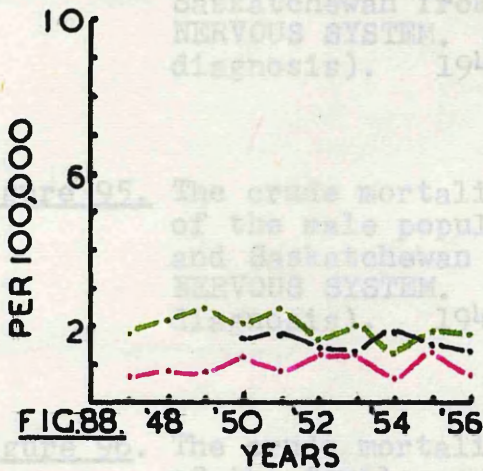


Figure 95. The crude mortality rate per 100,000 of the male population in Scotland and Saskatchewan from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

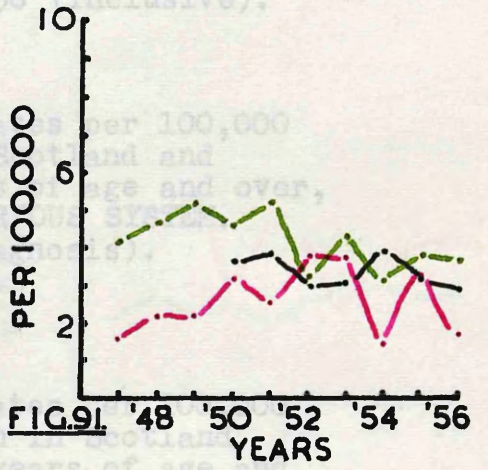
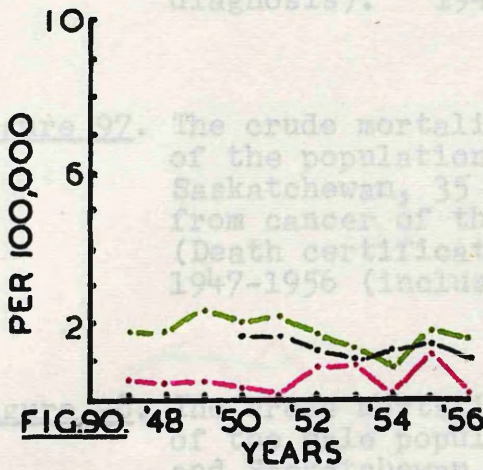


Figure 97. The crude mortality rate per 100,000 of the population in Scotland and Saskatchewan, 35 years of age and over, from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

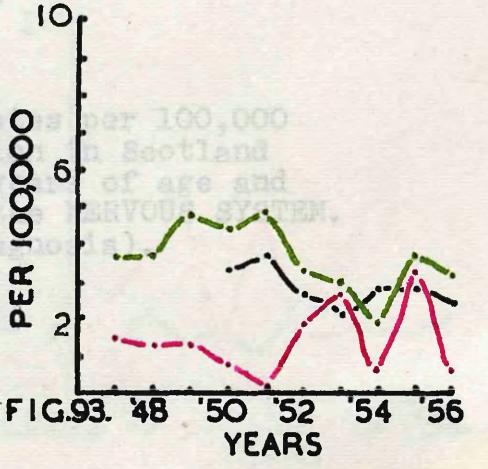
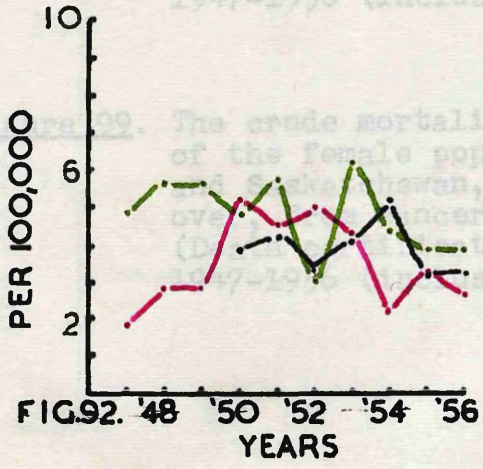


Figure 99. The crude mortality rate per 100,000 of the female population in Scotland and Saskatchewan, 35 years of age and over, from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).



Figure 94. The crude mortality rates per 100,000 of the population in Scotland and Saskatchewan from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 95. The crude mortality rates per 100,000 of the male population in Scotland and Saskatchewan from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 96. The crude mortality rates per 100,000 of the female population in Scotland and Saskatchewan from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 97. The crude mortality rates per 100,000 of the population in Scotland and Saskatchewan, 35 years of age and over, from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 98. The crude mortality rates per 100,000 of the male population in Scotland and Saskatchewan, 35 years of age and over, from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 99. The crude mortality rates per 100,000 of the female population in Scotland and Saskatchewan, 35 years of age and over, from cancer of the NERVOUS SYSTEM. (Death certificate diagnosis). 1947-1956 (inclusive).

# MORTALITY RATES CANCER OF THE NERVOUS SYSTEM SCOTLAND & SASKATCHEWAN.

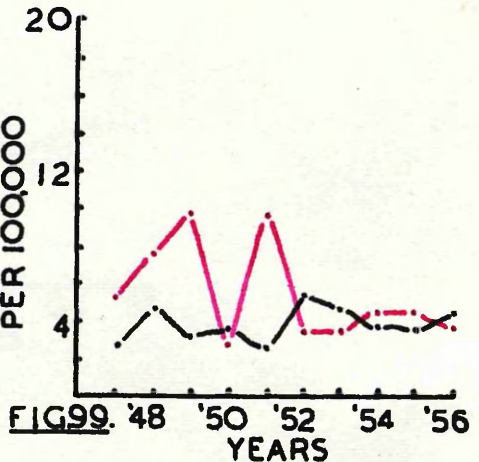
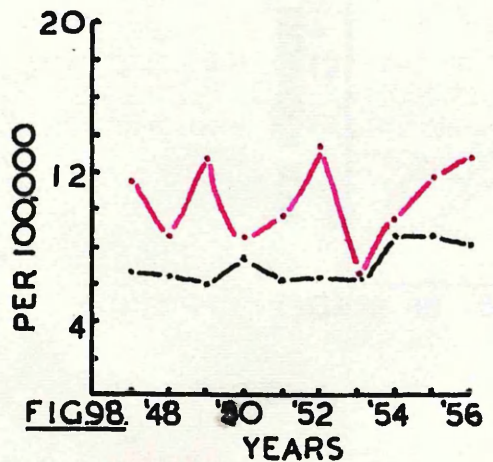
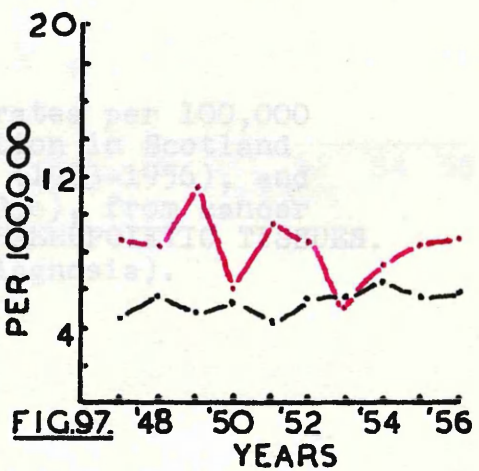
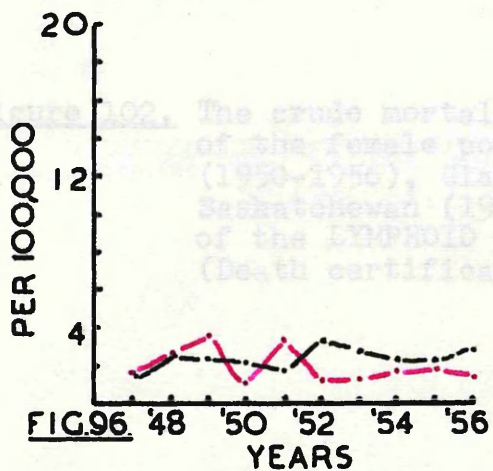
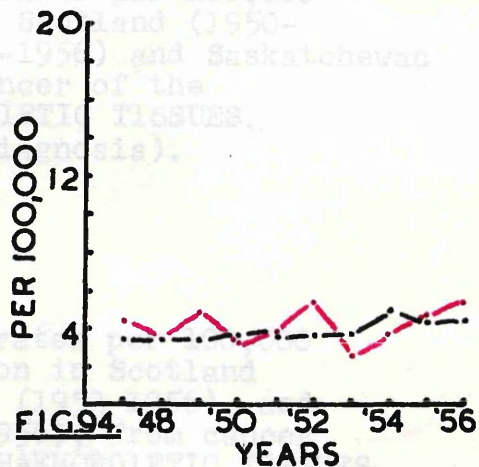
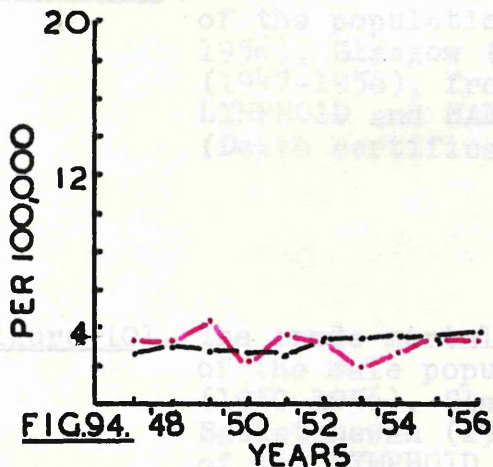
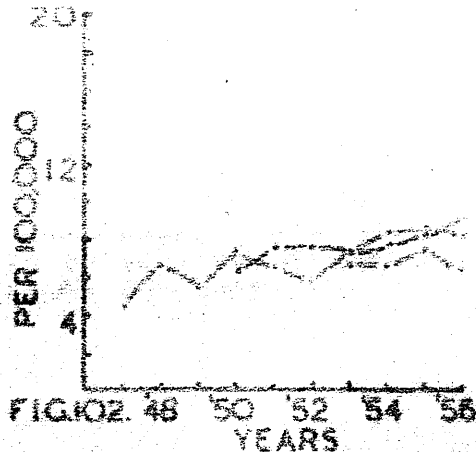


Figure 100. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), Glasgow (1953-1956) and Saskatchewan (1947-1956), from cancer of the LYMPHOID and HAEMOPOIETIC TISSUES. (Death certificate diagnosis).

Figure 101. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), Glasgow (1953-1956), and Saskatchewan (1947-1956), from cancer of the LYMPHOID and HAEMOPOIETIC TISSUES. (Death certificate diagnosis).

Figure 102. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), Glasgow (1953-1956), and Saskatchewan (1947-1956), from cancer of the LYMPHOID and HAEMOPOIETIC TISSUES. (Death certificate diagnosis).



**MORTALITY RATES CANCER OF LYMPHOID & HAEMOPOIETIC TISSUES SCOTLAND. GLASGOW. SASKATCHEWAN.**

from LYMPHOSARCOMA and TESTICULAR SARCOMA (Death certificate diagnosis).

Figure 104. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), from LYMPHOSARCOMA and TESTICULAR SARCOMA. (Death certificate diagnosis.)

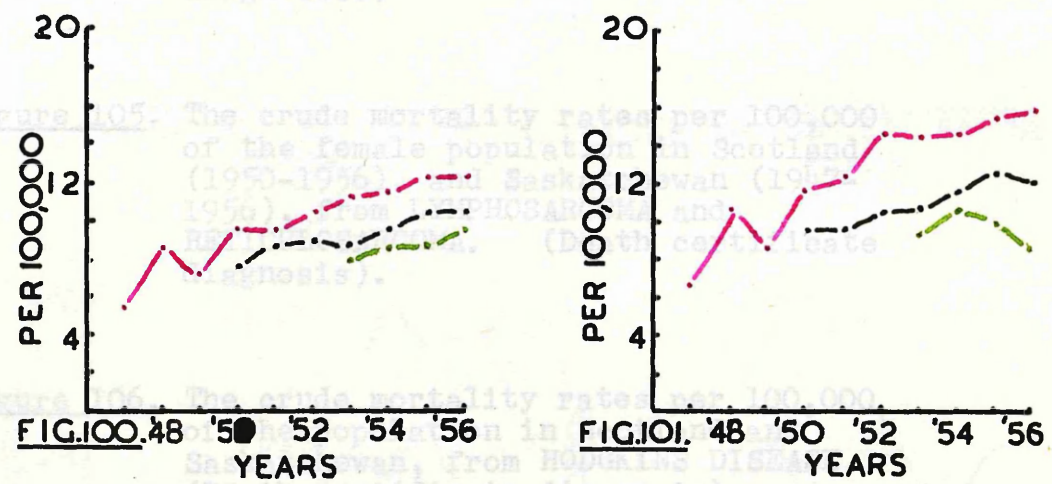


Figure 105. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), and Saskatchewan (1947-1956), from LYMPHOSARCOMA and TESTICULAR SARCOMA. (Death certificate diagnosis.)

Figure 106. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), from HODGKINS DISEASE. (Death certificate diagnosis).

Figure 107. The crude mortality rates per 100,000 of the male population in Scotland and Saskatchewan, from HODGKINS DISEASE. (Death certificate diagnosis).

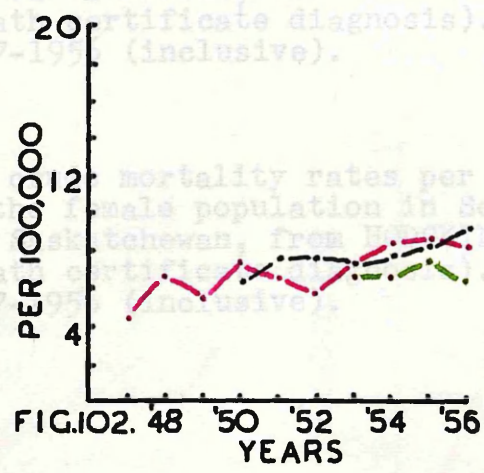


Figure 108. The crude mortality rates per 100,000 of the female population in Scotland and Saskatchewan, from HODGKINS DISEASE. (Death certificate diagnosis).

Figure 103. The crude mortality rates per 100,000 of the population in Scotland (1950-1956), and Saskatchewan, (1947-1956), from LYMPHOSARCOMA and RETICULOSARCOMA. (Death certificate diagnosis).

Figure 104. The crude mortality rates per 100,000 of the male population in Scotland (1950-1956), and Saskatchewan (1947-1956), from LYMPHOSARCOMA and RETICULOSARCOMA. (Death certificate diagnosis.)

Figure 105. The crude mortality rates per 100,000 of the female population in Scotland (1950-1956), and Saskatchewan (1947-1956), from LYMPHOSARCOMA and RETICULOSARCOMA. (Death certificate diagnosis).

Figure 106. The crude mortality rates per 100,000 of the population in Scotland and Saskatchewan, from HODGKINS DISEASE. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 107. The crude mortality rates per 100,000 of the male population in Scotland and Saskatchewan, from HODGKINS DISEASE. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 108. The crude mortality rates per 100,000 of the female population in Scotland and Saskatchewan, from HODGKINS DISEASE. (Death certificate diagnosis). 1947-1956 (inclusive).

MORTALITY RATES  
SCOTLAND. SASKATCHEWAN.

LYMPHOSARCOMA

HODGKINS DISEASE

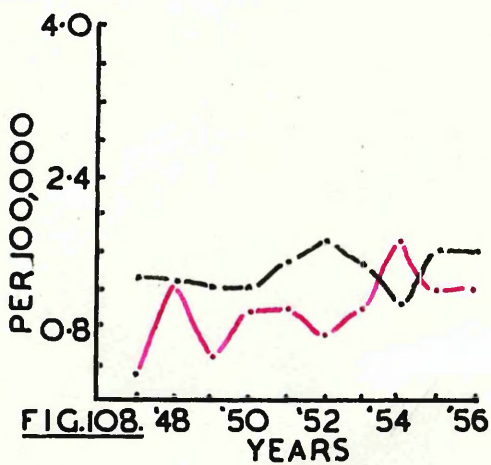
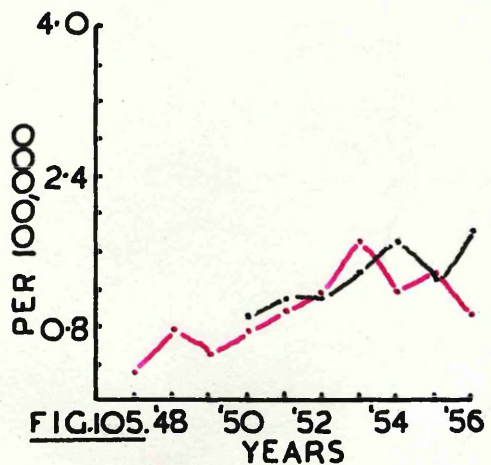
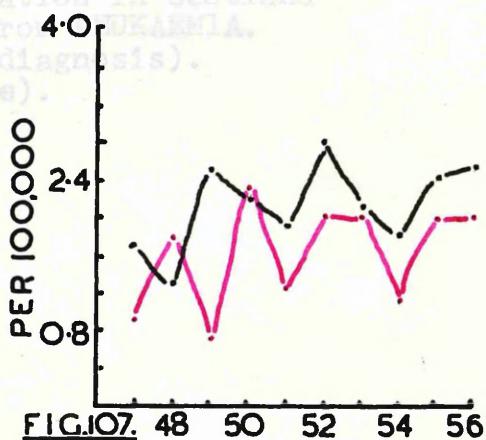
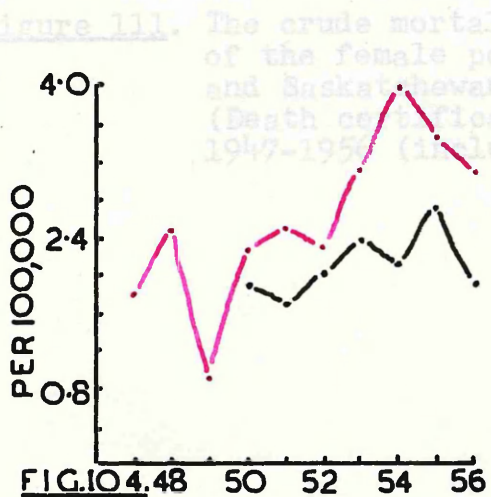
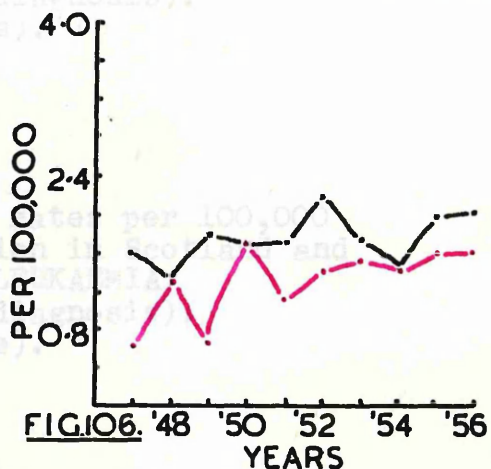
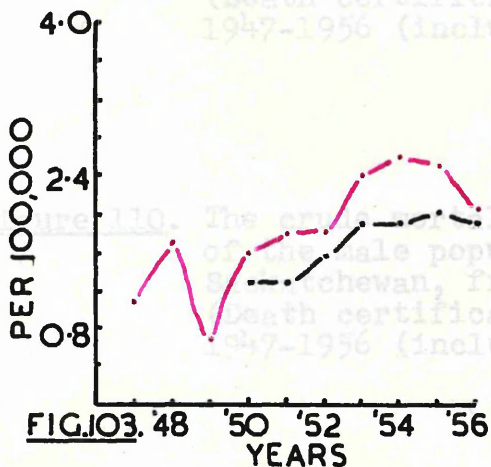


Figure 109. The crude mortality rates per 100,000 of the population in Scotland and Saskatchewan, from LEUKAEMIA. (Death certificate diagnosis). 1947-1956 (inclusive).

Figure 110. The crude mortality rates per 100,000 of the male population in Scotland and Saskatchewan, from LEUKAEMIA. (Death certificate diagnosis). 1947-1956 (inclusive).

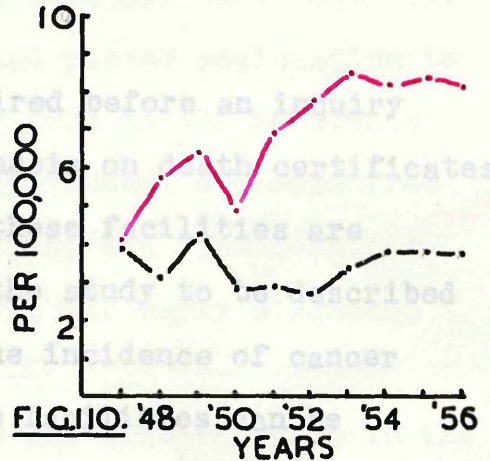
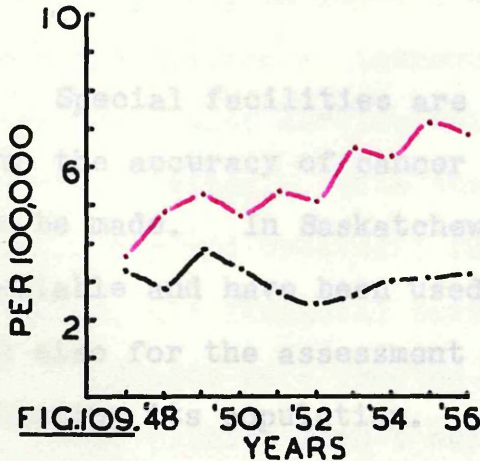
Figure 111. The crude mortality rates per 100,000 of the female population in Scotland and Saskatchewan, from LEUKAEMIA. (Death certificate diagnosis). 1947-1956 (inclusive).

MORTALITY RATES  
LEUKAEMIA  
SCOTLAND. SASKATCHEWAN.

CHAPTER 2.

THE DOUBTFUL ACCURACY OF CANCER

DIAGNOSIS ON DEATH CERTIFICATES.

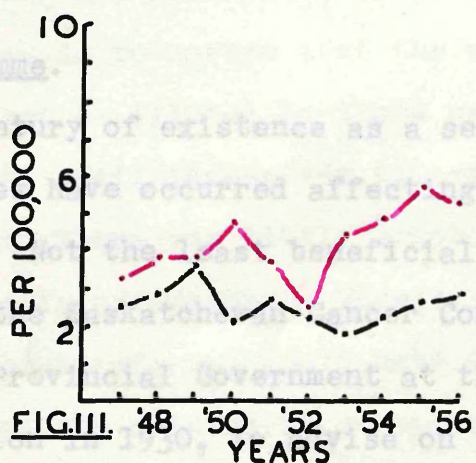


Special facilities are required before an inquiry into the accuracy of cancer diagnosis on death certificates can be made. In Saskatchewan, these facilities are not available and have been used in the study to be described for the assessment of the incidence of cancer described in terms of the general cancer programme of the province.

Saskatchewan is a large Canadian province which covers an area approximately two and a half times that of the entire United Kingdom, but boasts a population somewhat less than that of the City of Glasgow.

Case Finding Programme.

In its half century of existence as a self governing province many changes have occurred affecting the welfare of its population. Not the least beneficial of these was the institution of the Saskatchewan Cancer Commission which was created by the Provincial Government at the request of the medical profession in 1950. One of the measures which should be adopted to ensure notification and improve the diagnosis and treatment of cancer.





## CHAPTER 2.

### THE DOUBTFUL ACCURACY OF CANCER DIAGNOSIS ON DEATH CERTIFICATES.

Special facilities are required before an inquiry into the accuracy of cancer diagnosis on death certificates can be made. In Saskatchewan, these facilities are available and have been used in the study to be described and also for the assessment of the incidence of cancer affecting its population. These facilities can be described in terms of the general cancer programme of the province.

Saskatchewan is a large Canadian province which covers an area approximately two and a half times that of the entire United Kingdom, but boasts a population somewhat less than that of the City of Glasgow.

#### Case Finding Programme.

In its half century of existence as a self governing province many changes have occurred affecting the welfare of its population. Not the least beneficial of these was the institution of the Saskatchewan Cancer Commission which was created by the Provincial Government at the request of the medical profession in 1930, to advise on the measures which should be adopted to ensure notification and improve the diagnosis and treatment of cancer.

As a result of the recommendations made, the Provincial Government provided two well equipped cancer clinics, one in Regina in the south and the other in Saskatoon in the northern part of the province. From a modest but ambitious beginning, the cancer organisation developed and, in 1944, attained some degree of maturity when the Government introduced and passed legislation to make the cancer service entirely free to all residents in the province. With the establishment of these free diagnostic and treatment facilities, and free hospitalisation, all financial barriers to the early diagnosis and treatment were removed.

The clinics form a separate and distinct unit in the large general hospitals in which they are situated and are staffed by full-time salaried specialists including physicians, radiotherapists and a surgeon.

No patient is admitted to the clinics unless he has been referred by his private physician and then only when a diagnosis of cancer has been made, or is suspected. This provision was made to ensure that the efficiency of the clinics would not be diluted by those members of the public who wished to avail themselves of a free medical service, but in whom there was little symptomatic evidence to support a diagnosis of cancer. Moreover, admission to the clinics without referral would have defeated the wish of the staff of the clinics to co-operate rather than compete with their colleagues in private practice. The cancer organisation is based on the good will of the profession as a whole, on its efforts to control and

improve the diagnosis and treatment of cancer, and on the belief that the general practitioner is an integral part of the service and its first line in cancer detection.

When each patient has been fully investigated in the clinics, a complete record of his history and the results of his clinical and ancillary examinations are presented at a daily staff conference where the diagnoses and the best forms of treatment are discussed.

Every patient in whom a diagnosis of cancer has been confirmed, whether he has received treatment or not, is expected to return to the clinics for re-examination at regular intervals until death. These review examinations are made four times annually for the first three years, twice annually for the succeeding two years and once each year for the remainder of his life. If evidence of residual or recurrent disease is found at any of these examinations, the patient is reassessed with regard to treatment and is followed either as an out-patient or in hospital, at more frequent intervals. When a patient dies, every effort is made to obtain an autopsy examination.

The completeness of the review system adopted may be measured by the fact that, in a recent survey of gastric cancer in Saskatchewan (Barclay 1958), up to date records were obtained from the clinic charts in all but two of two thousand consecutive patients, representing a follow-up failure of only one tenth of one per cent.

When patients arrive at a terminal phase of their disease and are unfit to come to the clinics for review examination, their private physicians assume responsibility

for their care and, in return for their medical attendance and for submitting regular medical reports, are paid by the Cancer Commission on a fee for service basis.

To measure the efficiency of the cancer clinics in the province as a case-finding medium, Watson in 1948, conducted a painstaking study and found, by examining all hospital and pathological records in the province for that year, that eighty five per cent of all patients in whom a diagnosis of cancer had been made had been referred to the clinic. There was substantial evidence that, of those cases not referred, the major proportion was made up of those with the less lethal varieties of the disease. A further, similar, study conducted by the writer in 1955 revealed that more than ninety per cent of patients in whom a diagnosis of cancer had been made, each year subsequent to 1948, had been investigated at the clinics.

#### Cancer Notification.

Saskatchewan is one of the few geographic areas in the world where cancer is a notifiable disease. The Cancer Control Act of 1931 required all physicians practicing within the province, and all hospitals receiving Government financial aid, to notify all cases of cancer coming within their responsibility. By this means patients who are in a terminal phase of their disease and unfit to come to the clinics when first seen by their doctors, and patients who, for personal or other reasons are unwilling to be referred to the cancer clinics, can be identified and their names and diagnoses added to the records of the Cancer Commission.

Compulsory Histological Examination of Tissues.

Legislation passed by the Provincial Government demands that all tissue removed at all operative procedures, however minor, will be examined by an experienced pathologist. This legislation precludes a macroscopic, and therefore unconfirmed diagnosis being made in many instances and in consequence restricts the number of patients in whom the diagnosis is unconfirmed to those in whom no operative procedure can be done, those, operated upon but no tissue found available for safe biopsy and those, dead from their disease in whom permission for autopsy has been denied. Moreover, through this agency a source of discovery of patients with cancer who are not referred to the clinics and whose diagnosis has not been notified, is created. All reports made by the pathologists in the province are made available to the Cancer Commission and can be used as a cross-check against the other sources of incidence information.

Confirmation of Death Certificate Diagnoses.

Copies of all death certificates relating to all residents in Saskatchewan are forwarded to the Cancer Commission. This applies to all residents who die within the province, and also by arrangement with the registration authorities in the entire North American continent, whether in Canada or in the United States of America, to those persons, normally resident in the province but who die beyond its borders.

Examination of these death certificates permits the

10.

isolation of those patients in whom a diagnosis of cancer has been made. The comparison between the pertinent details on the certificate and the records of the Cancer Commission allows the identification of those individuals in whom the diagnosis of cancer has been confirmed at the clinics and patients who had not previously been referred to the clinics but in whom the diagnosis had been proven by histological examination of tissue removed, or at autopsy.

A special study has been made of the diagnoses of those patients not identified in this way. The doctor in attendance on a patient during his terminal illness is approached and the request made that he should forward to the cancer clinics all the relevant clinical, radiological and laboratory data concerning the patient. Supplementary evidence is obtained from the hospital in which the patient died. The records on each patient, together with a written report by the attending doctor, are studied by the clinic staff and, with the co-operation of the medical attendant a decision is reached regarding the authenticity of the certified diagnosis. The interest and the manner in which most of the members of the profession co-operate in this continuous review is a constant source of pleasant surprise to the writer.

By the careful recording of the findings of these reviews it is possible to correct the cancer mortality rates as calculated from the death certificate diagnoses, by withdrawing from the cancer list the names of those patients in whom the presence of cancer was not substantiated. This allows a correction for over-diagnosis to be made.

A correction for death certificate under-diagnosis of cancer is more difficult. A solution of part of the difficulty is possible in Saskatchewan by reviewing all the patients on whose death certificates no mention of cancer was made, but who, by cross-checking with the clinic and pathology records available, are known to have had cancer at the time of death, or have had cancer previously and apparently treated successfully.

No method was found to assess the factor of under-diagnosis due to lack of clinical suspicion of cancer on the part of the attending doctor, due to concealment for any reason, of the diagnosis in patients not referred to the clinics and due to the successful treatment of cancers without previous diagnostic biopsy. An example of the latter is the treatment of small skin cancers by cautery alone.

The facilities afforded by the cancer organisation in Saskatchewan, therefore, provide information on the accuracy of death certificate diagnosis as it is related to cancer, and permit adjustments to be made in the officially published mortality rates from that disease. The corrections which are found necessary are made in the belief that they overcome many of the errors introduced by the Dominion statisticians in their assumption that the diagnoses on death certificates are correct.

The death certificate of every Saskatchewan resident who died during the period 1947-1956 (inclusive) was examined with the object of identifying those with a confirmed diagnosis of cancer, those in which the diagnosis

of cancer had been entered without supportive evidence and, as far as possible, those in which cancer was not mentioned but which were the certificates of patients known to have died of cancer or to have had cancer successfully treated in the past.

Table 10 demonstrates the increasing number, from year to year, of patients whose diagnoses of cancer had been confirmed at the clinics and the decreasing number, certified as having died of cancer, who had not been referred to the clinic and whose diagnoses required confirmation.

By using the facilities for investigation already described, it was found that in the "non-clinic" group approximately only half of the certified diagnoses of cancer could be confirmed (Tables 11 and 12). When measured against the total number of patients certified as dying from cancer, the average over-diagnosis factor in the ten year period was 13.1 per cent.

To assess the under-diagnosis factor sufficient data were available for the last seven years of the period only. The average under-diagnosis factor was 16.4 per cent (Table 13).

Tables 14 and 15 present the mortality data corrected for over- and under-diagnosis. It is interesting to note that from 1950 onwards (subsequent to which year the under-diagnosis factor could be assessed), the corrected mortality rates were higher than the crude mortality rates and that the difference between both rates increased steadily (with the exception of those for 1953), from



year to year, from 0.8 per 100,000 to 11.9 per 100,000. It should be noted that the corrected values given are not the result of adjustment for age, but only for over- and under-diagnosis. It should also be noted that the corrected rate is not assumed to be related to the incidence rate of cancer.

It is of importance to determine to what extent the corrected mortality rates due to cancer involving individual organs, sites and tissues influence the overall difference between the crude and corrected mortality rates. To facilitate this an additional method of correction was found necessary. In many death certificates the primary site of the cancer was erroneously stated and corrections for this were possible by cross-checking the stated primary site against the data on the Cancer Commission records.

Comparison between the data presented in Tables 1(a) to 42(a) with those in Tables 76(a) to 104(a) reveals that the factor of under-diagnosis on death certificates is greatest in cancer of the oral cavity and pharynx and cancer of the skin. To a lesser extent under-diagnosis is evident in cancer of the female breast, cervix and prostate. The difference between the crude and the corrected mortality rates due to cancer of the buccal cavity and pharynx is explained by the inclusion in the corrected figures of those patients who had cancer of the lip, the death rate from which is very low. The low death rate due to cancer of the skin is also the

explanation for the disparity between the crude and corrected mortality rates for that site.

Over-diagnosis is apparent only in the digestive tract (excluding rectum) and lung. No material difference is found between the crude and corrected rates for other sites. (Figures 112-122).

As a result of this investigation it is apparent that, for certain sites, the crude mortality rates as calculated from death certificate diagnoses can be misleading and in these instances give no true indication of the frequency with which cancer in these sites occurs. It is probable that there is such a margin of error in the death certificate diagnoses that the stated causes of death cannot be wholly accepted as a basis for the calculation even of mortality rates from certain diseases.

TABLE 10. The number of Saskatchewan residents certified as dying from, or with, cancer yearly for the ten year period 1947-1956 (inclusive). All the diagnoses made at the Clinic may be assumed to be correct.

SASKATCHEWAN RESIDENTS ON WHOSE DEATH CERTIFICATES "CANCER" WAS DESIGNATED AS A CONTRIBUTORY CAUSE OF DEATH			
YEAR	No. of Patients Registered at Clinic Before Death	No. of Patients not Registered at Clinic Before Death	TOTAL
1947	535	356	891
1948	551	332	883
1949	574	330	904
1950	648	272	920
1951	684	251	935
1952	742	241	983
1953	762	307	1,069
1954	788	223	1,011
1955	907	199	1,106
1956	934	188	1,122

TABLE 10. The number of Saskatchewan residents certified as dying from, or with, cancer yearly for the ten year period 1947-1956 (inclusive). All the diagnoses made at the Clinic may be assumed to be correct.

YEAR	NUMBER OF NON-CLINIC PATIENTS IN WHOM THE DIAGNOSES OF CANCER WAS CONFIRMED OR WAS NOT CONFIRMED.		
	NO. CONFIRMED	NO. UNCONFIRMED	TOTAL
1947	175	166	356*
1948	182	149	332*
1949	174	152	330*
1950	151	121	272
1951	132	116	251*
1952	110	131	241
1953	168	136	304*
1954	115	108	223
1955	98	100	199*
1956	85	100	188*

TABLE 11. The death certificate diagnoses in all patients not investigated at the Clinics were studied in respect of the acceptability of the diagnoses of cancer during the ten year period 1947-1956. This gives an indication of the reliability of death certificate diagnoses as a basis for cancer incidence studies and expresses the degree to which over-diagnosis was made.

\* The discrepancy in the figures presented is due to failure to obtain adequate records for assessment in a few patients.

YEAR	OVER-DIAGNOSIS IN RESPECT OF CANCER ON DEATH CERTIFICATES OF SASKATCHEWAN RESIDENTS (EXPRESSED AS PER CENT).	
	OF TOTAL PATIENTS CERTIFIED AS DYING FROM CANCER	OF NON CLINIC PATIENTS CERTIFIED AS DYING FROM CANCER
1947	18.6	46.6
1948	16.9	44.9
1949	16.8	46.1
1950	13.0	44.5
1951	11.3	46.2
1952	13.3	50.2
1953	12.7	44.3
1954	10.7	48.4
1955	9.0	50.3
1956	8.9	53.3

TABLE 12. The death certificate diagnoses of all Saskatchewan residents were examined for the period 1947-1956 (inclusive) and the "over-diagnosis error factor" was calculated for each year.

YEAR	THE "UNDERDIAGNOSIS ERROR FACTOR"		
	NO. OF PATIENTS CERTIFIED AS DYING FROM CANCER	NO. OF PATIENTS ON WHOSE DEATH CERTIFICATES NO MENTION OF CANCER WAS MADE, BUT IN WHOM CANCER HAD PREVIOUSLY BEEN FOUND	PER CENT UNDER-DIAGNOSIS
1947	891	11	1.2
1948	883	12	1.2
1949	904	13	1.4
1950	920	127	13.8
1951	935	128	13.7
1952	983	167	17.0
1953	1,069	163	15.2
1954	1,011	197	19.4
1955	1,106	194	17.5
1956	1,122	205	18.3

TABLE 13. The under-diagnosis error factor in cancer death certificates in Saskatchewan. The records prior to 1950 were less adequate than in the later years of the study.

YEAR	NUMBER OF CANCER DEATHS CERTIFIED IN SASKAT- CHEWAN	NUMBER OF CANCER DEATHS CERTIFIED IN SASKAT- CHEWAN, CORRECTION FOR OVER- AND UNDER-DIAGNOSIS
1947	891	736
1948	883	746
1949	904	765
1950	920	926
1951	935	947
1952	983	1,019
1953	1,069	1,096
1954	1,011	1,100
1955	1,106	1,200
1956	1,122	1,227

TABLE 14. The number of deaths certified as due to cancer in Saskatchewan, corrected for over and under-diagnosis, 1947-1956 (inclusive). The data concerning under-diagnosis was deficient for the years 1947, 1948 and 1949.

DEATH RATES PER 100,000 OF THE POPULATION IN SASKATCHEWAN DUE TO CANCER.		
YEAR	CALCULATED FROM DEATH CERTIFICATES	CORRECTED FOR OVER- AND UNDER-DIAGNOSIS.
1947	106.6	88.0
1948	105.4	89.0
1949	108.7	91.9
1950	110.4	111.2
1951	112.4	113.9
1952	116.6	120.9
1953	124.2	127.3
1954	115.8	126.0
1955	125.9	136.7
1956	127.4	139.3

TABLE 15. The crude death rate per 100,000 of the population in Saskatchewan, corrected for over- and under-diagnosis. The data concerning the under-diagnosis factor was deficient for the years 1947, 1948 and 1949..



Figure 112. BUCCAL CAVITY and PHARYNX. The crude mortality rate expressed per 100,000 of the population is significantly less than the mortality rate corrected for under- and over-diagnosis on death certificates.

Figure 113. SKIN. The crude mortality rate expressed per 100,000 of the population is significantly less than the mortality rate corrected for over and under-diagnosis on death certificates.

Figure 114. FEMALE BREAST. The crude mortality rate expressed per 100,000 of the female population is less than the mortality rate corrected for under- and over-diagnosis on death certificates.

Figure 115. CERVIX. The crude mortality rate expressed per 100,000 of the female population is slightly less than the mortality rate corrected for under- and over-diagnosis on death certificates.

Figure 116. PROSTATE. The crude mortality rate expressed per 100,000 of the male population is slightly less than the mortality rate corrected for under- and over-diagnosis on death certificate.

Figure 117. DIGESTIVE SYSTEM. The crude mortality rate expressed per 100,000 of the population is higher than the mortality rate corrected for under- and over-diagnosis on death certificates.

**CRUDE MORTALITY RATE  
MORTALITY RATE CORRECTED FOR OVER & UNDER  
DIAGNOSIS**

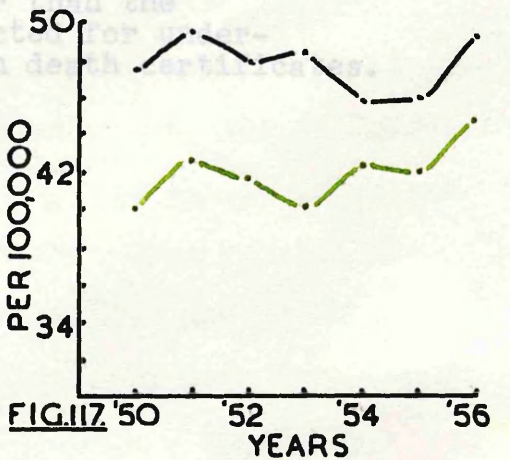
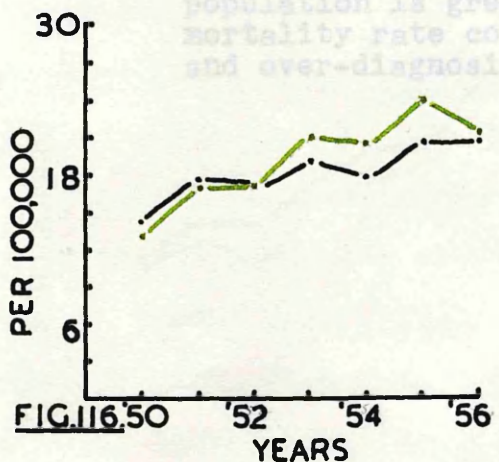
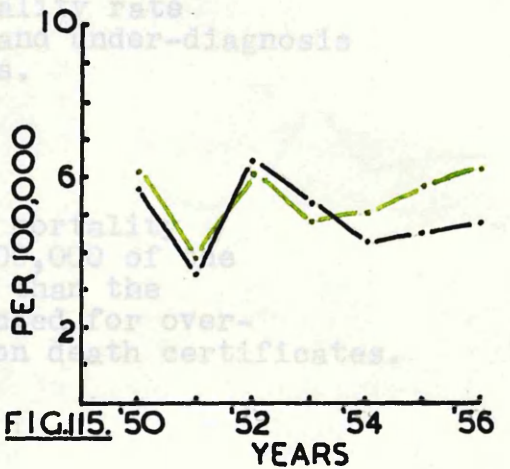
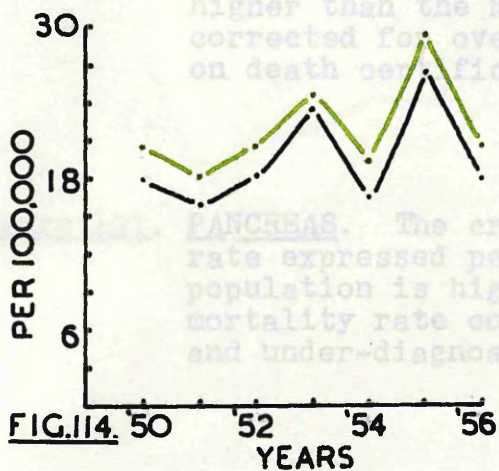
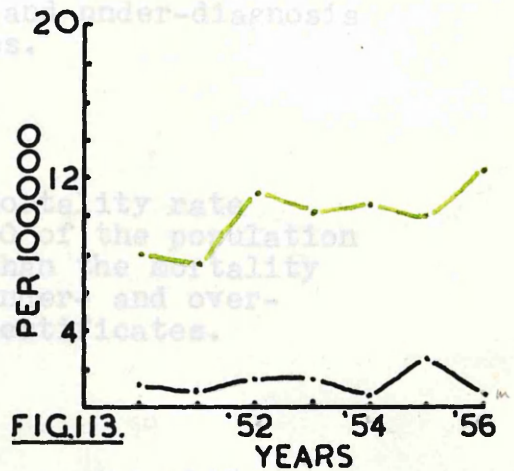
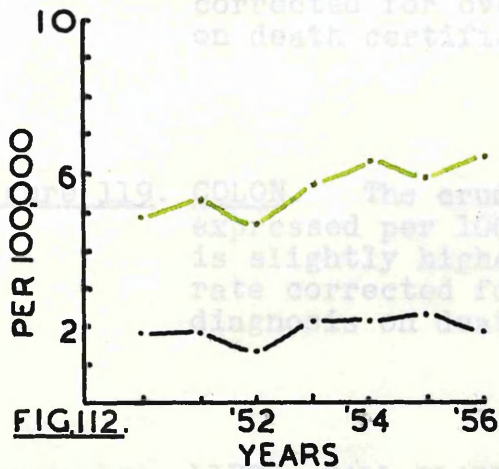


Figure 118. STOMACH. The crude mortality rate expressed per 100,000 of the population is higher than the mortality rate corrected for over- and under-diagnosis on death certificates.

Figure 119. COLON. The crude mortality rate expressed per 100,000 of the population is slightly higher than the mortality rate corrected for under- and over-diagnosis on death certificates.

Figure 120. LIVER, GALL BLADDER and BILE DUCTS. The crude mortality rate expressed per 100,000 of the population is higher than the mortality rate corrected for over- and under-diagnosis on death certificates.

Figure 121. PANCREAS. The crude mortality rate expressed per 100,000 of the population is higher than the mortality rate corrected for over- and under-diagnosis on death certificates.

Figure 122. LUNG. The crude mortality rate expressed per 100,000 of the population is greater than the mortality rate corrected for under- and over-diagnosis on death certificates.

CHAPTER 3

INCIDENCE OF CANCER IN SASKATCHEWAN.

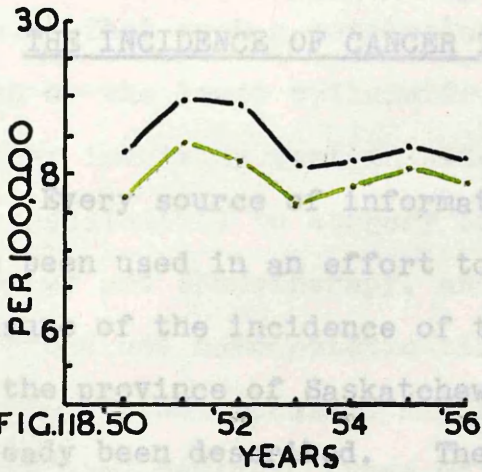


FIG. 118. 1950-1956

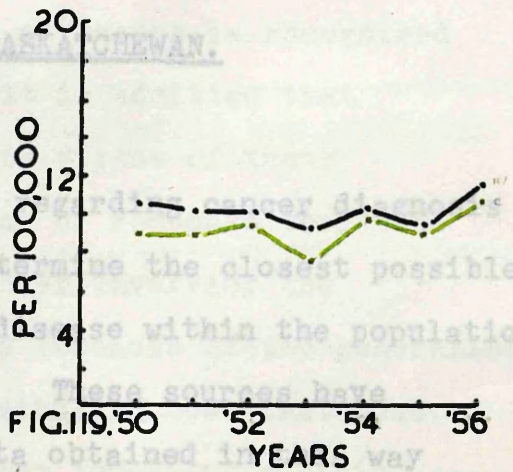


FIG. 119. 1950-1956

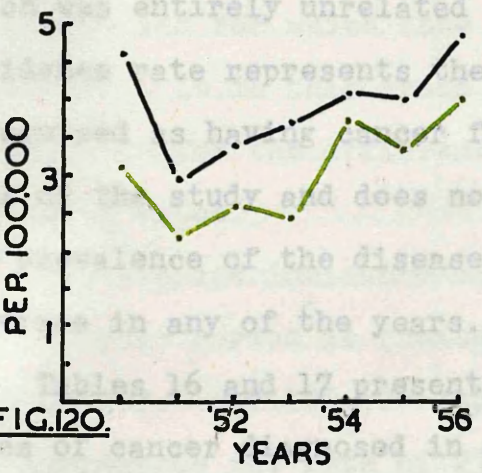


FIG. 120. 1950-1956

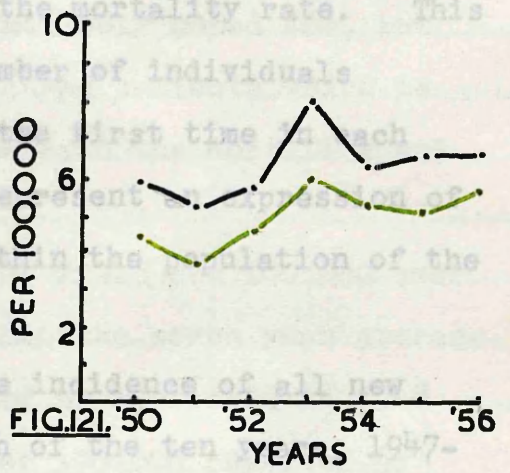


FIG. 121. 1950-1956

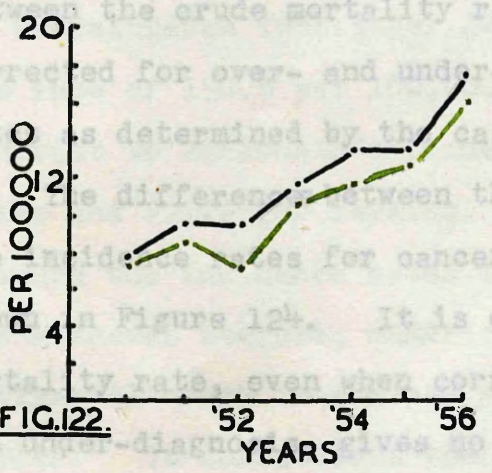


FIG. 122. 1950-1956

### CHAPTER 3.

#### THE INCIDENCE OF CANCER IN SASKATCHEWAN.

Every source of information regarding cancer diagnosis has been used in an effort to determine the closest possible measure of the incidence of the disease within the population of the province of Saskatchewan. These sources have already been described. The data obtained in this way formed the basis for the calculation of an incidence rate which was entirely unrelated to the mortality rate. This incidence rate represents the number of individuals recognised as having cancer for the first time in each year of the study and does not represent an expression of the prevalence of the disease within the population of the province in any of the years.

