Overview of Hong Kong Cancer Statistics of 2020

1.   Background

1.1   The Hong Kong Cancer Registry (HKCaR) is a population-based cancer registry responsible for collecting the basic demographic data, information of the cancer site, and tumour histology of patients diagnosed with cancer in public and private medical institutions in Hong Kong. Robust cancer registry data provide the basis for governments to prioritise resources in cancer control according to the burden of various cancers in the communities, for health care planners and researchers in developing healthcare policies to improve the quality of cancer care, prioritising costly cancer treatments, and implementing cost-effective cancer prevention strategies such as cancer screening programmes and other public health interventions.

1.2   This report provides an overall summary of the key cancer statistics of Hong Kong for the year of 2020. The HKCaR strives to enhance the collection and compilation of stage data of prevalent cancers, and publish reports in phases on the stage-specific survival rates for these cancers on the basis of the local population as indexes for cancer surveillance. The published reports on eight prevalent cancers included those issued in this year on prostate and thyroid cancers, and those issued in previous years on breast, colorectal, gynaecological (cervical, corpus uteri and ovarian & peritoneal) and nasopharyngeal cancers, are available on the website of the HKCaR.

2.   New cancer cases

2.1   In 2020, there were 34,179 new cases diagnosed with cancer in Hong Kong. The number dropped by 903 cases, or 2.6%, from the previous year and fell for the first time in nearly 20 years. On average, 94 people were diagnosed with cancer every day.

2.2   A total of 16,703 cancers were diagnosed in males and 17,476 in females. The numbers decreased by 982 (5.6%) for males and increased by 79 (0.5%) for females compared to 2019. The crude annual incidence rates of cancer per 100,000 population were 489 for males and 430 for females in 2020.

2.3   For the first time, women outnumbered men by 773 in the number of new cancer cases in 2020, with a ratio of 105 women for every 100 men. This ratio was 111 men to 100 women in 2010.

2.4   The most frequent cancers diagnosed in Hong Kong in 2020 were cancers of the lung (15.9%), colorectum (14.9%), breast (14.6%), prostate (6.8%) and liver (5.1%). These five leading cancers comprised over 57% of all new cancers in Hong Kong.

2.5   Compared with the preceding year, almost all top ten cancers showed a drop, except breast cancer and non-Hodgkin lymphoma rising at a rate of 4.1% and 4.7%, respectively. Meanwhile, there is a little movement in the top ten cancer ranking, the non-Hodgkin lymphoma rose two places to 8th in 2020.

2.6   For males, the top five cancers comprised about 63% of new cancer cases. They were cancers of the lung (19.5%), colorectum (17.4%), prostate (13.9%), liver (7.5%) and stomach (4.3%).

2.7   For females, the five leading cancers were cancers of the breast (28.4%), colorectum (12.5%), lung (12.4%), corpus uteri (6.8%) and thyroid (4.4%), accounting for around 65% of new cancer cases in women.

2.8   The number of newly diagnosed invasive breast cancer cases in women increased by 4.1% to 4,956 in 2020. There were a further 706 new cases of in-situ breast cancer (or known as stage 0 breast cancer) reported during the year. Since 2010, the number of invasive female breast cancer has increased by 64.4%, significantly higher than the overall increase of nearly 40% for all female cancers combined.

2.9   The number of newly diagnosed non-Hodgkin lymphoma cases has increased considerably in recent years. Compared to 2019, there was an increase of 4.7% in the number of new case diagnosed, up to a total number of 1,068 in 2020. Furthermore, the number has increased by 37% since 2010. Non-Hodgkin lymphoma was the 8th leading cause of cancer deaths in Hong Kong with 400 deaths recorded in 2020.

2.10   Among gynaecological cancers, the number of women newly diagnosed with cervical cancer went up to 556 cases (or increased by 6.9%) in 2020, while the number diagnosed with cancer of the corpus uteri decreased slightly, when compared to 2019. Due to the change in coding practice, ovarian tumours with low malignant potential were no longer recorded as cancer by the cancer registries. Therefore, a decrease of 20% occurred in the numbers of ovarian & peritoneal cancer in 2020.

2.11   Over the past decade, new cancer cases have jumped up by almost 30% or at an annual rate of 2.6%. During the same period, the overall population grew slowly at an annual rate of 0.6%, but the population aged 65 and older increased at 4.2% per year.

