

MALTA NATIONAL CANCER REGISTRY

Cancer in the Maltese Islands 1998-2000

CONTENTS

Acknowledgments	3
Cancer incidence reporting	5
Malta National Cancer Registry	6
Table of cancers by ICD-10 codes	7-9
Overview of 1998-2000 statistics	10-11
Leading cancer sites 1998-2000	12-13
Statistical methods	14
In-situ cancers	15
Incidence summary tables	16-17
Mortality summary tables	18-19
Cancer incidence and mortality trends 1995-2000	20-21
Demography	22
Population of the Maltese Islands 2000	23
Cancer incidence in the Maltese Islands, 1998-2000, by age, gender and site	24-29

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July 2002

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ISBN: 99909-989-2-2

Acknowledgements

This report has been made possible by the collaboration of numerous persons and several agencies working within the Maltese Islands. Its compilation was carried out with the invaluable help of a team of dedicated staff at the Department of Health Information, namely Ms. Rita Micallef and Ms. Vivienne Parnis who work on the Malta National Cancer Registry and Ms. Connie Scicluna and Ms. Josephine Farrugia who work on the National Mortality Registry. The latter registry provided the mortality data that was used in this publication. Thanks are also due to Dr. Joe M. Pace, Information Management Officer for technical support and to Dr. Renzo Pace Asciak, Consultant in Health Information.

Acknowledgements are due to each notifying clinician, hospitals and clinics and pathology laboratories for the regularity and completeness of their contributions. Acknowledgments are also due to all the members of the medical and other professionals who support and make use of the Registry. Special thanks are due to the staff of the Oncology Department at Sir Paul Boffa Hospital and the staff of the Pathology laboratories of St. Luke's Hospital.

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The hospitals and laboratories that are regular contributors of information to the cancer registry are listed in the following table:

Laboratories	Hospitals
Biomed Laboratories, Attard	St. Luke's Hospital, Guardamangia
Clinipath Services Ltd., Pieta'	Sir Paul Boffa Hospital, Floriana
Dr. J.M. Deguara Laboratories, Ta' Xbiex	Gozo General Hospital, Victoria, Gozo
Family Health Services, Rabat	Capua Palace Hospital, Sliema
H.S.E. Diagnostic Laboratories, Msida	St. James' Hospital, Zabbar
Medical Lab. Services, Zabbar	St. Philips' Hospital, Sta. Venera

INTERNATIONAL AFFILIATIONS

The Malta National Cancer Registry is a voting member of the International Association of Cancer Registries and an associate member of the European Network of Cancer Registries since 1995.

Cancer Incidence reporting

Incidence

Cancer incidence is defined as the occurrence of new cancers in a defined population during a specified time period.

This report includes all cancers notified to the registry that were first diagnosed between 1st January 1998 and 31st December 2000 in residents of the Maltese Islands. These tumours were coded with the International Classification of Diseases for Oncology, Second Edition (ICD-O-2)¹ for both their morphology (histology) and topography (site). In this report, cancers are grouped by ICD-10² as described in Table 1 (pg. 7-9).

Multiple primary tumours

Incidence reflects the number of primary tumours rather than the number of individuals with cancer. The Malta National Cancer Registry database records multiple primary cancers in the same persons according to the rules of the International Agency for Research on Cancer and the International Association of Cancer Registries³.

In brief, these rules state that:

1. The recognition of the existence of one or more primary tumours does not depend on time.
2. A primary cancer is one that originates in a primary site or tissue and is thus neither an extension, a recurrence nor a metastasis of a pre-existing tumour.
3. Only one tumour shall be recognised in an organ or pair of organs or tissue unless of “different” histology. A “different” cancer in the same organ is counted as a new tumour. On the basis of the first 3 digits of the ICD-O-2 morphology, eight groups of malignant neoplasms considered to be histologically “different” are defined³. Incidence reporting of multiple tumours is based upon these groups.

Publication of incidence reports

There is usually a two-year interval from the year of diagnosis to the date of publication of incidence data. This is due to the time delay between the date of cancer diagnosis and receipt of all relevant notifications and other information to the Cancer Registry, and to the considerable time spent on matching, classifying and checking of cases at the registry.

It should be noted also that despite intensive efforts to ensure the completeness of incidence data before publication, the incidence rates for a given time period change by a small percentage over time. The registry continues to receive new information on cases already counted in incidence, and the tumour morphology (based on microscopic diagnosis) or date of diagnosis may be amended as a result of this later information. Reports for previously uncounted cases diagnosed in a particular year will continue to arrive at the registry for some years after the incidence for that period has been published. The database is therefore continually being updated and the quality of the data improved across the entire period of cancer reporting.

The incidence data in this report are the 1998-2000 statistics as they stood in April 2002.

Future requests for data and publications may not exactly correspond to the figures in this report, as they will reflect subsequent additions to the dataset.

1. Percy C., van Holten V. and Muir C. eds. *International Classification of Diseases for Oncology. Second Edition. World Health Organisation. Geneva, 1990*
2. *International Classification of Diseases. Tenth Edition. World Health Organisation. Geneva, 1992*
3. *Multiple Primary Tumours. IARC/IACR rules. [http://www.iacr.com/fr/multprim.pdf]*

Malta National Cancer Registry

The Malta National Cancer Registry has been a population-based since 1991. It was preceded by a hospital-based registry that collected cancer diagnoses performed at St. Luke's Hospital (the major public general acute hospital on the Islands) that had been started in the mid-1980's.

All malignant neoplasms are registered, as are in-situ cancers (especially of the breast, cervix and melanoma). Basal and squamous cell carcinomas of the skin are registered but are often excluded in the general analysis of the cancer burden of our population.

Information on cancer diagnosis is currently being obtained from 6 hospital (3 public and 3 private hospitals) and 10 pathology laboratories. In the preparation of this report over 5200 cancer registrations were included; an average of around 1750 registration for each year, 1998-2000. For each registration one or more sources of information are received and examined. These could include any of the following:

- * Notification of cancer
- * Hospital files
- * Histological/ cytological/ haematological and/or autopsy pathology reports
- * Oncological referral report
- * Death certificates

A very important task at the registry is the matching of incoming notifications, reports and other information against the register to determine whether the case has already been registered from another source. Personal details and codes for tumour site and morphology are entered on the system. Specially trained staff interpret and code pathology reports and each code is double-checked by at least two people. The database is periodically checked for internal consistency and completeness.

The information contained in this publication is intended to give a summary of the incidence and mortality statistics for cancer in the Maltese Islands for the years

1998, 1999 and 2000 and a brief outline of the procedures employed by the Malta National Cancer Registry. Additional information concerning the registry and more detailed statistics are available on request. A brief explanation of the statistical methods used may be found on page 14.

The dataset collected for each cancer consist of:

- a. Cancer registry number
- b. Personal identification number (unique for each Maltese resident)
- c. Surname/s and name/s
- d. Gender
- e. Age at diagnosis
- f. Date of birth
- g. Locality of residence
- h. Cancer site (ICD-O-2, C code)
- i. Cancer morphology (ICD-O-2, M codes)
- j. Clinician taking care of patient at time of diagnosis
- k. Incidence date
- l. Most valid basis of diagnosis
- m. Date of death
- n. Laboratory/hospital where initial diagnosis was performed
- o. Underlying cause of death
- p. Notification number
- q. Oncologist taking care of cancer patient
- r. Objectives of initial treatment
- s. Modalities of initial treatment
- t. Type of radiotherapy given (if any)

In addition to the above other information is collected and stored in a register and in cancer registration forms. These include full residential address, occupation, place of birth, marital status, method of presentation, laterality, clinical extent and staging of disease at diagnosis, and details of the treatment given (surgical procedures, radiotherapy, chemotherapy and hormonotherapy regimens).

In preparing the 1998-2000 incidence data, over 5200 cancer registrations were included. This information is currently being obtained from 6 hospitals and 10 pathology laboratories.