Tables 16 and 17 present the incidence of all new cases of cancer diagnosed in each of the ten years, 1947-1956 (inclusive). Figure 123 demonstrates the difference between the crude mortality rates, the mortality rates corrected for over- and under-diagnosis, and the incidence rates as determined by the case-finding methods described.

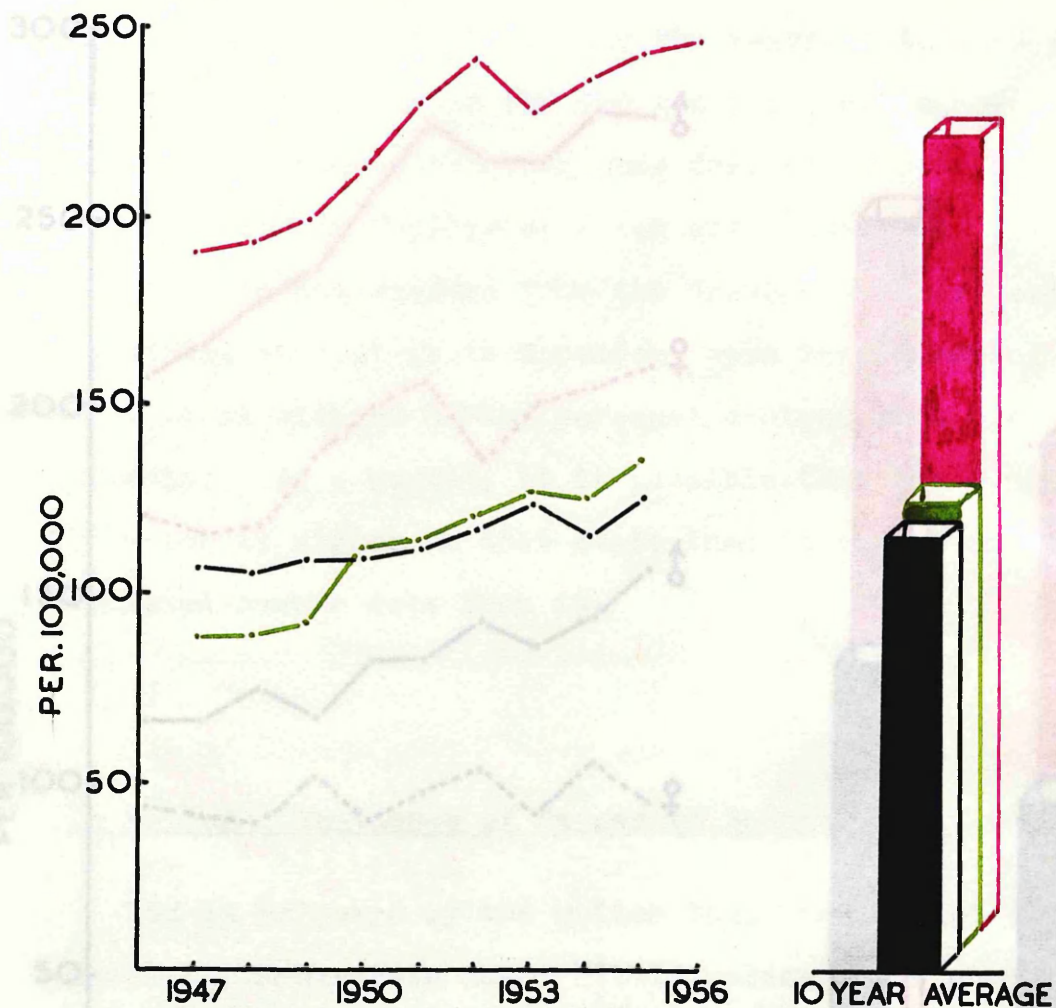
The differences between the crude mortality rates and the incidence rates for cancer in males and females are shown in Figure 124. It is evident that the crude mortality rate, even when corrections are made for over- and under-diagnosis, gives no true indication of the overall incidence of the disease. This is not a

YEAR	NUMBERS OF PATIENTS IN WHOM CANCER WAS DIAGNOSED IN SASKATCHEWAN.		
	TOTAL	MALE	FEMALE
1947	1596	924	672
1948	1623	965	658
1949	1661	997	664
1950	1776	1037	739
1951	1913	1119	794
1952	2045	1211	834
1953	1968	1195	773
1954	2060	1212	848
1955	2141	1275	866
1956	2171	1275	896

**TABLE 16.** The numbers of patients on whom cancer was diagnosed each year from 1947-1956 (inclusive), with sex distribution.

YEAR	CRUDE INCIDENCE OF CANCER IN SASKATCHEWAN PER 100,000 OF THE POPULATION.		
	TOTAL	MALE	FEMALE
1947	190.9	208.5	171.1
1948	193.7	217.0	167.3
1949	199.6	228.0	168.2
1950	213.2	237.2	186.7
1951	230.0	257.5	200.0
1952	242.6	275.7	206.6
1953	228.6	266.8	187.1
1954	236.0	266.5	202.8
1955	243.8	279.2	205.6
1956	246.5	278.1	212.2

**TABLE 17.** The crude incidence of cancer per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive). The data were obtained from all the sources of information described in the text.



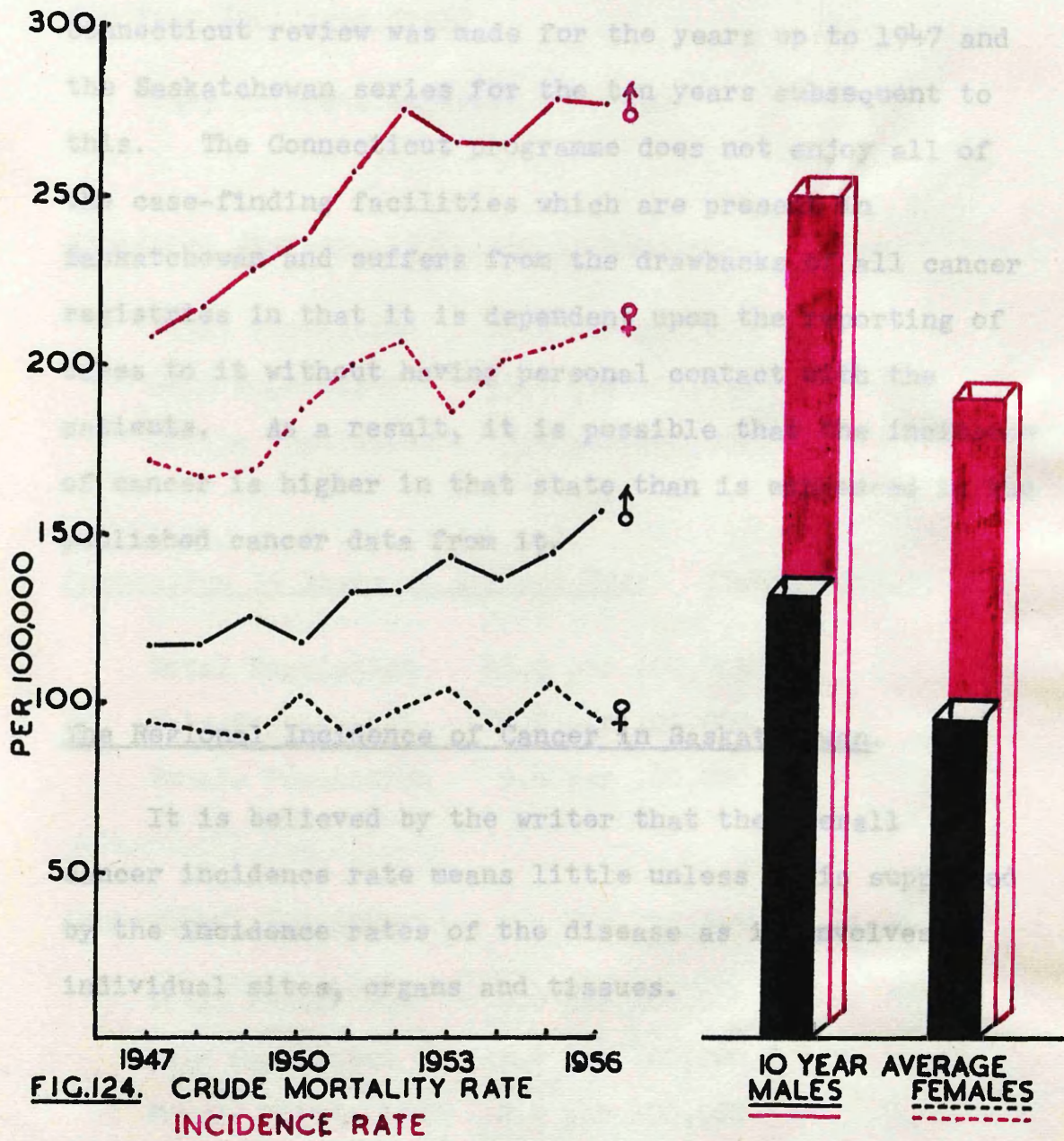
**FIG. 123. CRUDE MORTALITY RATE**  
**CORRECTED MORTALITY RATE**  
**INCIDENCE RATE**

The comparison between the crude mortality rate, corrected mortality rate and the incidence rate of cancer from year to year in Saskatchewan. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

AVERAGE FEMALES



there were more females than males. It may be that these factors of age and sex distribution are responsible for the differences in incidence between the two series. An additional factor which may explain the difference is the period over which the studies were made. The



**FIG. 124. CRUDE MORTALITY RATE INCIDENCE RATE**

The comparison is made between the crude mortality rate for cancer and the incidence rate in males and females, each year, in Saskatchewan. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

there were more females than males. It may be that these factors of age and sex distribution are responsible for the differences in incidence between the two series. An additional factor which may explain the difference is the period over which the studies were made. The Connecticut review was made for the years up to 1947 and the Saskatchewan series for the ten years subsequent to this. The Connecticut programme does not enjoy all of the case-finding facilities which are present in Saskatchewan and suffers from the drawbacks of all cancer registries in that it is dependent upon the reporting of cases to it without having personal contact with the patients. As a result, it is possible that the incidence of cancer is higher in that state than is expressed in the published cancer data from it.

#### The Regional Incidence of Cancer in Saskatchewan.

It is believed by the writer that the overall cancer incidence rate means little unless it is supported by the incidence rates of the disease as it involves individual sites, organs and tissues.

BUCCAL CAVITY AND PHARYNX.

(Table 105(a), Figure 125)

Ten Year Incidence Trend:

Very moderate decrease in males

Incidence Average, 1947-1956 (inclusive):

Total Population	18.6 per 100,000
Male Population	33.8 per 100,000
Female Population	3.4 per 100,000

Population 35 Years of Age and Over: (Table 135(a))

Total Population	45.6 per 100,000
Male Population	81.7 per 100,000
Female Population	9.4 per 100,000

Connecticut Comparison:

Total Population	9.0 per 100,000
Male Population	15.2 per 100,000
Female Population	2.8 per 100,000

The high rate of incidence of cancer of the buccal cavity and pharynx is due, in large measure, to the inclusion in it of cancer of the lip.

CANCER OF THE LIP.

(Table 106(a))

Incidence Average 1947-1956 (inclusive):

Total Population	14.0 per 100,000
Male Population	27.3 per 100,000
Female Population	0.7 per 100,000

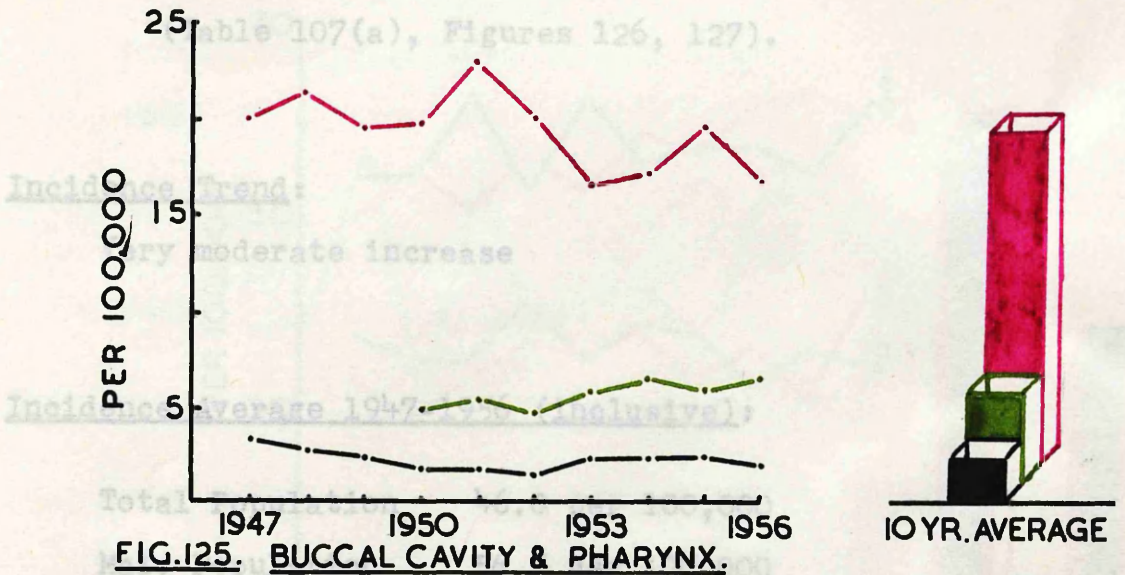
Population 35 Years of Age and Over: (Table 136(a))

Total Population	33.8 per 100,000
Male Population	65.6 per 100,000
Female Population	1.9 per 100,000

Connecticut Comparison:

Total Population	3.3 per 100,000
Male Population	6.1 per 100,000
Female Population	0.6 per 100,000

DIGESTIVE SYSTEM.



The comparison is made between the crude mortality rate for cancer of the buccal cavity and pharynx and the incidence rate from year to year in Saskatchewan. 1947-1956 (inclusive).

The average of these values over the ten years is also presented.

Total Population 116.5 per 100,000

Male Population 137.7 per 100,000

Female Population 94.4 per 100,000

Population 116.5 per 100,000

Male Population 137.7 per 100,000

Female Population 94.4 per 100,000

Population 116.5 per 100,000

Male Population 137.7 per 100,000

Female Population 94.4 per 100,000

Population 116.5 per 100,000

Male Population 137.7 per 100,000

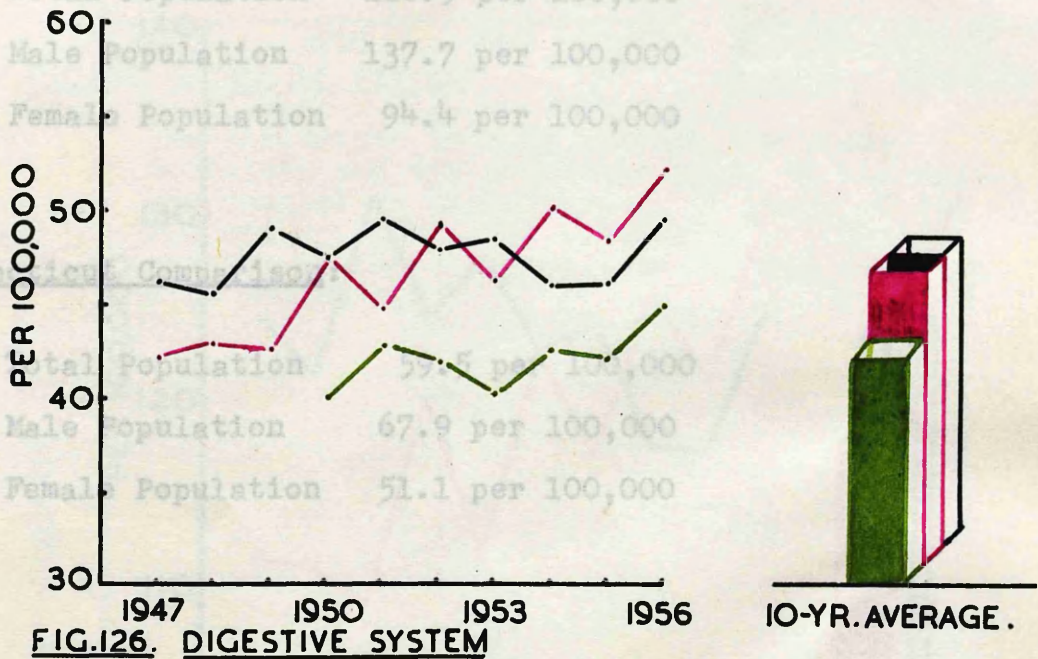
Female Population 94.4 per 100,000

Population 116.5 per 100,000

Male Population 137.7 per 100,000

Female Population 94.4 per 100,000

Population 116.5 per 100,000



The comparison is made between the crude mortality, the corrected mortality and the incidence rates per 100,000 of the population from year to year in Saskatchewan. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

DIGESTIVE SYSTEM.

(Table 107(a), Figures 126, 127).

Incidence Trend:

Very moderate increase

Incidence Average 1947-1956 (inclusive):

Total Population	46.0 per 100,000
Male Population	56.8 per 100,000
Female Population	35.1 per 100,000

Population 35 Years of Age and Over: (Table 137(a), Figures 128, 129).

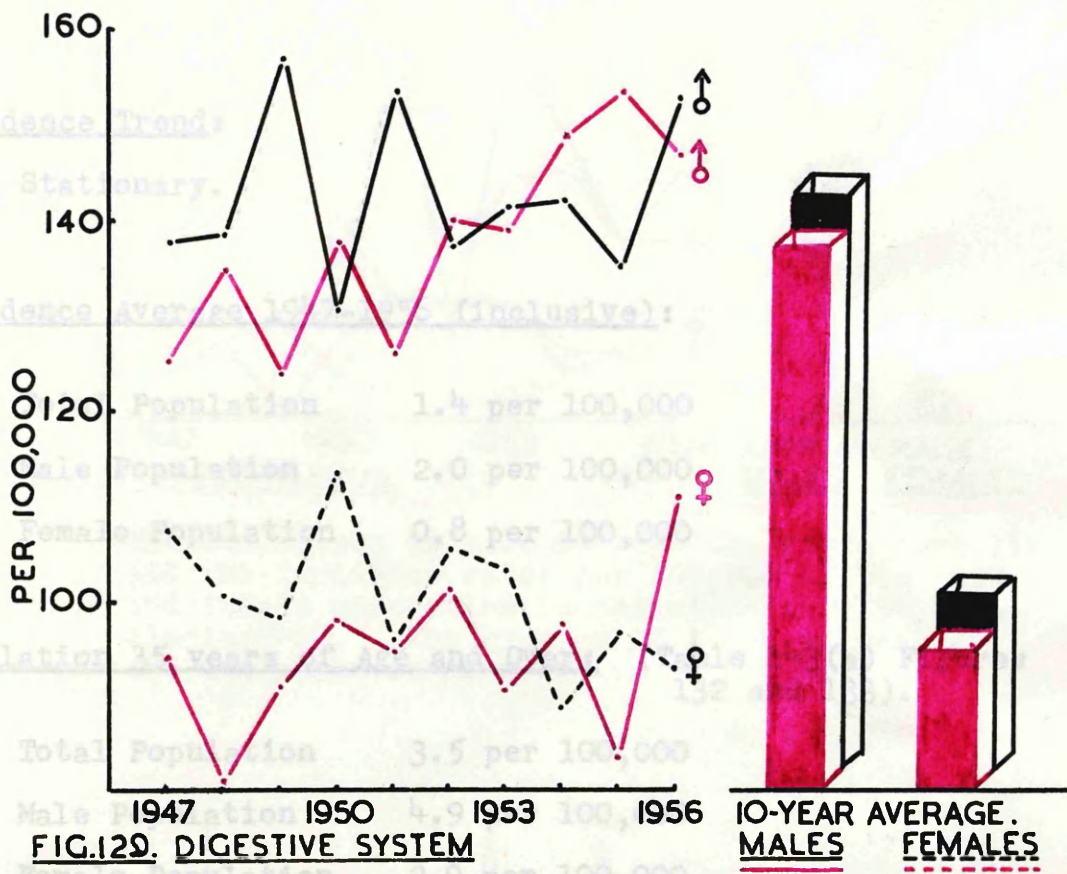
Total Population	116.5 per 100,000
Male Population	137.7 per 100,000
Female Population	94.4 per 100,000

Connecticut Comparison:

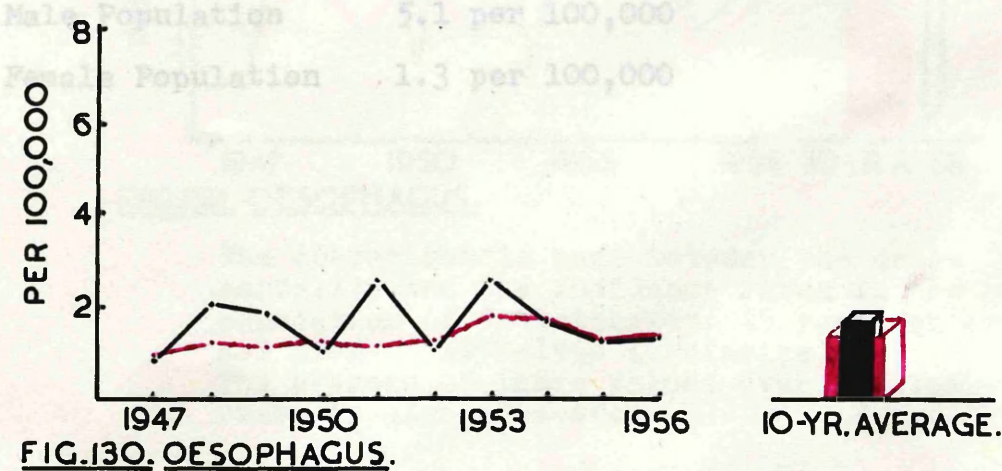
Total Population	59.5 per 100,000
Male Population	67.9 per 100,000
Female Population	51.1 per 100,000

UESOPHAGUS.

(Table 108(a) Figures 130 and 131).



The comparison is made between the crude mortality and the incidence rates of the males and females in Saskatchewan, 35 years of age and over. 1947-1956 (inclusive). The average of these values over the ten years is also presented.



The comparison is made between the crude mortality and the incidence rates in Saskatchewan, 1947-1956 (inclusive) with the ten year average.

OESOPHAGUS.

(Table 108(a) Figures 130 and 131).

Incidence Trend:

Stationary.

Incidence Average 1947-1956 (inclusive):

Total Population	1.4 per 100,000
Male Population	2.0 per 100,000
Female Population	0.8 per 100,000

Population 35 years of Age and Over: (Table 143(a) Figures 132 and 133).

Total Population	3.5 per 100,000
Male Population	4.9 per 100,000
Female Population	2.0 per 100,000

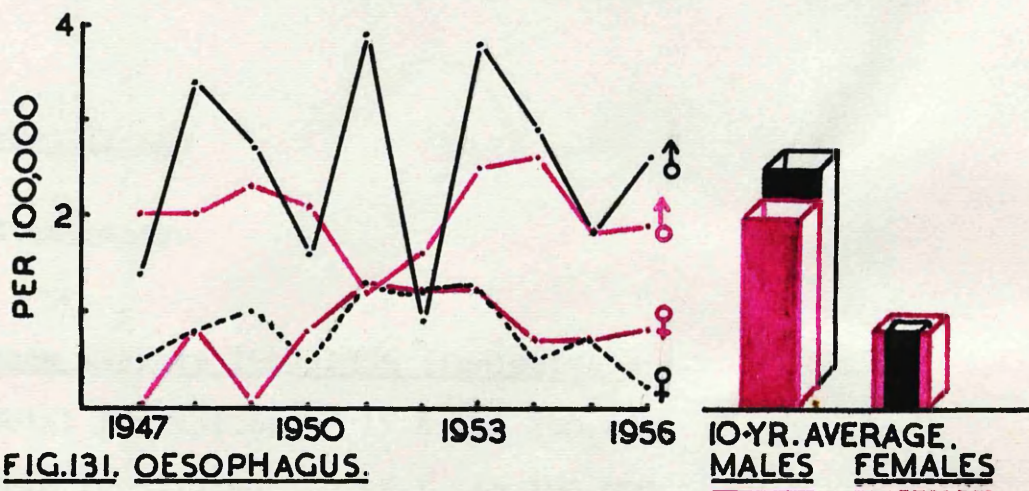
Connecticut Comparison:

Total Population	3.2 per 100,000
Male Population	5.1 per 100,000
Female Population	1.3 per 100,000

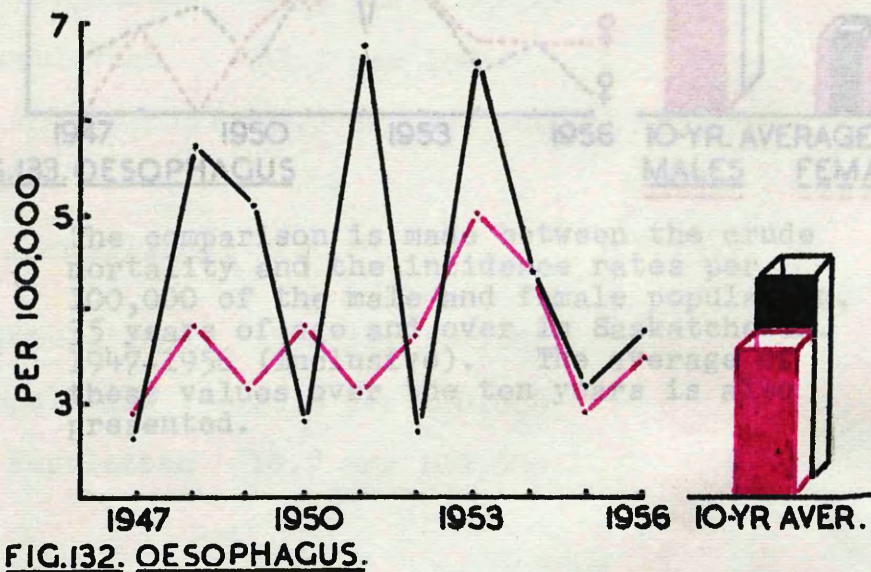
1947 1950 1953 1956 TOYRAVH.

The data for the years 1947-1956 show a stationary incidence rate in the population of 1.4 per 100,000. The incidence rate for males is 2.0 per 100,000 and for females is 0.8 per 100,000. The incidence rate for the population 35 years of age and over is 3.5 per 100,000. The incidence rate for males in this age group is 4.9 per 100,000 and for females is 2.0 per 100,000. The Connecticut comparison shows a total incidence rate of 3.2 per 100,000, with a male rate of 5.1 per 100,000 and a female rate of 1.3 per 100,000.





The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



The comparison is made between the crude mortality and the incidence rates in the population of Saskatchewan, 35 years of age and over. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

STOMACH.

(Table 109(a) Figures 134 and 135).

Incidence Trend:

Stationary.

Incidence Average 1947-1956 (inclusive):

Total Population 17.6 per 100,000

Male Population 25.1 per 100,000

Female Population 10.1 per 100,000

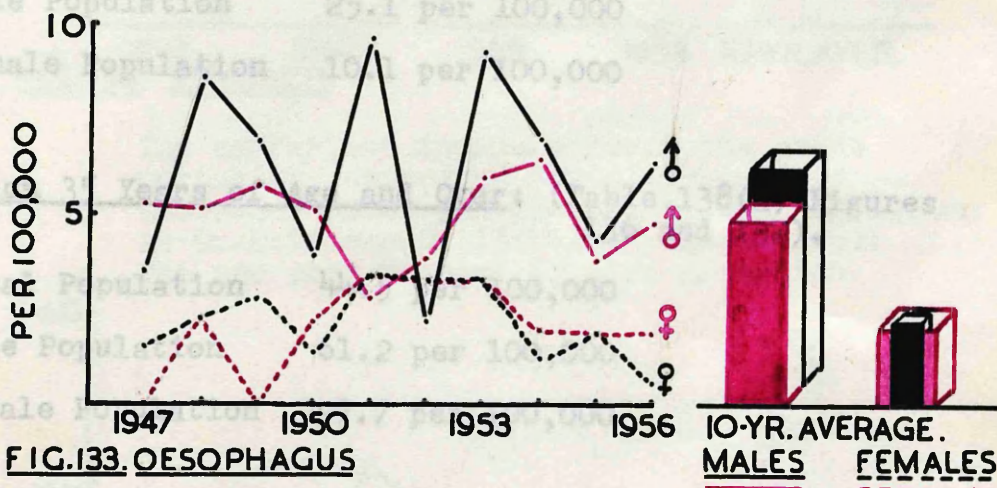


FIG. 133. OESOPHAGUS

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population, 35 years of age and over in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

Total Population 17.6 per 100,000

Male Population 25.1 per 100,000

Female Population 10.7 per 100,000

STOMACH.

(Table 109(a) Figures 134 and 135).

Incidence Trend:

Stationary.

Incidence Average 1947-1956 (inclusive):

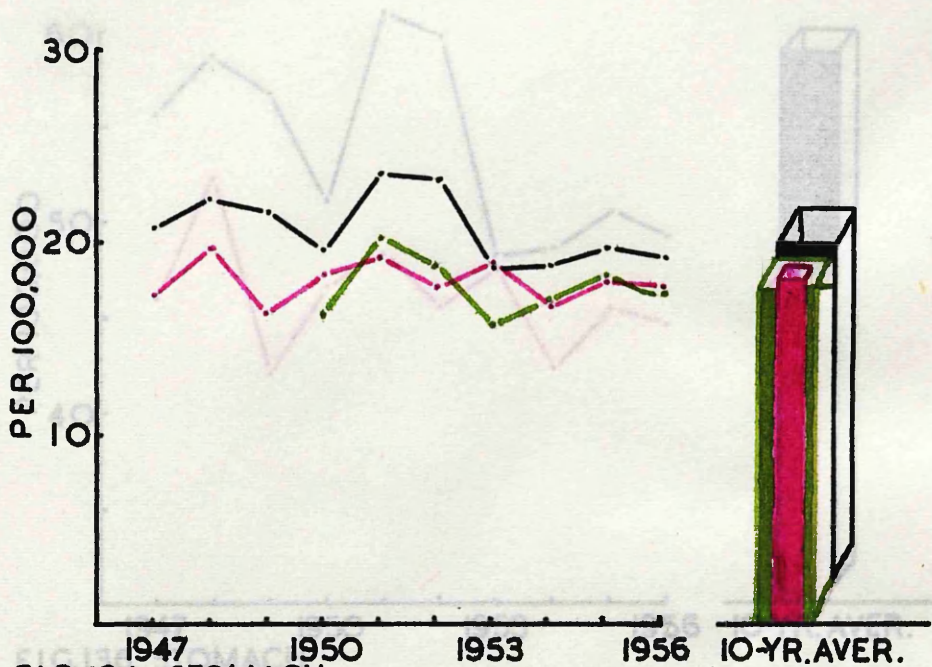
Total Population	17.6 per 100,000
Male Population	25.1 per 100,000
Female Population	10.1 per 100,000

Population 35 Years of Age and Over: (Table 138(a) Figures 136 and 137).

Total Population	44.5 per 100,000
Male Population	61.2 per 100,000
Female Population	27.7 per 100,000

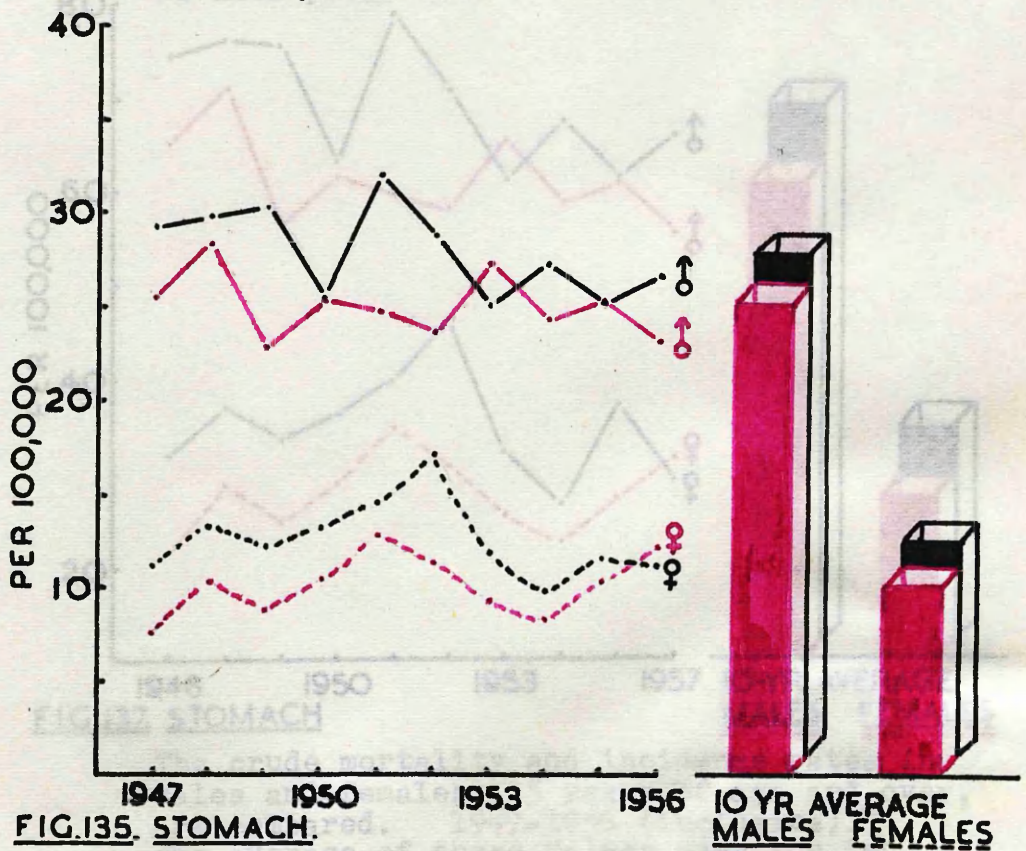
Connecticut Comparison:

Total Population	15.6 per 100,000
Male Population	20.5 per 100,000
Female Population	10.7 per 100,000



**FIG.134. STOMACH.**

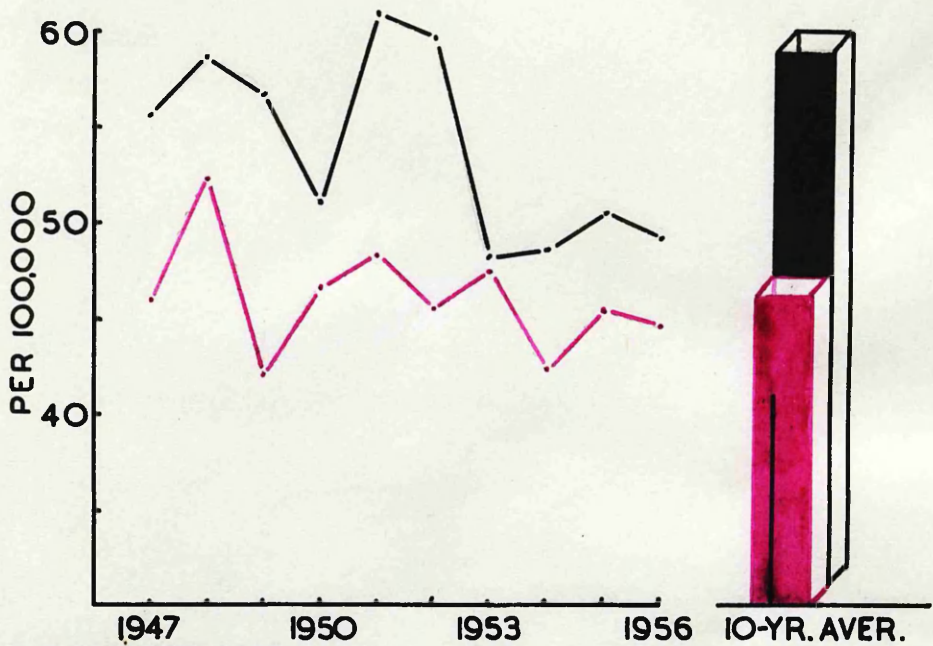
The comparison is made between the crude mortality, corrected mortality and the incidence rates per 100,000 of the population in Saskatchewan. 1947-1956 (inclusive). The ten year average is also presented.



**FIG.135. STOMACH.**

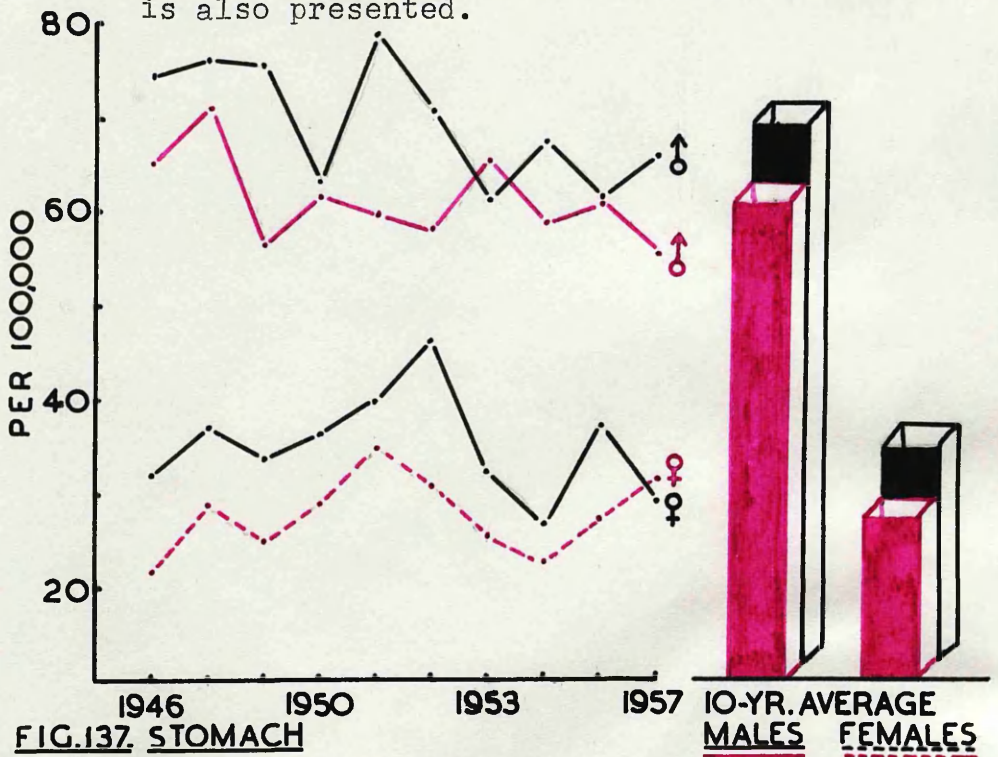
**10 YR AVERAGE**  
**MALES** **FEMALES**

The crude mortality and incidence rates for males and females in Saskatchewan are compared. 1947-1956 (inclusive).



**FIG. 136. STOMACH**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the population in Saskatchewan, 35 years of age and over, 1947-1956 (incl). The average of these values over the ten years is also presented.



**FIG. 137. STOMACH**

The crude mortality and incidence rates in males and females, 35 years of age and over, are compared. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

COLON.

(Table 110(a) Figures 138 and 139).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

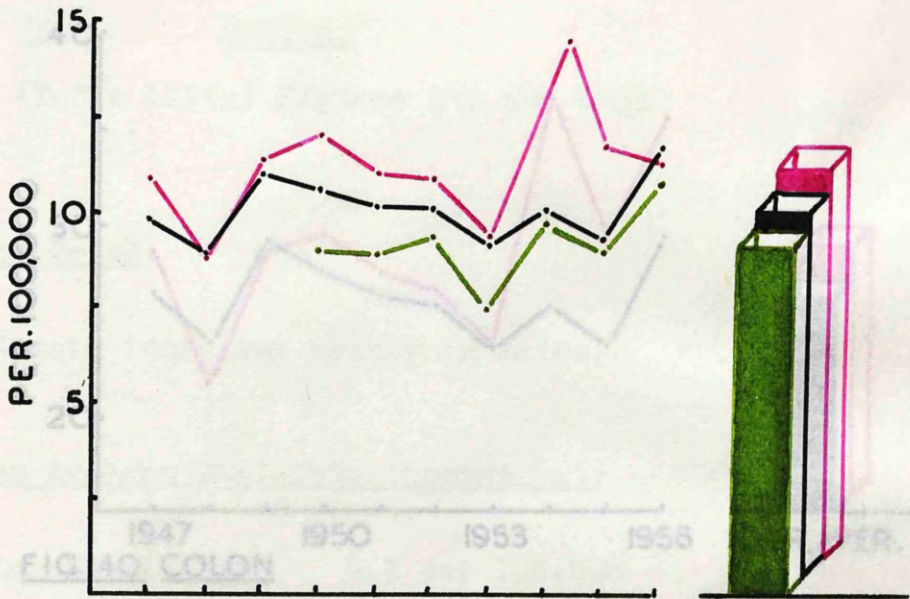
Total Population	11.5 per 100,000
Male Population	11.3 per 100,000
Female Population	11.6 per 100,000

Population 35 years of Age and Over: (Table 139(a) Figures 140 and 141).

Total Population	29.8 per 100,000
Male Population	27.2 per 100,000
Female Population	31.3 per 100,000

Connecticut Comparison:

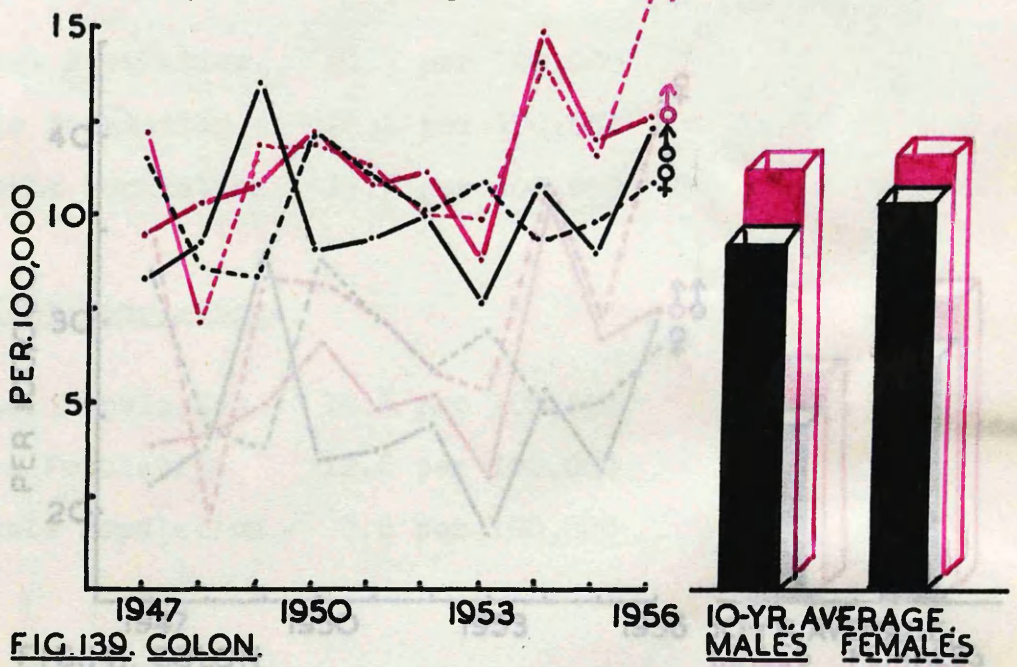
Total Population	21.6 per 100,000
Male Population	20.8 per 100,000
Female Population	22.3 per 100,000



1947 1950 1953 1956 10-YR.AVER.

**FIG.138. COLON**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the population in Saskatchewan. 1947-1956 (incl). The average of these values over the ten years is also presented.