2.12   Cancer incidence rates increase sharply with age. The increase in overall number of new cancer cases in Hong Kong is largely driven by the ageing population, along with changes in cancer risks as well as the improvements in diagnostic practices.

2.13   The type and order of the five leading cancers have remained more or less the same over the decade (**Table 1**). The biggest increases were in breast cancer which rose 65% and prostate cancer which rose 55% in the number of new cases. The number of new cases of liver cancer dropped slightly.

Table 1. Leading new cancers (both genders combined)

Cancer site	2010		2020		
	Number	Rank	Number	Rank	*Overall change*
Lung	4,480	1	5,422	1	*+21.0%*
Colorectum	4,370	2	5,087	2	*+16.4%*
Breast	3,025	3	4,988	3	*+64.9%*
Prostate	1,492	5	2,315	4	*+55.2%*
Liver	1,863	4	1,735	5	*-6.9%*
All cancers sites	**26,390**	**-**	**34,179**	**-**	***+29.5%***

3. Cancer deaths registered

3.1 Cancer was the number one killer in Hong Kong in 2020 with 14,805 cancer deaths, accounting for 29.2% of all deaths in Hong Kong. Over half (58%) of the cancer deaths were in men. The crude annual mortality rates of cancer per 100,000 population were 252.7 for males and 151.8 for females.

3.2 The cancers causing most deaths were lung cancer (26.4%), followed by colorectal cancer (15.4%) and liver cancer (10.3%), which accounted for over half of all cancer deaths. Pancreatic cancer (5.5%) and breast cancer (5.1%) ranked 4th and 5th respectively.

3.3 The cancers causing most deaths in males were lung cancer (29.3%), colorectal cancer (15.2%) and liver cancer (13%), accounting for 57% of cancer deaths. For females, lung cancer (22.4%), colorectal cancer (15.8%) and breast cancer (12.2%), accounted for just half of all cancer deaths.

3.4 Over the past decade, the number of cancer deaths has risen at an annual rate of 1.2%. The ranking of the top three deadliest cancers remained unchanged (**Table 2**). There were marked increases in the number of deaths from pancreatic cancer (+71.9%), breast cancer (+33.6%) and colorectal cancer (+22.7%). The increase was much less pronounced in lung cancer and there was no overall change for liver cancer.

Table 2. Leading cancer deaths (both genders combined)

Cancer site	2010		2020		
	Number	Rank	Number	Rank	*Overall change*
Lung	3,696	1	3,910	1	*+5.8%*
Colorectum	1,864	2	2,287	2	*+22.7%*
Liver	1,530	3	1,530	3	*-*
Pancreas	473	6	813	4	*+71.9%*
Breast	566	5	756	5	*+33.6%*
All cancers sites	**13,076**	**-**	**14,805**	**-**	***+13.2%***

3.5   Nearly 54% of new cancer cases and 71% of deaths due to cancers occur in people aged 65 years or over. As long as the current demographic trends continue, we shall be witnessing a corresponding increase in the burden of cancer in older adults.

3.6   The ten cancers with the largest number of new cases diagnosed and cancer deaths by gender in 2020 are displayed in **Appendix I**.

4.   Cancer and age

4.1   Age is the most important risk factor for most cancer types. In 2020, the incidence rates for cancer climbed steadily as age increases, from fewer than 50 cases per 100,000 people in the age groups under 30 years, to about 340 per 100,000 people among those aged 45–49, to more than 1,050 per 100,000 people in age groups 65 years and older.

4.2   The median age at diagnosis was 66 years (male: 68 years; female: 63 years). This means that half of the cancer cases occurred in people below this age and half in people above this age. Only a mere 0.5% of cancer cases being diagnosed in children and adolescents under 20 years of age.

4.3   Among the common cancers in males, the median age at diagnosis was 70 years for lung cancer, 68 years for colorectal cancer, 71 years for prostate cancer, 66 years for liver cancer, and 71 years for stomach cancer.

4.4   Among the common cancers in females, the median age at diagnosis was 58 years for breast cancer, 69 years for colorectal cancer, 68 years for lung cancer, 57 years for cancer of the corpus uteri, and 51 years for thyroid cancer.