Table 1: Details of cancer sites and groups used in this report by ICD-10 codes

ICD-10 description	ICD-10 code	Site title
LIP, ORAL CAVITY & PHARYNX (C00-C14)		
Lip	C00	Lip
Tongue	C01, C02	Tongue
Major salivary glands	C07, C08	Salivary glands
Gum	C03	Gum
Floor of mouth	C04	Floor of mouth
Other & unspecified parts of mouth	C05, C06	Other mouth
Oral Cavity	C01-C06	Oral Cavity
Oropharynx	C09, C10	Oropharynx
Nasopharynx	C11	Nasopharynx
Hypopharynx incl. Pyriform sinus	C12, C13	Hypopharynx
Pharynx	C09-C13	Pharynx
Other & unspecified sites of lip, oral cavity & pharynx	C14	Other oral
Head and Neck	C00-C14	Head & Neck
DIGESTIVE ORGANS (C15-C26)		
Oesophagus	C15	Oesophagus
Stomach	C16	Stomach
Small intestine	C17	Small intestine
Colon	C18	Colon
Rectum incl. Rectosigmoid	C19, C20	Rectum
Anal canal & anus	C21	Anal canal
Large Bowel	C18-C20	Large Bowel
Liver & intrahepatic bile ducts	C22	Liver
Gallbladder & other biliary tract	C23, C24	Gallbladder
Pancreas	C25	Pancreas
Other & unspecified sites of digestive organs	C26	Other digestive tract
RESPIRATORY SYSTEM & INTRA-THORACIC ORGANS (C30-C39)		
Nose, nasal cavities, middle ear & accessory sinuses	C30, C31	Nasal cavities
Larynx	C32	Larynx
Trachea, bronchus & lung	C33, C34	Lung
Thymus, heart, mediastinum & pleura	C37, C38	Mediastinum
Other & unspecified sites of respiratory system & intra-thoracic organs	C39	Other respiratory tract
BONES, JOINTS & ARTICULAR CARTILAGES (C40-C41)		
Bone & articular cartilage	C40, C41	Bone
MELANOMA OF SKIN (C43)		
Melanoma of skin	C43	Melanoma
OTHER MALIGNANT NEOPLASMS OF SKIN (C44)		
Non-melanoma skin cancers (NMS)	C44	Skin
MESOTHELIAL & SOFT TISSUE (C45-C49)		
Mesothelioma	C45	Mesothelioma
Kaposi's sarcoma	C46	Kaposi's sarcoma
Retroperitoneum & peritoneum	C48	Peritoneum
Other connective tissue (incl. Peripheral nerves etc.)	C47, C49	Connective tissue

Table 1 (cont.) : Details of cancer sites and groups used in this report by ICD-10 codes

ICD-10 description	ICD-10 codes	Site title
BREAST (C50)		
Breast	C50	Breast
FEMALE GENITAL ORGANS (C51-C58)		
Vulva	C51	Vulva
Vagina	C52	Vagina
Cervix uteri	C53	Cervix
Body of uterus	C54, C55	Uterus
Ovary	C56	Ovary
Placenta	C58	Placenta
Other & unspecified female genital organs	C57	Other female genital organs
MALE GENITAL ORGANS (C60-C63)		
Penis	C60	Penis
Prostate	C61	Prostate
Testis	C62	Testis
Other & unspecified male genital organs	C63	Other male genital organs
URINARY TRACT (C64-C68)		
Kidney	C64	Kidney
Renal pelvis	C65	Renal pelvis
Ureter	C66	Ureter
Urinary bladder	C67	Urinary bladder
Other & unspecified urinary organs	C68	Other urinary tract
EYE, BRAIN & OTHER PARTS OF THE CENTRAL NERVOUS SYSTEM (C69-C72)		
Eye	C69	Eye
Meninges	C70	Meninges
Brain	C71	Brain
Cranial nerves, spinal cord & unspecified CNS	C72	Other CNS
Brain & CNS	C70-C72	Brain & CNS
THYROID & OTHER ENDOCRINE GLANDS (C73-C75)		
Thyroid gland	C73	Thyroid
Adrenal gland	C74	Adrenal
Other endocrine glands & related structure	C75	Other endocrine
UNKNOWN PRIMARY SITE (C76-C80)		
Unspecified site	C80	Unknown primary
Ill-defined, secondary & unspecified sites	C76-C80	Ill-defined sites
MALIGNANT NEOPLASMS OF LYMPHOID, HAEMOPOIETIC & RELATED TISSUE (C81-C96)		
Hodgkin's disease	C81	Hodgkin's disease
Nodular non-Hodgkin's lymphoma	C82	Nodular NHL
Diffuse non-Hodgkin's lymphoma	C83	Diffuse NHL
Peripheral & cutaneous T-cell lymphoma	C84	T-cell lymphoma
Other & unspecified non-Hodgkin's lymphoma	C85	Other NHL
Non-Hodgkin's lymphoma	C82-C85	All NHL
All lymphoma	C81-C85	Lymphoma

Table 1 (cont.) : Details of cancer sites and groups used in this report by ICD-10 codes

ICD-10 description	ICD-10 codes	Site title
MALIGNANT NEOPLASMS OF LYMPHOID, HAEMOPOIETIC & RELATED TISSUE (C81-C96) <i>continued</i>		
Malignant immunoproliferative disease	C88	Immunoproliferative
Multiple myeloma & malignant plasma cell neoplasms	C90	Multiple myeloma
Lymphoid leukaemia	C91	Lymphoid leukaemia
Acute lymphoid leukaemia	C91.0	Acute lymphoid leukaemia
Chronic lymphoid leukaemia	C91.1	Chronic lymphoid leukaemia
Myeloid leukaemia	C92	Myeloid leukaemia
Acute myeloid leukaemia	C92.0	Acute myeloid leukaemia
Chronic myeloid leukaemia	C92.1	Chronic myeloid leukaemia
Monocytic leukaemia	C93	Monocytic leukaemia
Other specified leukaemia	C94	Other leukaemia
Unspecified cell leukaemia	C95	Unspecified leukaemia
All leukaemia	C91-C95	All leukaemia
Other & unspecified haematopoietic neoplasms	C96	Other haematopoietic
ALL MALIGNANT TUMOURS (excl. NMS)	C00-C96 (excl. C44)	All malignant tumours (excl. NMS)
The following in-situ tumours are also reported:		
In-situ melanoma	D03	In-situ melanoma
Carcinoma in-situ breast	D05	Ca-in-situ breast
Carcinoma in-situ cervix	D06	Ca-in-situ cervix

Overview of 1998-2000 statistics

Numbers

More than 1200 Maltese residents develop cancer other than non-melanocytic skin cancer each year and more than 700 deaths are caused by it. Table 2 shows the number of new cases of cancer (excl. NMS) and the number of deaths attributed to cancer by gender in the years 1998, 1999 and 2000.

Table 2: New cancer cases and deaths 1998-2000

Year	New cases		Deaths	
	Females	Males	Females	Males
1998	632	590	313	398
1999	676	598	307	406
2000	667	586	352	364

Age and sex

Cancer is very age-dependent and the risk of developing cancer increases sharply with increase in age. In the years 1998-2000 only 1% of all tumours occurred before age 15 while over 55% occurred in persons over 65 years of age. The ratio between females and males was 1:1 for all cancers. When NMS are excluded 111 females had cancer diagnosed for every 100 males. This is due to the relatively high incidence of female breast cancer. On the other hand 83 females died from cancer for every 100 male cancer deaths. The male excess was largely due to tobacco related cancers, especially lung cancer.

Incidence

The age-standardised incidence rates calculated to the World Standard Population (WSP) were 231 per 100,000 males and 221 per 100,000 females. The cumulative rate per cent to age 75 were 27% for males and 25% for females. These correspond to lifetime risks of over 1 in 4 (1 in 3.7) men and almost 1 in 4 (1 in 4.1) women. Thus about one in four Maltese residents will develop a cancer other than non-melanocytic skin cancer before the age of 75 years.

About 1200 Maltese residents present with new cancers per year. Of whom 55% are over 65 years old at diagnosis.

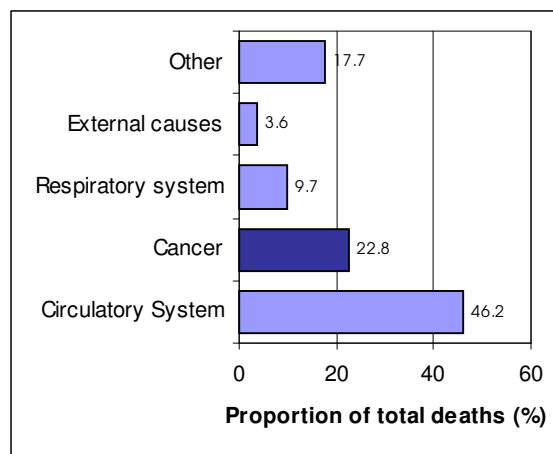
A summary table of incidence rates and other statistical indices by gender and individual sites is given on pages 16-17.

Mortality

Between 1998-2000, 2140 (23% of all deaths) Maltese residents died from cancer. In the same time period 4336 deaths (46% of all deaths) were due to conditions effecting the circulatory system* and 910 deaths (10% of all deaths) were attributed to causes arising in the respiratory system*. Figure 1 shows the proportion of deaths from cancer in Malta from 1998 to 2000 compared with other leading causes of death.

* The diseases of the circulatory system are the conditions coded according to Chapter IX of the ICD-10, while those of the respiratory diseases are those coded to Chapter X.