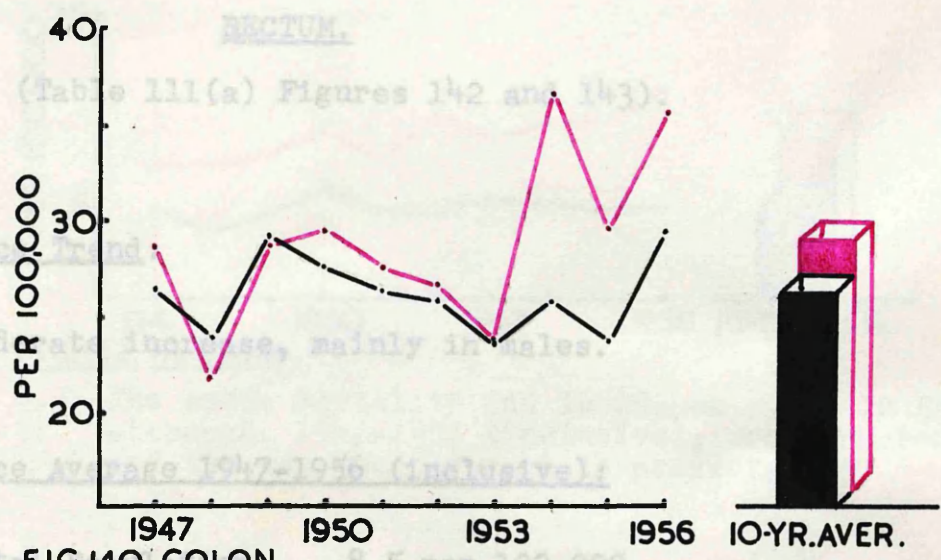


1947 1950 1953 1956

**FIG.139. COLON.**

10-YR.AVERAGE.  
MALES FEMALES

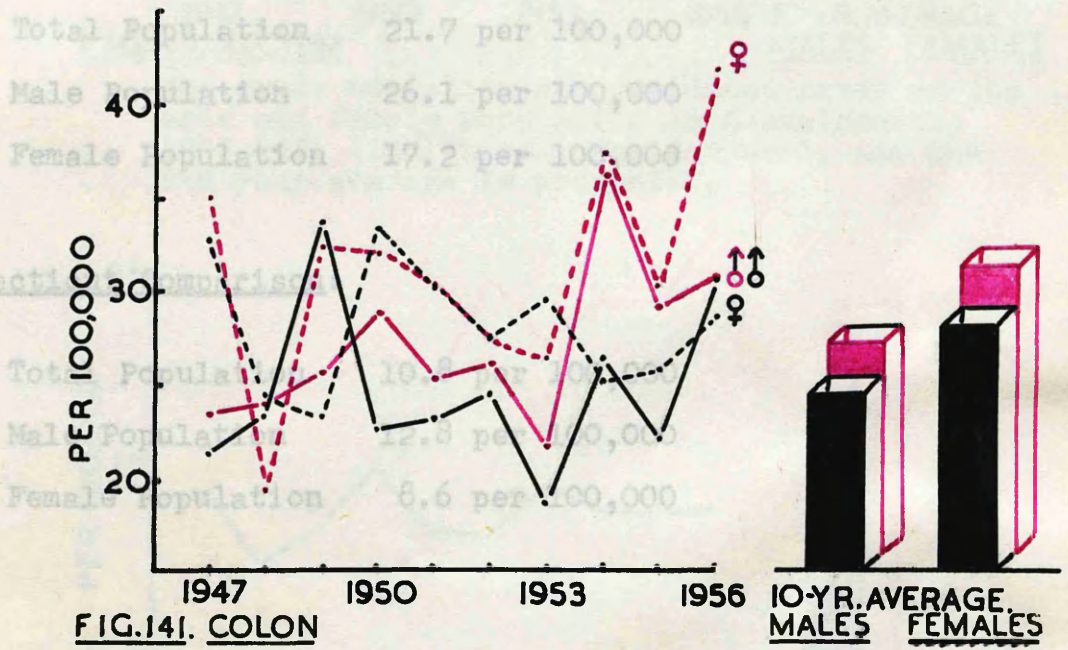
The crude mortality and incidence rates in males and females are compared. 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 140. COLON**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the population in Saskatchewan, 35 years of age and over. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

Population 35 years of Age and Over: (Table 140(a) Figures 144 and 145).



**FIG. 141. COLON**

The crude mortality and incidence rates in the male and female population, 35 years of age and over, are compared. 1947-1956 (inclusive). The average of these values over the ten years is also presented.



RECTUM.

(Table 111(a) Figures 142 and 143).

Incidence Trend:

Moderate increase, mainly in males.

Incidence Average 1947-1956 (inclusive):

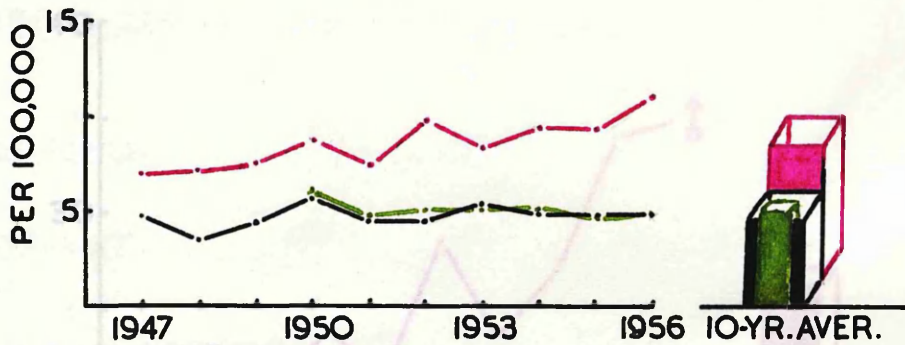
Total Population	8.5 per 100,000
Male Population	10.4 per 100,000
Female Population	6.5 per 100,000

Population 35 years of Age and Over: (Table 140(a) Figures 144 and 145).

Total Population	21.7 per 100,000
Male Population	26.1 per 100,000
Female Population	17.2 per 100,000

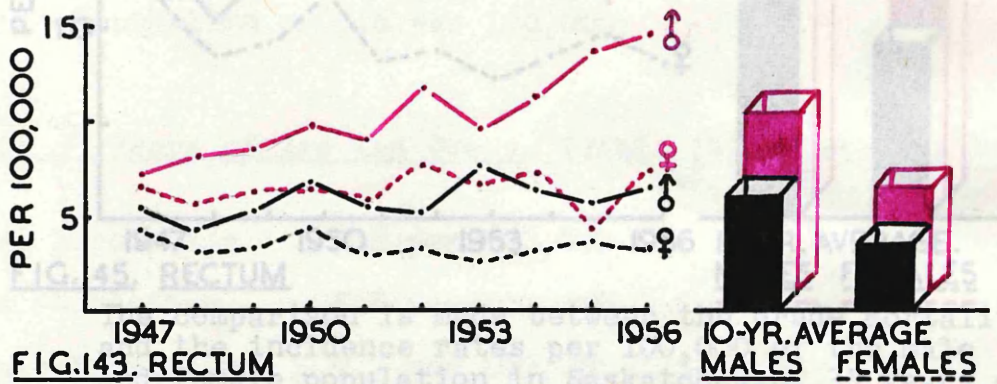
Connecticut Comparison:

Total Population	10.8 per 100,000
Male Population	12.8 per 100,000
Female Population	8.6 per 100,000



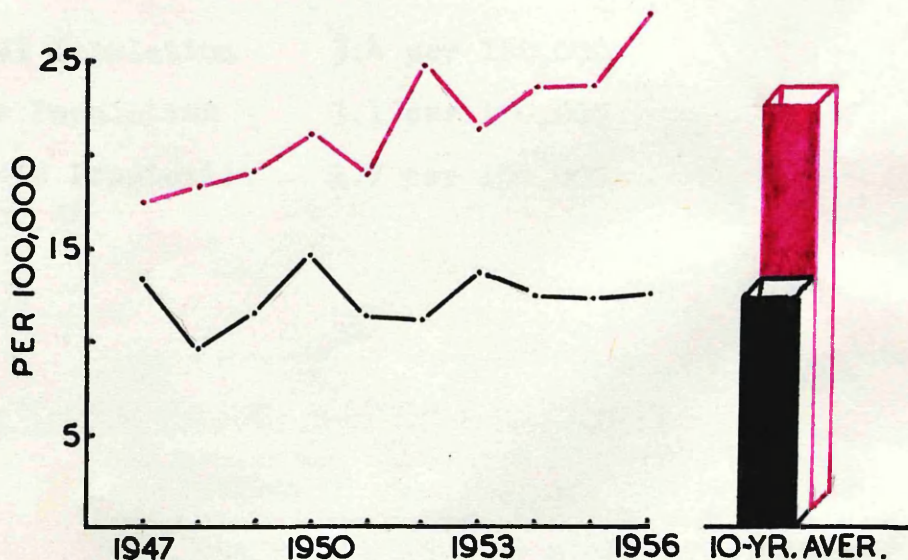
**FIG.142. RECTUM**

The crude mortality and incidence rates in Saskatchewan, 1947-1956 (inclusive), are compared, and the ten year average is presented.



**FIG.143. RECTUM**

The crude mortality and incidence rates of the male and female population in Saskatchewan, 1947-1956 (inclusive), are compared, and the ten year average is presented.

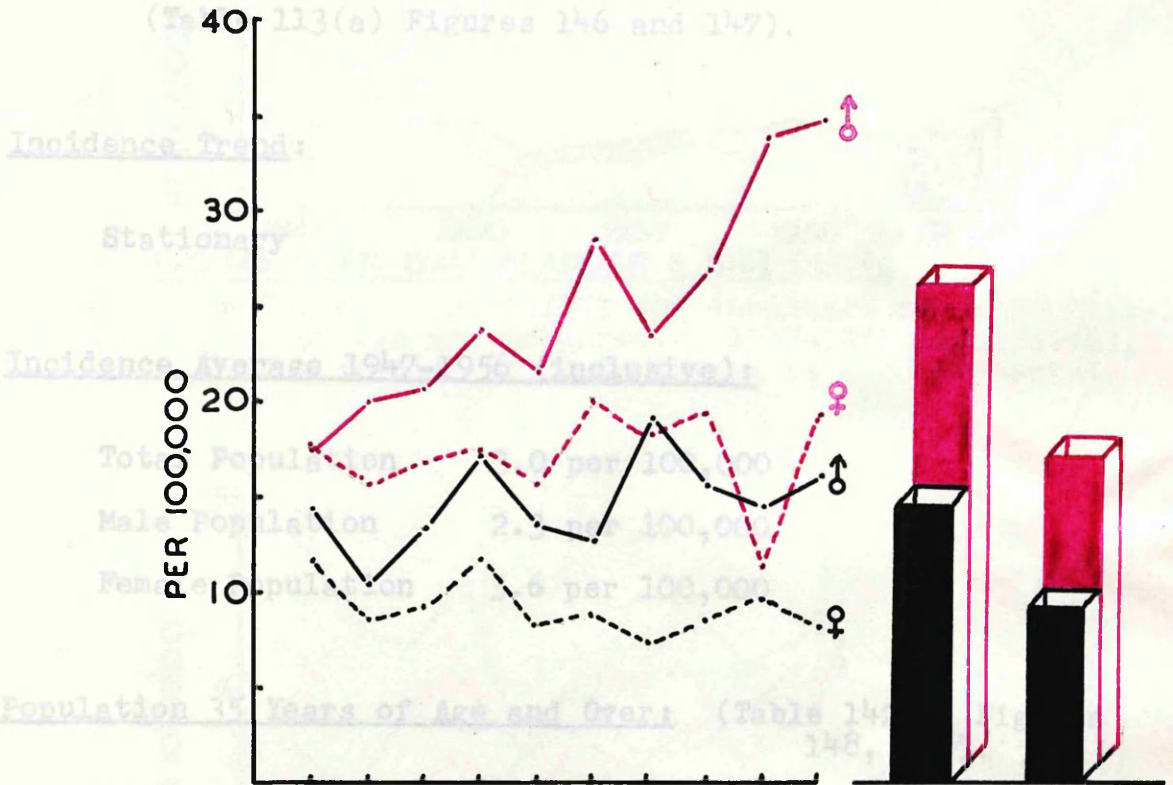


**FIG.144. RECTUM**

The crude mortality and the incidence rates for the population 35 years of age and over are compared, 1947-1956 (inclusive). The average of these values over the ten years is also shown.

LIVER, GALL BLADDER and BILE DUCTS.

(Table 113(a) Figures 146 and 147).



**FIG.145. RECTUM**

**10-YR. AVERAGE.  
MALES FEMALES**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

Total Population	3.4 per 100,000
Male Population	3.1 per 100,000
Female Population	3.7 per 100,000

LIVER, GALL BLADDER and BILE DUCTS.

(Table 113(a) Figures 146 and 147).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

Total Population	3.0 per 100,000
Male Population	2.3 per 100,000
Female Population	3.6 per 100,000

Population 35 Years of Age and Over: (Table 142(a) Figures 148, 149).

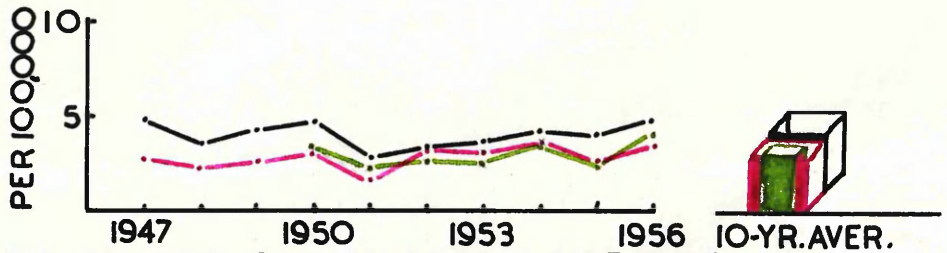
Total Population	7.8 per 100,000
Male Population	5.8 per 100,000
Female Population	9.7 per 100,000

Connecticut Comparison:

Total Population	3.4 per 100,000
Male Population	3.1 per 100,000
Female Population	3.7 per 100,000

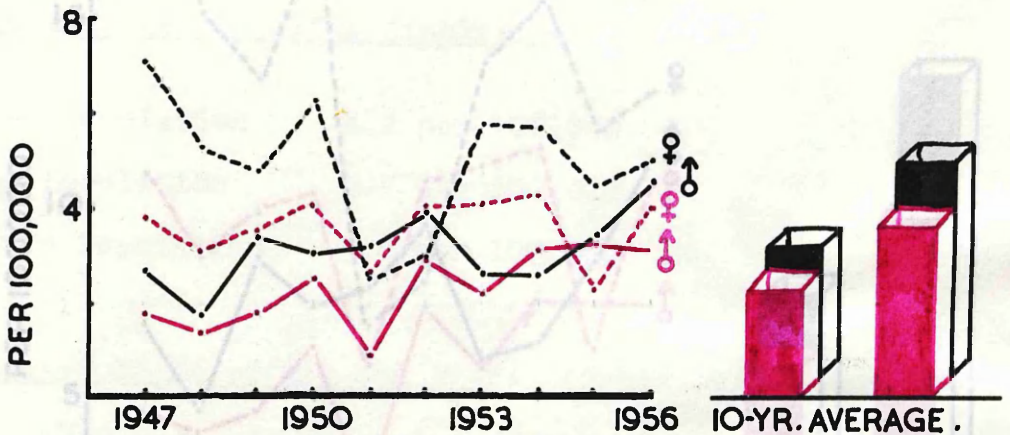
(a) 1947 1950 1955 1956 10-YR. AVER.  
 FIG 113 LIVER, GALL BLADDER & BILE DUCTS

The following table shows the incidence rates for  
 liver, gall bladder and bile ducts, per 100,000  
 population, by sex, for the years 1947, 1950, 1955,  
 and 1956, and the 10-year average.



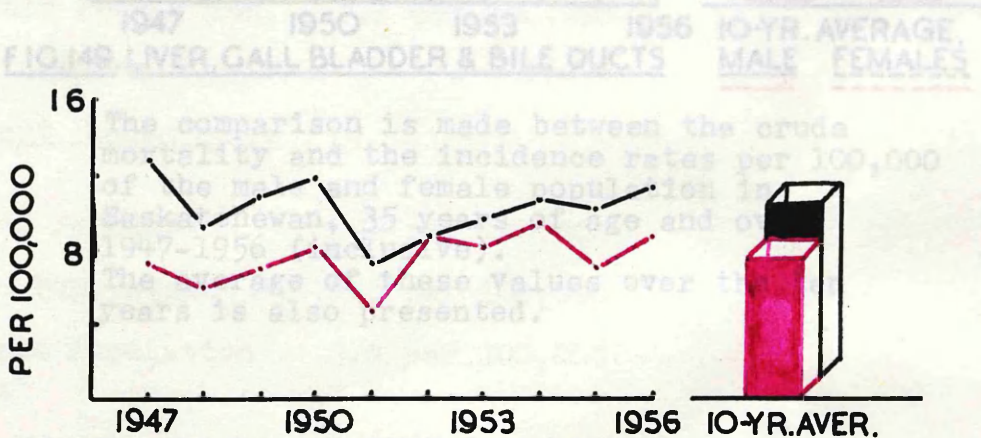
**FIG.146. LIVER, GALL BLADDER & BILE DUCTS.**

The crude mortality and incidence rates in Saskatchewan are compared. 1947-1956 (inclusive). The average of these values is also presented.



**FIG.147. LIVER, GALL BLADDER & BILE DUCTS** MALES FEMALES

The crude mortality and incidence rates in males and females are compared. 1947-1956 (inclusive). The average of these values is also presented.



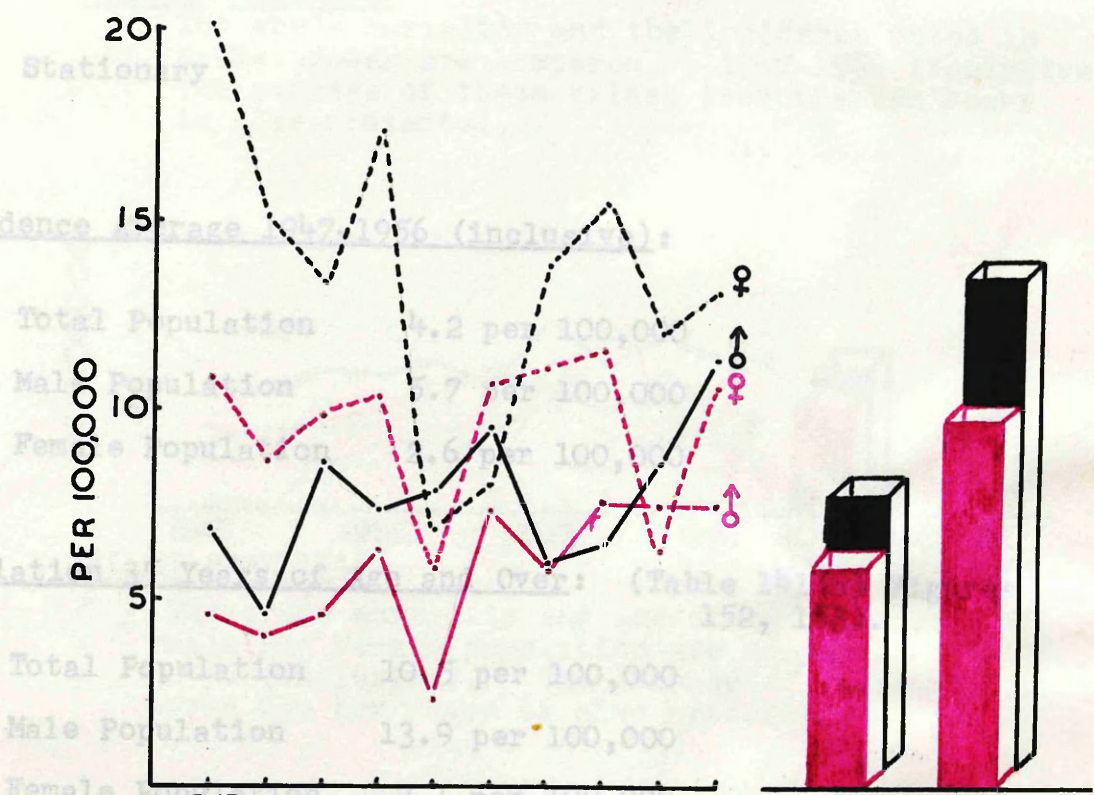
**FIG.148. LIVER, GALL BLADDER & BILE DUCTS.**

The crude mortality and incidence rates for the population, 35 years of age and over, are compared. 1947-1956 (inclusive). The average of these values is also presented.

PANCREAS.

(Table 112(a) and Figures 150 and 151.)

Incidence Trend:



**FIG.149. LIVER, GALL BLADDER & BILE DUCTS** 10-YR. AVERAGE.  
MALE FEMALES

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive).

The average of these values over the ten years is also presented.

PANCREAS.

(Table 112(a) and Figures 150 and 151.)

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

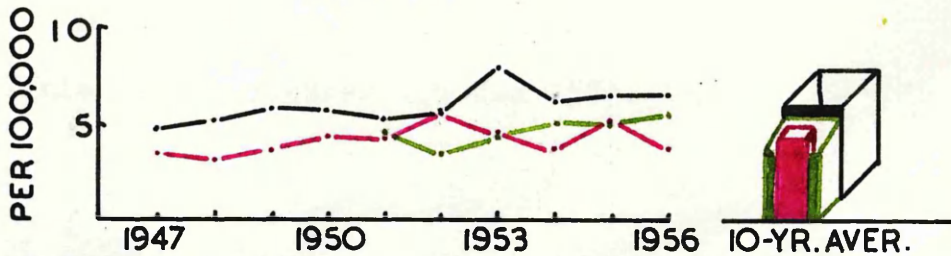
Total Population	4.2 per 100,000
Male Population	5.7 per 100,000
Female Population	2.6 per 100,000

Population 35 Years of Age and Over: (Table 141(a) Figures 152, 153).

Total Population	10.5 per 100,000
Male Population	13.9 per 100,000
Female Population	7.1 per 100,000

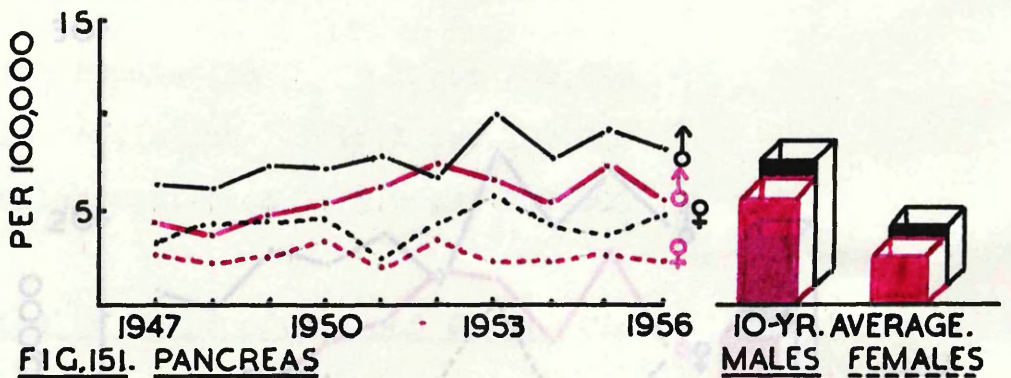
Connecticut Comparison:

Total Population	4.2 per 100,000
Male Population	4.8 per 100,000
Female Population	3.6 per 100,000



**FIG. 150. PANCREAS**

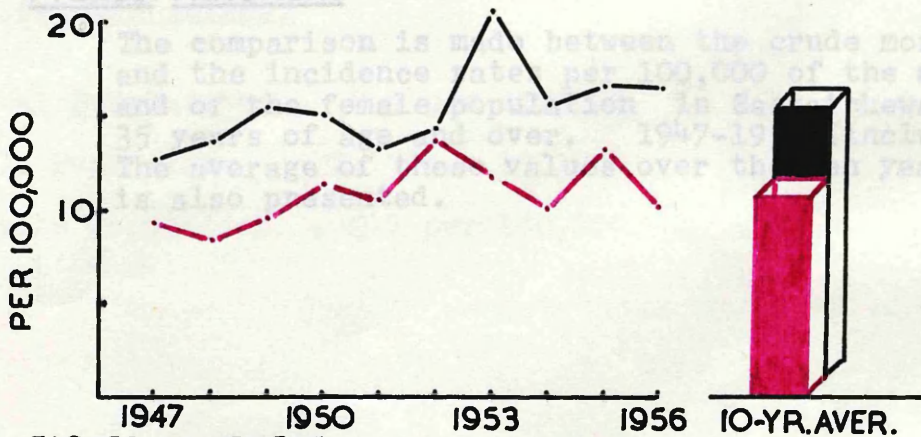
The crude mortality and the incidence rates in Saskatchewan are compared. 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 151. PANCREAS**

**MALES FEMALE**

The crude mortality and incidence rates of the male and female population are compared. 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 152. PANCREAS**

The crude mortality and incidence rates in the population 35 years of age and over, are compared. 1947-1956 (inclusive). The average of these values over the ten years is also presented.



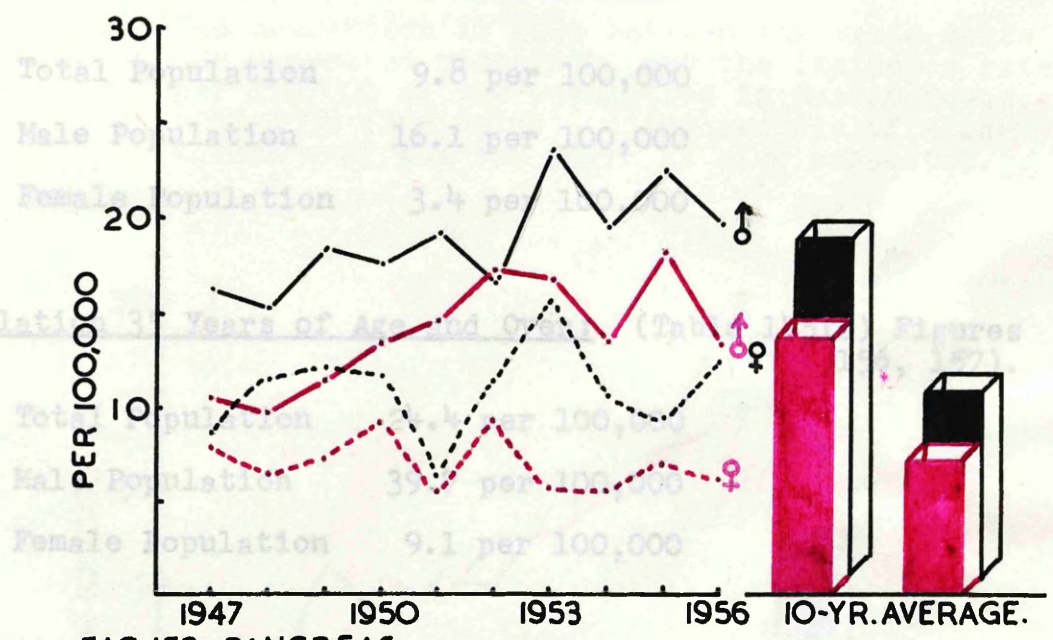
LUNG.

(Table 115(a) Figures 154 and 155).

Incidence Trend:

Marked increase in both males and females

Incidence Average 1947-1956 (inclusive):



**FIG.153. PANCREAS**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and of the female population in Saskatchewan, 35 years of age and over. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

Female Population 2.7 per 100,000

LUNG.

(Table 115(a) Figures 154 and 155).

Incidence Trend:

Marked increase in both males and females

Incidence Average 1947-1956 (inclusive):

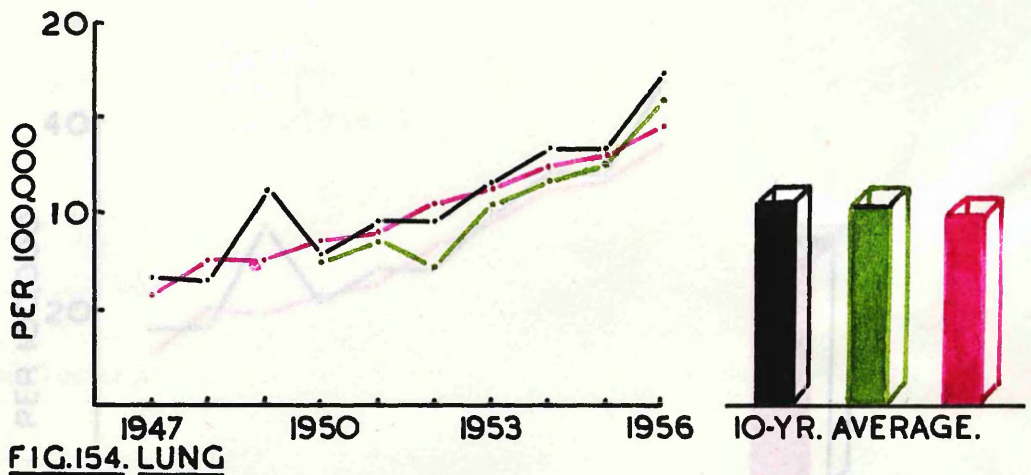
Total Population	9.8 per 100,000
Male Population	16.1 per 100,000
Female Population	3.4 per 100,000

Population 35 Years of Age and Over: (Table 145(a) Figures 156, 157).

Total Population	24.4 per 100,000
Male Population	39.7 per 100,000
Female Population	9.1 per 100,000

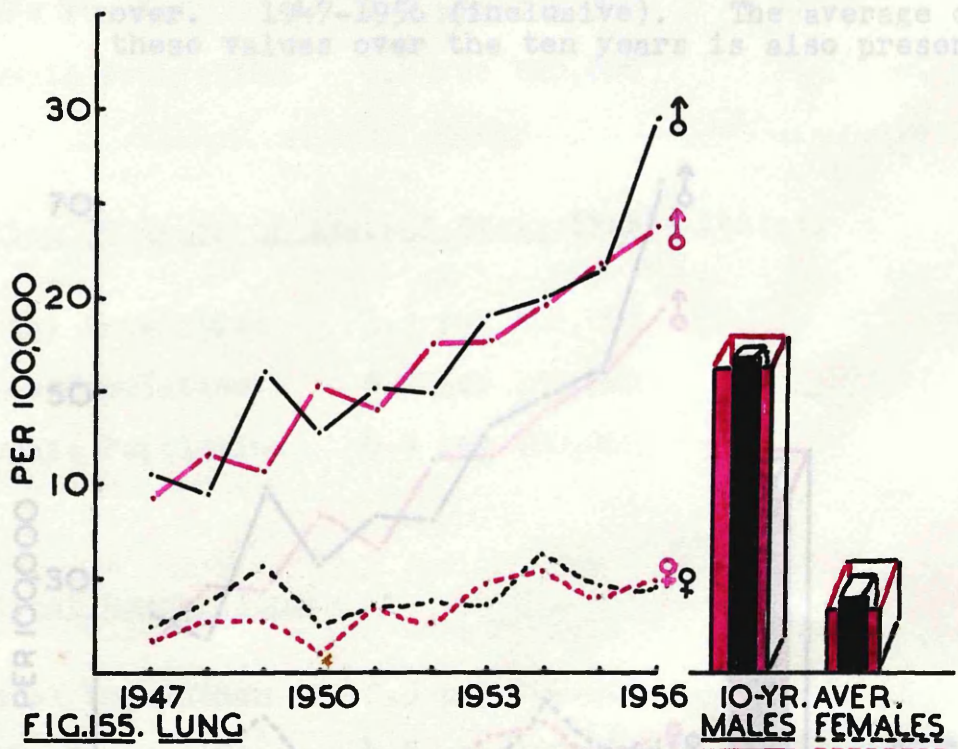
Connecticut Comparison:

Total Population	7.9 per 100,000
Male Population	13.9 per 100,000
Female Population	2.7 per 100,000



**FIG. 154. LUNG**

The comparison is made between the crude mortality, the corrected mortality, and the incidence rates per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

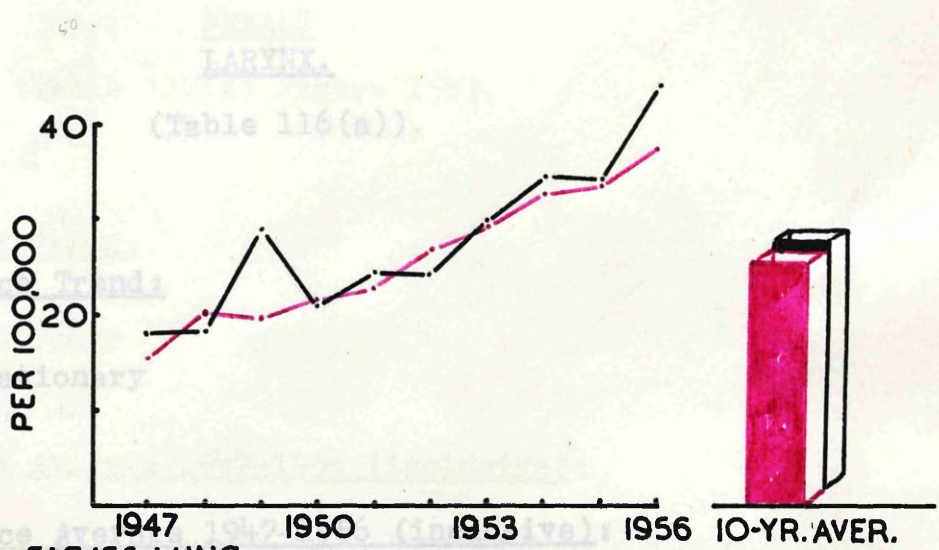


**FIG. 155. LUNG**

**10-YR. AVER. MALES FEMALES**

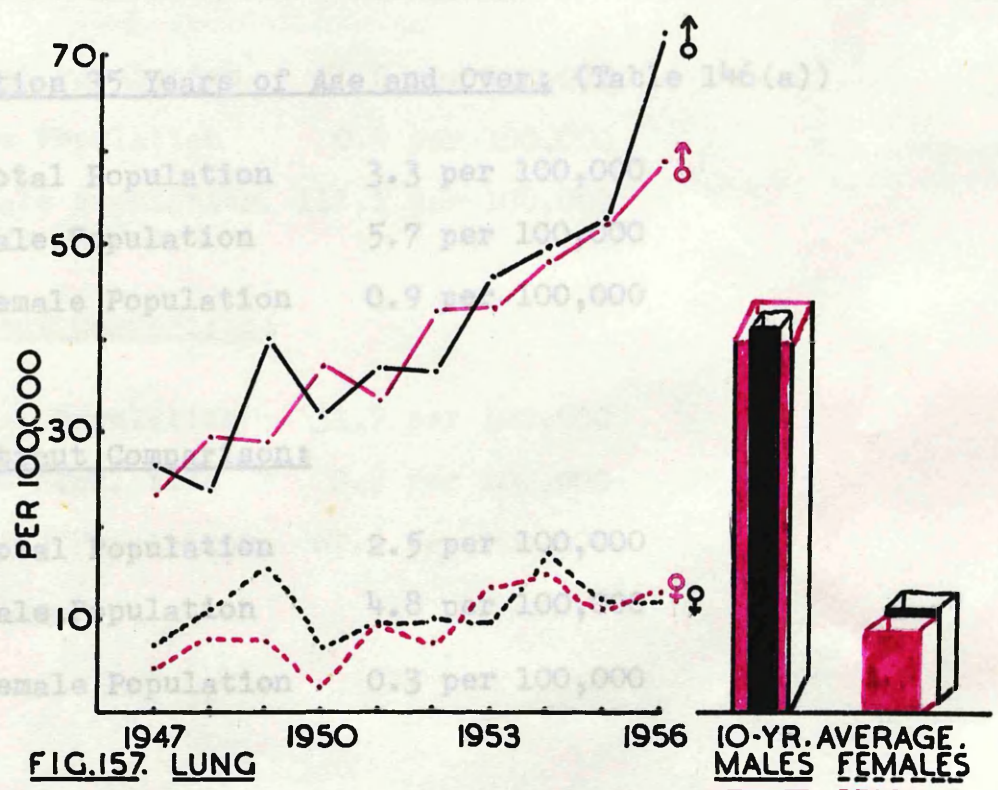
The comparison is made between the crude mortality and the incidence rates in the male and female population in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

The crude mortality and incidence rates of the male and female population, 35 years of age and over, are compared. 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG.156. LUNG**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the population in Saskatchewan, 35 years of age and over. 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG.157. LUNG**

**10-YR. AVERAGE. MALES FEMALES**

The crude mortality and incidence rates of the male and female population, 35 years of age and over, are compared. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

LARYNX.

(Table 116(a)).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

Total Population	1.4 per 100,000
Male Population	2.3 per 100,000
Female Population	0.4 per 100,000

Population 35 Years of Age and Over: (Table 146(a))

Total Population	3.3 per 100,000
Male Population	5.7 per 100,000
Female Population	0.9 per 100,000

Connecticut Comparison:

Total Population	2.5 per 100,000
Male Population	4.8 per 100,000
Female Population	0.3 per 100,000

BREAST

(Table 117(a) Figure 158).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

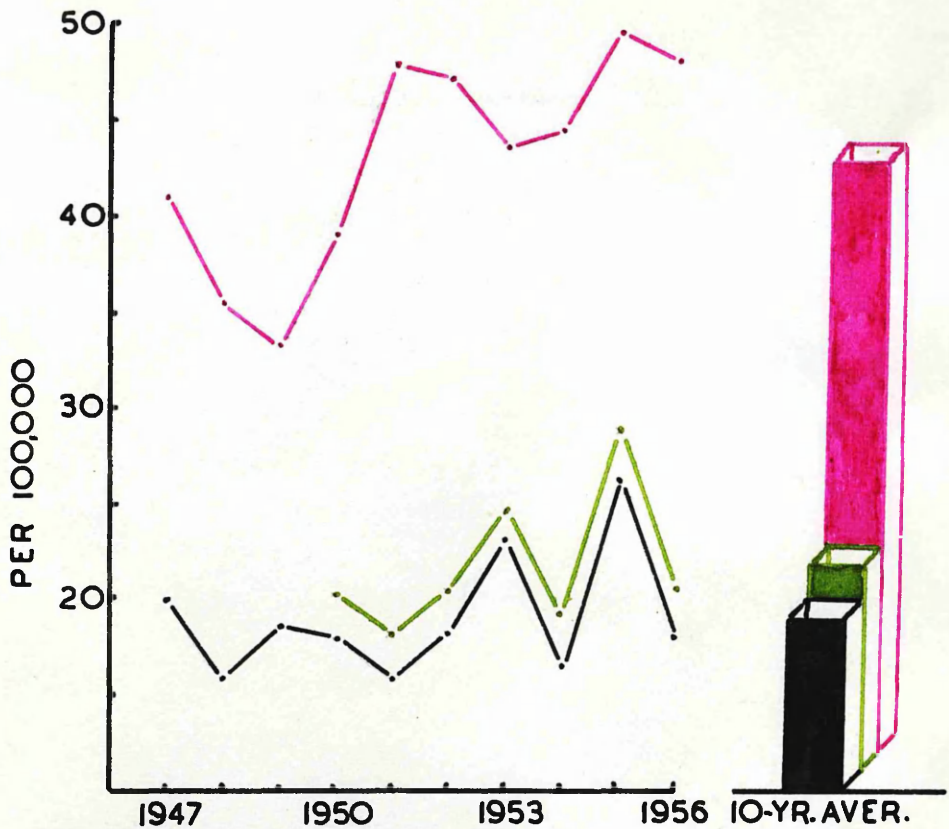
Total Population	21.7 per 100,000
Male Population	0.4 per 100,000
Female Population	43.0 per 100,000

Population 35 Years of Age and Over: (Table 147(a) Figure 159)

Total Population	56.0 per 100,000
Male Population	0.9 per 100,000
Female Population	111.1 per 100,000

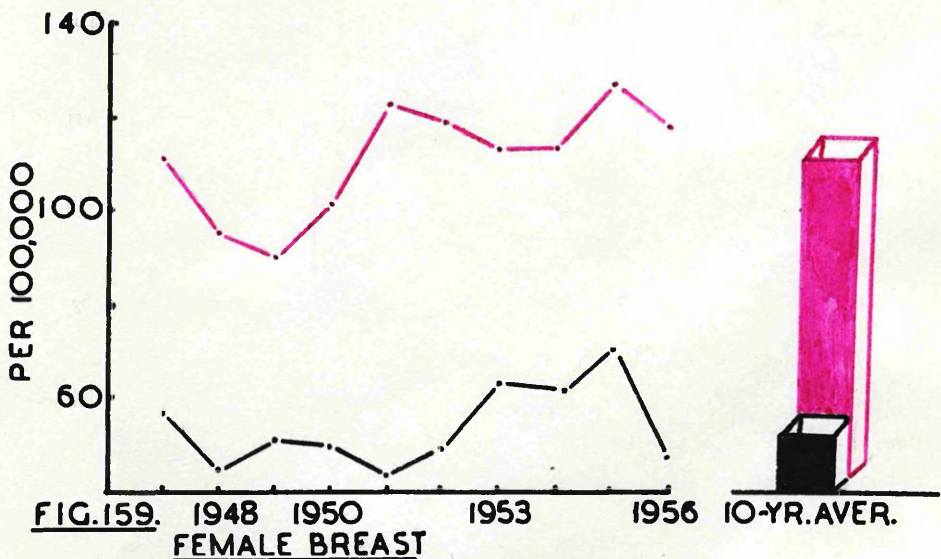
Connecticut Comparison:

Total Population	31.7 per 100,000
Male Population	0.7 per 100,000
Female Population	62.6 per 100,000



**FIG. 158. FEMALE BREAST**

The comparison is made between the crude mortality, the corrected mortality and the incidence rates per 100,000 of the female population in Saskatchewan. 1947-1956 (inclusive). The average of these values over the ten years is also shown.



**FIG. 159. FEMALE BREAST**

The crude mortality and the incidence rates in the female population, 35 years of age and over, are compared. 1947-1956 (inclusive). The average of these values is also presented.

CERVIX.

(Table 119(a) Figure 160)

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

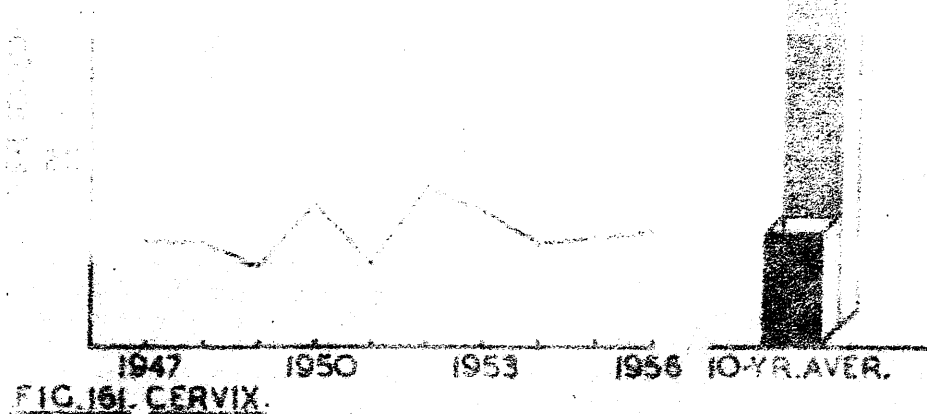
Female Population 15.6 per 100,000

Population 35 Years of Age and Over: (Table 149(a) Figure 161).

Female Population 39.2 per 100,000

Connecticut Comparison:

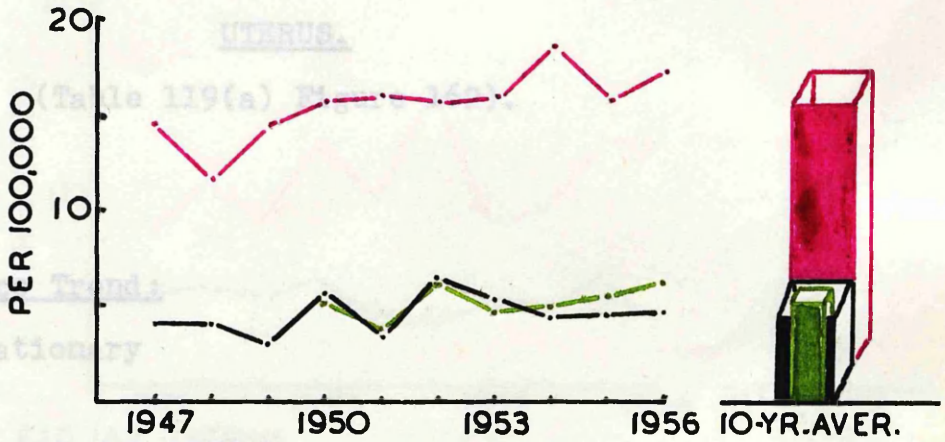
Female Population 23.0 per 100,000

FIG. 161. CERVIX.

The crude mortality and the incidence rates of the female population 35 years of age and over in Connecticut, 1947-1956.

The crude mortality rate is shown in Table 149(a) Figure 161. The incidence rate is shown in Table 119(a) Figure 160.

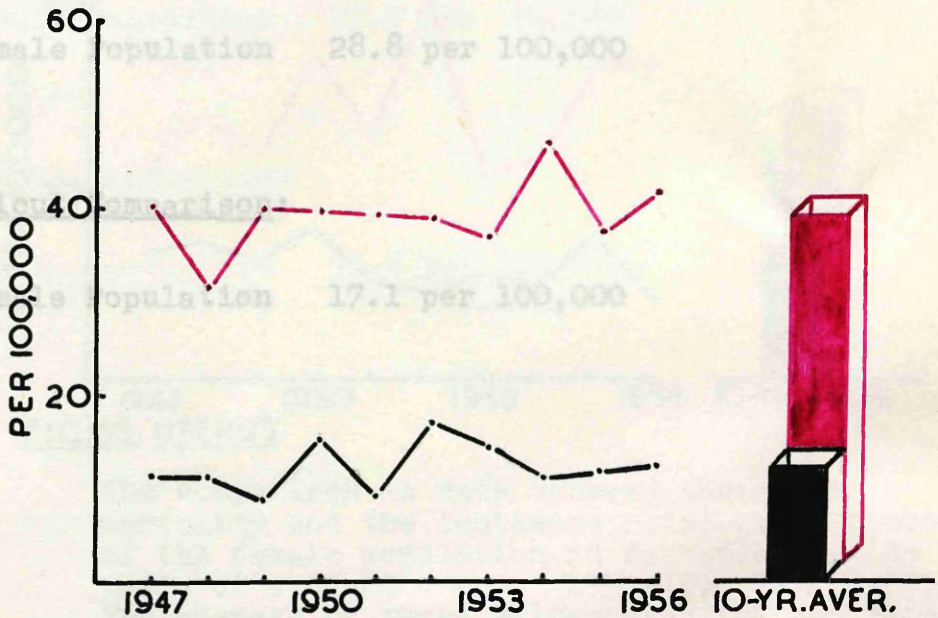




**FIG. 160. CERVIX**

The comparison is made between the crude mortality the corrected mortality and the incidence rates, per 100,000 of the female population in Saskatchewan. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

Population 35 Years of Age and Over: (Table 149(a) Figure 163)



**FIG. 161. CERVIX.**

The crude mortality and the incidence rates in the female population, 35 years of age and over, are compared. 1947-1956 (inclusive). The average of these values is also presented.

UTERUS.

(Table 119(a) Figure 162).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

Female Population 10.8 per 100,000

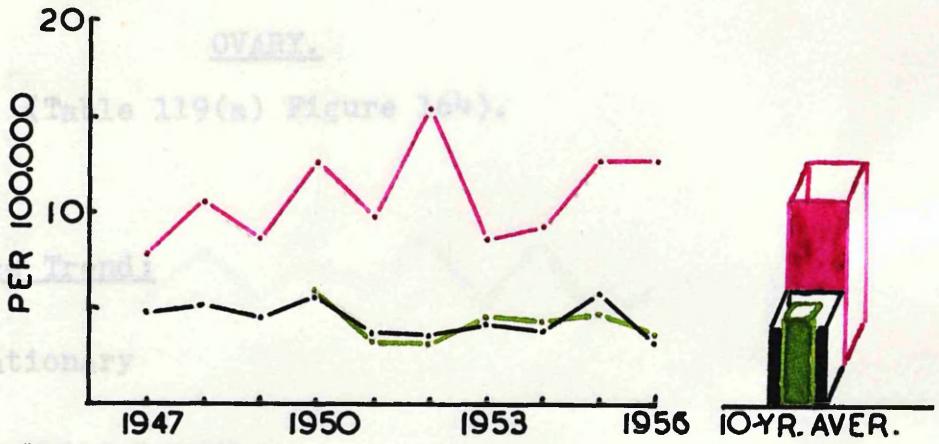
Population 35 Years of Age and Over: (Table 149(a) Figure 163)

Female Population 28.8 per 100,000

Connecticut Comparison:

Female Population 17.1 per 100,000

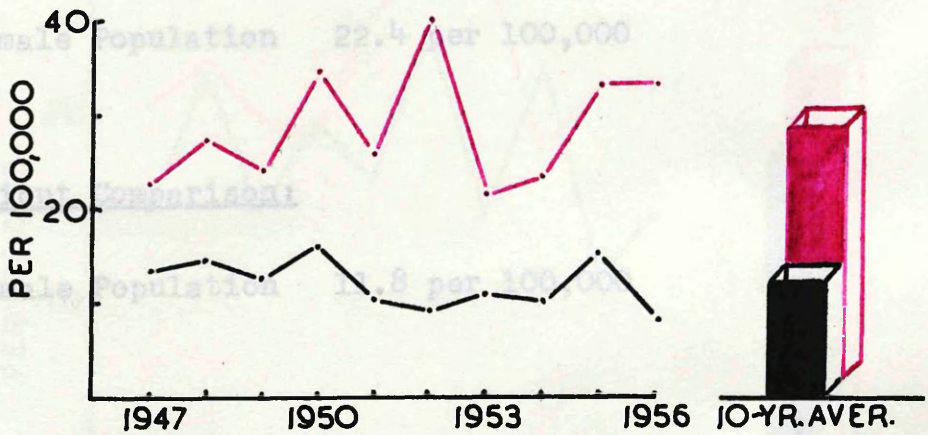
... the crude  
 ... rates per 100,000  
 ... Saskatchewan, 37  
 ... 1947-1956 (inclusive)  
 ... values over the ten years  
 ...