4.5   In 2020, there were 177 newly diagnosed cancer cases in children and adolescents (male: 92; female: 85). Common cancers were leukaemia (32.2%), lymphoma (14.7%) and germ-cell & gonadal tumours (14.7%). These top three cancers constituted 61% of all cancer cases.

4.6   Women are more prone to have cancer than men among adults aged 20-64 years, mainly due to the relatively high incidence rates of gender-specific cancers of the breast, cervix, corpus uteri and ovary & peritoneum. The age-specific female preponderance was most apparent in the age group of 20-44 years, in which the number of cancer cases in women was 1.5 times higher than that in men.

4.7   For young adults aged 20-44 years, the most common cancer was nasopharyngeal cancer for males (13.8%) and breast cancer for females (36.7%).

4.8   For middle-aged adults aged 45-64 years, the most common cancer was colorectal cancer for males (18.4%) and breast cancer for females (35.7%).

4.9   For older adults aged 65-74 years, the most common cancer was lung cancer for males (20.9%) and breast cancer for females (25.5%).

4.10   For elderly aged 75 or older, the most common cancer was lung cancer for males (21.8%) and colorectal cancer for females (19.7%).

4.11   When eliminating the effects of variation in age structure over time, the 10-year trends of overall cancer incidence seemed to be stable in men but an increasing trend of incidence was observed in women. In terms of mortality, the risk of dying from cancer in Hong Kong has fallen steadily in both genders, with a significant decrease of 2.2% per year in men and 1.1% in women.

4.12   A person's risk of developing or dying from cancer is age-dependent. Based on the statistics in 2020,

- about 1 in 4 men and 1 in 5 women will develop cancer by the age of 75;
- about 1 in 10 men and 1 in 16 women will die from cancer by the age of 75.

4.13   The relative frequency of the five most common cancers by gender and age groups in 2020 is shown in **Appendix II**.

5.   Impact of COVID-19 on cancer diagnoses

5.1   In 2020, the number of newly diagnosed cancer cases fell for the first time in nearly two decades. The number dropped by 2.6% from the previous year. Since the global outbreak of COVID-19 pandemic in 2020, several studies conducted in Australia[1], Denmark[2], Spain[3] and United States[4] also observed reductions in the number of new cancer cases during the early pandemic stages.

5.2   The decline in the number of new cancers cases was most evident in the first quarter of 2020, accounting for 13.8% decrease compared to the same quarter of the previous year (**Figure 1**).

5.3   To estimate the impact of COVID-19 on cancer diagnoses in Hong Kong, data from 2019 (pre-pandemic) was used to calculate sex- and age-specific incidence rates of cancer which then applied to the 2020 population data to obtain the expected number of diagnoses. The difference between the observed and expected number was calculated using a statistical method. A p-value

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[1] Te Marvelde L, Wolfe R, McArthur G, Blake LA, Evans SM. Decline in cancer pathology notifications during the 2020 COVID-19-related restrictions in Victoria. *Medical Journal of Australia*. 2021;214(6):281-283. https://doi:10.5694/mja2.50968

[2] Skovlund CW, Friis S, Dehlendorff C, Nilbert MC, Mørch LS. Hidden morbidities: drop in cancer diagnoses during the COVID-19 pandemic in Denmark. *Acta Oncologica*. 2021;60(1):20-23. https://doi:10.1080/0284186X.2020.1858235

[3] Ruiz-Medina S, Gil S, Jimenez B, et al. Significant Decrease in Annual Cancer Diagnoses in Spain during the COVID-19 Pandemic: A Real-Data Study. *Cancers*. 2021;13(13):2015. https://doi:10.3390/cancers13133215

[4] Kaufman HW, Chen Z, Niles JK, Fesko YA. Changes in Newly Identified Cancer Among US Patients From Before COVID-19 Through the First Full Year of the Pandemic. *JAMA network open*. 2021;4(8):e2125681. https://doi:10.1001/jamanetworkopen.2021.25681

less than 0.05 (*p<0.05*) is considered statistically significant.

5.4   Overall there was an estimate of 5.8% fewer new cases of cancer than expected in 2020. This was most notable in males (-9.7%) compared to females (-1.7%) (**Figure 2**).

5.5   Among men, the number of new cancer cases decreased consistently across all adult age groups: -156 in young adults, -492 in middle-aged adults, -627 in older adults and -471 in elderly. Among women, most of the decline occurred in middle-aged group, with about 190 fewer cases than expected.