Figure 1: Proportion of deaths (1998-2000) by selected major ICD-10 groups

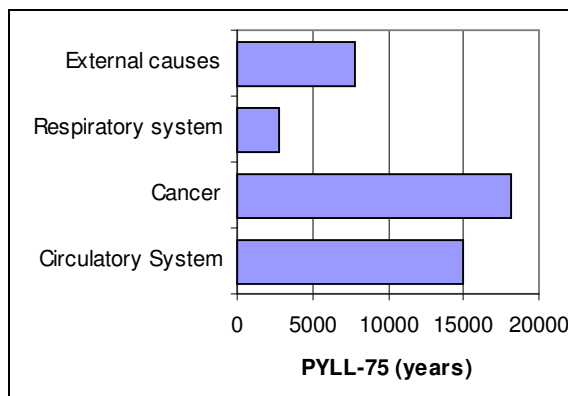


Cancer caused 23% of all deaths in Malta between 1998 and 2000.

Cancer deaths caused a notably larger number of potential years of life lost (PYLL) than any of the other major causes of death between 1998 and 2000, including all the deaths from diseases of the circulatory system which actually caused a larger number of deaths altogether. PYLL-75 denotes the number of years lost due to premature death. Deaths before 75 years of age are often arbitrarily considered as the

cut-off point for premature deaths. Figure 2 shows the number of years of potential of life lost by deaths from cancer in Malta from 1998 to 2000 compared with other leading causes of death.

Figure 2: Years of potential life lost



Age-standardised mortality rates for cancer were 147 per 100,000 males and 96 per 100,000 females. The cumulative rate per cent to age 75 were 17% for males and 11% for females. These correspond to lifetime risks of dying from cancer before the age of 75 years of almost 1 in 6 (1 in 5.9) men and almost 1 in 9 (1 in 9.4) women.

A summarising table of mortality rates by sex and individual sites is given in pages 18-19.

Most common sites

The most common sites and types of cancer diagnosed in Maltese residents between 1998 and 2000 are shown in Figures 3 and 4 (pages 12-13).

Between 1998 and 2000, breast cancer was the most commonly occurring new cancer in Maltese residents with 642 cases (17% of all cancers). It was the second ranking site of fatal cancer (13% of all cancer deaths).

Incidence of bowel cancer was the second highest, accounting for 11% (420) of all new cases. It is a common cancer for both males (196 cases) and females (224 cases). This cancer was also the third ranking cause of cancer death (240 deaths, 11.8%).

Lung cancer was the first ranking most common cancer death (344 deaths, 17% of all cancer deaths) and the third most common new cancer site (385 new cases). The occurrence of this cancer is predominantly in males, but the female incidence and mortality rates are slowly increasing as expected from the uptake of the smoking habits in women in the last few decades (male : female ratio, 5.3:1).

In males, prostate cancer ranked second most commonly occurring new cancer site between 1998 and 2000 (300 new cases, 17% of male new cancers). The diagnosis (and hence the incidence) of this cancer is steadily increasing due to improved facilities for investigation, especially with the detection of cancers by Prostate Specific Antigen (PSA) testing. Prostate cancer was the sixth ranking cause of cancer death (124 deaths, 6% of all cancer deaths).

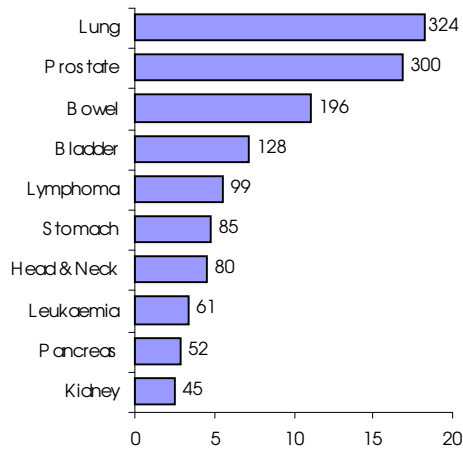
In females, cancers of the uterus and ovary ranked third and fourth most common new cancer sites respectively. Uterine cancer shows a persistently high incidence in Maltese females. Between 1998 and 2000 there were 55 deaths from ovarian cancers (6% of all female cancer deaths) and uterine cancer accounted for 29 deaths during the same time period. Invasive cancer of the cervix uteri is relatively rare in Malta (30 new cases between 1998 and 2000).

The difference in rank orders of incidence and mortality reflects the differing rates of survival of patients with different tumours. Lung cancer is both common and often rapidly fatal and therefore ranks high in both new cancers and cancer deaths. On the other hand, pancreatic cancer is not so common but is usually highly lethal and so its mortality ranks higher than its incidence ranking.

All cancers 1998-2000		
	No. of new cases	No. of deaths
Males	1774	1168
Females	1974	972
Both	3748	2140

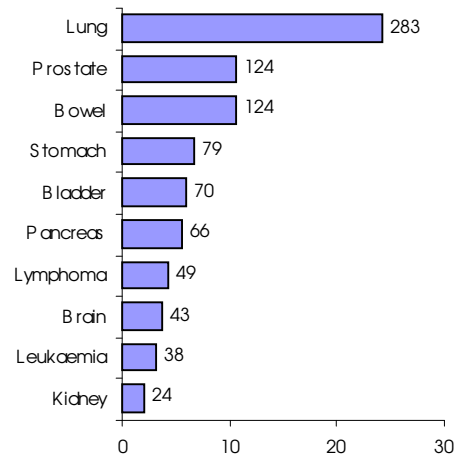
Figure 3: Leading cancer sites 1998-2000

Incidence

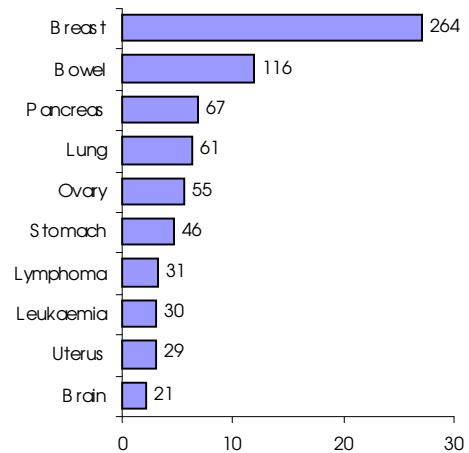
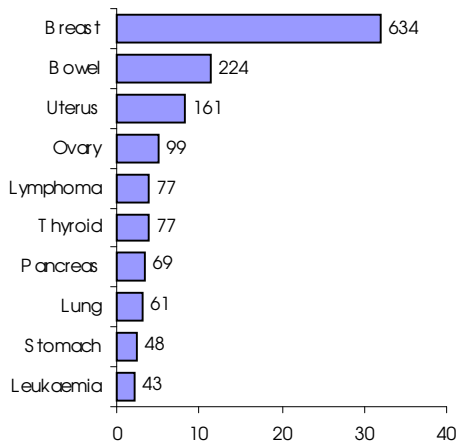


Mortality

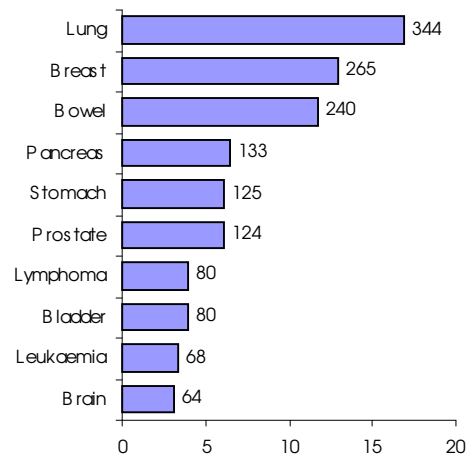
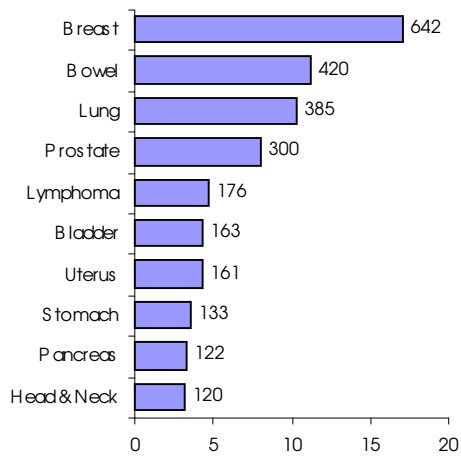
Male