**FIG. 162. UTERUS**

The comparison is made between the crude mortality, the corrected mortality and the incidence rates per 100,000 of the female population in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

Population 35 Years of Age and Over: (Table 149(a) Figure 165).



**FIG. 163. UTERUS**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the female population in Saskatchewan, 35 years of age and over. 1947-1956 (inclusive). The average of these values over the ten years is also presented.

OVARY.

(Table 119(a) Figure 164).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

Female Population 8.9 per 100,000

Population 35 Years of Age and Over: (Table 149(a) Figure 165).

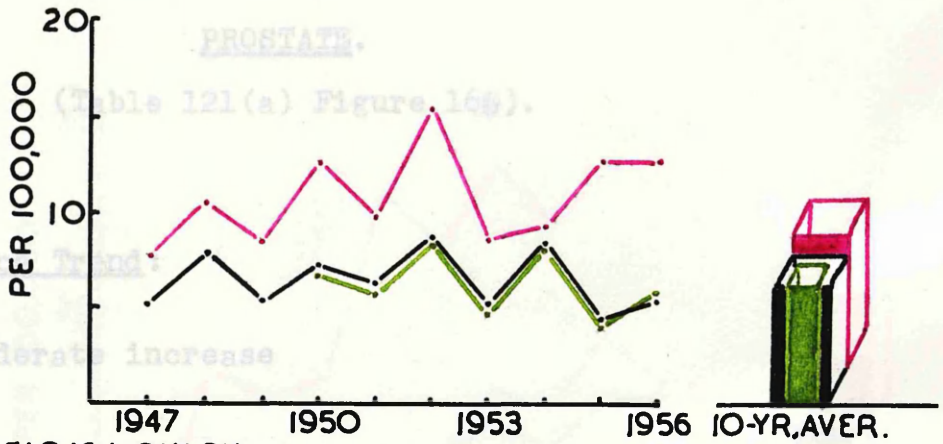
Female Population 22.4 per 100,000

Connecticut Comparison:

Female Population 11.8 per 100,000

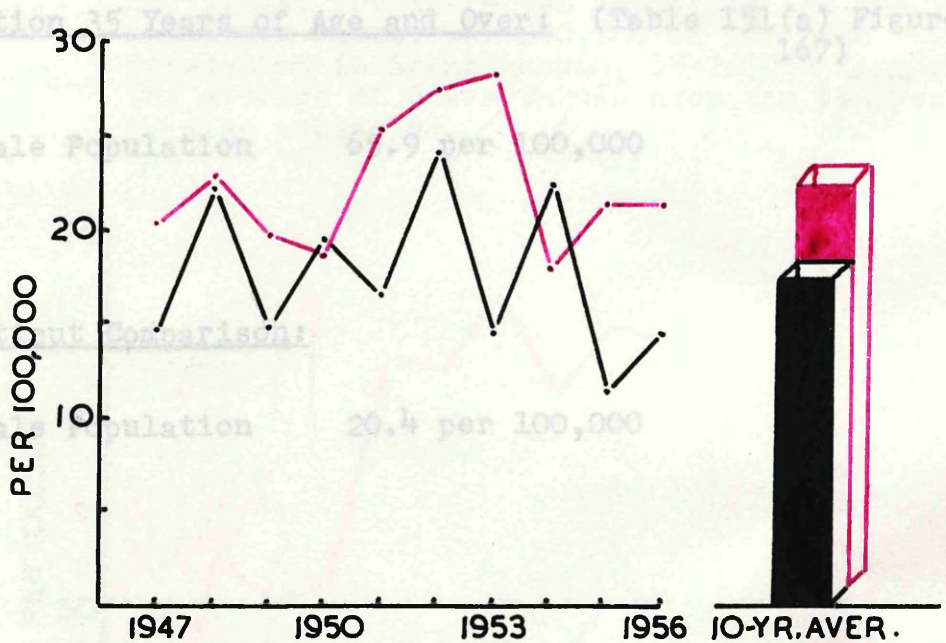
FIG. 165. OVARY

The comparison is made between the crude mortality and the incidence rates per 100,000 of the female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten year



**FIG. 164. OVARY**

The comparison is made between the crude mortality, the corrected mortality and the incidence rates per 100,000 of the female population in Saskatchewan, 1947-1956 (incl). The average of these values over the ten years is also presented.



**FIG. 165. OVARY**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

PROSTATE.

(Table 121(a) Figure 166).

Incidence Trend:

Moderate increase

Incidence Average 1947-1956 (inclusive):

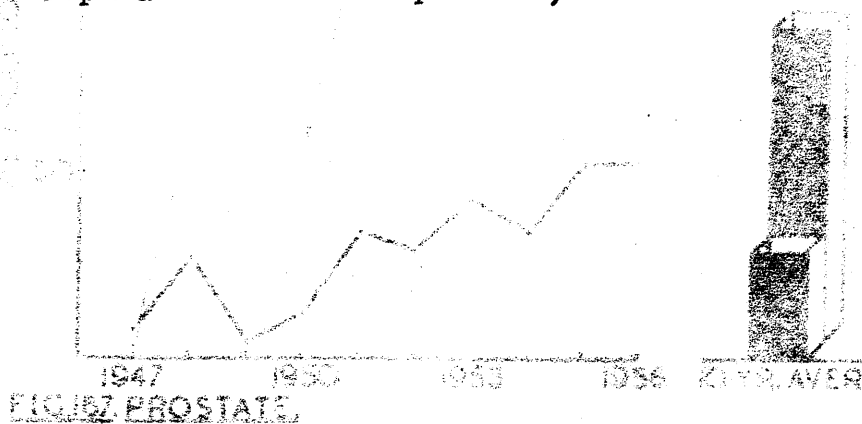
Male Population 26.2 per 100,000

Population 35 Years of Age and Over: (Table 151(a) Figure 167)

Male Population 65.9 per 100,000

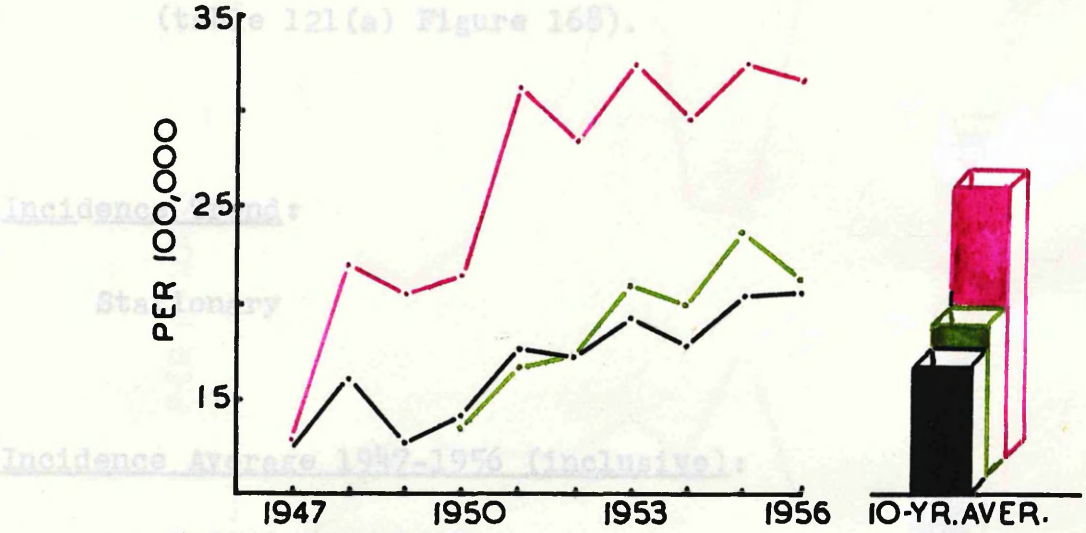
Connecticut Comparison:

Male Population 20.4 per 100,000



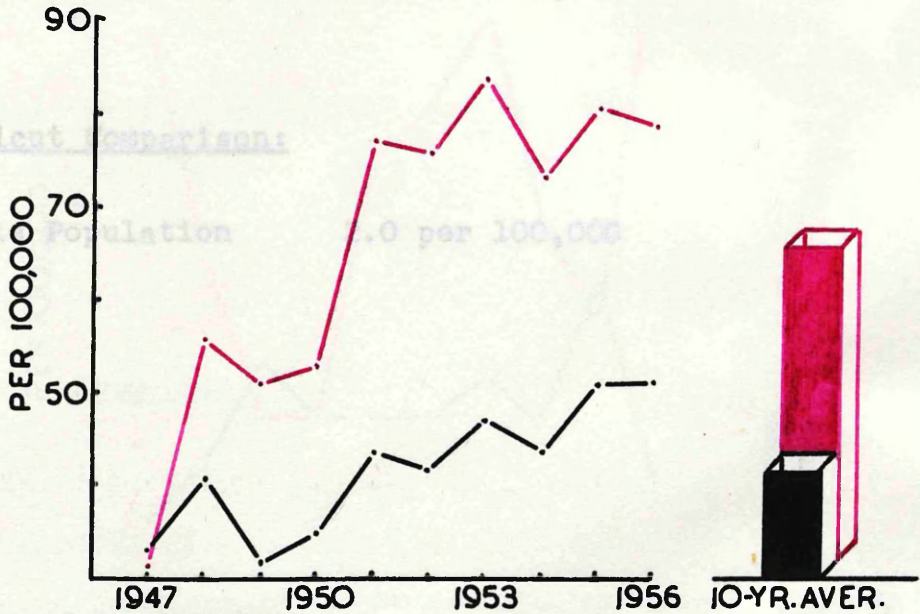
TESTIS.

(t 121(a) Figure 168).



**FIG. 166. PROSTATE**

The comparison is made between the crude mortality, the corrected mortality and the incidence rates, per 100,000 of the male population in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 167. PROSTATE**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male population in Saskatchewan, 35 years of the age and over, 1947-1956 (inclusive). The average of these values is also presented.

TESTIS.

(table 121(a) Figure 168).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

Male Population            2.4 per 100,000

Population 35 Years of Age and Over: (Table 151(a) Figure 169)

Male Population            4.1 per 100,000

Connecticut Comparison:

Male Population            2.0 per 100,000

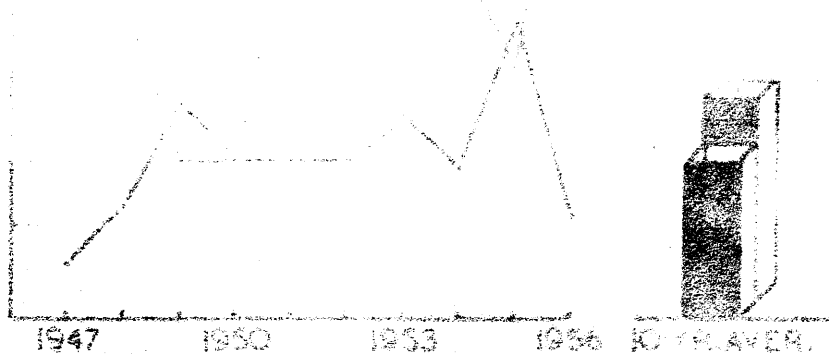
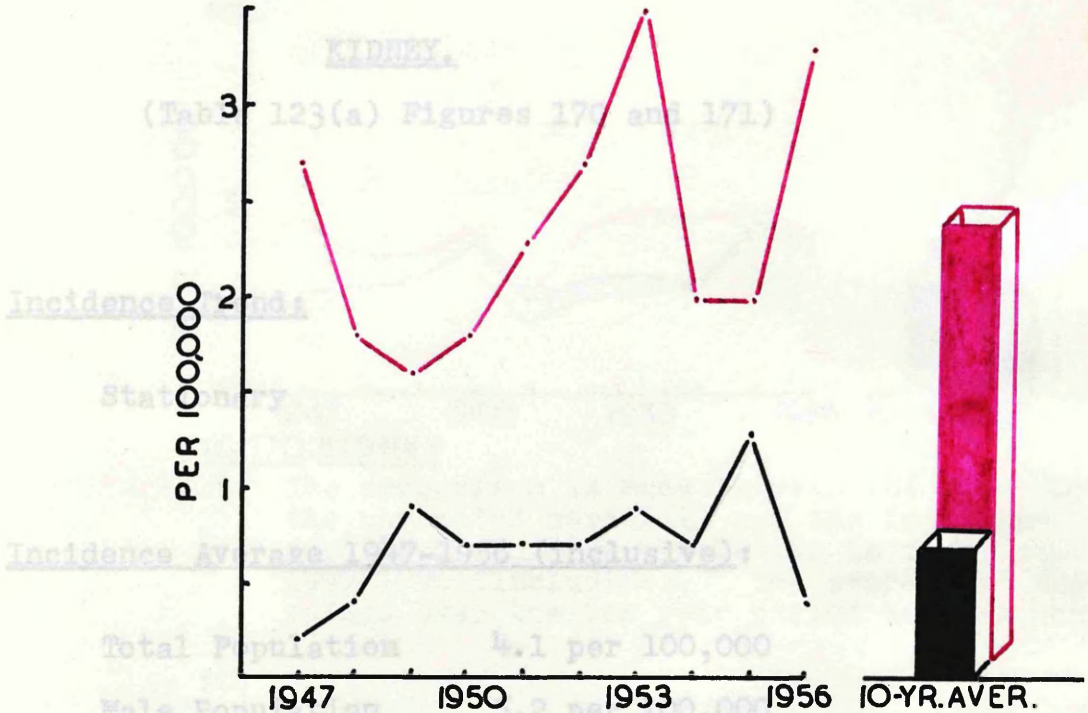


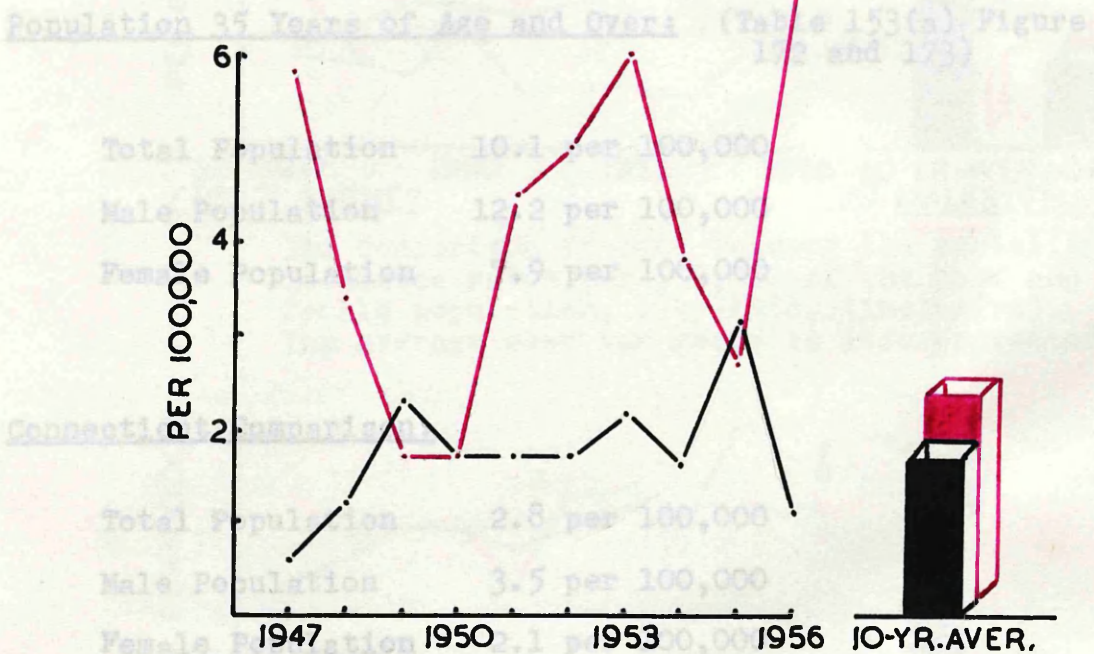
FIG. 159. TESTIS





**FIG.168. TESTIS**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male population in Saskatchewan, 1947-1956 (incl). Ten year average also shown.



**FIG.169. TESTIS**

The crude mortality and incidence rates per 100,000 of male population, 35 years of age and over, are compared. 1947-1956 (inclusive). The average of these values over ten years is also presented.

KIDNEY.

(Table 123(a) Figures 170 and 171)

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

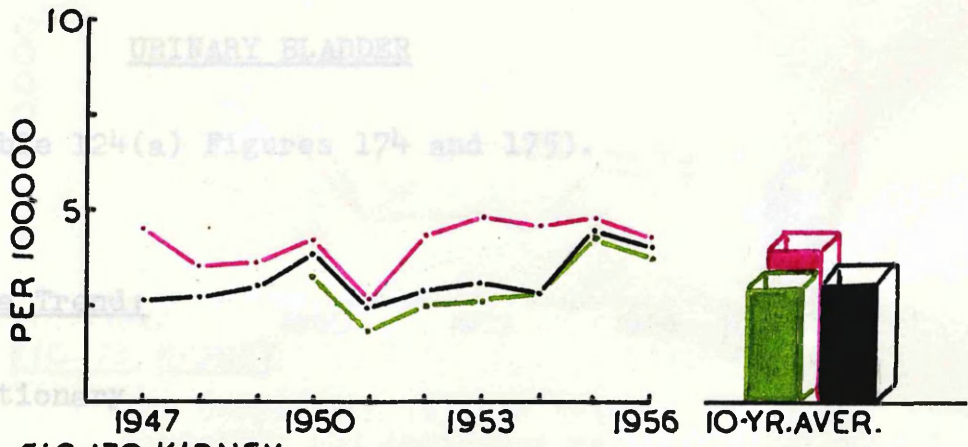
Total Population	4.1 per 100,000
Male Population	5.2 per 100,000
Female Population	3.0 per 100,000

Population 35 Years of Age and Over: (Table 153(a) Figure 172 and 173)

Total Population	10.1 per 100,000
Male Population	12.2 per 100,000
Female Population	7.9 per 100,000

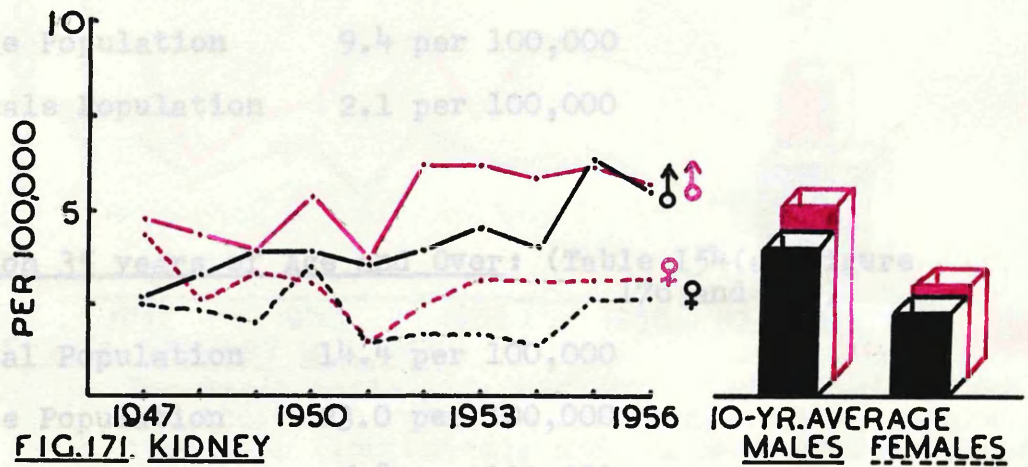
Connecticut Comparison:

Total Population	2.8 per 100,000
Male Population	3.5 per 100,000
Female Population	2.1 per 100,000



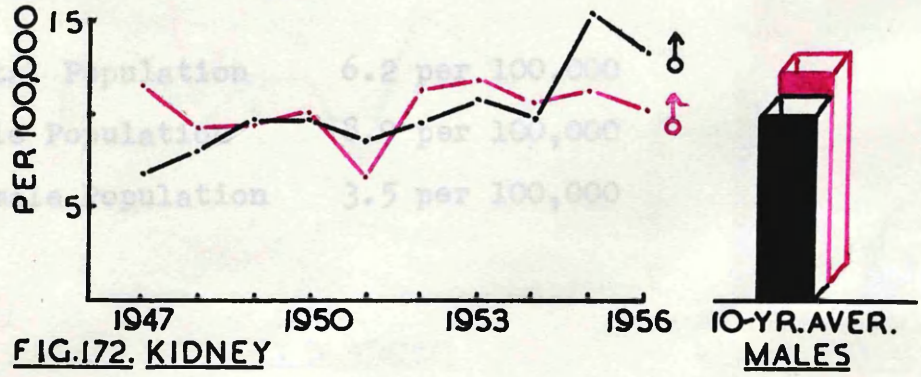
**FIG.170. KIDNEY**

The comparison is made between the crude mortality the corrected mortality and the incidence rates per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten year period is also presented.



**FIG.171. KIDNEY**

The comparison is made between the mortality and incidence rates per 100,000 of the male and female population, 1947-1956, (inclusive). The average over ten years is also presented.



**FIG.172. KIDNEY**

The crude mortality and incidence rates per 100,000 of the male population, 35 years of age and over, are compared, 1947-1956 (inclusive).

URINARY BLADDER

(Table 124(a) Figures 174 and 175).

Incidence Trend:

Stationary

10-YR AVER.  
FEMALESIncidence Average 1947-1956 (inclusive):

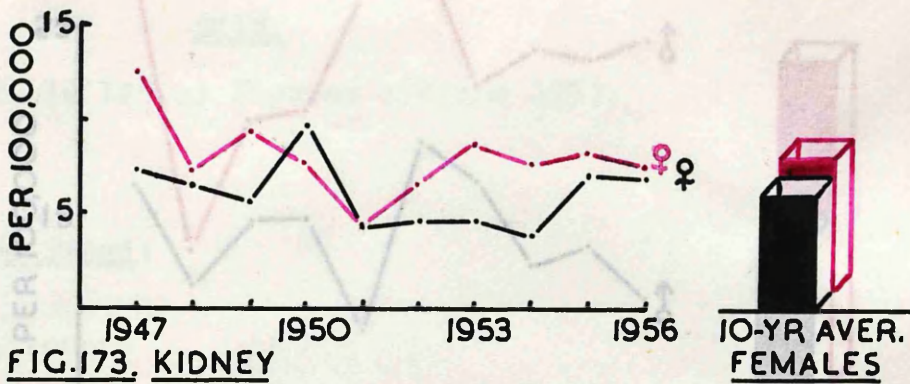
Total Population	5.8 per 100,000
Male Population	9.4 per 100,000
Female Population	2.1 per 100,000

Population 35 years of Age and Over: (Table 154(a) Figure 176 and 177)

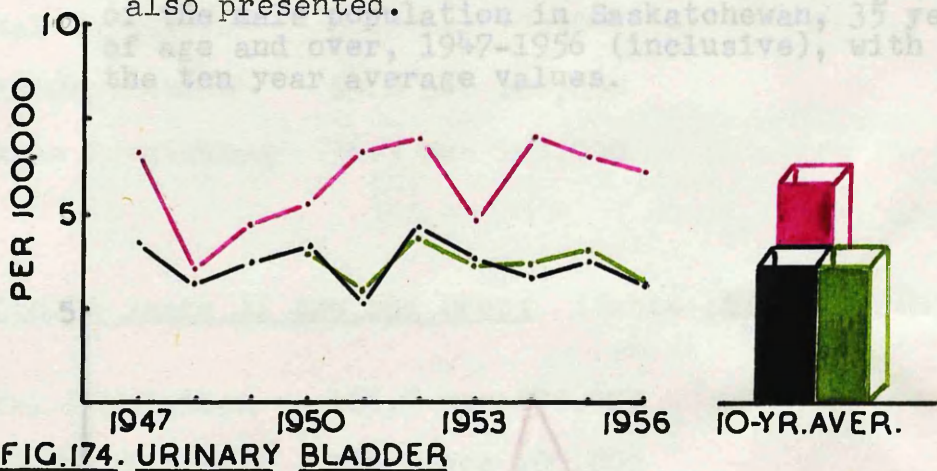
Total Population	14.4 per 100,000
Male Population	23.0 per 100,000
Female Population	5.8 per 100,000

Connecticut Comparison:

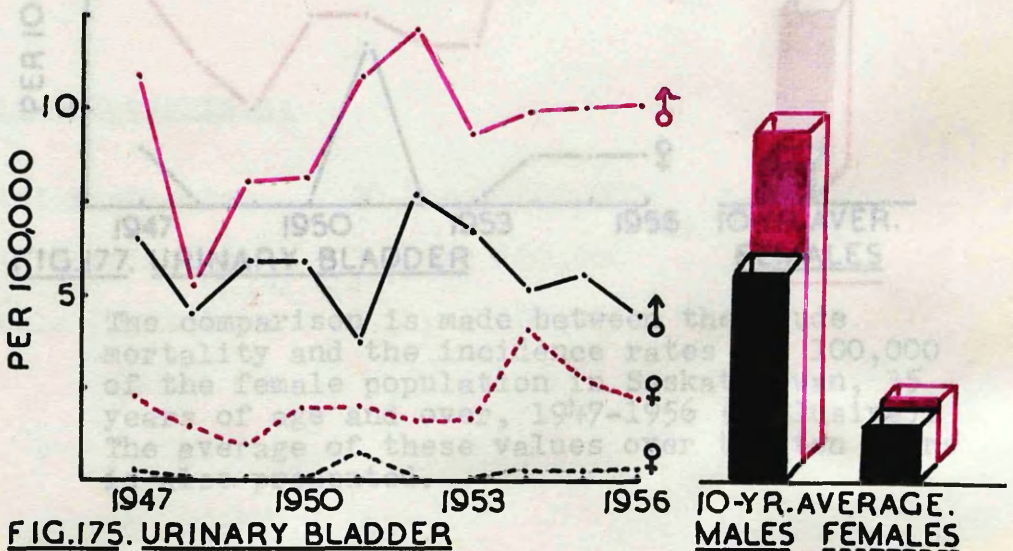
Total Population	6.2 per 100,000
Male Population	8.9 per 100,000
Female Population	3.5 per 100,000



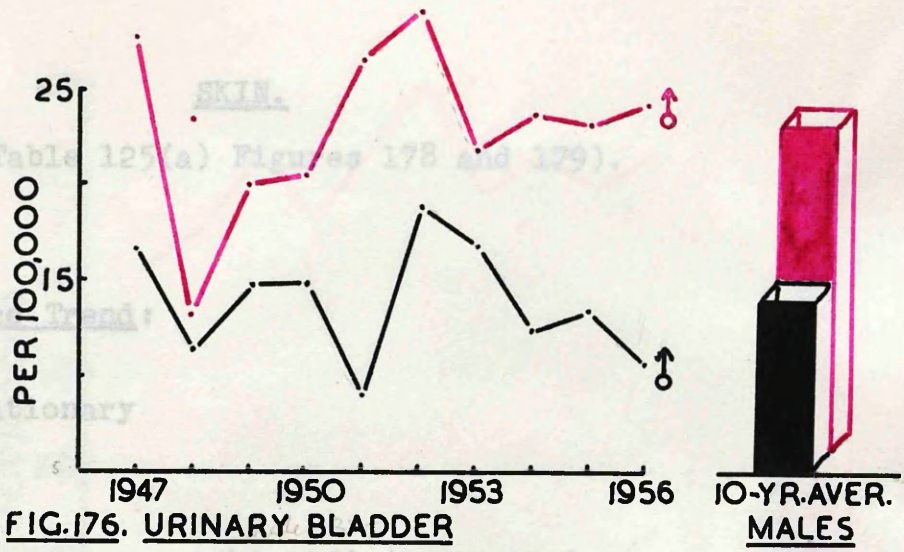
The comparison is made between the crude mortality and incidence rates per 100,000 of the female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



The crude mortality, the corrected mortality and the incidence rates in Saskatchewan are compared. 1947-1956 (inclusive), and ten year average shown.



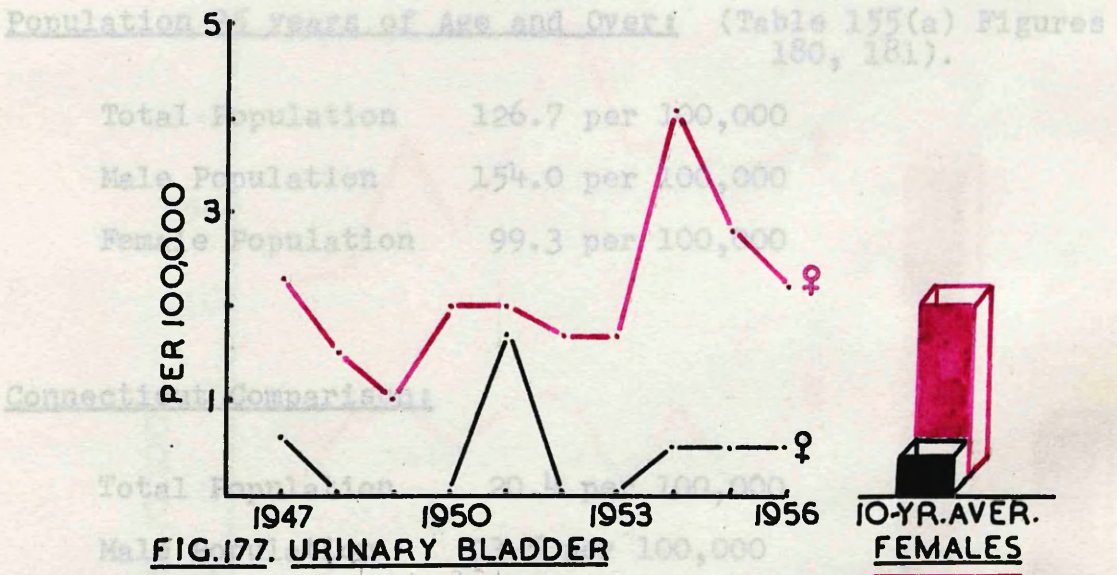
The crude mortality and the incidence rates per 100,000 of the male and female population are compared, 1947-1956 (incl).



**FIG. 176. URINARY BLADDER**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive), with the ten year average values.

Female Population 36.3 per 100,000



**FIG. 177. URINARY BLADDER**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

SKIN.

(Table 125(a) Figures 178 and 179).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

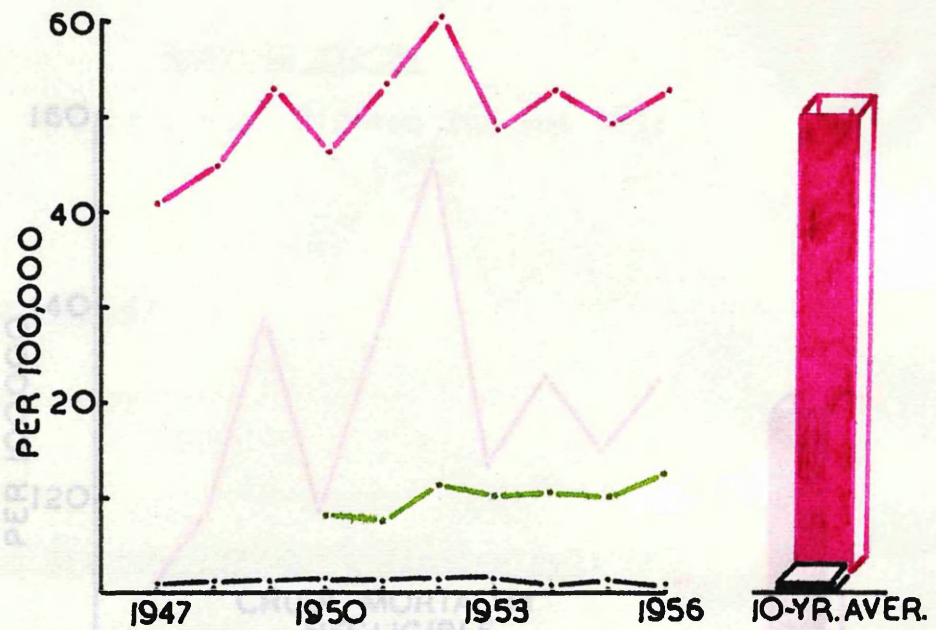
Total Population	50.2 per 100,000
Male Population	64.0 per 100,000
Female Population	36.3 per 100,000

Population 35 years of Age and Over: (Table 155(a) Figures 180, 181).

Total Population	126.7 per 100,000
Male Population	154.0 per 100,000
Female Population	99.3 per 100,000

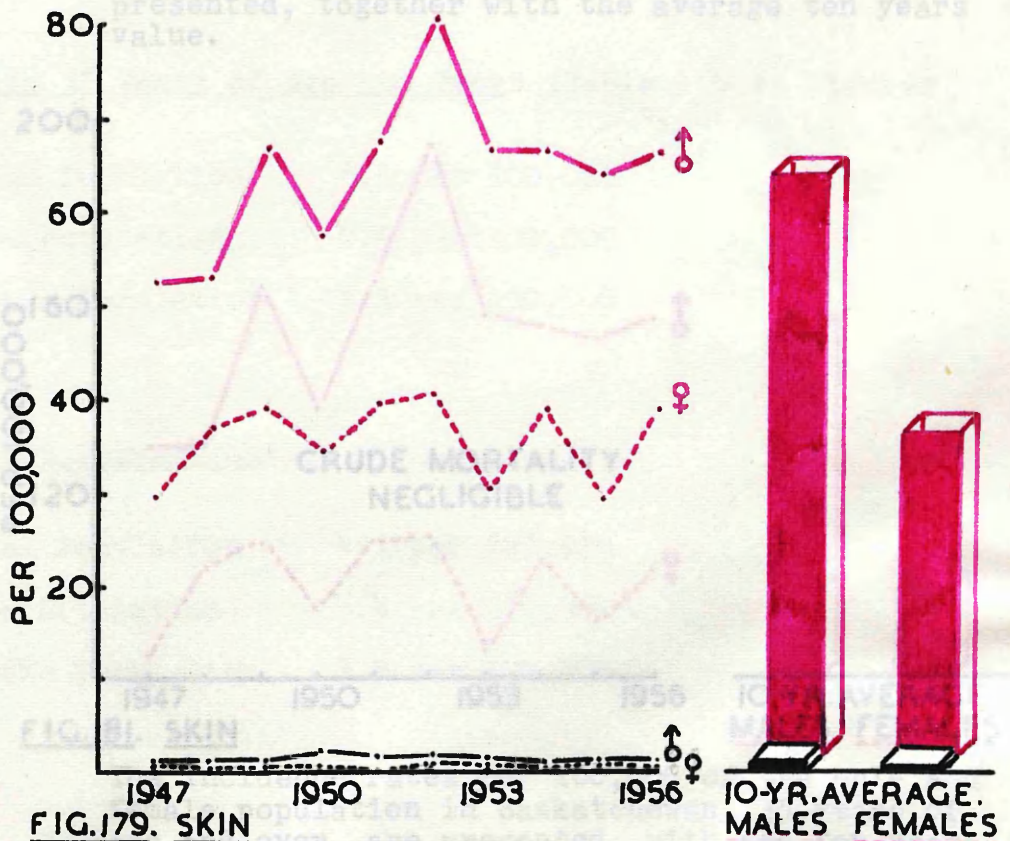
Connecticut Comparison:

Total Population	20.4 per 100,000
Male Population	23.5 per 100,000
Female Population	17.3 per 100,000



**FIG. 178. SKIN**

The comparison is made between the crude mortality, the corrected mortality and the incidence rates per 100,000 of the population in Saskatchewan, 1947-1956 (incl). The average of these values over the ten years is also presented.



**FIG. 179. SKIN**

The crude mortality and incidence rates per 100,000 of the male and female population are compared, 1947-1956 (inclusive), with ten year average shown.



NERVOUS SYSTEM

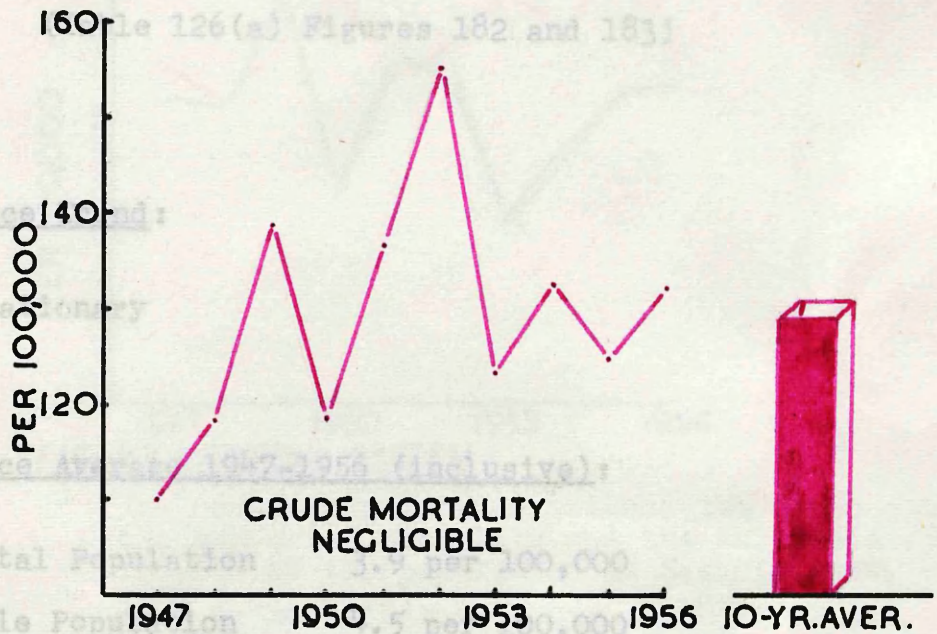


FIG.180. SKIN.

The incidence rate per 100,000 of the population in Saskatchewan, 35 years of age and over, is presented, together with the average ten years value.

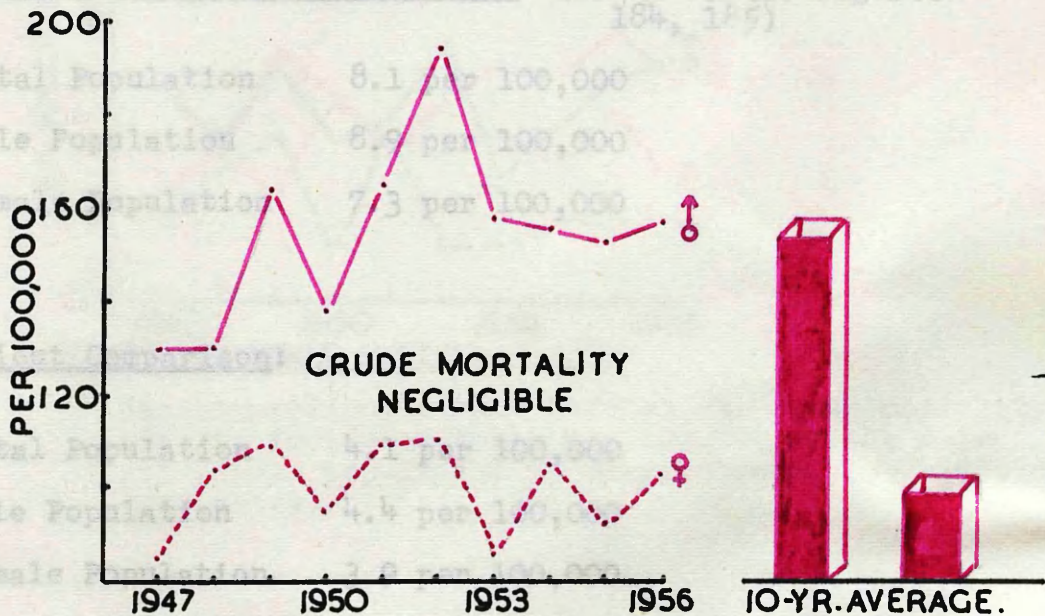


FIG.181. SKIN

The incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, are presented, with the ten years average values.

NERVOUS SYSTEM

(Table 126(a) Figures 182 and 183)

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

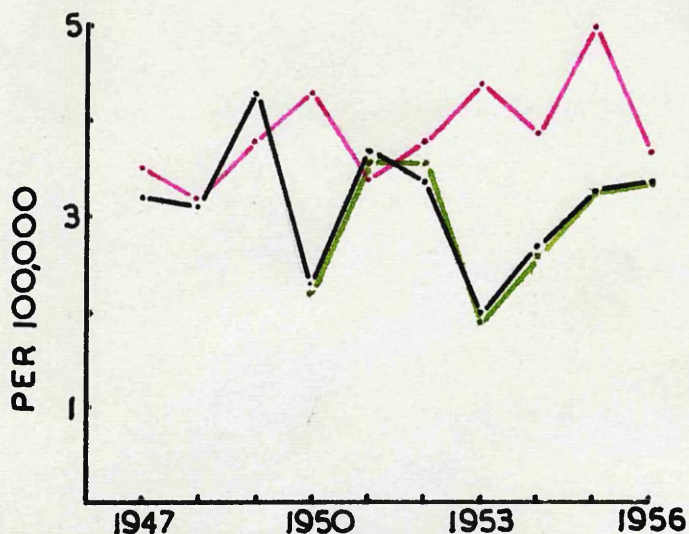
Total Population	3.9 per 100,000
Male Population	4.5 per 100,000
Female Population	3.2 per 100,000

Population 35 Years of Age and Over: (Table 156(a) Figures 184, 185)

Total Population	8.1 per 100,000
Male Population	8.9 per 100,000
Female Population	7.3 per 100,000

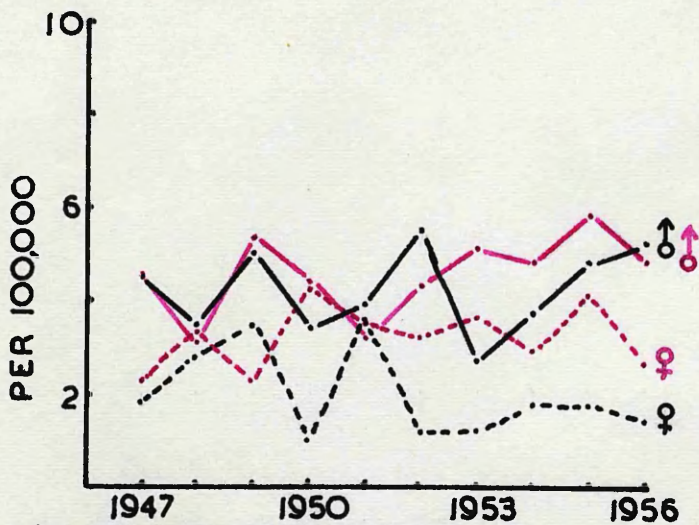
Connecticut Comparison:

Total Population	4.1 per 100,000
Male Population	4.4 per 100,000
Female Population	3.9 per 100,000



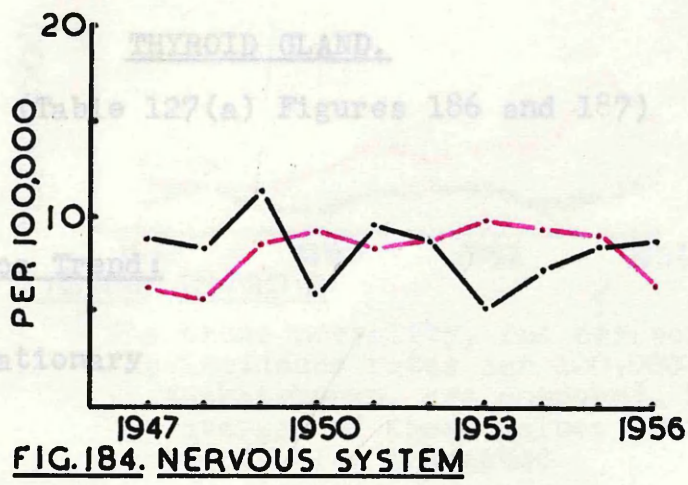
**FIG. 182. NERVOUS SYSTEM**

The comparison is made between the crude mortality, the corrected mortality and the incidence rates per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive).



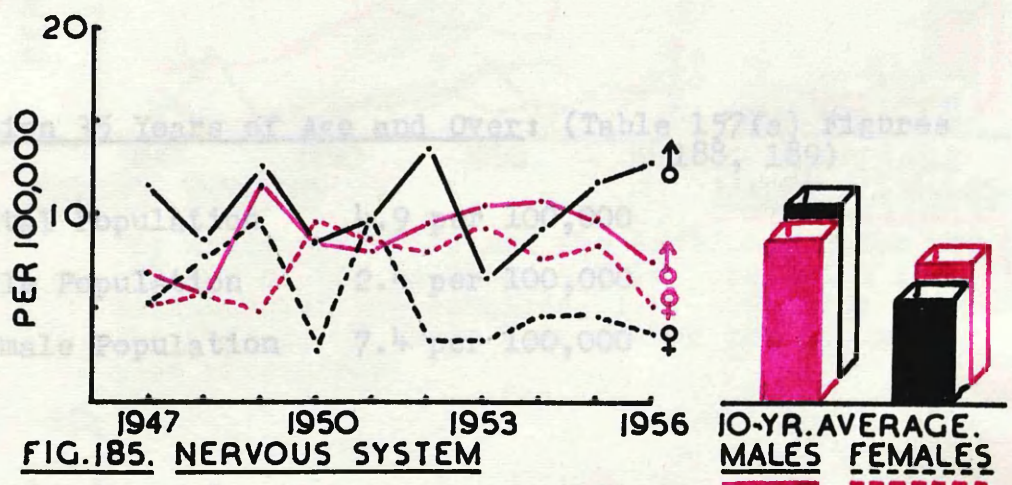
**FIG. 183. NERVOUS SYSTEM**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 1947-1956 (inclusive).



The comparison is made between the crude mortality and the incidence rates per 100,000 of the population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive).

Male Population 1.1 per 100,000  
 Female Population 3.3 per 100,000



The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

Female Population 1.4 per 100,000

THYROID GLAND.

