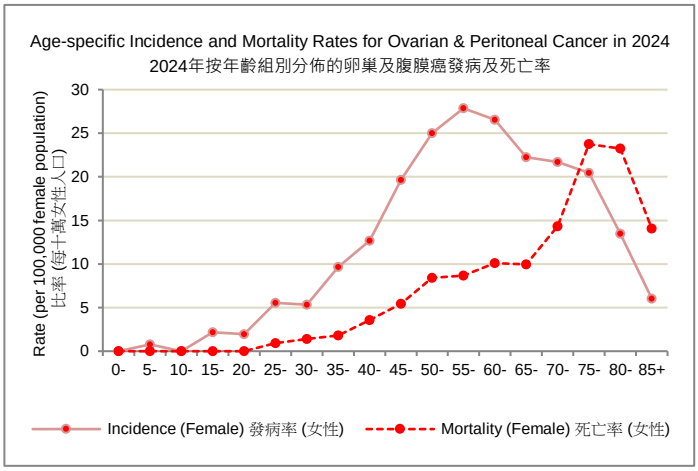
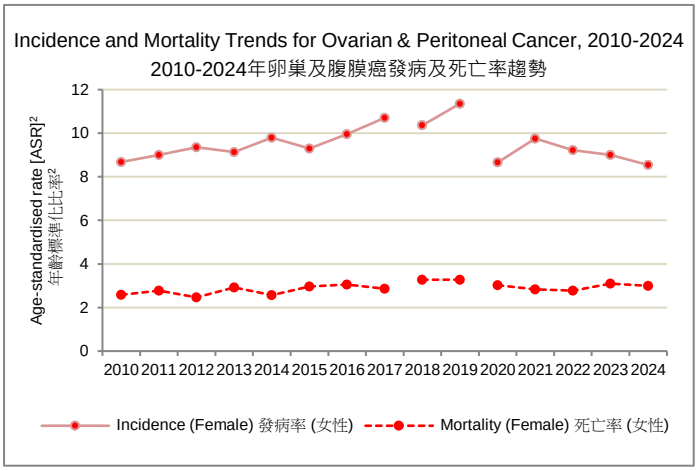
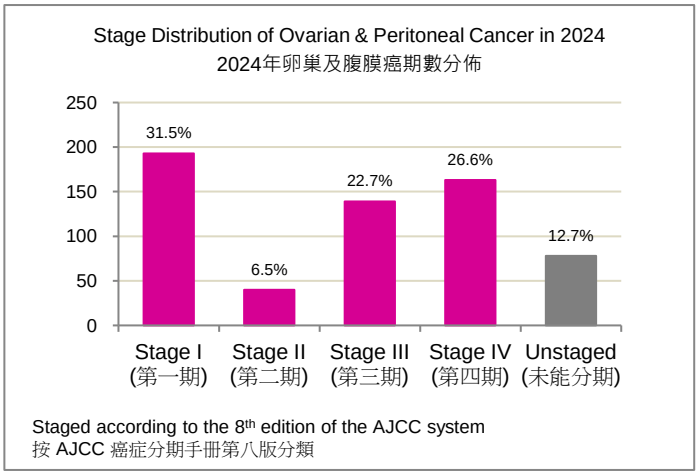
Ovarian & Peritoneal Cancer in 2024
2024年卵巢及腹膜癌統計數字

	Incidence 發病	Mortality 死亡
Number of cases registered[1] 登記個案數目[1]	613	274
Rank 排名	7	6
Proportion of all cancers 佔總數百分比	3.0%	4.2%
Median age (years) 年齡中位數 (歲)	57	65
Crude rate 粗率	14.9	6.7
Age-standardised rate [ASR][2] 年齡標準化比率[2]	8.5	3.0
Average Annual Percent Change of ASR over the past 10 years[3] 年齡標準化比率在過去十年內的平均每年百分比變化[3]	N.A.	N.A.
Lifetime risk before age 75 一生累積風險 (0-74歲)	1 in 111	1 in 310
Five-year relative survival[4] 五年相對存活率[4] (2018-2022)	51.1%	







[1] Starting from 2018, "Ovarian etc." is replaced by "Ovarian & Peritoneal Cancer (OPC)" in HKCaR reporting. From 2020, “Borderline ovarian tumour (BOT)” is no longer to be included in the number of cases registered.
2018年開始，香港癌症資料中心報告「卵巢及腹膜癌」的數據，以取代「卵巢癌等」。從2020年起，邊際性卵巢瘤不再計入登記個案數目。