Female



Both genders



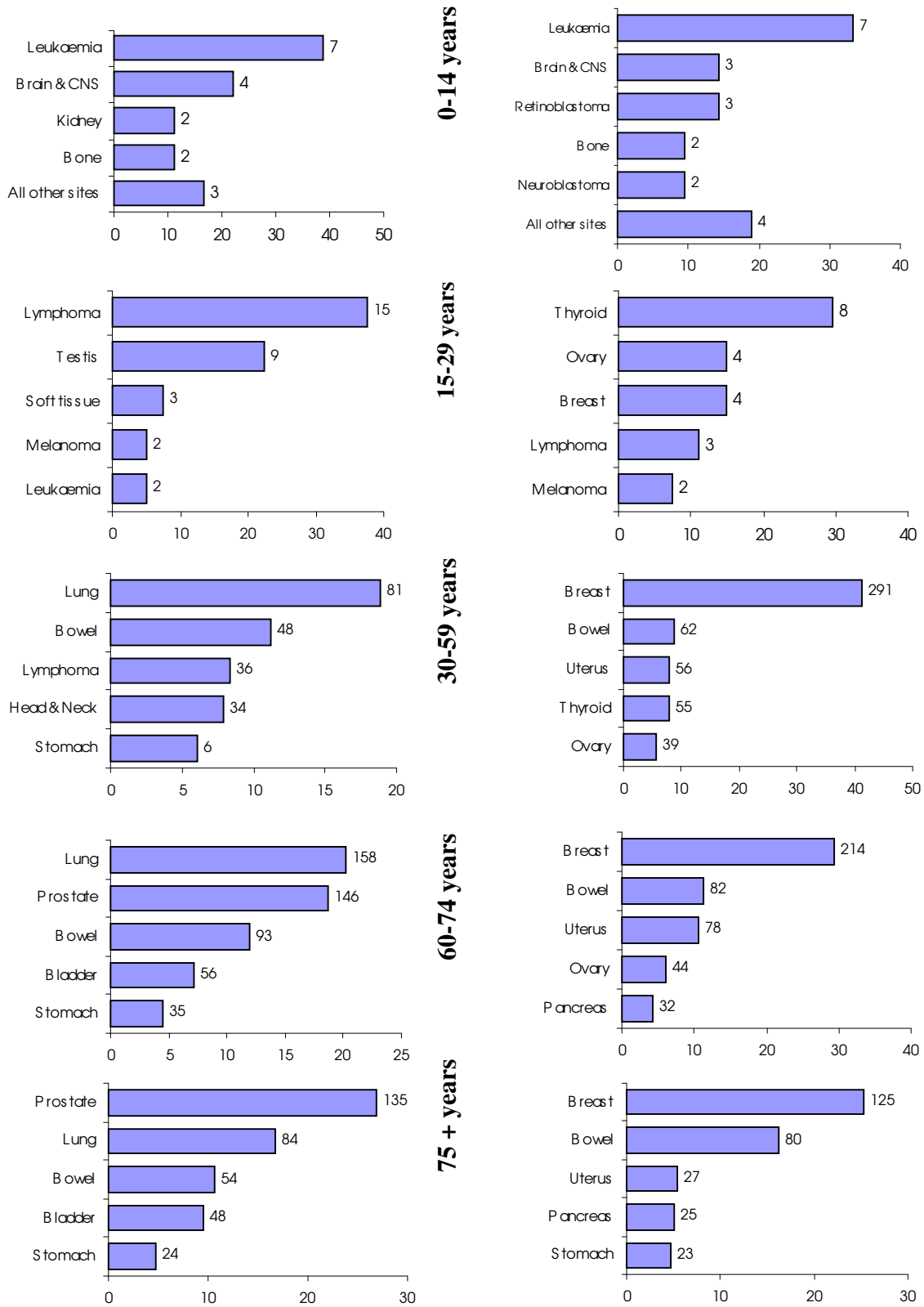
% of cases

% of deaths

Figure 4: Leading cancer sites by age

Males (% of cases)

Females (% of cases)



Statistical methods

The following statistical methods, terms and abbreviations have been used in this report.

Incidence and mortality rates

Incidence and mortality rates were calculated using the estimated resident population of the Maltese Islands for 1997, 1998, 1999 and 2000⁴ (see page 22-23; Demography and Population structure) and expressed as diagnoses or deaths per 100,000 population per annum.

Crude rates (CR)

The crude rate is defined as the number of new cases (or deaths) divided by the whole population at risk in the specified time period, and is expressed as an annual rate per 100,000 population.

Age-specific rates

Age-specific rates are calculated in a similar way as the crude rates, i.e. by dividing the number of cases in each five-year age and gender group by the population estimates for that stratum as published by the National Statistics Office⁴ and multiplying by 100,000 (to present rates per 100,000).

Age-standardised rates

Rates are adjusted to enable comparisons between populations having different age and gender structures. The standardised rates for Maltese residents (ASR) in this publication were based on the World Standard Population (WSP)⁵ or the European Standard Population (ESP)⁵. These rates are calculated by the direct method by summation of the weighted age-specific rates.

Cumulative rates (Cum %)

Five-year age-gender specific rates per person are multiplied by five and summed over age groups 0-4 and 70-74. This rate is then expressed as a percentage. The rate is a good estimator of lifetime risk.

Lifetime risk (Odds, 1 in)

Lifetime risk is a measure of the risk of contracting a particular cancer in a lifetime, in the absence of a competing cause of death. In this publication lifetime risk is calculated as the risk of contracting a particular cancer before the age of 75 years. It is calculated from the cumulative rate using the formula below and expressed as a "1 in x" proportion.

$$\text{Lifetime risk} = 1 / \text{cumulative risk}$$
$$\text{Where Cumulative risk} = 1 - e^{-(\text{cumulative risk}/100)}$$

The cumulative rate approximates very well the cumulative risk when the risk from 0 to 74 years is less than 10%, which is the case for most tumours. Hence most calculations of the lifetime risk are performed by replacing the cumulative risk directly with the cumulative rate.

Potential Years of Life Lost

Potential years of life lost (PYLL) is a measure of the number of years of life lost per year due to premature death from a particular cause given population life expectancy. All deaths in age groups 0-4 to 70-74 were used in the calculation of the PYLL presented in this publication as deaths before the age of 75 years are considered premature.

4. *Demographic Review of the Maltese Islands. Central Office of Statistics, Malta, 1997, 1998, 1999, 2000*
5. *Esteve J., Benhamou E. and Raymond L. Statistical Methods in cancer Research, Volume IV: Descriptive Epidemiology. International Agency for Research on Cancer, Scientific Publication No. 128, Lyon, 1994*

In-situ cancers 1998-2000

Incidence rates are reported for in-situ melanomas and carcinoma-in-situ of female breast and cervix. In situ cancers are localised lesions that have not invaded beyond the epithelial layer. If untreated, some in-situ neoplasms may progress to become invasive cancer and metastasise to other body sites through the lymphatics or bloodstream.

In Malta organised breast and cervical cancer screening programmes have not yet been implemented. However, several health promotion programmes^{6,7} aimed at increasing awareness of and early detection of breast and cervical cancers and melanomas have been performed in the last few years for medical practitioners and the general public.

The reporting of in-situ incidence of these cancers will be of interest in monitoring the effects of these and future interventions. We would expect to see in-situ incidence increasing with early detection, to be accompanied

eventually by improved survival from these cancers and decreasing numbers of invasive cancers. The table below shows that the incidence of these three in-situ groups of lesions between 1998 and 2000 is still very low and probably reflects a gross under-diagnosis. This data is most pertinent for female breast lesions because it is now well known that the national incidence of invasive cancer is persistently high.

Note: For the purposes of this report, carcinoma in-situ of the cervix includes CIN II (moderate dysplasia) as well as ca in-situ/ CIN III (severe dysplasia).

6. *Malta's Ten Point Prevention Code against Cancer, Dept. of Health Promotion, February 2002*
[<http://www.synapse.net.mt/health/promotion>]
7. *Euro-Melanoma Skin Cancer Campaigns 2000, 2001, 2002*

Table 3: Registered new cases of in-situ cancers of the cervix, female breast and melanoma of the skin, 1998-2000

Age groups	Cervix Female		Breast Female		Melanoma			
	Cases	Rate	Cases	Rate	Male Cases	Male Rate	Female Cases	Female Rate
0-14	0	0.00	0	0.00	0	0.00	0	0.00
15-19	1	0.02	0	0.00	0	0.00	0	0.00
20-24	9	0.22	0	0.00	0	0.00	0	0.00
25-29	16	0.44	0	0.00	0	0.00	1	0.03
30-34	17	0.50	0	0.00	0	0.00	1	0.03
35-39	10	0.24	2	0.05	0	0.00	1	0.02
40-44	15	0.35	2	0.05	0	0.00	0	0.00
45-49	8	0.19	7	0.17	1	0.02	0	0.00
50-54	2	0.04	7	0.16	0	0.00	1	0.02
55-59	1	0.04	11	0.39	1	0.04	0	0.00
60-64	1	0.04	2	0.07	4	0.16	1	0.04
65-69	0	0.00	5	0.19	0	0.00	1	0.04
70-74	1	0.05	1	0.05	1	0.06	2	0.09
75-79	0	0.00	2	0.12	1	0.08	2	0.12
80-84	0	0.00	0	0.00	0	0.00	0	0.00
85+	0	0.00	0	0.00	0	0.00	0	0.00
Total cases	81		39		8		10	
Cumulative rate (%)		1.1		0.6		0.1		0.1
Lifetime risk (to age 75)		1 in 94		1 in 179		1 in 703		1 in 735
Age-standardised rate (per 100,000)		13.7		5.0		1.1		1.2