(Table 127(a) Figures 186 and 187)

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

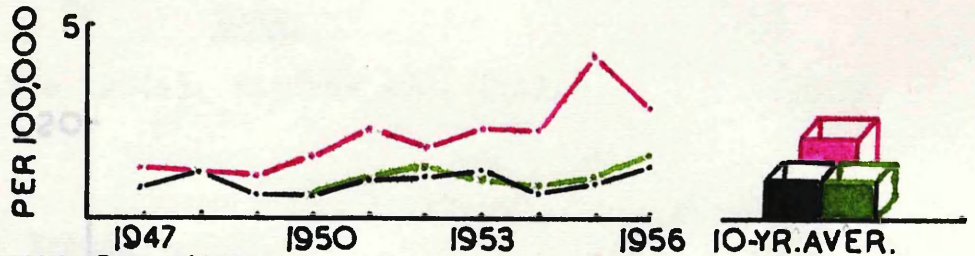
Total Population	2.2 per 100,000
Male Population	1.1 per 100,000
Female Population	3.3 per 100,000

Population 35 Years of Age and Over: (Table 157(a) Figures 188, 189)

Total Population	4.9 per 100,000
Male Population	2.4 per 100,000
Female Population	7.4 per 100,000

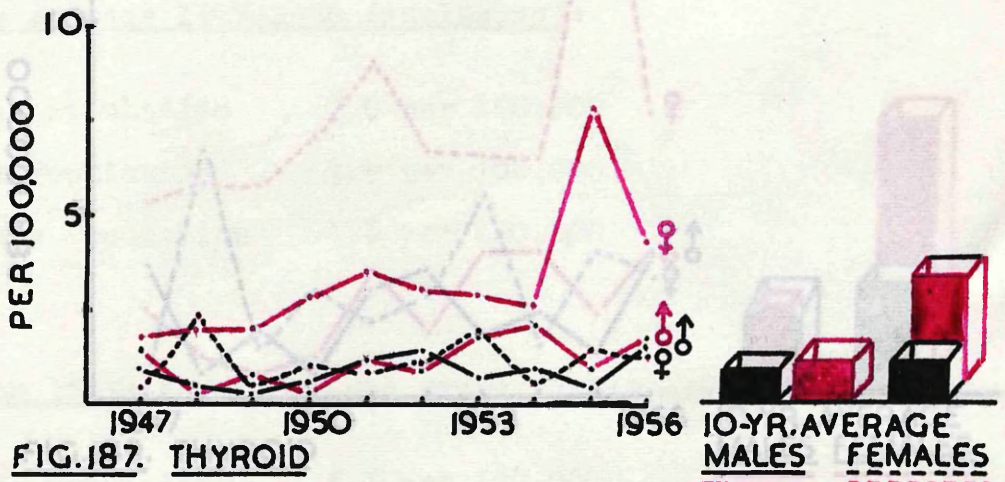
Connecticut Comparison:

Total Population	0.9 per 100,000
Male Population	0.5 per 100,000
Female Population	1.4 per 100,000



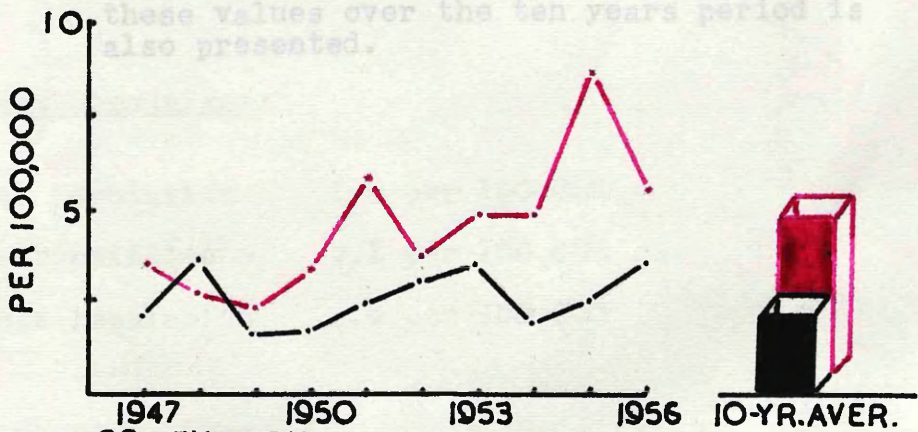
**FIG. 186. THYROID**

The crude mortality, the corrected mortality and the incidence rates per 100,000 of the population in Saskatchewan, are compared, 1947-1956 (inclusive). The average of these values over the ten years period is also presented.



**FIG. 187. THYROID**

The crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan are compared, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 188 THYROID.**

The crude mortality and incidence rates per 100,000 of the population in Saskatchewan, 35 years of age and over are compared, 1947-1956, (inclusive). The average of these values over the ten years is also presented.

BONE.

(Table 128(a), Figures 190, 191).

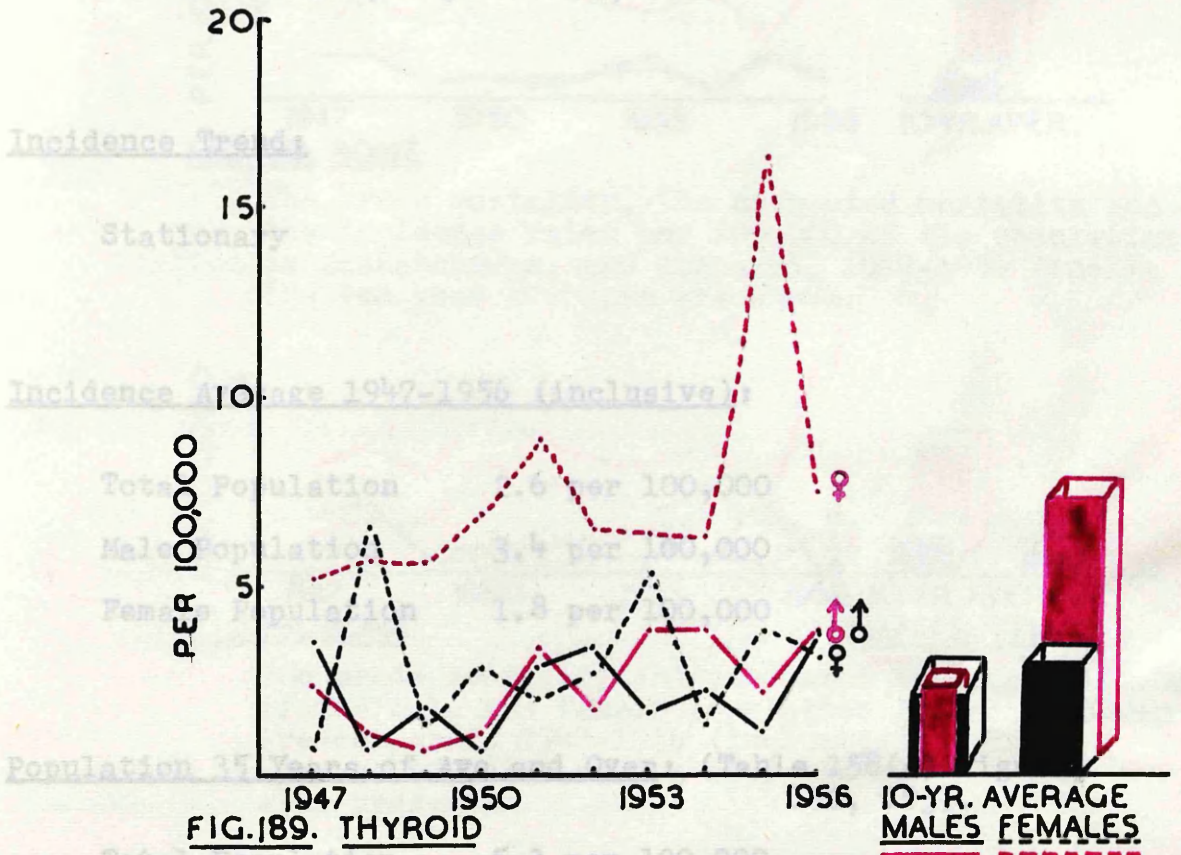


FIG. 189. THYROID

10-YR. AVERAGE  
MALES FEMALES

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years period is also presented.

Connecticut Comparison:

Total Population	1.9 per 100,000
Male Population	2.1 per 100,000
Female Population	1.8 per 100,000

BONE.

(Table 128(a), Figures 190, 191).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

Total Population	2.6 per 100,000
Male Population	3.4 per 100,000
Female Population	1.8 per 100,000

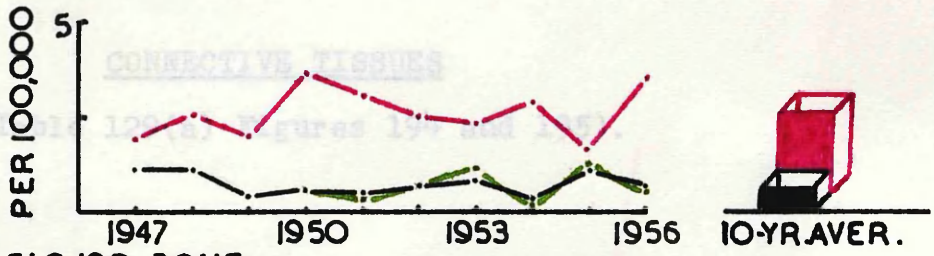
Population 35 Years of Age and Over: (Table 158(a) Figures 192, 193).

Total Population	5.3 per 100,000
Male Population	6.5 per 100,000
Female Population	4.1 per 100,000

Connecticut Comparison:

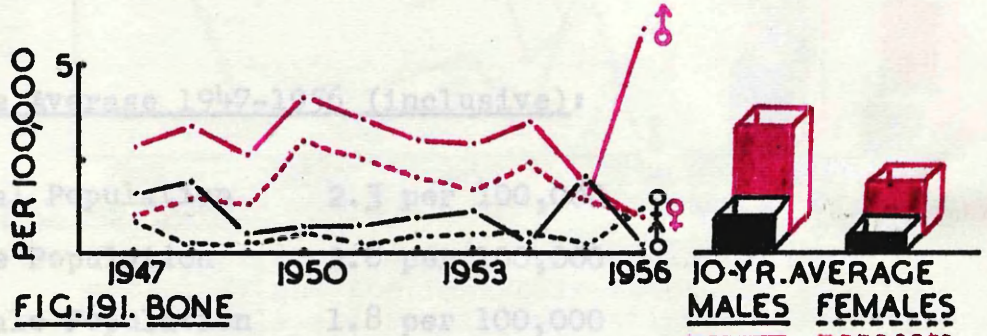
Total Population	1.9 per 100,000
Male Population	2.1 per 100,000
Female Population	1.8 per 100,000





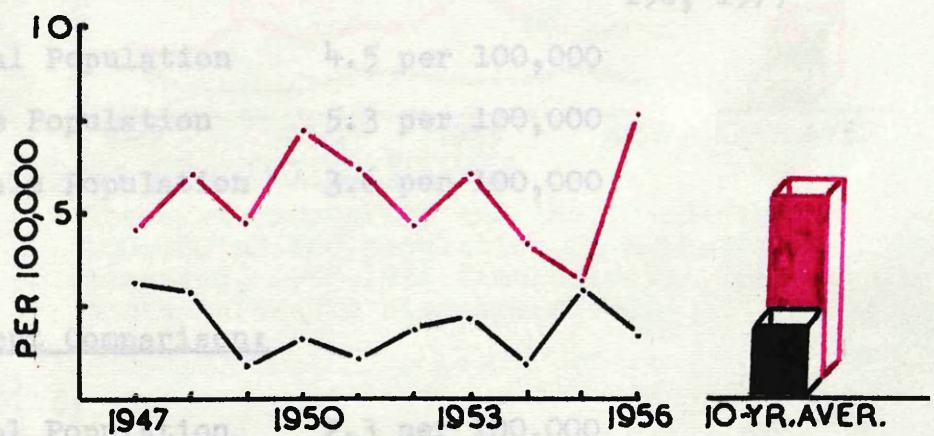
**FIG. 190. BONE**

The crude mortality, the corrected mortality and the incidence rates per 100,000 of the population in Saskatchewan, are compared, 1947-1956 (incl). The ten year averages are shown.



**FIG. 191. BONE**

The crude mortality and incidence rates per 100,000 of the male and female population in Saskatchewan are compared, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 192. BONE.**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

CONNECTIVE TISSUES

(Table 129(a) Figures 194 and 195).

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

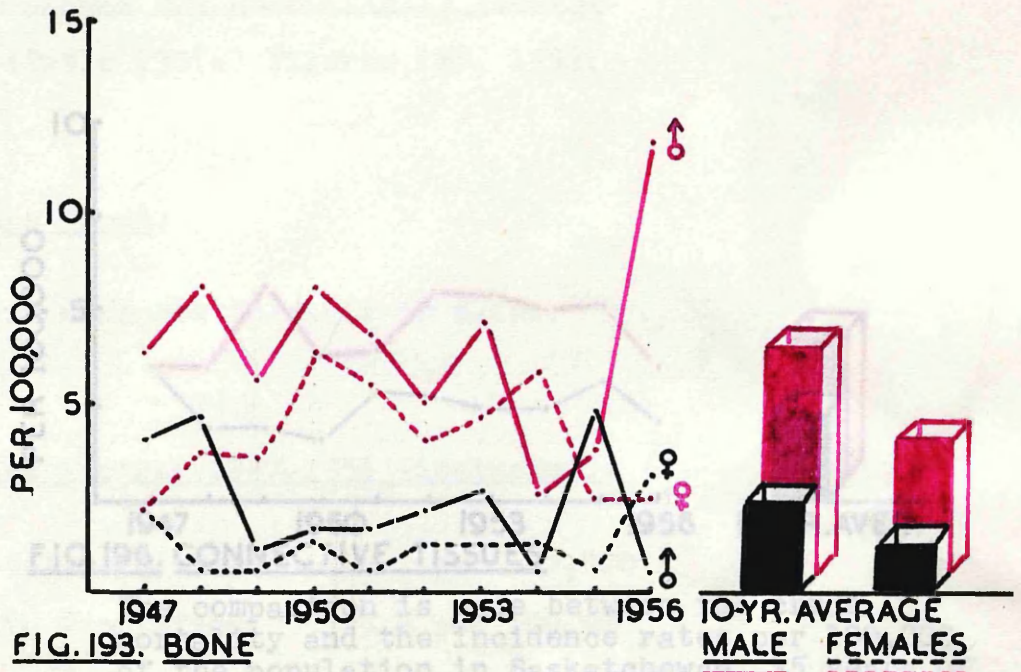
Total Population	2.3 per 100,000
Male Population	2.8 per 100,000
Female Population	1.8 per 100,000

Population 35 Years of Age and Over: (Table 159(a) Figures 196, 197)

Total Population	4.5 per 100,000
Male Population	5.3 per 100,000
Female Population	3.6 per 100,000

Connecticut Comparison:

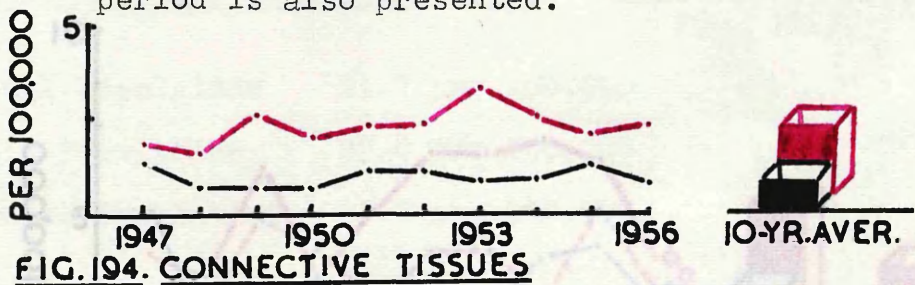
Total Population	2.3 per 100,000
Male Population	2.6 per 100,000
Female Population	2.1 per 100,000



**FIG. 193. BONE**

**10-YR. AVERAGE  
MALE FEMALE**

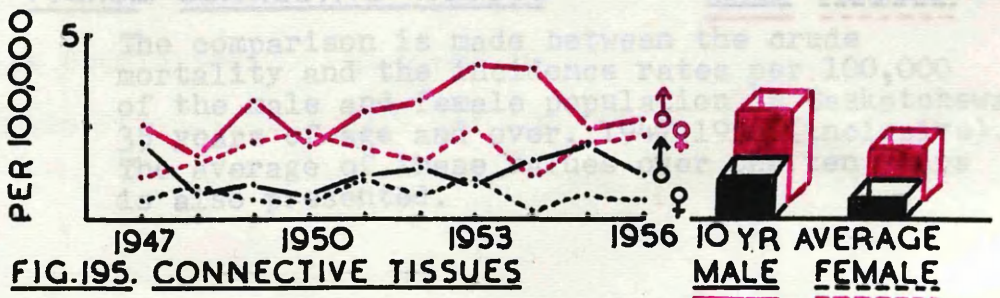
The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten year period is also presented.



**FIG. 194. CONNECTIVE TISSUES**

**10-YR. AVER.**

The crude mortality and the incidence rates per 100,000 of the population in Saskatchewan, are compared, 1947-1956 (inclusive). The average of these values is also presented.



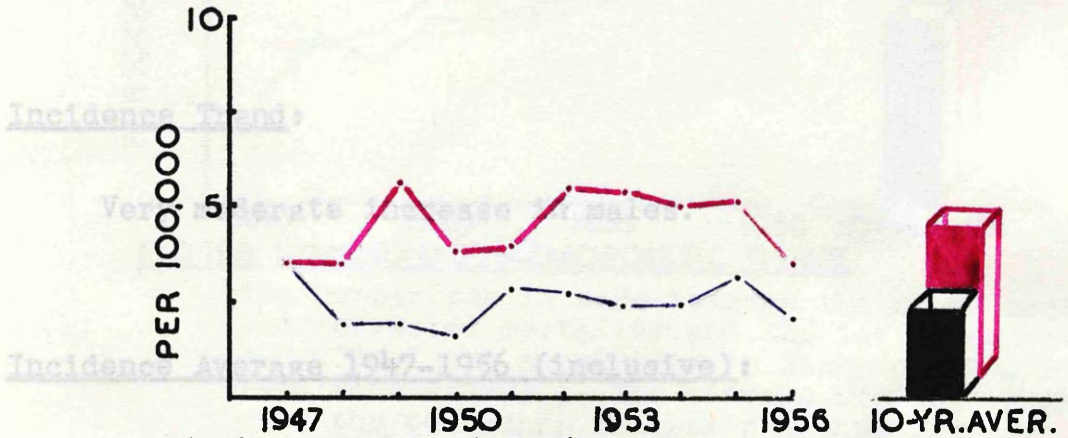
**FIG. 195. CONNECTIVE TISSUES**

**10-YR. AVERAGE  
MALE FEMALE**

The crude mortality and incidence rates per 100,000 of the male and female population in Saskatchewan, are compared, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

LYMPHOID and HAEMOPOLISTIC TISSUES.

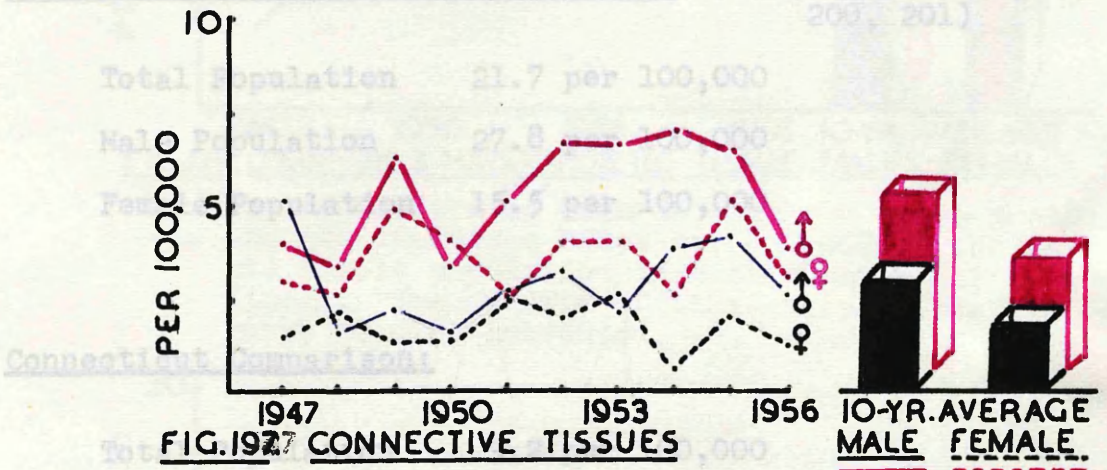
(Table 130(a) Figures 198, 199).



**FIG. 196. CONNECTIVE TISSUES**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

Population 35 Years of Age and Over: (Table 160(a) Figures 200, 201)



**FIG. 197. CONNECTIVE TISSUES**

**10-YR. AVERAGE MALE FEMALE**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

LYMPHOID and HAEMOPOIETIC TISSUES.

(Table 130(a) Figures 198, 199).

Incidence Trend:

Very moderate increase in males.

Incidence Average 1947-1956 (inclusive):

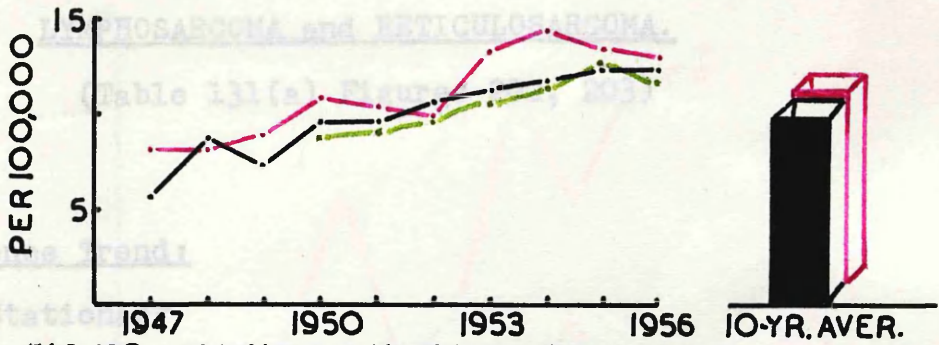
Total Population	10.9 per 100,000
Male Population	14.4 per 100,000
Female Population	7.3 per 100,000

Population 35 Years of Age and Over: (Table 160(a) Figures 200, 201)

Total Population	21.7 per 100,000
Male Population	27.8 per 100,000
Female Population	15.5 per 100,000

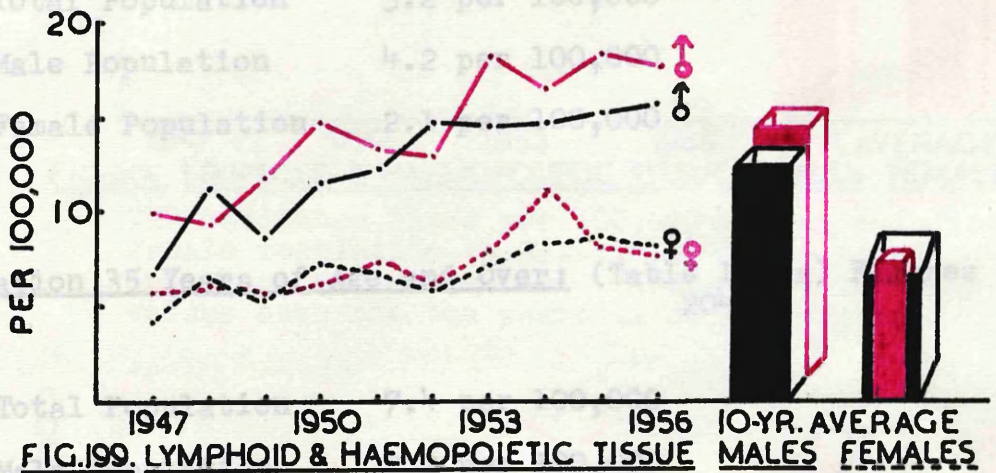
Connecticut Comparison:

Total Population	9.2 per 100,000
Male Population	10.6 per 100,000
Female Population	7.9 per 100,000



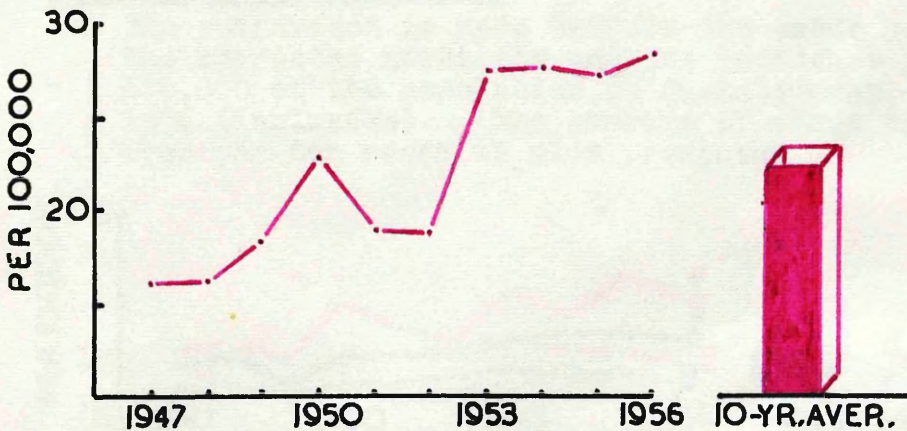
**FIG. 198. LYMPHOID & HAEMOPOIETIC TISSUE**

The comparison is made between the crude mortality, the corrected mortality and the incidence rates per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 199. LYMPHOID & HAEMOPOIETIC TISSUE** MALES FEMALES

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 1947-1956 (incl). The average of these values over the ten years is also presented.



**FIG. 200. LYMPHOID & HAEMOPOIETIC TISSUE**

The incidence rate per 100,000 of the population in Saskatchewan, 35 years of age and over, is presented together with the ten year average value.

LYMPHOSARCOMA and RETICULOSARCOMA.

(Table 131(a) Figures 202, 203)

Incidence Trend:

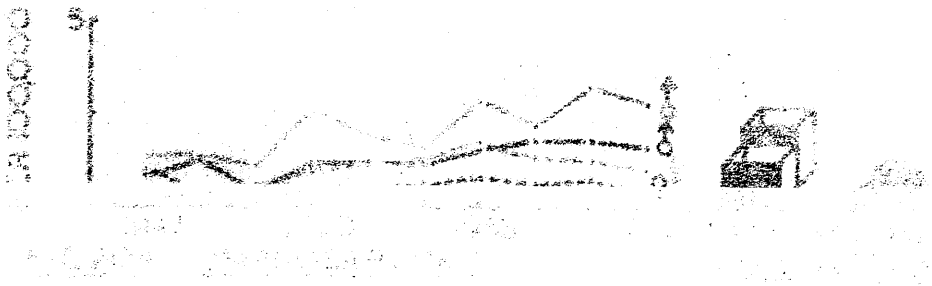
Stationary

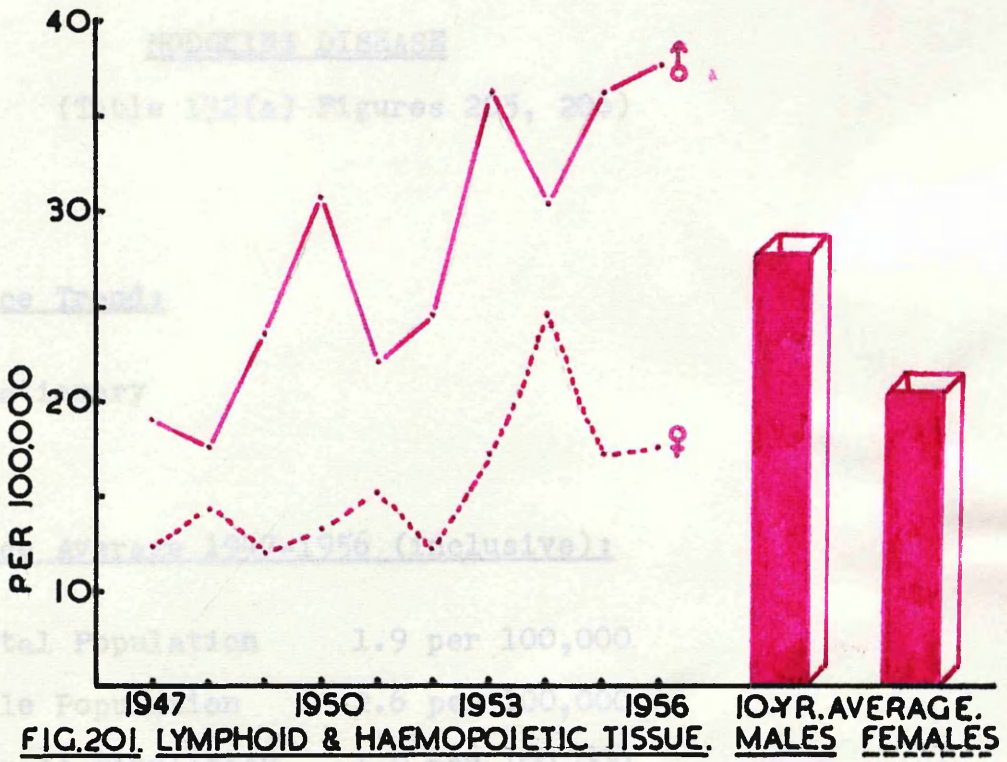
Incidence Average 1947-1956 (inclusive):

Total Population	3.2 per 100,000
Male Population	4.2 per 100,000
Female Population	2.1 per 100,000

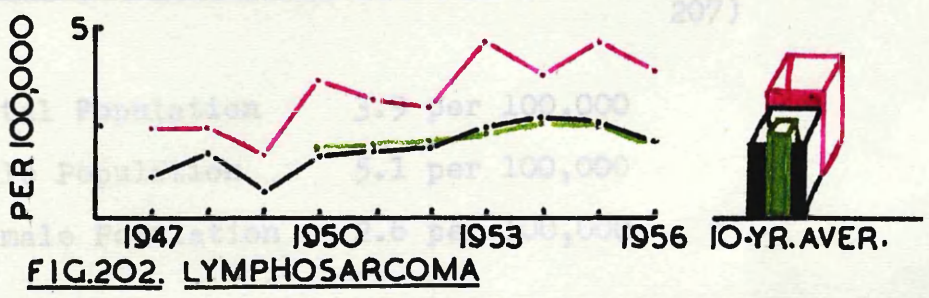
Population 35 Years of Age and Over: (Table 161(a) Figures 204).

Total Population	7.4 per 100,000
Male Population	9.2 per 100,000
Female Population	5.6 per 100,000

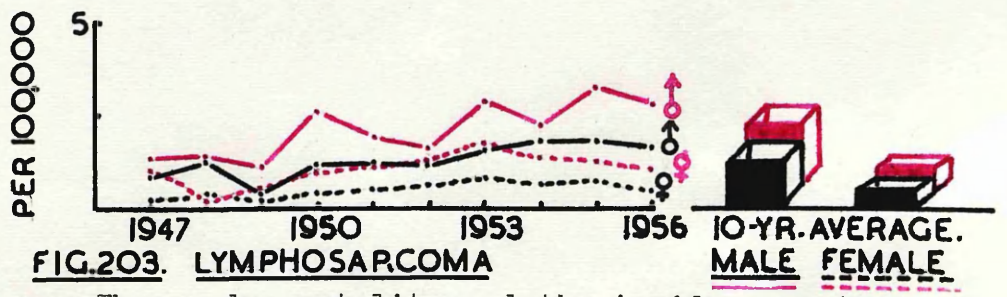




The incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, are presented. The average of these values over the ten years is also presented.



The comparison is made between the crude mortality, the corrected mortality and the incidence rates per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



The crude mortality and the incidence rates per 100,000 of the male and female population are compared.



HODGKINS DISEASE

(Table 132(a) Figures 205, 206)

Incidence Trend:

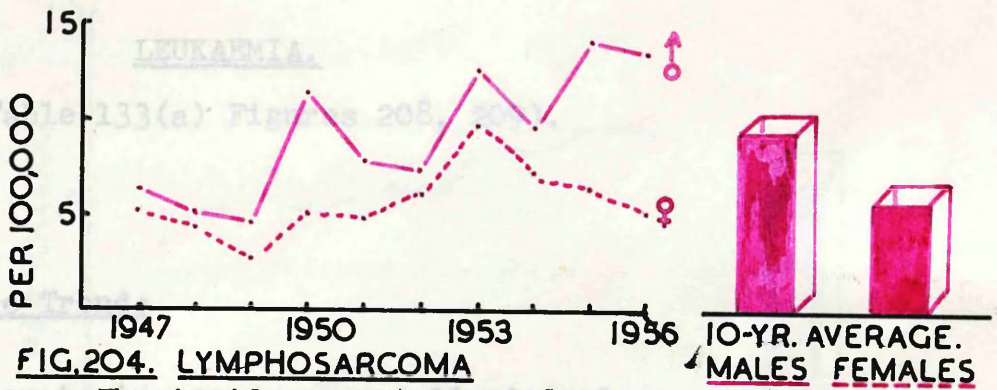
Stationary

Incidence Average 1947-1956 (inclusive):

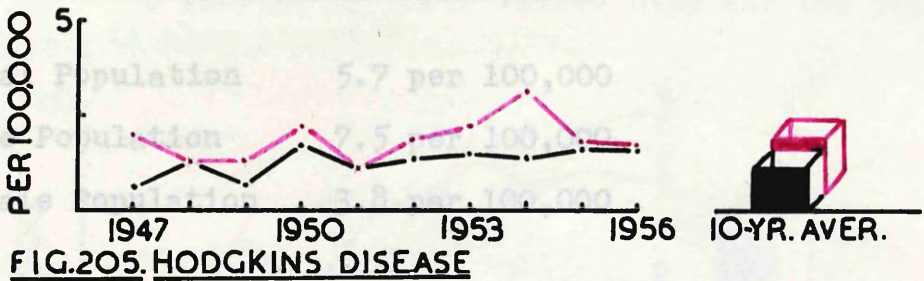
Total Population	1.9 per 100,000
Male Population	2.6 per 100,000
Female Population	1.2 per 100,000

Population 35 Years of Age and Over: (Table 162(a) Figure 207)

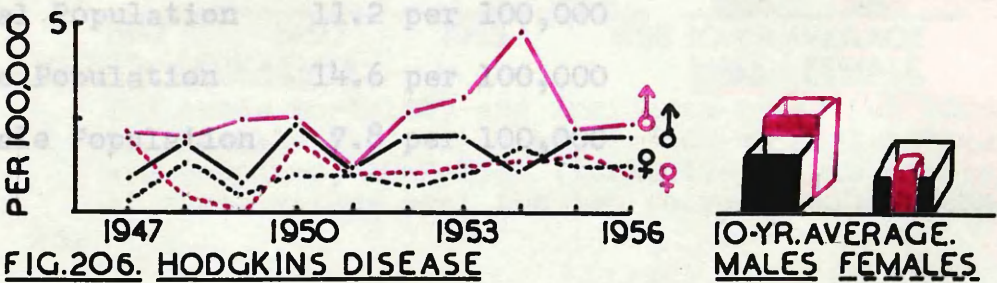
Total Population	3.9 per 100,000
Male Population	5.1 per 100,000
Female Population	2.6 per 100,000



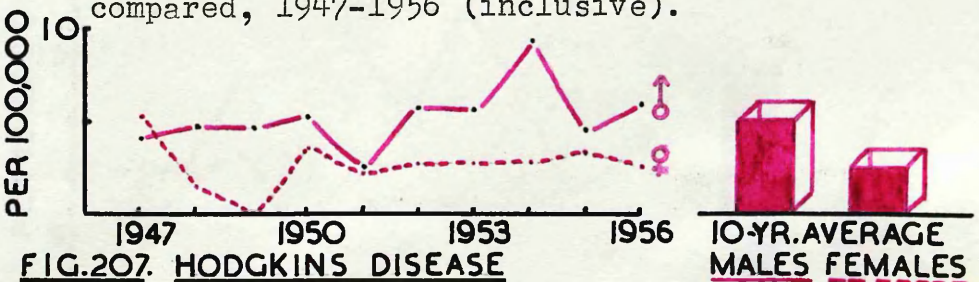
The incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, are presented together with the ten year averages.



The crude mortality and the incidence rates per 100,000 of the population in Saskatchewan are compared, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



The crude mortality and incidence rates per 100,000 of male and female population in Saskatchewan are compared, 1947-1956 (inclusive).



The incidence rates of the male and female population, 35 years of age and over, are presented.

LEUKAEMIA.

(Table 133(a) Figures 208, 209).

Incidence Trend:

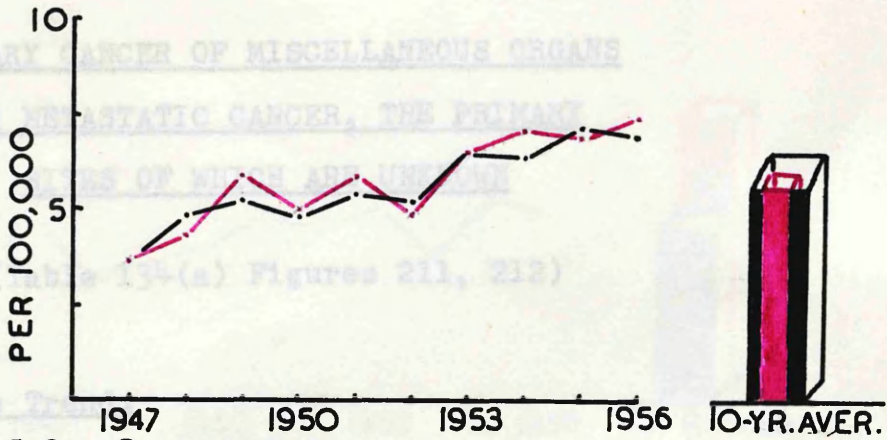
Moderate increase, especially in males

Incidence Average 1947-1956 (inclusive):

Total Population	5.7 per 100,000
Male Population	7.5 per 100,000
Female Population	3.8 per 100,000

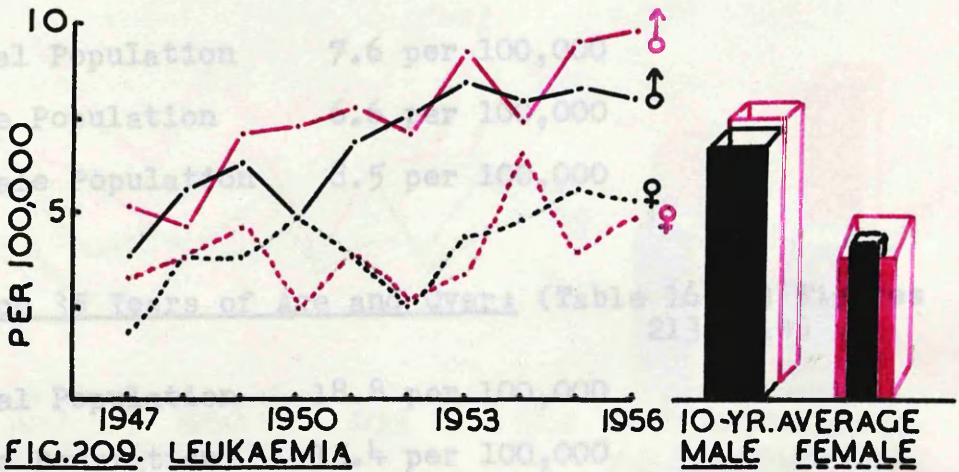
Population 35 Years of Age and Over: (Table 163(a) Figure 210).

Total Population	11.2 per 100,000
Male Population	14.6 per 100,000
Female Population	7.8 per 100,000



**FIG. 208. LEUKAEMIA**

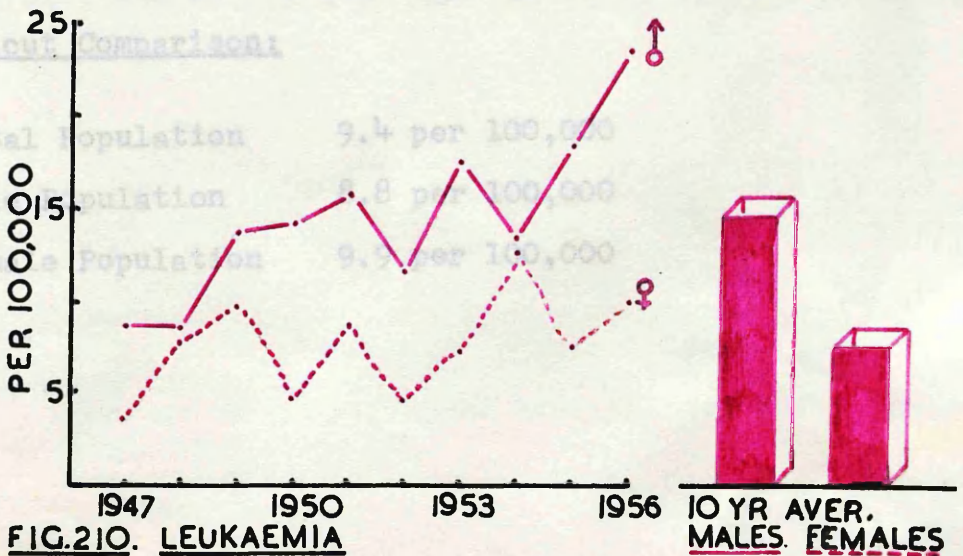
The comparison is made between the crude mortality and the incidence rates per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 209. LEUKAEMIA**

**10-YR. AVERAGE  
MALE FEMALE**

The crude mortality and incidence rates per 100,000 of the male and female population in Saskatchewan are compared, 1947-1956 (inclusive). The average of these values over the ten years is also shown.



**FIG. 210. LEUKAEMIA**

**10-YR. AVER.  
MALES FEMALES**

Both sexes 35 years and over

PRIMARY CANCER OF MISCELLANEOUS ORGANS  
and METASTATIC CANCER, THE PRIMARY  
SITES OF WHICH ARE UNKNOWN

(Table 134(a) Figures 211, 212)

Incidence Trend:

Stationary

Incidence Average 1947-1956 (inclusive):

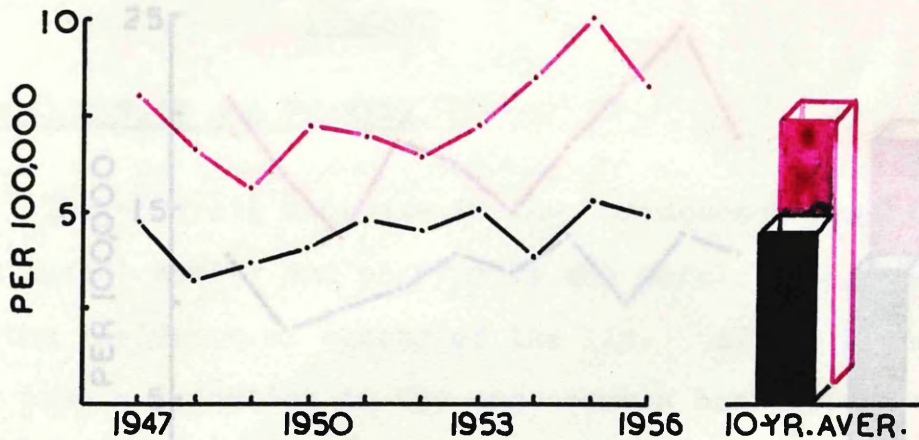
Total Population	7.6 per 100,000
Male Population	6.6 per 100,000
Female Population	8.5 per 100,000

Population 35 Years of Age and Over: (Table 164(a) Figures 213, 214)

Total Population	18.8 per 100,000
Male Population	15.4 per 100,000
Female Population	22.2 per 100,000

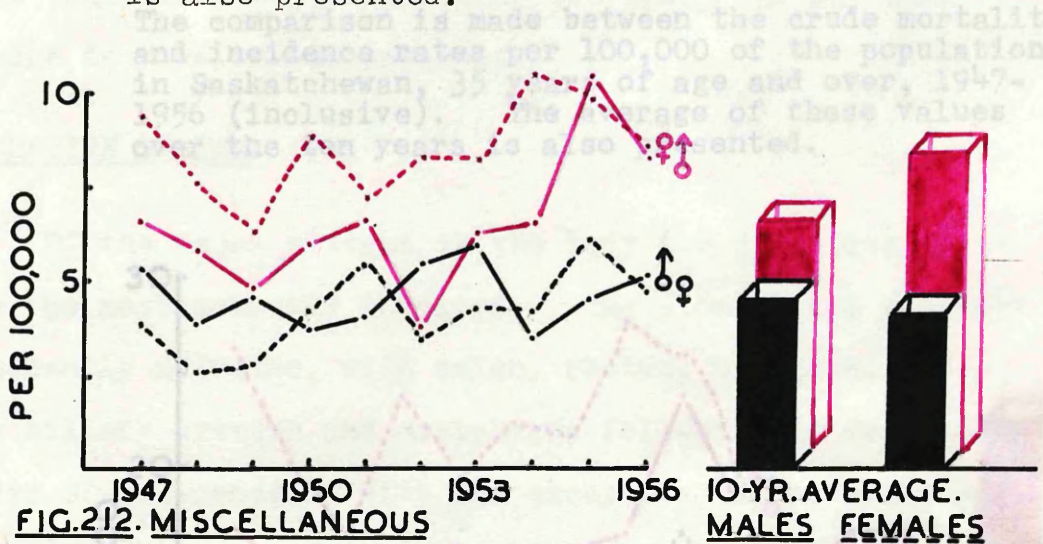
Connecticut Comparison:

Total Population	9.4 per 100,000
Male Population	8.8 per 100,000
Female Population	9.9 per 100,000



**FIG.211. MISCELLANEOUS.**

The crude mortality and incidence rates per 100,000 of the population in Saskatchewan, are compared, 1947-1956 (inclusive). The average of these values is also presented.



**FIG.212. MISCELLANEOUS**

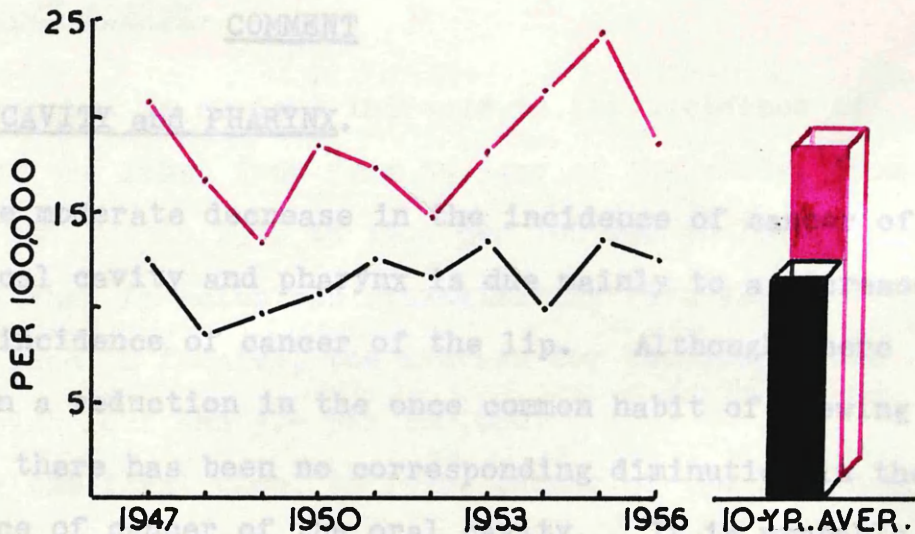
**MALES FEMALES**

The crude mortality and incidence rates per 100,000 of the male and female population in Saskatchewan are compared, 1947-1956, (inclusive). The average of these values over the ten years is also presented.