5.6   Since the first confirmed case of COVID-19 in Hong Kong on 23 January 2020, the Hong Kong Government imposed quarantine and social distancing measures which reduced people's frequency of going to crowded or high-risk places. The decrease in the number of new cancer cases might be possibly due to a reduction in number of people seeking health services, and therefore being screened and diagnosed during the early pandemic stages.

5.7   In terms of mortality, the impact of the COVID-19 is yet to be realized as the differences are less evident between 2020 and 2019 for males and females overall.

5.8   The impact of COVID-19 on cancer diagnoses and outcomes at the population level might become more pronounced in the next few years as more data becomes available. The HKCaR will continue to provide robust surveillance to monitor and detect changes in cancer incidence, mortality, survival, and trends in the population.

Figure 1. Number of new cancer cases by quarter in 2019 and 2020

Figure 2. Difference between observed and expected number of new cancer cases, 2020
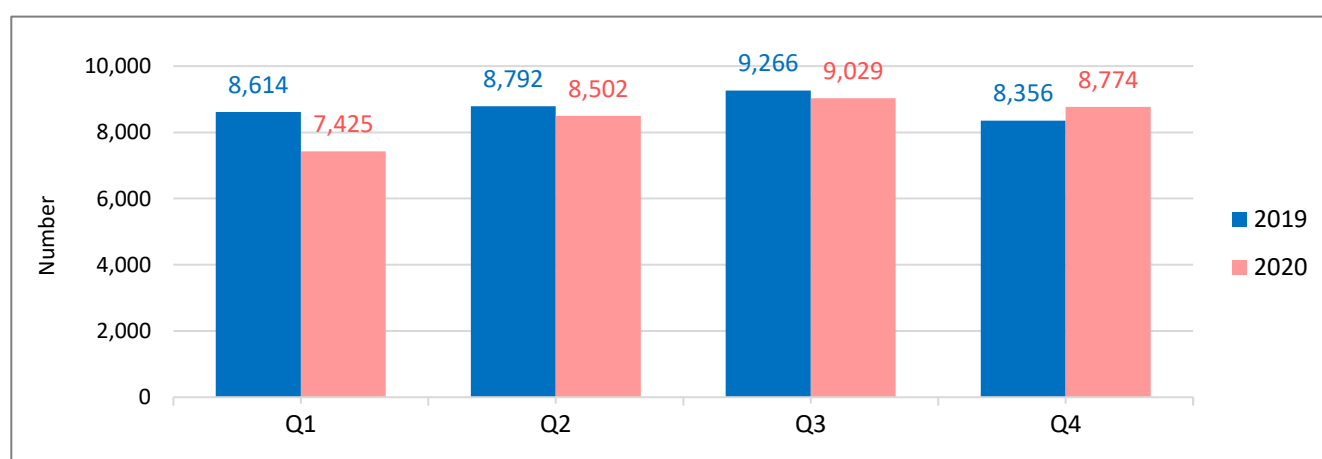
Figure 2. Difference between observed and expected number of new cancer cases, 2020
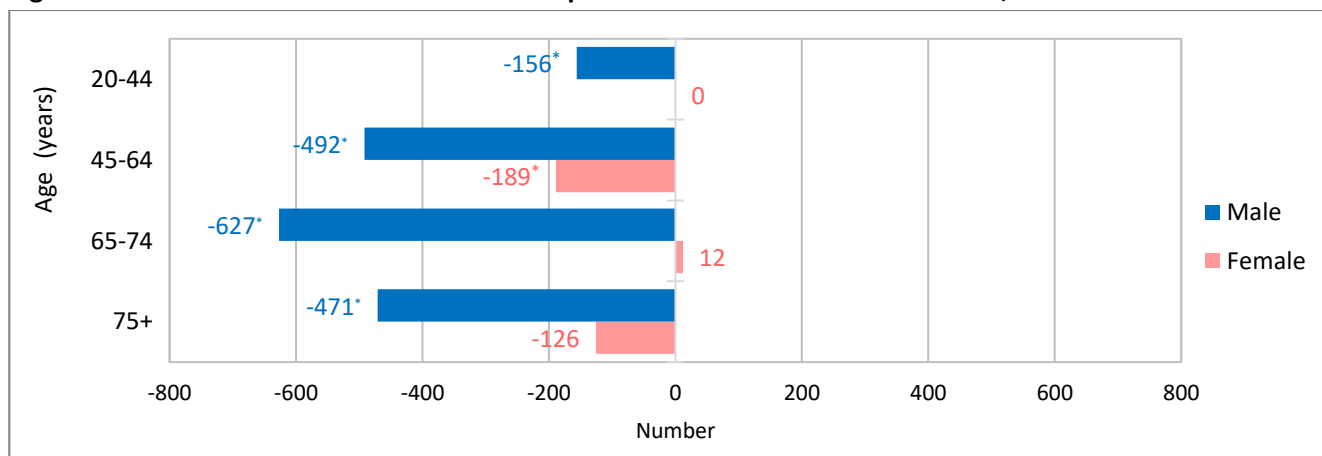
Statistically significant difference (p<0.05) between observed and expected number of cases