Table 4a: Incidence summary table 1998-2000

		MALES					
ICD	Site	No.	CR	WASR	EASR	Cum%	Odds, 1 in
C00	Lip	29	5.1	3.9	5.5	0.5	204
C01, C02	Tongue	10	1.8	1.4	1.9	0.2	502
C07, C08	Salivary glands	5	0.9	0.7	1.0	0.1	1757
C04	Floor of mouth	3	0.5	0.4	0.5	0.0	2698
C05, C06	Other mouth	6	0.9	1.1	1.1	0.1	950
C01-C06	Oral Cavity	19	3.4	2.8	3.5	0.3	293
C09, C10	Oropharynx	5	0.9	0.6	0.9	0.1	1766
C11	Nasopharynx	17	3.0	2.2	3.2	0.3	381
C12, C13	Hypopharynx	5	0.9	0.7	1.0	0.1	794
C09-C13	Pharynx	27	4.8	3.6	5.1	0.4	225
C00-C14	Head & Neck	80	14.1	10.9	15.0	1.3	75
C15	Oesophagus	21	3.7	2.7	4.0	0.4	280
C16	Stomach	85	15.0	10.8	16.2	1.3	79
C17	Small intestine	5	0.9	0.6	0.9	0.1	867
C18	Colon	106	18.7	13.5	20.0	1.7	57
C19, C20	Rectum	90	15.9	11.7	17.3	1.3	74
C21	Anal canal	7	1.2	0.8	1.4	0.1	1065
C18-C20	Large Bowel	196	34.6	25.2	37.3	3.1	32
C22	Liver	25	4.4	3.0	4.7	0.4	254
C23, C24	Gallbladder	7	1.2	0.9	1.4	0.1	939
C25	Pancreas	52	9.2	6.8	9.9	0.9	106
C26	Other digestive tract	3	0.5	0.4	0.7	0.0	3305
C30, C31	Nasal cavities	4	0.7	0.5	0.7	0.0	3021
C32	Larynx	42	7.4	5.5	7.9	0.6	164
C33, C34	Lung	324	57.2	41.7	61.7	5.3	19
C37, C38	Mediastinum	2	0.4	0.3	0.4	0.0	2720
C40, C41	Bone	6	1.1	1.2	1.1	0.1	1268
C43	Melanoma	36	6.4	4.9	6.8	0.7	153
C44	Skin (other than NMS or melanoma)	9	1.6	1.2	1.6	0.1	815
C45	Mesothelioma	12	2.1	1.4	2.3	0.2	615
C46	Kaposi's sarcoma	5	0.9	0.8	1.0	0.1	1969
C48	Peritoneum	3	0.5	0.5	0.5	0.0	2101
C47, C49	Connective tissue	13	2.3	1.9	2.4	0.2	419
C50	Breast	8	1.4	1.1	1.5	0.1	742
C60	Penis	3	0.5	0.3	0.5	0.1	1618
C61	Prostate	300	53.0	36.2	58.2	4.2	24
C62	Testis	21	3.7	3.6	3.7	0.3	352
C63	Other male genital organs	2	0.34	0.3	0.3	0.0	8300
C64	Kidney	45	7.9	6.0	8.4	0.8	132
C65	Renal pelvis	2	0.4	0.2	0.3	0.0	8416
C66	Ureter	1	0.2	0.2	0.2	0.0	3987
C67	Urinary bladder	128	22.6	16.0	24.9	1.8	54
C68	Other urinary tract	1	0.2	0.1	0.3	0.0	-
C69	Eye	1	0.2	0.3	0.2	0.0	7311
C70	Meninges	2	0.4	0.3	0.5	0.0	3987
C71	Brain	39	6.9	5.6	7.1	0.6	171
C72	Other CNS	1	0.2	0.1	0.2	0.0	8416
C70-C72	Brain & CNS	41	7.2	5.9	7.4	0.6	161
C73	Thyroid	11	1.9	1.6	2.1	0.2	502
C74	Adrenal	1	0.2	0.1	0.2	0.0	8555
C80	Unknown primary	87	15.4	10.8	16.7	1.4	71
C76-C80	Ill-defined sites	94	16.6	11.8	18.1	1.5	66
C81	Hodgkin's disease	22	3.9	3.7	3.9	0.3	307
C82	Nodular NHL	4	0.7	0.5	0.7	0.0	2317
C83	Diffuse NHL	39	6.9	4.8	7.0	0.4	229
C84	T-cell lymphoma	18	3.2	2.6	3.2	0.2	391
C85	Other NHL	16	2.8	2.3	3.1	0.2	402
C82-C85	All Non Hodgkin's lymphoma	77	13.6	10.2	14.1	1.0	102
C81-C85	Lymphoma	99	17.5	13.9	18.0	1.3	76
C88	Immunoproliferative	4	0.7	0.5	0.8	0.1	1994
C90	Multiple myeloma	13	2.3	1.6	2.6	0.2	498
C91	Lymphoid leukaemia	27	4.8	4.7	5.1	0.4	265
C91.0	Acute lymphoid leukaemia	10	1.8	2.5	1.8	0.1	805
C91.1	Chronic lymphoid leukaemia	17	3.0	2.2	3.4	0.3	394
C92	Myeloid leukaemia	33	5.8	4.2	5.9	0.5	214
C92.0	Acute myeloid leukaemia	17	3.0	2.3	3.0	0.3	367
C92.1	Chronic myeloid leukaemia	16	2.8	1.9	2.9	0.2	511
C95	Unspecified leukaemia	1	0.2	0.1	0.2	0.0	8555
C91-C95	All leukaemia	61	10.8	9.0	11.2	0.9	117
C00-C96	All malignant tumours	1774	313.2	230.9	337.0	27.2	3.7

Table 4b: Incidence summary table 1998-2000

FEMALES

ICD	Site	No.	CR	WASR	EASR	Cum%	Odds, 1 in
C00	Lip	5	0.9	0.4	0.7	0.0	2425
C01, C02	Tongue	6	1.0	0.6	0.9	0.1	1391
C03	Gum	3	0.5	0.2	0.4	0.0	-
C07, C08	Salivary glands	5	0.9	0.4	0.7	0.0	2425
C04	Floor of mouth	2	0.3	0.2	0.3	0.0	2425
C05, C06	Other mouth	7	1.2	0.7	1.0	0.1	1375
C01-C06	Oral Cavity	17	3.0	1.7	2.4	0.2	538
C09, C10	Oropharynx	1	0.2	0.1	0.2	0.0	5655
C11	Nasopharynx	9	1.6	1.2	1.5	0.1	673
C12, C13	Hypopharynx	2	0.3	0.2	0.3	0.0	3262
C09-C13	Pharynx	12	2.1	1.5	2.0	0.2	508
C00-C14	Head & Neck	40	6.9	4.2	6.0	0.5	211
C15	Oesophagus	6	1.0	0.6	0.8	0.1	1884
C16	Stomach	48	8.3	4.4	6.9	0.5	204
C17	Small intestine	5	0.9	0.5	0.8	0.1	1823
C18	Colon	153	26.6	14.7	22.3	1.6	63
C19, C20	Rectum	71	12.3	7.7	11.1	0.9	108
C21	Anal canal	6	1.0	0.5	0.8	0.0	2434
C18-C20	Large Bowel	224	38.9	22.3	33.4	2.5	40
C22	Liver	7	1.2	0.9	1.2	0.1	1007
C23, C24	Gallbladder	15	2.6	1.5	2.2	0.2	589
C25	Pancreas	69	12.0	6.7	10.1	0.8	126
C26	Other digestive tract	2	0.3	0.2	0.3	0.0	5655
C32	Larynx	7	1.2	0.9	1.2	0.1	971
C33, C34	Lung	61	10.6	6.3	9.0	0.8	133
C37, C38	Mediastinum	2	0.3	0.3	0.3	0.0	3467
C40, C41	Bone	5	0.9	1.0	0.8	0.0	2052
C43	Melanoma	42	7.3	5.3	6.8	0.6	180
C44	Skin (other than NMS or melanoma)	5	0.9	0.5	0.8	0.1	1871
C45	Mesothelioma	4	0.7	0.5	0.7	0.1	1550
C46	Kaposi's sarcoma	2	0.3	0.3	0.3	0.0	3467
C47, C49	Connective tissue	14	2.4	1.8	2.2	0.1	864
C50	Breast	634	110.0	72.1	99.9	8.1	12.3
C51	Vulva	40	6.9	4.3	6.1	0.5	203
C52	Vagina	2	0.3	0.3	0.3	0.0	3467
C53	Cervix	30	5.2	3.8	4.8	0.4	244
C54, C55	Uterus	161	27.9	18.1	25.5	2.3	43
C56	Ovary	99	17.2	12.0	16.1	1.4	70
C57	Other female genital organs	4	0.7	0.5	0.6	0.0	2416
C64	Kidney	38	6.6	4.0	5.7	0.5	222
C65	Renal pelvis	1	0.2	0.1	0.1	0.0	4246
C67	Urinary bladder	35	6.1	3.2	4.9	0.3	3.9
C69	Eye	7	1.2	1.1	1.1	0.1	1580
C71	Brain	23	4.0	3.0	3.7	0.3	389
C70-C72	Brain & CNS	23	4.0	3.0	3.7	0.3	389
C73	Thyroid	77	13.4	11.1	13.1	1.0	98
C74	Adrenal	4	0.7	0.4	0.6	0.1	1769
C80	Unknown primary	99	17.2	9.7	14.7	1.1	92
C76-C80	Ill-defined sites	102	17.7	10.1	15.1	1.1	89
C81	Hodgkin's disease	7	1.2	1.0	1.2	0.1	1096
C82	Nodular NHL	6	1.0	0.8	1.0	0.1	1175
C83	Diffuse NHL	35	6.1	4.2	5.5	0.5	189
C84	T-cell lymphoma	11	1.9	1.4	1.7	0.1	831
C85	Other NHL	18	3.1	1.8	2.6	0.1	701
C82-C85	All Non Hodgkin's lymphoma	70	12.1	8.1	10.8	0.9	114
C81-C85	Lymphoma	77	13.4	9.1	12.0	1.0	103
C88	Immunoproliferative	1	0.2	0.1	0.1	0.0	-
C90	Multiple myeloma	20	3.5	1.9	2.9	0.2	507
C91	Lymphoid leukaemia	22	3.8	3.0	3.5	0.3	343
C91.0	Acute lymphoid leukaemia	5	0.9	1.3	0.9	0.1	1542
C91.1	Chronic lymphoid leukaemia	17	3.0	1.7	2.6	0.2	441
C92	Myeloid leukaemia	28	4.9	3.4	4.4	0.3	306
C92.0	Acute myeloid leukaemia	15	2.6	1.9	2.4	0.2	495
C92.1	Chronic myeloid leukaemia	13	2.3	1.5	2.0	0.1	802
C95	Unspecified leukaemia	3	0.5	0.4	0.5	0.0	2395
C91-C95	All leukaemia	53	9.2	6.8	8.4	0.7	151
C00-C96	All malignant tumours	1974	342.6	220.6	305.9	24.5	4.1