**FIG.214. MISCELLANEOUS**

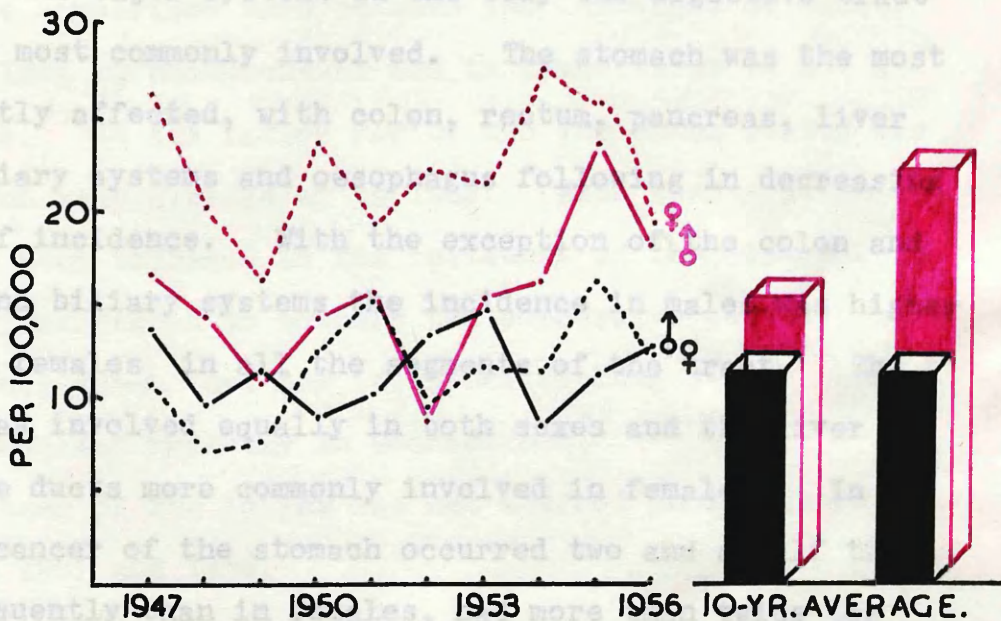
**MALES FEMALES**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 213. MISCELLANEOUS**

The comparison is made between the crude mortality and incidence rates per 100,000 of the population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.



**FIG. 214. MISCELLANEOUS**

The comparison is made between the crude mortality and the incidence rates per 100,000 of the male and female population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The average of these values over the ten years is also presented.

COMMENTBUCCAL CAVITY and PHARYNX.

The moderate decrease in the incidence of cancer of the buccal cavity and pharynx is due mainly to a decrease in the incidence of cancer of the lip. Although there has been a reduction in the once common habit of chewing tobacco there has been no corresponding diminution in the incidence of cancer of the oral cavity. It is probable that the period of ten years is too short for any such change to have become apparent.

DIGESTIVE SYSTEM.

Of the major systems in the body the digestive tract was the most commonly involved. The stomach was the most frequently affected, with colon, rectum, pancreas, liver and biliary systems and oesophagus following in decreasing order of incidence. With the exception of the colon and liver and biliary systems the incidence in males was higher than in females in all the segments of the tract. The colon was involved equally in both sexes and the liver and bile ducts more commonly involved in females. In males, cancer of the stomach occurred two and a half times more frequently than in females, had more than twice the frequency of the disease in any other part of the digestive system, and had an incidence only moderately less than all of the other parts combined.



RESPIRATORY SYSTEM.

There was an obvious increase in the incidence of cancer of the lung, from year to year of the study, from 5.8 per 100,000 in 1947 to 14.6 per 100,000 in 1956.

The incidence in males was approximately five times greater than in females, the average for the respective sexes being 16.1 and 3.4 per 100,000.

For the first time, in 1956, cancer of the lung had a greater incidence than cancer of the stomach in males.

Although the incidence in females was much lower than in males in all of the years studied, it would appear that in them the disease is increasing in incidence at least as rapidly as in males.

The comparison made between the incidence of cancer of the lung in Saskatchewan and in Connecticut is not a true one. In the latter region the incidence stated was the seven year average up to 1946. With such a notable year to year increase in the incidence of the disease, it is not justifiable to compare two successive periods. Wilder has shown that the incidence of lung cancer has also increased markedly in Connecticut.

Cancer of the larynx has not changed in incidence between 1947 and 1956.

BREAST.

Cancer of the breast occurred rarely in males. In females its incidence was higher than that of any other organ or tissue and higher than the incidence of cancer of the combined female genitalia.

Considerable controversy has been raised by statements made in the medical literature that treatment of cancer of the breast is of little value. This opinion is based on the fact that over a long period of years there has been no material change in the year to year mortality rate from that disease. Without knowledge of the incidence of cancer of the breast, the arguments in support of these statements would appear to be correct. However, when the data on the incidence of cancer of the female breast in Saskatchewan is compared with the mortality rate from the same cause, it is observed that less than half the number in whom the diagnosis is confirmed each year, die from the disease. This evidence is considered by the writer to be adequate to refute the statements made and to support the clinical impression that the combination of surgery and radiotherapy (which are the accepted forms of treatment), does indeed give considerable longevity to patients with mammary cancer and probable cure to many.

FEMALE GENITALIA.

No significant change in the incidence of cancer of the female genitalia was apparent over the period. This observation obtains for cancer of the cervix, body of the uterus and the ovary.

The cervix is an example of a site in which cancer is responsive to treatment. The survival rate after treatment is high and many patients at the time of their death exhibit no evidence of residual, recurrent or metastatic disease. The death certificates of these patients rarely contain information relating to their former disease and consequently are valueless as a means of determining incidence rates.

The cervix was the part of the female genital system most commonly involved, with the body of the uterus and the ovary following in decreasing rates of frequency. Cancer of the cervix was commoner than cancer of any individual segment of the digestive system in females and rated third in frequency to carcinoma of the breast and skin. Cancer of the uterus was fifth in this order.

In what the United States the incidence rates are frequently high the urinary bladder that in the United States more frequently than in females. There was no evidence of increase or decrease in the incidence during the ten year period.

MALE GENITALIA.

Cancer of the male genitalia occurred less than half as frequently as cancer of the digestive tract in males. The major proportion of male genital tract cancer was due to involvement of the prostate. It accounted for eighty eight per cent of all male genital tract carcinoma. It is probable that the disease was much commoner than the incidence data presented indicate. It has been said that twenty five per cent of men over the age of 50 years have microscopic foci of cancer evident in their prostate glands, and that in a large proportion of these the disease has remained asymptomatic. Only those who have had symptoms, or their disease found in the course of autopsy examination are included in the Saskatchewan incidence data.

Testicular cancer exhibited no material change in incidence over the ten year period.

URINARY TRACT.

The incidence of cancer of the urinary tract was almost as great as that of the respiratory system. (Tables 114(a) and 122(a)).

In males the kidney was involved twice as frequently and the urinary bladder four and one half times more frequently than in females. There was no evidence of increase or decrease in the incidence during the ten year period studied.

SKIN.

In Saskatchewan the skin was the commonest site of cancer. The high incidence rate is probably due to the influence of the dry sunny climate and the fact that a large proportion of the residents of the province are farmers. The same influences are probably responsible for the high incidence of cancer of the lip.

Males are affected almost twice as commonly as females. While, with an incidence of 64.0 per 100,000, it is the commonest site of cancer in males, the genital system and the breast are more commonly involved in females.

THYROID GLAND.

In the endocrine system the thyroid gland is the most commonly involved in cancer. Its true incidence is difficult to assess because, like the prostate, it would appear that an appreciable proportion of the population may harbour small foci of cancer within the gland without experiencing symptoms.

Lack of knowledge regarding the natural history or behaviour of the disease has given rise to marked differences of opinion regarding several aspects of the problem and has done much to perpetuate some of the confusion of the past. The medical literature abounds with conflicting statements regarding the incidence of cancer in solitary thyroid nodules, in multi-nodular goitres and on the incidence of cancer in apparently

normal glands found at routine autopsy. Each of these statements, expressing an individual's experience of a selected group of patients, contributes little to the problem of incidence in a whole population of known size and age and sex distribution.

At the beginning of 1957, in Saskatchewan, a planned programme of thyroid gland investigation was instituted linked with the radioactive isotope unit of the Saskatchewan Cancer Commission and conducted with the full co-operation of the physicians and surgeons of the province. Within this plan, all patients found to have non-functioning solitary thyroid nodules were submitted to surgery, and the tissue removed was examined meticulously by experienced tumour pathologists. Within the first year of the programme the incidence of cancer of the thyroid in the province was found to have increased by two and one half times.

During this time the change in incidence of any other cancer, including lung, was in no way parallel to this remarkable increase. This may be an illustration of the role played by an increase in the index of suspicion regarding cancer and may, to some extent, apply to the apparently remarkable increase in the incidence of cancer of the lung.

It is evident, therefore, that the incidence of thyroid cancer, as presented in Table 127(a) is probably grossly underrated and in no way represents the true incidence of the disease.

LYMPHOID and HAEMOPOIETIC TISSUES.

The large group of systemic diseases comprising lymphosarcoma, reticulosarcoma, Hodgkins disease and leukaemia, has an incidence almost equal to that of cancer of the respiratory tract.

Evidence is accumulating in several research centres including the Allan Blair Memorial Clinic of the Saskatchewan Cancer Commission (Meighan, Barclay and Bailey), that the inclusion of leukaemia within the wide classification of cancer may not be permissible and that it may be part of a particular immunological disturbance. Until the evidence becomes more conclusive, however, this abnormality of the haemopoietic tissue will be considered as a malignant neoplastic process.

The incidence in males is twice that in females in the whole group and in each of its components. The moderate increase in incidence evident during the ten year period is due only to the increase in the incidence of leukaemia.

## CHAPTER 4

### THE AGE DISTRIBUTION OF CANCER

Table 18 and Figure 215 present the age distribution of the patients in Saskatchewan in whom a diagnosis of cancer was made. The disease was commonest in the 65-74 years age group. This observation contrasts with the age distribution of deaths from cancer in Scotland and Glasgow (Figure 3), in which the highest rate was in an age group two decades younger. The mortality data would suggest that cancer is a more lethal disease in younger individuals but this conclusion cannot be justified on the basis of the evidence because the observations are made on different populations and because of the diagnostic error factor which has been demonstrated on death certificates.

The cancer incidence in the patients seventy five years of age and over was only moderately higher than the incidence of the disease in the 1-34 years age group.

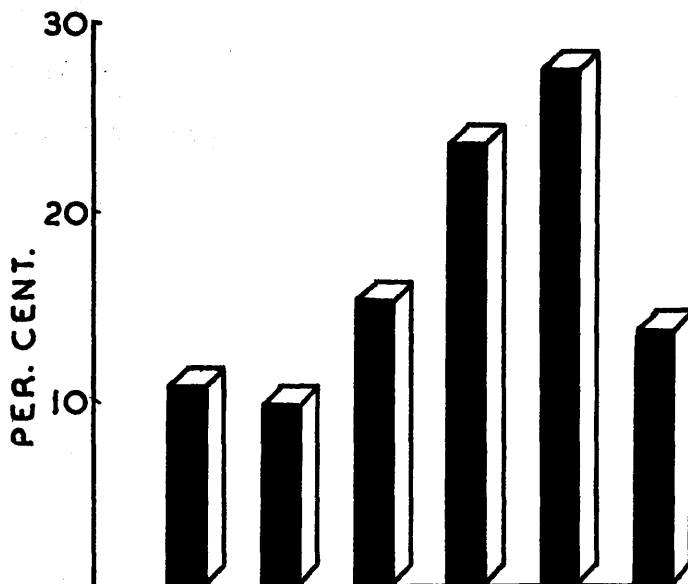
The general pattern of age incidence of cancer patients was not a universal one for all sites. Indeed, the majority of sites did not conform to it. In cancer of the buccal cavity and pharynx, as high a proportion of patients occurred in the age group 55-64 years as was evident in the 65-74 years group. In the digestive system, only cancer of the oesophagus differed from the



AGE DISTRIBUTION OF CANCER IN SASKATCHEWAN (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
10.8	9.8	15.2	23.3	27.4	13.5

TABLE 18. The age distribution of patients in whom the diagnosis of cancer was made in Saskatchewan, 1947-1956 (inclusive) expressed as per cent.

...the age groups 0-34 years, followed by an ... rapid decline in cancer rates. The highest ... of patients ... of Saskatchewan



**FIG.215.** O-34 35-44 45-54 55-64 65-74 75+  
AGE GROUPS

**THE AGE DISTRIBUTION OF PATIENTS  
IN WHOM THE DIAGNOSIS OF CANCER  
WAS MADE IN SASKATCHEWAN 1947-56  
INCLUSIVE (PER.CENT)**

...the glands of all the men in this group.

Testicular cancer was responsible for almost one fifth of all cancer in the youngest age group (0-34

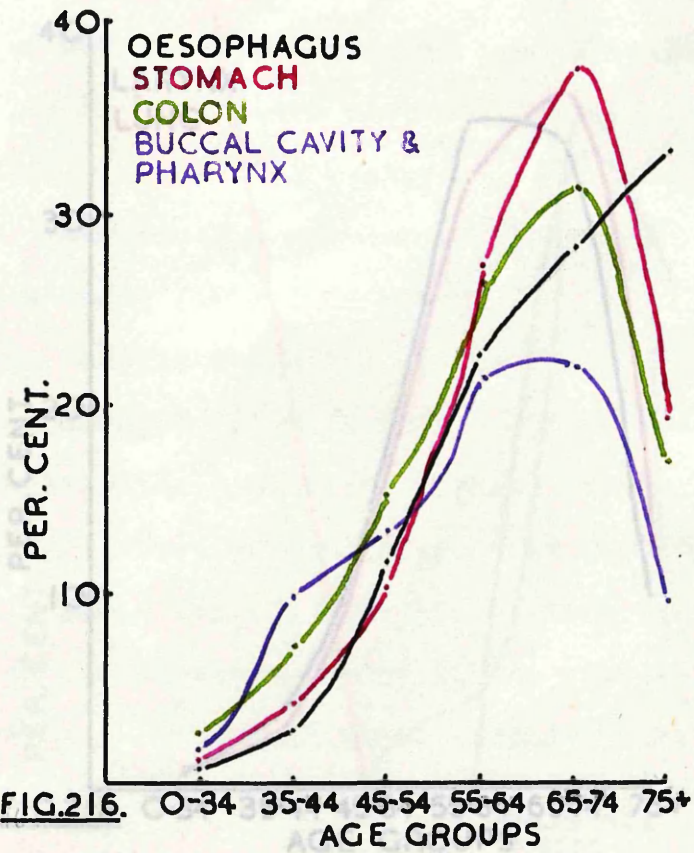
general pattern of rapidly increasing incidence in successive age groups to 65-74 years, followed by an equally rapid decline in older patients. The highest proportion of patients with cancer of the oesophagus occurred in the oldest group. (Figures 216 and 217).

Cancer of the digestive system was responsible for a quarter of all cancer incidence in the age groups 55-64, and 56-74 years, and for one third of all cancer in the patients seventy five years and over. (Table 201(a)). Cancer of the respiratory system was responsible for only ten per cent, nine per cent and six per cent in the respective age groups. (Table 202(a)).

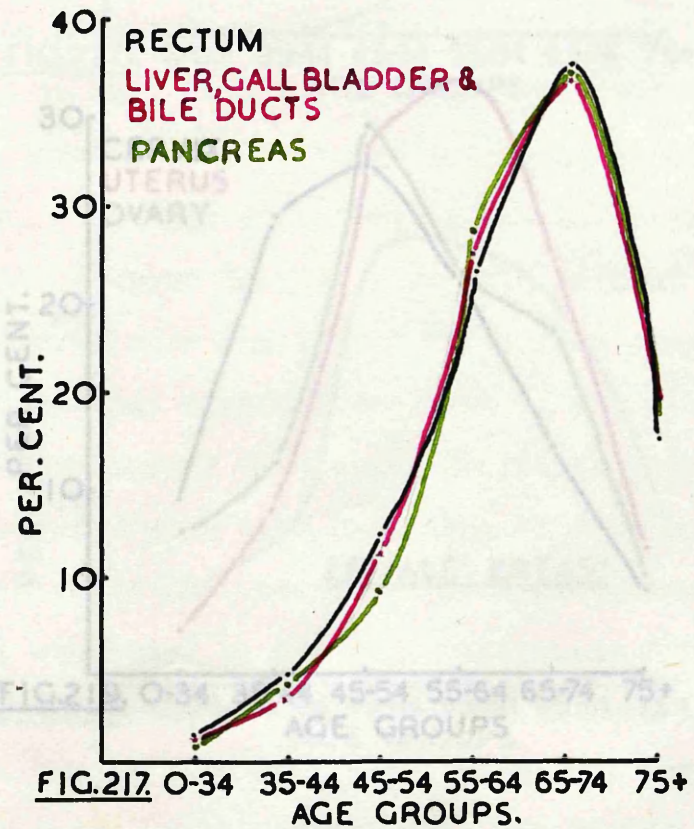
In all the specific sites of cancer included under the general classification of female genitalia, the greatest proportion of patients occurred, in the case of the cervix and ovary, in the 45-54 years age groups and for the body of the uterus in the 55-64 years age group.

For male genitalia, cancer of the prostate and penis conformed to the general age pattern. It is probable, however, in the case of the prostate gland, that the incidence in the oldest age group (seventy five years and over) would be greater than in any other, were it possible to have histological examinations of the glands of all the men in this group.

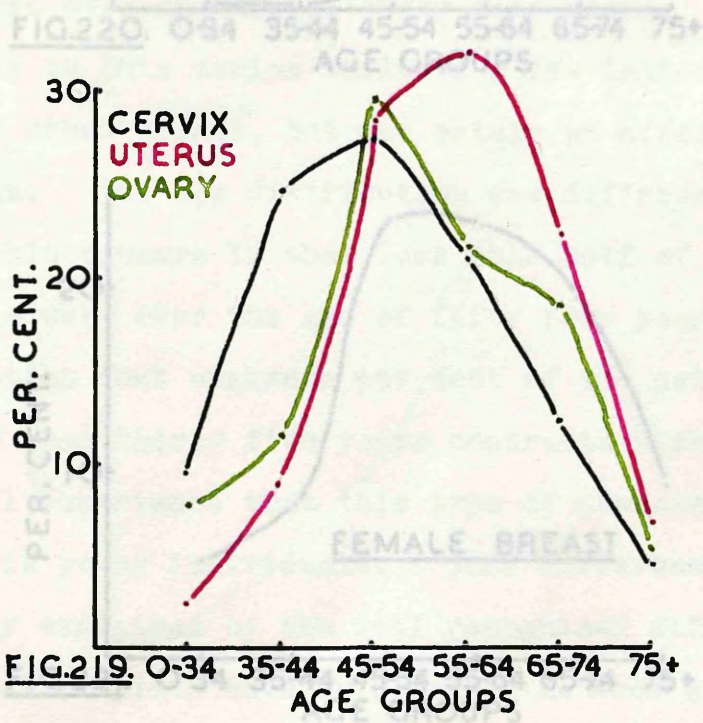
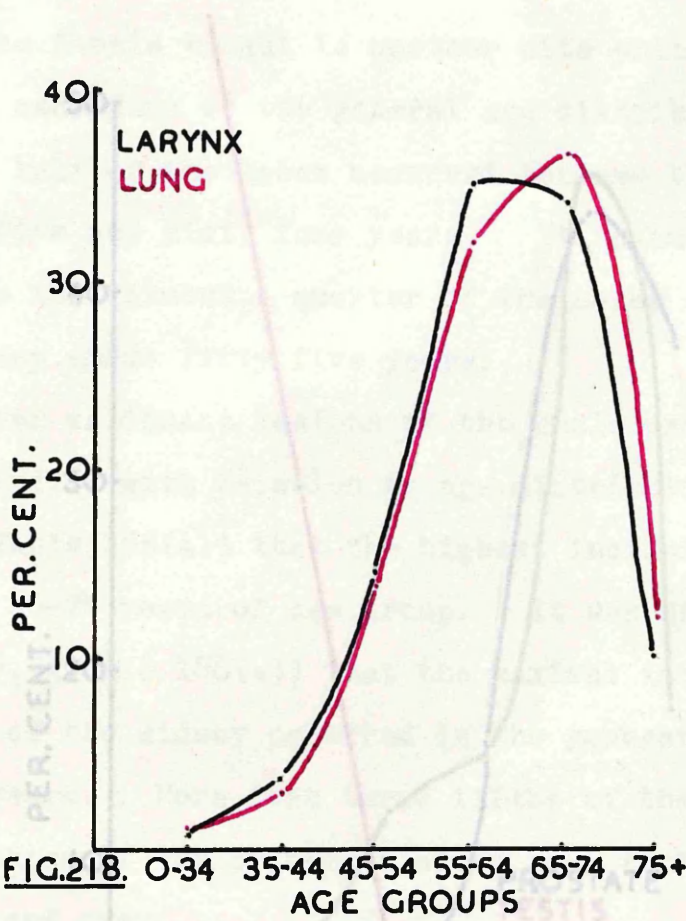
Testicular cancer was responsible for almost one fifth of all cancer in the youngest age group (0-34 years). More than half of the testicular malignant tumours occurred in the first thirty four years of life and the incidence diminished in each age group thereafter.



**FIG. 216.** O-34 35-44 45-54 55-64 65-74 75+  
AGE GROUPS



**FIG. 217.** O-34 35-44 45-54 55-64 65-74 75+  
AGE GROUPS.

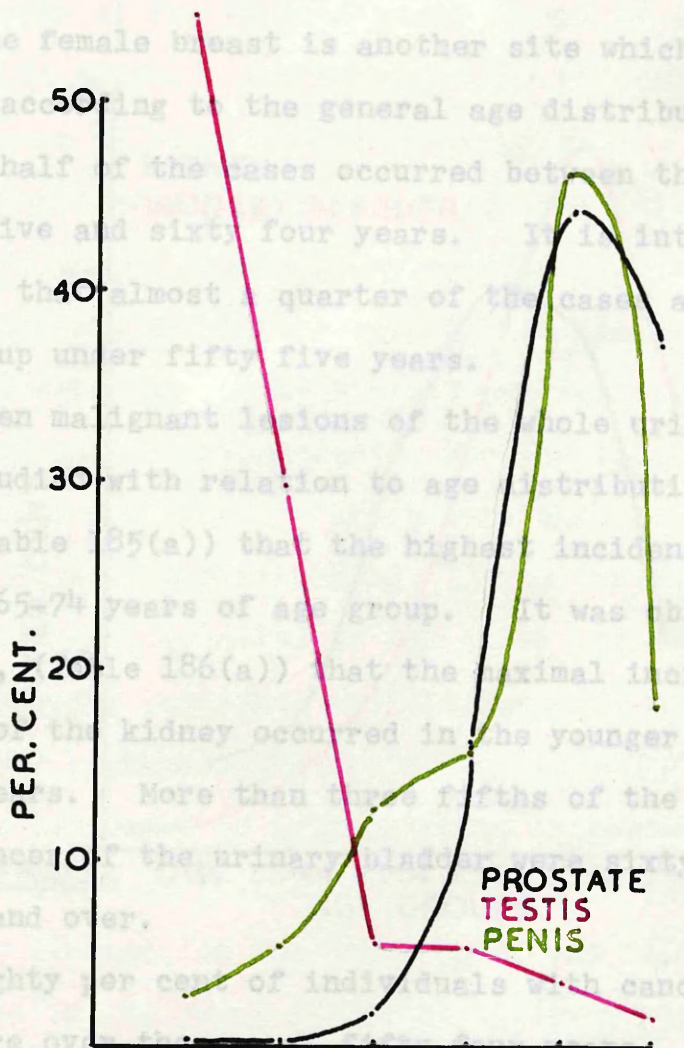


The female breast is another site which did not behave according to the general age distribution pattern. Almost half of the cases occurred between the age of forty five and sixty four years. It is interesting to note that almost a quarter of the cases arose in the age group under fifty five years.

When malignant lesions of the whole urinary tract were studied with relation to age distribution, it was seen (Table 185(a)) that the highest incidence occurred in the 65-74 years of age group. It was observed, however, (Table 186(a)) that the maximal incidence of cancer of the kidney occurred in the younger age group 55-64 years. More than two fifths of the patients with cancer of the urinary bladder were sixty five years of age and over.

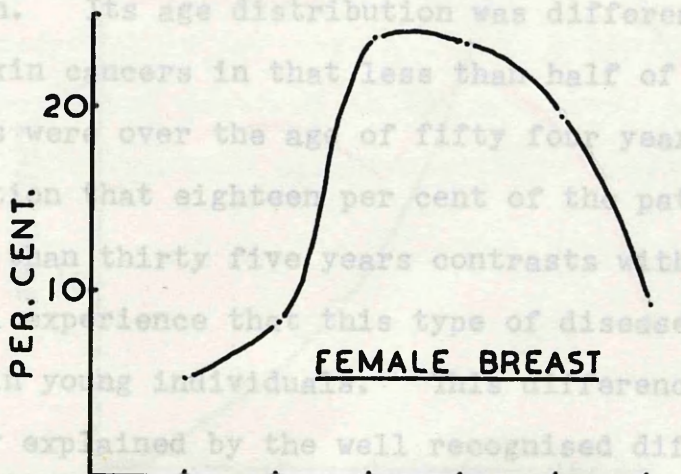
Eighty per cent of individuals with cancer of the skin were over fifty years of age. Malignant melanoma in this series was a very rare lesion of the

FIG.220. O-34 35-44 45-54 55-64 65-74 75+  
AGE GROUPS



eye and other organs, but was mainly an affection of the skin. Its age distribution was different from the other skin cancers in that less than half of the patients were over the age of fifty four years. The observation that eighteen per cent of the patients were younger than thirty five years contrasts with the clinical experience that this type of disease is not common in young individuals. This difference is probably explained by the well recognized difficulty

FIG.221. O-34 35-44 45-54 55-64 65-74 75+  
AGE GROUPS



which requires microscopic sections only and without the help of some clinical data, whether melanomata are benign or malignant.

The female breast is another site which did not behave according to the general age distribution pattern. Almost half of the cases occurred between the age of forty five and sixty four years. It is interesting to note that almost a quarter of the cases arose in the age group under fifty five years.

When malignant lesions of the whole urinary tract were studied with relation to age distribution, it was seen (Table 185(a)) that the highest incidence occurred in the 65-74 years of age group. It was observed, however, (Table 186(a)) that the maximal incidence of cancer of the kidney occurred in the younger age group 55-64 years. More than three fifths of the patients with cancer of the urinary bladder were sixty five years of age and over.

Eighty per cent of individuals with cancer of the skin were over the age of fifty four years. Malignant melanoma in this series included a few lesions of the eye and other organs, but was mainly an affection of the skin. Its age distribution was different from the other skin cancers in that less than half of the patients were over the age of fifty four years. The observation that eighteen per cent of the patients were younger than thirty five years contrasts with the clinical experience that this type of disease is not common in young individuals. This difference is probably explained by the well recognised difficulty which pathologists have in determining from a series of microscopic sections only and without the help of some clinical data, whether melanomata are benign or malignant.

Cancer of the thyroid gland is not an uncommon disease in youth. One third of the patients in this series were 45 years of age or younger. Primary cancer of connective tissues were also common in the young age groups. Leukaemia had two phases of high incidence. The first occurred in the 0-34 years age group which accounted for a quarter of the patients and the second in the 65-74 years age group in which more than a quarter of the patients were distributed. From the clinical standpoint most examples of the acute leukaemias occur in the younger patients and the chronic, more easily controlled leukaemias in the elderly.

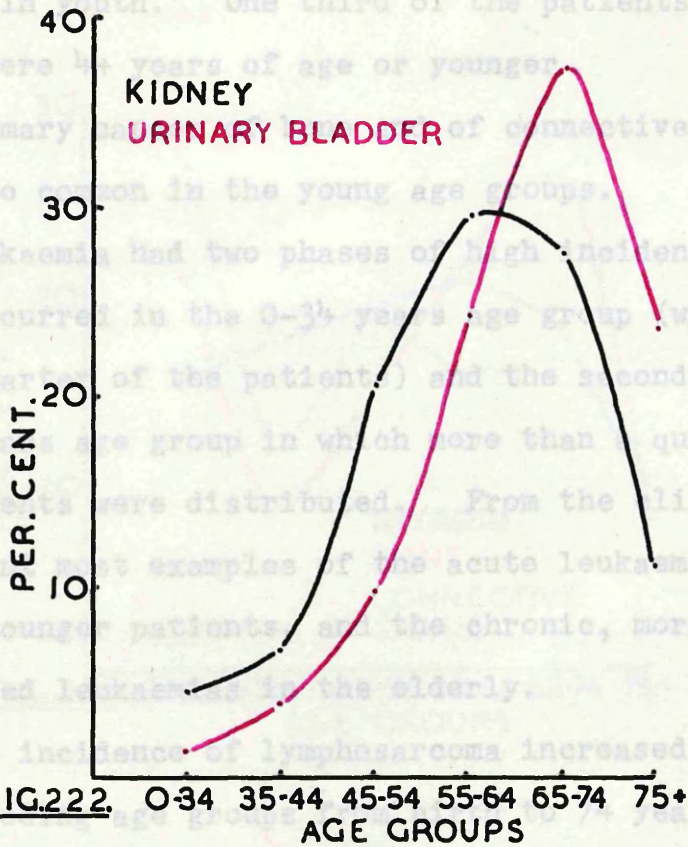


FIG.222. O-34 35-44 45-54 55-64 65-74 75+  
AGE GROUPS

The incidence of lymphosarcoma increased steadily in successive age groups up to 74 years. Hodgkins disease, on the other hand, had its maximal incidence in the youngest age group (0-34 years) and was more or less evenly distributed over the other age groups to 74 years. In the oldest age group Hodgkins disease was rare. The distribution of Hodgkins disease was mainly responsible for the fact that a quarter of all the cancer which occurred in the age group 0-34 years involved the lymphoid and haematopoietic tissues.

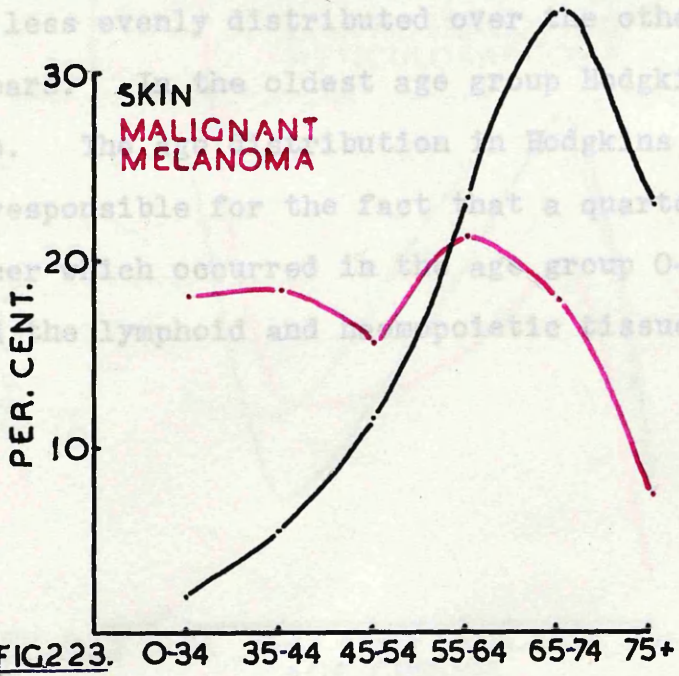


FIG.223. O-34 35-44 45-54 55-64 65-74 75+



Cancer of the thyroid gland is not an uncommon disease in youth. One third of the patients in this series were 44 years of age or younger .

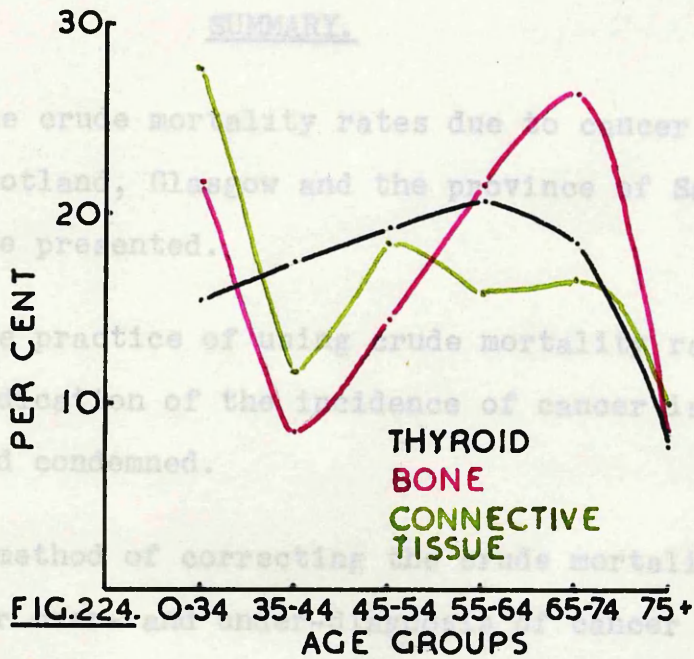
Primary cancer of bone and of connective tissues were also common in the young age groups.

Leukaemia had two phases of high incidence. The first occurred in the 0-34 years age group (which accounted for a quarter of the patients) and the second in the 65-74 years age group in which more than a quarter of the patients were distributed. From the clinical standpoint most examples of the acute leukaemias occur in the younger patients, and the chronic, more easily controlled leukaemias in the elderly.

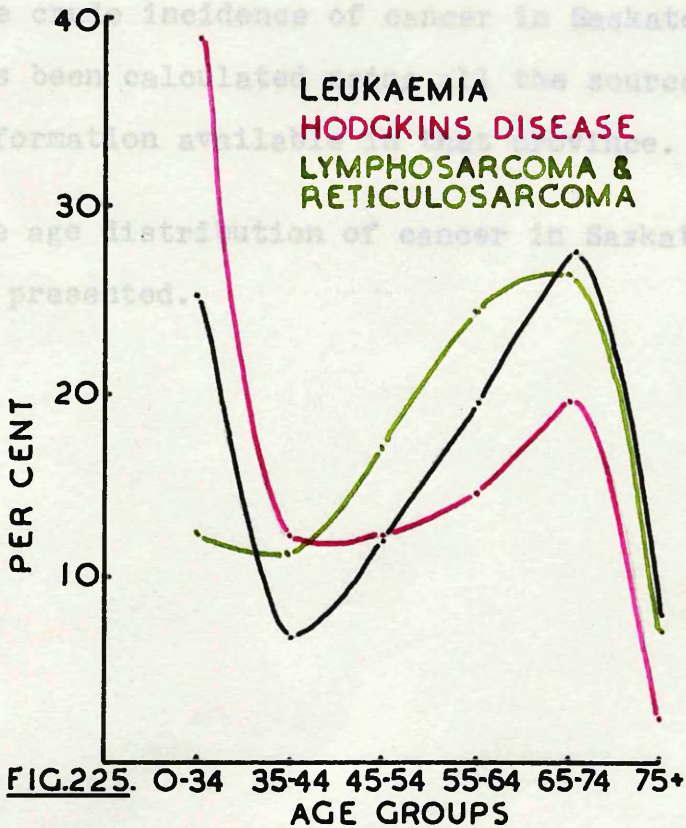
The incidence of lymphosarcoma increased steadily in succeeding age groups from birth to 74 years. Hodgkins disease, on the other hand, had its maximal incidence in the youngest age group (0-34 years) and was more or less evenly distributed over the other age groups to 74 years. In the oldest age group Hodgkins disease was rare. The age distribution in Hodgkins disease was mainly responsible for the fact that a quarter of all the cancer which occurred in the age group 0-34 years involved the lymphoid and haemopoietic tissues.

SUMMARY.

1. The crude mortality rates due to cancer in Scotland, Glasgow and the province of Saskatchewan are presented.
2. The practice of using crude mortality rates as an index of the incidence of cancer is discussed and condemned.
3. A method of correcting the mortality rate for age is presented.



4. The crude incidence of cancer in Saskatchewan has been calculated from the sources of information available.
5. The age distribution of cancer in Saskatchewan is presented.



### SUMMARY.

1. The crude mortality rates due to cancer in Scotland, Glasgow and the province of Saskatchewan are presented.
2. The practice of using crude mortality rates as an indication of the incidence of cancer is discussed and condemned.
3. A method of correcting the crude mortality rate for over- and under-diagnosis of cancer is presented.
4. The crude incidence of cancer in Saskatchewan has been calculated using all the sources of information available in that province.
5. The age distribution of cancer in Saskatchewan is presented.

## ACKNOWLEDGMENTS

This survey involved the careful examination of many thousands of death certificates, the checking and cross-checking of the diagnostic and duration information on them against the records of the Saskatchewan Cancer Commission, and the scrutiny of more than half a million pathology reports. Without the tireless help of my secretary, Mrs. G. Moore, this would have been an impossible task.

My thanks are due to my colleagues on the staff of the Allan Blair Memorial Clinic and to the practitioners in private practice, who gave so freely of their time to study and discuss with me the records of those patients whose death certificate diagnoses of cancer were in doubt.

I would acknowledge the help given by my wife in the checking and typing of the manuscript and the disciplined silence of my two children, without whose patient understanding its preparation would have been much more difficult.

BIBLIOGRAPHY.

- BARCLAY, T.H.C. Ch.M. Thesis "Cancer of the Stomach" 1958.
- DORN, H.F. U.S.Public Health Rep.V.59:33:65:97. 1944  
Reprint 2537
- HELLER, J.R. "America's View of Cancer Control"  
7th Internat. Cancer Congress, London, 1958.
- MacDONALD, E.J. Bull.Amer.Coll.Surgeons, 33:75:1948
- WATSON, T.A. Can.Jour.Pub.Health, 41:308:1950
- WILDER, C.S. Connecticut Health Bull. 70: 6: 1956.

CRUDE DEATH RATE PER 100,000 OF POPULATION,  
 AND BY MALE AND FEMALE POPULATION.

	TOTAL	MALE	FEMALE
<b>APPENDIX OF TABLES.</b>			
1947	4.7	4.7	1.8
1948	4.7	4.5	0.8
1949	2.1	2.2	1.8
1950	1.5	3.0	0.5
1951	1.8	2.3	1.3
1952	1.4	2.5	0.2
1953	2.1	2.5	1.7
1954	2.1	2.9	1.2
1955	2.3	3.9	0.5
1956	1.9	3.5	0.2

TABLE 1(a). The crude death rate per 100,000 of population in Saskatchewan from cancer of the SUCCAL CAVITY and PHARYNX, calculated from death certificate diagnoses, 1947-1956.

YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION, AND IN MALE AND FEMALE POPULATION.		
	TOTAL	MALE	FEMALE
1947	3.3	4.7	1.8
1948	2.7	4.5	0.8
1949	2.3	2.8	1.8
1950	1.8	3.0	0.5
1951	1.8	2.3	1.3
1952	1.4	2.5	0.2
1953	2.1	2.5	1.7
1954	2.1	2.9	1.2
1955	2.3	3.9	0.5
1956	1.9	3.5	0.2

TABLE 1(a). The crude death rate per 100,000 of population in Saskatchewan from cancer of the BUCCAL CAVITY and PHARYNX, calculated from death certificate diagnoses, 1947-1956.

YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN AND IN MALE AND FEMALE POPULATION FROM CANCER OF DIGESTIVE SYSTEM 1947-56 (INCL).		
	TOTAL	MALE	FEMALE
1947	46.3	53.9	37.7
1948	45.6	54.4	35.6
1949	49.0	62.7	35.2
1950	47.5	53.3	41.2
1951	49.5	62.6	35.2
1952	47.9	56.0	39.1
1953	48.3	57.8	38.0
1954	45.9	57.8	33.0
1955	46.0	55.0	36.3
1956	49.3	62.2	35.3

**TABLE 2(a).** The crude death rate per 100,000 of population in Saskatchewan from cancer of DIGESTIVE SYSTEM. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).



YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM CANCER OF THE OESOPHAGUS.		
	TOTAL	MALE	FEMALE
1947	1.0	1.4	0.5
1948	2.1	3.4	0.8
1949	1.9	2.7	1.0
1950	1.1	1.6	0.5
1951	2.6	3.9	1.3
1952	1.1	0.9	1.2
1953	2.6	3.8	1.2
1954	1.7	2.9	0.5
1955	1.3	1.8	0.7
1956	1.4	2.6	0.2

**TABLE 3(a)** The crude death rate from cancer of the OESOPHAGUS per 100,000 of the population in Saskatchewan 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM CANCER OF THE STOMACH.		
	TOTAL	MALE	FEMALE
1947	20.7	29.1	11.2
1948	22.1	29.9	13.2
1949	21.6	30.2	12.2
1950	19.6	25.4	13.1
1951	23.7	32.0	14.6
1952	23.3	28.9	17.1
1953	18.7	25.0	11.9
1954	18.9	27.2	9.8
1955	19.8	25.2	11.6
1956	19.3	26.8	11.1

**TABLE 4(a).** The crude death rate from cancer of the STOMACH, per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM CANCER OF THE COLON.		
	TOTAL	MALE	FEMALE
1947	9.8	8.3	11.5
1948	8.9	9.2	8.6
1949	11.0	13.5	8.4
1950	10.6	9.1	12.1
1951	10.2	9.4	11.1
1952	10.1	10.0	10.2
1953	9.2	7.6	10.9
1954	10.1	10.8	9.3
1955	9.3	9.0	9.7
1956	11.7	12.4	10.9

**TABLE 5(a).** The crude death rate from cancer of the COLON per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive) . The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM CANCER OF THE RECTUM AND ANUS.		
	TOTAL	MALE	FEMALE
1947	4.9	5.6	4.1
1948	3.6	4.4	3.1
1949	4.3	5.3	3.3
1950	5.6	6.9	4.3
1951	4.3	5.5	3.0
1952	4.3	5.2	3.2
1953	5.3	7.8	2.7
1954	4.9	6.4	3.1
1955	4.8	5.9	3.6
1956	4.9	6.5	3.1

**TABLE 6(a).** The crude death rate per 100,000 of the population in Saskatchewan, from cancer of the RECTUM and ANUS, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM PRIMARY CANCER OF LIVER, BILE DUCTS AND GALL BLADDER.		
	TOTAL	MALE	FEMALE
1947	4.8	2.7	7.1
1948	3.5	1.8	5.3
1949	4.1	3.4	4.8
1950	4.6	3.0	6.3
1951	2.9	3.2	2.5
1952	3.4	3.9	3.0
1953	3.7	2.6	5.8
1954	4.1	2.6	5.7
1955	4.0	3.5	4.5
1956	4.8	4.6	5.0

**TABLE 7(a).** The crude death rate per 100,000 of the population in Saskatchewan from primary cancer of LIVER, GALL BLADDER and BILE DUCTS, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM PRIMARY CANCER OF THE PANCREAS.		
	TOTAL	MALE	FEMALE
1947	4.8	6.3	3.1
1948	5.1	6.1	4.1
1949	5.9	7.3	4.3
1950	5.8	7.1	4.3
1951	5.2	7.8	2.3
1952	5.6	6.8	4.2
1953	8.0	10.0	5.8
1954	6.1	7.9	4.1
1955	6.5	9.2	3.6
1956	6.5	8.1	4.7

TABLE 8(a). Crude death rate per 100,000 of the population in Saskatchewan from primary cancer of the PANCREAS 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM CANCER OF THE RESPIRATORY SYSTEM.		
	TOTAL	MALE	FEMALE
1947	7.5	11.7	2.8
1948	7.6	11.0	3.8
1949	11.3	16.0	6.1
1950	8.4	13.7	2.5
1951	9.9	15.7	3.5
1952	10.4	16.4	4.0
1953	12.7	20.3	4.4
1954	13.9	20.7	6.5
1955	13.6	21.9	4.5
1956	18.3	30.8	4.7

TABLE 9(a). The crude death rate from primary cancer of the RESPIRATORY SYSTEM per 100,000 of the population in Saskatchewan, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION OF SASKATCHEWAN FROM PRIMARY CANCER OF THE LARYNX.		
	TOTAL	MALE	FEMALE
1947	0.8	1.4	0.3
1948	0.8	1.6	-
1949	0.2	-	0.5
1950	0.5	0.9	-
1951	0.4	0.7	-
1952	0.9	1.6	0.2
1953	1.0	1.3	0.7
1954	0.5	0.7	0.2
1955	0.2	0.4	-
1956	0.8	1.3	0.2

TABLE 10(a). The crude death rate per 100,000 of the population of Saskatchewan from cancer of the LARYNX, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.



YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION OF SASKATCHEWAN FROM CANCER OF THE BRONCHUS AND LUNG.		
	TOTAL	MALE	FEMALE
1947	6.6	10.4	2.5
1948	6.5	9.4	3.8
1949	11.1	16.0	5.6
1950	7.9	12.8	2.5
1951	9.5	15.0	3.5
1952	9.5	14.8	3.7
1953	11.6	19.0	3.6
1954	13.4	20.0	6.2
1955	13.3	21.5	4.5
1956	17.5	29.4	4.5

TABLE 11(a). The crude death rate per 100,000 of the population in Saskatchewan from primary cancer of BRONCHUS and LUNG, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

THE CRUDE DEATH RATE PER 100,000 OF FEMALE POPULATION IN SASKATCHEWAN, AND THE DEATH RATE PER 100,000 FEMALES OF 35 YEARS OF AGE AND OVER, FROM CANCER OF THE BREAST.

YEAR	TOTAL	35 YEARS OF AGE AND OVER
1947	19.9	56.8
1948	15.8	44.5
1949	18.5	51.5
1950	17.9	49.4
1951	15.9	43.2
1952	18.1	48.9
1953	23.1	63.2
1954	16.5	44.4
1955	26.3	70.2
1956	18.0	47.5

TABLE 12(a). The crude death rate per 100,000 of the female population in Saskatchewan, and per 100,000 of the female population 35 years of age and over, from cancer of the BREAST, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF FEMALE POPULATION IN SASKATCHEWAN FROM CANCER OF FEMALE GENITALIA.	
	NUMBER	CRUDE DEATH RATE PER 100,000 FEMALE POPULATION IN SASK.
1947	59	15.0
1948	69	17.5
1949	53	13.4
1950	74	18.7
1951	54	13.6
1952	81	20.0
1953	65	15.7
1954	69	16.5
1955	63	15.0
1956	61	14.4

**TABLE 13(a).** The crude death rate per 100,000 female population in Saskatchewan from cancer of the FEMALE GENITALIA, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF FEMALE POPULATION IN SASKATCHEWAN FROM CANCER OF CERVIX AND UTERUS.	
	CERVIX	UTERUS
1947	4.1	4.8
1948	4.1	5.1
1949	3.0	4.6
1950	5.6	5.8
1951	3.4	3.7
1952	6.4	3.5
1953	5.3	4.1
1954	4.3	3.8
1955	4.5	5.9
1956	4.7	3.1

**TABLE 14(a).** The crude death rate from primary cancer of FEMALE GENITALIA by site, in Saskatchewan, 1947-1956 (inclusive) per 100,000 female population. The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF FEMALE POPULATION IN SASKATCHEWAN FROM CANCER OF OVARY AND OTHER SITES.	
	OVARY, FALLOPIAN TUBE BROAD LIGAMENT	OTHER, OR UNSPECIFIED.
1947	5.1	1.0
1948	7.9	0.5
1949	5.3	0.5
1950	7.1	0.3
1951	6.3	0.3
1952	8.9	1.2
1953	5.3	1.0
1954	8.4	-
1955	4.3	0.2
1956	5.4	1.2

**TABLE 15(a).** The crude death rate from primary cancer of FEMALE GENITALIA, by site, in Saskatchewan, 1947-1956 (inclusive) per 100,000 female population. The calculations are based on death certificate diagnoses.