## 6. Provision of indicators for cancer disease surveillance

6.1 Stage at diagnosis is an important prognostic factor for people diagnosed with cancer. As such, the HKCaR has enhanced the collection and compilation of staging and clinicopathological information on more prevalent cancers and improved the comprehensiveness of the data by providing staging information, survival rates and specific clinicopathological data at a population level.

6.2 This year, HKCaR has carried out another large-scale population-based study of stage-specific cancer survival, covering about 26,000 patients diagnosed with prostate and thyroid cancers during 2010-2019, to provide indicators for cancer control surveillance in the local population. Since 2019, HKCaR has compiled and reported overall and stage-specific survival data for eight prevalent cancers, including cancers of the female breast, colorectum, nasopharynx, cervix, corpus uteri, epithelial ovary & peritoneum, thyroid and prostate (**Table 3** and **Figure 3**).

Table 3. Overall one- and five-year relative survival rates by cancer site

Cancer site	Period of diagnosis	Number of patients	Relative survival rate	
			1-year	5-year
Thyroid	2010-2019	7,630	95.7%	91.5%
Prostate	2010-2019	18,330	96.7%	84.0%
Nasopharynx	2010-2018	7,300	89.3%	68.7%
Cervix	2010-2018	4,120	87.3%	65.8%
Corpus Uteri	2010-2018	7,870	87.9%	70.4%
Ovarian Epithelial	2010-2018	3,710	78.3%	44.5%
Colorectum	2010-2017	37,790	81.4%	58.2%
Female Breast	2010-2017	28,470	96.1%	84.0%

6.3 For prostate cancer, the overall 5-year relative survival rate was 84%. The rates for stage I to III disease were excellent at 97% or higher. The 5-year survival outcome dropped to 45% in stage IV disease.

6.4 For thyroid cancer, the overall 5-year relative survival rate was 91.5%, which means an overall favourable prognosis. The rates were high (>95%) for stage I to III disease while stage IV disease had a lower 5-year survival rate of 69%.

6.5 Beginning with cases diagnosed in 2020, HKCaR has updated its guidelines for cancer reporting based on the International Classification of Diseases for Oncology, version 3.2 (ICD-O-3.2). These changes resulted in a net increase of 391 newly reportable cases to the HKCaR, of which most were types of haematological cancers. In recent years, HKCaR has also started to collect information on some common biomarkers such as EGFR, ALK, ROS1 and PD-L1 in non-small-cell lung cancer patients, with a view to provide important additional information for disease surveillance and control.