CR = Crude rate

EASR = Age-standardised rate (ESP)

WASR = Age-standardised rate (WSP)

Odds, 1 in = Lifetime risk

CUM% = Cumulative rate %)

Table 5a: Mortality summary table 1998-2000

MALES

ICD	Site	No.	CR	WASR	EASR	Cum%	Odds, 1 in
C01, C02	Tongue	10	1.8	1.4	1.9	0.2	490
C07, C08	Salivary glands	4	0.7	0.5	0.7	0.1	1757
C05, C06	Other mouth	2	0.4	0.2	0.3	0.0	-
C01-C06	Oral Cavity	12	2.1	1.6	2.3	0.2	490
C09, C10	Oropharynx	4	0.7	0.5	0.7	0.1	1766
C11	Nasopharynx	16	2.8	2.4	3.1	0.3	382
C09-C13	Pharynx	20	3.5	2.9	3.8	0.3	314
C00-C14	Head & Neck	36	6.4	5.0	6.8	0.6	173
C15	Oesophagus	22	3.9	2.7	4.2	0.4	239
C16	Stomach	79	13.9	9.9	15.4	1.1	89
C17	Small intestine	1	0.2	0.1	0.2	0.0	3237
C18	Colon	87	15.4	11.4	17.1	1.5	68
C19, C20	Rectum	37	6.5	4.8	7.4	0.5	183
C21	Anal canal	2	0.4	0.3	0.4	0.1	1959
C18-C20	Large Bowel	124	21.9	16.2	24.5	2.0	49
C22	Liver	27	4.8	3.3	5.1	0.4	232
C23, C24	Gallbladder	3	0.5	0.4	0.6	0.0	2006
C25	Pancreas	66	11.7	8.5	12.6	1.0	95
C26	Other digestive tract	6	1.1	0.7	1.3	0.1	1994
C32	Larynx	19	3.4	2.6	3.7	0.4	274
C33, C34	Lung	283	50.0	36.3	54.4	4.5	22
C40, C41	Bone	4	0.7	0.5	0.8	0.0	2401
C43	Melanoma	12	2.1	1.6	2.2	0.2	403
C44	Skin	12	2.1	1.4	2.4	0.1	1082
C45	Mesothelioma	8	1.4	1.0	1.5	0.1	1169
C47, C49	Connective tissue	6	1.1	0.8	1.1	0.1	988
C50	Breast	1	0.2	0.1	0.2	0.0	-
C61	Prostate	124	21.9	13.9	24.5	1.2	85
C62	Testis	3	0.5	0.5	0.6	0.0	3021
C63	Other male genital organs	1	0.2	0.1	0.2	0.0	-
C64	Kidney	24	4.2	2.8	4.5	0.2	443
C65	Renal pelvis	1	0.2	0.2	0.2	0.0	4960
C67	Urinary bladder	70	12.4	8.4	13.3	0.9	112
C69	Eye	1	0.2	0.1	0.2	0.0	-
C70	Meninges	1	0.2	0.2	0.2	0.0	3987
C71	Brain	43	7.6	5.8	8.0	0.7	150
C70-C72	Brain & CNS	44	7.8	5.9	8.2	0.7	145
C73	Thyroid	2	0.4	0.3	0.4	0.0	2271
C74	Adrenal	3	0.5	0.5	0.5	0.0	2293
C80	Unknown primary	73	12.9	8.8	14.0	1.1	90
C76-C80	Ill-defined sites	76	13.4	9.1	14.5	1.2	85
C81	Hodgkin's disease	3	0.5	0.3	0.5	0.0	2365
C83	Diffuse NHL	1	0.2	0.1	0.2	0.0	3237
C84	T-cell lymphoma	2	0.4	0.3	0.4	0.0	2271
C85	Other NHL	43	7.6	5.7	8.2	0.6	171
C82-C85	All Non Hodgkin's lymphoma	46	8.1	6.1	8.8	0.7	152
C81-C85	Lymphoma	49	8.7	6.4	9.3	0.7	142
C88	Immunoproliferative	2	0.4	0.3	0.4	0.0	2271
C90	Multiple myeloma	14	2.5	1.7	2.7	0.2	511
C91	Lymphoid leukaemia	6	1.1	0.9	1.2	0.1	958
C91.0	<i>Acute lymphoid leukaemia</i>	2	0.4	0.4	0.3	0.0	4282
C91.1	<i>Chronic lymphoid leukaemia</i>	4	0.7	0.6	0.9	0.1	1234
C92	Myeloid leukaemia	29	5.1	3.6	5.3	0.4	247
C92.0	<i>Acute myeloid leukaemia</i>	21	3.7	2.6	3.8	0.3	3.2
C92.1	<i>Chronic myeloid leukaemia</i>	8	1.4	1.0	1.5	0.1	1342
C95	Unspecified leukaemia	3	0.5	0.3	0.6	0.0	5278
C91-C95	All leukaemia	38	6.7	4.9	7.0	0.5	189
C96	Other haematopoietic	1	0.2	0.1	0.2	0.0	-
C00-C96	All malignant tumours	1168	206.2	146.9	224.7	17.0	6