YEAR	CRUDE DEATH RATE PER 100,000 MALE POPULATION FROM CANCER OF THE MALE GENITALIA.	
	NUMBER	CRUDE DEATH RATE PER 100,000 MALE POPULATION.
1947	61	13.8
1948	73	16.4
1949	61	14.0
1950	65	14.9
1951	81	18.6
1952	79	18.0
1953	91	20.3
1954	84	18.5
1955	105	23.0
1956	100	21.8

**TABLE 16(a).** The crude death rate per 100,000 male population in Saskatchewan from cancer of the MALE GENITALIA. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 MALE POPULATION IN SASKATCHEWAN FROM CANCER OF PROSTATE AND TESTIS.	
	PROSTATE	TESTIS
1947	12.9	0.2
1948	16.0	0.4
1949	12.6	0.9
1950	14.0	0.7
1951	17.7	0.7
1952	17.1	0.7
1953	19.2	0.9
1954	17.8	0.7
1955	20.6	1.3
1956	20.7	0.4

**TABLE 17(a).** The crude death rate from primary cancer of the MALE GENITALIA, by site, in Saskatchewan per 100,000 of the male population, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	CRUDE DEATH RATE PER 100,000 OF MALE POPULATION FROM CANCER OF PENIS AND OTHER SITES.	
	PENIS	SCROTUM, OTHER OR UNSPECIFIED SITE.
1947	0.7	-
1948	-	-
1949	0.5	-
1950	-	0.2
1951	0.2	-
1952	0.2	-
1953	0.2	-
1954	-	-
1955	0.9	0.2
1956	0.4	0.2

**TABLE 18(a).** The crude death rate from primary cancer of the MALE GENITALIA, by site, in Saskatchewan, per 100,000 of the male population, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.



YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM CANCER OF THE URINARY TRACT.		
	TOTAL	MALE	FEMALE
1947	7.1	9.5	4.3
1948	5.8	7.7	3.8
1949	6.7	9.8	3.3
1950	7.9	9.8	5.8
1951	5.5	7.8	3.0
1952	7.6	11.6	3.2
1953	7.0	11.2	2.4
1954	6.3	9.2	3.1
1955	8.5	12.0	4.7
1956	7.3	10.0	4.3

TABLE 19(a). The crude death rate per 100,000 of the population in Saskatchewan from primary cancer of the URINARY TRACT, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION OF SASKATCHEWAN FROM PRIMARY CANCER OF THE URINARY TRACT BY SITE.		
	KIDNEY	BLADDER	OTHER
1947	2.6	4.2	0.2
1948	2.7	3.1	-
1949	3.0	3.7	-
1950	3.7	4.1	0.1
1951	2.5	2.6	0.4
1952	2.9	4.7	-
1953	3.1	3.8	-
1954	2.8	3.3	0.2
1955	4.4	3.8	0.2
1956	4.1	3.1	0.1

**TABLE 20(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the URINARY TRACT, by site. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF THE MALE POPULATION FROM PRIMARY CANCER OF THE URINARY TRACT, BY SITE.		
	KIDNEY	BLADDER	OTHER
1947	2.7	6.5	0.2
1948	3.2	4.5	-
1949	3.9	5.9	-
1950	3.9	5.9	-
1951	3.5	3.7	0.7
1952	3.9	7.7	-
1953	4.5	6.7	-
1954	4.0	5.1	0.2
1955	6.3	5.5	0.2
1956	5.5	4.4	0.2

**TABLE 21(a).** The crude death rate per 100,000 of the male population in Saskatchewan from cancer of the URINARY TRACT, by site, in males. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	THE CRUDE DEATH RATE PER 100,000 FEMALE POPULATION IN SASKATCHEWAN FROM PRIMARY CANCER OF THE URINARY TRACT, BY SITE.		
	KIDNEY	BLADDER	OTHER
1947	2.5	1.5	0.3
1948	2.3	1.5	-
1949	2.0	1.3	-
1950	3.5	2.0	0.3
1951	1.5	1.5	-
1952	1.7	1.5	-
1953	1.7	0.7	-
1954	1.4	1.4	0.2
1955	2.6	1.9	0.2
1956	2.6	1.7	-

**TABLE 22(a).** The crude death rate per 100,000 of the female population in Saskatchewan from primary cancer of the URINARY TRACT, by site. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	THE CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN FROM CANCER OF SKIN, INCLUDING MALIGNANT MELANOMA.		
	TOTAL	MALE	FEMALE
1947	1.4	1.4	1.5
1948	1.9	2.0	1.8
1949	1.3	1.4	1.3
1950	1.7	2.5	0.8
1951	2.2	2.8	1.4
1952	2.4	3.0	1.7
1953	2.4	3.1	1.7
1954	1.6	2.0	1.2
1955	1.7	1.5	1.9
1956	1.5	2.4	0.5

TABLE 23(a). The crude death rate per 100,000 of population in Saskatchewan from primary cancer of the SKIN, including MALIGNANT MELANOMA. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM MALIGNANT MELANOMA.		
	TOTAL	MALE	FEMALE
1947	0.8	0.7	1.0
1948	1.1	0.7	1.3
1949	0.5	0.2	0.8
1950	0.5	0.5	0.5
1951	1.2	0.9	1.5
1952	1.0	0.9	1.0
1953	1.0	1.3	0.7
1954	1.0	1.1	1.0
1955	0.5	0.2	0.7
1956	0.8	1.3	0.2

**TABLE 24(a).** The crude death rate per 100,000 of the population in Saskatchewan from MALIGNANT MELANOMA. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).  
diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN FROM CANCER OF THE SKIN.		
	TOTAL	MALE	FEMALE
1947	0.6	0.7	0.5
1948	0.8	1.1	0.5
1949	0.8	1.1	0.5
1950	1.2	2.1	0.3
1951	0.9	1.8	-
1952	1.4	2.0	0.9
1953	1.4	1.8	1.0
1954	0.6	0.9	0.2
1955	1.3	1.3	1.2
1956	0.7	1.1	0.2

**TABLE 25(a).** The crude death rate from cancer of the SKIN (excluding malignant melanoma) per 100,000 of the population in Saskatchewan. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN FROM CANCER OF THE NERVOUS SYSTEM.		
	TOTAL	MALE	FEMALE
1947	3.2	4.5	1.8
1948	3.1	3.4	2.8
1949	4.3	5.0	3.5
1950	2.3	3.4	1.0
1951	3.7	3.9	3.5
1952	3.4	5.5	1.2
1953	2.0	2.7	1.2
1954	2.7	3.7	1.7
1955	3.3	4.8	1.7
1956	3.4	5.2	1.4

**TABLE 26(a).** The crude death rate from primary cancer of the NERVOUS SYSTEM per 100,000 of the population in Saskatchewan. The calculations are based on death certificate diagnoses. 1947-1956 (inclusive).  
1947-1956 (inclusive).



YEAR	CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN FROM PRIMARY CANCER OF THE NERVOUS SYSTEM, BY SITE.		
	BRAIN	SPINAL CORD	OTHER
1947	3.0	-	0.2
1948	3.0	-	0.1
1949	4.2	-	0.1
1950	1.9	-	0.4
1951	3.6	0.1	-
1952	3.3	-	0.1
1953	2.0	-	-
1954	2.6	-	0.1
1955	3.2	-	0.1
1956	3.2	-	0.2

**TABLE 27(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the NERVOUS SYSTEM, by site. The calculations are based on death certificate diagnoses.

1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 MALE POPULATION IN SASKATCHEWAN FROM CANCER OF THE NERVOUS SYSTEM, BY SITE.		
	BRAIN	SPINAL CORD	OTHER
1947	4.3	-	-
1948	3.4	-	-
1949	5.0	-	-
1950	3.2	-	0.1
1951	3.9	-	-
1952	5.2	-	0.2
1953	2.7	-	-
1954	3.7	-	-
1955	4.6	-	0.2
1956	5.2	-	-

**TABLE 28(a).** The crude death rate per 100,000 male population in Saskatchewan from cancer of the NERVOUS SYSTEM, by site. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive.) (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF FEMALE POPULATION IN SASKATCHEWAN FROM PRIMARY CANCER OF THE NERVOUS SYSTEM, BY SITE.		
	BRAIN	SPINAL CORD	OTHER
1947	1.5	-	0.5
1948	2.5	-	0.3
1949	3.3	-	0.3
1950	0.5	-	0.5
1951	3.3	0.3	-
1952	1.2	-	-
1953	1.2	-	-
1954	1.4	-	0.2
1955	1.7	-	-
1956	0.9	-	0.5

**TABLE 29(a).** The crude death rate per 100,000 female population in Saskatchewan from primary cancer of the NERVOUS SYSTEM, by site. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN FROM CANCER OF THE ENDOCRINE GLANDS.		
	TOTAL	MALE	FEMALE
1947	1.0	1.4	0.5
1948	1.2	0.2	2.3
1949	0.8	0.7	1.0
1950	0.8	0.5	1.3
1951	1.2	1.4	1.0
1952	1.5	1.4	1.9
1953	1.3	0.7	1.9
1954	0.8	0.9	0.7
1955	1.0	0.7	1.4
1956	1.4	1.7	1.2

TABLE 30(a). The crude death rate from primary cancer of the ENDOCRINE GLANDS per 100,000 of the population in Saskatchewan. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION FROM PRIMARY CANCER OF THYROID GLAND AND ALL OTHER ENDOCRINE GLANDS.	
	THYROID	OTHER ENDOCRINE GLANDS
1947	0.8	0.1
1948	1.2	-
1949	0.6	0.2
1950	0.6	0.2
1951	1.0	0.2
1952	1.2	0.4
1953	1.3	-
1954	0.7	0.1
1955	0.9	0.1
1956	1.3	0.1

**TABLE 31(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the THYROID and ALL OTHER ENDOCRINE GLANDS. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF FEMALE POPULATION IN SASKATCHEWAN FROM PRIMARY CANCER OF THYROID AND OTHER GLANDS.	
	THYROID	OTHER ENDOCRINE GLANDS
1947	0.3	0.3
1948	2.3	-
1949	0.5	0.5
1950	1.0	0.3
1951	0.8	0.3
1952	1.0	0.7
1953	1.9	-
1954	0.5	0.2
1955	1.4	-
1956	1.2	-

**TABLE 33 (a).** The crude death rate per 100,000 of female population in Saskatchewan from primary cancer of the THYROID and ALL OTHER ENDOCRINE GLANDS. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN FROM CANCER OF BONE.		
	TOTAL	MALE	FEMALE
1947	1.2	1.6	0.8
1948	1.1	1.8	0.3
1949	0.4	0.5	0.3
1950	0.6	0.7	0.5
1951	0.5	0.7	0.3
1952	0.7	0.9	0.5
1953	0.8	1.1	0.5
1954	0.3	0.2	0.5
1955	1.1	2.0	0.2
1956	0.7	0.2	1.2

**TABLE 34(a).** The crude death rate from primary cancer of BONE per 100,000 population in Saskatchewan. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN FROM CANCER OF CONNECTIVE TISSUES.		
	TOTAL	MALE	FEMALE
1947	1.3	2.0	0.5
1948	0.7	0.7	0.8
1949	0.7	0.9	0.5
1950	0.6	0.7	0.5
1951	1.1	1.2	1.0
1952	1.1	1.4	0.7
1953	0.9	0.9	1.0
1954	0.9	1.5	0.2
1955	1.3	1.8	0.7
1956	0.8	1.1	0.5

TABLE 35(a). The crude death rate from primary cancer of CONNECTIVE TISSUES (Fibrosarcoma, Retro-peritoneal sarcoma, Sarcoma of soft tissue) per 100,000 of the population in Saskatchewan. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).



YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN FROM CANCER OF LYMPHOID AND HAEMOPOIETIC TISSUE.		
	TOTAL	MALE	FEMALE
1947	8.5	6.8	4.1
1948	8.7	10.6	6.6
1949	7.1	8.7	5.3
1950	9.6	11.7	7.3
1951	9.6	12.2	6.8
1952	10.6	14.8	5.9
1953	11.1	14.7	7.3
1954	11.7	14.8	8.4
1955	12.2	15.3	8.8
1956	12.2	15.9	8.1

TABLE 36(a). The crude death rate from cancer of the LYMPHOID and HAEMOPOIETIC TISSUE per 100,000 of the population in Saskatchewan. The calculations are based on death certificate diagnoses, on death 1947-1956 (inclusive). 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN FROM LYMPHOSARCOMA AND RETICULOSARCOMA, HODGKINS DISEASE AND OTHER RETICULOSES.		
	LYMPHOSARCOMA & RETICULOSARCOMA.	HODGKINS DISEASE.	OTHER RETICULOSES UNSPECIFIED
1947	1.1	0.6	-
1948	1.7	1.3	0.4
1949	0.7	0.6	-
1950	1.6	1.7	-
1951	1.8	1.1	0.5
1952	1.8	1.4	0.6
1953	2.4	1.5	0.1
1954	2.6	1.4	0.1
1955	2.5	1.6	0.3
1956	2.0	1.6	0.1

TABLE 37(a). The crude death rate per 100,000 of the population in Saskatchewan from LYMPHOSARCOMA and RETICULOSARCOMA, HODGKINS DISEASE AND OTHER RETICULOSES. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF MALE POPULATION FROM LYMPHOSARCOMA AND RETICULOSARCOMA, HODGKINS DISEASE AND OTHER RETICULOSES.		
	LYMPHOSARCOMA & RETICULOSARCOMA	HODGKINS DISEASE	OTHER RETICULOSES UNSPECIFIED
1947	1.8	0.9	-
1948	2.5	1.8	-
1949	0.9	0.7	-
1950	2.3	2.3	-
1951	2.5	1.2	0.7
1952	2.3	2.0	0.7
1953	3.1	2.0	0.1
1954	4.0	1.1	0.2
1955	3.5	2.0	0.7
1956	3.1	2.0	0.2

TABLE 38(a). The crude death rate per 100,000 of the male population in Saskatchewan from LYMPHOSARCOMA and RETICULOSARCOMA, HODGKINS DISEASE AND OTHER RETICULOSES. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF FEMALE POPULATION FROM LYMPHOSARCOMA AND RETICULOSARCOMA, HODGKINS DISEASE AND OTHER RETICULOSES.		
	LYMPHOSARCOMA & RETICULOSARCOMA	HODGKINS DISEASE	OTHER RETICULOSES UNSPECIFIED
1947	0.3	0.3	-
1948	0.8	1.3	-
1949	0.5	0.5	-
1950	0.8	1.0	-
1951	1.0	1.0	0.3
1952	1.2	0.7	0.5
1953	1.7	1.0	-
1954	1.2	1.7	-
1955	1.4	1.2	-
1956	0.9	1.2	-

**TABLE 39(a).** The crude death rate per 100,000 of the female population in Saskatchewan from LYMPHOSARCOMA and RETICULOSARCOMA, HODGKINS DISEASE and OTHER RETICULOSES. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM MULTIPLE MYELOMA.		
	TOTAL	MALE	FEMALE
1947	0.2	0.2	0.3
1948	0.7	0.7	0.8
1949	0.6	0.7	0.5
1950	1.6	2.3	0.8
1951	0.8	0.9	0.8
1952	1.5	2.0	1.0
1953	0.6	0.9	0.2
1954	1.1	1.5	0.7
1955	0.7	0.9	0.5
1956	1.6	2.6	0.5

TABLE 40(a). Crude death rate per 100,000 of the population of Saskatchewan from MULTIPLE MYELOMA. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM LEUKAEMIA.		
	TOTAL	MALE	FEMALE
1947	3.6	3.8	3.3
1948	4.8	5.6	3.8
1949	5.2	6.4	3.8
1950	4.8	4.8	4.8
1951	5.4	6.9	3.8
1952	5.2	7.7	2.5
1953	6.5	8.5	4.4
1954	6.4	8.0	4.8
1955	7.1	8.3	5.7
1956	6.8	8.1	5.4

**TABLE 41(a).** The crude death rate per 100,000 of the population in Saskatchewan from LEUKAEMIA. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN FROM MISCELLANEOUS PRIMARY AND METASTATIC CANCER WITH UNKNOWN PRIMARIES.		
	TOTAL	MALE	FEMALE
1947	4.7	5.4	3.8
1948	3.2	3.8	2.6
1949	3.7	4.6	2.8
1950	4.1	3.7	4.3
1951	4.8	4.1	5.5
1952	4.5	5.5	3.5
1953	5.2	6.0	4.4
1954	3.9	3.5	4.3
1955	5.4	4.6	6.2
1956	5.0	5.2	4.8

TABLE 42(a). The crude death rate per 100,000 of the population in Saskatchewan from primary cancer of MISCELLANEOUS and UNSPECIFIED ORGANS, SITES and TISSUES and METASTATIC CANCER, the primary of which is unknown or unspecified. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER.		
	TOTAL	MALE	FEMALE
1947	9.0	12.1	5.1
1948	7.3	11.4	2.2
1949	6.0	6.9	4.9
1950	4.7	7.4	1.4
1951	4.6	5.7	3.4
1952	3.7	6.1	0.7
1953	5.4	6.0	4.6
1954	5.3	7.0	3.2
1955	5.8	9.7	1.3
1956	4.9	8.6	0.6

**TABLE 43(a).** The crude death rate per 100,000 of population in Saskatchewan, 35 years of age and over, from cancer of the BUCCAL CAVITY and PHARYNX. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).



YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER FROM CANCER OF DIGESTIVE SYSTEM 1947-56 (INCLUSIVE).		
	TOTAL	MALE	FEMALE
1947	124.6	137.8	107.8
1948	121.5	138.2	100.5
1949	130.7	157.1	98.1
1950	124.6	132.7	113.5
1951	127.6	153.8	96.0
1952	122.9	137.2	105.8
1953	124.2	141.6	103.4
1954	117.8	142.2	88.9
1955	117.5	135.2	96.8
1956	125.3	152.9	93.1

**TABLE 44(a).** The crude death rate per 100,000 of population in Saskatchewan, 35 years of age and over, from cancer of the DIGESTIVE SYSTEM. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE OESOPHAGUS.		
	TOTAL	MALE	FEMALE
1947	2.6	3.5	1.5
1948	5.7	8.6	2.2
1949	5.1	6.9	2.8
1950	2.8	3.9	1.4
1951	6.8	9.6	3.4
1952	2.7	2.2	3.3
1953	6.6	9.3	3.3
1954	4.4	7.0	1.3
1955	3.2	4.3	1.9
1956	3.8	6.4	0.6

**TABLE 45(a).** The crude death rate from cancer of the OESOPHAGUS per 100,000 of the population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE STOMACH.		
	TOTAL	MALE	FEMALE
1947	55.7	74.5	32.0
1948	58.8	75.9	37.2
1949	56.9	75.7	33.9
1950	51.1	63.2	36.2
1951	61.0	78.6	39.8
1952	59.7	70.8	46.2
1953	48.1	61.2	32.2
1954	48.5	67.6	26.4
1955	59.6	61.9	37.3
1956	49.1	66.0	29.4

**TABLE 46(a).** The crude death rate from cancer of the STOMACH, per 100,000 of the population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE COLON.		
	TOTAL	MALE	FEMALE
1947	26.4	21.3	32.8
1948	23.9	23.4	24.4.
1949	29.1	33.8	23.3
1950	27.6	22.8	33.4
1951	26.3	23.2	30.2
1952	25.9	24.5	27.5
1953	23.6	18.6	29.6
1954	25.9	26.5	25.1
1955	23.9	22.1	25.9
1956	29.7	30.6	28.7

**TABLE 47(a).** The crude death rate from cancer of the COLON per 100,000 of the population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE RECTUM AND ANUS.		
	TOTAL	MALE	FEMALE
1947	13.2	14.4	11.7
1948	9.5	10.3	8.6
1949	11.4	13.2	9.1
1950	14.7	17.1	11.8
1951	11.2	13.6	8.2
1952	11.0	12.8	8.7
1953	13.7	19.1	7.2
1954	12.3	15.7	8.4
1955	12.2	14.5	9.5
1956	12.4	16.1	8.1

**TABLE 48 (a).** The crude death rate per 100,000 of the population in Saskatchewan, 35 years of age and over, from cancer of the RECTUM and ANUS. The calculations are based on death certificate diagnoses.

The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF LIVER, BILE DUCTS AND GALL BLADDER		
	TOTAL	MALE	FEMALE
1947	12.9	6.9	20.2
1948	9.2	4.6	15.1
1949	10.8	4.6	13.4
1950	11.9	7.4	17.4
1951	7.4	7.9	6.9
1952	8.8	9.5	8.0
1953	9.6	6.0	13.8
1954	10.6	6.5	15.5
1955	10.2	8.6	12.0
1956	12.1	11.3	13.1

**TABLE 49(a).** The crude death rate per 100,000 of the population in Saskatchewan, 35 years of age and over, from primary cancer of the LIVER, GALL BLADDER and BILE DUCTS, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF THE PANCREAS.		
	TOTAL	MALE	FEMALE
1947	12.9	16.1	8.7
1948	13.7	15.4	11.5
1949	15.5	18.3	12.0
1950	15.0	17.6	11.8
1951	13.3	19.2	6.2
1952	14.3	16.7	11.4
1953	20.6	24.6	15.8
1954	15.6	19.5	10.9
1955	16.6	22.6	9.5
1956	16.5	19.9	12.5

TABLE 50(a). Crude death rate per 100,000 of the population in Saskatchewan, 35 years of age and over, from primary cancer of the PANCREAS 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF THE RESPIRATORY SYSTEM.		
	TOTAL	MALE	FEMALE
1947	20.3	30.0	8.0
1948	20.4	28.0	10.8
1949	29.7	40.1	16.9
1950	21.9	34.2	7.0
1951	25.4	38.4	9.6
1952	26.8	40.2	10.7
1953	32.6	49.8	11.9
1954	35.6	50.8	17.4
1955	34.6	53.9	12.0
1956	46.5	75.6	12.5

**TABLE 51 (a).** The crude death rate from primary cancer of the RESPIRATORY SYSTEM per 100,000 of the population in Saskatchewan, 35 years of age and over, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.



YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE LARYNX.		
	TOTAL	MALE	FEMALE
1947	2.3	3.5	0.7
1948	2.2	4.0	-
1949	0.6	-	1.4
1950	1.3	2.3	-
1951	0.9	1.7	-
1952	2.4	3.9	0.7
1953	2.7	3.3	1.9
1954	1.2	1.6	0.7
1955	0.6	1.1	-
1956	2.0	3.2	0.6

**TABLE 52(a).** The crude death rate per 100,000 of the population of Saskatchewan, 35 years of age and over, from cancer of the LARYNX, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION OF SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF BRONCHUS AND LUNG.		
	TOTAL	MALE	FEMALE
1947	18.0	26.5	7.3
1948	18.1	24.0	10.8
1949	29.1	40.1	15.5
1950	20.7	31.9	7.0
1951	24.5	36.7	9.6
1952	24.3	36.3	10.0
1953	29.9	46.5	9.9
1954	34.4	49.2	16.7
1955	34.0	52.8	12.0
1956	44.5	72.4	11.9

**TABLE 53(a).** The crude death rate per 100,000 of the population in Saskatchewan, 35 years of age and over, from primary cancer of the BRONCHUS and LUNG, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses.

YEAR	CRUDE DEATH RATE PER 100,000 FEMALE POPULATION, 35 YEARS OF AGE AND OVER, FROM CANCER OF FEMALE GENITALIA.	
	NUMBER	PER 100,000 FEMALE POPULATION, 35 YEARS OF AGE AND OVER
1947	59	42.9
1948	69	49.5
1949	53	37.4
1950	74	51.5
1951	54	37.0
1952	81	54.3
1953	65	42.8
1954	69	44.4
1955	63	39.8
1956	61	38.1

**TABLE 54(a).** The crude death rate per 100,000 female population in Saskatchewan, 35 years of age and over, from cancer of FEMALE GENITALIA. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).  
1947-1956 (inclusive).

YEAR	THE CRUDE DEATH RATE PER 100,000 FEMALE POPULATION, 35 YEARS OF AGE AND OVER, DUE TO CANCER OF FEMALE GENITALIA.	
	CERVIX	UTERUS
1947	11.7	13.8
1948	11.5	14.3
1949	8.6	12.7
1950	15.3	16.0
1951	9.6	10.3
1952	17.4	9.4
1953	14.5	11.2
1954	11.6	10.3
1955	12.0	15.8
1956	12.5	8.1

**TABLE 55(a).** The crude death rate per 100,000 female population in Saskatchewan, 35 years of age and over, from cancer of individual sites of FEMALE GENITALIA. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	THE CRUDE DEATH RATE PER 100,000 FEMALE POPULATION, 35 YEARS OF AGE AND OVER, DUE TO CANCER OF FEMALE GENITALIA.	
	FALLOPIAN TUBE, OVARY, BROAD LIGAMENT	UNSPECIFIED.
1947	14.6	2.9
1948	22.3	1.4
1949	14.8	1.4
1950	19.5	0.7
1951	16.5	0.7
1952	24.1	3.4
1953	14.5	2.6
1954	22.5	-
1955	11.4	0.6
1956	14.4	3.1

**TABLE 56(a).** The crude death rate per 100,000 female population in Saskatchewan, 35 years of age and over, from cancer of individual sites of FEMALE GENITALIA. The calculations are based on death certificate diagnoses for 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 MALE POPULATION, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE MALE GENITALIA.	
	NUMBER	PER 100,000 MALE POPULATION
1947	61	35.2
1948	73	41.7
1949	61	35.0
1950	65	37.0
1951	81	45.8
1952	79	44.1
1953	91	49.8
1954	84	45.4
1955	105	56.6
1956	100	53.8

**TABLE 57(a).** The crude death rate per 100,000 of the male population in Saskatchewan, 35 years of age and over, from cancer of the MALE GENITALIA, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses. (1947-1956)

YEAR	CRUDE DEATH RATE PER 100,000 MALE POPULATION, 35 YEARS OF AGE AND OVER, FROM CANCER OF PROSTATE AND TESTIS.	
	PROSTATE	TESTIS
1947	32.9	0.6
1948	40.5	1.2
1949	31.5	2.3
1950	34.7	1.7
1951	43.5	1.7
1952	41.8	1.7
1953	47.0	2.2
1954	43.8	1.6
1955	50.6	3.2
1956	51.0	1.1

**TABLE 58(a).** The crude death rate per 100,000 of the male population in Saskatchewan, 35 years of age and over, due to cancer of MALE GENITALIA, by site. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 MALE POPULATION, 35 YEARS OF AGE AND OVER, FROM CANCER OF PENIS AND OTHER SITES.	
	PENIS	SCROTUM AND UNSPECIFIED.
1947	1.7	-
1948	-	0
1949	1.2	-
1950	-	0.6
1951	0.6	-
1952	0.6	-
1953	0.5	-
1954	-	-
1955	2.2	0.6
1956	1.1	0.6

**TABLE 59(a).** The crude death rate per 100,000 of the male population in Saskatchewan, 35 years of age and over, due to cancer of MALE GENITALIA, by site. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).



YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE URINARY TRACT.		
	TOTAL	MALE	FEMALE
1947	19.0	24.2	12.4
1948	15.6	19.4	10.8
1949	17.7	24.7	9.1
1950	20.7	24.5	16.0
1951	14.3	19.2	8.2
1952	19.5	28.4	8.7
1953	17.9	27.3	6.6
1954	16.2	22.7	8.4
1955	21.8	29.6	12.7
1956	18.5	24.7	11.3

**TABLE 60(a).** The crude death rate per 100,000 population in Saskatchewan, 35 years of age and over from primary cancer of the URINARY TRACT. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	THE CRUDE DEATH RATE PER 100,000 MALE POPULATION, 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF THE URINARY TRACT, BY SITE.		
	KIDNEY	BLADDER	OTHER
1947	6.9	16.7	0.6
1948	8.0	11.4	-
1949	9.7	14.9	-
1950	9.7	14.9	-
1951	8.5	9.0	1.7
1952	9.5	18.9	-
1953	10.9	16.4	-
1954	9.7	12.4	0.5
1955	15.6	13.4	0.5
1956	13.4	10.7	0.5

**TABLE 61(a).** The crude death rate per 100,000 male population in Saskatchewan, 35 years of age and over, from primary cancer of URINARY TRACT, by site. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 FEMALE POPULATION 35 YEARS OF AGE AND OVER, FROM CANCER OF THE URINARY TRACT, BY SITE.		
	KIDNEY	BLADDER	OTHER
1947	7.3	4.4	0.7
1948	6.5	4.3	-
1949	5.6	3.5	-
1950	9.7	5.6	0.7
1951	4.1	4.1	-
1952	4.7	4.0	-
1953	4.6	2.0	-
1954	3.9	3.9	0.6
1955	7.0	5.1	0.6
1956	6.9	4.4	-

**TABLE 62(a).** The crude death rate per 100,000 female population in Saskatchewan, 35 years of age and over, from cancer of the URINARY TRACT, by site. The calculations are based on death certificate diagnoses. 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION 35 YEARS OF AGE AND OVER, FROM CANCER OF THE SKIN, INCLUDING MALIGNANT MELANOMA.		
	TOTAL	MALE	FEMALE
1947	3.9	3.5	4.4
1948	5.1	5.2	5.0
1949	3.5	3.4	3.5
1950	4.4	6.3	2.1
1951	5.6	6.8	4.1
1952	6.1	7.3	4.7
1953	6.3	7.7	4.6
1954	4.1	4.9	3.2
1955	4.4	3.8	5.0
1956	3.8	5.9	1.3

**TABLE 63(a).** The crude death rate from primary cancer of the SKIN, including MALIGNANT MELANOMA, per 100,000 of population in Saskatchewan, 35 years of age and over. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION OF SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM MALIGNANT MELANOMA.		
	TOTAL	MALE	FEMALE
1947	2.3	1.7	2.9
1948	2.9	2.3	3.6
1949	1.3	0.6	2.1
1950	1.3	1.1	1.4
1951	3.1	2.3	4.1
1952	2.4	2.2	2.3
1953	3.0	3.3	2.0
1954	2.6	2.7	2.6
1955	1.2	0.5	1.9
1956	2.0	3.2	0.7

**TABLE 64(a).** The crude death rate per 100,000 population in Saskatchewan, 35 years of age and over, from **MALIGNANT MELANOMA.** The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).  
 certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE SKIN.		
	TOTAL	MALE	FEMALE
1947	1.6	1.7	1.5
1948	2.2	2.9	1.4
1949	2.2	2.9	1.4
1950	3.1	5.1	0.7
1951	2.5	4.5	-
1952	3.7	5.0	2.0
1953	3.6	4.4	2.6
1954	1.5	2.2	0.6
1955	3.2	3.2	3.2
1956	1.7	2.7	0.6

**TABLE 65(a).** The crude death rate from cancer of the SKIN (excluding malignant melanoma) per 100,000 of population in Saskatchewan, 35 years of age and over. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE NERVOUS SYSTEM.		
	TOTAL	MALE	FEMALE
1947	8.7	11.5	5.1
1948	8.3	8.6	7.9
1949	11.4	12.6	9.9
1950	6.0	8.5	2.8
1951	9.6	9.6	9.6
1952	8.8	13.4	3.3
1953	5.1	6.6	3.3
1954	7.1	9.2	4.5
1955	8.4	11.9	4.4
1956	8.7	12.9	3.7

**TABLE 66(a).** The crude death rate per 100,000 of the population in Saskatchewan, 35 years of age and over, from primary cancer of the NERVOUS SYSTEM, calculated from death certificate diagnoses. 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 MALE POPULATION, 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF THE NERVOUS SYSTEM, BY SITE.		
	BRAIN	SPINAL CORD	OTHER
1947	11.0	-	-
1948	8.6	-	-
1949	12.6	-	-
1950	8.0	-	0.6
1951	9.6	-	-
1952	12.8	-	0.6
1953	6.6	-	-
1954	9.2	-	-
1955	11.3	-	0.5
1956	12.9	-	-

TABLE 67(a). The crude death rate per 100,000 males in Saskatchewan, 35 years of age and over, from primary cancer of the NERVOUS SYSTEM, by site. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).



YEAR	CRUDE DEATH RATE PER 100,000 FEMALE POPULATION 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF THE NERVOUS SYSTEM, BY SITE.		
	BRAIN	SPINAL CORD	OTHER
1947	4.4	-	1.5
1948	7.2	-	0.7
1949	9.2	-	0.7
1950	1.4	-	1.4
1951	8.9	0.7	-
1952	3.3	-	-
1953	3.3	-	-
1954	3.9	-	0.6
1955	4.4	-	-
1956	2.5	-	1.2

**TABLE 68(a).** The crude death rate per 100,000 females in Saskatchewan, 35 years of age and over, from cancer of the NERVOUS SYSTEM, by site. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM CANCER OF THE ENDOCRINE GLANDS.		
	TOTAL	MALE	FEMALE
1947	2.6	3.5	1.5
1948	3.2	0.6	6.5
1949	2.2	1.7	2.8
1950	2.2	1.1	3.5
1951	3.1	3.4	2.7
1952	4.0	3.3	4.7
1953	3.3	1.6	5.3
1954	2.1	2.2	1.9
1955	2.6	1.6	3.8
1956	3.8	4.3	3.1

**TABLE 69(a).** The crude death rate per 100,000 of the population in Saskatchewan, 35 years of age and over, from primary cancer of ENDOCRINE GLANDS. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 MALE POPULATION, 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF THYROID AND OTHER GLAND	
	THYROID	OTHER ENDOCRINE GLANDS
1947	3.5	-
1948	0.6	-
1949	1.7	-
1950	0.6	0.6
1951	2.8	0.6
1952	3.3	-
1953	1.6	-
1954	2.2	-
1955	1.1	0.5
1956	3.8	0.5

**TABLE 70(a).** The crude death rate per 100,000 male population in Saskatchewan, 35 years of age and over, from primary cancer of the THYROID and ALL OTHER ENDOCRINE GLANDS. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 FEMALE POPULATION, 35 YEARS OF AGE AND OVER, FROM CANCER OF THYROID AND OTHER GLANDS.	
	THYROID	OTHER ENDOCRINE GLANDS
1947	0.7	0.7
1948	6.5	-
1949	1.4	1.4
1950	2.8	0.7
1951	2.0	0.7
1952	2.7	2.0
1953	5.3	-
1954	1.3	0.6
1955	3.8	-
1956	3.1	-

**TABLE 71(a).** The crude death rate per 100,000 female population in Saskatchewan, 35 years of age and over, from cancer of the THYROID and ALL OTHER ENDOCRINE GLANDS. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 POPULATION, 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF THE BONE.		
	TOTAL	MALE	FEMALE
1947	3.2	4.0	2.2
1948	2.9	4.6	0.7
1949	0.9	1.1	0.7
1950	1.6	1.7	1.4
1951	1.2	1.7	0.7
1952	1.8	2.2	1.3
1953	2.1	2.7	1.3
1954	0.9	0.5	1.3
1955	2.9	4.8	0.6
1956	1.7	0.5	3.1

**TABLE 72(a).** The crude death rate per 100,000 of the population in Saskatchewan, 35 years of age and over, from primary cancer of BONE. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 POPULATION IN SASK- ATCHEWAN, 35 YEARS OF AGE AND OVER, FROM PRIMARY CANCER OF CONNECTIVE TISSUES.		
	TOTAL	MALE	FEMALE
1947	3.5	5.2	1.5
1948	1.9	1.7	2.2
1949	1.9	2.3	1.4
1950	1.6	1.7	1.4
1951	2.8	2.8	2.7
1952	2.7	3.3	2.0
1953	2.4	2.2	2.6
1954	2.4	3.8	0.6
1955	3.2	4.3	2.0
1956	2.0	2.7	1.3

**TABLE 73(a).** The crude death rate per 100,000 of population in Saskatchewan, 35 years of age and over, from primary cancer of CONNECTIVE TISSUES, (Fibrosarcoma, Retro-peritoneal sarcoma and Sarcoma of Soft Tissue). The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

YEAR	CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM MULTIPLE MYELOMA.		
	TOTAL	MALE	FEMALE
1947	0.6	0.6	0.7
1948	1.9	1.7	2.2
1949	1.6	1.7	1.4
1950	4.1	5.8	2.1
1951	2.2	2.3	2.0
1952	4.0	5.0	3.0
1953	1.5	2.2	0.7
1954	2.9	3.8	1.9
1955	1.7	2.2	1.3
1956	4.0	6.4	1.3

**TABLE 74(a).** The crude death rate per 100,000 of the population in Saskatchewan, 35 years of age and over, from MULTIPLE MYELOMA. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive). The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).

ESTIMATED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN

YEAR	THE CRUDE DEATH RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER, FROM MISCELLANEOUS PRIMARY AND METASTATIC CANCER.		
	TOTAL	MALE	FEMALE
1947	12.6	13.8	10.9
1948	8.6	9.7	7.2
1949	9.8	11.5	7.8
1950	10.7	9.0	12.5
1951	12.4	10.2	15.1
1952	11.6	13.4	9.4
1953	13.4	14.8	11.8
1954	10.0	8.6	11.6
1955	13.7	11.3	16.4
1956	12.7	12.9	12.5

**TABLE 75(a).** The crude death rate per 100,000 of the population in Saskatchewan, 35 years of age and over, from primary cancer of MISCELLANEOUS and UNSPECIFIED ORGANS, SITES and TISSUES and METASTATIC CANCER, the primary site of which was unknown or unspecified. The calculations are based on death certificate diagnoses, 1947-1956 (inclusive).



YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	4.9
1951	5.3
1952	4.7
1953	5.7
1954	6.3
1955	5.9
1956	6.4

**TABLE 76(a).** The crude death rate per 100,000 of the population in Saskatchewan, calculated after corrections for over- and under-diagnosis on death certificates were made. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN
1950	39.9
1951	42.6
1952	41.8
1953	40.1
1954	42.4
1955	42.0
1956	44.9

**TABLE 77(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the DIGESTIVE SYSTEM, calculated after corrections for over- and under-diagnosis in death certificates were made. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	16.2
1951	20.2
1952	18.9
1953	15.8
1954	16.8
1955	18.3
1956	17.6

**TABLE 78(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the STOMACH after corrections for over- and under-diagnosis in death certificates were made. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	9.0
1951	8.9
1952	9.4
1953	7.5
1954	9.7
1955	9.0
1956	10.8

**TABLE 79(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the COLON after correction for over- and under-diagnosis on death certificates was made. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN
1950	6.0
1951	4.4
1952	5.0
1953	5.0
1954	5.0
1955	4.7
1956	4.9

**TABLE 80(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the RECTUM, after corrections for over- and under-diagnosis on death certificates were made. 1950-56 (incl).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	3.1
1951	2.2
1952	2.6
1953	2.4
1954	3.7
1955	3.3
1956	4.0

**TABLE 81(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the LIVER, GALL BLADDER and BILE DUCTS, after corrections for over- and under-diagnosis on death certificates were made.

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN
1950	4.4
1951	3.6
1952	4.5
1953	6.4
1954	5.2
1955	5.0
1956	5.5

**TABLE 82(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the **PANCREAS** after corrections for over- and under-diagnosis in death certificates were made. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN
1950	8.0
1951	9.3
1952	8.2
1953	12.0
1954	12.1
1955	13.0
1956	16.9

**TABLE 83(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the **RESPIRATORY SYSTEM** after corrections for over- and under-diagnosis on death certificates were made. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN
1950	7.3
1951	8.5
1952	7.1
1953	10.5
1954	11.8
1955	12.5
1956	16.0

**TABLE 84(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the LUNG after corrections for over- and under-diagnosis on the death certificates were made. 1950-1956 (incl).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 FEMALE POPULATION IN SASK- ATCHEWAN.
1950	20.2
1951	18.1
1952	20.6
1953	24.9
1954	19.4
1955	29.0
1956	20.8

**TABLE 85(a).** The crude death rate per 100,000 of the female population in Saskatchewan from cancer of the BREAST, after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 FEMALE POPULATION IN SASKATCHEWAN.
1950	18.7
1951	13.1
1952	19.1
1953	15.5
1954	17.2
1955	15.0
1956	16.8

TABLE 86(a). The crude death rate per 100,000 of the female population in Saskatchewan from cancer of the FEMALE GENITAL ORGANS, after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 OF FEMALE POPULATION IN SASKATCHEWAN
1950	6.1
1951	3.8
1952	6.2
1953	4.8
1954	5.0
1955	5.7
1956	6.2

TABLE 87(a). The crude death rate per 100,000 of the female population in Saskatchewan from cancer of the CERVIX, after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 OF FEMALE POPULATION IN SASKATCHEWAN
1950	5.6
1951	3.3
1952	3.2
1953	4.4
1954	4.1
1955	4.7
1956	3.6

**TABLE 88(a).** The crude death rate per 100,000 of the female population in Saskatchewan from cancer of the UTERUS after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 FEMALE POPULATION IN SASKATCHEWAN.
1950	6.8
1951	5.8
1952	8.4
1953	4.8
1954	8.1
1955	4.0
1956	5.7

**TABLE 89(a).** The crude death rate per 100,000 of the female population in Saskatchewan from cancer of the OVARY after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 MALE POPULATION, SASKATCHEWAN
1950	14.6
1951	17.7
1952	18.0
1953	22.6
1954	21.1
1955	25.8
1956	22.5

**TABLE 90(a).** The crude death rate per 100,000 of the male population in Saskatchewan from cancer of the male GENITAL ORGANS, after corrections were made for over- and under-diagnosis on death certificates, 1950-56 (incl).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 OF MALE POPULATION IN SASKATCHEWAN.
1950	13.3
1951	16.8
1952	17.1
1953	21.0
1954	20.0
1955	23.9
1956	21.2

**TABLE 91(a).** The crude death rate per 100,000 of the male population in Saskatchewan from cancer of the PROSTATE after corrections were made for over- and under-diagnosis on death certificates, 1950-1956 (inclusive).



YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN
1950	7.4
1951	5.2
1952	6.9
1953	6.3
1954	6.8
1955	8.7
1956	6.9

TABLE 92(a). The crude death rate per 100,000 of the population in Saskatchewan from cancer of the URINARY TRACT after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN
1950	3.4
1951	1.8
1952	2.5
1953	2.6
1954	2.9
1955	4.3
1956	3.7

TABLE 93(a). The crude death rate per 100,000 of the population in Saskatchewan from cancer of the KIDNEY, after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	4.0
1951	3.0
1952	4.4
1953	3.7
1954	3.8
1955	4.1
1956	3.1

TABLE 94(a). The crude death rate per 100,000 of the population in Saskatchewan from cancer of the URINARY BLADDER, after corrections were made for over- and under-diagnosis on death certificates, 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	8.0
1951	7.5
1952	11.2
1953	10.1
1954	10.5
1955	10.0
1956	12.3

TABLE 95(a). The crude death rate per 100,000 of the population in Saskatchewan who had cancer of the SKIN, after corrections were made for over- and under-diagnosis on death certificates, 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	2.2
1951	3.6
1952	3.6
1953	1.9
1954	2.6
1955	3.3
1956	3.4

**TABLE 96(a).** The crude death rate per 100,000 of the population in Saskatchewan, who had cancer of the NERVOUS SYSTEM, after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	0.6
1951	1.0
1952	1.3
1953	1.0
1954	0.8
1955	1.0
1956	1.6

**TABLE 97(a).** The crude death rate per 100,000 of the population in Saskatchewan from cancer of the THYROID GLAND, after corrections were made for over- and under-diagnosis, on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	0.6
1951	0.4
1952	0.7
1953	1.2
1954	0.2
1955	1.3
1956	0.6

TABLE 98(a). The crude death rate per 100,000 of the population in Saskatchewan from primary cancer of the BONE, after corrections were made for over- and under-diagnosis on death certificates, 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	0.6
1951	1.0
1952	1.2
1953	1.2
1954	0.9
1955	1.4
1956	0.8

TABLE 99(a). The crude death rate per 100,000 of the population in Saskatchewan from cancer of the CONNECTIVE TISSUES, after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	8.8
1951	9.0
1952	9.7
1953	10.5
1954	11.2
1955	12.3
1956	11.5

TABLE 100(a). The crude death rate per 100,000 of the population in Saskatchewan from cancer of the LYMPHOID and HAEMOPOIETIC TISSUES, after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	1.7
1951	1.8
1952	1.9
1953	2.3
1954	2.5
1955	2.5
1956	2.0

TABLE 101(a). The crude death rate per 100,000 of the population in Saskatchewan from LYMPHOSARCOMA and RETICULOSARCOMA, after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 OF POPULATION IN SASKATCHEWAN
1950	1.4
1951	0.7
1952	1.2
1953	1.5
1954	1.3
1955	1.7
1956	1.6

TABLE 102(a). The crude death rate per 100,000 of the population of Saskatchewan from HODGKINS DISEASE, after corrections were made for over- and under-diagnosis on death certificates, 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN
1950	4.2
1951	5.3
1952	4.6
1953	5.8
1954	6.1
1955	7.2
1956	6.1

TABLE 103(a). The crude death rate per 100,000 of the population of Saskatchewan from LEUKAEMIA, after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

YEAR	CORRECTED CRUDE DEATH RATE PER 100,000 POPULATION IN SASKATCHEWAN.
1950	1.4
1951	0.7
1952	1.4
1953	0.7
1954	1.1
1955	0.7
1956	1.6

TABLE 104(a) The crude death rate per 100,000 of the population in Saskatchewan from MULTIPLE MYELOMA after corrections were made for over- and under-diagnosis on death certificates. 1950-1956 (inclusive).

Population in Saskatchewan (if source of data is C.V.C. and (C.V.C. inclusive of) 1950-1956 (inclusive). The data were obtained from sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION OF CANCER OF BUCCAL CAVITY AND PHARYNX, (INCLUDING LIP.)		
	TOTAL	MALE	FEMALE
1947	20.1	34.7	3.6
1948	21.4	37.5	3.1
1949	19.5	33.6	3.8
1950	19.8	34.5	3.5
1951	23.0	40.0	4.3
1952	20.0	35.1	3.7
1953	16.5	28.4	3.6
1954	17.1	31.0	1.9
1955	19.6	34.4	3.6
1956	16.8	29.2	3.3

TABLE 105(a). The crude incidence per 100,000 of the population in Saskatchewan, of cancer of BUCCAL CAVITY and PHARYNX (including LIP) 1947-1956 (inclusive). The data were obtained from all the sources described in the text.



YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION OF CANCER OF THE LIP.		
	TOTAL	MALE	FEMALE
1947	16.1	30.0	1.5
1948	17.3	32.1	0.5
1949	14.8	27.9	0.3
1950	15.0	28.2	0.5
1951	16.7	31.3	0.8
1952	14.0	26.2	0.7
1953	12.1	22.1	1.2
1954	13.2	24.8	0.5
1955	13.6	25.6	0.5
1956	12.9	24.4	0.5

**TABLE 106(a).** The crude incidence per 100,000 of the population in Saskatchewan of cancer of the LIP, 1947-1956 (inclusive). The data were obtained from all the sources described in the text.

to the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION OF CANCER OF THE DIGESTIVE SYSTEM.		
	TOTAL	MALE	FEMALE
1947	42.1	50.1	33.1
1948	42.7	54.6	29.2
1949	42.4	50.8	33.2
1950	47.5	57.2	36.9
1951	44.7	52.9	35.8
1952	49.0	58.7	38.4
1953	46.1	57.6	33.6
1954	50.0	62.0	36.8
1955	48.3	63.5	31.8
1956	52.0	60.6	42.6

TABLE 107(a). The crude incidence per 100,000 of the population in Saskatchewan, of cancer of the DIGESTIVE SYSTEM, 1947-1956 (inclusive). The data were obtained from all the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN.    CANCER OF THE OESOPHAGUS.		
	TOTAL	MALE	FEMALE
1947	1.1	2.0	-
1948	1.4	2.0	0.8
1949	1.2	2.3	-
1950	1.4	2.1	0.8
1951	1.2	1.2	1.3
1952	1.4	1.6	1.2
1953	1.9	2.5	1.2
1954	1.7	2.6	0.7
1955	1.3	1.8	0.7
1956	1.4	1.9	0.8

TABLE 108(a).    The crude incidence, per 100,000 of the population of Saskatchewan, of cancer of the OESOPHAGUS, 1947-1956 (inclusive).    The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION, OF CANCER OF THE STOMACH.		
	TOTAL	MALE	FEMALE
1947	17.1	25.5	7.6
1948	19.8	28.3	10.2
1949	16.2	22.9	8.9
1950	18.2	25.4	10.4
1951	19.1	24.8	12.8
1952	17.8	23.7	11.4
1953	18.8	27.4	9.4
1954	16.7	24.4	8.4
1955	18.0	25.2	10.2
1956	17.8	23.1	12.1

TABLE 109(a). The crude evidence per 100,000 of the population of Saskatchewan of cancer of the STOMACH, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION OF CANCER OF THE COLON.		
	TOTAL	MALE	FEMALE
1947	10.8	9.5	12.2
1948	8.8	10.3	7.1
1949	11.3	10.8	11.9
1950	12.0	12.1	11.9
1951	11.0	10.8	11.3
1952	10.9	11.2	10.1
1953	9.4	8.9	9.9
1954	14.5	14.9	14.1
1955	11.8	12.0	11.6
1956	11.3	12.6	16.1

TABLE 110(a). The crude incidence per 100,000 of the population of Saskatchewan of cancer of the COLON, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	GRUDE INCIDENCE PER 100,000 OF POPULATION OF CANCER OF RECTUM.		
	TOTAL	MALE	FEMALE
1947	7.0	7.2	6.6
1948	7.1	8.1	5.9
1949	7.5	8.5	6.3
1950	8.8	9.9	6.6
1951	7.4	9.0	5.8
1952	9.8	11.8	7.7
1953	8.2	9.6	6.8
1954	9.3	11.4	7.2
1955	9.2	13.8	4.3
1956	11.0	14.5	7.4

**TABLE 111(a).** The crude incidence, per 100,000 of the population of Saskatchewan, of cancer of the RECTUM. 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION, OF CANCER OF THE PANCREAS.		
	TOTAL	MALE	FEMALE
1947	3.5	4.1	2.8
1948	3.1	3.8	2.3
1949	3.6	4.6	2.5
1950	4.3	5.3	3.3
1951	4.2	6.2	2.0
1952	5.6	7.5	3.5
1953	4.6	6.7	2.2
1954	3.9	5.5	2.2
1955	5.1	7.4	2.6
1956	3.9	5.5	2.3

**TABLE 112(a).** The crude incidence, per 100,000 of the population of Saskatchewan, of cancer of the PANCREAS. 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN. CANCER OF LIVER, BILE DUCTS AND GALL BLADDER.		
	TOTAL	MALE	FEMALE
1947	2.8	1.8	3.8
1948	2.3	1.6	3.1
1949	2.6	1.8	3.5
1950	3.2	2.5	4.1
1951	1.6	0.9	2.5
1952	3.4	3.0	4.0
1953	3.1	2.2	4.1
1954	3.7	3.1	4.3
1955	2.8	3.3	2.3
1956	3.5	3.1	4.0

TABLE 113(a). The crude incidence per 100,000 of the population of Saskatchewan, of cancer of the LIVER, BILE DUCTS and GALL BLADDER, 1947-1956 (inclusive). The data were obtained from the sources described in the text.



YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION OF SASKATCHEWAN. CANCER OF THE RESPIRATORY SYSTEM.		
	TOTAL	MALE	FEMALE
1947	7.2	11.5	2.3
1948	8.4	13.3	2.8
1949	8.3	13.0	3.0
1950	10.1	18.1	1.3
1951	10.0	15.7	3.8
1952	12.5	21.2	3.0
1953	13.1	20.1	5.6
1954	13.5	20.9	5.5
1955	15.5	25.6	4.5
1956	15.8	25.7	5.0

TABLE 114(a). The crude incidence, per 100,000 of the population of Saskatchewan, of cancer of the RESPIRATORY SYSTEM, 1947-1956 (inclusive).

The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION OF SASKATCHEWAN. CANCER OF THE LUNG.		
	TOTAL	MALE	FEMALE
1947	5.8	9.3	1.8
1948	7.5	11.7	2.8
1949	7.5	10.7	2.8
1950	8.5	15.3	1.0
1951	9.0	14.0	3.5
1952	10.6	17.5	2.7
1953	11.5	17.7	4.8
1954	12.7	19.6	5.3
1955	13.2	21.7	4.0
1956	14.6	23.8	4.8

TABLE 115(a). The crude incidence per 100,000 of the population of Saskatchewan, of cancer of the LUNG. 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION IN SASKATCHEWAN. CANCER OF LARYNX.		
	TOTAL	MALE	FEMALE
1947	1.4	2.3	0.5
1948	0.8	1.6	-
1949	0.8	1.4	0.3
1950	1.6	2.8	0.3
1951	1.0	1.6	0.3
1952	1.9	3.4	0.3
1953	1.6	2.4	0.7
1954	0.8	1.3	0.3
1955	2.3	3.9	0.5
1956	1.0	1.9	0.3

TABLE 116(a). The crude incidence, per 100,000 of the population in Saskatchewan, of cancer of the LARYNX, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN.    CANCER OF THE BREAST.		
	TOTAL	MALE	FEMALE
1947	19.5	0.5	41.0
1948	16.6	-	35.4
1949	16.0	0.5	33.2
1950	18.7	0.5	39.0
1951	23.2	0.2	48.0
1952	23.0	0.7	47.2
1953	21.1	0.2	43.8
1954	21.6	0.4	44.7
1955	23.9	0.2	49.8
1956	23.3	0.7	48.1

TABLE 117(a).    The crude incidence, per 100,000 of the population in Saskatchewan, of cancer of the BREAST, 1947-1956 (inclusive).    The data were obtained from the sources described in the text.

YEAR	NUMBER	CRUDE INCIDENCE PER 100,000 OF THE FEMALE POPULATION IN SASKATCHEWAN. CANCER OF FEMALE GENITALIA.
1947	125	31.7
1948	126	32.2
1949	126	31.8
1950	152	38.4
1951	151	37.9
1952	179	44.3
1953	155	37.6
1954	152	36.4
1955	172	40.6
1956	175	41.5

TABLE 118(a). The crude incidence, per 100,000 of the female population in Saskatchewan, of cancer of the FEMALE GENITAL ORGANS, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION IN SASKATCHEWAN. CANCER OF CERVIX, UTERUS AND OVARY.		
	CERVIX	UTERUS	OVARY
1947	14.5	7.9	8.2
1948	11.7	10.5	9.2
1949	14.4	8.6	7.3
1950	15.9	12.6	7.3
1951	16.0	9.8	10.8
1952	15.8	15.4	10.4
1953	16.0	8.5	10.9
1954	18.9	9.1	6.7
1955	15.9	12.8	9.0
1956	17.3	12.8	8.8

TABLE 119(a). The crude incidence, per 100,000 of the female population in Saskatchewan, of cancer of the CERVIX, UTERUS and OVARY, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	NUMBER	CRUDE INCIDENCE PER 100,000 OF THE MALE POPULATION IN SASKATCHEWAN. CANCER OF THE MALE GENITALIA.
1947	67	15.1
1948	108	24.3
1949	99	22.7
1950	101	23.1
1951	149	34.3
1952	139	31.7
1953	165	36.5
1954	151	33.2
1955	160	35.1
1956	165	36.1

TABLE 120(a). The crude incidence, per 100,000 of the male population in Saskatchewan, of cancer of the MALE GENITAL ORGANS, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE MALE POPULATION IN SASKATCHEWAN. CANCER OF THE MALE GENITALIA.		
	PROSTATE	TESTIS	PENIS
1947	12.2	2.7	0.2
1948	22.0	1.8	0.5
1949	20.4	1.6	0.7
1950	21.3	2.3	0.7
1951	31.3	2.3	0.7
1952	28.5	2.7	0.5
1953	32.5	3.5	0.5
1954	29.7	2.0	1.5
1955	32.6	2.0	0.5
1956	31.9	3.3	0.9

TABLE 121(a). The crude incidence, per 100,000 of the male population in Saskatchewan of cancer of the PROSTATE, TESTIS and PENIS, 1947-1956 (inclusive). The data were obtained from the sources described in the text.



YEAR	NUMBER	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN. CANCER OF THE URINARY TRACT
1947	95	11.1
1948	58	7.0
1949	69	8.3
1950	79	9.5
1951	77	9.2
1952	96	11.4
1953	90	9.7
1954	102	11.7
1955	98	11.2
1956	94	10.6

**TABLE 122(a).** The crude incidence rate, per 100,000 of the population in Saskatchewan, of cancer of the URINARY TRACT, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN. CANCER OF THE KIDNEY.		
	TOTAL	MALE	FEMALE
1947	4.5	4.7	4.3
1948	3.5	4.3	2.6
1949	3.6	3.9	3.3
1950	4.2	5.3	3.0
1951	2.6	3.7	1.5
1952	4.4	6.2	2.5
1953	4.8	6.2	3.1
1954	4.6	5.9	3.1
1955	4.7	6.2	3.1
1956	4.4	5.6	3.1

TABLE 123(a). The crude incidence rate per 100,000 of the population in Saskatchewan, of cancer of the KIDNEY, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN. CANCER OF THE URINARY BLADDER.		
	TOTAL	MALE	FEMALE
1947	6.6	10.8	2.3
1948	3.5	5.2	1.5
1949	4.7	8.0	1.0
1950	5.3	8.2	2.0
1951	6.6	10.8	2.0
1952	7.0	12.1	1.7
1953	4.9	9.3	1.7
1954	7.1	9.9	4.1
1955	6.5	10.0	2.8
1956	6.2	10.1	2.2

TABLE 124(a). The crude incidence rate, per 100,000 of the population in Saskatchewan, of cancer of the URINARY BLADDER, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN.      CANCER OF THE SKIN.		
	TOTAL	MALE	FEMALE
1947	41.1	52.3	29.8
1948	44.9	52.8	37.0
1949	52.8	66.5	39.0
1950	46.1	57.7	34.4
1951	53.7	67.7	39.7
1952	60.4	80.5	40.3
1953	48.5	66.5	30.5
1954	52.6	66.2	39.0
1955	49.3	63.9	34.7
1956	52.5	66.1	38.8

TABLE 125(a).      The crude incidence rate, per 100,000 of the population in Saskatchewan, of cancer of the SKIN, excluding malignant melanoma.

1947-1956 (inclusive).      The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN. CANCER OF NERVOUS SYSTEM.		
	TOTAL	MALE	FEMALE
1947	3.5	4.5	2.3
1948	3.2	3.1	3.3
1949	3.8	5.3	2.3
1950	4.3	4.4	4.3
1951	3.4	3.2	3.5
1952	3.8	4.3	3.2
1953	4.4	5.1	3.6
1954	3.9	4.8	2.9
1955	5.0	5.8	4.1
1956	3.7	4.8	2.6

**TABLE 126(a).** The crude incidence rate, per 100,000 of the population in Saskatchewan, of cancer of the NERVOUS SYSTEM, 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN.    CANCER OF THE THYROID GLAND.		
	TOTAL	MALE	FEMALE
1947	1.3	0.9	1.8
1948	1.2	0.5	2.0
1949	1.1	0.2	2.0
1950	1.6	0.5	2.8
1951	2.4	1.2	3.5
1952	1.9	0.9	3.0
1953	2.3	1.8	2.9
1954	2.3	2.0	2.6
1955	4.2	0.9	7.8
1956	2.9	1.7	4.3

TABLE 127(a).    The crude incidence rate per 100,000 of the population of Saskatchewan of cancer of the THYROID GLAND, 1947-1956 (Inclusive).    The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN.    CANCER OF BONE.		
	TOTAL	MALE	FEMALE
1947	1.9	2.9	1.0
1948	2.5	3.4	1.5
1949	2.0	2.7	1.3
1950	3.6	4.1	3.0
1951	3.0	3.5	2.5
1952	2.5	3.0	2.0
1953	2.3	2.9	1.7
1954	2.8	3.5	2.4
1955	1.7	1.9	1.4
1956	3.5	5.9	1.0

TABLE 128(a).    The crude incidence rate, per 100,000 of the population in Saskatchewan, of primary cancer of BONE, 1947-1956 (inclusive).    The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE RATE PER 100,000 OF THE POPULATION OF SASKATCHEWAN. CANCER OF CONNECTIVE TISSUE.		
	TOTAL	MALE	FEMALE
1947	1.9	2.5	1.3
1948	1.6	1.6	1.5
1949	2.6	3.2	2.0
1950	2.0	1.8	2.3
1951	2.3	2.8	1.8
1952	2.4	3.2	1.5
1953	3.4	4.2	2.4
1954	2.6	4.0	1.2
1955	2.2	2.4	1.9
1956	2.4	2.6	2.1

TABLE 129(a). The crude incidence rate, per 100,000 of the population in Saskatchewan, of cancer of the CONNECTIVE TISSUES, 1947-1956 (inclusive). The data were obtained from the sources described in the text.



YEAR	CRUDE INCIDENCE RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN. CANCER OF LYMPHOID AND HAEMOPOIETIC TISSUES.		
	TOTAL	MALE	FEMALE
1947	8.0	10.0	5.8
1948	8.0	9.4	6.3
1949	8.9	11.9	5.6
1950	10.9	14.9	6.3
1951	10.3	13.4	7.1
1952	9.8	13.0	6.2
1953	13.3	18.2	8.0
1954	14.2	16.7	11.2
1955	13.4	18.3	8.1
1956	12.8	17.8	7.9

TABLE 130(a). The crude incidence rate per 100,000 of the population in Saskatchewan, of cancer involving the LYMPHOID and HAEMOPOIETIC TISSUES. 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN. LYMPHOSARCOMA AND RETICULOSARCOMA.		
	TOTAL	MALE	FEMALE
1947	2.4	2.7	2.0
1948	2.4	2.7	0.5
1949	1.7	2.3	1.0
1950	3.7	5.2	2.0
1951	3.1	3.9	2.3
1952	2.9	3.2	2.5
1953	4.6	5.8	3.4
1954	3.7	4.4	2.9
1955	4.6	6.5	2.5
1956	3.8	5.6	2.0

TABLE 131(a). The crude incidence rate, per 100,000 of the population in Saskatchewan, of LYMPHOSARCOMA and RETICULOSARCOMA. 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN. HODGKINS DISEASE.		
	TOTAL	MALE	FEMALE
1947	2.0	2.1	2.0
1948	1.3	2.0	0.5
1949	1.3	2.5	-
1950	2.2	2.5	1.8
1951	1.1	1.2	1.0
1952	1.9	2.7	1.0
1953	2.2	3.1	1.2
1954	3.2	4.8	1.4
1955	1.9	2.2	1.6
1956	1.7	2.4	1.0

TABLE 132(a). The crude incidence rate, per 100,000 of the population in Saskatchewan, of HODGKINS DISEASE. 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE RATE PER 100,000 OF THE POPULATION IN SASKATCHEWAN. LEUKAEMIA.		
	TOTAL	MALE	FEMALE
1947	3.6	5.2	1.8
1948	4.3	4.7	3.8
1949	5.9	7.1	4.6
1950	5.0	7.3	2.5
1951	5.9	7.8	3.8
1952	4.9	7.1	2.7
1953	6.5	9.3	3.4
1954	7.1	7.5	6.7
1955	6.9	9.6	4.0
1956	7.3	9.8	4.9

TABLE 133(a). The crude incidence rate, per 100,000 of the population in Saskatchewan, of LEUKAEMIA (types not specified). 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	THE CRUDE INCIDENCE, PER 100,000 OF THE POPULATION IN SASKATCHEWAN.  CANCER OF MISCELLANEOUS AND UNSPECIFIED ORGANS.		
	TOTAL	MALE	FEMALE
1947	8.0	6.6	9.4
1948	6.7	5.9	7.6
1949	5.6	4.8	6.4
1950	7.3	6.0	8.9
1951	7.0	6.7	7.3
1952	6.0	3.8	8.4
1953	7.3	6.4	8.3
1954	8.5	6.6	10.5
1955	10.2	10.5	9.9
1956	8.4	8.4	8.6

TABLE 134(a). The crude incidence rate, per 100,000 of the population of Saskatchewan, of primary cancer of MISCELLANEOUS and UNSPECIFIED ORGANS, SITES and TISSUES, and METASTATIC CANCER, the primary site of which is unknown. 1947-1956 (inclusive). The data were obtained from the sources described in the text.

YEAR	CRUDE INCIDENCE RATE PER 100,000 OF POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER.		
	TOTAL	MALE	FEMALE
1947	51.8	84.7	10.2
1948	53.7	89.7	8.6
1949	50.0	82.0	10.6
1950	50.8	84.3	9.7
1951	58.6	97.2	11.7
1952	50.5	84.2	10.0
1953	41.8	68.3	9.9
1954	42.3	73.5	5.2
1955	28.9	82.4	9.5
1956	41.9	70.3	8.8

TABLE 135(a). The crude incidence per 100,000 of the population in Saskatchewan, 35 years of age and over, from cancer of the BUCCAL CAVITY and PHARYNX (including cancer of the LIP) 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF THE LIP.		
	TOTAL	MALE	FEMALE
1947	41.3	73.8	4.4
1948	43.3	76.5	1.4
1949	37.6	67.7	0.7
1950	38.5	68.9	1.4
1951	42.8	76.3	2.1
1952	35.0	62.5	2.1
1953	30.5	53.0	3.3
1954	32.3	58.4	1.3
1955	33.7	61.4	1.3
1956	31.8	57.9	1.3

TABLE 136(a). The crude incidence per 100,000 of the population of Saskatchewan, 35 years of age and over, of cancer of the LIP. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF DIGESTIVE SYSTEM.		
	TOTAL	MALE	FEMALE
1947	111.7	125.6	94.0
1948	111.0	134.8	81.1
1949	109.1	123.9	91.0
1950	120.0	137.8	98.2
1951	111.8	126.1	94.6
1952	122.6	140.0	101.8
1953	117.1	138.9	90.8
1954	125.8	149.2	97.9
1955	121.3	153.5	83.5
1956	130.5	147.0	111.3

**TABLE 137(a).** The crude incidence rate per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the DIGESTIVE SYSTEM. 1947-1956 (inclusive).



YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF STOMACH.		
	TOTAL	MALE	FEMALE
1947	46.0	65.2	21.8
1948	52.2	70.8	28.7
1949	42.1	56.2	24.7
1950	46.7	61.5	28.6
1951	48.3	59.4	34.9
1952	45.6	58.0	30.8
1953	47.5	65.6	25.7
1954	42.3	58.9	22.5
1955	45.4	60.9	27.2
1956	44.7	55.8	31.9

**TABLE 138(a).** The crude incidence per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the STOMACH. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF THE COLON.		
	TOTAL	MALE	FEMALE
1947	28.6	23.6	35.0
1948	21.9	24.0	19.4
1949	28.8	25.8	32.5
1950	30.4	29.0	32.0
1951	27.6	25.4	30.2
1952	26.8	26.2	27.5
1953	23.9	21.9	26.3
1954	36.7	36.2	37.3
1955	29.7	29.1	30.4
1956	35.8	30.6	41.9

TABLE 139(a). The crude incidence per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the COLON. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER.    CANCER OF RECTUM.		
	TOTAL	MALE	FEMALE
1947	17.4	17.3	17.5
1948	18.1	20.0	15.8
1949	19.0	20.6	16.9
1950	21.0	23.9	17.4
1951	18.9	21.5	15.8
1952	24.7	28.4	20.1
1953	21.2	23.5	18.4
1954	23.5	27.0	19.3
1955	23.6	33.9	11.4
1956	27.4	34.9	19.4

TABLE 140(a).    The crude incidence per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the RECTUM.    1947-1956 (incl).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF PANCREAS.		
	TOTAL	MALE	FEMALE
1947	9.3	10.4	8.0
1948	8.3	9.8	6.5
1949	9.5	11.5	7.1
1950	11.3	13.1	9.1
1951	10.5	14.7	5.5
1952	13.7	17.3	9.4
1953	11.9	16.9	5.9
1954	10.0	13.5	5.8
1955	13.1	18.3	7.0
1956	10.1	13.4	6.3

TABLE 141(a). The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the pancreas. 1947-1967 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER.      CANCER OF THE LIVER.		
	TOTAL	MALE	FEMALE
1947	7.4	4.6	10.9
1948	6.0	4.0	8.6
1949	7.0	4.6	9.8
1950	8.1	6.3	10.4
1951	4.3	2.3	6.9
1952	8.8	7.3	10.7
1953	8.1	5.8	11.2
1954	9.4	7.6	11.6
1955	7.0	7.5	6.3
1956	8.9	7.5	10.6

TABLE 142(a).      The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of LIVER, GALL BLADDER and BILE DUCTS. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER.    CANCER OF THE OESOPHAGUS		
	TOTAL	MALE	FEMALE
1947	2.9	5.2	-
1948	3.8	5.1	2.2
1949	3.2	5.7	-
1950	3.8	5.1	2.1
1951	3.1	2.8	3.4
1952	3.7	3.9	3.3
1953	4.8	6.0	3.3
1954	4.4	6.5	2.0
1955	2.9	3.8	1.9
1956	3.5	4.8	1.9

**TABLE 143(a).**    The crude incidence, per 100,000 of the population of Saskatchewan, 35 years of age and over, of cancer of the OESOPHAGUS.    1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION 35 YEARS OF AGE AND OVER.      CANCER OF THE RESPIRATORY SYSTEM.		
	TOTAL	MALE	FEMALE
1947	19.3	29.4	6.6
1948	22.3	33.7	7.9
1949	21.5	32.1	8.5
1950	25.7	43.8	3.5
1951	25.1	37.3	10.3
1952	31.3	50.8	8.0
1953	33.5	49.2	14.5
1954	34.4	50.8	14.8
1955	38.1	60.3	12.0
1956	43.3	67.6	15.0

TABLE 144(a).      The crude incidence, per 100,000 of the population of Saskatchewan, 35 years of age and over, of cancer of the RESPIRATORY SYSTEM. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER.      CANCER OF THE LUNG.		
	TOTAL	MALE	FEMALE
1947	15.4	23.6	5.1
1948	20.0	29.7	7.9
1949	19.3	28.7	7.8
1950	21.6	37.0	2.8
1951	22.6	33.4	9.6
1952	26.8	42.9	7.4
1953	29.6	43.2	13.2
1954	32.6	48.1	14.2
1955	33.2	52.2	10.8
1956	37.2	58.5	12.5

TABLE 145(a). The crude incidence, per 100,000 of the population of Saskatchewan, 35 years of age and over, of cancer of the LUNG. 1947-1956 (inclusive).



YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER.      CANCER OF LARYNX.		
	TOTAL	MALE	FEMALE
1947	3.9	5.8	1.5
1948	2.2	4.0	-
1949	2.2	4.0	-
1950	4.1	6.8	0.7
1951	2.5	4.0	0.7
1952	4.9	8.4	0.7
1953	4.2	6.0	2.0
1954	2.1	3.2	0.7
1955	5.5	9.2	1.3
1956	2.9	4.8	0.6

TABLE 146(a).      The crude incidence per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the LARYNX.      1947-1956 (incl).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION IN SASKATCHEWAN, 35 YEARS OF AGE AND OVER. CANCER OF THE BREAST.		
	TOTAL	MALE	FEMALE
1947	49.9	1.1	111.4
1948	42.3	-	95.5
1949	40.8	1.1	89.6
1950	46.1	1.1	100.9
1951	55.8	0.6	122.7
1952	54.8	1.7	118.6
1953	51.7	0.5	113.2
1954	52.3	1.1	113.3
1955	59.0	0.5	127.8
1956	55.4	1.6	118.1

TABLE 147(a). The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the BREAST. 1947-1956 (inclusive).

YEAR	NUMBER	CRUDE INCIDENCE PER 100 FEMALE POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF FEMALE GENITALIA
1947	119	86.7
1948	117	84.0
1949	119	83.9
1950	144	100.3
1951	137	93.9
1952	170	113.9
1953	140	92.2
1954	145	93.4
1955	157	99.3
1956	165	103.1

TABLE 148(a). The crude incidence per 100,000 of the female population, 35 years of age and over, of cancer of the female genital organs, in Saskatchewan, 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE FEMALE POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF FEMALE GENITALIA.		
	CERVIX	UTERUS	OVARY
1947	40.0	22.6	20.4
1948	31.6	27.3	22.9
1949	40.0	24.0	19.8
1950	39.7	34.8	18.8
1951	39.1	26.0	25.4
1952	38.9	40.2	27.5
1953	36.9	21.7	28.3
1954	47.0	23.8	18.0
1955	37.3	33.5	21.5
1956	41.9	33.8	21.4

TABLE 149(a). The crude incidence per 100,000 of the female population in Saskatchewan, 35 years of age and over, of cancer of the CERVIX, UTERUS and OVARY. 1947-1956 (inclusive).

YEAR	NUMBER	CRUDE INCIDENCE PER 100,000 OF THE MALE POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF MALE GENITALIA
1947	65	37.5
1948	106	60.5
1949	93	53.3
1950	96	54.7
1951	147	83.1
1952	136	74.4
1953	160	87.5
1954	148	80.0
1955	156	84.0
1956	163	87.4

TABLE 150(a). The crude incidence per 100,000 of the male population in Saskatchewan, 35 years of age and over, of cancer of the MALE GENITALIA.

1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE MALE POPULATION 35 YEARS OF AGE AND OVER.      CANCER OF MALE GENITALIA		
	PROSTATE	TESTIS	PENIS
1947	31.1	5.8	0.6
1948	55.9	1.7	1.1
1949	51.0	1.7	1.1
1950	52.9	1.7	-
1951	76.9	4.5	1.7
1952	75.9	5.0	1.1
1953	83.7	6.0	1.1
1954	72.9	3.8	3.8
1955	80.2	2.7	1.1
1956	78.3	7.0	2.1

TABLE 151(a).      The crude incidence, per 100,000 of the male population in Saskatchewan, 35 years of age and over, of cancer of the PROSTATE, TESTIS and PENIS.      1947-1956 (inclusive).

YEAR	NUMBER	THE CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF THE URINARY TRACT
1947	94	30.3
1948	57	18.1
1949	69	21.8
1950	76	23.8
1951	76	23.5
1952	96	29.2
1953	87	25.9
1954	98	28.8
1955	94	27.3
1956	88	25.4

TABLE 152(a). The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the URINARY TRACT, 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION 35 YEARS OF AGE AND OVER.      CANCER OF KIDNEY.		
	TOTAL	MALE	FEMALE
1947	11.9	11.5	12.3
1948	9.2	10.9	7.2
1949	9.5	9.8	9.2
1950	10.0	12.0	7.7
1951	6.5	8.5	4.1
1952	11.3	15.1	6.7
1953	11.9	14.8	8.6
1954	10.9	13.5	7.7
1955	11.3	14.0	8.2
1956	10.1	12.3	7.5

TABLE 153(a).      The crude incidence, per 100,000 of the population of Saskatchewan, 35 years of age and over, of cancer of the KIDNEY.      1947-1956 (inclusive).



YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER.    CANCER OF THE URINARY BLADDER.		
	TOTAL	MALE	FEMALE
1947	18.3	27.7	6.6
1948	9.2	13.1	4.2
1949	12.3	20.0	2.8
1950	13.8	20.5	5.6
1951	17.0	26.6	5.5
1952	17.9	29.0	4.7
1953	14.0	21.9	4.6
1954	17.9	23.8	10.9
1955	16.0	23.2	7.6
1956	15.6	24.1	5.6

TABLE 154(a).    The crude incidence per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the URINARY BLADDER. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER.      CANCER OF THE SKIN.		
	TOTAL	MALE	FEMALE
1947	110.1	129.8	85.2
1948	118.3	129.6	104.1
1949	139.2	164.0	108.7
1950	118.4	137.8	94.7
1951	136.9	160.5	108.3
1952	155.5	194.1	109.2
1953	123.7	157.5	82.9
1954	132.5	155.7	105.0
1955	125.1	152.9	92.3
1956	132.2	157.7	102.5

TABLE 155(a).    The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the SKIN.    1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE RATE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF THE NERVOUS SYSTEM.		
	TOTAL	MALE	FEMALE
1947	6.1	6.9	5.1
1948	5.7	5.7	5.7
1949	8.5	11.5	4.9
1950	9.1	8.5	9.8
1951	8.4	8.0	8.9
1952	8.8	9.5	8.0
1953	9.9	10.4	9.2
1954	9.4	10.8	7.7
1955	9.0	9.7	8.2
1956	6.4	7.5	5.0

TABLE 156(a). The crude incidence per 100,000 of the population of Saskatchewan, 35 years of age and over, of cancer involving the NERVOUS TISSUE. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION 35 YEARS AND OVER. CANCER OF THE THYROID.		
	TOTAL	MALE	FEMALE
1947	3.5	2.3	5.1
1948	3.2	1.1	5.7
1949	2.8	0.6	5.6
1950	3.8	1.1	6.9
1951	5.9	3.4	8.9
1952	3.7	1.7	6.0
1953	4.8	3.8	5.9
1954	4.7	3.8	5.8
1955	8.7	2.2	16.4
1956	5.5	3.8	7.5

TABLE 157(a). The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer of the THYROID GLAND, 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION 35 YEARS OF AGE AND OVER.      CANCER OF THE BONE.		
	TOTAL	MALE	FEMALE
1947	4.5	6.3	2.2
1948	6.0	8.0	3.7
1949	4.7	5.7	3.5
1950	7.2	8.0	6.3
1951	6.2	6.8	5.5
1952	4.6	5.0	4.0
1953	6.0	7.1	4.6
1954	4.1	2.7	5.8
1955	3.2	3.8	2.5
1956	7.5	11.8	2.5

TABLE 158(a).      The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of primary cancer of the BONE.      1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER.      CANCER OF CONNECTIVE TISSUES.		
	TOTAL	MALE	FEMALE
1947	3.5	4.0	3.0
1948	3.5	3.4	2.6
1949	5.7	6.3	4.9
1950	3.8	3.4	4.2
1951	4.0	5.1	2.7
1952	5.5	6.7	4.0
1953	5.4	6.6	4.0
1954	5.0	7.0	2.6
1955	5.2	6.5	5.1
1956	3.5	3.8	3.1

TABLE 159(a).      The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of cancer involving the CONNECTIVE TISSUES. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION 35 YEARS OF AGE AND OVER. CANCER OF THE LYMPHOID HAEMOPOIETIC TISSUES.		
	TOTAL	MALE	FEMALE
1947	16.1	19.0	12.4
1948	16.2	17.7	14.3
1949	18.4	23.5	12.0
1950	22.9	30.8	13.2
1951	18.9	22.0	15.1
1952	18.9	24.5	12.1
1953	27.5	36.1	17.1
1954	27.7	30.2	24.5
1955	27.3	36.1	17.1
1956	28.3	37.6	17.5

TABLE 160(a). The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of malignant neoplasm of the LYMPHOID AND HAEMOPOIETIC TISSUES. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE RATE PER 100,000 OF THE POPULATION 35 YEARS OF AGE AND OVER. LYMPHO- AND RETICULOSARCOMA.		
	TOTAL	MALE	FEMALE
1947	5.8	6.3	5.1
1948	4.8	5.1	4.3
1949	3.8	4.6	2.8
1950	8.5	11.4	5.0
1951	6.5	7.9	4.8
1952	6.7	7.3	6.0
1953	10.8	12.6	9.6
1954	8.5	9.7	7.1
1955	10.5	14.0	6.3
1956	9.5	13.4	5.0

TABLE 161(a). The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of LYMPHOSARCOMA and RETICULOSARCOMA. 1947-1956 (inclusive).



YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER. HODGKINS DISEASE.		
	TOTAL	MALE	FEMALE
1947	4.5	4.0	5.1
1948	3.2	4.6	1.4
1949	2.5	4.6	-
1950	4.4	5.1	3.5
1951	2.2	2.3	2.1
1952	4.3	5.6	2.7
1953	4.2	5.5	2.6
1954	6.2	9.2	2.6
1955	3.8	4.3	3.1
1956	4.3	5.9	2.5

TABLE 162(a). The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of HODGKINS DISEASE. 1947-1956 (inclusive).

YEAR	CRUDE INCIDENCE, PER 100,000 OF THE POPULATION 35 YEARS OF AGE AND OVER. LEUKAEMIA.		
	TOTAL	MALE	FEMALE
1947	6.4	8.7	3.6
1948	8.3	8.6	7.9
1949	12.0	13.8	9.9
1950	10.0	14.2	4.9
1951	12.7	15.8	8.9
1952	8.5	11.7	4.7
1953	12.8	17.5	7.2
1954	13.2	13.5	12.9
1955	13.4	18.3	7.6
1956	14.4	23.6	10.0

**TABLE 163(a).** The crude incidence, per 100,000 of the population in Saskatchewan, 35 years of age and over, of LEUKAEMIA (types not specified). 1947-1956 (inclusive).

Source: Statistics Canada, *Annual Report on Diseases in Saskatchewan, 1956*, p. 110.

YEAR	CRUDE INCIDENCE PER 100,000 OF THE POPULATION, 35 YEARS OF AGE AND OVER. CANCER OF THE MISCELLANEOUS ORGANS.		
	TOTAL	MALE	FEMALE
1947	20.9	16.7	26.2
1948	16.8	14.3	20.1
1949	13.3	10.9	16.2
1950	18.5	14.2	23.7
1951	17.4	15.8	19.2
1952	14.9	8.9	22.1
1953	18.2	15.3	21.7
1954	21.5	16.2	27.7
1955	24.7	23.7	25.9
1956	18.8	18.2	19.4

TABLE 164(a). The crude incidence rate per 100,000 of the population in Saskatchewan, 35 years of age and over, of primary cancer of MISCELLANEOUS and UNSPECIFIED ORGANS, SITES and TISSUES, and METASTATIC CANCER, the primaries of which are unknown. 1947-1956 (inclusive).

AGE DISTRIBUTION OF ORAL AND PHARYNGEAL CANCER (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
2.9	10.0	18.6	26.7	27.0	14.8

TABLE 165(a). The age distribution of ORAL and PHARYNGEAL cancer in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF DIGESTIVE SYSTEM (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
1.8	5.2	12.2	26.9	35.2	18.7

TABLE 166(a). The age distribution of cancer of DIGESTIVE SYSTEM in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF OESOPHAGUS (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
0.9	2.6	11.9	23.0	28.3	33.3

TABLE 167(a). The age distribution of OESOPHAGEAL CANCER in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF STOMACH (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
1.2	4.1	10.7	27.1	37.7	19.2

TABLE 168(a). The age distribution of cancer of the STOMACH in Saskatchewan, 1937-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF COLON (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
2.7	7.1	15.2	26.6	31.4	17.0

TABLE 169(a). The age distribution of cancer of the COLON in Saskatchewan. 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF RECTUM (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
1.6	4.8	12.6	26.6	37.2	17.2

TABLE 170(a). The age distribution of cancer of the RECTUM in Saskatchewan. 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF LIVER, GALL BLADDER  
AND BILE DUCTS (PER CENT).

AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
1.4	3.3	11.1	27.5	36.9	19.8

TABLE 171(a). The age distribution of cancer of the  
LIVER, GALL BLADDER and BILE DUCTS in Saskatchewan.  
1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF PANCREAS (PER CENT).

AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
0.8	4.0	9.4	28.5	37.3	20.0

TABLE 172(a). The age distribution of cancer of the  
PANCREAS in Saskatchewan. 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF RESPIRATORY SYSTEM  
(PER CENT).

AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
1.1	3.4	14.5	32.4	36.0	12.6

TABLE 173(a). The age distribution of cancer of the  
RESPIRATORY SYSTEM in Saskatchewan. 1947-1956 (incl).

AGE DISTRIBUTION OF CANCER OF LARYNX (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
0.9	3.7	15.7	35.2	34.2	10.3

TABLE 174(a). The age distribution of cancer of the LARYNX in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF THE LUNG (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
1.0	2.9	14.7	32.3	36.8	12.3

TABLE 175(a). The age distribution of cancer of the LUNG in Saskatchewan. 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF FEMALE GENITALIA (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
6.6	17.4	27.8	24.7	17.4	6.1

TABLE 176(a). The age distribution of cancer of FEMALE GENITALIA in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF THE CERVIX (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
9.3	24.9	27.3	21.2	12.5	4.8

TABLE 177(a). The age distribution of cancer of CERVIX in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF UTERUS (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
2.2	8.7	28.2	32.0	22.2	6.7

TABLE 178(a). The age distribution of cancer of BODY of UTERUS in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF OVARY (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
7.9	17.1	29.5	21.6	18.7	5.2

TABLE 179(a). The age distribution of cancer of the OVARY in Saskatchewan, 1947-1956 (inclusive).



AGE DISTRIBUTION OF CANCER OF MALE GENITALIA (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
2.6	1.6	2.3	15.7	42.6	35.2

TABLE 180(a). The age distribution of cancer of the MALE GENITAL ORGANS in Saskatchewan, 1947-1956 (inclusive)

AGE DISTRIBUTION OF CANCER OF PROSTATE (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
0.1	0.2	1.9	16.2	44.3	37.3

TABLE 181(a). The age distribution of cancer of the PROSTATE in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF TESTIS (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
54.3	29.8	5.3	5.3	3.5	1.8

TABLE 182(a). The age distribution of cancer of the TESTIS in Saskatchewan, 1947-1956 (inclusive)

AGE DISTRIBUTION OF CANCER OF PENIS (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
2.6	5.1	12.8	15.4	46.1	18.0

TABLE 183(a). The age distribution of cancer of the PENIS in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF THE BREAST (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
5.4	18.2	23.8	23.5	19.6	9.5

TABLE 184(a). The age distribution of cancer of the BREAST in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF URINARY TRACT (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
2.6	4.9	14.7	26.5	23.0	18.3

TABLE 185(a). The age distribution of cancer of the URINARY TRACT in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF KIDNEY (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
4.1	6.5	20.9	29.7	27.7	11.1

TABLE 186(a). The age distribution of cancer of the KIDNEY in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF URINARY BLADDER (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
1.2	3.7	9.8	24.2	37.3	23.8

TABLE 187(a). The age distribution of cancer of the URINARY BLADDER in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF THE SKIN (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
2.0	5.6	11.9	23.7	33.7	23.1

TABLE 188(a). The age distribution of cancer of the SKIN in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF MALIGNANT MELANOMA (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
18.1	18.7	15.9	21.5	18.1	7.7

TABLE 189(a). The age distribution of MALIGNANT MELANOMA in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF NERVOUS TISSUE (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
33.0	21.3	17.3	18.7	9.0	0.7

TABLE 190(a). The age distribution of cancer of NERVOUS TISSUE in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF ENDOCRINE GLANDS (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
18.6	16.2	17.6	19.2	20.1	8.3

TABLE 191(a). The age distribution of cancer of the ENDOCRINE GLANDS in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF THYROID GLAND (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
15.4	17.6	19.2	20.9	18.7	8.2

TABLE 192(a). The age distribution of cancer of the THYROID GLAND in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF PRIMARY CANCER OF BONE (PER CENT)					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
21.8	8.5	14.5	21.2	26.1	7.9

TABLE 193(a). The age distribution of primary cancer of BONE in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF CANCER OF CONNECTIVE TISSUES (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
27.6	11.6	18.2	16.0	16.6	10.0

TABLE 194(a). The age distribution of cancer of CONNECTIVE TISSUES in Saskatchewan, 1947-1956 (incl).

AGE DISTRIBUTION OF CANCER OF LYMPHOID AND HAEMOPOIETIC TISSUES IN SASKATCHEWAN (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
22.6	9.0	13.7	20.4	26.2	8.1

TABLE 195(a). The age distribution of cancer of the LYMPHOID and HAEMOPOIETIC TISSUES in Saskatchewan. 1947-1956 (inclusive).

AGE DISTRIBUTION OF LEUKAEMIA (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
25.4	7.0	12.1	19.0	27.5	9.0

TABLE 196(a). The age distribution of LEUKAEMIA in Saskatchewan. 1947-1956 (inclusive).

AGE DISTRIBUTION OF LYMPHOSARCOMA (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
12.5	11.4	17.3	24.3	26.5	8.0

TABLE 197(a). The age distribution of LYMPHOSARCOMA in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF HODGKINS DISEASE (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
39.0	12.2	12.2	14.6	19.6	2.4

TABLE 198(a). The age distribution of HODGKINS DISEASE in Saskatchewan, 1947-1956 (inclusive).

AGE DISTRIBUTION OF MISCELLANEOUS PRIMARY CANCERS AND METASTATIC CANCER, THE PRIMARY OF WHICH IS UNKNOWN (PER CENT).					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
5.5	5.8	15.5	26.7	28.9	17.6

TABLE 199(a). The age distribution of primary cancer of MISCELLANEOUS OTHER ORGANS, SITES AND TISSUES and METASTATIC CANCER, the site of which is unknown, 1947-1956 (inclusive).

CANCER OF BUCCAL CAVITY AND PHARYNX AS A PROPORTION (PERCENT) OF ALL CANCER.					
AGE GROUP (YEARS)					
0-34	35-44	45-54	55-64	65-74	75 Plus
1.0	3.7	4.3	4.1	3.5	3.9

TABLE 200(a). The proportion (per cent) of all cancer in each age group for which cancer of the BUCCAL CAVITY and PHARYNX is responsible.

SITE	CANCER OF THE DIGESTIVE SYSTEM AS A PROPORTION (PER CENT) OF ALL CANCER IN EACH AGE GROUP					
	0-34	35-44	45-54	55-64	65-74	75 Plus
OESOPHAGUS	0.3	1.0	2.7	3.5	3.7	8.8
STOMACH	0.4	1.5	2.4	4.3	5.0	5.1
COLON	0.9	2.6	3.5	4.1	4.1	4.5
RECTUM	0.5	1.8	2.9	4.1	4.9	4.6
LIVER ETC.	0.5	1.2	2.5	4.2	4.8	5.3
PANCREAS	0.3	1.5	2.2	4.4	4.9	5.3

TABLE 201(a). The proportion (per cent) of all cancer in each age group for which cancer of the component parts of the digestive system are responsible.

TABLE 201(b). The proportion (per cent) of all cancer in each age group for which cancer of the BREAST is responsible.



SITE	CANCER OF THE RESPIRATORY SYSTEM AS A PROPORTION (PER CENT) OF ALL CANCER IN EACH AGE GROUP.					
	0-34	35-44	45-54	55-64	67-74	75 Plus
LARYNX	0.3	1.4	3.6	5.4	4.5	2.7
LUNG	0.3	1.1	3.4	5.0	4.8	3.3

TABLE 202(a). The proportion (per cent) of all cancer in each age group for which cancer of the LARYNX and LUNG are responsible.

SITE	CANCER OF THE FEMALE BREAST AS A PROPORTION (PER CENT) OF ALL CANCER IN EACH AGE GROUP					
	0-34	35-44	45-54	55-64	65-74	75 Plus
FEMALE BREAST	1.8	6.7	5.5	3.6	2.6	2.5

TABLE 203(a). The proportion (per cent) of all cancer in each age group for which cancer of the FEMALE BREAST is responsible.

SITE	CANCER OF THE FEMALE GENITALIA AS A PROPORTION (PER CENT) OF ALL CANCER IN EACH AGE GROUP					
	0-34	35-44	45-54	55-64	65-74	75 Plus
CERVIX	3.1	9.2	6.3	3.3	1.6	1.3
UTERUS	0.7	3.2	6.6	5.0	2.9	1.8
OVARY	2.6	4.1	6.9	3.3	2.4	1.4

TABLE 204(a). The proportion (per cent) of all cancer in each age group for which cancer of the component parts of the FEMALE GENITAL SYSTEM are responsible.

SITE	CANCER OF THE MALE GENITALIA AS A PROPORTION (PER CENT) OF ALL CANCER IN EACH AGE GROUP.					
	0-34	35-44	45-54	55-64	65-74	75 Plus
PROSTATE	18.2	0.1	0.4	2.5	5.8	9.9
TESTIS	18.2	11.1	1.3	0.8	0.5	0.5
PENIS	0.9	1.9	2.9	2.4	6.0	4.8

TABLE 205(a) The proportion (per cent) of all cancer in each age group for which cancer of the component parts of the MALE GENITAL SYSTEM are responsible.

SITE	CANCER OF THE URINARY SYSTEM AS A PRO- PORTION (PER CENT) OF ALL CANCER IN EACH AGE GROUP.					
	0-34	35-44	45-54	55-64	65-74	75 Plus
KIDNEY	1.3	2.4	4.8	4.6	3.6	2.9
BLADDER	0.4	1.3	2.3	3.7	4.9	6.3

TABLE 206(a). The proportion (per cent) of all cancer in each age group for which cancer of the KIDNEY and URINARY BLADDER are responsible.

SITE	CANCER OF THE SKIN, AND MALIGNANT MELANOMA AS PROPORTION OF ALL CANCER IN EACH AGE GROUP (PER CENT).					
	0-34	35-44	45-54	55-64	65-74	75 Plus
SKIN	0.7	2.1	2.7	3.6	4.4	6.1
MALIGNANT MELANOMA	6.0	6.9	3.7	3.3	2.4	2.0

TABLE 207(a). The proportion (per cent) of all cancer in each age group for which cancer of the SKIN and MALIGNANT MELANOMA are responsible.

SITE	CANCER OF THE THYROID GLAND AS A PROPORTION OF ALL CANCER IN EACH AGE GROUP (PER CENT).					
	0-34	35-44	45-54	55-64	65-74	75 Plus
THYROID	5.1	6.5	4.4	3.2	2.4	2.2

TABLE 208(a). The proportion (per cent) of all cancer in each age group for which cancer of the THYROID GLAND is responsible.

	PRIMARY CANCER OF BONE, AND OF CONNECTIVE TISSUE AS PROPORTIONS (PER CENT) OF ALL CANCER IN EACH AGE GROUP.					
	0-34	35-44	45-54	55-64	65-74	75 Plus
BONE	7.2	3.1	3.3	3.3	3.4	2.1
CONNECTIVE TISSUE	9.2	4.3	4.2	2.5	2.2	2.7

TABLE 209(a). The proportion (per cent) of all cancer in each age group for which primary cancer of the BONE, and MALIGNANT NEOPLASM of CONNECTIVE TISSUE are responsible.

	CANCER OF LYMPHOID AND HAEMOPOIETIC TISSUES AS PROPORTIONS (PER CENT) OF ALL CANCER IN EACH AGE GROUP.					
	0-34	35-44	45-54	55-64	65-74	75 Plus
LYMPHO AND RETICULO-SARCOMA	4.1	4.2	4.0	3.7	3.5	2.1
HODGKINS DISEASE	13.0	4.5	2.8	2.2	2.6	0.6
LEUKAEMIA	8.4	2.6	2.8	2.9	3.6	2.4

TABLE 210(a). The proportions (per cent) of all cancer in each age group for which LYMPHO- and RETICULO-SARCOMA, HODGKINS DISEASE and LEUKAEMIA are responsible.

	CANCER OF THE NERVOUS SYSTEM AS A PROPORTION (PER CENT) OF ALL CANCER IN EACH AGE GROUP					
	0-34	35-44	45-54	55-64	65-74	75 Plus
NERVOUS TISSUE	11.0	7.9	4.0	2.9	1.2	0.2

TABLE 211(a). The proportions (per cent) of all cancer in each age group for which cancer of NERVOUS TISSUE is responsible.

	UNSPECIFIED PRIMARY AND METASTATIC CANCER AS A PROPORTION (PER CENT) OF ALL CANCER IN EACH AGE GROUP.					
	0-34	35-44	45-54	55-64	65-74	75 Plus
METASTATIC AND UN- SPECIFIED PRIMARY CANCER	1.8	2.1	3.6	4.1	3.8	4.7

TABLE 212(a). The proportion (per cent) of all cancer in each age group for which unspecified primary and METASTATIC cancer are responsible.