Figure 3. Five-year relative survival rates by cancer site and stage
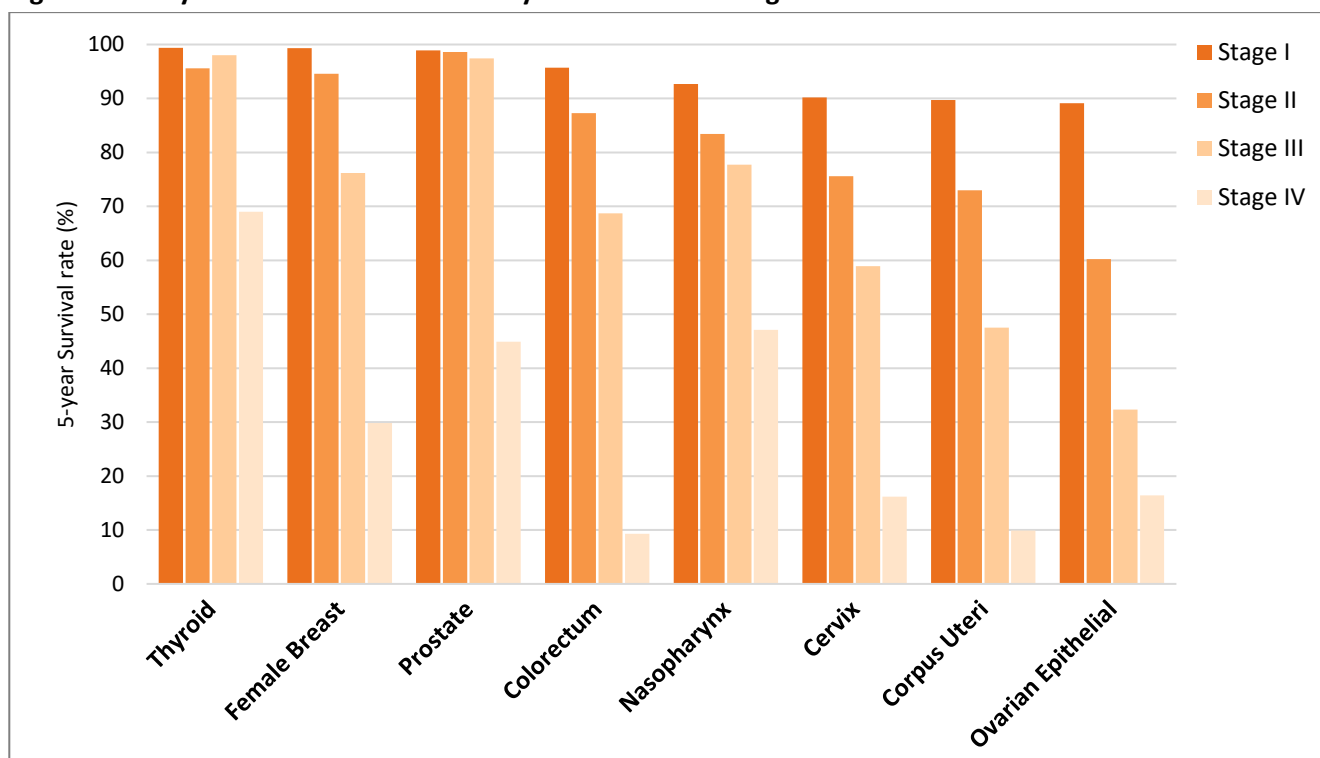
Note: The term "Ovarian epithelial" includes epithelial cancers of the ovary, fallopian tubes and primary peritoneum.

Key points at-a-glance

➢ There were 34,179 cases of new cancer diagnosed, with an average of 94 new diagnoses every day. The number dropped 903 cases, or 2.6%, from the previous year and fell for the first time in nearly 20 years.

➢ For the first time, females surpassed males by 773 in the number of new cancer cases, with a ratio of 105 women for every 100 men. This ratio was 111 men to 100 women in 2010.

➢ The five most common cancers were lung, colorectum, breast, prostate and liver, together accounting for 57% of all new cancers.

➢ The five most common cancer deaths were lung, colorectum, liver, pancreas and breast, together accounting for around 63% of all cancer deaths.

➢ Lung cancer remained the most common cancer in men with 3,252 new diagnoses (almost 20% of all cancers in men). Breast cancer was still the leading cancer in women with 4,956 new diagnoses (28.4% of all cancers in women).

➢ Almost all top 10 cancers showed a decrease in the number, except for breast cancer and non-Hodgkin which increased by 4.1% and 4.7%, respectively.

➢ There were 5.8% fewer new cancer cases than expected, possibly due to a reduction in number of people seeking health services, and hence being screened and diagnosed during the early pandemic stages.

➢ After adjusting for the influence of age, the trends of overall cancer incidence seem to be stable in men but an increasing trend was observed in women over the past decade. The risk of dying from cancer in both sexes has continued to decline.

➢ For prostate cancer, the overall 5-year relative survival was 84%. The rates were very high (>97%) in stage I to III disease but fell to 45% in stage IV disease.

➢ For thyroid cancer, the overall 5-year relative survival was 92%. The rates were also very high (>95%) for people diagnosed in stage I to III disease. Stage IV disease still had a 5-year survival rate of 69%.