Table 5b: Mortality summary table 1998-2000

FEMALES

ICD	Site	No.	CR	WASR	EASR	Cum%	Odds, 1 in
C01, C02	Tongue	2	0.3	0.2	0.3	0.0	5131
C07, C08	Salivary glands	4	0.7	0.2	0.5	0.0	-
C04	Floor of mouth	2	0.3	0.2	0.3	0.0	4246
C01-C06	Oral Cavity	4	0.7	0.3	0.5	0.0	2323
C09, C10	Oropharynx	1	0.2	0.1	0.2	0.0	5655
C11	Nasopharynx	4	0.7	0.4	0.6	0.0	4480
C09-C13	Pharynx	5	0.9	0.5	0.7	0.0	2500
C14	Other oral	1	0.2	0.1	0.2	0.0	5131
C00-C14	Head & Neck	14	2.4	1.2	1.9	0.1	975
C15	Oesophagus	7	1.2	0.5	0.9	0.0	2425
C16	Stomach	46	8.0	3.8	6.3	0.3	297
C17	Small intestine	2	0.3	0.1	0.2	0.0	-
C18	Colon	99	17.2	9.3	14.5	1.0	103
C19, C20	Rectum	17	3.0	1.7	2.5	0.1	805
C21	Anal canal	1	0.2	0.1	0.1	0.0	-
C18-C20	Large Bowel	116	20.1	10.9	17.0	1.1	92
C22	Liver	14	2.4	1.4	2.0	0.2	515
C23, C24	Gallbladder	8	1.4	0.8	1.2	0.1	1094
C25	Pancreas	67	11.6	6.6	9.9	0.8	125
C26	Other digestive tract	1	0.2	0.1	0.1	0.0	-
C32	Larynx	1	0.2	0.1	0.2	0.0	8960
C33, C34	Lung	61	10.6	6.3	9.2	0.8	123
C37, C38	Mediastinum	1	0.2	0.1	0.1	0.0	-
C40, C41	Bone	3	0.5	0.4	0.4	0.0	7865
C43	Melanoma	9	1.6	1.0	1.4	0.1	817
C44	Skin	3	0.5	0.2	0.4	0.0	5131
C45	Mesothelioma	1	0.2	0.1	0.2	0.0	5701
C46	Kaposi's sarcoma	1	0.2	0.1	0.2	0.0	8960
C47, C49	Connective tissue	9	1.6	0.8	1.2	0.1	1125
C50	Breast	264	45.8	28.1	40.4	3.2	31
C51	Vulva	15	2.6	1.3	2.1	0.1	701
C52	Vagina	1	0.2	0.1	0.2	0.0	8960
C53	Cervix	12	2.1	1.3	1.8	0.1	718
C54, C55	Uterus	29	5.0	2.9	4.4	0.3	283
C56	Ovary	55	9.5	5.8	8.2	0.8	132
C57	Other female genital organs	1	0.2	0.1	0.1	0.0	-
C64	Kidney	14	2.4	1.5	2.1	0.2	624
C67	Urinary bladder	10	1.7	0.8	1.3	0.1	1162
C69	Eye	1	0.2	0.1	0.1	0.0	-
C71	Brain	21	3.6	2.6	3.4	0.3	328
C70-C72	Brain & CNS	21	3.6	2.6	3.4	0.3	328
C73	Thyroid	9	1.6	0.8	1.2	0.1	1506
C74	Adrenal	3	0.5	0.5	0.5	0.1	1898
C75	Other endocrine	1	0.2	0.2	0.2	0.0	8313
C80	Unknown primary	84	14.6	8.0	12.2	0.9	109
C76-C80	Ill-defined sites	88	15.3	8.4	12.8	0.9	106
C81	Hodgkin's disease	2	0.3	0.3	0.3	0.0	7297
C83	Diffuse NHL	1	0.2	0.1	0.2	0.0	5655
C84	T-cell lymphoma	1	0.2	0.1	0.1	0.0	-
C85	Other NHL	27	4.7	2.2	3.6	0.2	474
C82-C85	All Non Hodgkin's lymphoma	29	5.0	2.4	3.9	0.2	437
C81-C85	Lymphoma	31	5.4	2.7	4.2	0.2	412
C90	Multiple myeloma	18	3.1	1.3	2.3	0.1	1162
C91	Lymphoid leukaemia	7	1.2	0.7	1.0	0.0	2425
C91.0	Acute lymphoid leukaemia	2	0.3	0.3	0.3	0.0	8064
C91.1	Chronic lymphoid leukaemia	5	0.9	0.4	0.7	0.0	3467
C92	Myeloid leukaemia	17	3.0	2.0	2.6	0.2	577
C92.0	Acute myeloid leukaemia	12	2.1	1.3	1.8	0.1	680
C92.1	Chronic myeloid leukaemia	5	0.9	0.7	0.7	0.0	3785
C95	Unspecified leukaemia	6	1.0	0.6	0.9	0.0	2032
C91-C95	All leukaemia	30	5.2	3.3	4.4	0.3	379
C96	Other haematopoietic	1	0.2	0.1	0.1	0.0	-
C00-C96	All malignant tumours	972	168.7	96.3	143.1	10.6	9

CR = Crude rate

WASR = Age-standardised rate (WSP)

CUM% = Cumulative rate %)

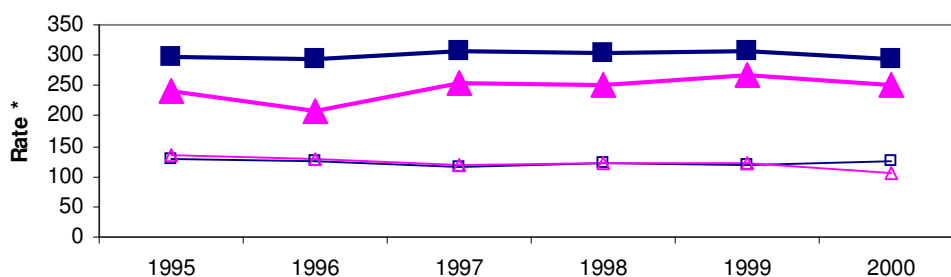
EASR = Age-standardised rate (ESP)

Odds, 1 in = Lifetime risk

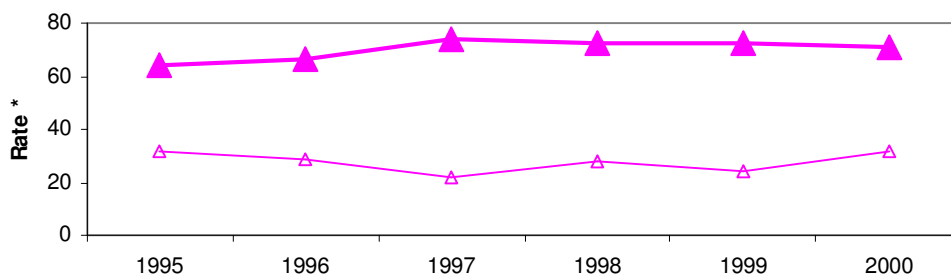
Figure 5: Cancer incidence and mortality trends 1995-2000

Incidence and mortality trends by gender in Malta 1995-2000 for all cancer and selected leading sites of cancer incidence

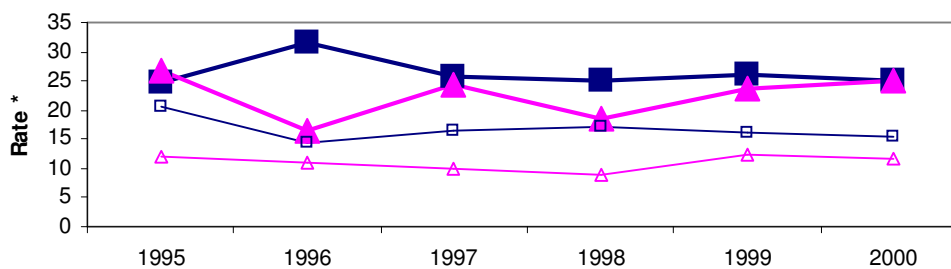
* Rate = Annual age-standardised incidence/ mortality rates per 100,000 population using the World Standard Population



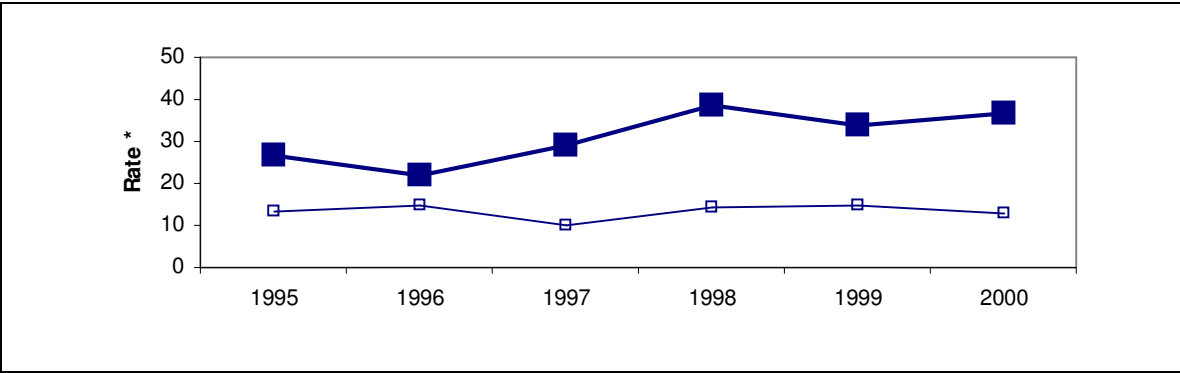
All malignant tumours (excluding NMS) C00-C96



