

# OECD Health Statistics 2024

## Definitions, Sources and Methods

### Cancer

Malignant neoplasms (C00-C97)  
 Malignant neoplasm of colon, rectum, rectosigmoid junction and anus (C18-C21)  
 Malignant neoplasm of trachea, bronchus and lung (C33-34)  
 Malignant neoplasm of female breast (C50)  
 Malignant neoplasm of cervix (C53)  
 Malignant neoplasm of prostate (C61)

**Selected cancer incidence rates, per 100 000 population.**

**i** Note that these data will be updated later in 2025, using the following source: **Global Cancer Observatory. International Agency for Research on Cancer (IARC)**, [https://gco.iarc.fr/overtime/en/dataviz/trends?populations=75200&sexes=1\\_2&types=0&multiple\\_populations=1](https://gco.iarc.fr/overtime/en/dataviz/trends?populations=75200&sexes=1_2&types=0&multiple_populations=1).

Cancer descriptor	ICD-10	ICD-9
Malignant neoplasms	C00-C97	140-208
Malignant neoplasm of colon, rectum, rectosigmoid junction and rectum	C18-C21	153-154
Malignant neoplasm of trachea, bronchus, and lung	C33-C34	162
Malignant neoplasm of female breast	C50	174
Malignant neoplasm of cervix	C53	180
Malignant neoplasm of prostate	C61	185

### Sources and Methods

**Main data source: International Agency for Research on Cancer (IARC).**

**Further information:** <http://www-dep.iarc.fr>.

**Sources:**

**GLOBOCAN Database:**

- 2012: Data available for all countries (accessed on May 23<sup>rd</sup>, 2015).
- 2008: Data available for all countries.
- 2002: Data available for all countries except Estonia, Chile, Israel and Slovenia.

**EUCAN Database:**

- 2000: Data available only for some European countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, Switzerland, and the United Kingdom.
- 1998: Data available only for some European countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, and the United Kingdom.

**i** Please note that because the sources of data are continuously improving in quality and extent, **estimates may not be truly comparable over time**. The observed differences may be the result of a change in methodology and should not be interpreted as a time-trend effect.

Rates have been standardised according to the World Standard Population, as proposed by Segi [1] and modified by Doll et al. [2]:

1. Segi, M. (1960) Cancer Mortality for Selected Sites in 24 Countries (1950–57). Department of Public Health, Tohoku University of Medicine, Sendai, Japan.
2. Doll, R., Payne, P., Waterhouse, J.A.H. eds (1966). Cancer Incidence in Five Continents, Vol. I. Union Internationale Contre le Cancer, Geneva.

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<http://www.oecd.org/health/health-data.htm>