➢ Robust cancer survival data show, as expected, that for most cancers the 5-year survival is much higher if the cancer is detected early than at later stages. This re-emphasises the importance of early diagnosis and treatment.

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Appendix I. Leading Cancer Sites in 2020

10 Most Common Cancers

Male

Rank	Site	No. of new cases	Relative frequency	Crude incidence rate*	Median age (yr)
1	Lung	3,252	19.5%	95.2	70
2	Colorectum	2,905	17.4%	85.0	68
3	Prostate	2,315	13.9%	67.8	71
4	Liver	1,261	7.5%	36.9	66
5	Stomach	715	4.3%	20.9	71
6	Non-Hodgkin lymphoma	582	3.5%	17.0	67
7	Kidney and other urinary organs except bladder	550	3.3%	16.1	66
8	Nasopharynx	535	3.2%	15.7	57
9	Non-melanoma skin	499	3.0%	14.6	69
10	Pancreas	487	2.9%	14.3	69
	All sites	16,703	100%	488.9	68

Female

Rank	Site	No. of new cases	Relative frequency	Crude incidence rate*	Median age (yr)
1	Breast	4,956	28.4%	121.9	58
2	Colorectum	2,182	12.5%	53.7	69
3	Lung	2,170	12.4%	53.4	68
4	Corpus uteri	1,186	6.8%	29.2	57
5	Thyroid	775	4.4%	19.1	51
6	Ovary & peritoneum	585	3.3%	14.4	55
7	Cervix	556	3.2%	13.7	55
8	Non-Hodgkin lymphoma	486	2.8%	12.0	65
9	Stomach	482	2.8%	11.9	67
10	Non-melanoma skin	481	2.8%	11.8	72
	All sites	17,476	100%	430.0	63

Both sexes

Rank	Site	No. of new cases	Relative frequency	Crude incidence rate*	Median age (yr)
1	Lung	5,422	15.9%	72.5	69
2	Colorectum	5,087	14.9%	68.0	68
3	Breast	4,988	14.6%	66.7	58
4	Prostate	2,315	6.8%	67.8	71
5	Liver	1,735	5.1%	23.2	68
6	Stomach	1,197	3.5%	16.0	69
7	Corpus uteri	1,186	3.5%	29.2	57
8	Non-Hodgkin lymphoma	1,068	3.1%	14.3	66
9	Non-melanoma skin	980	2.9%	13.1	70
10	Thyroid	978	2.9%	13.1	51
	All sites	34,179	100%	456.9	66

10 Major Causes of Cancer Deaths

Male

Rank	Site	No. of deaths	Relative frequency	Crude mortality rate*	Median age (yr)
1	Lung	2,526	29.3%	73.9	72
2	Colorectum	1,315	15.2%	38.5	74
3	Liver	1,123	13.0%	32.9	69
4	Prostate	484	5.6%	14.2	82
5	Pancreas	464	5.4%	13.6	69
6	Stomach	370	4.3%	10.8	74
7	Oesophagus	261	3.0%	7.6	69
8	Non-Hodgkin lymphoma	238	2.8%	7.0	73
9	Leukaemia	207	2.4%	6.1	71
10	Nasopharynx	201	2.3%	5.9	60
	All sites	8,634	100%	252.7	72

Female

Rank	Site	No. of deaths	Relative frequency	Crude mortality rate*	Median age (yr)
1	Lung	1,384	22.4%	34.1	75
2	Colorectum	972	15.8%	23.9	78
3	Breast	751	12.2%	18.5	64
4	Liver	407	6.6%	10.0	78
5	Pancreas	349	5.7%	8.6	77
6	Ovary & peritoneum	257	4.2%	6.3	64
7	Stomach	243	3.9%	6.0	73
8	Non-Hodgkin lymphoma	159	2.6%	3.9	79
8	Cervix	159	2.6%	3.9	63
10	Leukaemia	158	2.6%	3.9	71
	All sites	6,171	100%	151.8	73

Both sexes

Rank	Site	No. of deaths	Relative frequency	Crude mortality rate*	Median age (yr)
1	Lung	3,910	26.4%	52.3	73
2	Colorectum	2,287	15.4%	30.6	75
3	Liver	1,530	10.3%	20.5	71
4	Pancreas	813	5.5%	10.9	72
5	Breast	756	5.1%	10.1	64
6	Stomach	613	4.1%	8.2	74
7	Prostate	484	3.3%	14.2	82
8	Non-Hodgkin lymphoma	397	2.7%	5.3	75
9	Leukaemia	365	2.5%	4.9	71
10	Oesophagus	318	2.1%	4.3	69
	All sites	14,805	100%	197.9	72

* All rates are expressed per 100,000 population. Rates for gender-specific sites are per 100,000 male or female population.
Statistics on the number of deaths are provided by the Department of Health of HKSAR.