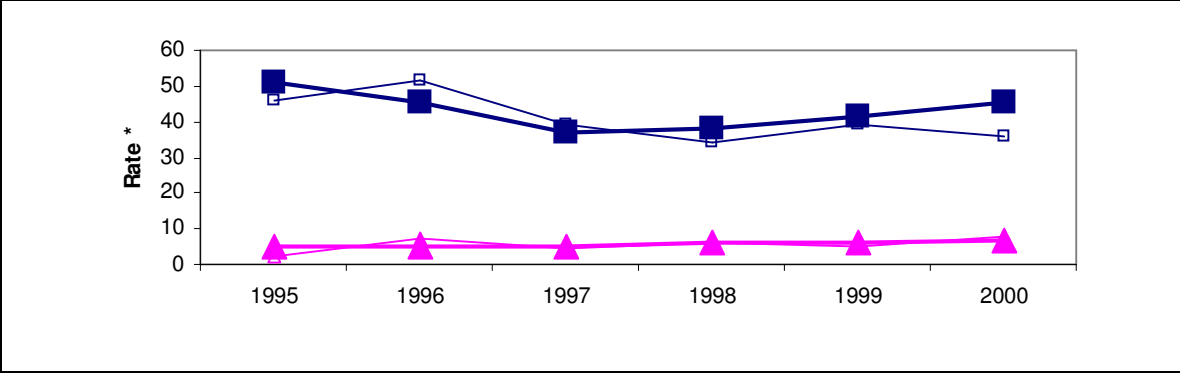
Female breast cancer C50



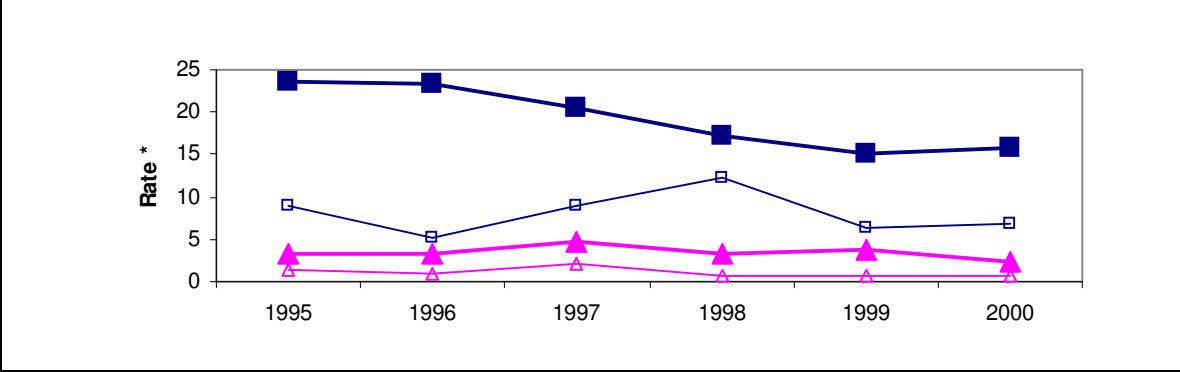
Large Bowel cancer C18-C20



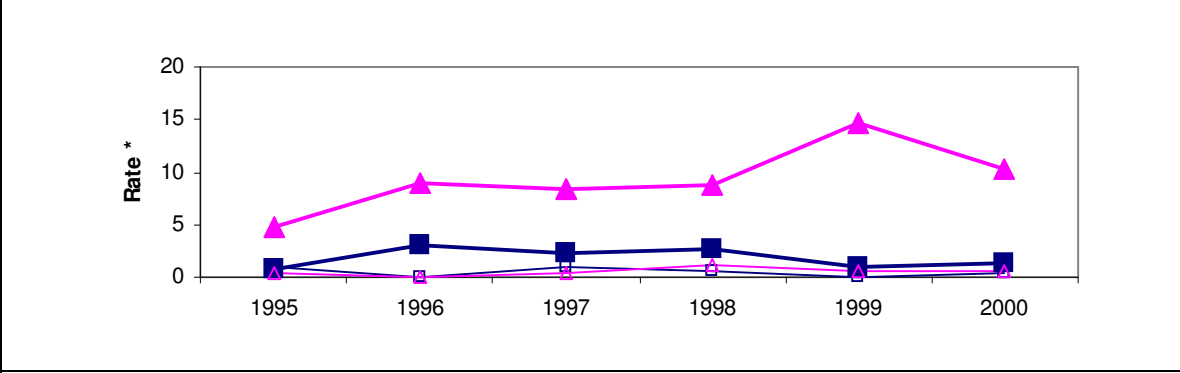
Prostate cancer C61



Lung cancer C33, C34



Urinary bladder cancer C67



Thyroid cancer C73

Demography

Population

The resident population in the Maltese Islands in 2000 was 391,415 (193,689 males and 197,726 females). The Maltese islands have a total land area of 316 km² giving a population density of 1287 persons per square kilometer. The highest population dense areas are around the Harbours and the lowest is Gozo. It is very difficult to distinguish between and draw boundaries around urban and rural areas in the Maltese Islands. Given the relative homogeneity in the Maltese locality characteristics and population densities, these islands may be described as being predominantly urban.

Age and sex

The age-sex distribution of the Maltese population in 2000 is illustrated in the following population pyramid and table. There were 98 male for every 100 female persons. As in all other European countries, the population of the Maltese Islands is ageing. With declining birth rates and mortality rates, a steady ageing of the population is occurring and the pyramid will become increasingly rectangular as more people survive to older age groups and the younger strata are not replaced.

In 2000, 19.5% of all Maltese residents were aged under 15 years and 12% were over 65 years. By 2020 these proportions are expected to be 17.5% aged less than 15 years and 18.4% over 65 years.

Vital Statistics

The birth rate is steadily declining. In 2000, the crude birth rate was 11.2 per 1,000 population, while in 1990 it was 15.1 per 1,000.

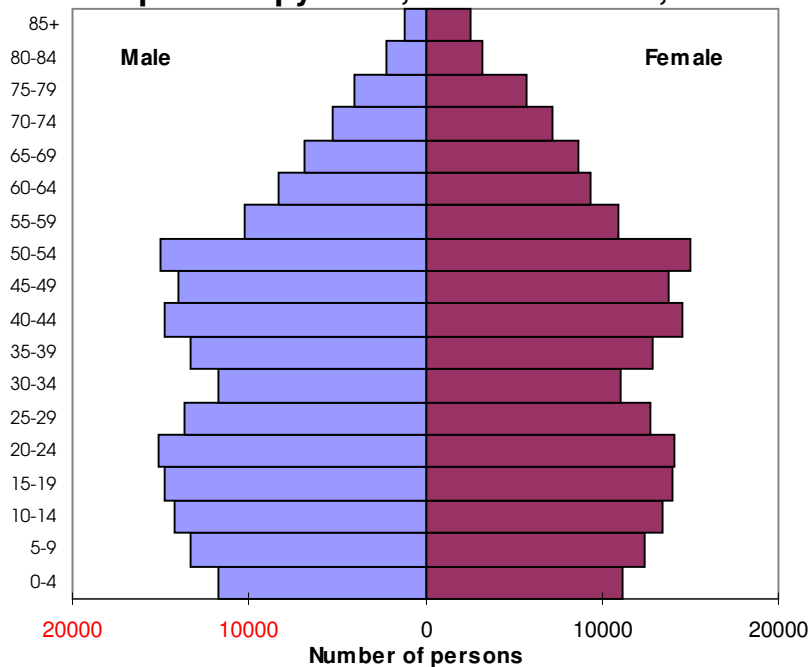
In 2000, life expectancy at birth was 74.3 years for males and 80.2 years for females. This has increased by 3.5 and 4.2 years in men and women respectively over the last 15 years.

There were 2957 deaths in Maltese residents in 2000. Male deaths (1507) outnumber female deaths (1450) with a ratio of 104 male for every 100 female deaths. Cancer caused 24% of all deaths, ischaemic heart disease 25%, cerebrovascular disease 11%, diabetes 3% and motor vehicle accidents 0.6%. The crude death rate was 7.8 per 1,000 population.

The infant death rate was 6.1 per 1,000 live births and the perinatal death rate was 7.5 per 1,000 live births and foetal deaths.



Population pyramid, Maltese Islands, 2000



Estimated resident population of the Maltese Islands, 2000

Age groups	Males	Females	Both genders
0-4	11680	11110	22790
5-9	13265	12453	25718
10-14	14277	13479	27756
15-19	14735	13976	28711
20-24	15085	14095	29180
25-29	13631	12784	26415
30-34	11678	11039	22717
35-39	13365	12846	26211
40-44	14757	14550	29307
45-49	13991	13770	27761
50-54	14981	15012	29993
55-59	10306	10931	21237
60-64	8309	9346	17655
65-69	6853	8692	15545
70-74	5303	7158	12461
75-79	4045	5731	9776
80-84	2238	3255	5493
85+	1221	2578	3799

Source of Demographic information: Demographic Review of the Maltese Islands, 2000
National Statistics Office, Malta, 2001