[2] Age-standardised rates (ASR) are age-adjusted to the World Standard Population of Segi (1960) and expressed per 100,000 population. Comparisons with these rates from other sources are valid only under the same standard population for calculations.
年齡標準化比率是根據 Segi (1960) 世界標準人口並以每十萬人口計算。用於進行比較不同族群之間的疾病率時，需以同一標準人口為基準計算才有意義。

[3] Average Annual Percent Change of ASR is a summary measure of the trend over a specified interval (* represents statistically significant at the 0.05 level). For details, please refer to the glossary in HKCaR website (www3.ha.org.hk/cancereg/glossary.html#aapc).
ASR的平均每年百分比變化是基於特定年期的數據進行計算來總結過往趨勢的測量工具(* 號代表於0.05水平上達至統計顯著)。有關詳情請參閱 HKCaR 網站內的詞彙表 (www3.ha.org.hk/cancereg/tc/glossary.html#aapc)。

[4] Relative survival (RS) is the proportion of cancer patients surviving for a specified time after diagnosis of cancer, compared to people without cancer in general population. RS is the most commonly used method to measure survival of people with cancer in a population.
相對存活率是指與相同性別和年齡的一般人口比較後的存活百分比。這是計算以人口為基礎的癌症患者存活率中最常用的方法。

Borderline Ovarian Tumour
邊際性卵巢瘤

Borderline ovarian tumour (BOT) is slow-growing and non-invasive. Although BOT is a non-malignant tumour, it has the potential to develop into cancer. The incidence of BOT would be of interest in monitoring the number of preinvasive lesions. There were 80 cases of BOT newly diagnosed in 2024.

邊際性卵巢瘤屬生長緩慢且非入侵性，雖然邊際性卵巢瘤是非惡性腫瘤，但它有可能發展成癌症。中心收集此等數據以協助偵測癌前變異的趨勢。2024年的邊際性卵巢瘤新症數字達 80 宗。

Distribution of Ovarian & Peritoneal Cancer (OPC) and Borderline Ovarian Tumour (BOT) by Age Group in 2024, in terms of number of cases and age-specific incidence rates (per 100,000 women)

2024年卵巢及腹膜癌、邊際性卵巢瘤按年齡組別的登記個案數目及發病率 (每十萬名女性人口計算)

	Number of cases 個案數目			Age-specific Incidence rates (per 100,000 women) 特定年齡組別發病率 (每十萬名女性人口計算)		
Age (yrs) 年齡(歲)	OPC 卵巢及腹膜癌	BOT 邊際性卵巢瘤	Total 總數	OPC 卵巢及腹膜癌	BOT 邊際性卵巢瘤	Total 總數
0-4	0	0	0	0	0	0
5-9	1	0	1	0.8	0	0.8
10-14	0	0	0	0	0	0
15-19	3	3	6	2.2	2.2	4.3
20-24	3	1	4	1.9	0.6	2.6
25-29	12	4	16	5.6	1.9	7.4
30-34	15	13	28	5.3	4.6	9.9
35-39	32	7	39	9.7	2.1	11.8
40-44	46	8	54	12.7	2.2	14.9
45-49	65	8	73	19.6	2.4	22.1
50-54	86	11	97	25.0	3.2	28.2
55-59	90	7	97	27.9	2.2	30.0
60-64	92	6	98	26.6	1.7	28.3
65-69	67	6	73	22.3	2.0	24.3
70-74	50	4	54	21.7	1.7	23.4
75-79	31	0	31	20.4	0	20.4
80-84	11	1	12	13.5	1.2	14.7
85+	9	1	10	6.0	0.7	6.7
All ages# 所有年齡#	613	80	693	14.9	1.9	16.9
			Lifetime risk* 一生累積風險*	1 in 111	1 in 746	1 in 97
			ASR (Segi)** 年齡標準化比率**	8.5	1.5	10.0

Remarks:

註解：

Cases with unknown ages are included.

包括不明年齡的個案在內。

* Cumulative lifetime risk before the age of 75.

一生累積風險(0-74歲)

** Rates are standardised to the age distribution of the World Standard Population of Segi (1960) and expressed per 100,000 population. Comparisons with these rates from other sources are valid only under the same standard population for calculations.

年齡標準化比率是根據 Segi (1960) 世界標準人口並以每十萬人口計算。用於進行比較不同人群之間的疾病率時，需以同一標準人口為基準計算才有意義。