Appendix II. Five Most Common Cancers by Gender and Age Group in 2020

Male		
Age 0-19*		
Site	No. of cases	% of all sites
Leukaemia	33	35.9%
Lymphoma	14	15.2%
Germ-cell & gonadal tumours	13	14.1%
Brain and spinal tumours	9	9.8%
Sympathetic nervous system tumour	7	7.6%
All sites	**92**	**100%**
Age 20-44		
Site	No. of cases	% of all sites
Nasopharynx	102	13.8%
Colorectum	82	11.1%
Testis	65	8.8%
Thyroid	57	7.7%
Leukaemia	49	6.6%
All sites	**740**	**100%**
Age 45-64		
Site	No. of cases	% of all sites
Colorectum	989	18.4%
Lung	969	18.0%
Liver	515	9.6%
Prostate	488	9.1%
Nasopharynx	289	5.4%
All sites	**5,374**	**100%**
Age 65-74		
Site	No. of cases	% of all sites
Lung	1,151	20.9%
Prostate	1,100	19.9%
Colorectum	944	17.1%
Liver	394	7.1%
Stomach	215	3.9%
All sites	**5,515**	**100%**
Age 75 and Over		
Site	No. of cases	% of all sites
Lung	1,088	21.8%
Colorectum	887	17.8%
Prostate	726	14.6%
Liver	322	6.5%
Stomach	271	5.4%
All sites	**4,982**	**100%**

Female		
Age 0-19*		
Site	No. of cases	% of all sites
Leukaemia	24	28.2%
Germ-cell & gonadal tumours	13	15.3%
Lymphoma	12	14.1%
Carcinomas & epithelial neoplasms	11	12.9%
Brain and spinal tumours	6	7.1%
Sympathetic nervous system tumour	6	7.1%
All sites	**85**	**100%**
Age 20-44		
Site	No. of cases	% of all sites
Breast	686	36.7%
Thyroid	237	12.7%
Cervix	144	7.7%
Corpus uteri	131	7.0%
Colorectum	99	5.3%
All sites	**1,870**	**100%**
Age 45-64		
Site	No. of cases	% of all sites
Breast	2,708	35.7%
Corpus uteri	778	10.3%
Lung	772	10.2%
Colorectum	704	9.3%
Thyroid	382	5.0%
All sites	**7,585**	**100%**
Age 65-74		
Site	No. of cases	% of all sites
Breast	976	25.5%
Lung	579	15.1%
Colorectum	569	14.8%
Corpus uteri	215	5.6%
Liver	135	3.5%
All sites	**3,832**	**100%**
Age 75 and Over		
Site	No. of cases	% of all sites
Colorectum	809	19.7%
Lung	740	18.0%
Breast	585	14.3%
Liver	218	5.3%
Non-melanoma skin	216	5.3%
All sites	**4,104**	**100%**

* The classification of cancers in children and adolescents (0-19 years) is based on the morphology according to the "International Classification for Childhood Cancer 1996, IARC Technical Report No. 29: Lyon, 1996.", rather than the site of tumour.

Note on the use of data:

The numbers of new cases and deaths are important parameters to measure the burden of cancer on local healthcare system. One should keep in mind that the figures are subject to random fluctuations from year to year. Experience tells us that a more reliable comment on the trends of incidence and mortality can only be made after observing over a longer period of preferably at least 5 years or more.

Suggested citation:

Hong Kong Cancer Registry. *Overview of Hong Kong Cancer Statistics of 2020*. Hong Kong Hospital Authority; Oct 2022. Available at: https://www3.ha.org.hk/cancereg (accessed [date]).

More cancer statistics are available on the website of Hong Kong Cancer Registry: https://www3.ha.org.hk/cancereg